

Erhabor Idemudia
Klaus Boehnke

Psychosocial Experiences of African Migrants in Six European Countries

A Mixed Method Study

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A Mixed Method Study

 Springer

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To all african migrants in diaspora

Preface

This book has a long history. It started in the year 2000 when the first author contacted the second author, then still at Chemnitz University of Technology, for support with his application for a fellowship from Alexander von Humboldt Stiftung (AvH). The second author was just about to begin his term of office as Secretary General of the International Association for Cross-Cultural Psychology (IACCP). The application eventually was successful. The second author, however, had meanwhile given up his lifetime professorship at the Department of Sociology in Chemnitz to accept a fixed-term contract as Professor of Social Science Methodology at the then International University Bremen, now Jacobs University. Soon after the second author had resettled to Bremen, the first author started his Humboldt fellowship there, at that time still being affiliated to the University of Ibadan in Nigeria. In two stays of several months each, the first author conducted a small study on the mental health of African migrants to Germany with a special focus on incarcerated migrants. This study was eventually documented in a book by both authors, titled *'I'm an alien in Deutschland—A quantitative mental health case study of African immigrants in Germany'*. Both authors stayed in close contact afterward and published additional work on Zimbabwean refugees in South Africa. Contact then again intensified when the second author successfully nominated the first author for the Georg Forster Award of AvH, an award honoring high-quality academic work by scientists from the Global South. The award came with a lump sum prize money sufficient to allow the data gathering for the study reported in this book. It must be highlighted that data gathering (both quantitative and qualitative) in all six countries included (Germany, France, Italy, Spain, Netherlands, and UK) and rested entirely on the shoulders of the first author. He initiated the necessary snowballing to secure sufficiently sizable samples and conducted focus group discussions and an in-depth interview in each country all by himself without any further assistance, thereby frequently 'being at the limits.' Already until here, the eminent importance of support from Alexander von Humboldt Stiftung will have become evident. The book that readers hold in hand, however, would not have been possible without yet further support from AvH. In 2019, the foundation supported the first author's work once more by financing a six-month stay not only of the first

author at the institution of the second authors, but also by financing an additional postdoctoral fellow from the first author's research unit to accompany and support him during that time (see acknowledgements at the end of the preface). Without this support, the completion of the book manuscript would have been close to impossible, in particular because of the scarcity of time on the side of the second author. He had meanwhile been elected to the office of President of IACCP. Simultaneously, he co-heads the Center for Sociocultural Research at the Higher School of Economics in Moscow next to his professorship at Jacobs University.

Chapter 1, *Setting the Scene*, provides the general background of emigration, especially of youth, from countries of Africa to Europe and the global statistics of African migration—with an emphasis on African migrants in general and the consequences of migration for African countries. A general debate of the politics of African emigration countries, the colonial past of all receiving countries, and the intertwining of both are also being offered in this chapter.

Chapter 2 discusses *Patterns and Current Trends in African Migration to Europe*; historical perspectives of African migration patterns are portrayed, for emigration countries as well as for destination countries, and in the context of colonial ties. Purposes and motivation for travels, then and now, are discussed. Trends of these patterns are discussed within the rapid social change paradigm, as sketched, e.g., by Silbereisen and Tomasik (2010). As our chapters are meant to lend themselves to stand-alone reads, a certain amount of redundancy with the prior and the subsequent chapters come deliberately.

Traveling Routes to Europe (Chap. 3) takes off from the prior chapter and as such focusses on various routes migrants use and their motivations to do so. The chapter offers details on the 'backside' of how people travel, the challenges migrants have to overcome, the involvement of migration mongers, motives for emigration, etc. The chapter dwells on the preferred routes, why they are chosen, and what happens on these routes, supported by oral evidence from in-depth and focussed group discussions. Traumas are discussed within the context of the mental health paradigm, looking in particular at the post-traumatic stress syndrome (PTSS), a full-fledged post-traumatic stress disorder (PTSD), and well-being in more general terms.

The next Chapter (4) discusses *Theoretical Explanations of Migrations, Mental Health, Well-being and Post-traumatic Stress Disorder*. Unlike in classical neo-positivist studies, theories, for the present research, are not the basis from which to generate hypotheses, but are the frame for understanding the data. The survey study encompassed in the to-be-reported research serves the purpose of being a resource for 'quantitative hermeneutics.' Theories relevant to the variables touched upon in the present study are reviewed; mental health theories, well-being theories, migration theories, post-traumatic stress symptoms, and post-traumatic stress disorder theories are core to this chapter. The scarce body of literature on mental health effects of migration among African migrants is reviewed. The role of theories in the research process of the present study is discussed and connected with participants' experiences.

Chapter 5, *Viewpoints of Other Scientists on Migration, Mental Health and PTSD: Review of Relevant Literature*, offers an extensive review of available accounts of consequences of African migration for migrants' mental health, in general, and PTSD, in particular. The review paints a bleak picture, suggesting that the 'healthy migrant' narrative—the assertion that only the healthiest members of a population set out to migrate—is proven untrue or at least completely overridden by the hardships of—often forced—migration from sub-Saharan Africa to Europe.

Chapter 6, *Social Experiences of Migrants*, describes these hardships in detail, putting many myths of easy access to the greener pastures of Europe into the dustbin of contemporary history. The mere duration of migrants' sojourns, lasting between six months and ten years, obviates the fact that nothing in the reality of migration from Africa to Europe is easy-going. Cynically speaking, Darwin's 'survival of the fittest' comes to mind when looking in detail at the actual challenges of migration from sub-Saharan Africa to Europe.

Chapter 7, *Gathering the Data*, offers detailed information on how data for the reported study were obtained and what characteristics pertain to the sample. To ease understanding for general readership, the chapter also includes brief portraits of the six European countries (Germany, France, Italy, Spain, Netherlands, and UK) included in the study. Furthermore, the chapter discusses details of quantitative and qualitative design, sampling methods, procedures for data collection, statistical analyses, per country and for the grand sample. The settings are discussed on a demographically comparative basis for migration patterns of African migrants to the EU. The intra-EU comparative approach of the study is a stand-alone feature, as no explicitly comparative studies of the current kind seem to exist. Portraits of the instruments used for the study are also part of this chapter: The instrument on personality is the Eysenck Personality Questionnaire (48 Items). To evaluate pre- and post-migration stress levels, the migration stress questionnaire (MSQ) was included. To assess participants' mental health status, the classical General Health Questionnaire (GHQ) in its 28-item version was used. The extent to which participants suffer from post-traumatic stress disorder (PTSD) was also assessed via a pertinent scale. Additionally, the quantitative leg of the reported study experimented with a scale to assess the degree of racial and ethnic prejudice among the migrants themselves. The method chapter discusses reasons for the choice of the above-enumerated scales and documents their psychometric properties.

Chapter 8 is titled *Results: Quantitative Study* and reports empirical evidence obtained from some 3500 African migrants residing in six European countries (Germany, France, Italy, Spain, Netherlands, and UK) at time of data collection. By presenting structural equation models, the chapter focusses on the relative impact of pre- and post-migration stress on migrants' mental health. Additionally, the chapter documents the prevalence of migrants' productive and non-productive strategies of coping with hardship. Finally, the topic of culture shock is addressed when findings on the value preferences of migrants are reported.

Chapter 9 is titled *Results: Qualitative Study* and reports empirical evidence obtained in Focus Group Discussions (FGDs) and in-depth interviews in the six European countries under scrutiny. As the book relies on an approach that lets the

data speak, this chapter is dominated by original utterances of migrants, brought into ‘order’ with the use of tools offered by the software Atlas_{ti}. Evidence is presented separately for each country. Differences and similarities are highlighted.

Chapter 10, *Discussions and Conclusions*, points out the main findings of the study once more and puts them into context. We hope that readers will also want to discuss our findings with us: Has the study really made it obvious—as we suggest—that “the African migrant” to Europe is a chimera? Reasons for migration, the fate of individual migrants, and also the mental health status (pre- and post-migration) differ largely, so that ‘one size fits all’ interpretations of our findings do not exist.

Chapter 11 attempts to offer a few insights we garnered from our study. It is titled *Impact: Consequences and Recommendations*. To us, what is needed is a joint effort of African countries and European powers—first and foremost those with colonialist past—to reduce the strength of push factors, i.e., factors that increase desires to emigrate from Africa. Secondly, we see a need to reduce the impact of falsely perceived pull factors, i.e., false conceptions of ever-greener pastures in Europe. For migrants who already have arrived in Europe, a more welcoming climate is urgently needed—in the interest of social peace in Europe! Racism continues to show its ugly face everywhere.

This book is specifically about African migrants defined in terms of migrants from African landscape, space, and territories: Africa in this sense includes those from Libya to South Africa and from Senegal to Somalia. While there is evidence that the statistics of African migrants to Europe are negligible compared to other regions, this book provides insights into the empirical narrative of the psychological and social experiences of 3500 African migrants who set foot on the terrain of six European countries: Germany, France, Italy, Spain, Netherlands, and UK. The book zooms in on the motivations for migrations, on who is migrating and to where, pre- and post-migration stressful factors affecting social and psychological well-being of migrants’ mental health, and ways of coping in their host countries. We claim that the book is unique in that it raises and answers questions of pre- and post-migration problems in Africa and Europe, issues at stake during the perilous journey, coping mechanisms, and ways of solving these problems.

The authors take pride in closing this preface by saying thank you in particular to Dr. Babatola Dominic Olawa for his hard work and success of the book. Thank you for your great support. Great support to the project was also given by Dr. Ufuoma Ejoke, who was our Atlas_{ti} wizard; we could not have done without her. During the actual production of the manuscript, the authors received the most competent support from Caroline Schnelle, M.Sc., who scrupulously struggled with bringing all our many figures to an acceptable level of pixels. We want to also say a big thanks to our universities: North-West University, South Africa, and Jacobs University Bremen, Germany, for their institutional support. Thanks, furthermore, go to our colleagues from the Bremen International Graduate School of Social Sciences (BIGSS), the doctoral school run jointly by the University of Bremen and Jacobs University, and, in particular, to Hannah Hammerschmidt and Patricia Abicht, and to the Deanery of the Faculty of Humanities, NWU: Professors Pamela

Maseko, Mirna Nel, and Mpho Chaka. Our thanks also go to those who assisted in the networking (venues, contacts) and making it possible for the study to take place in their respective countries: Pastors Alex and Lawrence, Mr. and Mrs. Desouza (Italy); Mr. Jackson and Mrs. Abigail Dame-Oboh, Pastor Abiodun and Juliet Ogbebor (Lleida, Spain); C. Y. Mousco, (Almere-Netherlands), Nancy Nekpen (Amsterdam); Pastor Ben Osayamen (Almere, Netherlands), Dr. and Mr. Taiwo (Wolverhampton, UK); Mr. Andrew Osagie (Paris), Mr. Darey Igbinosa (Paris); Dr. and Mrs. Ignatius Adeh (Germany), and to everyone (women and men) who participated in the study, we say thank you. Finally, the largest chunk of our thanks is to our families—in particular—our wives, Onyeka Victoria Idemudia and Mandy Boehnke and children are another pillar of support that made this book possible, most likely the strongest one: Thank you!

Mmabatho, South Africa
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Chapter 1

Setting the Scene



*Unknown road, unknown journey, unknown motive, let's see
where does the destiny take us as it is life's always
unpredictable...
(Ruh)*

Abstract This chapter sets the scene and provides the general background of emigration, especially of youth, from countries of Africa to Europe with evidence of global statistics of African migration, with emphasis on African migrants in general and the consequences of migration for African countries. A general debate of the politics of African emigration countries, the colonial past of all receiving countries, and the intertwining of both are also discussed in this chapter.

Introduction

The quote by Ruh above draws on outcomes of thinking or thoughts behind every migrants' mind, always of unknown journeys, whether in the precolonial past when Europeans actually invaded Africa and elsewhere for allegedly 'missionary' activities or the present-day sea movement of Africans 'invading' Europe through the same sea voyages. Migrations in general are shrouded in the unknown. When people make choices (out of fear of political oppression), to seek freedom or safety (due to wars or communal clashes or conflicts), or economic welfare (as a result of hunger, unemployment), to relocate, it is usually places that are unknown, places friends and families have probably talked about, read about or even seen in print or via social media. Migration itself is as old as the universe.

Migration within and out of Africa is not new. It has been an age-long tradition. According to Castles, de Haas, and Miller (2013), large-scale African migrations started around 200,000 years ago with technological innovations that allowed populations to increase in numbers and expand. In their write-up, the history of migration

<https://www.yourquote.in/rajvi-thakkar-q7yy/quotes/unknown-road-unknown-journey-unknown-motive-let-s-see-where-gttnsb> Accessed March 26, 2020.

can be broken into three phases: pre-colonial, colonial, and post-colonial periods. In pre-colonial times, technological innovations (for example, among the Nubia/Red Sea region which is the present-day Egypt and Sudan), linguistic origins and patterns (for example, the spread of Semitic and Berber languages from Ethiopia to the Horn of Africa as well as the spread of Nilo-Saharan languages to present-day Cameroon and to parts of South Africa), climate and ecological changes (due to droughts in the Sahara deserts) were responsible for migrations and constituted part of normal life of Africans which according to Castles, de Haas, and Miller included “permanent movements to open new lands and/or to escape wars and repression as well as seasonal or circular migration concerned with hunting, trade agriculture and religion” (Chap. 4.2, p. 2). The Muslim conquests (‘Arabization’) of North Africa also linked the Maghreb (Morocco, Algeria, Tunisia) with the Middle East and down to the West African sub-region and slavery during the European (British, French, Portuguese, Dutch, Belgian, Germans, etc.) invasion of Africa brought about colonial occupation and some migration dynamics at the time. Post-colonial migrations followed patterns of confusions caused by the artificial border creations by colonial powers which brought about infightings and wars among nation states in Africa which again further brought about the creation of refugees and internally displaced persons on higher scope. According to Castles et al. (2013), the historical background is crucial to understanding the refugee movements and by implications migrations in general in Africa which grew in volume particularly in the last decades of the twentieth century. Their claim is summarized in the following statement:

Population movements have placed an important part in shaping Africa and the rest of the world for thousands of years. Environmental, economic, cultural and political changes led to large historical migrations which helped form African societies and ways of living. These patterns were disrupted and transformed by European colonialism which brought economic exploitation, political domination and cultural change. The Atlantic slave trade devastated much of western and central Africa, while playing a crucial part in the development of the Atlantic economies. The underdevelopment and impoverishment left behind when colonialism receded after 1945 provide the context for today’s migrations within and from Africa. (Chap. 4.2, p. 1).

According to Bilger and Kraler (2005), Africa has long been described as an immensely mobile continent and continues to be viewed as such. Flahaux and De Hass (2016) see these claims of Africa being described as a continent of mass displacement and migration caused by poverty and violent conflict with ‘boat migration’ as alarmist rhetoric of politicians based on prejudiced assumptions, selective observation, or journalistic impressions, which do not represent the facts and realities on the ground nor sound empirical evidence. According to Flahaux and De Hass (2016), there are three partially false assumptions for this fear of an ‘African invasion of Europe:’ (a) that African migration is extraordinarily high, (b) that it is predominantly if not solely directed at Europe, and (c) that the migration is driven almost exclusively by poverty and violence. Several studies, however, have shown that African migration is much more diverse (Lessault & Flahaux, 2013; Schielke & Graw, 2012) and that Africans migrate not only to Europe but everywhere (Schoumaker et al., 2015; Bakewell & De Hass, 2007).

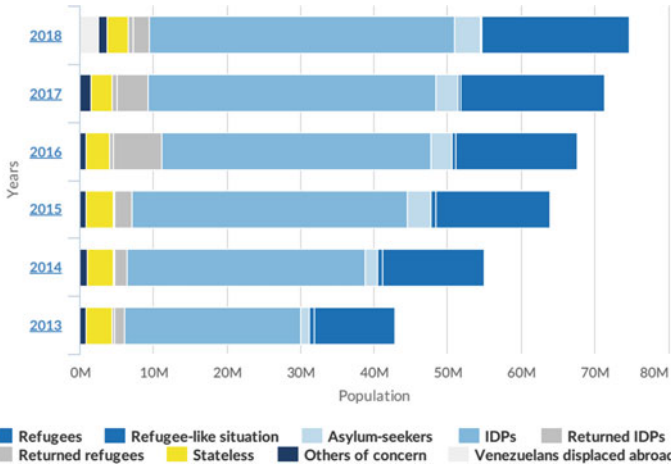


Fig. 1.1 Population trend chart. Source UNHCR (2019a, 2019b, 2019c)

In fact, the World Migration Report of the International Organization for Migration (IOM, 2005) described Africa as the continent with the most mobile populations in the world, while the same report indicated a decline in international migrations among Africans from 12% of the total number of migrants globally in 1970 to 9% in the first decade of the new millennium. On African migration to Europe, Hamilton (1997) reported that Moroccans constitute the largest group while those from sub-Saharan countries are negligible in numbers. According to the IOM (2005) report, African migrants constituted 9.9 million of global of 81.5 million, and 16.3 million of global 174.9 million in the years 1970 and 2000, respectively. Recent data (Fig. 1.1) for 2013–2018 offered by the United Nations High Commissioner for Refugees (UNHCR, 2019a, 2019b, 2019c) show a global total of 71.4 million of a ‘population of concern’ which includes refugees, internally displaced persons (IDPs), and asylum seekers. Of this number, (sub-Saharan) Africa constituted 34% followed by Middle East and North Africa (23.5%), then Europe (15.5%) and, finally, by the Americas (14%), and Asia and the Pacific (13.2%).

While African numbers may seem higher than those of other regions, Flahaux and De Hass (2016), measuring immigration and emigration intensities, showed that the bulk of African migration is contained within the African continent which they highlight as occurring specifically between neighboring countries as demonstrated by the UNHCR (2019a, 2019b, 2019c) (Fig. 1.2).

Flahaux and De Hass (2016) further note that African migration has also increased not only to Europe but to other regions such as North America, the Gulf, and Asia. Their viewpoint is also supported by the report of the African Regional Consultative Meeting on the Global Compact on Safe, Orderly and Regular Migration (2017), which underscores that portraying African migration as a ‘crisis’, a deluge, and a ‘maritime invasion’ is overstating Eurocentric data, based on media images, political narratives, and some uninformed academic writings. Rather, African migration is not

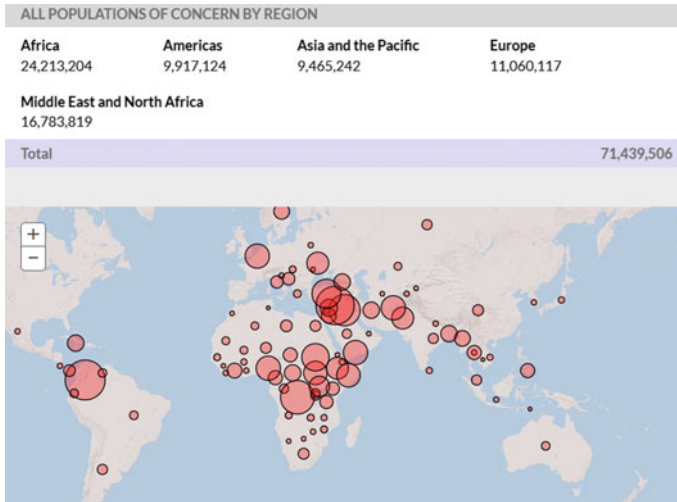


Fig. 1.2 Migration destinations. *Source* UNHCR 2019a, 2019b, 2019c)

different from global migration or other migrations from other regions in the world to any major extent.

Within the context of the above scientific analyses, it is important to also understand the global migrant and refugee situation in Africa. In general, statistics (UNHCR, 2017) have shown that there is a strong upsurge of migrants worldwide rising from 173 million in 2000 to 258 million in 2017 with 84% of the world refugee burden on developing countries. As of 2017, statistics showed that more than 70 million people have fled their homes to other countries and out of this population, only about 25 million were given refugee status (UNHCR, 2017).

According to the UNHCR (2017) there are 25.4 million refugees in the world inclusive of the 4.4 million people who were newly displaced in the year 2017. Turkey ranked as the country hosting the highest absolute number of refugees (3.5 million) followed by Pakistan (1.4 million), Uganda (1.4 million), Lebanon (998,900), Iran (979,400), Germany (970,400), Bangladesh (932,200), and Sudan (906,600). Jordan hosts the highest number of refugees in comparison to its national population by a ratio of 1:3 (one refugee per 3 autochthonous residents), followed by Lebanon (1:4) and Turkey (1:23). Out of the 1.7 million new asylum claims in 2017, United States of America received the highest absolute number of claims (331,700), followed by Germany with 198,300 applications, Italy (126,500) and Turkey (126,100). Children (i.e., those less than 18 years of age) constitute 52% of the refugees in 2017 with about 173,800 unaccompanied and separated from their families. Some two-thirds (68%) of the world's refugees came from five countries, which include Syria (6.3 million), Afghanistan (2.6 million), South Sudan (2.4 million), Myanmar (1.2 million) and Somalia (986,400) with Syria contributing almost 48% of the total. Out of these 5 countries, only two are African, South Sudan and Somalia. About 125 countries

have granted asylum to Syrian refugees with Turkey (55%), Lebanon (16%) Jordan (11%) and Germany (8%) having the highest intakes. It is to be noted that developing regions still host about 85% of the world's refugee population.

In Africa, the estimated population of refugees is 6,268,200 with East and Horn of Africa accounting for almost 70% (4,307,800). The origins of African refugees are primarily South Sudan (2.4 million), Somalia (986,400), Sudan (694,600), DR Congo (620,800), Central African Republic (545,500), Eritrea (486,200) and Burundi (439,300). Most of South Sudanese refugees are hosted in Uganda (43%), Sudan (32%), and Ethiopia (18%). Refugees from Somalia are mainly hosted by Kenya (29%), Yemen (27%), and Ethiopia (26%). Chad (47%) and South Sudan (38%) host the majority of refugees from Sudan. The bulk of refugees from Central African Republic moved to Cameroon (40%) and DR Congo (34%). Ethiopia (34%) and Sudan (23%) host the largest number of Eritrean refugees. The chief hosts of Burundian refugees are Tanzania (58%) and Rwanda (21%). Unfortunately, solutions to the refugee crises seem not to be in sight as the number of refugees is projected to increase through the next decades (IOM, 2018b). According to Adepoju (1995) and—earlier—to Heisel (1982), growing disparities in development between the haves and have-nots, have been the primary cause of voluntary movement of populations between and within national borders in recent years, which they claim to have political, social and demographic dimensions.

Reasons for the fear of 'invasion' and 'shock' in the European Union (EU) are well summed up by Parkes (2017):

In the past three years, the EU has been hit by another migration shock, not from the east this time, but the south. Between 2014 and 2016, more than half a million people crossed the central Mediterranean to Europe, moving from the Horn and West Africa through Libya, Egypt, Tunisia and Algeria. These flows are again fundamentally challenging European foreign policy and its setup. The foundations of this policy were laid in the 1990s, in the wake of the first migration crisis. This was the doctrine of 'concentric circles', or 'arcs', whereby the EU attempted to radiate a transformative kind of order abroad. The EU has encouraged deep structural reforms foremost in a nearby arc of Western Balkan countries, then in a longer and more varied arc stretching from Belarus to Morocco, and then across a broad swathe of Eurasian, Latin American and African countries where it has been carrying out classic development policies. If that setup is now being challenged, it is because today's migrants and refugees come from sub-Saharan Africa – from the outer swathe of countries where EU engagement consists of little more than development cooperation and is least driven by Europe's own narrow interests. In other words, they come from places where the EU has the fewest tools to stem the flows. The migrants are also ignoring the EU's carefully-demarcated concentric arcs, moving from the outer arc in Africa, through Europe's near abroad in North Africa, and into the EU itself. (p. 1)

There is no doubt that African migration has begun a new outward movement to Europe and elsewhere. Media images of dinghy boats and Mediterranean deaths have attested (despite the insignificance of the numbers in terms of global statistics) to this new mode of migration which is now described as an 'irregular' 'unauthorized' invasion.

Idemudia and Boehnke (2010) tried to explain that unauthorized migrations are common among youths who are usually between 18 and 39 years. They believe that to put an end to their problem is to travel to Europe or North America, thinking that it is all bed of roses, lands flowing with milk and honey. As a result, they travel in droves and in fact, many travel by unsafe means. Some trek through the valleys and shadows of death of the hot Sahara Desert, using unsafe means such as trolleys, dinghies and cargo ships to cross the Mediterranean Sea and, in the process, sometimes meet untimely deaths while trying to cross over sharp razor-blade borders. Those who succeed, on arrival, find that the land that was supposed to flow with 'milk and honey' actually flows with racism, hardships, imprisonment, police harassments, daily apprehension of deportation and other hosts of hostile life situations. Some are then pushed into what may be described as undesirable and unprofitable ways of life such as prostitution, domestic thefts and other vices, and as a result may find themselves in prisons, lockouts, asylums, and mental institutions. Some, on the other hand, engage in petty and menial jobs such as dishwashing in restaurants, corpse cleaning, etc. It is not uncommon to find university graduates washing dishes in restaurants, cleaning the streets, and engaging in jobs that are menial to 'keep body and soul together.' The consequences are psychological difficulties necessitated by settling in a new country, frustrations and loneliness induced by racism, police harassment, and clash of values which inevitably have implications for mental health and wellbeing. For some with strong resilience to stress the consequences may be in the long term while for those with weak resilience to stress, the consequences may be immediate. Understanding the statistics of migrations globally and regionally is important but understanding the psychological dynamics of these migrants and their motivations for migrations should be more important, the sole reason for this book.

In the past, migration research has traditionally been dominated by disciplines such as biology, anthropology, sociology and geography. Migration is a human behavior and part of human condition which can be influenced by many factors which according to Bade (2000) can be political, economic, cultural or ecological. According to Bilger and Kraler (2005), migration research is a field of research that has emerged as a multi-(and sometimes inter- and trans-)disciplinary field of research in the 1960s. Only recently, are psychologists beginning to be involved in migration research from a cross-cultural perspective (see Ward, Bochner, & Furnham, 2003; Mahalingam, 2006).

The goal of psychology is to understand humanity both by discovering general principles and exploring specific cases (Fernald, 2008). While psychological knowledge is typically applied to the assessment and treatment of mental health problems, it is also applied to understanding and solving problems in many different spheres of human activity. Psychologists attempt to understand the role of mental functions in individuals and to understand social behavior, while exploring the physiological and neurobiological processes that underlie certain functions and behaviors. Migration research from the point of view of psychology is to understand the nature of stress migration actors go through, implication of these stressors for posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD) and other mental health outcomes. The discipline also tries to understand their perceptions, attitude,

acculturation and cross-cultural encounters. The focus of psychology in migration research complements the approach of other so called 'traditionalist' disciplines and according to Mahalingam (2006), human migration is complex and dynamic with huge implications which we as scientists are only beginning to understand.

Some authors have also argued that the intersect between migration and psychology includes mental health of migrants, community level trauma interventions, integration of migrants, and the impact of discrimination and alienation and transnational families while at the same time recognizing a dearth of studies between migration and actual psychology (Palmary, 2018). As indicated earlier, the approach to migration from a psychological perspective and within the framework of globalization, focuses on acculturation, racism/prejudice, intercultural contacts, and mental health. This approach is anchored on a multi- and transdisciplinary approach which is the anchor of this book.

However, a problematic area in migration research is categorizing or sticking a label to the actors of migration because it is difficult and also fluid in nature, which in the authors' opinion greatly affects research sampling. According to Idemudia and Boehnke (2010), actors in migration include students, visitors, international tourists, refugees, diplomats, economic migrants, undocumented migrants, or 'stateless' migrants (irregular migrants). Which label actually fits and at what time is this label removed or another added? The fluid nature of this is such that a student or visitor so categorized can become an 'asylum seeker' or an 'irregular migrant' if the student or visitor chooses not to return home and overstays the duration of the visa or even chooses to apply as a 'refugee'. Or in the worst scenario 'shreds his or her identification such as passport and in this case becomes 'stateless.'

Hence, in this book, participants in the study include migrants in a broad sense: Those who have come legally (i.e., the regular migrants) and have their permanent residence or become citizens by naturalization, and those who recently arrived through the desert and Mediterranean Sea whom we refer to as 'unauthorized' or 'irregular' migrants. Some of these irregulars have also become refugees at some stage and so are all grouped under 'irregulars.' The essence of this is to locate the study within psychology profiles for these groups, understand the dynamics of stress, psychopathology operational from sending countries and receiving countries within the contexts of six European countries. Several focus group discussions were held and will be used to support evidences of claims for the study.

However, there is no doubt that when people move from one country or society to another especially in the most irregular manner, emotional difficulties are experienced because migrants pass from one set of cultural values to another. Different migrating populations have diverse resources and different abilities to cope with the stresses encountered. Immigrant groups are subject to discrimination in housing, employment, in education services and in everyday interpersonal relations. Also, virtually in every EU country, housing of ethnic minorities indicates that they occupy the transitional zones of town areas, which are falling into disrepair and/or are scheduled for eventual demolition in accommodation, with rudimentary sanitation and cooking facilities (Littlewood & Lipsedge, 1989).

The burden of migration is enormous on the migrants, the sending and receiving countries, leading to problems of abuse, homelessness and many stressors before migration, through the journey and after arrival in the host countries. These stressors may gravely affect the mental health of migrants and refugees. These stressors may actually begin from the day the journey starts which can be broadly categorized as pre-migration, mid-migration and post-migration periods (Idemudia, 2011; Idemudia, 2014a, 2014b; Idemudia, 2017; Idemudia & Boehnke, 2010; Idemudia, Williams, Boehnke & Wyatt, 2013; Idemudia, Williams & Wyatt, 2013). There is also a viewpoint of this book whether these irregular migrants possess a different kind of personality, because crossing the desert, living on the road without time frame, crossing the sea and the hardships of unimaginable discomfort that come with these travels will after all require extraordinary health, endurance and resistance to pain. The pre-migration period would be dominated by stress encountered in migrants' home countries before embarking on the journey. Mid-migration will be from the time they set off from their various countries, through the various routes and finally to Europe and elsewhere, and how they also cope when they arrive their destinations. We have accounts of durations from one year to ten years before reaching the goal. The post-migration period commences when migrants reach Europe and this includes periods during which migrants are processed as refugees or 'undocumented' if refused asylum and may flee detention centers. At this point, it is important to discuss briefly some of the plights inherent in the asylum process and obtaining refugee status.

The Plights Inherent in the Asylum Process and Obtaining Refugee Status

The first step to gaining refugee status is to seek asylum in any country of destination after fleeing one's country of origin. According to the European Union 2003 Dublin II regulation, it is the responsibility of the first country of destination to process asylum claims filed within the first 12 months of getting into the EU. Thereby the receiving country is given legal recognition to process asylum claims. At that stage, it is the responsibility of the receiving state to provide internal protection and care for asylum seekers, and process their asylum claims as timely as possible. However, countries of first entry have limited incentives and capacities in implementing the Dublin II regulation, thereby necessitating asylum seekers to struggle on to other destinations (Bauböck, 2018). Based on the 1951 Geneva Refugee Convention principle of non-refoulement, host countries are barred from forcing asylum seekers to go back to their country of origin unless in rare circumstances, where asylum seekers themselves pose a threat to the security of host communities.

Legally, for an asylum seeker to have refugee recognition, the asylum claim must undergo the administrative procedure referred to as Refugee Status Determination (RSD). This process enables the individual to obtain a refugee status document processed by UNHCR or the government of the host country. Refugee status is granted according to national, regional or international laws. RSD particularly involves hearings, an interview or series of interviews with the representative of the host country or UNHCR, and where there is a situation of mass displacements, RSD is based on a *prima facie* basis because of the potential pressure on interview resources (Refugee Sponsorship Training Program, RSTP 2017). Under the *prima facie* basis condition, refugee status is determined by the obvious objective conditions of the host country that led to fleeing (e.g., the Syrian crisis).

The territorial asylum system adopted by the 1951 Geneva Refugee Convention, the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa of the Organisation of African Unity (OAU), and the 1984 Cartagena Declaration on Refugees (demanding that refugees must apply for asylum at the border of host countries before the asylum claim can be processed) is described (Hansen, 2017) as inefficient and deadly, given that it forces refugees to embark on illegal and dangerous journeys and increases vulnerability to abuse by traffickers and smugglers. This is why preferential treatments are accorded to categories of individuals who claim that they were individually persecuted rather than to those who flee from wars and conflicts during the refugee status determination (RSD, Koopmans, 2016). The refugee policies of the 1969 OAU Convention have also been criticized for their inability to adequately meet the complexities of refugee protection demands in sub-Saharan African (d'Orsi, 2016).

The living conditions of asylum seekers vary from country to country. In the Global South (i.e., the developing world), asylum seekers are relocated to refugee camps until their applications are determined. While some countries in the EU house asylum seekers in immigration detention centers, others put them in community centers restraining them from gaining employment.¹ In Calais, France, asylum seekers are reported to have been restrained in a camp with hazardous spaces, signifying a kind of political indifference towards the refugee regime (Davies, Isakjee, & Dhesi, 2017). In Germany and the UK, asylum seekers are prohibited from working for durations of 3 months and 1 year, respectively, from the time of arrival, and in Germany, they are only permitted to work if no German or EU citizen applied for the job.² A country like Australia operates an extraterritorial policy where asylum seekers are put in an offshore detention in Nauru until their cases are determined (Orchard, 2016). According to the UNHCR, the Nauru regional processing center is marred with timeless refugee determination procedures and more of a “detention-like setting” in which the primary conditions of asylum seekers do not differ from those experienced

¹<https://www.asylumineurope.org/reports/country/germany/reception-conditions/employment-education/access-labour-market>. Accessed March 26, 2020.

²<https://www.newsdeeply.com/refugees/community/2019/04/01/can-labor-immigration-work-for-refugees>. Accessed March 26, 2020.

when they were in their home countries (Andrew & Renata Kaldor Centre of International Refugee Law, 2018). In countries like Turkey, Jordan, Iraq, and Lebanon, asylum seekers are permitted to live among the local populations, apply for informal work to earn daily living, have makeshift houses or live in uncompleted and abandoned building.³ In Kenya, asylum seekers undergo the encampment policy which retrains their capacity to move around and seek informal employment, and must get a movement pass to enable them to travel outside the camp (Goitom, 2016). Although the Kenyan law allows for naturalization after gaining a refugee status, in practice refugees are not naturalized in Kenya (Goitom, 2016). In Egypt, there is absence of legal comprehensive instruments for the protection of refugees (Abdelaaty, 2016). Refugees are reportedly restricted, arrested, detained and harassed by the police, face unemployment problems, and are in danger of being attacked by human traffickers (Sadek, 2016). In places where asylum seekers, refugee and migrants tend to live in freedom, they are found to be in pitiable conditions below human dignity and honor (The Greek Ombudsman Independent Authority, 2017). These extremely unpalatable circumstances are detrimental to safety and protection of asylum seekers (Sandelind, 2017).

Although it is assumed that states have the moral justification to exercise discretion in control of the influx of migrants (Carens, 2014), the individual states' policies underlying RSD have been criticized for turning some refugees to illegal immigrants and shielding EU countries from fulfilling their international legal responsibilities (Robila, 2018). In rhetoric, Global North countries show their commitments and dedication to the refugee regime while on the other hand, against humanitarian interests, implement stricter policies on border control and immigration (Orchard, 2016; Sandelind, 2017). In practice, it is observed that states jettison the legal framework for protection of asylum claimants by refusing admission and returning them to a country they used as passage, or the country of origin or another unsafe country without examining whether their claim is genuine or not (Dahlvik, 2018). Ziegler (2015) pointed out that Sudanese and Eritrean asylum seekers were adjudicated individually in their refugee claims but simultaneously adjudged as not qualified for refugee status by Israeli migration officials. The detestation of refugee protection has led to the general claim that "60%" of asylum seekers in Europe are mere economic migrants without adequate empirical evidence (Cluskey, 2016). Also, using the group-based refugee status determination rather than the individual-based status determination in evaluating asylum claims in developing countries has encouraged refugees' dehumanization and poor treatment (Kagan, 2017).

It is further noted that increased backlogs of refugee determination have hindered and led to decline of processing individual RSD, meaning that asylum seekers must initially spend some of their vulnerable years waiting for their status to be determined (Kagan, 2017). For example, by the end of 2014, a total of 1603 asylum applications were determined in Thailand with 6806 pending cases because of lodgment of 5617

³see Footnote 2.

new applications (UNHCR, 2015). Processing of asylum claims is also fraught with delays in the United States by about 3 years. To qualify for an asylum interview in February 2017, the initial claim should have been filed before the middle of 2014 (United States Asylum Office, 2017). In South Africa, the Department of Home Affairs is criticized for its failure in finalizing asylum claims within 180 days (Kock, 2018). In some countries that adopt the “accelerated, prioritized and fast-track,” asylum processing procedures, such procedures are underpinned by higher rejection rates and lower protection to asylum seekers (European Council of Refugee and Exiles, 2017; Nicholson & Kumin, 2017).

Delay in RSD has been shown to have greater disadvantage ranging from inability of applicants to recollect all memories relating to persecution in their country of origin to doubts whether the persecutors are no more after them at the time the adjudication process begins (Kagan, 2017). This means asylum seekers may be unable to present accurate narratives of their persecutory experiences thereby leading to rejection of asylum applications or being granted provisional status. It is further reported that many countries put asylum seekers in detention pending the time their status is determined considering the determination of backlogs with the intention of deterring new arrivals of asylum seekers (Foster, 2017). The EU-Turkey agreement of 2016 with the European Agenda on Migration in 2015 has been described as a legalized process for prevention and deterrence of refugee movements in Europe (The Greek Ombudsman Independent Authority, 2017). According to the European Council of Refugee and Exiles (2016) country report, while some European states such as Malta (89.8%), Sweden (77.8%), Switzerland (75.5%) and Netherlands (71.8%) have high refugee recognition rates, others like Hungary (8.4%), Poland (16.5%), Ireland (23.1%), Germany (29.1%), UK (33.9%), Italy (38.7%) and France (39%) have relatively lower rates.

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Chapter 2

Patterns and Current Trends in African Migration to Europe



Stop being so scared of the unknown and start being scared of never knowing.
(Unknown)

Abstract The history of African migration is tied to the period of the transatlantic slave trade often referred to as the “great migration.” Today, out of the estimated 250 million migrants in the world today, only 14% (36 million) are Africans with 26% specifically on the European continent. Although North Africans are Africa’s migration giant to Europe, the recent trend shows that migration of West Africans to Europe is also on the increase. African migration is propelled majorly by economic crisis, individual ambitions, political and armed violence. Irregular migration to Europe reached its peak in 2015 with about 1.8 million migrants crossing the Mediterranean Sea. However, this number has significantly declined to fewer than 200,000 due to stricter border laws by the EU. Report shows that 50% of missing/dead migrants recorded on the Mediterranean Sea are of African origin. Irregular migrants are mostly men in their late 20’s with little education. Globalization plays a pivotal role in modern migration trends by being a major driving force. Although African migration may constitute significant problems to Europe, there is ample evidence that the receiving countries in Europe remain the top gainers through migrants’ economic contributions.

Introduction

Both historical and modern antecedents suggest that international migration is an inevitable and complex phenomenon that touches political, economic and social lives of the interconnected world (Barriga, 2013; IOM, 2018). Prehistoric times addressed by the metaphor of Africa as the Cradle of Humanity need not even be mentioned here. The not-so-distant history of African migration to the world is tied

<https://quotes-for-growth.tumblr.com/post/161787328348/stop-being-so-scared-of-the-unknown-and-start>. Accessed March 26, 2020.

to the occurrence of transatlantic slave trade in the colonial area which is often called the “great migration” (Curtin, 1997). During this era, colonialists took control of African human mobility, transported and channeled them to the New World and other regions to provide hard labor for the vitalization of American and European economies (Rodney, 1972). African migrants were forced to work on farmlands to produce cash crops such as tobacco, sugar, and cotton. In the late eighteenth century, which marked the peak of the slave trade era, about 80,000 Africans were annually mobilized to the Americas, primarily to Brazil and the Caribbean for intensive labor (Castles, de Haas, & Miller, 2013). It was also noted that almost 15 million slaves were transported to the same region between the sixteenth and the nineteenth century (Castles et al., 2013).

During the World Wars, a significant number of African soldiers and workers were recruited by the colonial imperials to support the military in Europe (Mafukidze, 2006; Rodney, 1972). Six years after World War I, around 100,000 Algerians were already working and living in France. About 250,000 North Africans mostly from Algeria and partly from Morocco and Tunisia migrated to France in the 1950s to supplement the postwar labor scarcity (Malka, 2018). Although Africans have liberated themselves through altercation of the nationalists with the colonial powers in the 1950s and 1970s, they are nevertheless tied to the colonial mentality that Europe and America remain the most economically viable regions to work, prosper and achieve their dreams. The African migration pattern of today is owned to colonization and post-colonization links with past colonial powers, and considered to shape the future trends of migration of Africans to Europe and the Americas (Adepoju, 2011; Appleyard, 1995).

Today, all continents have their own share (although at differing levels) in the sending and receiving of the world’s migrant population. While sending countries are worried about brain drain and loosing of young working population to international migration, receiving countries are bothered by the socioeconomic consequences of hosting migrants’ influx (Gheasi & Nijkamp, 2017). At present, Europe is the principal target of migrants from Africa and the Middle East, and faced with serious burdens at its borders (Danaj, Lazányi, & Bilan, 2018; Dokos, 2017; Flahaux & Hass, 2016) since the beginning of the political and economic crises in the two regions (Kugiel, 2016). On the other hand, migration remains central to Africa’s socioeconomic landscape as it enhances prosperity, means of livelihood and acquirement of wealth for individuals and their households (Horwood, Forin, & Frouws, 2018). Recent statistics of the United Nations Department of Economic and Social Affairs show that 26% (nine million) of African migrants have moved to Europe (UNDESA, 2017), constituting 12% of all international migrants on European soil, according to the Food and Agriculture Organization of the United Nations (FAO, 2017).

Although movement of migrants from the Middle East to Europe seems to have leveled off in very recent times, the migration of people from Africa appears to be at its starting point (Malka, 2018). Four reasons are suggested for this trend (Malka, 2018). First, the African population is experiencing a dramatic expansion with a projected population of at least 2.5 billion by 2050 doubling the present estimate of 1.4 billion people (Worldometers, 2019). Second, given the projected huge population, there

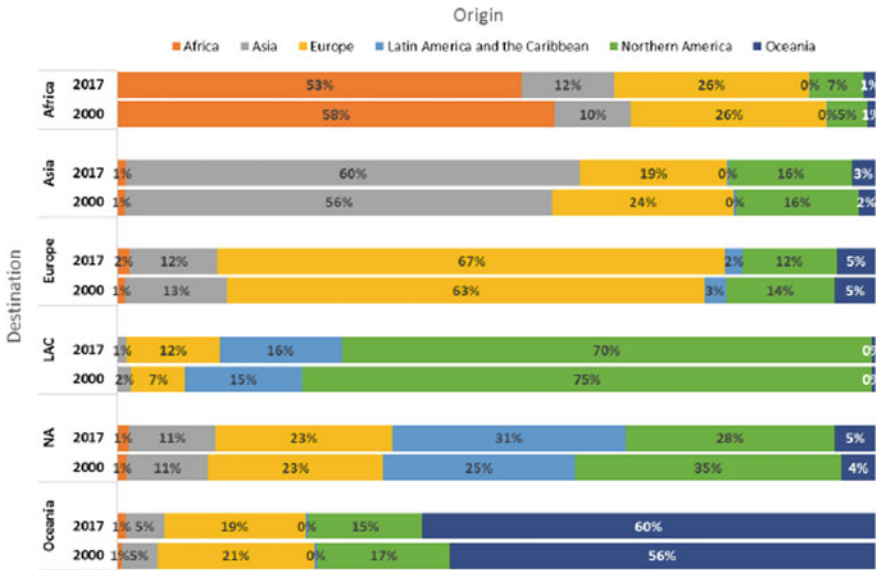
will be an unprecedented burden on economic resources for provision of employment, infrastructure and basic amenities in terms of electricity, health care, education and housing, most prominently in urban areas. Third, the present median age of Africans is 19.4 with almost 60% of people under age 25 (Worldometers, 2019). This age structure predisposes increased mobility, adaptability to new technologies and seeking of international opportunities. Fourth, the continent's compounding problems characterized by poverty, corruption, inadequate basic amenities for survival, political conflict, degradation of the environment and unemployment will persistently drive Africans to search for a better life abroad. However, it is important to note that this trend does not portend a mass exodus of Africans to Europe as majority of migration takes place within the African states (European Commission, 2018a).

African Migration Pattern: The Current Trends

African migration is both forced and voluntary, internal and transcontinental. Although migration out of Africa has been increasing in absolute terms over the last decades, the population of African migrants compared to the world's total migrants seems to be the lowest (African Union, 2017a). Out of the 258 million migrants in the world, 36 million (14%) were born in Africa. Statistics show that 53% of African migrants live in Africa, 26% in Europe, 12% in Asia and 7% in North America (UNDESA, 2017). These percentages almost remained steady for years 2000 and 2017 except for the 7% increase in the number of migrants within Africa (see Fig. 1). Current data also indicate that Europe is the common destination of African migrants after Africa herself (Flahaux & de Haas, 2016).

Economic crisis, individual ambitions, political and armed violence rocking many parts of Africa have substantially forced and motivated inhabitants to move to different parts of the world. As of 2015, the total refugees and people in refugee like situations in Africa were estimated at around four million (UNDESA, cited in de Haas, 2017). However, by the end of 2017 the figure has risen to over seven million with about a two million additions (UNHCR, 2018). The total population of concern (which includes refugees, people in refugee-like situations, IDPs and Stateless persons) was estimated at over 24 million (see Table 1). This number is second in rank when compared with other world regions, the first being Asia with an over 31 million total population of concern. The rise in refugee population is attributed to armed conflicts in Libya (North Africa), Nigeria and Mali (West Africa), the Central African Republic (Central Africa), South Sudan, and Eritrea (East Africa) (de Haas, 2017).

North Africa: Historically, North Africa (with particular reference to the Maghreb region consisting of Morocco, Algeria, Tunisia and Libya) is described as "Africa's emigration region *par excellence*" and noted for higher significant numbers of emigrants to Europe than any other African region (Flahaux & De Haas, 2016, p. 10). As of 2017, the total stock of North Africans living outside Africa was estimated as 9.7 million. This figure represents 86.8% of the total emigration stock in the



NA = North America; LAC = Latin America and the Caribbean

Fig. 1 Percentage distribution of international migrants by region of destination. *Source* United Nations (2017a)

region (UNCTAD, 2018). It is estimated that one of two Africans living abroad is a North African (European Commission, 2018b). Aside from being sources of migration, Maghreb countries also serve as transit region for sub-Saharan Africans aiming for Europe (Malka, 2018). This flow is often attributed to the region’s geographical nearness to Europe, its labor treaties with many European nations, together with its colonial and post-colonial connections with France (UNCTAD, 2018; Natter, 2014). In addition, the relatively lower income and high unemployment rates in North African countries have spurred the frequent migration to Europe and other destination countries (IOM, 2018). The political and economic conflicts in the Maghreb which include the Tunisian Revolution (2010–2011) and the Libyan Crisis (2011 till present) coupled with the neighboring Egyptian Crisis (2011–2014) have led to serious public violence, displacement and societal breakdown impelling irregular migration to Europe and other nearby regions (Cummings, Pacitto, Lauro & Foresti, 2015; Fargues & Bonfanti, 2014). For example, the net migration figure of Libya is estimated as—100,338, making the country rank highest as nation of emigration not immigration (UNDESA, cited in African Union, 2017b). Over 90% of migrants on Libyan routes plan to migrate to Europe because of her long border sharing with the sub-Saharan region (Karagueuzian & Verdier-Chouchane, 2014). Current data on asylum applications to European Countries between September 2017 and December 2018 show that there were 11,850 applications from Algerians, 9480 from Moroccans, and 5460 from Egyptians (Eurostat, 2019).

Table 1 Total population of concern by the end of 2017

Country/territory of asylum	Refugees						Returned refugees	IDPs of concern to UNHCR, incl. people in IDP-like situations	Returned IDPs	Stateless people	Others of concern to UNHCR	Total population of concern
	Refugees		Total refugees and people in refugee-like situations	Of whom assisted by UNHCR	Asylum-seekers (pending cases)	People in refugee-like situations						
	Refugees	People in refugee-like situations										
Central Africa/Great Lakes	1,444,034	31,709	1,475,743	1,336,023	62,430	167,378	5,426,857	378,316	974	175,107	7,686,805	
East and Horn of Africa	4,307,820	-	4,307,820	7,769,619	148,600	56,667	7,196,092	387,056	18,500	293,750	12,408,485	
Southern Africa	197,722	-	197,722	87,441	281,966	6,287	15,128	-	-	25,924	527,027	
Western Africa	286,919	-	286,919	286,676	15,798	296,189	1,873,617	410,887	692,115	15,362	3,590,887	
Total Africa	6,236,495	-	6,268,204	5,479,759	508,794	526,521	14,511,694	1,176,259	711,589	510,143	24,213,204	

Source UNHCR (2018)

West Africa: Although 84% of migration within West African is internal, migrants originating from the region also target Europe as final destination (African Union, 2017a). Though North Africans are Africa's migration giant to Europe, data also show that the number of West African migrants to Europe is also on the increase (Flahaux & De Haas, 2016). Recent data show that Nigerians (390,000), Senegalese (270,000), and Ghanaians (250,000) constitute the highest number of migrants from West Africa to the EU, Norway and Switzerland (Pew Research Centre, 2018). In particular, 45% of Senegalese emigration is towards Europe while migration to other African regions and continents range between 6 and 28% (Altai Consulting, 2015). Generally, 72% of migrants from sub-Saharan countries are hosted in four European countries, namely Portugal (360,000), Italy (370,000), France (980,000) and the UK (1.27 Million) (Pew Research Centre, 2018).

Italy and Spain are the main destination countries for Nigerian migrants whereas migrants from Senegal mostly move to France (African Union, 2017b). Principally, the drivers of migration in West Africa are economic hardship and unemployment (Horwood et al., 2018). Other drivers include political crises, armed conflict, generalized violence and violation of human rights (African Union, 2017b). Due to incessant conflicts in parts of Mali and Nigeria, the West African sub region harbors considerable number of refugees and internally displaced persons (IDPs). According to UNHCR (2018) statistics, the total population of concern in Nigeria and Mali is about 2.7 million and 232,282, respectively. These forced displacements have influenced the number of asylum applications in neighboring countries and the EU. For example, from September 2017 to December 2018, there were 29,625 new asylum applications to the EU from citizens of Nigeria, 16,780 from Guinea, 11,220 from Ivory Coast, 8480 from Mali, 6545 from Cameroon, and 7115 from Senegal (Eurostat, 2019). Data shows that migrants from West African countries constitute 61% of all asylum applications in Italy while applicants from Nigeria top the list (OECD/ILO/IOM/UNHCR, 2018). It is documented that migration from West Africa to Europe is mostly irregular (African Union, 2017b).

Central Africa: The economic and political instabilities in this region which mainly originate from the Central African Republic (CAR) and the Democratic Republic of Congo (DRC) remain the principal drivers of migration. The number of migrants from Central Africa is estimated as 4.1 million out of which the majority is being hosted within the region by Gabon (Devillard, Bacchi, & Noack, 2015). Only Cameroon has a significant number of migrants (46%) residing in Europe with Italy and France as major destination countries (European Commission, JRC, 2018). Total population of concern was estimated at almost 1.5 million for CAR and 5.5 million DRC (UNHCR, 2018).

East Africa: Besides economic mishaps, migration in the East Africa subregion has majorly been propelled by political strives and armed conflicts in Somalia, South Sudan, and Eritrea (de Haas, 2017; Horwood et al., 2018). UNHCR total populations of concern in Somalia, South Sudan, and Sudan were estimated as 3.2 million, 4.3 million, and 3.1 million, respectively. Migrants from East Africa constitute 27% (9.8 million) of all migrants from Africa with a majority residing in other African countries such as Ethiopia, Kenya, Sudan, and Uganda (European Commission, JRC,

2018). Migration out of the region is less towards Europe but exhibits a major flow to Southern Africa and the Gulf States due to geographical proximity (European Commission, JRC, 2018).

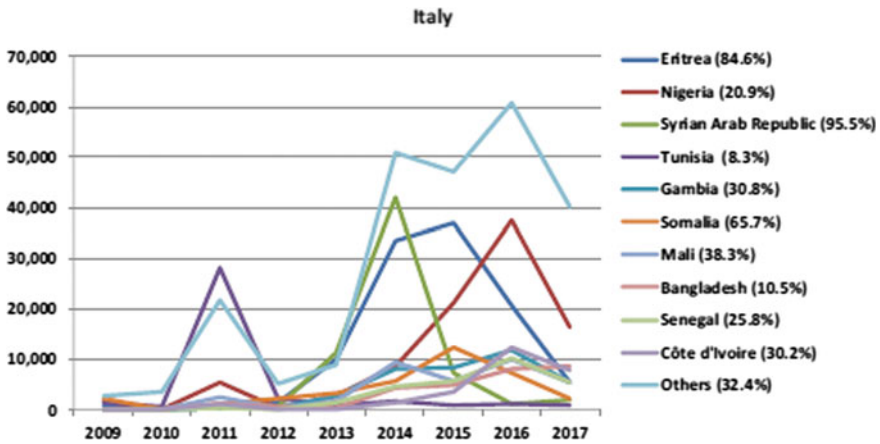
Irregular Migration into Europe

People migrate through regular and irregular means. Regular migration involves meeting the requirements for entry into the countries of destination. This entails obtaining visa, residence, study or work permits. On the other hand, irregular migration consists in moving to another country via unofficial means. It is noncompliance to the migration regulations of origin, transit and destination countries, which often involves the assistance of smugglers and traffickers (Abebe, 2017; IOM, 2013). Following stricter regulations regarding African migration in the mid-1990s, the EU had witnessed irregular entry into its borders (Adepoju, 2011; African Union, 2017b). The stiffness of EU laws on migration has necessitated Africans to source for informal, irregular and underground ways of reaching Europe. Other factors implicated in irregular migration are lack of appropriate travel documents and financial means for regular migration (Giménez-Gómez, Walle, & Zergawu, 2017).

Many African migrants are noted for unauthorized migration into Europe through engaging in dangerous journeys across the Maghreb borders (Giménez-Gómez et al., 2017; Schoumaker et al., 2013). In addition to traveling through the sea by boat, many migrants gain access to Europe through hiding in ferries and vehicles, use of tourist visas or fake documents (Arnold, 2012). As patrols are intensified by border police along the dangerous routes, migrants discover and change to more complex routes to achieve their dreams of entering the European continent (Adepoju, 2011). Border controls may pose significant challenges to migrants, but African migrants are determined to reach European soil at any cost given the huge physical and financial resources expended on the journey (Arnold, 2012). However, the trend of irregular migration to Europe through the sea has declined in recent times with less than 200,000 crossings in 2018 as compared to more than 1.8 million recorded in 2015 (Frontex, 2019). This new trend is attributed to stricter laws which require return of illegal immigrants to transit origins before they land on European shores (BBC, 2019; Gros, 2018).

Since the end of the twentieth century, nearly 60,000 migrants have perished worldwide on migration routes. In 2017 alone, about 6280 missing/dead migrants were recorded out of which more than 50% occurred along the Mediterranean with majority of victims originating from sub-Saharan Africa (Migration Data Portal, 2018). Although, African migrants who gain (unauthorized) access into Europe via the sea have been the focus of media and the public, migration officials have suggested that visa over-stayers or those whose permits have expired constitute a larger percentage of illegal immigrants in the EU (Orrenius & Zavodny, 2016). Nevertheless, this pattern may change considering the rise in asylum applicants gaining entrance into the EU through land and sea borders (Orrenius & Zavodny, 2016).

Statistics on numbers of irregular migrants in the EU are imprecise, unreliable and usually of a guesstimate given its clandestine nature and outside of state control (Reed, 2018; Vespe, Natale, & Pappalardo, 2017). The population of the world’s irregular migrants was estimated at around 50 million in 2009 (IOM, 2018). Also, for 2009, the Final Project Report of Project Clandestino provided an estimate ranging from 1.9 million to 3.8 million irregular migrants in Europe (European Commission, 2009). These figures seem to be lower as compared to the 2.4–5.5 million irregular migrants recorded in 2005 within the EU-25 (Kovacheva & Vogel, 2009). More recent data covering between 2008 and 2017 estimate 7.4 million illegal third-country nationals in the EU (European Commission, JRC, 2018). Specifically, the United Kingdom is estimated to have the highest number of irregular migrants with 417,000–863,000, followed by Germany (180,000–520,000), Italy (279,000–461,000), and Spain (354,000) (IOM, 2018). According to IOM (2017) statistics, Eritreans top the list of African irregular migrants crossing the sea to Italy between 2009 and 2017 with 108,991 migrants, followed by Nigeria (93,881), Tunisia (37,854), Gambia (37,199), Somalia (36,332), Mali (34,872), Senegal (27,871) and Ivory Coast (26,901). Figure 2 presents the plot of the top ten origin of migrants by sea into Italy between 2009 and 2017.



Note: (% = positive decision on asylum)

Fig. 2 Asylum seekers in Italy 2009–2017. Source UNHCR (2016) after Italian Ministry of the Interior as cited in IOM (2017a)

Demographics of Irregular Migrants

Generally, the percentage of African migrants is almost equal for males (52.9) and females (47.1) with a median age of 30.9 (UNDESA, 2017). Migrants from Africa are also likely to be more educated and have more socio-economic power than non-migrants from the region (Lucas, cited in Schoumaker et al., 2013). However, the characteristics of irregular migrants tend to be mixed, consisting mainly of adult men and about 11–14% of children and women (Frontex, 2015) with less education. This trend is changing as there are increasing numbers of women and children among asylum seekers (Orrenius & Zavodny, 2016). More recently, 18% of women were recorded in illegal border crossing (Frontex, 2019). In 2015, Sweden recorded up to 43% of children asylum seekers out of which 50% were unaccompanied minors (Parusel, 2016). According to the European Commission (2018a), Germany has the highest number of unaccompanied minors between 2008 and 2017 (82,400), followed by Sweden (61,300) and Italy (26,435). Typically, irregular migrants have lower levels of education and tend to engage in informal low-skilled employment in country of origin (Orrenius & Zavodny, 2016). Given that African migrants have mixed motivations for crossing European borders by sea, it may be difficult to distinguish whether they are politically motivated (e.g., armed conflict and persecution) or economic migrants (e.g., poverty and unemployment); although most of them are expected to claim asylum (Giménez-Gómez et al., 2017).

In a sample of 1031 migrants (mostly irregular) who arrived in Italy by sea through Libya, 83% were found to be males (with thus only 17% females) and an average age of 27 (IOM, 2016). About 66% were single, while 30% were married. Two thirds of the sample were of West African origin (with Nigerians topping the list), the majority were asylum seekers (61%), whereas 25% had no legal status. Ivory Coast (36%) had the highest number of females followed by Nigeria (26%) and Eritrea (22%). Most of the migrants lack formal education with only 3% having completed university education. Men were more educated than women with nearly 90% of women yet to complete lower secondary education. Twenty-five percent of migrants were employed in skilled manual works which include metal and construction workers, tailors and mechanics. Another 21% were trained in unskilled manual labor such as waiters, cleaners, unskilled construction workers and drivers. Similarly, almost the same percentage was employed in the agricultural sector.

Globalization and Migration

Globalization plays a pivotal role in modern migration trends. The era of globalization has propelled the movement of migrants within and outside the African continent (African Union, 2017a). Globalization is the integration of the world's economies, anchored by movement of people, capital, trade, and knowledge/technological diffusion across international borders (International Monetary Fund, 2000a, 2000b).

Given that trade, capital and technology cannot in themselves move across borders without human mobility, intra and extra-continental migration then becomes inevitable. The interconnectedness and interdependence of the modern world has removed barriers and no country is an “island” any longer (Barriga, 2013). Globalization has necessitated the birth of many world unions such as the African Union, European Union, OECD and others in order to maximize the benefits and minimize costs. Globalization impels migration and sets millions of people in motion while migration influences the intensification of political and socioeconomic relations across countries. These pose serious challenges to the social and political decision-making of nation-states at effectively regulating migration flows across their national boundaries (Dokos, 2017).

One aspect of globalization that has spurred international migration is the evolution of telecommunication and transportation technologies (IOM, 2018). The development of jet engines in the mid-1960s has dramatically aided the durability of air transportation by enabling planes to reach very far destinations in limited hours at reasonably low cost, thereby increasing international migration flows of people and goods within and across regions (Hoovest, 2013). The “death of distance” has been orchestrated by decreasing costs of air travel, ocean freight, international telephoning and satellite charges (Cairncross, 1997). These developments have increased and expanded the trend of regular and legal migration worldwide (IOM, 2018). Notably, the development of modern means of communication has aided international migration. The dramatic rise in the use of smartphones with accompanied internet technology has enabled millions of people from both developed and developing nations to have access to different social media platforms such as Facebook, WhatsApp, Instagram, Skype, Zoom, and the like. These developments have increased social networks among people internationally and moved the different parts of the world closer together.

The availability of modern telecommunication has aided the interconnectivity between migrants and their families and friends in countries of origin. These interconnections provide information to family members on movement of migrants throughout the journey and facilitate the planning of the union of family members left behind as soon as the migrant reaches the country of destination (IOM, 2018). The advancement of smart phone technology has assisted refugees and irregular migrants to access information on the financial cost of migration, safest routes into transit and destination countries via connectivity with smugglers (Triandafyllidou & Maroukis, 2012). For example, there are many specialized apps such as *InfoAid*, *Refugermany*, and *Arriving in Belin* which provide connectivity and information on safer and perilous pathways to crossing the border to Europe. In fact, transit to Greece in 2015 through the Eastern Mediterranean route has been attributed to the aids of such mobile connectivity (McAuliffe, 2016). On reaching destination countries, these communication technologies enable migrants to navigate their ways and get remotely connected with other migrants of similar origin who provide information on systems of operations and integration within communities in host countries.

Through modern communication systems, potential migrants are able to know the rights to claim regarding asylum applications based on EU regulations and the kinds of documents needed for such application before departing from the country of origin (Kugiel, 2016).

The Costs and Benefits of Migration

Given that the flow of extra-continental migration seems unbalanced and usually from African countries to the European Union, it is important to examine the benefits and costs of migration to both sides. Despite leaving Africa for Europe for better lives, migrants continue to have strong social, cultural and economic ties to their country of origin. These are accomplished by sending goods and remittances home for reduction of poverty and increase in the standard of living of family members. Remittances are utilized for investment in children's education, purchase of land, building houses, loan repayment and catering for health care costs of family members (Nwana, 2014; Thouez, 2004). After experiencing a shortfall in 2015 and 2016, the global remittance to low-and middle-income nations increased by 8.5% to \$US466 billion in 2017 (World Bank, 2018). Nigeria (\$US22 billion) and Egypt (\$US20 billion), respectively, occupy 5th and 6th positions as countries receiving huge remittances in the world. Also, in the same year, the remittances to sub-Saharan Africa increased by 11.4% to \$US38 billion. Aside from Nigeria, the two other countries in sub-Saharan Africa with largest remittances are Senegal (\$US2.2 billion) and Ghana (\$US2.2 billion). The total value of remittance to low-and-middle-income countries is shown to surpass what they received as official aids from the developed world (Kugiel, 2016; World Bank, 2016). Specifically, the remittance value of Nigerians living in Europe is reported to surpass the value of EU aids to the Nigerian government by ten times (Scazzeri & Sringford, 2017). Remittance constitute up to 50–90% of the household income in some developing countries (Kunz, 2008).

There also is empirical evidence demonstrating strong and positive nexus between remittances from host countries and poverty decline in developing countries with reduction in child mortality by 16-fold after migrants move abroad (Tsurai, 2018; World Bank, 2016). In addition, there is transfer of skills and knowledge acquired in the host countries to countries of origin when migrants return home for short, long and permanent stays (Arhin-Sam, 2019). However, it is argued that remittance may create further problems for departure countries in terms of inflation, overvalued exchange rate and increased import if remittances are used for consumption purposes instead of investments (Bruni, 2017).

Although positive feedback effects of migration exist for countries of origin, there are also some drawbacks, which may have significant negative repercussions. One of these is “brain drain”—a situation of flight of skilled human resources. With an increase in overall migration flow of skilled working-age groups from Africa to developed nations in Europe and North America, Africa stands the risks of losing

her young and skillful population who are expected to drive innovations and developments. Already, brain drain is reported to be acute in sub-Saharan Africa. Brain drain can weaken business growth, limit innovation and national development in technology, agriculture, health and education (Agopyan et al., 2013). Many small sub-Saharan countries are reported to lose a substantial part of their college graduates to the developed world (Docquier, 2014). Countries of origin are at greater loss when newly trained professionals such as medical doctors depart for another country without utilizing their skills in home countries. In 2006, Liberia, Ghana and Uganda respectively lost 43%, 30% and 20% of their medical doctors to Canada and the United States (Bach, 2006). In this instance, country of origin's return on investments for such training is lost but gained by destination countries. For example, developing countries suffer a total loss of \$US60 billion on educational investment alone at the migration of over 3 million highly skilled populations to OECD countries in 2004 (Stalker, cited in Thouez, 2004). Campaigns by, e.g., the Council of Graduate Schools, more or less desperately call for "brain circulation" (Boehnke, 2013).

Despite huge migration flows, receiving countries have been described as top gainers in the migration process given the migrants' economic contributions. There is consensus on the positive economic impact of migrants in destination countries (Bruni, 2017). For example, the 6.6 million immigrants in Germany contributed an individual net gain of €3300 amounting to €22 billion in 2012 (Bonin, 2015). According to Bonin, this trend will continue throughout migrants' lives in which they will receive less in transfer payments than what they have paid into the German State. Additionally, there is an increased savings for taxpayers because destination countries may not need to contribute to the education development of migrants which had been paid for in countries of origin (Dustman & Frattini, 2014). In all, migration will positively impact the work-age population in Europe which is predicted to suffer serious decline within the next 30 years (UNDESA, 2013).

The negative side of migration to receiving countries is higher competition for employment and problems constituted by irregular immigrants. It is assumed that irregular immigrants are less likely to be innovative in their activities because they are not trained in science, technology, engineering and math (STEM). Irregular migrants are likely to engage in entrepreneurial activities which are small and informal, and most of the time, their incomes are not spent or saved in Europe, but remitted to their countries of origin (Orrenius & Zavodny, 2016). Remittances benefit countries of origin but reduce the benefits of migration to hosting countries (Rainer, Straubhaar, Vadean, & Vadean, 2006). On the other hand, irregular and even regular migration enables firms to have access to cheap or reduced labor cost and volunteers for jobs which natives consider as dangerous, difficult, seasonal, dirty and low-paid domestic service jobs (Rainer et al., 2006; see also Wax and Richwine in the Philadelphia Inquirer). Migration increases competition for low-skilled jobs which may have adverse effect on lowly skilled natives' employment rate and prior immigrants. However, this effect is predicted to dissipate gradually as the economy adjusts (Orrenius & Zavodny, 2016).

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Chapter 3

Travelling Routes to Europe



I don't know where I'm going but I'm on my way.
(Carl Sagan)

Abstract About five routes have been identified as channels of illegal crossings: The Central Mediterranean route (CMR), the Western Mediterranean route (WMR), the Eastern Mediterranean route (EMR), the West African route and the Western Balkan route. The CMR is the most dangerous and at the same time commonly used route to transit into Europe with Italy and Malta as first countries of entry. It is estimated that 1 in 10 migrants who attempt crossing via the CMR is likely to die or missing on their way. Tunisia, Algeria, Morocco and Libya were departure countries for irregular migration to Europe via the CMR. The WMR connects Morocco to Spain and the two Spanish enclaves of Melilla and Ceuta. Nationals from Morocco, Guinea, Mali and Algeria were more detected on the WMR. The West African route is used by irregular West African migrants to transit to Canary Islands (an autonomous community of Spain). Cities of Gao (Mali) and Agadez (Niger) are used as main hub of irregular migration to link the WMR and the CMR respectively. The EMR is used by unauthorized migrants to travel into the EU through Turkey with Greece as the first country of entry. It was the “migration and refugee crisis” along this route in 2015 that put the whole of Europe under alert. However, irregular migration along the EMR has substantially declined.

Introduction

The upsurge in the number of irregular migrants crossing to Europe through sea and land borders reached an inundation point in 2015. With six times the number of irregular migrants recorded in 2014, the “migration crisis” became one of the most important phenomena in the social and political discourse in Europe (Frontex, 2016).

<https://www.goodreads.com/quotes/7446197-i-don-t-know-where-i-m-going-but-i-m-on-my>.
Accessed March 26, 2020.

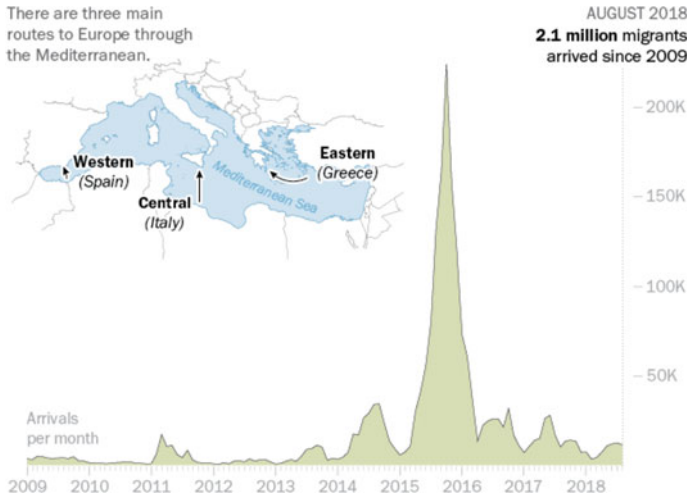


Fig. 3.1 Monthly “Detections” by sea (January 2009–August 2018). *Source* Frontex (cited in Connor, 2018)

The shift in trend was accompanied with severe casualties as significant number of migrants drowned in the sea. There was an unprecedented pressure on the asylum system of many European countries, and an intense increase in human trafficking and smuggling activities along land and sea routes. Consequently, considerable volume of research was directed towards understanding the dynamics of migration routes spanning from migrants’ countries of origin, through the sea, and to the land borders of European countries in order to predict migration patterns in the future (Fig. 3.1).

Recent statistics show that the incidence of irregular migration through sea borders has plummeted for the last three years, presumably due predominantly to an increase in border controls at both transit and destination countries and perhaps, relative calm in war-torn origin countries. Illegal sea crossings declined from more than one million in 2015 to about 365,000 in 2016, and 176,000 in 2017 (News European Parliament, 2017). These account for an almost 83% decrease from 2015 to 2017. More recent figure provided by Frontex (2019) revealed that irregular sea crossing had fallen to 150,114 by 2018, which is about 92% decrease from the 2015 figure. This downward flow shows a tremendous and unimaginable impact of the ‘bulwark Europe’ policies of the EU (Rosenthal, Bahl, & Worm, 2017) and its Third World partners in reducing irregular migration into Europe. However, stakeholders must not rest on their oars given that irregular migrants, through the help of smugglers, have constantly sought for alternative and more dangerous routes to reach European soil as new policies to combat unauthorized migration are implemented (Alexandridis & Dalkiran, 2017). Thus, from any normative perspective, more knowledge is needed for better understanding of the dynamics in the use of old routes, and new and emerging routes.

Migration Routes to the EU

Almost 90% of illegal border crossings to the EU is via the Mediterranean Sea (Giuliani, 2015). Geographically, the African continent and the Middle East are EU's closest neighbors and the common sources of irregular migration to the European continent. The proximity of Europe to these two regions gave rise to the emergence of six principal routes used by migrants to reach European soil. These routes are: (1) The Central Mediterranean route (CMR), (2) the Western Mediterranean route (WMR), (3) the Eastern Mediterranean route (EMR), (4) the Western African route, and (5) the Western Balkan route.

In the following sections, we shall discuss migration via each of these routes by emphasizing on paths taken from origin countries to transit countries to crossing the borders into Europe.

The Central Mediterranean Route

The Mediterranean Sea is almost enclosed by land with Southern Europe and Turkey on the North, North Africa on the South and the Levant (parts of Western Asia) on the East. The geographical position of the sea provides the historical connection between Europe, and Africa, and the Middle East. The three maritime pathways across the Mediterranean Sea are usually classified as Central, Western, and Eastern Mediterranean routes. In particular, the CMR occupies a special position among the other routes as it is the most dangerous and at the same time commonly used route to transit into Europe with Italy and Malta as first countries of entry. Other points of entry include the mainland regions of Puglia and Calabria and the islands of Sicily and Sardinia (Wittenberg, 2017). In addition, the Italian Pelagie Islands of Lampedusa, Linosa, and Lampione are the gateway for many African migrants heading to Europe given its nearness to Africa and political connection to Europe. Historically, crossings through the CMR to the Italian Pelagie Islands for seasonal jobs originated primarily in Libya and secondly, Tunisia, with distances of 350 km and 150 km, respectively (Frontline, 2011). These relatively short distances make the North African region the bridge between the whole of Africa and Europe (Fig. 3.2).

In the past, Tunisia, Algeria and Morocco were departure countries for irregular migration to Europe via the CMR, but in recent times the trend has shifted to Libya as main point of departure given the heavy smuggling networks and relatively lower cost of sea passage compared to neighboring countries (IOM, 2017). Cost of sea travel can be as low as \$US420 in Libya but can be costlier in Tunisia and Morocco by \$US3500 and \$US3700, respectively (Malka, 2018). Before the ousting of Colonel Muammar al-Gaddafi in 2011, the Libyan government maintained strict border control on the coastal borders to Europe but less restrictive in its immigration policies which made Libya a destination country rather than a transit country for illegal migration into Europe. The increase in human smuggling activities and weak border control reversed



Fig. 3.2 Main Mediterranean crossing to the EU. *Source* Wikipedia (cited in Katsiaficas, 2016)

the status of Libya as an immigration country to a transit and emigration nation at the fall of the Gaddafi regime (Global Initiative, 2014). However, recent data obtained between September and December 2018 suggested that migration through the Libya has fallen by 87% and Tunisia is fast replacing Libya as the key country of departure of irregular migrants detected along the CMR (Frontex, 2019).

The breakthroughs recorded in closure of the Libyan route leading to Europe were pushed ahead through EU cooperation programs such as the IOM program for Voluntary Humanitarian Return for repatriation of migrants stuck in Libya's detention centers. Moreover, the UN, the African Union, and the EU taskforce set up to tackle slave auctions of migrants in Libya through evacuation of trapped migrants and asylum seekers significantly contributed to reducing migration pressure along the CMR (Abderrahim, 2019). By the aid of these programs, for example, 195 stranded Nigerian migrants which included children, infants and adults (including pregnant women) were repatriated to Lagos on 23 May 2019 (Nseyen, 2019). This is the 69th batch of returnees from Libya to Nigeria since 2017 and the largest. Also, the reported dangers and insecurity orchestrated by the political instability in Libya has deterred potential migrants from dreaming of migrating to Europe illegally while propelling actual migrants to seek alternative routes or go back to home.

Between 2011 and 2016, 90% of irregular migration to Italy from Libya occurred along the CMR with an estimated total of 630,000 migrants (IOM, 2018; Malka, 2018). According to UNHCR (2018a) estimates, arrivals of migrants in Italy via the CMR was 153,842 in 2015, which was a reduction compared to the 170,100 migrants recorded in 2014. However, the number of migrants in 2016 (181,436) rose by 18% compared to 2015. By 2017, number of migrants had significantly declined compared

to the figures obtained in 2015 and 2016. Frontex (2019) statistics showed that the detections of illegal crossings on the route experienced a decrease by more than 80% from 118,962 in 2017 to 23,485 in 2018, whereas data on numbers of minors (19%) revealed a slight increase in 2018 (in which 84% of them were unaccompanied) in comparison to the figure of 2017. These figures show a big turning point against the so-called refugee crisis experienced by Europe between 2014 and 2016.

However, the number of deaths or missing migrants on the CMR continues to be alarmingly high. It is shown that more than 13,000 migrants lost their lives on this route between 2014 and 2018 (UNHCR, 2018a). Between January and May 19, 2019, this route was reported to claim 316 lives (IOM, 2019). It is recently estimated that 10% (i.e., 1 in 10) of migrants who attempt crossing into Europe via the CMR are likely to die or be missing on their way. This prevalence is considerably higher compared to those recorded in 2017 (2.6%) and 2018 (3.5%).

Given the frequent occurrence of deaths along the CMR, several rescue operations have been carried out by the Libyan Coast Guard, the Italian Coast Guard and Navy, Maltese authorities, and various NGOs. Based on UNHCR (2019a) data between January and June 2018, a total of 22,752 migrants were rescued on the CMR out of which 50% were disembarked in Italy, 3% in Spain and 1% in Malta. The remaining 46% were returned to Libya for disembarkation. The trend changed drastically in the latter half of 2018, when up to 85% of the migrants (4769) on the same route were returned for disembarkation in Libya and only 3%, 4% and 8% in Italy, Malta, and Spain, respectively. According to the European Commission (2018), more than 290,000 migrants have been rescued on the sea by EU operations since February 2016 with major support from the Italian Coastguard (Fig. 3.3).

But where do the migrants taking the CMR come from? The origin of migrants taking the route is mixed consisting of countries from North Africa, West and Central Africa, East Africa, and the Middle East. Wittenberg (2017) categorized migrants

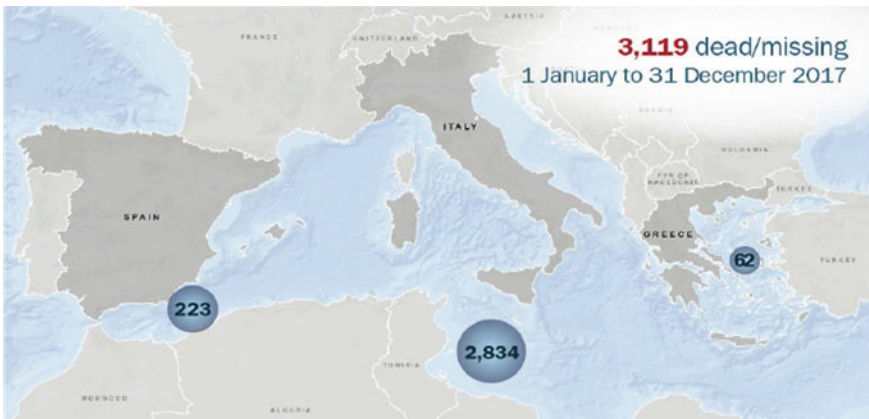


Fig. 3.3 Fatalities in the Mediterranean Sea, 2017. *Source* IOM’s Displacement Tracking Matrix (DTM, 2018)

taking the CMR into Europe into three groups. The first are those migrants with refugee and protection claims which include predominantly Syrians and Eritreans. The second include those migrants fleeing violence and instability in their countries (e.g., Somalia), and vulnerable to a risk of persecution or suffering but may not qualify for refugee status. The third are economic migrants leaving their countries for greener pastures in Europe to achieve their dreams and life ambitions. This category includes the majority of the West African migrants. Although, these categories may help differentiate forced/involuntary migrants from economic/voluntary migrants, it nonetheless provides imprecise details of motivations for migration given that those fleeing violence for safety may also migrate because of the dream of economic prosperity in Europe.

In 2015, Eritreans (25.5%), Nigerians (14.5%), Somalis (8%), Sudanese (5.8%), Gambians (5.5%), and Syrians (4.8%) constituted the larger portion of migrants on the CMR (IOM, cited in Pace, 2016). About 41% of migrants on this route were from sub-Saharan Africa, 11% from East and Horn of Africa, whereas 10% were from North Africa in 2017 (UNHCR, 2018b). The trend changed in 2018 as migrants from Tunisia began to take the CMR more than those from Nigeria. Tunisians and Eritreans are reported to constitute almost one third of all detected migrants on the CMR in 2018 (Frontex, 2019). The percentage of Syrian migrants taking the CMR has substantially declined as compared to the 23% figure recorded in 2014 (Frontex, 2014). These current trends indicate that the CMR is now mostly used by Africans to transit into Europe as against Syrian occupation during the “migration crisis.” The share of unaccompanied children who arrived in Malta and Italy via the CMR was put at 76% and 85%, respectively, of which the majority hailed from Somalia, Sudan, Eritrea, and Tunisia. Unaccompanied children who arrived in Malta through the CMR were mostly minors (89%), males and aged between 14 and 17. The remaining 11% consisting of girls (also aged between 14 and 17) were found to largely originate from Somalia (Frontex, 2019).

According to Altai Consulting (2015), the main points of departure on the Libyan coast to Europe are to the west of the country’s capital, Tripoli. Specifically, these points are close to the cities of Zawiya and Zwarah, because of their relatively short distances to Lampedusa. It is important to note that departure points are not limited to these cities. The coastline of Libya, which is 1170 km long, enables numerous smugglers to set up potential departure points for sailing towards the CMR. It is also reported that boats continue to sail from Benghazi since 2014 (Altai Consulting, 2015). Some migrants and refugees may travel across 36 different countries and 68 different routes before reaching Italy and Malta through the CMR (Crawley, Duvell, Jones, McMahan, & Sigona, 2016) (Fig. 3.4).

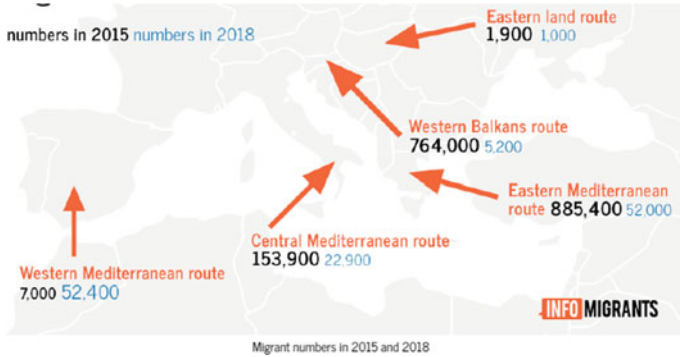


Fig. 3.4 Migrant numbers in 2015 and 2018 by routes. Source MacGregor (2019)

The Western Mediterranean Route

The Western Mediterranean route (WMR) principally connects the North African country of Morocco to Spain and the two Spanish enclaves of Melilla and Ceuta which both share land borders with Morocco. Located immediately after the Strait of Gibraltar is the enclave of Ceuta which has an 8 km border with Morocco. Melilla is only 10 km from the Moroccan city of Nador. The distance of the channel between Morocco and Spanish mainland is only 14 km at its narrowest point (MacGregor, 2019). The WMR was used by nationals from Morocco and Algeria to transit into the Spanish territories for intention of relocating or moving to other countries in Europe (Kuschminder, Bresser, & Siegel, 2015). However, towards the end of 1990s the route had witnessed a sharp increase in the number of sub-Saharan Africans migrating to Europe for greener pastures (Frontex, 2014; Schapendonk, 2012). In present times, the WMR is used by both Maghrebis (especially Moroccans and Algerians), and Western Africans to irregularly migrate to Europe through Spain (Alexandridis & Dalkiran, 2017).

In 2015, a total number of 7164 migrants were detected along the WMR consisting of mainly nationals from Guinea, Algeria, and Morocco (European Parliament, 2016). By 2016, detections had increased by 38% to 9990. A dramatic change in the number of detections was experienced in 2017 with over 23,000 migrants, which was more than a two-fold increase over the number in the preceding year (Frontex, 2018). Moroccans (4809), Algerians (4219) and Ivorians (3345) topped the list of migrants’ origins. In that year, two out of five migrants on the WMR were citizens of Morocco and Algeria.

By 2018, the WMR became the most commonly utilized route into Europe reaching a record high of 57,034 migrants with Morocco as the main departing point (Frontex, 2019). This figure was more than twice of the number of migrants recorded in 2016 on the same route and the number of migrants transiting via the Central and Eastern Mediterranean Seas which are traditionally known as the most frequently used routes into Europe. In the early part of 2018, migrants from sub-Saharan Africa

were the most detected on this route; however, the trend changed towards the end of the same year with Moroccans increasingly becoming detected on the route. When the total number of migrants using both land and sea routes are considered together, nationals from Morocco, Guinea, Mali and Algeria (in that order) were more detected on the WMR compared to migrants from other countries in Africa (Frontex, 2019). Some nine percent of the total number of migrants claimed that they were minors on this route.

The point of departure from Morocco is from the coastlines of the city of Tangier through the Strait of Gibraltar to Tarifa (Spain) which is the southernmost city of the European continent. Migrants also make use of the land route by crossing the border walls that separate Morocco from the Spanish enclaves of Melilla and Ceuta (Altai Consulting, 2015). Considerable number of migrants in groups of several hundred usually cross the six-meter fence (capped with barbed wire) into Melilla after waiting for a long time in the forests surrounding Nador and Oujda. This strategy enables some to successfully cross over the fence without been stopped by authorities, although many are usually still prevented from gaining access to the city. In some instances, the fences are climbed with makeshift ladders and cardboard suits to avoid sustaining injuries from the barbed wires (Carling, 2007). As a result of the difficulties accompanying the crossing, other migrants use rented or forged Moroccan passports (which could cost as much as \$US2000) to gain entry given that nationals of Morocco are allowed to enter Melilla and Ceuta for a specific period of time without visa permit (Altai Consulting, 2015). In July 2018, about 700 hundred sub-Saharan Africans were reported to have stormed the fence separating Morocco from Ceuta as early as 6:35 a.m. and overpowered security officials enabling about 602 of them to gain entrance into the city (Dolz & Cañas, 2018). A total number of 6800 migrants arrived in Spain during 2018 using Ceuta (1979) and Melilla (4821) as point of entry (Aida & ECRE, 2019). This is about 17% increase over the figure recorded in the 2017. Also, in July 2018, about 1000 migrants were rescued along the WMR by Maritime Rescue services, thus constituting overburden to shelters' capacity in the Strait of Gibraltar.

The Western African Route

The West African route is used by irregular West African migrants to transit to Canary Islands. The Canary Islands—an autonomous community of Spain—is located in the Atlantic Ocean and about 100 km west of Morocco at the nearest point (Canary Island, n.d.). The Canary Islands have been opposing irregular immigration for the past 24 years since two Sahrawi youths sailed towards the Island of Fuerteventura in 1994 with the use of the first *pateras* (small wooden vessels) (Efe, 2017). Ever since, migration of the Maghrebis (specifically those from Northwest Africa) to the Canaries have increased each year from dozens to thousands.

Godenau (2014) detailed three phases of irregular migration and arrivals in the Canaries. The first occurred in the 1990s without attracting much media attention when *pateras* transited from nearby Moroccan coasts containing mostly small numbers of Moroccans in a journey of one to two days. The second phase was between 2000 and 2008 during which arrivals became more frequent with departure points changing towards the south (Mauritania, Senegal, Guinea, and Sierra Leone), and vessels traveling up to two weeks containing up to 200 on board. Between 2004 and 2007, illegal arrivals to the Canaries were 54,297 with the year 2006 recording the highest number of arrivals. Between January and August 2006, it was recorded that 19,035 irregular migrants reach the Canary Islands shore, 11 boats were shipwrecked with more than 250 dead (European Greens, 2006). During these years, Gambian, Malian, and Senegalese migrants were predominant. The third phase spanning 2009–2012 saw a sharp decline in number of arrivals by receding to the first phase where Moroccans were the principal migrants to the Islands. This downward trend continues till present times as the Islands recorded 1305 irregular migrants in 2018 and about 234 between January and April 2019 (UNHCR, 2019b). The significant decline of irregular migration to the Canaries is attributed to stricter border controls, effective repatriation, crack down on smuggling and trafficking, and a cooperation between Spain and partners among North and West African countries (Peregil, 2015).

The Eastern Mediterranean Route

The Eastern Mediterranean route (EMR) is used by unauthorized migrants to enter the EU through Turkey. This route has been used for many years and enables direct entry into Greece, and then Bulgaria. In contemporary times, migrants on this route are dominated by Syrian nationals and to a lesser extent Iraqis and Afghans (Pace, 2016). The yearly figures of migrants on the EMR ranged from 25,000 to 60,000 between 2010 and 2014. However, there was an enormous shift in 2015 when the route witnessed a surge in number of migrants that orchestrated the “migration crisis” and put the whole of Europe under alert. Fatalities on this route created a spark when the body of Alan Kurdi, the three-year old Kurdish Syrian boy washed ashore in Turkey after the dinghy carrying the boy and other refugees capsized on the way to Greece. The circulation of the photo of little Alan’s body all over the world’s media changed the usual talk about “migration crisis” to “refugee crisis” (Sardelic, 2017). Number of migrants increased on this route from 50,834 in 2014 to 885,386 in 2015 which was almost 18 times increase. The upsurge of migrants during that period was attributed to the Syrian civil war coupled with fact that the route was safer by boat travel compared to the CMR (Alexandridis & Dalkıran, 2017).

After the 2015 period, irregular migration on the route has substantially diminished because of the EU-Turkey agreement in March 2016 which enabled return of migrants who do not apply for asylum or whose asylum claim is rejected. By 2016, number of arrivals in Europe via the EMR had decreased to 182,227 and continued to decline through 2018, returning the figure to the pre-2015 periods. However, there

was about 34% increase from 2017 (42,319) to 2018 (56,567) as a result of increase in land border crossing (Frontex, 2019). Syrians continue to be the commonest migrants on the CMR followed by Afghans, Iraqis and Turkish. About 8100 arrivals have been recorded in Greece via sea and land routes between January and March 2019 (UNHCR, 2019a). This is more than 52% rise compared to arrivals within the same period in the preceding year. Number of deaths on this route between January and May 2019 was estimated at 33 which was relatively low compared to the deaths on CMR (316) and WMR (159) within the same period (IOM, 2019). Transiting into Greece via the EMR from Turkey may cost between €1000 and €3000 depending on the nationality of migrants with those from West Africa likely to pay more than persons from other regions (Kuschminder et al., 2015).

The Western Balkan Route

The routes across the Western Balkan (Albania, Bosnia & Herzegovina, Croatia, Montenegro, Serbia and North Macedonia) have also attracted attention in the “refugee crisis.” Although not of much focus to the migration issue, citizens of the Western Balkan had always migrated into Europe for better economic opportunities. Around 35% of those who had their birth in Albania, or Bosnia & Herzegovina were reported to be living abroad (Trauner & Neelsen, 2017). In contrast and of relevance to the “refugee crisis” are nationals of Syria, Afghanistan, and Iraq, who pass through Turkey to Greece using land and sea routes and gain passage to the Western Balkan in order to enter the Schengen area. Also included are Iranians who reach the Western Balkans by using the visa free access to Serbia which was, however, cancelled in October 2018 (Frontex, 2019).

Upon reaching Greece, migrants pass through Macedonia, Serbia to Hungary and continue up to countries like Austria, Germany and Sweden. Other less frequently used routes include those from Serbia to Bulgaria and then to other EU countries. The Western Balkan route was officially closed in 2016 following the Turkey-EU agreement. Irrespective of the closure, migration continues to flow, though in smaller numbers (Trauner & Neelsen, 2017). During the “refugee crisis” of 2015 about 764,000 passed through the Western Balkan but figures subsided drastically to 130,261 and 12,179 in 2016 and 2017, respectively. By 2018, the flow reduced by 52% to 5869 in comparison to 2017 figure with most migrants originating from Afghanistan (1669), Pakistan (1017) and Iran (980) (Frontex, 2019).

Routes of Trans-Saharan Migration Towards the Mediterranean and the West African Route

As noted earlier, migration flows via the CMR, WMR and the West African route consist of nationals from different African countries. This section shall present the various routes taken from Western, Central, and Eastern Africa through Northern Africa and then to the Mediterranean Sea and the Canary Islands.

Western and Central African Routes

Irregular migration from West Africa to Europe originates from almost all countries within the sub-region although with some variations in level of involvements in such migration. Migrants from Senegal, Gambia, Guinea, Liberia, and Ivory Coast take two principal routes to transit to the Maghreb depending on whether departure to Europe is via WMR or CMR. For those aiming the WMR, the main route is via Gao (in Mali) to the city of Adrar or Tamanrasset (in Algeria), and then to Oujda (Morocco). However, if the aim is the CMR they will transit from Gao and pass through Agadez (Niger) in order to reach Tripoli (Libya). Migrants from Nigeria and Cameroon usually pass through the city of Kano and link up with Agadez to Tripoli. Alternatively, Nigerian migrants may transit through Tamanrasset in Algeria after leaving Agadez and then to Oujda in Morocco to depart to Europe from the WMR. However, the Algerian route is less frequently passed because of border control and security checks. Migration to the Canary Islands involves traveling through the West Africa coastal areas.

It important to note that Niger, which is the last ECOWAS country¹ before the Sahara, serves as the major transit region for West and Central African irregular migrants, because of the border she shares with Algeria and Libya, and the relative stability experienced in the region compared to her neighbors. Agadez, the main hub for irregular migration in Niger, is central to the whole migration flow in West Africa because of its well established and highly structured smuggling activities. It is estimated that more than 5000 West Africans migrated monthly through Agadez from March to August 2013 (Tinti & Reitano, 2016) (Fig. 3.5; Table 3.1).

However, the Niger route is never completely safe for migrants given that half of its landmass (to the north) is covered with desert which also extends through the south of Algeria and north-east of Libya. As a result of the fluidity of the desert, it is often difficult to intercept or control the movements of migrants through Agadez.

¹ECOWAS being the Economic Community of West African States, with member countries: The Economic Community of West African States Member states: Benin, Burkina Faso, Cabo Verde, Côte D'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

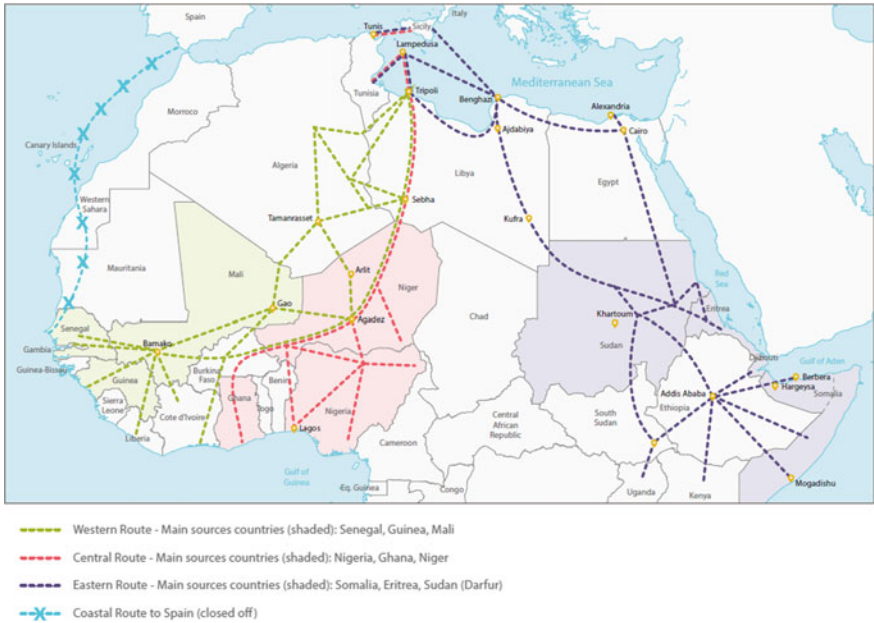


Fig. 3.5 African migration routes to European Shores (Spain and Italy). *Source* Global Initiatives (2014)

Most migrants from Senegal, Gambia, Guinea, Liberia, Togo, and Ivory Coast aiming for Spain through the WMR still prefer to pass through Niger even though Mali is a shorter distance to link Algeria and then Morocco. This preference is owing to the instability in the Northern part of Mali, thus deterring migrants from following that route. Migrants move freely and safely across the West African region because of the free movement policy of ECOWAS among member states. Movement is usually done by bus and may take several days. For example, Senegalese migrants setting out from Dakar may travel up to 3 days before reaching Agadez and may pay up to \$US140 for the journey (Altai Consulting, 2015).

Notably, migrants do not make this journey on their own but are aided by smugglers and traffickers from departure countries through transit countries to the Mediterranean Sea. The journey may take several months *or even years* before reaching Europe. This depends on the availability of funds, as many migrants get stranded on the way because of extortions from smugglers and bandits, and have to work for months or years in transit countries before continuing their journey to Europe.

Table 3.1 “Detections” by routes and top three origin countries (2015–2018)

Routes	2015	2016	2017	2018	Share of total	% change on prev. year
Western Mediterranean Route	7004	9990	23,063	57,034	38	147
<i>Sea</i>	<i>5740</i>	<i>8641</i>	<i>21,552</i>	<i>55,695</i>	<i>98</i>	<i>158</i>
Unknown	10	299	899	25,293	45	n.a.
Morocco	631	722	4704	11,723	21	149
Algeria	1059	1693	4287	4652	8.4	8.5
All other	4040	5927	11,662	14,027	25	20
<i>Land</i>	<i>1264</i>	<i>1349</i>	<i>1511</i>	<i>1339</i>	<i>2.3</i>	<i>-11</i>
Guinea	496	604	636	715	53	12
Burkina Faso	79	146	109	247	18	127
Mali	43	33	6	214	16	n.a.
All other	646	566	760	163	12	-79
Eastern Mediterranean Route	885,386	182,277	42,319	56,561	38	34
<i>Sea</i>	<i>873,179</i>	<i>174,605</i>	<i>34,732</i>	<i>34,014</i>	<i>60</i>	<i>-2.1</i>
Afghanistan	212,286	41,775	3713	9597	28	158
Syria	489,011	81,570	13,957	8173	24	-41
Iraq	90,130	26,573	6417	6029	18	-6
All other	81,752	24,687	10,645	10,215	30	-4
<i>Land</i>	<i>12,207</i>	<i>7672</i>	<i>7587</i>	<i>22,5547</i>	<i>40</i>	<i>197</i>
Turkey	69	190	2220	7468	33	236
Syria	7329	3015	2438	5733	25	135
Iraq	2591	1405	785	2941	13	275
All other	2218	3062	2144	6405	28	199
Central Mediterranean Route	153,946	181,376	118,962	23,485	16	-80
Tunisia	880	1207	6415	5182	22	-19
Eritrea	38,791	20,721	7055	3529	15	-50
Sudan	8916	9406	6221	2037	8.7	-67
All other	105,359	150,042	99,271	12,737	54	-87
Western Balkan Route	764,033	130,325	12,179	5869	3.9	-52
Afghanistan	53,237	10,620	3388	1669	28	-51
Pakistan	17,057	5583	4355	1017	17	-77

(continued)

Table 3.1 (continued)

Routes	2015	2016	2017	2018	Share of total	% change on prev. year
Iran	1477	824	230	980	17	326
All other	692,262	113,298	4206	2203	38	-48
Circular Route from Albania to Greece	8932	5121	6396	4550	3	-29
Albania	8874	4996	6220	4319	95	-31
Iran		1	16	41	0.9	156
China				39	0.9	n.a.
All other	58	124	160	151	3.3	-5.6
Western African Route	874	671	421	1531	1	264
Morocco	42	94	106	831	54	684
Unknown		67	11	699	46	n.a.
Algeria	1	1	8	1	0.1	-88
Eastern Borders Route	1927	1384	872	1084	0.7	24
Vietnam	461	399	261	370	34	42
Iraq	120	24	19	90	8.3	374
Russia	100	119	69	84	7.7	22
All other	1246	842	523	540	50	3
Black Sea Route	68	1	537		n.a.	n.a.
Other	7	1	1		n.a.	n.a.
Total	1,822,177	511,146	204,750	150,114	100	-27

Source Frontex (2019)

Eastern African Routes

Routes emanating from Eastern Africa have their origins in the Horn of Africa and lead to the CMR. Migrants depart from Eritrea, Ethiopia, and Somalia, and transit through Sudan, Egypt, and then arrive from Libya to set out to Europe. Just as Agadez (Niger) is the main transit hub in the West and Central African routes, Khartoum (Sudan) is the major transit point in the Eastern African routes. The trip to Khartoum can be made in three ways (Marchand, Reinold, & Silva, 2017). The first is flying directly from Addis Ababa to Khartoum. Alternatively, migrants can travel through Addis Ababa (Ethiopia) to Metema (Ethiopia), which is on the border with Sudan, and then reach Khartoum. The third is to move from Addis Ababa to Humera, which is also a town in Ethiopia sharing a border with Eritrea and Sudan. In Eritrea, the trip then continues through Asmara and Massawa (which is on the bank of the Red Sea) to reach Khartoum.

In recent times, Egypt is becoming a direct transit point to Europe for migrants from East Africa (especially Eritreans) given that they cross through CMR to Italy without navigating via Libya (Marchland, Reinold, & Silva, 2017). This shift is probably attributed to the worsening situation in Libya where migrants are ill-treated and sold out as slaves. According to the Egyptian Government, more than 12,000 people mainly from Eritrea, Somalia, Ethiopia and Sudan were apprehended for illegally entering or exiting the country (RMMS, 2016).

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Chapter 4

Theoretical Explanations of Migrations, Mental Health, Wellbeing and Posttraumatic Stress Disorder



*You have to believe it, before you see it.
(Unknown)*

Abstract We approached this chapter by providing frameworks for understanding the migration process, posttraumatic stress disorder (PTSD), and mental health and wellbeing of migrants with special focus on migrants of African origin. The Migration Theory of Boswell (Addressing the causes of migratory and refugee movements: The role of the European Union (Working Paper No. 73). United Nations High Commissioner for Refugees, Geneva. <https://www.unhcr.org/3e19ac624.pdf>, 2002) was critiqued and principally utilized to explain the root and proximate causes, enabling conditions and sustaining factors of migration with backgrounds in the existing macro, meso and micro theories of migration. The existing theoretical postulations used in explaining the PTSD, wellbeing and mental health of migrants include the Trauma-based Medical Model, Chronic Traumatic Stress Model, Hobfoll's Conservation of Resources, Stress-coping Framework, Lazarus and Folkman's Stress Model, Boski's Theory of Disharmony, Acculturative Theory, Cultural Syndromes, and Attachment Theory. These theories were categorized according to how they accounted for the mental health and wellbeing of both forced and economic migrants during the pre-migration, mid-migration and the post-migration periods. These categorizations may be useful to experts in the management of mental health problems based on each stage of the migration process and motives for migration.

Introduction

Unlike in classical neo-positivist studies, theories, for the present research, are not the basis from which to generate hypotheses, but are the frame for understanding the data. The quantitative part encompassed in the to-be-reported research serves the purpose of being a resource for 'quantitative hermeneutics.'

<https://www.selfgrowth.com/print/534978>. Accessed March 26, 2020.

The book tries to theoretically explain some peculiar questions that many scientists in migration research do not ask: For example, with specific reference to African migrants, how can we theoretically explain the current ‘wave’ of migrants across the Sahara Desert and the Mediterranean Sea passage and mostly of youths? The journey involves living on the road for an uncertain period of time (which can be from weeks to years) and therefore demands good health, resistance to pain, discomforts, perilous in nature and no doubt highly dangerous. In addition, how then also do we theoretically explain these behaviors and what can be said of their psychological make-up? What is the relationship between stress, mental health and PTSD of these migrations? How do migrants cope upon arrival in their to-be host countries? As we indicated previously, there is no single, well-developed theory of international migration. Models used to explain international migration have been used among economists. However, there are theoretical perspectives guarded by psychosocial rather than medical or economic models that highlight the significance of life changes and the appraisal of these changes during migration.

No matter the nature of migration, whether voluntary/involuntary or authorized/unauthorized, there is always a realignment of daily lives with attendant significant challenges to economic, social and psychological health of individuals and communities (Quesada et al., 2014). Although, migration is a consequence of many root causes ranging from forced displacements to seeking for better economic and educational opportunities, it is also a social determinant of both physical and mental health in its own right (Castaneda et al., 2015). This is so because the relocation process is an accumulation of risks starting from countries of origin to transit and destination countries. Despite successfully “escaping” from strains and difficulties in the country of origin, migrants must face further challenges until they reach their destination countries. Upon arrival, there are still various challenges to encounter, bothering on adaptive coping mechanisms for proper integration, and problems inherent in the reciprocal exchanges between migrants and citizens of receiving countries (Dovidio & Esses, 2001). Following the vulnerability of refugees and migrants to several unpleasant experiences associated with the migration process, social science researchers have provided various theoretical positions to understand and explain possible connections existing between the migration phenomenon, mental health and coping.

In this chapter, migration theories are being approached from the perspective of existing theories or attempts to explain international migration from Africa, examining the various theoretical lenses on migrants’ mental health across relevant fields and providing critiques as appropriate, and then adapting such viable theories that fit better the behavior of migrants from Africa. Drawing from these critiques, we shall further relate and categorize these theories based on their relevance to understanding the etiology of stressors associated with mental health in both forced and economic migration, and each stage of the migration process comprising of pre-migration, mid-migration and post-migration, and in addition migrants’ ways of coping. The theories will only evaluate international migration from Africa. In addition, since migration starts from the sending countries, all the factors necessitating such migrations will be discussed. For easy understanding, these theories will be grouped into clusters of

migration theories in literature: before, during and after migration. Therefore, some of the theories to be discussed will be looking at the following points: (A) Why is there a sudden burst to migrate to Europe by Africans? (B) acculturation theories, (C) acculturation-related stress theories, (D) general migration and mental health theories, (E) value preferences in the context of migration, and (F) coping theories. The theories reviewed here include Boswell's (2002) Theory of Migration, Berry's Acculturation Theory (1997, 2006), Boski's (2013) Psychology of Economic Migration, Attachment Theory, associated with authors like Bowlby (1969) and Ainsworth (1991), the trauma-based medical model (see Ryan, Dooley, & Benson, 2008), the Chronic Traumatic Stress (CTS) Model (Fondacaro & Mazzulla, 2018), Lazarus and Folkman's (1984) Cognitive-Phenomenological Stress Model, Hobfoll's Conservation of Resources Theory (2001), Value Theory, as proposed by Schwartz (1992), and coping behavior theory in the context of migration (see Kuo, 2014).

One of the itching questions on our minds is: Why do some Africans risk their lives and engage in irregular or unauthorized migration? Adepoju (1995; Heisel, 1982) stated that the growing disparities in development between the haves and have-nots, have been the major cause of voluntary movement of populations between and within national borders in recent years,' which, they say, has political, social and demographic dimensions. On this note, we will first look into Boswell's (2002) account of migration theories.

Why Is There a Sudden Burst to Migrate to Europe by Africans?

A theory that tried to explain this question is that of Boswell (2002). Boswell's theory is a fascinating albeit lengthy theory that tries to explain the root and proximate causes, enabling conditions and sustaining factors of forced displacement and economic migration in a global sense. It is a theoretical explanation aimed at providing answers to the European Union's questions of unauthorized migration and influx of refugees into the EU region.

The theory recognizes the interplay of macro and meso factors (Bilsborrow & Zlotnik, 1995) in the dynamics of international migration. According to Boswell (2002), macro theories emphasize the structural, objective conditions that act as push and pull factors for migration such as economic conditions of unemployment, low wages or low per capita income of the sending countries compared to the receiving countries. Pull factors would include migration legislation and the labor market condition of the receiving countries. Meso theories, on the other hand, reject macro theories and rather focus on systems and networks, because migration flows only occur between countries linked by economic, political and cultural ties.

In linking migration drivers to appropriate policy responses, Boswell grouped causes of international migration into four categories: root, proximate, enabling and sustaining factors. However, these four categories have their backgrounds in the

existing macro, meso and micro theories of migration. Root causes are those systemic or structural factors that serve as preconditions of migration. These include the combination of macro and meso factors such as a weak state, economic deprivation which results from state restructuring and not actual poverty, severe social disintegration, and migration systems shaping the connection between origin and destination countries in terms of trade colonial and pre-colonial ties. Proximate conditions are also macro and meso causes that immediately propel movement. Examples are escalation of armed conflicts, persecution of citizens, the breakdown of means of livelihood and existence of international economic opportunities. Enabling causes make possible the journey, entry and stay in destination countries. These include the availability of resources for traveling, migration policies and border controls, and various networks making the travel possible, for example, the initial pioneer migrants. Lastly, sustaining conditions are factors that allow enduring or chain migration from some particular sending countries (see Fig. 1 for details)

Boswell's (2002) model focusses on viable strategies of prevention rather than containment of migration flows into the European Union. Boswell states that many EU policies are directed towards mitigating the drivers of displacement and refugee flows given the existing political will, but achieving this goal has been marred by many political and institutional constraints. Boswell identifies these constraints and places them into four categories: (1) continual doubts on the circumstances under which prevention strategies would be effective, (2) limited internal mechanisms in evaluating drivers of migration and refugee flow, plus a deficit in the development

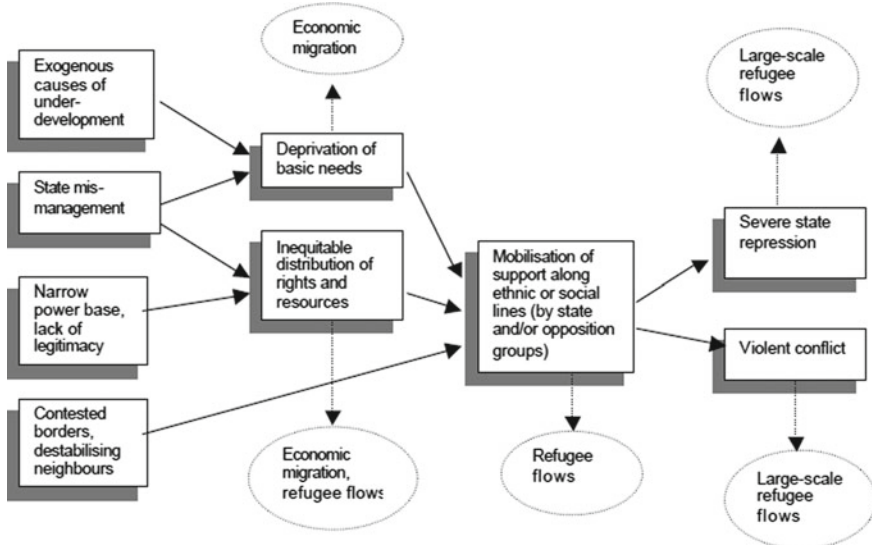


Fig. 1 The dynamics of forced displacement. Source Boswell (2002, p. 6)

of suitable policy responses, (3) an over-emphasis on prevention strategies being in partial conflict with existing external developmental goals and policies on migration, and (4) partner countries being sensitive to making prevention strategies an explicit goal, thereby hindering cooperation.

Boswell partly blames many of these obstacles as being responsible for the lack of a systematized categorization of the dynamics and causes of migration flows and the failure to specifically link policy response to the varied factors impelling migration. Her views oppose the usual unstructured policy instruments and one-size-fits-all approach tailored towards mitigating the migration problem. For these reasons, Boswell's model is based on a systemic analysis of the causes of migration and the implications of each of these causes for policy making.

Boswell goes on to propose various instruments that can generate a positive policy response to causes of migration. Although she believes that solutions remain almost infeasible for the proximate causes of migration because of the likely unresponsive nature of coercive states to internal and external pressures, nevertheless she proposes that states that are economically and politically dependent on the EU states can be easily influenced to implement reforms on democratization and human right protections. The EU can also be involved in post-conflict reconstruction in affected regions so as to facilitate refugee repatriation and reintegration.

For immediate solutions to proximate causes, she suggests the use of mediation, formulation of laws to protect minority groups, granting of financial rewards or threat to boost compromise and dialogue. In preventing proximate causes such as unemployment disparities between sending and receiving countries, she proposes an increment in trade liberalization and foreign direct investment (FDI) among sending countries for an expansion of industries to accommodate the unemployed, thereby reducing migration flow. The EU may also encourage the use of migrant remittances for investment rather than consumption which will help increase investments and income. Given that economic gains from employment of irregular migrants in EU countries outweighs its costs, it is practically difficult finding solutions to the migration of low-skill workers to the EU. This reality may prompt the EU to institute legal means to maintain this advantage. Root causes stemming from population expansion can be curtailed by promoting family planning policies in order to reduce environmental degradation and match demographic growth to employment growth.

However, Boswell believes that there is little the EU can do to abate the sustaining causes of migration given that family reunion and cultural cohesion are fundamental to social considerations and human rights. The strength of the EU lies in the use of economic instruments in terms of trade and investment, political dialogue, human rights and democratization in sending regions to prevent migration. There should be a shift from the current policies of concentrating on seeking solutions to migration through focusing on proximate regions to the EU, but rather focus on a wider range of countries with high migration flows. More priorities should be given to middle income countries than low-income countries given that major flows are from the former. Invariably, in implementing prevention strategies, the so-called "good performers" should be the target for prevention of economic migration while potential (conflict) areas should be aimed for prevention of displacement migration.

The theory acknowledges that one of the root causes for forced displacement were exogenous (external) causes of underdevelopment, state management incompetence (corruption), narrow power base/lack of legitimacy and contested border/destabilizing neighbors which leads to deprivation of basic needs and other forms of inequality, and therefore conflicts. On the other hand, root causes for economic migration include economic restructuring, economic mismanagement, environmental degradation, and population growth, which, of course, affects unemployment, low income, labor demand in destination countries. While the theory tries to provide solutions to EU migration problems, we find it unfortunate that the theory is written from a—by and large—biased Eurocentric point of view and as such neglects many of the central root causes of the problems for Africa migration.

In our opinion, an adapted version of the theory (Fig. 2) explains that the exogenous (external) factors actually include (1) direct and indirect (bold and broken arrows) interference of the European countries in the form of colonial ties, notably the UK, France, Spain, Portugal, Belgium, but also Italy and Germany, who viewed Africa as a source of wealth and natural resources confirmed in the historical Berlin conference of 1884–1885, subsequently laid claim to over 90% of Africa and imposed artificial borders, which according to Michalopoulos and Papaioannou (2016, 2020) corresponded to colonial conquests rather than ethnic affiliations. Exogenous factors additionally include (2) as a second root cause of underdevelopment in Africa what is now

Diagram 1 : the dynamics of migration flow

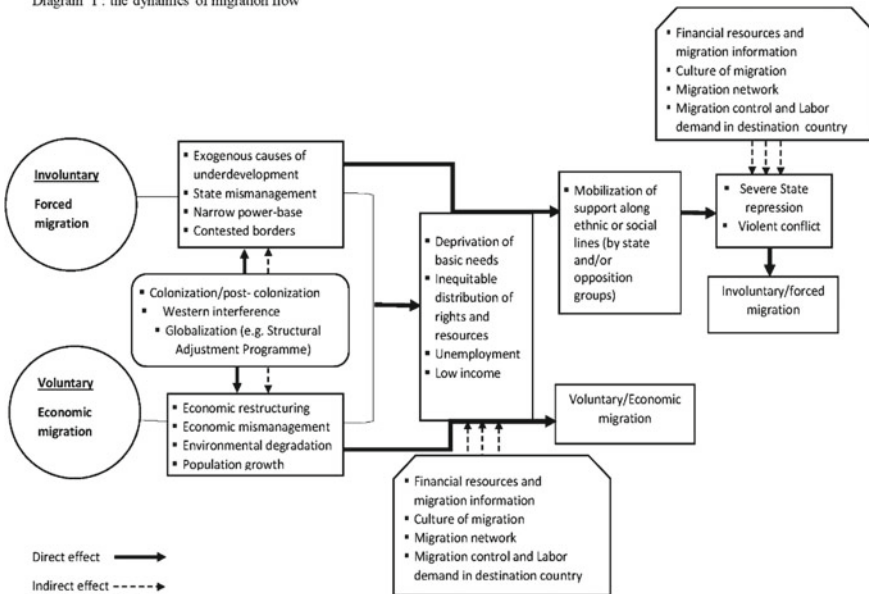


Fig. 2 The dynamics of migration. Source Adapted from Boswell (2002)

typically labeled globalization, often a sort of an acronym for liberalization of international trade and the revolution in communication. It is arguably one of the most important factors generating increased levels of international migration because trade liberalization, according to statistics has placed developing economies under economic pressures, often generating increased unemployment, reduced social spending, and a decline in living standards due to the impact of the infamous structural adjustment programs (SAPs) otherwise known as the “slimming tablet” thereby becoming a third factor. SAPs are economic policies introduced for developing countries since the early 1980s that have been promoted by the World Bank and the International Monetary Fund (IMF) to provide conditional loans on the adoption of such policies. As a consequence, many economies of the continent—because of deregulated foreign investment, liberalized imports and removal of currency controls—produce poverty, unemployment, and migration among disgruntled and frustrated youths. SAPs have also undermined the internal and national productive capacities, social security and democratic integrity of these countries. SAP policies have ballooned many African countries into debt distress because according to a report (Allison, 2018), repaying national debt has on averaged tripled as a percentage of national expenditure—from four percent in 2013 to a whopping 12% in 2017. These pressures have generated political insecurity by creating grievances over limited or inequitably distributed resources, or frustration at the declining capacity of states to provide socio-economic security thereby leading to mass migration.

As indicated, Fig. 2 is an adapted version of Boswell (2002). The figure demonstrates that there are different pathways to both forced migration and economic migration. The root causes of forced migration include the exogenous factors, state mismanagement, narrow power-base, and contested borders. On the other hand, economic restructuring, mismanagement, degradation of the environment, and rapid population growth are the major root causes of economic migration. Further, root causes of both forced and economic migrations are directly and indirectly influenced by globalization, the blue-print established for territorial governance during colonial and post-colonial era, and interference of the western powers via use of political and economic instruments. Consequences of the etiological factors in both forced and economic migrations are the same: inequitable distribution of rights and resources, needs deprivation, unemployment, low income and poverty. Citizens who have lower thresholds of coping with these consequences seek for better life abroad, and thus become economic migrants. However, they don't just become economic migrants unless there are enabling factors to their aspirations. These include financial and informational resources to migrate, migration networks (smugglers and traffickers), (low-level) border control and labor demand in receiving countries.

The consequences of the root causes of migration are not necessarily enough to propel involuntary or forced migration. Instead, these consequences mobilize frustrated citizens to form themselves along ethnic, social, and religious lines to express their grievances to the state. These they carry out by entrenching conflicts and public disorder. In counter-reactions, the state responds by clamping down on oppositions through repression and oppression under the pretext of control and rule of law. Unfortunately, the state is often unable to rescue the situation given that the

nation has already been fractionalized into different blocks by forming rebel and militant groups. The clash between the state and these blocks gives rise to armed conflicts, violence, wars, and displacement. Accordingly, citizens approach international borders and seek for safety. However, the journey towards international borders is made possible by the aforementioned enabling factors of migration.

Acculturation Theory

Acculturation has become an inevitable phenomenon in modern societies given the shift from monoculturalism to multiculturalism engendered by both historical and current global migration trends. According to Berry (1997), acculturative experience is a major life event that is characterized by stress, demands cognitive appraisal of the situation, and requires coping strategies. Personality, societal values of origin, group acculturation, and values and norms of the society of settlement as well as individual difference variables are strong factors that will influence the processes and psychological outcomes of migration and acculturation experiences.

Acculturation is defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p. 149). In bicultural societies, acculturation induces changes in cultures of the different groups, however, these changes are not felt equally as the non-dominant groups (i.e., the immigrants) are more induced than the dominant group (Berry, 2000). Of major concern is the concept of psychological acculturation which has been distinguished from acculturation itself. While acculturation is considered to operate at the level of cultural change, psychological acculturation is the change that occurs at the level of individual psychology (Graves, as cited in Berry, 1997). This distinction is important, given that cultural groups may change due to acculturation while some individuals within these particular cultures may not be absolved in community changes (Berry, 1997). According to Berry, psychological acculturation involves the learning of new behavioral repertoires for proper adaptation into the new culture and unlearning some aspects of the culture of origin that may not be appropriate in the new cultural context—this Berry referred to as “culture shedding.”

Four strategies are identified to be important for understanding how migrants learn and adapt into the new cultural context: assimilation, separation, integration and marginalization (Berry, 2001). Assimilation entails more preference in maintaining positive interaction with the new culture than heritage culture. This strategy is considered to be more accepted by the dominant culture or receiving country, where migrants are expected to drop their cultural heritage and imbibe cultural practices of the host culture (Van Oudenhoven & Hofstra, 2006). In assimilation, the cultural

values of immigrants melt into that of the host community. Separation involves maintaining cultural values and customs from one's culture of upbringing, while avoiding interaction with the host culture. However, separation will only produce segregation of immigrants from the larger hosting community. In marginalization, the individual neither identifies with the culture of origin nor the host culture. Marginalization occurs as a result of feelings of being forced to give up one's culture and a counter-reaction to discriminations inherent in the host culture. In this instance, the immigrant feels excluded by the receiving community. Integration is the continual practice of one's original culture while maintaining positive communication with the receiving society. According to Berry (2000), the integration strategy seems to encourage positive adaptation of immigrants. However, this is only possible when the receiving culture promotes cultural diversity through openness and inclusion. In this sense, immigrants adopt the culture of the new society while the receiving culture also adjusts its institutions to accommodate the values of non-dominant cultures in order to attain a larger pluralistic society (Berry, 2001). This will entail imbibing the value of multiculturalism, reduced prejudice and discrimination, and individual/group's identification with the larger society (Kalin & Berry, 1995).

However, when psychological adaptation and coping are not achieved because of lack of integration or assimilation (in the least), then "culture conflict" occurs. Following the occurrence of "culture conflict" is "culture shock" or "acculturative stress" (Berry, 1997). To Berry, if acculturative stress continues to persist, then the immigrant is predisposed to developing mental health problems or "psychopathology."

Criticism: Acculturation theory has been criticized for an "overculturalized" approach to migrants' mental health, and adaptation to culture of receiving country (Ryan et al., 2008). This view makes unimportant other salient factors in migration that are not directly linked to the acculturation process. To Lazarus (1997), acculturative stress is only a subset to other hosts of burdens and demands that the migration process places upon the individual migrant. "Acculturation Isn't Everything," migrants experience a significant amount of stressors before getting into destination countries which include escaping from war and internment with or without money to aid their journeys, long periods of loss, search and stressful transit into countries that will accept them, struggle for legal status and other myriad of problems (Lazarus, 1997). Ryan et al. (2008) further point out that relocation drives migrants into feelings of loneliness and isolation given the separation and loss of social contact with family members and friends. In addition, asylum seekers and refugees may have to spend long durations in detention centers where there is little contact and interaction with the majority of the population. These factors are important in many ways to predict the mental wellbeing of migrants and how they adapt to the new cultural context. In all, the acculturation theory only limits itself to explaining sources of post-migration stressors and jettisons issues related to pre-migration and mid-migration factors in the relocation process.

Acculturation-Related Stress Theories

There is no doubt also that when migrants leave their countries, several things happen during mid-migration particularly when they travel through the hot Sahara Deserts, encounter difficult challenges, untold hardships and when they survive the journeys, eventually end up in their planned or unintended destinations and in this case Europe or anywhere between the Sahara Deserts and Mediterranean Sea. Therefore, one of the acculturative stress-related theories will be the stress-coping framework (Ward, Bochner, & Furnham, 2003), which assumes that the experience of intercultural contact and change occurs in a socio-political and economic context and is influenced by the characteristics of the migrant's society of origin and society of settlement. The changes associated with these contacts are viewed as precipitating stress, which results in affective, behavioral and cognitive coping responses. Therefore, both stress and coping are mediated by characteristics of the individual and characteristics of the situation, and in turn, affect adjustive outcomes.

The similarity-hypothesis narratives (Byrne, 1969) explain why social contacts between people from different cultural backgrounds are often difficult and stressful. This theory predicts that individuals are more likely to seek out, enjoy, understand, want to work and play with, trust, believe, vote for, and generally prefer people with whom they share salient characteristics. These include interests, values, religion, group affiliation, skills, physical attributes, age, language, and all the other aspects on which human beings differ. And since cultural identification by definition categorizes people according to the idiosyncratic characteristics, which distinguish them from other groups, it follows that cross-cultural interactions occur between individuals who are likely to be dissimilar on at least some of these salient dimensions. A close analogy would be that societies could in principle be located on a continuum of how close or distant they are with respect to their sociocultural features (Babiker, Cox, & Miller, 1980). According to Ward et al. (2003), the culture-distance hypothesis predicts that the greater the cultural gap between participants, the more difficulties they will experience.

Other theoretical narratives include that of Abrams and Hogg (1990), who proposed that cross-cultural interaction is inherently difficult due to the process of social categorization. This term is used to refer to the tendency for individuals to classify others as members of a group, in particular whether they belong to their own ingroup or to some other group, an out-group. Categorization no doubt has consequences for how people so-categorized are perceived and treated, with the ingroup usually (Tajfel, 1970, 1981)—but not always (e.g., Bochner & Cairns, 1976)—being given preference. The process of stereotyping (Katz & Braly, 1933; Lippmann, 1922) also contributes to the dynamics of intercultural contact, in attributing to individuals the traits that allegedly characterize the group that the target person has been assigned to by the perceiver. According to Deaux (1976), primary socialization is the process through which persons acquire a set of core values early in their lives, which they come to regard as reflecting reality and, therefore, as absolutely true, and which, for a variety of reasons, are highly resistant to change. Different cultures may and

do provide idiosyncratic primary socializing influences which may result in belief systems that are not universally shared and values that are diametrically opposed but greatly cherished by their respective groups. According to Ward et al. (2003), when members of two such groups come into contact, the potential for conflicts are obvious.

Other theoretical narratives explaining the source of intercultural conflict is ‘Cultural Syndromes’ by Triandis (1990). Cultural syndromes refer to patterns of attitudes, beliefs, norms and behaviors that can be used to contrast groups of cultures. Triandis (1990) identified three major cultural syndromes that are relevant to the analysis of ethnocentrism: cultural complexity, ‘tight’ versus ‘loose’ cultures, and individualism-collectivism. He also considered the implications of these syndromes for effective intercultural relations. For example, people from tight cultures prefer certainty and security. Because they highly value predictability, they are likely to reject people from loose cultures, perceiving them as unreliable and undisciplined. People from complex cultures pay attention to time—the stereotypic African does not (“African time”, Hamminga, 2016). From an African perspective, the terms “tight” and “loose” convey a derogatory touch and do appear as coming from the WEIRD (*Western Educated Industrial Rich Democratic*) world. The terms are being seen as having a connotation of one culture syndrome being superior to the other. The same applies to individualism-collectivism, where the family-oriented African ‘we person’ also is on the opposite pole of the individualistic orientation of westerners.

General Migration and Mental Health Theories

Most of the theories in this section bother on pre-migration and post-migration stress theories. Thus, the likes of Boski’s (2013) theory or model of ‘psychological disharmony’ will be discussed as an example. Boski (2013) claims that hard work and thrift are the crucial elements of an immigrants’ condition, and therefore proposed that work and money-related behaviors will be the reasons why immigrants experience stress in any receiving country. The theory assumes that economic migrants will normally come from countries where “material standards of living and technological advancement are much lower than those in the receiving countries,” and assumes that all economic migrants would normally have poor education. The author then compares educational sojourners with economic migrants (see Table 1 for details).

Based on these assumptions, hypotheses are formulated that migrants’ stress will result due to a psychological disharmony, which results from self-sacrifice and not taking good care of own health due to physical exhaustion, excessive amount of physical and work activities and deficits in psychosocial bonds and cultural activities, all anchored in immigrant life styles. On the positive side, immigrants are able to cope because they are self-recruited from selected demographic and psychological categories and as such are young, physically strong and fit, hardy, resilient, strong with long-term motivations, optimistic and emotionally detached.

Table 1 Educational sojourners vs. economic immigrants: A Comparison between learn and earn

Domains of comparison	Educational sojourners	Economic immigrants
Priority goal for relocation	Acculturation: Learning and acquiring competences in second culture	Improvement of material standards of living
Selection of a host country	Personal preferences for language or other aspects of its past/present culture	Based on economic considerations: ease at legalization and realistic prospects for work and pay
Stay/sojourn organization	Usually based on bi-lateral agreements between countries and institutions	Often spontaneous individual decisions; sometimes family-sponsored or agency services; illegal immigration
Work for pay	Minimal; unwanted or contrary to the conditions of sojourn	Central goal for leaving home country and settling down in host country
Lifestyle	Demanding but enjoyable due to cognitive activities and progress in skill acquisition	Hard work to maximize earnings and thrift to maximize savings
Social contacts	Often with local majority members, facilitated by immersion programs	Usually within home country ingroup; isolation from local majority
Second language acquisition	Central, usually mastered and practiced in second language courses	<i>Online</i> : Instrumental to job and communication requirements
Interest in host culture	Of intrinsic value; explorations and growing understanding	Indifference; time, energy, or financial limitations
Acculturation: culture learning	Intentional learning, central processing, feedback, and expert control	Often incidental, peripheral to other activities; trial-and-error, or social imitation
Short time duration	Semester students, learners of gradually advanced courses	Seasonal/returning workers
Longer time duration	Full-time international students, permanent residents, or visitors	Permanent/naturalized immigrants

While this newly entering psychological theory is surely interesting, some of the assumptions of Boski's (2013) theory of psychological disharmony are not applicable to African migrants, at least not in simple terms. The theory in the first place, does not address pre-migration stressors of migrants. In addition, the majority of the African migrants are highly skilled (at least according to the standards of their own countries), educated and not in a crude sense self-recruited or selected. Explaining why they are predominantly males, is tied to cultural values in Africa where men continue to be regarded as breadwinners in the family. It is the duty of the man—in normative terms—to go out and provide food and place a roof over his family, which may

account why some will be desperate and foolhardy enough to embark on such a dangerous journey without much logical reasoning.

In recent migration statistics, migrants are beginning to include women, which is a new emerging trend in international migration in and from Africa, and needs additional attention. Finally, the participants of Boski's studies were mainly Poles, Irish, Vietnamese, and Eastern Slavs, and as such cannot be used to generalize to African migrants.¹ The historical conditions of these migrants differ in many ways. In addition, the people who migrate are not self-recruited or resilient or with hardy personalities. Different accounts of their journeys show high death rates among them. Oral accounts also show that luck, chance and providence contribute to their survival during their journeys.

According to Pannetier, Lert, Jauffret Roustide, and du Loûa (2017), research on mental health and the migration path has favored acculturation frameworks, which also have been challenged (Castañeda et al., 2015; Viruell-Fuentes, Miranda, & Abdulrahim, 2012) because scholars are more interested in how the social and political context of the home and destination society affects migrants' health, which they say brings about an accumulated stress to aggravate mental health outcomes. Studies conducted in the US on Latino migrants have demonstrated that exposure to political violence in the country of origin has a persistent effect on post-migration mental health (Fortuna, Porche, & Alegria, 2008; Ornelas & Perreira, 2011), and that unplanned migration was related to psychological distress for women (Torres & Wallace, 2013).

At the EU-level, studies have also shown that migrants' psychological problems are associated with both pre-migration traumatic life events and living conditions in the host country, particularly when residence permits are deliberately delayed or not issued (Lamkaddem, Essink-Bot, Devillé, Gerritsen, & Stronks, 2015; Warfa et al., 2012). The deliberate delay in processing visa extensions according to Pannetier et al. (2017), also contributes to the creation of undocumented migrants which again has the plausibility of impacting migrants' mental health (Larchanché, 2012).

Attachment Theory

The central aim of attachment theory is to explain how attachment styles predict strategies utilized by migrants in adapting to the host culture. As formulated by Bowlby (1969), children's attachment to their parents or caregivers vary along three categories: secure attachment, anxious resistant attachment, and avoidant attachment. In secure attachment, caregivers are perceived as responsive, available and capable of providing adequate protection. In anxious resistant attachment, children exhibit

¹This is surprising insofar, as Boski did spend a considerable time of his career in Africa [<https://english.swps.pl/pawel-boski> Accessed March 26, 2020].

ambivalent feelings towards the caregiver because they doubt the persistence of the caregiver in being available and providing needed support. Children do not only doubt the responsiveness of caregivers in avoidant attachment, but they further lose confidence in the ability of the caregiver to be available, responsive and protective. As a result, they keep a kind of emotional distance from caregivers. In addition, these attachment styles are further internalized and become working models for children as they grow up, formulating the mental schema of the self as worthy of love or hatred, and others as dependable or not (Van Oudenhoven & Hofstra, 2006). These mental schemas remain permanent and form a significant part of the cognitive orientation carried into adulthood which will be used to evaluate the self and relationship with others.

Based on Bowlby's works on the operative framework of the self and others, Bartholomew and Horowitz (1991) proposed four different adult attachment styles. These include secure attachment, preoccupied attachment, fearful-avoidant attachment and dismissive-avoidant attachment. Secure attachment consists in perceiving the self as lovable while also perceiving others as loving, responsive and hospitable. Preoccupied attachment creates a sense of personal unworthiness but a positive evaluation of others. These orientations make self-acceptance dependent on gaining the acceptance of other valued individuals. The fearful-avoidant attachment also indicates unworthiness or "unlovability" with an orientation that others are rejecting, lack love, and are unresponsive. In other words, to protect oneself this schema predisposes avoidance of interaction with others because of anticipated rejection. In dismissive-avoidant attachment, the individual has feelings of worthiness or love but with an adverse disposition towards others. Individuals with this orientation maintain a high level of independence and invulnerability. However, they avoid forming close relationships in order to protect themselves from disappointments.

Van Oudenhoven and Hofstra (2006) empirically established a parallel between the acculturative strategies (Berry, 1997) and Bartholomew and Horowitz (1991)'s classification of adult attachment styles to explain how immigrants would respond in a new cultural context. Their findings showed that secure attachment in both migrants and host community members predict integration of immigrants (Van Oudenhoven & Hofstra, 2006). Dismissively and fearfully attached immigrants were found, to the contrary, to be less integrated and have more preference for separation given that they are distrustful in their relationship with others.

Critique: Although recognized that the adaptation strategies for acculturation may be dependent on early life attachment with caregivers, attachment theory like the acculturation framework does not specifically address the role of pre- and mid-migration factors on the migrants' adaptation process. Further, the theory does not explicitly or directly explain the etiology of migrants' mental health but loosely associates acculturation strategies with adult attachment styles.

Trauma-Based Medical Model

Unlike acculturation and attachment theories, this model captures the high impact of events that occur during the pre- and mid-migration phase of migrants' lives, and specifically address the effects of posttraumatic stress on mental health of refugees (Ryan et al., 2008) by using the posttraumatic stress disorder (PTSD) framework of the Diagnostic Statistical Manual of Mental Disorders of the American Psychiatric Association. In this model, traumatizing and stressful experiences such as lack of employment and lack of access to basic needs of life, armed violence and conflicts, torture and oppression, witnessing death of family and friends, abuse and detention by border police, separation from loved ones, extortion by bandits, smugglers and traffickers, sexual violence and slavery are identified as significant factors impacting the mental health of refugees and migrants. The model may not be limited to events leading to the post-migration phase affecting PTSD and general mental health outcomes, but also some post-migration factors such as racial discrimination accompanied by physical assaults, language difficulties, poverty, homelessness and deportation (Bustamante, Cerqueira, Leclerc, & Brietzke, 2018; Fondacaro & Mazzulla, 2018). Treatment of PTSD is followed by using efficacious and evidenced-based treatments which include Cognitive Behavior Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PT) and Trauma-Focused Cognitive Behavior Therapy (TF-CBT) (Fondacaro & Mazzulla, 2018).

Critique: The trauma-based model has been criticized for using western diagnosis of PTSD to label refugees as very "sick" individuals who need psychotherapeutic and/or pharmacological management, and placing greater priority on pre-migration factors (Fondacaro & Mazzulla, 2018; Ryan et al., 2008). Aside from the fact that the trauma symptomatology is narrowly focused and may not holistically address the complex nature of refugee mental health needs, the internalization of labeling and diagnosis may predispose refugees to view themselves as inherently deficient as a result of trauma experienced (Fondacaro & Mazzulla, 2018). The model has neglected current events in refugees' lives which include post-migration difficulties (e.g., lack of finances, discrimination, language challenges, underemployment or unemployment) and frequent daily stressors (Miller & Rasmussen, 2010). Recognizing these deficiencies, Fondacaro and Mazzulla (2018) recently developed an alternative perspective which they call the Chronic Traumatic Stress Model.

Chronic Traumatic Stress (CTS) Model

The CTS model is both conceptual and intervention-based (Fondacaro & Mazzulla, 2018). The model emphasizes the importance of cultural origins of refugees in the assessment, interpretation and treatment of mental problems brought about by pre-migration stressors such as war and violent conflicts. CTS specifies stressors and other

traumatic life events as precipitating factors while psychological and/or physical challenges and strengths are considered the outcomes. The precipitants—stressors and traumatic events—include Chronic Traumatic Stress (CTS), post-migration living challenges and daily stressors. The sources of chronic traumatic stress for refugees include sexual assault and rape, physical injury, torture, loss of family members and political violence and witnessing of violence. Also included among traumatic events are lack of medical care, food, shelter and exposure to danger that refugees experience as they struggle to escape persecution. It is further noted that resettled refugees may even continue to relive chronic traumatic events due to the ongoing unrest and torture in country of origin.

Drawing from empirical findings in the literature, Fondacaro and Mazzulla (2018) additionally note that resettlement and post-migration stressors such as language barriers, lack of housing, inadequate social support, apprehension over the safety of family members back home, acculturative stress, discrimination, financial challenges due to unemployment or underemployment may worsen the effect of initial traumatic exposure on refugees' mental health. They also distinguished daily stressors from post-migration stressors while noting that both are classified together in the literature. While post-migration stressors are seen as challenges experienced after resettlement in the receiving country, daily stressors are considered those hassles that refugees, immigrants and citizens generally experience in daily lives, which may include unanticipated car trouble, child-care issues, managing financial responsibilities, and the rest.

Taking recourse to the ecological socialization model of Bronfenbrenner (1992), CTS further emphasizes the roles of the family and community networks in enhancing individual functioning. The moderation or dampening of pre- and post-migration stressors and daily hassles lies in the interplay between the individual and his/her surrounding environment. Protective and risk factors emanating from the family and the community may interact with traumatic and stressful life events to respectively mitigate or exacerbate the influence of stressors on physical and psychological outcomes. While risk factors increase vulnerability, protective factors increase resilience. Being resilient depends on the use of adaptive coping mechanism, community engagement and social support. Individual factors such as age, sex, coping style, genetic disposition and emotion regulation may also contribute to resilience. Resilience can, furthermore, be enhanced by the factors inherent in the family, culture, and the community.

The model also identifies psychological and physical outcomes of traumatic events and stressors. While psychological outcomes are symptoms of anxiety, depression and posttraumatic stress, physical outcomes consist of somatic complaints (e.g., headache and chronic pain), sleep disturbance (e.g., nightmares and insomnia) and chronic diseases (e.g., diabetes, hypertension, and obesity). Lastly, CTS suggests existing evidence-based therapies that can be used to manage refugees and survivors of war-related conflict who show symptoms of PTSD. These treatments include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cultural Adaptive-Cognitive Behavioral Therapy (CA-CBT) and the Narrative Exposure Therapy (NET).

Critique: The strength of the CTS framework lies in its ability to account to pre- and post-migration factors in refugee mental health. It also demonstrates both protective and risk variables that may moderate the impact of stress and traumatic events on physical and psychological outcomes. However, the theory seems to focus only on mental health of refugees and individuals who experienced war-related violence and torture while providing little or no explanation on factors determining the mental wellbeing of economic migrants. Given that economic migrants may not have undergone war-related trauma, it is important to understand the pathways to their mental health as distinct from refugees and displaced migrants?

Lazarus and Folkman's Stress Model

Lazarus and Folkman (1984) provide us with a cognitive appraisal model of stress which may be applicable to difficulties inherent in the migration process. According to this model, the evaluation that migrants give to stressors they experience throughout the pre-, mid-, and post migration process is what determines their ability to cope with migration demands and then manifestation or non-manifestation of psychopathology. Lazarus and Folkman theorize that when individuals are faced the stressful life demands, they respond by making two types of cognitive appraisal, a *primary appraisal* and a *secondary appraisal*. Primary appraisal consists of evaluating the stressful events as benign or deleterious to personal wellbeing, while secondary appraisal enables the estimation of cognitive resources to respond and cope with the stressors. The outcome of the secondary appraisal defines individual coping responses to stressful events, and ultimately adaptation and wellbeing (Kuo, 2014). In coping with stressful life demands, Lazarus and Folkman (1984) identify some coping strategies which include social support coping, confrontational coping and escape-avoidance coping. The use of social support coping is, for example, found to attenuate the impact of acculturative stress on mental and physical health of immigrants (Kim, Suh, Kim, & Gopalan, 2012; Lee, Suchday, & Wylie-Rosett, 2012).

Critique: Lazarus and Folkman's contribution emphasizes individuals' appraisal of a stressful situation as the determinant of psychological wellbeing. However, the model has suffered criticism for neglecting the importance of the societal structures in determining the availability of coping resources for the individual. For example, Ryan et al. (2008) contend that the ability and resources to cope with stressful demands cannot be ultimately decided by individuals but dependent on societal structures, which are organized along gender, legal and socioeconomic status, and cultural/ethnic background lines, and that resources are not available to individuals in equal amounts. By implication, Lazarus and Folkman's model emphasizes that coping with stressful demands depends on the ability of migrants to attain positive mental health, and appropriate intervention lies in the individual-level approaches. For migrants to attain positive mental health, they must have been trained in cognitive restructuring where they learn how to change the "irrational" ways they perceive the consequences of

stressors (Ryan et al., 2008). However, stressful life events are considered to have their origins in the environment given the structural inequalities inherent in societies (Ryan et al., 2008). Hence, mental health of individual migrants can be improved by altering societal processes that induce stressors and not actually by cognitive restructuring.

Hobfoll's Conservation of Resources Theory

The Conservation of Resource (COR) Theory (Hobfoll & Lerman, 1988, 1989; Hobfoll, 1998), unlike Lazarus and Folkman's stress model, provides an integrative approach by considering both individual and environmental conditions to traumatic and stressful events. Departing from the cognitive nature and individual-based level approach of existing stress theories, COR theory emphasizes "the individual-nested in family-nested in tribe, set in social context" (Hobfoll, 2001, p. 338). This approach allows the stress perspective to be seen as a greater whole and not in disjointed forms, otherwise, the predictive capacity of stress on mental health would suffer from limitations. COR theory considers the self to be a product of cultural process with foundations and attachments to biological families and familiar social groups. Given the dependence of the self on the social environments, it becomes imperative that the stress encountered by the self are situated in the social context. Hobfoll (2001) noted, however, that placing the source of stress in the social context does not imply that the study of individual-level factors in the stress process should not be studied, but should not be considered as the "primary active agent."

The central notion of COR theory is that every person makes effort to acquire, preserve, safeguard and nurture what is of value to them in a world believed to be threatening, and thus must synergize their personal strengths, social connections, and cultural repertoire in order to remain in existence (Hobfoll, 2001). These valuables are referred to as resources which may be in form of personal characteristics, condition, object and energy resources, and are believed to be transculturally and culturally determined. Hobfoll (1998) identified seventy-four of these resources. Examples include "adequate food", "feeling that my life is peaceful", "hope", "financial stability", "affection from others," etc.

COR theory additionally posits that psychological stress occurs, when there is (1) a threat to individuals' resources, when there is (2) actual loss to individuals' resources, and (3) where individuals fail to have sufficient returns from investments. In contrast to Lazarus and Folkman's model, COR theory sees resources as being objectively or observingly appraised to determine resource gains or losses, and that the assessment of resources' importance reflects cultural values.

Hobfoll (2001) then proposed two major principles based on the tenets of COR theory. The first principle is "The Primacy of Resource Loss." This principle states that resource gain is disproportionately less salient compared to resource loss. This implies that the impact of loss is significantly more felt than that of gain given an equal amount of the two. Hence, the primacy of resource loss is a strong component in the

stress process. The second principle is named "Resource Investment." This principle suggests that resources must be invested in order to gain more resources, recover, or prevent resource loss. In other words, the higher the availability of resources, the higher the orchestration of resource gain and less vulnerability to resource loss. Conversely, the less resource availability, the lower the capability of resource gain and higher vulnerability to resource loss. Derived from the second principle, Hobfoll (2001) also states that individuals who suffer from lack of resources tend to adopt defensive strategies (e.g., denial) for conservation of resources. However, denial seems to be the consequence and evidence of lack of resources (Breznitz, 1983).

The application of COR theory and of Lazarus and Folkman's stress appraisal model seem to have distinct pathways in explaining the etiology of migrants' stress and mental health. While COR theory allows us to associate stressors experienced by forced migrants or refugees with objective loss of resources, the appraisal model somewhat provides nexus between stressors in economic migrants and subjective loss of resources. People in war situations experience objective resource loss and are incapable of resources investment, and as result feel serious psychological pressure, and are forced to flee for safety. They do not need to evaluate the impact of war-related stressors on their wellbeing because these stressors are directly impactful, and response seems more automatic. The use of adaptive coping in this situation is almost impossible because there is total breakdown of societal order. People do not have alternatives than to flee. In essence, stressors emanating from war and violence directly impact mental health and PTSD without any evaluative judgments because they are more or less objective. In contrast, citizens are at will to decide whether they would migrate or not in economic migration. However, this is dependent on how they perceive the extent of the effect of economic stressors on wellbeing and the availability of coping resources. Economic migrants (subjectively) *appraise* the stressful economic situations (e.g., lower income, bad governance, lack of employment and basic amenities) in their country to be detrimental to their personal wellbeing (primary appraisal) and respond to these stressful events perhaps by using a non-adaptive coping mechanism (secondary appraisal). The inability to use adaptive coping strategies in the face of economic stressors predispose vulnerability to negative mental health (e.g., depression and anxiety), leading to migration in order to fulfil economic needs. However, citizens in country of origin who employ adaptive coping mechanisms do not migrate, are hopeful and seek ways of overcoming economic problems. Thus, in economic migration, resource loss resulting from economic stressors is rather subjective than objective since most citizens experiencing the same level of stress do not migrate. While some migrate, many do not.

The reverse is the case in forced migration given that all citizens experiencing the same level of war-related stressors look for safe haven, making resource loss to be rather objective than subjective. As a result of the automatic effect of war-related stressors on objective loss of resources during pre-migration period, forced migrants may exhibit symptoms of PTSD in addition to other mental health problems. On the other hand, pre-migration stressors may not trigger PTSD but general mental health problems in economic migrants given that they only experience subjective loss of

resources. In essence, while objective resource loss may necessarily impact PTSD, subjective resource loss may not, but both may have effect on general mental health.

Moreover, stressors in forced and economic migrations converge at the mid-migration period. During transit both groups of migrants suffer from homelessness, sexual assault and violence, extortions from smugglers and traffickers, hunger and lack of basic needs, robbery and inhumane treatments. COR theory is applicable at this stage given that these traumatic events may trigger objective resource loss to impact psychological wellbeing. However, this pattern changes at the post-migration stage. At this stage, it may be plausible to explain the impact of stressors on mental wellbeing by utilizing the Lazarus and Folkman’s stress appraisal model given that the impacts of stressors are more perceptive rather than objective. Post-migration stress precipitators such as acculturation strain, racism, discrimination, separation from family and friends, loneliness, unemployment/underemployment and legal status-related issues may subjectively impact personal wellbeing (primary appraisal). In addition, these stressors may be counteracted or exacerbated by adaptive and non-adaptive coping mechanisms respectively (secondary appraisal). For example, the stressors stemming from discrimination may not impact mental health if individual evaluative judgments utilize adaptive coping mechanism or if migrants consider the situation benign to personal wellbeing. In this case, the impact of discrimination on mental health may be subjective since the relationship between the two may pass through individual’s evaluative judgment.

Table 2 displays the applicability of the mental health theories discussed according to types of migration and stages of the migration process.

Table 2 Categorization of migrants’ mental health theories

	Pre-migration	Mid-migration	Post-migration
Forced migrants	Trauma-based medical model Chronic traumatic stress model Hobfoll’s conservation of resources	Similarity-hypothesis framework Trauma-based medical model Chronic traumatic stress model Hobfoll’s conservation of resources	Stress-coping framework Similarity-hypothesis framework Culture-distance hypothesis Social categorization Cultural syndromes Acculturative theory Chronic traumatic stress model Attachment theory
Economic migrants	Lazarus and Folkman’s model		Boski’s theory of disharmony Lazarus & Folkman’s model Acculturation theory Attachment theory

Note Theories may not completely fit into the categories

Value Preferences in the Context of Migration

Values have for a long time been “a dormant concept” (Hitlin & Piliavin, 2004) in the social sciences. However, work in political science, commencing with Inglehart (Inglehart 1977), in leadership studies and sociology (House et al., 1999; Hofstede, 1980), but most prominently in social and cross-cultural psychology (Schwartz, 1992; Triandis, 1995) has spurred research in the field of value preferences and their relevance for individual behavior in recent decades.

Boer and Boehnke (2015, p. 132) state that most definitions of personal values in the social sciences elaborate on the functions that values serve in people’s lives. One type of value definition focuses on needs-based functions of values, while another one construes values in terms of societal and cultural challenges leading to cross-cultural differences in value orientation, whereas a third approach focusses on the behavioral and attitudinal guidance functions of values. The first ‘school’ is best embodied by work of the political scientist, Ronald Inglehart. Boer and Boehnke (2015) emphasize that Inglehart draws heavily on earlier—psychological—work by Maslow (1943, 1969) in his hierarchy of needs. Inglehart suggests that individuals’ value preferences focus on life aspects that were deprived or showed deficiencies in needs fulfilment during childhood or adolescence. This basic assumption leads to the differentiation between *survival values* vs. *self-expression values* in Inglehart’s (1997) value taxonomy. In it, high preferences for survival values signal deficient fulfilment of basic human needs in early socialization. A second value dimension distinguishes *traditional* vs. *secular-rational* orientations towards authority. This value dimension is premised on security needs and their fulfilment. Norris and Inglehart (2004) argue that in contexts of high insecurity (e.g., in developing countries), people turn to traditional religious values since religious institutions provide security and uncertainty management, whereas in highly developed, secure contexts, individuals rely more on secular-rational values. Value preferences, thus, in this school of value definitions are here closely related to fundamental human needs and their fulfilment within specific macro-contextual and social environments.

The second school of value theories hails from research in intercultural relations, cross-cultural psychology and cultural sociology. Hofstede (1980, 2001), Triandis (1994, 1995), and Schwartz (1994, 2004) put forward value theories that emphasize cultural value climates. Specific cultural values develop based on macro-contextual challenges that societies and cultural groups need to attend to in order to optimize conditions of collective survival and wellbeing. Importantly, cultural values determine general tendencies of individual value orientations and self-definitions within a given context. Hofstede, Triandis, and Schwartz—similar to Inglehart—state that cross-cultural differences in personal values proceed from differences in the socio-cultural and macro-contextual environments where individuals are embedded in.

The presumably most influential psychological theory of personal values was developed by Shalom H. Schwartz and goes back to Rokeach (1973) and Kluckhohn (1951). Schwartz argues that the human values system by and large serves three

requirements of human life: biological needs, the coordination of social interactions, and the survival of the group. Most importantly, these requirements need to be negotiated against each other by reconciling and prioritizing one's values as behavioral guides. The guidance functions of values have been summarized by Rohan (2000) in terms of what type of judgments they influence, namely as guides for survival, as guides for goodness, as guides for best possible living and for ordering the importance of requirements and desires. Some of these judgments point towards needs-based functions of values, which thereby also seem linked to the guidance function of values (cf. Fischer, Milfont, & Gouveia, 2011).

In sum, values contribute to human well-functioning by offering a system for an assessment of needs fulfilment as well as for behavioral guidance leading to functional adjustment with regard to self-definitions, wellbeing and social functioning. Value preferences also preform attitudes and predict behavior.

Only few studies offer empirical evidence of value preferences of migrants (see, however, Schiefer, 2013). Tartakovsky et al. (2017a, 2017b) have studied the value preferences of Russian Jews who migrated to Israel, and re-migrants who have returned to Russia after they had migrated to Israel. Studies about value preferences of African migrants are yet scarcer. Idemudia (2014) published a small-sample study on African migrants to Germany, where he found among others that if they migrants cherished self-enhancement values (achievement, power), they typically suffered from a worse mental health status than migrants with a lesser preference of such values.

The present study resorts to Schwartz value definition of values as a guiding principle in people's lives. Figure 3 depict the newest version (Schwartz et al., 2012) of the Schwartz value circle. In the figure small asterisks mark those value preferences that were assessed.

An instrument was utilized that was taken from the questionnaire used in the World Values Survey.² After an introductory text "Now I'll briefly describe some people; would you, please, indicate for each description whether that person is very much like you, like you, somewhat like you, a little like you, not like you, or not at all like you," ten items followed; they had to be rated on a Likert scale ranging from '1' to '6,' later reversed for all analyses in order to let high marks stand for high similarity rating, i.e., high preferences of a value of a specific type.

There was one item each for the ten value types marked with an asterisk in Fig. 3. Items read, "It is important to this person to think up new ideas and be creative; to do things one's own way" (Self-Direction), "It is important to this person to be rich; to have a lot of money and expensive things" (Power), "Living in secure surroundings is important to this person; to avoid anything that might be dangerous" (Security), "It is important to this person to have a good time; to 'spoil' oneself" (Hedonism), "It is important to this person to help the people nearby; to care for their wellbeing" (Benevolence), "Being very successful is important to this person; to have

²<http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>. Accessed March 26, 2020.

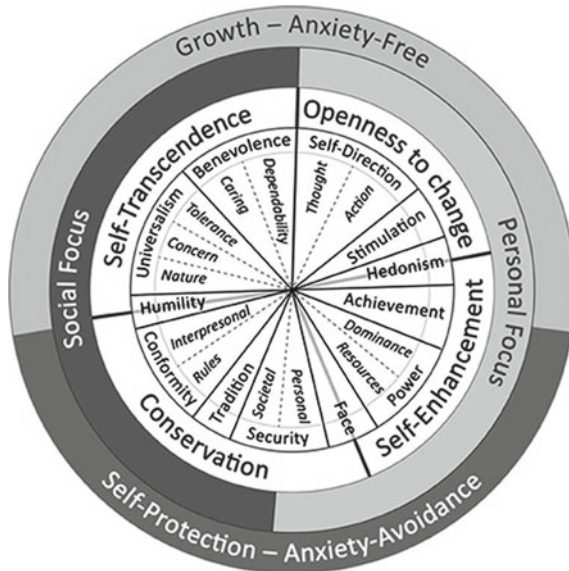


Fig. 3 Schwartz value circumplex (adapted from Schwartz et al., 2012)

people recognize one’s achievements” (Achievement), “Adventure and taking risks are important to this person; to have an exciting life” (Stimulation), “It is important to this person to always behave properly; to avoid doing anything people would say is wrong” (Conformity), “Looking after the environment is important to this person; to care for nature” (Universalism), and “Tradition is important to this person; to follow the customs handed down by one’s religion or family” (Tradition).

As there are so few (if at all) studies available that assess value preferences of African migrants to Europe, the present study is exploratory in nature. The results section of the present volume will report descriptive data on value preferences, but will also offer exemplary findings on the relationship between value preferences and other variables such as xenophobic attitudes among migrants.

Coping Theory and Migrants’ Adaptation

Coping, defined as the ability to deal with situations when under stress has come in many colors and descriptions necessitating the development of psychological measuring tools such as ‘Ways of Coping’ (Folkman & Lazarus, 1980, and a revised version in 1985) and the Brief Coping Scale (Carver, 1997) which is used in this study. Researchers have traditionally categorized ways of coping

as adaptive/maladaptive, primary/secondary control coping, problem/emotion-focused, engagement/disengagement, and approach/avoidance (García, Barraza-Peña, Włodarczyk, Alvear-Carrasco, & Reyes-Reyes, 2018).

The concept of coping is based on the conceptual analysis of stress and coping studies (Lazarus, 1966; Lazarus & Folkman, 1984). According to Lazarus (1966), stress consists of three processes: Primary, Secondary and coping appraisals. Primary appraisal is defined as the process of perceiving a threat to oneself, while secondary appraisal is the process of bringing to mind a potential response to the threat and coping is the process of executing that response'. Carver, Scheier, and Weintraub (1989) argued that while the process is easily described as a linear sequence but that the outcome of one process may re-invoke a preceding process or the entire set of processes may cycle repeatedly in a stressful transaction.

According to Folkman and Lazarus (1980, 1985), people cope by indicating a coping thought or action that they use when under stress. The ways of coping have two main general ways of coping: problem-focused and emotion-focused. Problem-focused coping encompass behaviors of people who try to do something about their situation or try to solve the problem while emotion-focused coping tries to cope or manage with the emotional aspect generated by the stress situation or in the words of Carver, Scheier, and Weintraub (1989), "aimed at reducing or managing the emotional distress that is associated with (or cued by) the situation" (p. 267). Many authors (Aldwin, Folkman, Schaefer, Coyne, & Lazarus, 1980; Aldwin & Revenson, 1987; Coyne, Aldwin, & Lazarus, 1981) have criticized the two-ways of coping as too simplistic and that both coping methods should be measured in factors and hence the Brief Cope (for details, please see, Carver et al., 1989).

Carver (1997) identified 14 coping styles people use when they encounter stressful life events. These include acceptance (A), emotional support (ES), humor (H), positive reframing (PR), religion (F), active coping (AC), instrumental support (IS), planning (P), behavioral disengagement (BD), denial (D), self-distraction (SD), self-blaming (SB), substance use (SU) and venting (V). While A, ES, H, PF and R are considered emotional focused coping, AC, IS and P are problem-focused coping (Carver, 1997). The other coping methods which include SD, SB, SU and V are termed dysfunctional coping strategies. Using a bi-dimensional approach, Meyer (2001) classified the problem and emotion-focused strategies as adaptive coping while the dysfunctional strategy was classified as maladaptive coping. Whereas the adaptive coping strategies are associated with positive psychological wellbeing, the maladaptive coping methods are shown to predict mental health problems and perceived stress (Meyer, 2001; Alveal & Barraza, 2015).

The Brief Cope scale has 28 items and as indicated above has 14 subscales. Two items measure a subscale. The subscales are defined accordingly: Self-Distraction is defined as when some self-distract by attending to other things to ward off the stressors; Active Coping (the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects); Denial (when a person denies the reality of a situation); Use of Instrumental Support (getting help from other on what to do); sub-stance Use (use of alcohol or other substances to cope with the stressor); Positive Reframing (trying to make good of a bad situation by positively

looking at the situation; Use of Emotional Support (use of emotional support and understanding from others); Planning (when a person thinks about how to cope with a stressor and it involves coming up with actionable strategies, practical steps to take and how best to handle the problem); Behavioral Disengagement (lack of using one's effort to dealing with the stressor or giving up the attempt the stressor is affecting, more like a state of helplessness, theoretically, behavioral disengagement occurs when a person expects poor coping outcome); Acceptance (opposite of denial and a functional coping response and is prepared to engage with the stressful situation but this can also accept a stressful situation in faith which is religion); Venting (tendency to focus on whatever distress or upset one is experiencing and ventilate those feelings); Religion (praying, meditating and faith in God); Humor (making fun of the stressful situation) and Self-Blame.

However, it is important to note the plausible impact and the role of culture on coping behaviors and this is what is mostly neglected in psychological literature on coping. Most of the literature on coping are from the western parts of the world and in the main Eurocentric. Cultures where religion is practiced and a way of life, faith in God may serve as a positive coping measure that alleviates mental health stress. It may, however, be a maladaptive way of coping in the western world. Migration is a stressful process and migrants during their journeys go through a lot of stressful and horrifying experiences particularly during the mid and post-migration periods through the hot Sahara Deserts and the Mediterranean Sea. Due to the delays in processing refugee or resident documents and fear of deportation, we expect migrants to report more of behavioral disengagement and use of religion as a way of dealing with stressful events in their host countries and we also expect migrants to differ on their coping mechanisms across different countries.

Theorizing Mental Health

As indicated above and in Chap. 1, the theories discussed will not follow classical neo-positivist studies where theories are used to generate hypotheses, but these theories will act as frames for understanding the data presented in Chaps. 8 and 9, and consequently in the discussion and conclusion sections.

This categorization shows that none of the mental health theories (Table 2) is all-encompassing to explain the impact of migration stressors on mental health along the stages and types of migration. By implication, these theories should be seen as complementary to each other rather than being treated as independent migrants' mental health frameworks. This perspective allows us to understand the dynamism of the migration process and how it impacts the mental health of migrants. On value preference, it is important to understand what values migrants will prefer for integration purposes which we hope will help minimize mental health problems. Coping methods will also be discussed within the context of the six European countries.

The theme of this book straddles on the psychosocial experiences of African migrants in what now in 2020 are five EU Countries (France, Germany, Italy, Spain, and The Netherlands) plus the United Kingdom—from both quantitative and qualitative methodological perspectives. Therefore, the role of theories discussed above will be connected with participants' experiences in their home and receiving countries including their coping behaviors.

There is no doubt that negative external factors from colonial ties through post-colonial economic policies, bad governance, corruption, have contributed immensely to the current outbursts of unauthorized African migration to Europe and elsewhere. Coming from a continent where people are visibly different from those receiving countries and in addition with all the cultural and environmental differences may in one way or the other not only contribute but also precipitate poor mental health among African migrants in Europe. The 'racial' differences may also lead to poor or negative perceptions and in consequence negative treatment by members of the receiving countries could also determine or strongly affect their acculturation in various places of residence or work environments. These perceptions and treatments may in addition affect work accessibility, delay/granting of request for asylum and which may serve as strong factors for acculturative stress. Tanaka et al. (1994) and Searle and Ward (1990) have argued that attitudes held by members of the dominant culture strongly influence patterns of immigrant's adaptation. The central argument here is that before leaving their homes, migrants would have experienced some form of dissatisfaction with their country maybe due to unemployment, environmental hazards, wars, ethnic/tribal conflicts and other hosts of life adversities. The channel they use to travel as discussed in Chap. 2 is again nothing to be described as healthy or safe. The travel is carried out under uncertainties. The journey may take from one month to ten years. In between the destination and home countries, they are trapped and in consequence suffer all manner of indignities: from rape to abuses, slavery, hunger and are visited with all deprivations. Finally, those who survive and arrive their destinations are again confronted with other hosts of ills from stereotyping, racism to deprivations and delays of asylum requests, homelessness, and to the lucky ones who get engaged, do so in menial jobs. In fact, according to Fernando (1993) racism is the most serious risk factor for acculturative stress for immigrants and African migrants in particular (Idemudia & Boehnke, 2010). These experiences from pre-migration, mid-migration to post-migration, cumulate to have strong impacts and may lead to sufficient mental health problems and posttraumatic stress symptoms (PTSS) or and posttraumatic stress disorders. It is also our hope that having the right attitude or value preferences held by the host countries may also help as buffer against poor mental health among migrants.

In the next chapter, the body of literature on mental health effects of migration among African migrants will be reviewed. In this strife for comprehensiveness, certain redundancies are unavoidable.

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Chapter 5

Viewpoints of Other Scientists on Migration, Mental Health and PTSD: Review of Relevant Literature



Abstract In this chapter, we provide a review of empirical studies conducted on PTSD, mental health and wellbeing of migrants. Most studies suggest that both pre- and post-migration stressors affect the mental health and PTSD of migrants and refugees. In origin countries, trauma exposure and torture posed significant risks to migrants' mental health. Mental health issues causing significant distress for migrants in host countries include acculturative stress, legal status, family separation, language barrier, poor access to proper healthcare, discrimination, racism, feelings of helplessness, decreased self-esteem, chronic distress and hypervigilance. Among all mental health problems, depression, anxiety and PTSD are considered as most common with respective prevalent figures of 4–40%, 5–44% and 9–36%. Generally, social support and adaptive coping mechanisms were identified as buffers.

Introduction

According to Pellat (n. d), for most people, the reactions to a traumatic event become less pronounced over time and may even disappear completely after a few weeks. However, if these symptoms continue for six weeks or longer, it may be a sign of PTSD. Any traumatic event can trigger PTSD, and it is important to know that PTSD is *not* a sign of weakness. Pellat outlined the following as the three main symptom groups of PTSD: (1) Intrusive symptoms/reexperience symptoms, (2) avoidance and blunting, and (3) hyper-arousal (excitement).

Whether you will develop PTSD may depend partly on how severe and intense the trauma was and how long it lasted. People who experience anxiety, depression or other mental disorders are more likely to develop PTSD. People who have been victims of previous trauma are also at greater risk.

Who Is at Risk for Developing PTSD?

There are four basic rules: (1) Anyone who has been victimized can develop PTSD, (2) anyone who has seen a violent act can develop PTSD, (3) survivors of rape, domestic violence, physical assault such as a mugging or any other random act of violence can develop PTSD, and (4) survivors of unexpected events such as car wrecks, fires or terrorist attacks as well as of natural disasters such as hurricanes or earthquakes can develop PTSD.

According to Pannetier, Lert, Jauffret Roustide, and du Loûa (2017), while there exist increasingly anti-immigrant general policies and anti-immigrants social policies worldwide, which may affect immigrants' mental health (Levecque, Lodewyckx, & Vranken, 2007; Levecque & Van Rossem, 2015; Tinghög, Hemmingsson, & Lundberg, 2008), there is little information on the social determinants (migration conditions and transnational ties) of men and women migrants' mental health, even though these groups are at higher risk of common mental disorders or psychological distress than natives in Europe. Using a sample of 2468 migrants in Paris, France, Pannetier, Lert, Jauffret Roustide, and du Loûa (2017) found that mental health is related to the migratory path and the migrant's situation in the host country but differently for women and men: anxiety and depression were more common with women than men because of threat to their lives in their home countries, whereas men reported poor mental health because they resided illegally in a foreign country. They also found the supportive effect of social support lowering mental health outcomes in countries of origin and of destination. Finally, they also found anti-immigrant policies and an anti-immigrant social environment in Europe causing poor mental health for immigrants.

Littlewood and Lipsedge (1989) claimed that immigrant groups are subject to discrimination in housing, employment, in education services, in everyday interpersonal relations and that virtually in all EU countries, housing of ethnic minorities indicates that they occupy the transitional zones of town areas, which are falling into disrepair and scheduled for eventual demolition in accommodation, which has rudimentary sanitation and cooking facilities. Thapa and Hauff (2005) as well as Wittig, Lindert, Merbach, and Brähler (2008) have shown that lower socio-economic status and experiencing discrimination in employment or housing are associated with a higher risk of anxiety and depressive disorders among non-European migrants.

Studies on the Mental Health and Well-Being of Immigrants/Refugees

A considerable number of studies have been carried out to examine the impact of migration stressors on mental health of migrants. Stressors encountered before departure, during the journey and difficulties associated with integration and settlement all have significant influence on poor mental health outcomes in migrants (Ottisova et al.,

2016; Williams & van der Merwe, 2013; Ba & Bhopal, 2017). Using cohort study data, Bryant et al. (2018) established that both pre- and post-migration stressors were significantly associated with higher levels of PTSD among refugees. Outcomes of path analyses further indicated that PTSD levels of refugee parents/caregivers were related to harsh parenting which in turn influenced children's conduct problems, emotional symptoms, peer problems and hyperactivity.

Paredes (2017) showed that stressors and mental problems experienced by immigrant communities may vary. While documented immigrants are laden with trauma and acculturative difficulties, undocumented immigrants show feelings of helplessness, decreased self-esteem, chronic distress, depression, anxiety and hypervigilance. For undocumented immigrants, hypervigilance and concealing of current status pose significant risk to their mental health (Paredes, 2017). Unfortunately, the mental health condition of irregular or undocumented migrants is likely to worsen given that they don't present themselves for physical and mental health care for fear of deportation (WHO, 2018a). In addition, the consequences of these stressors may be more profound on immigrants and refugees living with HIV/AIDS infection (IR-PLWHAs). In an exploratory study, Wong, Li, Poon, and Fung (2013) showed that IR-PLWHAs suffer economic and social marginalization, stigma and discrimination which are closely connected to their gender, race, sexualities, citizenship, HIV status, and social class.

Although, studies show that immigrants suffer mental health problems as a consequence of migration experience, a more recent study revealed that mental health problems in immigrants were significantly lower compared to natives in the US, and that migrants are less likely to originate from families with mental illness (Salas-Wright, Vaughn, Goings, Miller, Chang, & Schwartz, 2018). These findings seem to confirm the healthy migrant hypothesis. Another surprising finding is that mental health of migrants seems to equal that of host populations at arrival but overtime suffers deterioration after five years of resettlement (WHO, 2018b). This decline may be due to poor social integration with special reference to unemployment problems (Bogic, Njoku, & Priebe, 2015).

Establishing the prevalence of refugee mental health has been met with varying results. In an umbrella review of thirteen reported studies, Turrini et al. (2017) found depression, anxiety and PTSD as the most common mental disorders among refugees and asylum seekers with PTSD taking the lead. Averagely, the prevalent rates for anxiety, depression and PTSD were 4–40%, 5–44% and 9–36%, respectively. However, prevalence of PTSD may be higher among under-age refugees in Europe as studies have accounted for rates up to 25% (Horlings & Hein, 2018). In a similar review by Priebe, Giacco, and El-Nagib (2016), PTSD was found to be more prevalent among asylum seekers, refugees and irregular migrants compared to mood, psychotic and substance use disorders. The authors also found out that depression was significantly associated with poor socio-economic status even after five years of resettlement in host country. Moreover, Silove, Ventevogel, and Rees (2017) indicated that while exposure to torture emerged as strongest predictor of PTSD, depression appeared to be strongly predicted by aggregate number of trauma events suffered.

According to Ki and Jang (2018), immigrants experience adversity and hardship in a new environment. These experiences negatively affect their psychological wellbeing. Ki and Jang also reiterated that online support forums are preferred channels to seek and receive social support for mental health issues among immigrants. This research analyzed online support forums for Chinese and Korean immigrant women, focusing on different types of mental health problems, support-seeking strategies used, social support received and the relationships between them. Asian immigrant women with mental health problems primarily sought social support by sharing their personal experiences and received informational support “most”. Informational support was most frequently offered for depression, anxiety disorder, and personality disorder, but emotional support was most frequently provided for impulse control. Findings further revealed that while informational support was most commonly offered with requests for information, emotional support was most repeatedly reported for statements of extreme behavior of immigrants.

In a report investigation by Matlin, Depoux, Schutte, Fiahault, and Saso (2017), which provided a summary of the current state of knowledge regarding the health issues of migrants and refugees and of the extent to which they are being met, highlighted, through a series of case studies, the diverse approaches to policies, entitlements and services provided in different jurisdictions, ranging from regional (Europe) and country (Germany, Iran, Italy, Turkey, South Africa) levels to provinces and cities (Quebec/Montreal, Berlin). These provide evidence of successes and challenges and highlight areas requiring further effort, including the domains of policy, service design and delivery, education and training, research and communication. They also underscore the problem of highly neglected aspects such as mental health and the critical importance of developing cultural/transnational competence in the health professional individuals and institutions working with migrants and refugees. Results from discussions taking place in an M8 Alliance Expert Group Meeting (Rome, 23–24 June 2017) and from the literature were synthesized to develop an ‘agenda of solutions.’ This finding also provided a comprehensive framework, which bridges humanitarian, ethical and rights-based imperatives to provide a framework for action in tackling the health issues of immigrants and refugees.

In another empirical analysis aimed to investigate the psychosocial wellbeing of African refugees in Winnipeg, Canada, which adopted a photo voice approach, Uwibereyeho-King, Uwabor, and Adeleye-Olusae (2017) explore stressing factors for African refugees after resettlement in Canada and the strategies they adopt to cope. Furthermore, the study used a purposive sampling procedure to recruit 15 participants (8 women and 7 men). Participants recruited for the study took part in a three-phase process of picture taking, one-on-one interviews, and focus group discussions on the selected pictures. Thematic analysis was used to analyze the data collected from the field of study. Identified stressors in the study included social relationship ruptures, lack of understanding of the new culture, unemployment, and navigating unfamiliar laws and regulations. Coping strategies and recommendations

for policies and best practices were discussed in the study. However, Uwibereyeho-King et al. (2017) suggest that mental health programs would particularly do a better job if they build on the cultural capital and the resilience of refugees rather than perceiving them solely as traumatized individuals in a foreign land.

Ahmed and Rasmussen (2019) in a study aimed to determine the changes in social status and post-migration mental health among West African immigrants, identified relevant social status indicators, but these indicators are not sufficient to address changes that are uniquely relevant to immigrants. The study also aimed to identify social status indicators that change during the process of migration and to examine their association with distress using variable- and person-centered analyses. The study used data from an archival dataset of West African immigrants in New York City. Pre- and post-migration changes across work, marriage, language use, urbanism, and residency status were used to assess whether positive, negative, or no change in social status had occurred in the study. Findings revealed that changes in social status indicators across migration were predicted to account for variance in mental health outcomes (i.e., anxiety, depression, somatization, and posttraumatic stress) beyond remigration potentially traumatic events (PTE). In addition, several social status indicators predicted wellbeing in this population and accounted for variance in distress beyond pre-migration PTEs. The study using Ward's method of clustering suggested that three distinct social status profiles were characterized primarily by changes in work and marriage. The cluster with the greatest positive changes in work was almost all female and had the highest depression scores. These findings suggest that the impact of change in social status across immigration is not uniform across social status indicators. Additionally, changing gender roles across migration appear to have an influential impact on post-migration social status and mental health among immigrants.

Research conducted by Polonsky, Ferdous, Renzaho, Waters, and McQuilten (2018) to explore the factors leading to health care exclusion among African refugees in Australia using blood donation as a case study. The study used a sample of 317 Australian-based African refugees, Polonsky et al. (2018) examined how refugees' acculturation, perceptions of discrimination, past behavior, objective knowledge, and medical mistrust affect African refugees' health inclusion, depending on their blood donation intentions. The findings indicate that perceived discrimination and objective blood donation knowledge directly affect donation intentions. However, perceived discrimination mediates the relationships between acculturation and intentions and between medical mistrust and donation intentions, and objective knowledge mediates the relationship between past behavior and donation intentions. Therefore, the authors offer recommendations to policy makers designing social inclusion programs and health service providers designing and delivering targeted initiatives, to better facilitate refugee participation in host country health systems.

As reported above, Pannetier, Lert, Jauffret Roustide, and du Loua (2017) find that migrants are at higher risk of common mental disorders or psychological distress than are natives in Europe. However, little is known regarding the social determinants of migrant mental health, particularly the roles played by migration conditions and transnational practices, which may manifest themselves in different ways for men and

for women. The aim of their study was to understand the gendered roles of migration paths and transnational ties in mental health among sub-Saharan African migrants residing in the Paris, France, metropolitan area. This study used data information from the *Parcours* study conducted in 2012–2013, which employed a life-event approach to collect data from a representative sample of migrants who visited healthcare facilities. Pannetier et al. (2017) measured anxiety and depressive symptoms at the time of data collection with the Patient Health Questionnaire-4 (PHQ-4). Reasons for migration, the living conditions in the host country and transnational ties after migration were considered by gender and after adjustment. The study demonstrates that among sub-Saharan African migrants, mental health is related to the migratory path and the migrant's situation in the host country but differently for women and men. Among women, anxiety and depressive symptoms were strongly related to having left one's home country because of threats to one's life. Among men, residing illegally in the host country was related to impaired mental health. For both women and men, cross-border separation from a child less than 18 years old was not independently associated with anxiety and depressive symptoms. In addition, social and emotional support from relatives and friends—both from the society of origin and of destination—were associated with lower anxiety and depressive symptoms. Migrant mental health may be impaired in the current context of anti-migrant policies and an anti-immigrant social environment in Europe. The study however has some limitations. First, the survey was conducted in the greater Paris metropolitan region. Thus, the results may not be generalizable to other regions. However, 60% of the sub-Saharan migrants who reside in France are concentrated in this region that accounts for 18% of the French population.¹ The sample used in the study was representative of migrants who visited healthcare facilities in this region, and it is sufficiently large and diverse to represent as closely as possible the population of sub-Saharan African migrants. Non-probability sampling is more frequent in studies conducted on migrants. However, recruitment in healthcare settings may include less healthy individuals or individuals more inclined to interact with the healthcare system. The retrospective design of the study, migrants who were forcibly or willingly returned to their country of origin were not included.

Wong, Cheung, Miu, Chen, Loper and Holroyd (2017) in an empirical investigation explore the mental health of African asylum-seekers and refugees (ASR) in Hong Kong. The study explored how social determinants of health have impacted the mental health and wellbeing of African ASRs in Hong Kong. A cross-sectional survey was adopted among 374 African ASRs recruited for the study. The survey comprised sociodemographic; health status; health behaviors; and social experiences. Also, the associations between social determinants of health and depression screen were explored and multivariate regression analysis was conducted. Findings indicate that the majority of participants were 18–37 years old (79.7%), male (77.2%), single (66.4%) and educated (60.9% high school and above). Over a third (36.1%)

¹<https://www.insee.fr/fr/statistiques/2044745>. Accessed March 26, 2020.

screened positive for depression. Further findings revealed that living with family reduced the odds of a positive depression screen ($OR = 0.25$, $95\% CI = 0.07-0.88$). Those perceiving their health to be “poor” were 5.78 times as likely to be screened for depression. Additionally, those with higher scores on the discrimination scale were more likely to have positive depression screen ($OR = 1.17$, $95\% CI = 1.10-1.24$). In addition, a significant proportion of African ASRs in Hong Kong exhibits depressive symptoms. A complex interaction combining both social determinants and perceptions of health and discrimination in the host society is likely exacerbated by their ASR status. Wong et al. (2017) therefore suggests the use of community support groups or even re-examination of the family reunification laws could improve the mental health and wellbeing of African ASRs in Hong Kong.

Evidence has established that the ethnic community plays a significant role in the mental health of traumatized refugees arriving from collective societies. For instance, Dorchin-Regev and Slonim-Nevo (2019) explored the relationships between war-related trauma and mental health separately for direct trauma exposure (i.e., events directly endorsed by asylum-seekers) and indirect trauma exposure (i.e., events endorsed by family, friends and other community members). A sample of 300 Darfuri asylum-seekers living in Israel were obtained in a cross-sectional design. In the study, hierarchical regressions were used to examine how direct versus indirect trauma exposure were associated with posttraumatic stress disorder (PTSD), depressive and anxiety symptoms and psychological wellbeing. Findings revealed that direct trauma exposure was associated with worse mental health symptoms and reduced wellbeing. In contrast, indirect trauma exposure to similar events of others was linked with fewer PTSD, depressive and anxiety symptoms and improved wellbeing. These findings offer preliminary insights into the nature of trauma and mental health in asylum-seekers from collective cultures: While trauma directly experienced by the individual is associated with increased risk for poor mental health; exposure to others’ similar experiences may be associated with reduced emotional distress. The study findings have implications in terms of their potential applicability for culturally sensitive assessment and group therapy in refugees.

Sapmaz, Tannverdi, Oztürk, Gozacanlari, Ulker and Ozkan (2017) conducted a study aimed to assess early-onset psychiatric disorders and factors related to these disorders in a group of refugee children after immigration due to war. The study conducted between January 2016 and June 2016. Clinical interviews were conducted with 89 children and their families, and were performed by native speakers of Arabic and Persian who had been primarily educated in these languages and were living in Turkey. A Strengths and Difficulties Questionnaire (SDQ) that had Arabic and Persian validity and reliability was used among children and their families. Independent variables for cases with and without a psychiatric disorder were analyzed using the χ^2 test for categorical variables, Student’s *t*-test for those that were normally distributed, and Mann–Whitney *U*-test for data that were not normally distributed. Data that showed significant differences between groups who had a psychiatric disorder and on common effects in emerging psychiatric disorders were analyzed through binary logistic regression analysis. A total of 89 children and adolescents were interviewed within the scope of the study. The mean age of cases was $9.96 \pm$

3.98 years, and 56.2% ($n = 50$) were girls, while 43.8% ($n = 39$) were boys. Among these children, 47 (52.8%) had come from Syria, 27 (30.3%) from Iraq, 14 (15.7%) from Afghanistan, and one (1.1%) from Iran. A psychiatric disorder was found in 44 (49.4%) of the children. A total of 26 children were diagnosed with anxiety disorders, 12 with depressive disorders, eight with trauma and related disorders, five with elimination disorders, four with attention deficit/hyperactivity disorder, and three with intellectual disabilities. Furthermore, it was determined that seeing a dead or injured person during war/emigration and the father's unemployment increased the risk of psychopathology. The odds ratio was 7.07 (95% CI 1.72–29.09) for having seen a dead or injured individual and 4.51 (95% CI 1.67–12.20) for father's employment status. The study concluded that within the context of war and emigration, these children try to cope with the negative circumstances they experience prior to migration, as well as the despair they see their parents experience.

Neto and Guse (2018) examined demographic, acculturation and adaptation factors on the mental health of Angolan migrants residing in Portugal. They reported that these factors were significantly associated with the mental health of the participants, with acculturation factors accounting for the greater variance in mental health problems of these African migrants.

Ogunbajo, Anyamele, Restar, Dolezai, and Sandfort (2018) investigated correlates of substance use and mental health outcomes in immigrant African gay and bisexual men (GBM) in the US. Their findings showed that current substance use was significantly associated to age, openness about sexual orientation, homophobic experiences in home country, forced sex in home country, current housing instability, and internalized homophobia. In addition, posttraumatic stress disorder symptoms and alcohol use were significantly associated to depression.

McCann, Mugavin, Renzaho, and Lubman (2016) investigated help-seeking barriers and facilitators for anxiety, depression and alcohol and drug use problems in young people from recently established sub-Saharan African migrant communities in Australia. Results revealed four help-seeking barriers as: stigma of mental illness, lack of mental health literacy in parents and young people, lack of cultural competency of formal help sources, and financial costs deterring access. Result also revealed being open with friends and family, strong community support systems, trustworthiness and confidentiality of help-sources, perceived expertise of formal help-sources, as help-seeking facilitators.

Thela, Tomita, Maharaj, Mhlongo, and Burns (2018) examined post-resettlement adaptation and mental health challenges of African refugees/migrants in Durban, South Africa. Help-seeking refugees/migrants ($N = 335$) were examined for anxiety, depression and posttraumatic stress symptoms. Results indicated high prevalence of mental distress; 49.4% anxiety, 54.6% depression and 24.9% posttraumatic stress symptoms. The risk of depression was significantly higher among recently arrived migrants. Further analysis revealed that older age on arrival was associated with anxiety and depression. In addition, history of family separation since migration positively associated with depression and posttraumatic stress. Also, discriminatory experiences since migration independently predicted mental health outcomes. Divorced/widowed migrants were at a higher risk for posttraumatic stress.

Nakash, Nagar, Shoshani, and Lurie (2015) examined the association between acculturation patterns and mental health symptoms among 118 Eritrean and Sudanese asylum seekers (N = 118) in Israel. Participants' sociodemographic information including detention history, mental health symptoms, exposure to traumatic events, and acculturation pattern were analyzed to predict their mental health. Results showed that acculturation predicted depressive symptoms among asylum seekers beyond the effect of a history of detention and reports of experiences of traumatic events. Also, assimilated compared with integrated asylum seekers (in Berry's well-known terminology) reported higher depressive symptoms.

Afulani, Torres, Sudhinaraset, and Asunka (2016) investigated the association between cross-border ties—and cross-border separation—with the health of sub-Saharan African (SSA) migrant adults living in metropolitan France. They reported that remitting money and having a child abroad separately were associated with poor health among women. Results also indicated that remittance sending is associated with poor health only for SSA-migrants separated from their children.

Melamed, Chernet, Labhardt, Probst-Hensch and Pfeiffer (2019) conducted a study that examined resilience and mental health in a sample of Eritrean asylum seekers in Switzerland. Results indicated that mental health was understood as a binary state rather than a continuum and that trusted friends and family were responsible for recognizing and attempting to treat mental health problems. Pathways to care were potentially interrupted for asylum-seekers. Capital building, considered through the lens of social resilience, consisted of language learning, establishing of new individual- and community-level social networks, and proactive symbolic capital building through volunteering.

Wong, Cheung, Miu, Chen, Loper, and Holroyd (2017) investigated associations among socio-demographics, health status, health behaviors and social experiences. The study tested associations between social determinants of health and depression in the sample. Results revealed that more than one-third showed symptoms of depression. Perception of health as "poor" was a risk factor for depression. In addition, perceived discrimination was positively associated to depression.

Arrey, Bilsen, Lacor, and Deschepper (2016) examined the role of spirituality/religion as a source of strength, resilience and wellbeing among sub-Saharan African (SSA) migrant women with HIV/AIDS living in Belgium. Data were collected using semi-structured interviews. Results of thematic analysis showed that majority reported being more spiritual/religious since being diagnosed HIV positive. Another important finding was that participants expressed a strong belief in the power of God in their HIV/AIDS treatment and wellbeing. Prayer, meditation, church services, religious activities and believing in the power of God were identified as resources that helped them cope with HIV/AIDS.

Agyekum and Newbold (2016) explored the experiences of African immigrants' religious place making and its relationship to health and wellbeing in a sample of Ghanaians and Somalis immigrants. The study adopted a qualitative approach to analyze the major themes. Results suggested that places of worship are significant for physical health, social, emotional, spiritual, mental and general quality of life amongst immigrants.

Crea, Calvo, and Loughry (2015) investigated differences in health-related quality of life (QoL) in a sample of urban and camp-based refugees in sub-Saharan Africa to assess the influences of both the environment and the perceived environment on refugees' health-related QoL. Their findings indicate that refugees in urban environments reported significantly higher satisfaction with overall health, physical health and environmental wellbeing than refugees living in camps. Results suggest that urban environments were associated with better physical health for refugees, compared to camp environments. In addition, refugees' perceptions of their environment, particularly feeling safe in daily life and in the home environment, as well as being satisfied with living conditions, were more strongly associated with physical health than the environment itself, whether urban or camp-based.

Khawaja, Ibrahim, and Schweitzer (2017) conducted a study that assessed the role of social relatedness in promoting mental wellbeing among immigrant learners. They completed a battery that measured social support, school connectedness, acculturation, resilience, and mental wellbeing. Results indicated that the three social relatedness factors (social support, school connectedness, and acculturation) were related to mental wellbeing. Further analyses indicated that resilience was a partial mediator for the relationship between each of the social relatedness elements and mental wellbeing. In addition, resilience significantly mediated the relationship between social relatedness and mental wellbeing.

Martinez et al. (2015) carried out a systematic review of the literature to assess and understand how immigration policies and laws may affect access to health services and health outcomes among undocumented immigrants. They found a direct relationship between anti-immigration policies and access to health services. Results also showed that these policies impacted immigrants' mental health outcomes, including depression, anxiety, and posttraumatic stress disorder.

Chen, Hall, Ling, and Renzaho (2017) assessed the moderating effect of post-migration stressors in the association between pre-migration and post-migration potentially traumatic events and stressors and mental health in a sample of 2399 humanitarian migrants in Australia. Results indicated that 762 (31%; 95% CI 29.4–33.2) had PTSD and 394 (16%; 95% CI 14.2–17.2) had severe mental illness. Also, pre-migration potentially traumatic events and post-migration stressors were positively associated with PTSD and severe mental illness.

Whitley, Wang, Fleury, Liu, and Caron (2016) investigated variations between immigrants and non-immigrants in: prevalence of common mental disorders and other mental health variables; health service utilization for emotional problems, mental disorders, and addictions, and health service satisfaction. They found that immigrants had significantly lower rates of high psychological distress (32.6% vs. 39.1%, $p = 0.02$), alcohol dependence (1.4% vs. 3.9%, $p = 0.01$), depression (5.2% vs. 9.2%, $p < 0.01$), and various other mental disorders. Further analyses revealed that immigrants had significantly higher scores of mental wellbeing (48.9 vs. 47.1 score, $p = 0.01$) and satisfaction with social (34.0 vs. 33.4 score, $p = 0.02$) and personal relationships (16.7 vs. 15.6 score, $p < 0.01$). In addition, immigrants had significantly

lower rates of health service utilization for emotional problems, mental disorders, and addictions and significantly higher rates of health service satisfaction at all-time points. Asian and African immigrants had particularly low rates of utilization and high rates of satisfaction.

Smit and Rugunanan (2015) carried out qualitative research that explored how women refugees in South Africa perceived their emotional wellbeing and how they made sense of their emotions. Results indicated that perceived inability to provide financial assistance to their kin back home significantly influenced participants' emotional wellbeing.

Schubert, Punamäki, Suvisaari, Koponen, and Castaneda (2019) tested a model of help-seeking behavior among 1356 immigrants from three different ethnic nationalities. They reported past traumatic events, social network, acculturation indices, trust in services, and mental health as well as usage of mental and somatic health services. Structural equation modelling analysis was applied to analyze the data. Results indicated that past traumatic events were associated with seeking more mental health services, indirectly mediated through increased risk for mental health problems in all three ethnic groups. Also, acculturation was a significant factor for the use of mental and somatic health services only for Kurds but social networks predicted this outcome for Kurds and Russians.

Immigrants and refugees came from diverse religious and cultural backgrounds and had complex mental health-related concerns that are not currently being adequately addressed by existing services. A thematic analysis by Thomson, Chaze, George, and Guruge (2015) reported that major barriers to the utilization of mental health services include those related to the uptake of existing health information and services, those that are related to the process of immigrant settlement, and barriers related to availability of appropriate services. In this study three major barriers were reported. Lack of awareness regarding mental health issues influence how people seek help to manage mental health problems which highly leads to depression. Cultural barriers relate to: the immigrants' expectations of the healthcare provider-client relationship; stigma of mental illness and resultant reluctance to seek outside help; gender roles; and, belief in alternate practices and inadequacy of linguistically and culturally appropriate services this means that not being fluent in English or French can pose challenges to gaining access to mental health services in an English-speaking (or French-speaking) foreign country. Moreover Ambugo and Yahirun (2016) maintain that immigrants may be particularly emotionally vulnerable to the strains and benefits of providing payments or fees while staying in another country. Furthermore, they report that among socio-economically vulnerable migrants such as refugees/asylees, sending money or fees may threaten mental health by creating financial hardship. Initiatives that encourage economic stability for migrants may protect against depression. In addition, the relationship between allowance sending and major depressive episode and sadness among US legal immigrants is significant. It was, for example, confirmed by Ambugo and Yahirun (2016) that immigrants who remitted had a higher risk of major depressive episode (MDE) and sadness compared to those who did not.

At the same time, the effect did not vary by gender and income. Among immigrants whose households remitted, the amount sent was not significantly linked to MDE. Consistently the amount remitted was significantly associated with a higher risk of sadness among humanitarian migrants compared to employment principals.

Yachouh (2018) interviewed Syrians in Canada, and revealed that a high proportion of respondents were suffering from one or more of the following: anger, fearfulness, nervousness, difficulty falling asleep or staying asleep, hopelessness about the future and spells of terror and panic. All participants of Yachouh's study considered social support as being of foremost importance in their lives, preferring it over professional help. In light of similar findings in her study, Mulugeta (2019) suggested that a community organizing can serve as a critical and irreplaceable tool for promoting health equity and that, in particular, such organizing is seen as increasingly impactful among communities that are most marginalized.

Purewal (2018) agrees that there is generally a greater mental illness among refugees. Statistics from Brooke et al. (2017) confirm this by demonstrating that 20 to 30% of asylum seekers suffer from some form of mental health issue with varying diagnoses. No effective measures or treatment has been taken to improve mental health in these individuals. This may lead to a more complicated disease image with treatment-resistant symptoms and causing somatic complications as a consequence. On contrary, Fung and Guzder (2018) state that in Canada immigrants from various countries have better physical and mental health than the general population. This has been termed the "healthy immigrant effect." Possible explanations for this include immigration criteria that select for a healthier cohort, the attributes of people who choose to immigrate or have successfully navigated the point system of entry, as well as health examination procedures that screen out those with severe mental illness such as mood disorders.

Refugees are victims of war, violence, persecution or torture who escape their home countries to seek safety in other countries. After victims of war and violence escape from their countries of origin, a large proportion of them are initially hosted as refugees in countries within the same region which affects wellbeing as a whole (Glen, Onsando, & Kearney, 2015). A study by Ahmed (2017) indicates that Iraqi refugees suffer more mentally and physically than other immigrants, for instance African refugees who fled their countries of origin, forced to leave behind valued belongings, family members, and friends due to poverty and wars. For these refugees, attempting to adjust to a different living environment after resettling to a new country is often challenging, stressful, and anxiety provoking, particularly if their migration is a result of war or political turmoil.

Posttraumatic Stress Disorder (PTSD) of Immigrants/Refugees

Evidence supporting the association between migration and posttraumatic stress disorder (PTSD) has been documented. Bustamante, Cerqueira, Leclerc and Brietzke (2018) in an empirical analysis considered the growing population of migrants and the particularities of providing culturally sensitive mental health care for these persons, clinicians should be kept up to date with the latest information regarding this topic. According to Bustamante et al. (2018), the objective of their study was to critically review the literature regarding migration, trauma and PTSD, and mental health services. Migration is associated with specific stressors, mainly related to the migratory experience and to the necessary process of acculturation occurring in adaptation to the host country. Their findings revealed that these major stressors have potential consequences in many aspects, including mental health. Furthermore, the prevalence of PTSD among migrants was found to be very high (47%), especially among refugees, who experience it at nearly twice the rate of migrant workers.

Refugee mental health has been found to be affected by traumatic stressors as well as post-migration living difficulties (PMLD) (Schick, Morina, Mistridis, Schnyder, Bryant, & Nikerson, 2018). However, their interaction and causal pathways are unclear, and so far, no distinct treatment recommendations regarding exile-related stressors exist. In a study aimed to assess the changes in post-migration living difficulties in traumatized refugees using a three-year follow-up study, PMLD, and symptoms of posttraumatic stress, PTS), depression and anxiety were examined in a clinical sample of severely traumatized refugees and asylum seekers (N = 71). Schick et al. (2018) found that reduction in PMLD predicted changes over time in depression/anxiety, but not in PTS. Also, the opposite models with PMLD changes as outcome variable proved not significant for PTS, and significant, though less predictive, for depression/anxiety. In addition to well-established trauma-focused interventions for the treatment of PTS, psychosocial interventions focusing on PMLD might contribute to a favorable treatment response in traumatized refugees, particularly with regard to depression and anxiety. Therefore, Schick et al. (2018) emphasized the importance of policy makers to recognize the role of daily stressors in contributing to psychological distress and their negative impact on social integration. In addition, the interest of host societies to support aid agencies, caseworkers or settlement service providers in addition to psychological treatment were high lightened in the study.

In a study aimed to examine the recent appearance of several 'anti-heroic' memoirs of the South African 'Border War' written by conscripts, Doherty (2015) emphasized the use of the medical diagnosis of Posttraumatic Stress Disorder (PTSD) in those writings which were critically examined. According to Doherty (2018), the memoirs reveal how difficult it is to articulate memories of contemporary war without drawing on a medical explanation. The South African memoirs also demonstrate the ambiguous role that the diagnosis of PTSD plays in this, on the one hand, enabling the

authors to speak about their experiences, whereas, on the other, providing an opportunity for them to distance themselves from the ethical implications of their own involvement in the war. Doherty (2015) asserted that the tension within the identity of victim-perpetrator is perhaps too easily collapsed into simple victimhood.

Kaoutar El Maazouz and Scruby (2019) in their study of PTSD among refugees, found that refugees are being displaced from countries around the world and seeking asylum in North America. With this development, nurse practitioners (NPs) are delivering primary health care services to a growing number of refugees who have been exposed to a multitude of different traumas and frequently suffer from posttraumatic stress disorder (PTSD). Also, NPs face numerous barriers in the provision of mental health care to refugees. This clinical feature emphasizes the importance of using cross-cultural PTSD screening tools as well as trauma-informed care to initiate open dialogue with refugee patients. The study highlights the nonpharmacological and pharmacological management of PTSD among refugees. Furthermore, Kaoutar El Maazouz and Scruby (2019) indicate that refugee populations are often exposed to pre-migration trauma and torture as well as post-migration stressors. Exposure to trauma has been found to predispose this cohort to a high degree of vulnerability and significant mental health disorders, such as PTSD, which may be present with or without somatic manifestations (Kaoutar El Maazouz & Scruby, 2019). Additionally, refugees repeatedly seek medical assistance for vague somatic presentations and encounter difficulties with resettlement. NPs in primary care settings are often the first point of contact for refugee patients. As a result, NPs encounter difficulties when trying to cater to refugees' unique health needs (Kaoutar El Maazouz & Scruby, 2019).

A high prevalence of post-traumatic stress disorder (PTSD) in refugee and asylum seeker populations which can pose distinct challenges for mental health professionals has been documented (Thompson, Vidgen, & Roberts, 2018). The study adopted 16 randomized controlled trials (RCTs) with 1111 participants investigating the effect of psychological interventions on PTSD in these populations. The PsychInfo, ProQuest (including selected databases ASSIA, IBSS, PILOTS), Web of Science, the Cochrane Central Database of Controlled Studies (CENTRAL) and Cochrane Database for Systematic Reviews (CDSR) were searched by Thompson et al. (2018) to identify peer-reviewed, primary research articles up to May 2018. The current study used rigorous methods to assess the quality of included trials and evidence using Cochrane, SURE and GRADE systems. However, 525 trials were reviewed, 16 were included with 15 contributing to meta analyses. Despite the challenges of conducting research in this field, Thompson et al. (2018) found evidence for trauma-focused psychological interventions for PTSD in this population. In the process of sub-group analyses, evidence was found to support the use of EMDR and Narrative Exposure Therapy for PTSD symptoms. The findings in relation to the broader PTSD treatment literature and related literature from survivors of large-scale conflict were given focus in the study. Overall outcomes suggest that trauma focused psychological therapies can be effective in improving symptoms for refugees and asylum seekers with PTSD.

Cengiz, Ergun and Cakici (2019) carried out an empirical analysis to investigate the relationship between posttraumatic stress disorder, posttraumatic growth and resilience in Syrian refugees. 310 Syrian refugees living in the Reyhanlı district of Hatay were recruited for the study. Measures such as Demographic Information Form, Impact of Events Scale, Harvard Trauma Questionnaire Section I, Post-Traumatic Growth Inventory and Connor-Davidson Resilience Scale were used to gauge responses from the participants. Findings indicate that the rate of PTSD was 80%. Low monthly income and wishing to return to their home country were found to be risk factors for PTSD. Also, findings revealed that refugees with PTSD had higher war-related traumatic events. In addition, posttraumatic growth was higher among refugees with PTSD, particularly in the areas of relating to others and spiritual change. Afterwards, resilience and posttraumatic growth were found to be positively correlated, and regression analysis showed that resilience promotes posttraumatic growth. The study suggested that posttraumatic growth can be increased by strengthening the resilience of Syrian refugees.

In similar vein, studies have established that thousands of minor refugees entered Europe (Horlings & Hein, 2018). This group has been exposed to traumatic events pre-, mid-, and post-migration and is at increased risk of developing psychiatric disorders. In Horling and Hein's study, results of literature search on screening and interventions for PTSD in minor refugees were explored, in order to make recommendations for clinical practice. Findings indicate that studies on diagnostic accuracy of assessment instruments and efficacy of mental healthcare interventions in this population are lacking. In addition, traumatic experiences pre-flight, during the flight and at resettlement, superimposed by parental PTSD, and other contextual factors, might lead to more than 25% of minor refugees developing PTSD. Horlings and Hein (2018) are of the opinion that in enhancing the number of minor refugees recognized with PTSD, the use of a brief screening instrument is advisable. Hence, a public health approach, focusing on environmental supportive factors is the first step in treatment for this group, followed by short-term psychological group interventions focusing on psycho-education and stress reduction. Furthermore, minor refugees with no improvement in PTSD symptoms by these interventions need referral to specialized mental health care services.

Empirical evidence has confirmed that refugees often experience high levels of trauma and overall stress that contribute to disproportionate risk for mental health problems (McDonald, Hyoyin, Green, Luce, & Denise, 2019). In view of a 136% increase in the number of Somali refugees over the past quarter century, culturally appropriate mental health screening and assessment instruments for use with this population remain limited (McDonald et al., 2019). In their study, multidimensional item response theory was used to compare structural models and validity of the Posttraumatic Stress Disorder (PTSD) Checklist–Civilian Version. Data were collected from a purposive sample of 250 Somali youth living in Nairobi's Eastleigh Estate in Kenya. Using ConQuest software, McDonald et al. (2019) used the multidimensional extension of the Rasch model to test seven competing models of PTSD in this sample. The four-factor emotional numbing model of PTSD provided the best fit for the data; there was no differential item functioning by sex or country of birth. The study,

however, found support for convergent validity, and canonical correlations generally supported theoretically expected relationships between PTSD Checklist–Civilian Version subscales and mental health and trauma-related measures. Identification of numbing, as a dimension distinct from effortful avoidance, permits a more refined determination of PTSD in this population. This finding can guide the development and implementation of targeted interventions.

In a study by Reavell and Fazil (2017), a high incidence of PTSD and depression were found in refugee minors and poorer mental health was correlated with increased exposure to violence. Factors such as social support and family security were identified in reducing the rates of PTSD and depression, whereas the implications of age and gender were unclear. It was also found that long-term effects from these mental illnesses indicated scholastic issues, but no further worsening of symptoms. However, Reavell et al. (2017) emphasized that further research will be needed regarding the follow-up of refugee minors with PTSD and depression to allow the establishment of more effective support systems, as long-term outcomes become more clearly understood. Also, only few studies discuss the influence of religion, which may be an interesting line of future research as refugees move to more secular societies than their home countries.

In another research conducted by Daphe and Ferszt (2019), to investigate migration experiences of Sierra Leoneans in West Africa. The country entrenched in an 11-year civil war characterized by widespread atrocities between 1991 and 2002, which significantly impacted thousands who are hunted with deep psychological wounds. According to Daphe and Ferszt (2019), the civil war resulted in nearly 70,000 casualties, and millions were displaced in Sierra Leone. This study used a qualitative approach to inquiry. Twelve semi-structured interviews were conducted with adults who emigrated from Sierra Leone to the United States after the civil war. From the study, findings are categorized under five categories: casualties of war; reasons for migration; acculturation; psychological impact; strength and resilience. Understudied African immigrant populations may experience nuanced challenges when migrating to another country. Participants in this study faced numerous challenges, they also exhibited a prominent amount of strength and resilience.

Plener, Groschwitz, Brähler, Sukale and Fegert (2017) in a study aimed to assess attitudes of the general population towards vulnerable groups in Germany, provided that in Germany an increase in numbers of refugees in 2015 with nearly a third being below the age of 18 occurred. Among the latter, unaccompanied refugee minors (URMs) present an especially vulnerable group. In addition to pre-flight and flight stress, the acculturation process can work as potential stressor. Plener et al. (2017) conducted a study in a representative sample (N = 2524) of the German population (ages 14 years or older) between January and March 2016. Findings revealed that only 22.8% of participants thought that Germany could accompany URMs more. While few participants argued in support of immediate deportation of URMs in general (38.6%) or of URM from the Middle East (35.3%), a majority advocated for immediate deportations of URM from the Balkan region (62%) or from Africa (51.1%). Differences in the variance regarding attitudes towards deportation was explained mostly by right-wing political attitudes as well as by islamophobia attitudes

and general rejection of asylum seekers. The study also confirmed that there were high rates of approval for guaranteeing the same chances to schooling or apprenticeships for URMs, as to German children and for bestowing URMs with a right to permanent residence if they were able to complete school or apprenticeship. Education and qualification are two important factors to integration. Studies about needs and wishes of URMs consistently report a high motivation to learn the language of their new host country and attend school. At this point, hopes of URMs and expectations of society underlines the importance of participation in education as key factor in integration (Plener et al., 2017).

Research has revealed that the perceived uncontrollable nature of—rather than the exposure to—torture, influences the development of psychological disorders (Le, Morina, Schnyder, Schick, Bryant, & Nickerson, 2018). Perceived distress during torture has also been shown to influence psychological outcomes. In a cross-sectional study, which explored the relationship between perceived torture controllability, emotions (i.e., anger and fear) during torture, and current posttraumatic stress (PTS), depression and anger symptoms, controlling for the effects of post-migration living difficulties, using 108 refugees and asylum seekers in treatment at two psychiatric clinics in Zurich, Switzerland. Path analyses revealed negative correlations between PTS, depression and anger symptoms, and perceived torture controllability, and positive correlations with anger and fear during torture. Furthermore, the effects of perceived torture controllability on PTS and depression symptoms were mediated by fear during torture, and on anger symptoms via anger during torture. This was over and above the effects of post-migration living difficulties on psychological symptoms. The study provides preliminary evidence that perceived uncontrollability and distress during torture might be significant risk factors for current mental health of torture survivors.

High rates of PTSD have been well-documented among refugees, however no study has investigated the heterogeneity of DSM-5 PTSD symptomatology in such populations (Minihan, Liddell, Byrow, Bryant, & Nickerson, 2018). Therefore, Minihan et al. (2018) investigated a study aimed to determine whether there are unique patterns of DSM-5 defined PTSD symptomatology among refugees, and investigate whether factors characteristic of the refugee experience, including trauma exposure and post-migration stress, predict symptom profiles. Participants were 246 refugees and asylum-seekers recruited from an Arabic-, English-, Farsi-, or Tamil-speaking background who had been resettled in Australia. Participants were asked to complete measures of post-migration living difficulties, trauma exposure, PTSD symptoms and functional disability. The study employed the use of latent class analysis to identify PTSD symptom profiles, and predictors of class membership were elucidated via multinomial logistic regression. In the findings, four classes were identified: a high-PTSD class (21.3%), a high-re-experiencing/avoidance class (15.3%), a moderate-PTSD class (23%), and a no PTSD class (40.3%). Trauma exposure and post-migration stress significantly predicted class membership and classes differed in degree of functional disability. The study employed a cross-sectional design, which precluded inferences regarding the stability of classes of PTSD symptomatology. It does, however, provide evidence for distinct patterns of PTSD symptomatology in

refugees. Furthermore, the study identified a novel class, characterized by high-re-experiencing and avoidance symptoms, as well as classes characterized by pervasive, moderate, and no symptomatology. Trauma exposure and post-migration stress differentially contributed to the emergence of these profiles. Individuals with high and moderate probability of PTSD symptoms evidenced substantial disability. These results support conceptualizations of PTSD as a heterogeneous construct, and highlight the importance of considering sub-clinical symptom presentations, as well as the post migration environment, in clinical contexts (Minihanet al., 2018).

Kashyap, Page, and Joscelyne (2019) used archival clinical data to identify post-migration correlates of reductions in distress among torture survivors, after accounting for pre-migration trauma. Participants were assessed for depression and PTSD following six months of interdisciplinary treatment. Relationships between pre-, post-migration factors, and changes in symptom levels from intake to six months' follow-up were evaluated. Results indicated that average levels of depression and PTSD significantly reduced after six months of treatment. Result showed further that higher exposure to pre-migration trauma, female gender, and change to a more secure visa status were associated with reduced distress. In addition, the findings showed that accessing more social services and not reporting chronic pain were associated with reduced PTSD.

Ziersch, Due and Walsh (2018) examined the impact of discrimination relating to skin color, ethnic origin, or religion experienced by asylum seekers and refugees on health, wellbeing and settlement outcomes. The following results were obtained: participants reported experiencing discrimination related to physical assault, denial of services and insults and offensive behavior; experiencing discrimination was associated with less sense of belonging ($p < 0.01$), lower levels of trust ($p = 0.04$), reduced sense of control ($p = 0.01$) and less hope for the future ($p < 0.01$). Further analyses revealed that those who experienced discrimination self-perceived that it negatively affected their health, and also had significantly worse mental health ($p < 0.01$). Participants varied in their responses to discrimination: Whereas while some perceived that it led to negative emotional outcomes such as stress or anxiety, others discountenanced its impact.

Wu et al. (2018) examined the relationship between Berry's acculturation patterns (i.e., integration, assimilation, separation and marginalization) and mental health of migrant youth. The study also investigated whether resilience mediated in the relationship between acculturation and mental health. Result showed that resilience scores correlated strongly with mental health and wellbeing. There were no significant direct effects of acculturation on participants' mental health. Also, integration-oriented participants exhibited lower levels of resilience, and (*sic!*) poorer mental health compared to assimilation-oriented youths.

Jannessari, Molyneaux, and Lawrence (2019) investigated how people seeking asylum make sense of their migration experience and the factors impacting the mental health and wellbeing of asylum seekers in the UK. Results revealed seven themes that negatively impacted their wellbeing after analysis; dehumanization due to the asylum

process and public discourse; continued experiences of torture and lack of control in the UK; the asylum process inhibited people reconciling their pre-migration trauma and from planning for their future and consequent loss of identity.

Toselli, Rinaldo, Caccialupi, and Gualdi-Russo (2018) investigated psychosocial health and quality of life in a sample of 205 North African immigrant women living in Italy. After analyzing the data, results showed that significant association between psychosocial status and migrant status. Additional analysis revealed that educational level and number of children were associated with psychological discomfort, weight status associated with wellbeing while quality of life significantly associated with stress. The authors concluded that the results were evidence of higher psychological stress and discomfort and lower wellbeing and quality of life in immigrant women.

Research have also shown that immigrants enter their new countries with higher levels of mental health, but this health advantage soon deteriorates after immigration. Many authors (Craig, Jajua, & Warfa, 2009; Falah-Hassani, Shiri, Vigod, & Dennis, 2015; Purewal, 2018; Thomson, Chaze, George, & Guruge, 2015) link the deteriorating mental health to myriads of obstacles ranging from experiences during pre-migration, the departure process, the post-arrival and environment. A majority of the refugees has experienced severe pre-migration trauma, mental and physical torture, mass violence and genocide, witnessing the killings of family members and friends, sexual abuse, kidnap of children, destruction and looting of personal property, starvation and lack of water and shelter. In the view of Fung and Guzder (2018), immigrants, refugees and asylum seekers are likely to be susceptible to mental disorders because of traumatic events they encounter prior to immigration and adverse circumstances in the new country. Others (Dwivedi, O'Donnell, & Jankowski, 2019; Salfi, 2016; Staudenmeyer, Macciomei, Del Cid, & Patel, 2016) recognize that inability to access proper medical health care in the host country affect immigrants' mental health and wellbeing.

Craig, Jajua and Warfa (2009) agree that immigration is a complex process that is accompanied with life threatening risks. Migrants' perception is that the arrival in the host country is expected to provide relief, but frustration develops as new problems emerge in the new country. Problems like family separation, language challenges, legal status, employment issues, poor shelter or homelessness, or lack of access to proper healthcare and education become evident. Stenmark et al., (2013) explain that the circumstances and experiences of forced migration have potential to negatively affect refugees' health and integration into the host society notably, migrants who escape their countries because of armed conflicts and persecution are more likely to report high rates of pre-migration trauma and high frequencies of mental health problems, particularly PTSD and depression. For example, the case of the armed conflict in Syria in 2011 resulted in the forced displacement of five million Syrian population (UNHCR, 2017), over 50% being children, many unaccompanied (UNICEF, 2016).

In addition, post-migration experiences also affect mental health and migrant wellbeing. For example, studies (Fung & Guzder, 2018; Purewal, 2018) have shown that asylum seekers report higher rates of PTSD and depression than other refugees. Such mental ill health is unearthed by post migratory stresses, delay of permits,

conflicts with immigration officials, unemployment, and separation from families. Besides, forced migrants frequently arrive in places without family ties, no contacts and or knowledge of the language which contribute further to increased isolation and limited opportunities.

In Sweden, Purewal (2018) explored different types of mental ill health among immigrant/refugees, factors that affect psychological ill health and association between mental disorders observed in refugees and the factors responsible for them. Findings indicated depression, PTSD, anxiety and somatization are common diagnoses among refugees. Further results revealed that many refugees experienced traumatic events while in their home country and during escape. Unfavorable situations such as violence, killing, food scarcity, bad shelter and lack of money affect their mental health negatively. While arrival in the new country may be expressed in joy, such joy is often short-lived because of resettlement challenges like language difficulties, discrimination, unemployment, separation from family and culture.

The above finding was replicated for Syria, when Yachouh (2018) interviewed 30 Syrian immigrants to the US (15 non-refugees and 15 refugees) with the aim of investigating perspectives on mental health, resilience, and desired or received services. Results indicated that refugees' mental health was affected by traumatic events and their resettlement process. Non-refugees expressed feelings of unhappiness because their homeland has been destroyed.

Nakash, Nagar, Shoshani and Lurie (2015) examined the association between acculturation patterns and mental health symptoms among 118 Eritrean and Sudanese asylum seekers in Israel. An association was found between acculturation and mental health, in that, acculturation predicted depressive symptoms among asylum seekers more than the effect of history of detention and reports of experiences of traumatic events. Additionally, assimilated compared with integrated asylum seekers reported higher depressive symptoms.

Two years after, Nakash, Nagar, Shoshani and Lurie (2017) investigated the combined effect of exposure to traumatic events and perceived social support on PTSD symptoms among 90 male asylum seekers in Israel. It was noted that, majority of the participants were exposed to traumatic events, they lack good shelter, they suffer from ill health without access to medical care, from imprisonment and tortured. Results indicated that perceived social support was associated with lower PTSD symptoms only for those who reported low exposure to traumatic events. Among asylum seekers who reported high exposure to traumatic events, social support did not affect the association between exposure to traumatic events and PTSD symptoms. It was found that perceived social support serves as a significant moderator in the relationship between exposure to traumatic events and PTSD symptoms among asylum seekers, depending on the severity of exposure to traumatic events. The complex relationship between protective factors such as perceived social support, exposure to trauma and mental health should inform mental health services for forced migrants.

Falah-Hassani, Shiri, Vigod, and Dennis (2015) compared the prevalence of postpartum depressive symptoms between immigrant women and non-immigrant women, and determine risk factors for postpartum depressive symptoms in immigrant women. By means of meta-analysis, 24 studies were included in the analysis.

It was found that immigrant women were twice more likely to experience depressive symptoms in the postpartum period than non-immigrant women. Risk factors associated with postpartum depressive symptoms among immigrant women included shorter length of residence in the destination country, lower levels of social support, poorer marital adjustment, and perceived insufficient household income

Among 135 Somalia young refugees in the US, Lincoln, Lazarevic, White and Ellis (2016) investigated the relationships among acculturation styles and hassles and wellbeing, also investigating the role of gender. The findings revealed that in addition to trauma history, acculturative hassles and acculturation style impact the wellbeing of these refugees. These findings indicate the need to understand both past experiences and current challenges.

Shoshani, Nakash, Zubida and Harper (2016) examined differences between groups in school engagement, mental health symptoms, and risk behavior. Participants were 448 Israeli students, 128 non-Jewish 1.5 generation migrant adolescents (migrant children living in Israel, about one quarter of African origin), 118 second-generation migrants (migrant children born and living in Israel), and an age-matched sample of 202 native-born Jewish adolescents. Findings showed higher levels of mental health symptoms and risk behaviors among 1.5 and second-generation migrant adolescents compared with native-born adolescents, no significant differences were found between 1.5 generation and second-generation migrants. In addition, there was association between migrants' age and gender and mental health symptoms as well as risk behaviors—older participants engaged in more risk behaviors and females had elevated mental health symptoms. Lastly, identification with the host country mediated between school engagement and mental health symptoms ($p < 0.01$) and risk behaviors ($p < 0.01$) in 1.5 generation and second-generation migrants, respectively.

Using a review framework in Canada for the purpose of exploring the gaps and opportunities for improving access to mental health services, Thomson, Chaze, George and Guruge (2015) found that the major barriers to the application of mental health services are barriers related to existing health information and services; process of immigrant settlement; and those related to availability of appropriate services. Fung and Guzder (2018) aver that immigrants often underutilize mental health services until their illness deteriorate, linking this to multiple access barriers. In addition, Fung and Guzder (2018) examined 'healthy immigrant effect' and found that, some immigrants physical and mental health deteriorate as a result of acculturative challenges and the impact of social determinants of health. The authors recommend that to improve mental health of immigrants, there is a need to address social inequities in host countries, besides problems of oppression, reflected in the higher unemployment and underemployment rates, poverty, racism, discrimination, and the culmination of intersectional marginalization should also be taken into consideration.

Finally, Staudenmeyer, Macciomei, Del Cid and Patel (2016) advocate for a broader collaborative approach towards treatment for immigrant youths because of the expected risk to physical and psychological health issues because of the relationship between previous trauma exposure and stressful experiences in the host country. In the US, providers caring for immigrant youth and their families need to

be well versed in strategies to reach, build trust, and promote access to care for this population (Dwivedi, O'Donnell, & Jankowski, 2019).

Depression, PTSD, anxiety and somatization are common diagnoses among refugees. Many refugees experienced traumatic events in their home country and during escape. Unfavorable conditions like violence, murder, lack of food, shelter and lack of money affect their mental health negatively. Landing in a new country can be expressed in joy, but it does not stay for a long time with upcoming resettlement difficulties such as communication problems, discrimination, unemployment, separation from family and culture (Purewal, 2018). Moreover, PTSD diagnoses in Syrian refugees should be flagged in particular for females, refugees that faced two or more traumatic events, and socio-demographic features such as personal and family history of psychiatric disorder (Ibrahim & Hassan, 2017). Basheti, Obeidat, and Reddel (2017) reported that there are differences in the standard of care delivered to refugees at the camp in Jordan, suggesting that the situation needs to be re-evaluated based on the increase of refugees and that a dedicated paramedical team is required to assess the needs and coordinate them as they emerge to reduce the level of PTSD.

For PTSD and major depression, often linked to torture experiences and exposure to trauma as a result of conflict in their home countries, mental health issues are often exacerbated by resettlement stressors such as unemployment, poor housing and social isolation due to language and cultural barriers and discrimination as seen in the press (Jefferies, 2018). Turrini et al. (2017) established that some people within asylum seeker and refugee populations may struggle with high rates of psychiatric illness. Therefore Jefferies (2018) suggests that not only are the healthcare services which serve these populations severely under-resourced, but also there are significant barriers to effective healthcare for asylum seekers and refugees as a result of cultural disparities between these service users and UK healthcare providers, which can only be resolved through substantial educational interventions amongst asylum seekers, refugees and healthcare services, without the education-focused approach, combating the growing cultural, economic and health disparities between the indigenous population and the population of asylum seekers and refugees within the UK may be impossible.

Duggleby et al. (2017) stated that an individual who objectively experienced less direct persecution prior to fleeing but upon arrival in a new country experiences xenophobia or racism could have a worse long-term scenario than someone who experienced more direct violence in the country from which they fled but has a more positive post-persecution experience. Moreover in the South African perspective, foreigners are often viewed as 'stealing jobs,' and the idea is widespread that migrant entrepreneurs pose a threat to South African-owned spaza shops, a myth that has consequences, namely that these immigrants are likely to suffer from PTSD because of the street attacks experienced (Nel, 2018).

In addition to the nature and extent of posttraumatic stress among refugees and migrants in Western countries, Mhlongo, Tomita, Thela, Maharaj, and Burns (2018) reported for female Africans migrating within Africa that greater numbers of traumatic life events experienced by them were associated with raised odds of posttraumatic stress disorder, and exposure to sexual trauma events were associated with

greater odds of posttraumatic stress disorder, also. Therefore the critical importance of mental health service for females with history of sexual traumatic events for this vulnerable population.

Demographics, Migrants/Refugees, Migration and Trauma

Unfortunately, risk factors for gender and wellbeing of African migrants are unknown. According to Marshall (1995), gender refers to socially constructed aspects of differences between men and women. Since its introduction as a social concept, it has been extended to refer not only to individual identity and personality but also, the symbolic level, to cultural ideas and stereotypes of masculinity and femininity.

On demographics, Pratchett, Pelcovitz, and Yehuda (2010) suggest sex differences in both prevalence and duration of PTSD. PTSD as a response to trauma is repeatedly found to be more common among women than men (Benedek & Wynn, 2011; Idemudia et al., 2013). Pratchett et al. (2010) also add that women typically experience PTSD symptoms for longer periods than men. Sexual assault is one of the most severe traumatic experiences and has a significantly higher incidence in women. This greater life time exposure to sexual assault among women may explain the higher prevalence of PTSD in women despite the lower overall exposure to traumatic events. Overall, it remains unclear whether there is a “true” gender effect that moderates PTSD risk or instead the increased PTSD risk in women is explained by environmental factors such as the type of trauma.

Mabeya (2017) reported that the “Lost Boys,” Sudanese refugees boys who relocated to the US assisted by the US government as a result of intensely bloody and protracted warfare in their home country then known as Sudan had a bad experience in the US because of their education level. Kagaba (2018) stated that in adjustment to the host country, these immigrants or refugee parents engage in social exchanges, such as with other immigrants or refugees, and resettlement program workers that can self-identify in terms of class, gender, sexual orientation, race and ethnicity, the parents simultaneously utilize their own pre-existing gender boundary negotiation strategies. For instance, parents who used to deal with tribal or religious differences in their homelands are expected to navigate a social context characterized by cultural norms and mores based on their own tribal and/or ethnic differences, various experiences during their displacement, national differences with other immigrant or refugee communities, and the US culture by doing that they engage in bridging multiple simultaneous transnational cultural gaps to the host country. Van der Ven et al. (2016) maintained that psychosis risk among migrants from the Maghreb appears a consistent, foremost among the Moroccan-Dutch: Men from the Maghreb had a significantly higher risk than their European counterparts. In contrast, incidence rates of non-affective psychotic disorder (NAPD) for women from the Maghreb were, with one exception, similar to those for non-migrant women in Europe. Idemudia (2018)

report that children who are immigrants are often not hostile to differences because xenophobic tendencies are usually tied to negative stereotypes that exist among adults in the host country.

Education

Education is a key aspect of refugee children's social and emotional rehabilitation and healing. Kovinthan (2016) revealed that there are gaps in beginning teachers' knowledge about who refugees are, their experiences, and how best to support them in the classroom. Some teachers also held negative attitudes vis-à-vis refugee students and failed to develop a nuanced perspective of diversity and multiculturalism. Furthermore, the study showed how narrative inquiry, in the form of a personal history account, can be used as tool to surface, challenge, and overcome negative stereotypes, biases, and assertions that prevent teachers from effectively supporting their students. Barber and Ramsay (2017) suggest that teachers have a critical role in the schooling experience of refugee students, as the values and attitudes expressed by teachers impact students' sense of belonging within the learning community. Teachers are often responsible for identifying the unique challenges and needs of refugee students resulting from possible traumatic experiences in the pre-migration and migration periods; they are also expected to provide the necessary support to these students in the classroom and school.

Religion

Most significantly, the controversy around the Cologne events² immediately authorized public debates over how recently arrived refugees and migrants could be expeditiously rendered deportable and promptly expelled. The rather selective logic of antiterrorist suspicion that had been mobilized for the purposes of more stringent (external) border enforcement, once confronted within the European interior with the palpable presence of recent arrivals of "Muslim" refugees and migrants, was promptly re-purposed as a considerably more expansive problem of internal law enforcement, emphatically conjoined to arguments for new powers to unceremoniously deport allegedly criminal asylum seekers (De Genova, 2018).

²On New Year's Eve 2015/16 numerous sexual assaults took place during public celebrations in Cologne (and a number of other German cities), and were accredited to "Arab and North African" perpetrators by the public; https://real-life-villains.fandom.com/wiki/2015-16_New_Year%27s_Eve_sexual_assaults_in_Germany. Accessed March 26, 2020.

Discrimination and Language

Discrimination, particularly racial discrimination has been known to exacerbate psychological dysfunctions among migrants in Europe (Idemudia & Boehnke, 2005, 2006; Idemudia, 2006). According to Fernando, (1993), racism is the most serious risk factor for immigrants. Other researchers (Ataca, 1996; Furnham & Shiekh, 1993; Vega et al., 1993; Ward & Chang, 1997) have also found negative correlates of perceived discriminations or prejudice and psychological wellbeing.

Access to mental health and wellbeing are directly related to discrimination among African migrants in Germany (Idemudia & Boehnke 2010). When African migrants come to Europe, they are faced with language challenges. Gorman, Brough and Ramirez (2003) found out that people who come from a non-English-speaking background (NESB) are disadvantaged in terms of access and quality of service in Australian monocultural Anglo-Celtic health setting, Australia supposedly being an officially acknowledged multicultural society. LoGiudice et al. (2001) have earlier also made a similar observation that due to absence of sensitivity and understanding, young people and all culturally and linguistically diverse (CALD) clients do not have access to mental health services. Some researchers (Blackford et al., 1997, Comino et al. 2001) have claimed that such clients do not have access to mental health services and are at risk of poor or even destructive experiences when they do access them.

Coping Mechanisms and Migrants' Adaptation

It is substantially documented in the research literature that refugees and migrants are a highly vulnerable population experiencing many difficulties and stressors in their sojourns for a safe haven (Meyer-Weitz, Asante, & Lukobeka, 2018; Idemudia et al. 2013; Bustamante et al., 2018). Given that the migration process is accompanied with a myriad of stressors, trauma and psychological difficulties, it is necessary to understand the strategies adopted by migrants to cope with these problems in order to prevent exacerbation of associated mental health problems. Coping with life stressors involves constant change in individual cognitive and behavioral efforts at dealing with pressures exceeding personal resources and abilities (Lazarus & Folkman, 1984).

As earlier indicated in Chapter Four under theories, researchers usually categorize ways of coping as adaptive/maladaptive, primary/secondary control coping, problem/emotion focused, engagement/disengagement, and approach/avoidance (García, Barraza-Peña, Włodarczyk, Alvear-Carrasco, & Reyes-Reyes, 2018).

Studies have examined coping strategies used by migrants in ameliorating the effect of stressors. Banyanga, Björkqvist and Österman (2018) found that Rwandan migrants in Belgium used instrumental support provided by host country as coping mechanism whereas their counterparts in Finland engage in substance use as a

strategy. The difference in the use of coping methods may account for why Rwandan migrants in Belgium were more satisfied compared to those in Finland (Banyanga et al., 2018). However, the study demonstrated that religious coping was not used in dealing with stress within either of the two countries.

In a qualitative study examining the coping strategies of undocumented migrants in the UK, selected participants reported the use of different coping strategies (Bloch, Sigona, & Zetter, 2009). For example, one participant reported the use of planning in overcoming the challenges associated with illegal status by putting relevant strategies in place to evade police arrest. Others reported that they use religious coping (i.e., asking God to provide strength) to overcome the depressive state experienced as an undocumented immigrant when they initially arrived in the UK. In other words, religious affiliation remains a “surviving guide” through praying and studying the bible. Another participant seems relieved from stress through comforting words and advice (i.e., emotional support) received from other immigrants who have long been on illegal status since arrival in the UK. In addition, some participants were observed to utilize positive reframing by hoping that their present predicaments will improve with time and that as human beings they still possess some rights even though they lack legal status. Maintaining links with family back at home (emotional support), drinking excessive alcohol (substance use), milk and yogurt, and watching TV are others ways of coping with the restrictions associated with illegal status. Further, humor was also utilized by participants. This involved converting their present predicaments into adventure and fun. Overall, all participants reported that the best strategy of coping as a migrant remains getting documented.

In a similar way, Van Bortel, Martin, Anjara, and Nellums (2019) identified religion (i.e., prayer, singing, studying religious text and attending church services), social support, maintaining positive thoughts (positive reframing) and creating time for oneself (which include engaging in leisure, taking enough sleep, and being relaxed and calm) as adaptive way of coping with migration stressors. In addition, DeFreece (2006) found religion, listening to music, substance use, surfing and social networking as coping strategies adopted by sub-Saharan African migrants in Morocco. In the study, listening to music was found to be more recurrently used in coping whereas the consequence of using alcohol was found to be very debilitating in terms of preventing victims from getting jobs and having poor memory.

In a study carried out among a sample of returnee Ethiopian migrants in Middle East countries, Zewdu and Suleyman (2018) reported that social support, problem solving and avoidance coping were employed in dealing with migration stressors. Problem solving coping mechanisms assumed greater importance among these migrants. In Vaughn and Roesch’s (2003) study, planning, religion, active coping, positive reinterpretation, emotional venting, active coping and emotional support were identified as coping mechanisms of Latino immigrants in the United States. The study, in addition, found out that these coping methods were positively associated with both physical and mental health outcomes.

A Multifaceted Picture

All in all, one can summarize that the picture is multifaceted. Yes, the ‘healthy immigrant’ proposition holds for African migrants as well, because in basic terms one can still say that the strongest and fittest, those with most resources of various kinds endeavor in undertaking the sojourn. However, this general rule is undermined, camouflaged or even extinguished when one looks at forced migration, at refugees fleeing war-zones. Even if such migrants arrive in their countries of destination in a relieved or even happy mood, such sentiments quickly vanish for a multitude of reasons. First and foremost, African migrants to Europe are what is sometimes called a visible minority, they differ from the autochthonous population by skin color and by many other habitual criteria. Plainly put, they are met with distrust, to say the least.

Whether under these circumstances, migrants develop mental health problems depends once again on a multitude of personal and contextual reasons. Migrants who had to live under gruesome conditions in their homelands are obviously more at risk than those who lived under hardship but did not suffer from violence of any sort. Mental health problems can—rarely acknowledged by migration research—develop during the migratory trajectory itself, which is often a prolonged life-phase of harassment of different sorts. Very much depends on where refugees land in Europe, for example in a country used to people of color or in a country that has rarely seen African immigration in its history. Whether an individual develops mental health problems certainly is not only a question of homeland or destination contexts, but also has roots in personal histories and genetic dispositions. Value preferences, personality traits play a role, and, more importantly, people’s pre-migration life history. At the same time, it seems that receiving countries often enhance mental health problems among immigrants by keeping them in adverse life circumstances, inducing considerable amounts of post-migration stress, offering little to no organized social support, in other words, no hope.

This bleak summary makes it obvious that a study of African migrants to Europe has to encompass several receiving countries: Contexts matters! Also, both pre-migration and post-migration stress need detailed attention. Needless to say, mental health problems must be assessed in detail. The subsequently reported study sets out to fulfill all sketched demands. However, before we offer details on the conducted study, pre-, mid-, and post-migrations life circumstances of Africans sojourning to Europe need more precise attention.

Take a journey into the things which you are carrying, the known—not into the unknown—into what you already know; your pleasures, your delights, your despairs, your sorrows. Take a journey into that, that is all you have (Jiddu Krishnamurti)³

³<https://www.azquotes.com/quote/606800https://me.me/i/sometimes-you-just-have-to-stop-being-scared-and-just-16733345>. Accessed April 3, 2020.

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Chapter 6

Social Experiences of Migrants



Take a journey into the things which you are carrying, the known—not into the unknown—into what you already know; your pleasures, your delights, your despairs, your sorrows. Take a journey into that, that is all you have.
(Jiddu Krishnamurti)

Abstract The political, religious and economic crises rocking different regions of Africa served as push factors to migrating into Europe. Together with South Asia, sub-Saharan Africa hosts 85% of people in the world suffering from multidimensional poverty. The incessant religious conflicts and insurgences by the Al-Qaida Islamic Maghreb, Al-Shabaab, Boko Haram and other terrorist groups have led to loss of thousands of lives, thus generating millions of refugees and internally displaced persons. African countries constitute more than half of the first 23 countries experiencing very high impact of terrorism in the world. Consequently, many Africans flee these unsavoury conditions by making a dangerous journey via the Sahara Desert towards Europe. In the hot desert, migrants experience rape, sexual abuse, kidnapping, hunger, thirst, exhaustion, violent attacks and death from traffickers and bandits who roam the desert to extort, rob and kill. It is reported that one third of deaths recorded in the entire migration process occur in the desert. On getting to Libya (the major corridor to Europe) migrants undergo human right violations and abuses, dehumanization, unlawful killings, extortions, torture, slavery, rape and gender-based violence, forced labor, illegal detention and confinements in the hands of State and non-State actors encouraged by the so-called EU-Libya 2017 memorandum of understanding. The crossing of the Mediterranean Sea is considered the most dreadful part of the journey. Smugglers arrange migrants in an unworthy vessels or inflatable rubber boats on the sea. Usually, deaths occur on the sea as a result of over-loading, insufficient fuel supply into vessels, faulty engines, stormy weather, dehydration, hunger and suffocation from exhaust smokes. African migrants who finally make it to Europe must also contend with immigration detentions, language

<https://www.azquotes.com/quote/606800https://me.me/i/sometimes-you-just-have-to-stop-being-scared-and-just-16733345> Accessed April 3, 2020.

difficulties, battle for legal status, undertake low status job, experience racial discrimination, prejudice and acculturative stress. Despite these post-migration difficulties African migrants experience large happiness gains following migration to Western Europe.

Introduction

As noted in Chap. 4, the migration process is in itself a social determinant of health. The migration crisis is not only a challenge to host countries, but also a significant burden to migrants' mental health. The migrants' journey to Europe is a tragic one characterized by tortures, anguish, deprivations, violence and abuse. Considering the gravity of migrants' ordeals, it is unimaginable to assume that the gains acquired when they reach destination countries in Europe surpass the physical, psychological and social losses suffered *en route*. In this chapter we shall focus on describing the social experience of African migrants from the countries of origin via transit regions to the European continent.

Conditions in African Countries Push Migrants to Europe

Since post-colonial independence, virtually all parts of the African continent have been rocked with political, religious, social, and economic upheavals. Africa hosts the world poorest countries and predominantly nations with gross domestic product per capita below \$US1000 (World Population Review, 2019). The impoverished condition of countries within the African region has orchestrated corruption, insecurity, social vices, poor health facilities, food shortages, bad roads, poor educational and welfare systems, unstable power supply, unemployment, terrorism, ethnic and religious crises (Adefeso, 2018). Globally, sub-Saharan Africa and South Asia are currently reported to host 85% of people suffering from multidimensional poverty which is defined in terms of quality of health, education and living standard (Oxford Poverty and Human Development Initiative, 2018). In addition, two-thirds of children in sub-Saharan Africa undergo multidimensional poverty while 56% of the whole population are severely poor with a significant percentage residing in Nigeria (17.3%) and Ethiopia (15.3%). The African continent neither experiences industrial development nor significant economic growth as more Africans live in urban slums day by day (Strauss, 2016).

Corruption, the bane of African socio-economic development, seems to be far from being overcome. Although, corruption is generally problematic to all governmental structures in the world, the phenomenon of corruption tends to operate in African governance in a striking manner (Kpundeh, 1992). Compared to other world regions, sub-Saharan African countries obtained the lowest average score (32/100) in the 2018 Corruption Perception Index; 85% of nations within the African Union

had a corruption index score below the world's average (Transparency International, 2018). Low scores stand for high corruption levels. Whereas countries like Seychelles (66), Botswana (61), Cape Verde (57), Rwanda (56), Namibia (53), Mauritius (51), Sao Tome and Principe (46), Senegal (45), South Africa (43), Morocco (43) and Tunisia (43) are at par and above the world's average corruption index (43), all other African countries fell below the average with DRC Congo (20), Angola (19), Chad (19), Congo (19), Burundi (17), Libya (17), Equatorial Guinea (16), Guinea Bissau (16), Sudan (16), South Sudan (13) and Somalia (10) occupying the lowest bottom.

Further, the colonial and postcolonial political and geographical arrangements of Africa as mapped out by the European slave masters seem to perpetuate political and armed conflict within the continent (Achankeng, 2013). This is reflective in the Salim's (cited in Bujra, 2002) categorization of nature of conflicts in Africa: territorial and boundary conflicts, internal conflicts and civil wars, succession strives in decolonized territories, ideological/religious and political conflicts, and irredentism and transhumance conflict. Recently, the Sahel, Nigeria and Somalia have been noted as hotspots for incessant religious conflicts and insurgences with significant spill-over effects on neighboring countries. Thousands of lives have been lost, millions of refugees and internally displaced persons have been generated as a result of these conflicts (Basedau, 2017). The revival of jihadist operations of the Al-Qaida Islamic Maghreb (AQIM) along the Sahel region, Al-Shabaab in East Africa and Boko Haram insurgency in Northern Nigeria have largely put the continent in state of unrest and made millions of victims of violence (Atta-Asamoah, n.d.).

Although unemployment rates seem low in sub-Saharan Africa given that the teeming youth population cannot afford to remain unemployed, it is important to note that majority suffer from underemployment and extremely poor working conditions in the informal sector (International Labour Organization, n.d.). Among North African countries, unemployment rates are considered very high and projected to remain steadily high in years to come (International Labour Organization, n.d.). In the region, youth employment is estimated at 34.8% in Tunisia, 32.6% in Egypt, 24.4% in Algeria and 30% in Morocco (The World Bank, 2019). According to the 2019 Global Peace Index, many African countries sending refugees to Europe are categorized as world regions with low and very low peace (Institute of Economics and Peace, 2018). Among these countries are South Sudan, Somalia, Central African Republic, Libya, DR Congo, Nigeria, Mali, Cameroon, Chad, Egypt, Eritria, Ethiopia, Niger, Congo and Kenya. In addition, African countries constitute more than half of the first 23 countries experiencing high and very high impact of terrorism in the world (Institute of Economics and Peace, 2018).

All these unsavory conditions and negative indicators serve as push factors for many Africans to seek better life and comfort in European and North American countries. The economic and political reforms put in place by African governments have largely failed to address these problems (El Kadi, 2019), thus creating despair for the young Africans, drive to flee the continent for greener pastures, and become forced and economic migrants in Europe.

African migrants accurately plan their journeys by the help of travel agents (or middle men), smugglers and sex traffickers. For example, traffickers recruit young girls from extremely poor families from Benin-City, Edo State and promise them lucrative jobs in Europe (PM News Nigeria, 2016). With poor knowledge of the risks involved and the kind of work they would be forced to do, these girls accept the attractive job offer in order to better their lives and cater for their poor families. Sex traffickers are usually older women nick named “Madame Sex Traffickers.” Based on their experience and “expertness” in trafficking, they are categorized as “Low Ranking and Upper Ranking Madame.” The cost of trafficking these young girls to Spain could be up to €10,000 which is mostly paid for by Madame Sex Traffickers or those involved in the transnational sex trafficking network such as the Supreme Eiyé Confraternity (SEC). The SEC is known for drug peddling and international sex trafficking in Europe and other parts of the world (Canada: Immigration and Refugee Board of Canada, 2016).

The Journey Through the Desert

The Sahara is the world’s biggest hot desert occupying almost a third of the African continent and considered to have one of the most extreme harsh climates (Ross, 2019). Migrants from sub-Saharan African countries including the Horn of Africa, Sudan, DR Congo, Cameroon, Senegal, Burkina Faso, Sierra Leone, Liberia, Mali, Ghana, Ivory Coast, Gambia and Nigeria transit through the Sahara Desert to reach North Africa and Europe. The sojourn from these countries to North Africa can be said to be relatively pleasurable until migrants approach the Sahara Desert where they become vulnerable in the hands of smugglers and traffickers given the lack of state protection in this region. Bini (2010) describes the Sahara Desert as “a place for the circulation of people, cultures, goods and ideas” (p. 123) despite its harsh and very dangerous terrain. Through the coordination of smugglers and traffickers, migrants depart Agadez using pickup trucks which individually coveys about 20–25 migrants up north towards the Maghreb (Knowles-Coursin, 2015). More than 80% of irregular migrations to Europe are coordinated by smugglers and traffickers who receive thousands of Euros to organize transportation, accommodations during transit, provision of fake travel documents and bribing of border officials (European Union Agency for Law Enforcement, n.d.). Up to 40 migrants can also be piled up into a small pickup van in a journey expected to take three to four days (Barbieri, Cannella, Deotti, & Peca, 2015). The journey, which is almost 2500 km to the north of Tripoli, is accompanied by death, hunger, thirst, exhaustion and violent attacks from traffickers and bandits who roam the desert to extort, rob and kill (Pearce, 2019). As a result, drivers often travel in groups to avoid attacks from bandits and militias (Press, 2017). However, this strategy does not work as almost all migrants are assaulted on the way.

Rape, sexual abuse and kidnapping perpetrated by smugglers, traffickers and bandits also are not uncommon as these are used as conditions to continue the journey (North Africa Mixed Migration Hub, 2016). Female migrants are also susceptible to sexual abuse by truck drivers when the trip is stopped for the night in some desert villages (Kazeem, 2018). Horwood, Forin, and Frouws (2018) reported an incidence where a pregnant woman was raped in the desert of Algeria before her children and other migrants, and subsequently abandoned for four days before being rescued by army patrol. These abuses could occur at multiple times throughout the journey (Horwood et al., 2018). Smugglers usually abandon sick migrants in the desert heat, cold and dust, and fail to pick up migrants who fell off from the truck while on transit (UNICEF, 2017a). Sick migrants are abandoned in the desert to avoid contaminating the whole group of migrants with infections (Altai Consulting, 2015). Consequently, an abandoned migrant finds their own way in the midst of the desert or is rescued by the International Organization for Migration (IOM) if found alive (Human Right Watch, 2018). Smugglers abuse migrants and display these cruel behaviors in the desert because no one is there to hold them accountable (Barbieri et al., 2015).

Estimating the number of dead migrants along the Sahara is almost impossible due to remoteness of the desert and thus, many cases go unreported. Numbers of deaths in the Sahara Desert are considered to be very high and almost equal the number of dead migrants in the Central Mediterranean given the multiple graves, dead bodies and skeletons found along the desert route (Baker, 2019; Horwood et al., 2018; Kazeem, 2018). In an interview of 381 migrants in Italy, it was reported that more than one third of deaths (38%) witnessed throughout migration process occurred in the desert (MHub, 2016). This figure is more than double the number recorded on the Mediterranean Sea (15%). In 2017, about 1700 migrant deaths were recorded on the African continent out of which over 690 cases occurred in the desert (IOM, 2018). Aside from dangers posed by bandits, traffickers and smugglers, deaths in the desert are often attributed to dehydration, starvation, sickness and lack of access to medication (Schlein, 2018). For example, BBC (2019) reported that about 44 Nigerian and Ghanaian migrants (which include women and babies) died in June 2017 from dehydration along the desert route after their vehicle developed mechanical fault in Northern Niger. Also, in October 2013, 92 victims of trafficking (consisting mainly women and children) died in the desert as they almost approached the Libyan border (Hirsch, 2013). There are circumstances where pregnant women lost their lives at the point of giving birth in the desert journey because of absence of trained professions to provide medical assistance (Plambech, 2017). In many cases migrants go without food or with small quantity of *garri* (flakes made from cassava) and only entitled to a bottle of water which is expected to last for a journey of four to five days to Libya (Barbieri et al., 2015). In other situations, migrants swallow toothpaste to avoid starvation (Lister, 2015). Due to these distasteful experiences, migrants sometimes describe their desert journey from Agadez to Libya as “the road to hell” (Barbieri et al., 2015, p. 6).

There also seems to be racial discrimination in the treatment of migrants. Barbieri et al. (2015) showed that smugglers discriminated against sub-Saharan Africans by depriving them of food throughout desert journey and provided only water mixed

with petrol. Sub-Saharan African migrants could also be kidnapped in the desert by rebels and then forced to call family members to pay a ransom for their release, else forced into marriage or get killed (IOM, 2017a; Press, 2017). Kidnapping may occur if agents or middle men failed to pay smugglers the total cost of the journey (Kazeem, 2018). This kind of situation makes migrants get stranded and vulnerable to exploitation by smugglers in the middle of the journey.

Cost of the journey from West Africa to Libya could range between €220 to €1000 Euros (Barbieri et al., 2015; IOM 2017a) and mostly subject to negotiation (Press, 2017). Specifically, cost of travel from Agadez to Southern Libya is estimated at around €270 (Sebha), €180 (Ghatron), €225 (Murzuk) while the entire transit to the coastline may range between 1800 and 2700 euros (Global Initiative against Transnational Organized Crime, 2014). Those who don't have money to pay smugglers cross the desert on foot for a period of two weeks to reach Libya. While many migrants are aware of the risks associated with travelling through the desert, others are not (UNICEF, 2017a, 2017b). In addition, some migrants deceived by their guard-friend may believe that the larger part of the journey to Europe would be by air without knowing that the entire sojourn is via land and sea (Nwalutu, 2016).

The Libyan Experience: Torture, Slavery and Abuse

Another major phase in the migration process is the awful experience on Libyan soil. At arrival in Libya—"the corridor to Europe"—migrants would expect to get a considerable relief from the sufferings and discomforts encountered in the Sahara Desert. Unfortunately, migrants undergo multiplicative anguish as exemplified by human right violations and abuses, dehumanization, unlawful killings, extortions, torture, slavery, rape and gender-based violence, forced labor, illegal detention and confinements in the hands of State and non-State actors (United Nations Support Mission in Libya/Office of the High Commissioner for Human Rights, 2018). All these occur sequel to the mid-2014 renewed armed conflicts which were characterized by a collapse of the rule of law, breakdown of social order, lack of government control and weakening of the judiciary system. Consequently, smugglers, traffickers, criminal gangs, armed groups, and cultists wield uncontrollable power and became highly influential in the oil-rich Libya. The influence of smugglers, traffickers and militias are reported to be reinforced by political elites and corrupt government officials who profit from the smuggling business (Eaton, 2018).

On reaching the borders of Libya, migrants encounter several interceptions by desert patrol officials. Border officials may require individual migrants to pay a bribe of €6 or ask the driver to pay €157 for the entire group of migrants in order to cross the border. On successful arrival in Libya, migrants whose agents have not completed their travel fees or have been duped by travel agents are forced to call relatives in the migrants' home countries to demand a ransom. If payments are not made immediately, affected migrants are beaten severely and cannot continue the journey to the Libyan coastline until such payments are received via bank transfer or

via MoneyGram or Western Union, secondary profiteers of the smuggling business. Bodies of migrants who die as a result of continuous beatings are taken and thrown off inside the desert (Kazeem, 2018).

Conveying migrants from Sabah to Tripoli may pose another hurdle as they must be kept hidden from law enforcement officers. In order to travel undetected, some smugglers may hide more than 20 migrants inside an empty fuel tanker with poked holes on it for air and light (Kazeem, 2018). Upon arrival in Tripoli, migrants are taken into ghettos which is similar to a “shopping complex” or warehouses where each smuggler, trafficker and militia group has their own store with migrants as “goods” to be traded with (Kazeem, 2018). Up to 45 migrants may be detained in rooms of not more than 30 m² for several months until they are able to pay ransoms. In these detentions, migrants are handled like “chicken”, harassed, beaten severely, exposed to diseases, poor sanitation, hunger and thirst, and some eventually die (UNICEF, 2017a). For migrants aiming for Spain via Algeria and Morocco, the “keepers” who are in charge of keeping migrants in various detention units are also involved in killing, torturing and raping trafficked women which may in the end result into pregnancy (PM News, 2016). These women are deliberately impregnated so that they can have better chance of being granted asylum in the EU. In addition, the pregnancy helps “keepers” to establish relationship with trafficked women and keep them under control.

It is estimated that there are at least 34 detention centers in Libya, out of which 24 are operated by the Libyan Government Department for Combating Illegal Migration (LGDCIM) (UNHCR, 2017). LGDCIM centers altogether hold about 4000–7000 migrants. There are also unknown numbers of unauthorized detention centers owned by armed groups to imprison migrants and perpetuate human right abuse (United Nations Support Mission in Libya/UNHCR, 2016). Tripoli alone has at least 13 of these unofficial detention centers run by powerful armed militias who get funding from the government(s) to buy food and other basic necessities for migrants, while on the other hand engage in trafficking and abuse of migrants. (UNICEF, 2017a). In May 2019, a group of migrants detained for several months in Zinter, western Libya, protested the inhumane conditions to which they have been subjected. They were made to survive on one meal per day and live amidst piles of garbage containing sewage and maggots (Michael, 2019). Further reports showed that 22 migrants had already died as a result of hunger, disease and poor sanitation in the camp. In some detention centers, truckloads of migrants are taken to farms and factories to work without getting remunerated (Baker, 2019). Unfortunately, these armed groups are extremely powerful, operate with impunity and seem untouchable as the Libyan police cannot arrest them because of the fear of reprisal attacks (UNICEF, 2017a).

An air strike that hit the Tajoura detention center on June 2, 2019, further showed how unsafe Libya is for migrants. In this incidence, about 53 migrants were killed while 130 were injured (Evan, Dimitry, Christiaan, Malachy, & David, 2019). In addition, it was reported that guards opened fire at migrants as they attempted to escape from airstrikes (BBC, 2019). In many of the unofficial detention camps, sub-Saharan African migrants are manned and tortured by fellow sub-Saharans who have also attempted to cross into Europe but failed due to financial incapacitation (Kazeem,

2018). Migrants who are unable to pay ransoms up to €2300 are continually tortured and beaten until they are able to do so. If migrants' family members at home could not send the required amount, migrants are taken to the "slave market" for auction which usually occurs in public squares, car parks and warehouses (Elbagir, Razek, Platt, & Jones, 2017). Migrants could be auctioned for price as low as €360 depending on migrants' skills and abilities. Once sold to Libyan buyers, migrants are forced to work as painters, builders, tilers and in the trafficking industry (Kuo, 2017).

As many times as migrants escape slavery, they are caught, sold and bought again. Some Libyan captors further put scars on migrants' faces to punish, identify and denote the number of times they escaped from detention (Baker, 2019). While men are forced to engage in hard labor without being paid for services rendered, women are "rented" out for sexual exploitation until relatives and friends in home country are able to pay for their release (Tinti & Reitano, 2016). An attempt to refuse to execute the assigned work results in several lashes (Baker, 2019). Those who are able to pay ransom would have to do menial jobs for years in order to gather enough money to continue the journey to Europe (Global Initiative against Transnational Organized Crime, 2014).

As a result of rape and other sexual abuse, women who cannot protect themselves arrive in Europe pregnant (Mixed Migration Centre, 2018) and find it almost impossible to specifically identify who is responsible for the pregnancy. Due to poor access to birth control, migrant women insert materials from mattresses inside their vaginas to prevent pregnancies when forced to have sex (Plambech, 2017). Barbara et al. (2017) reported that seven out of eight sexually assaulted African women migrants who transited via Libyan sought for abortion at the Public Centre for Sexual and Domestic Violence (SVSeD) in Milan, Italy. Most of these pregnancies were found to have gone beyond the first trimester. The risk for sexual abuse is higher among women who travelled alone in the journey compared to those who travel with partners, family members or friends (Horwood et al., 2018). However, it is suggested that some women are neither forced nor trafficked but willing to work in the sex industry in order to fund the entire journey (Plambech, 2018).

In some isolated cases, people are coerced to give their blood, body parts or organs or offered cash in exchange (IOM, 2017b). Almost all these exploitations and abuses are reported to happen in Tripoli, Sabah, Sabratha, Walid, Bani Brak, and Zawiya (IOM, 2017b). Many women who take the Libyan route reported that they were ignorant of the risk involved before undertaking the journey and those who had a glimpse of it never knew the risk would be extremely high (Horwood et al., 2018). More recently, similar incidents in Libya are now occurring in eastern Sudan where smugglers and traffickers engage in torturing, abducting and selling of migrants and their bodily organs (Horwood et al., 2018). These inhumane treatments have necessitated the evacuation of migrants and refugees to their respective countries by international organizations such as the IOM and the UNHCR (Horwood et al., 2018).

Given that sub-Saharan Africans are highly discriminated against, they cannot walk freely on the street because of fear of being stoned, abducted for ransom and taken to dungeon specifically built to agonize Blacks (Nwalutu, 2016). It is documented that sub-Saharan African migrants are treated worse compared to other

migrants from Syrian Arab Republic, the Gaza Strip, or Egypt (UNICEF, 2017a). Migrants from the Darfur region describe the experience in Libya as worse than that experienced in Sudan (Jaspers & Buchanan-Smith, 2018). Other migration routes in Morocco, Algeria, Tunisia and Egypt seem impassable because of the tight security. For example, it may take migrants 50–60 attempts to reach Spain via the Moroccan route (Lister, 2015). The whole period of the journey to Europe may take up to ten years. This is largely because of the assaults experienced in Libya and financial incapacitation. Migrants need to work for a long time to earn enough money to continue the journey (Mixed Migration Centre, 2018). Despite these challenges, many African migrants don't give up because of the ultimate goal of reaching the European soil (Nwalutu, 2016). Returning to country of origin seemingly is not an option for many migrants because of the stigmatization and shame of going home empty-handed.

The Sea Crossing to Europe

After spending about six months to ten years in Libya or Morocco making enough money, African migrants set out for the, in many respects, most dreadful part of the journey—crossing the Central or Western Mediterranean Sea to reach either Italy, Malta or Spain. It is a journey of chance at this stage (Global Initiative against Transnational Organized Crime, 2014). As reported by participants of our own study, migrants cheer up themselves by singing the following song in one of the camps between Algeria and Morocco:

See Morocco See Spain.

When we get to Kamarakaro,¹

it's the day of enjoyment, when the kamarat² gathers in the last assembly,

no more banku,³ no more walking cellular,⁴

far away from Rabat

victory ah eh!

victory ah eh!

far away from Rabat, victory ah eh!

Migrants are camped in nearby bushes until the boat appears in the night. They may remain in hiding for days in hunger because of failed departure dates given by smugglers (Nwalutu, 2016).

¹Kamarakaroo is a refugee camp in Ceuta.

²“Kamarat” means “black”.

³“Banku” means solid food made from cassava.

⁴“Walking cellular” means chicken feet.

Smugglers arrange less costly unworthy vessels, dinghies or inflatable rubber boats to convey migrants in a journey that may take about four nights (Altai Consulting, 2015; Mixed Migration Centre, 2018). Many at times, they deliberately use cheap unworthy vessels because of the assumption that migrants would be rescued by coast guides shortly after departure. In addition, migrants are deceived that they would be transported by ship to Europe within the shortest time. Unexpectedly, migrants only come realize it's a dinghy when they arrive at the shore to depart in the middle of the night (Nwalutu, 2016). Altai Consulting (2015) also noted that groups of migrants at times make joint contributions to purchase cheap vessels to transport them to Europe.

In order to make huge profits, smugglers would pack up to 120 migrants and gasoline cylinders into a boat with capacity to convey about 50 persons (Barberi et al., 2015). In such a tight situation, migrants may not have the opportunity to sit or sleep on the boat throughout the entire journey. It is noteworthy that smugglers do not escort or lead these journeys. Once migrants are packed into small boats, one of them is given a compass for direction without any professional skills to handle such. Unfortunately, the compass may become dysfunctional leaving migrants stranded at the middle of the sea until a rescue operation by NGO vessels surface to save them (Barberi et al., 2015). Even if the compass works effectively, the foreman may not be able to pilot the vessel to the desired destination because of lack of professional training. Where there is no compass, migrants are told to "look at the stars" for direction (UNICEF, 2017a). While the initial plan was to sail directly to Italy, migrants may find themselves at the shore of Malta, Lampedusa or Sicily. It all depends where the sea waves lead them. In Barberi's (2015) study, some migrants narrated how their boat developed fault and began to sink. Immediately, the crew panicked and threw themselves into the sea without the ability to swim while others swam with the aid of gasoline cylinders. About twelve persons sank and died in this occurrence. The sea voyage is an experience where mothers see their children dying of cold and hunger without being able to help, and where older brothers attempt to resuscitate a dead younger brother who was famished and dehydrated (Nwalutu, 2016).

Deaths occur on the sea as a result of insufficient fuel supply into vessels, faulty engines, stormy weather, lack of swimming skills, dehydration, hunger, suffocation from exhaust smokes and placing women and children below the deck (Mixed Migration Centre, 2018). In 2018 for example, a wooden boat that left Sabratha (70 km west of Tripoli) to Italy drifted for almost two weeks (due to faulty motor) until it finally stranded along Libyan coast of Misrata (Infomigrants, 2018). As a result of starvation, 15 out of the 25 migrants on-board died.

Reaching Europe via the Central Mediterranean has become more difficult since the operation of the Libya Coast Guards (LGC) began. Migrants' boats are intercepted along the sea by guards and returned to the shore of Libya to experience another round detention and abuse (Horwood et al., 2018; UNICEF, 2017a). There have been numerous evidences showing the brutality of the LGC towards migrants once they are caught on the sea. One striking evidence was a video footage presented by The New York Times of how the LGC failed to rescue and help drowning migrants

after their raft began to sink on the November 6, 2016 (Heller, Pezzani, Mann, Moreno-Lax, & Weizman, 2018). Migrants who struggled to get on-board the LGC ship were immediately beaten and tortured as the video shows. Fortunately, Sea-Watch (a humanitarian foundation based in Germany) was close by to rescue some of the migrants who would have drowned due to the—to say the least—unprofessional attitude of the LGC. Some migrants who were already aboard had to jump back into the water to join Sea-Watch's boat in order to avoid looming sufferings if they are returned to Libya. Twenty out of about 150 migrants lost their lives in that incidence (Heller et al., 2018). The LGC are also known for harassing, threatening and intimidating NGO ships providing rescue operations for migrants and refugees (Horwood et al., 2018). On May 9, 2019, a minimum of 65 migrants also died on the Mediterranean Sea after their boat capsized off the Tunisian coast due to strong waves (BBC, 2019). About 164 migrants have died on the sea *en route* to Europe in the first quarter 2019 (UNHCR, 2019).

Now in Europe: What Next?

Surviving African migrants who made it to Europe are disembarked at the Italian or Maltese shore. From there they try to reach other EU countries like France and Germany, or the UK. No matter the destination, the goal is to declare asylum and obtain refugee status. Generally, asylum seekers are restricted in immigration detention centers or in community centers until their cases are determined. Nwalutu (2016) related the experience of sub-Saharan African migrants who were disembarked at Malta. Newly arrived migrants were kept in detention for one and half years in a prison-like condition, and were only allowed to see the sun for two hours per day. Most of the migrants were refused residence permits even after 18 months in detention, and were deported to their respective countries (Nwalutu, 2016). On average, it takes up to four years for men and three years for women to get a resident permit in France which will be valid for at least for twelve months (Gosselin, Desgrées-du-Loû, Lelièvre, Dray-Spira, & Lydié, 2016). Absence or delay in granting residence permits remain a major source of psychological distress for migrants (Lamkaddem, Essink-Bot, Devillé, Gerritsen, & Stronks, 2015).

The rate of granting refugee status to African migrants and most especially Western African migrants is low because of the perception that a majority of them are economic migrants. Consequently, many of them end up in the streets looking for low-skilled and low-paid jobs. African migrants are known to undertake employments with remuneration lower than the minimum wage because of their undocumented status. Migrants in this category experience job related stress from work that is highly demanding, least preferred whilst at the same time offering low remuneration and unsatisfactory career prospects (Bhugra, cited in Chilunga et al., 2019). Black et al. (2016) showed that upon arrival in Europe only one third of a sample of

documented African migrants held higher status jobs matching the status they had in their home country. Many who are well-educated and had reached the mid-career level in their country of origin would need to start new degree programs or engage in former vocational training for proper integration into the labor market else they end up working as guards, construction workers, cleaners, and other poorly remunerated menial jobs (Jaspars & Buchanan-Smith, 2018; Martín et al., 2016) or become unemployed (Pannetier, Lert, Jauffret Roustide, & du Loûa, 2017).

In addition, the barriers posed by language difference between host country and that of migrants could predispose feelings of depression and social isolation (Jaspars & Buchanan-Smith, 2018). Among Black African migrants in the UK, Ochieng (2012) found that insufficient ability to speak in English contributed to poor access to health promotion information and services. Besides communication problems, other factors such as bureaucratic challenges, cultural difference and being undocumented continues to serve as barriers in accessing health care in European countries (Pavli & Maltezos, 2017). In addition, many undocumented African migrants obviously do not seek professional medical help because of the fear of deportation (Plambech, 2017).

Evidence also shows that sexual trafficking continues to be a problem for African women migrants making them “bear a disproportionate burden of HIV infection in Europe” (Marsicano, Lydie, & Bajos, 2013, p. 819). Trafficked girls are threatened and forced to make a remittance of about €40,000–€60,000 from sex work before they are set free by a sex trafficking ring. Lack of compliance could result into the so-called “crocodile tie,” where both hands are tied to the legs from behind for days without food and water (PM News Nigeria, 2016). Family members back home may be kidnapped and killed if victims hesitate to engage in sex work.

It is also noted that the level of prejudice against migrants is still high in Europe, and this poses a significant barrier to integrating to the sociocultural system of host communities (de Freitas et al., 2018; European Commission, 2011). For example, many African migrants in Germany perceived racial discrimination, precarious working conditions and high daily stress levels (Idemudia 2014). Integration of refugees and migrants in Germany has been considered to be problematic given the resentments in the German society and language barriers (Trines, 2017). Generally, sub-Saharan African migrants experience more discrimination in Europe compared to migrants from other regions (Beauchemin, Hamel, & Simon, 2015).

Additionally, transnational ties to the home country may put significant pressure on migrants to deprive themselves in order to send remittance to children, wife, husband and other relatives (Afulani, Torres, Sudhinaraset, & Asunka, 2016; Pannetier et al., 2017). As a result, migrants work for longer hours in order to meet the financial demands of family members in the country of origin. Despite these negative post-migration experiences, the 2018 World Happiness Report suggests that sub-Saharan and North African migrants generally experience large happiness gains following their migration to Western Europe (Hendriks, 2018).

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Chapter 7

Gathering the Data



The journey was unknown for me. The companion's company was thrilling. The beginning was also wondering but the ROAD had no end.....
(Pritam Kundu)

Abstract This chapter offers detailed information on how data for the reported study were obtained and what characteristics the sample has. To ease understanding for the general readership, the chapter also includes brief portraits of the six European countries (Germany, France, Italy, Spain, Netherlands, and UK) included in the study. Furthermore, the chapter discusses details of quantitative and qualitative design, sampling methods, procedures for data collection, statistical analyses, per country and for the grand sample. The settings are discussed on a demographically comparative basis for migration patterns of African migrants to the EU. The intra-EU comparative approach of the study is a stand-alone feature, as no explicitly comparative studies of the current kind seem to exist. Portrays of the instruments used for the study are also part of this chapter: The instrument on personality is the Eysenck Personality Questionnaire (48 Items). To evaluate pre and post migration stress levels, the migration stress questionnaire (MSQ) was included. To assess participants' mental health status, the classical General Health Questionnaire (GHQ) in its 28-item version was used. The extent to which participants suffer from posttraumatic stress disorder (PTSD) was also assessed via a pertinent scale. Additionally, the quantitative leg of the reported study experimented with a scale to assess the degree of racial and ethnic prejudice among the migrants themselves. The method chapter discusses reasons for choice of the above-enumerated scales and documents their psychometric properties.

<https://www.yourquote.in/pritam-kundu-pf6/quotes/journey-unknown-me-companion-s-company-thrilling-beginning-t-bfxxq>. Accessed March 26, 2020.

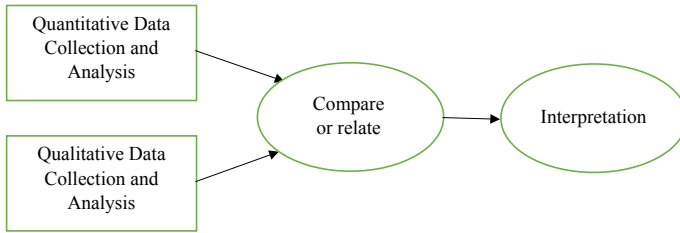
Introduction

The data used for this study are integrated, synthesized or multimethod, they subscribe to what the literature describes as a mixed-method approach (Bryman, 2006; Tashakkori & Teddlie, 2010). A mixed-method approach is a newly evolving method that originated in the 1980s and early 1990s and popular among social scientists and those in health sciences. The method has metamorphosed from a formative stage through periods of developments, philosophical debates to more present-day reflective and procedural developments and has expanded into different disciplines and many countries (Creswell & Plano Clark, 2011; Teddlie & Tashakkori, 2009). According to Harding (2019), both quantitative and qualitative methods have equal status unlike in triangulation, one is used to check the other. However, mixed method is used when one has both data, when the researcher seeks to build on the strengths of both methods, i.e., having a “powerful mix” (Miles, Huberman, & Saldaña, 1994, p. 42), when either approach is not enough to address the research problems and when there is the need to promote an alternative perspective in your study. In this book, data are generated from 3500 plus questionnaires for the quantitative study, whereas twelve focus group discussions (FGDs) and six in-depth interviews among African migrants from six European countries (Germany, France, Italy, Spain, Netherlands, and the United Kingdom) form the qualitative body of data. During the FGDs, participants were asked to provide thorough life stories that served as points of departure of the discussion and offered insights into migration patterns and networks, as well as problems encountered before, during and after migration periods, therefore, necessitating the use of a mixed-method approach.

The Convergent Parallel Mixed Methods Design

The convergent mixed methods approach is a familiar, and one of the basic and advanced mixed methods strategies. In this approach, a researcher collects both quantitative and qualitative data, analyses them separately, and then compares the results to see if the findings confirm or disconfirm each other (Fig. 7.1).

The key assumption of this approach according to Creswell (2014) is that both qualitative and quantitative data provide different types of information—often detailed views of participants qualitatively and scores on instruments quantitatively—and together they yield results that should be the same. It builds off the historic concept of the multimethod, multitrait idea from Campbell and Fiske (1959), who felt that a psychological trait could best be understood by gathering different forms of data. Although the Campbell and Fiske conceptualization included only quantitative data, mixed methods researchers extended the idea to include the collection of both quantitative and qualitative data. The rationale for using this design include the fact that we have both quantitative and qualitative data, we seek to build on the strengths of both methods offering the powerful mix Miles et al. (1994) spoke of,



Adapted from Demir and Pismek (2018)

Fig. 7.1 Convergent parallel mixed methods design. Adapted from Demir and Pismek (2018)

either approach is not enough to address the problems of migrations among Africans and we feel there was a need to promote an alternative perspective in our study. The design gives equal priority to both approaches, collects both data simultaneously or concurrently and compares both results to determine if the two databases yield similar or different results. However, some authors (Spicer, 2012) have argued that quantitative and qualitative approaches are different in methodologies and as such cannot be combined within one research while other researchers (Moses & Knutsen, 2007) have argued that such conclusions are unhelpful but we view the mixed method as not only a method that synthesizes and integrates but that both methods serve as different points on a continuum.

Socio-demographic Characteristics of Respondents

Accounts of the socio-demographic characteristics of the study participants will be given for the overall sample first, and—subsequently—country-by-country, separately.

Gender. In the overall sample, there were 49.3% women and 50.7% men. These percentages signal that gender proportions are equal in the studied sample of African migrants to Europe. Due to the fact that sampling for the present study was done via snowballing, it can hardly be tested, in what way the observed gender proportions are representative for African migrants to Europe. It seems obvious, however, that the gender distribution of current populations of African migrants to Europe is not that of a sequential migration, where men seek their fortune away from home, whereas women only follow them when men have successfully settled at their destination. This may have been the case earlier (see Idemudia & Boehnke, 2010), but at least in current times, there is little reason to believe that it is still the case (Fig. 7.2).

Age. The mean age of the full sample is 31.99 with a standard deviation of 8.46. The age range of included respondents was quite wide: The youngest participants were 18 years of age (under-age migrants not included for legal reasons), the oldest—four—participants were 72 years old. The age average closely resembles the average

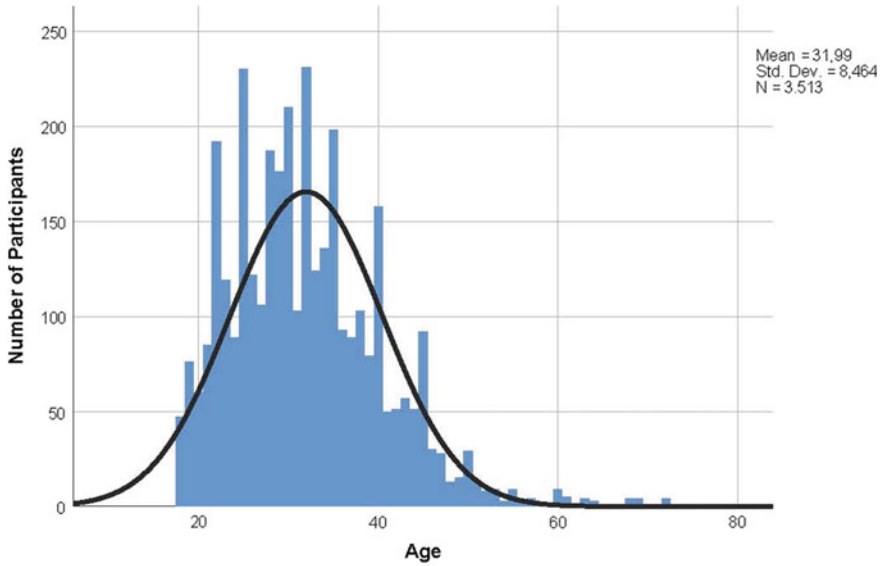


Fig. 7.2 Age distribution of the full sample

reported for the authors' earlier study (31.60): African migrants to Europe typically are between their mid-twenties and their mid-thirties. Figure 7.3 documents the age distribution of the study participants.

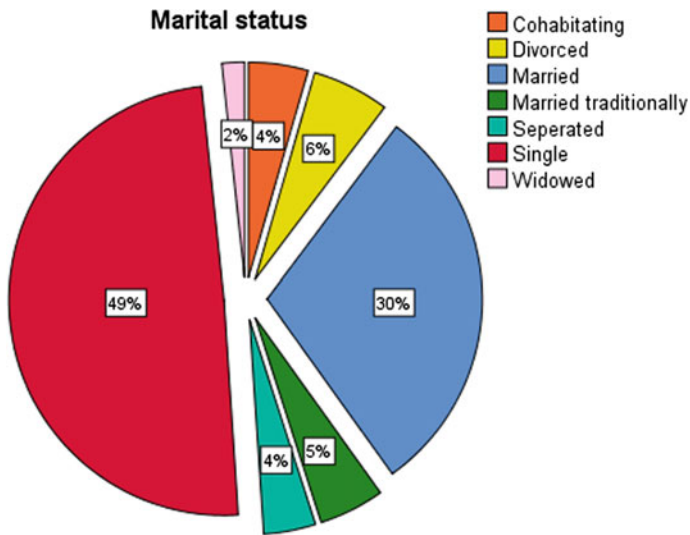


Fig. 7.3 Marital status (percentages, rounded)

Marital Status. In the overall sample, 49% were single, 10% were either separated or divorced, and 30% were married, 4% were cohabiting without being married, 5% were traditionally married, meaning that they were married under indigenous African customary law, 2% were widowed. The percentage of singles is clearly higher than it had been reported for the authors’ prior study (38%). Figure 7.3 documents percentages in a pie chart.

An assessment as to whether these percentages are representative for Africans residing in the six included European countries is difficult. Adedeji (2019) reports highly sophisticated estimations for Germany and supports the notion that a clear majority of African immigrants are single, whereas at most one third is married. No comparative data is available for illegal immigrants. Furthermore, it is difficult to determine, how people who in our survey indicated that they were separated would formally have been categorized in the official statistic. It does seem likely, however, that our sample of legal and illegal African residents of Europe has more divorcees and separated individuals than is the case in a sample of legal residents only.

Educational and Professional Attainment. Current levels of educational attainment are as follows in the grand sample: Some 14% have only primary or no education. Fifteen percent have completed primary school; 17% have attended high school for a certain time, 22% have completed it. Some 31% have enjoyed at least some tertiary education. African migrants to Europe, on average have a fairly high educational attainment (Fig. 7.4).

As documented in Fig. 7.5, almost 60% of all participants were not working, suggesting that they contained the pool of those unprocessed refugees and awaiting documentation (structural delay of documentation as reported in results) or are either undocumented/stateless and with the few of those processed as bona fide refugees receiving welfare support of some kind or another. Thirty-two percent were either

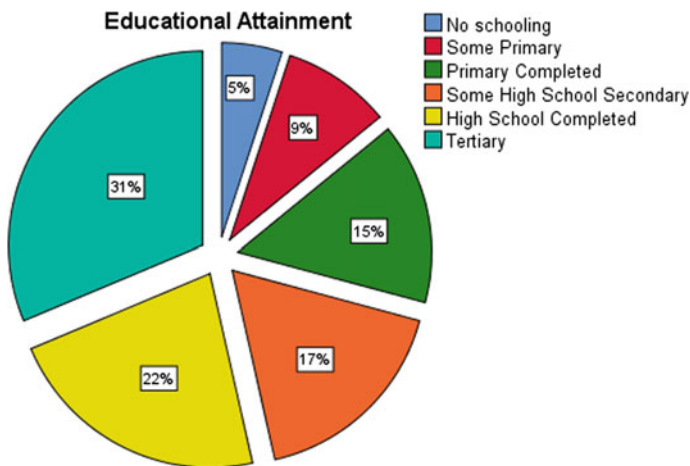


Fig. 7.4 Levels of educational attainment (percentages, rounded)

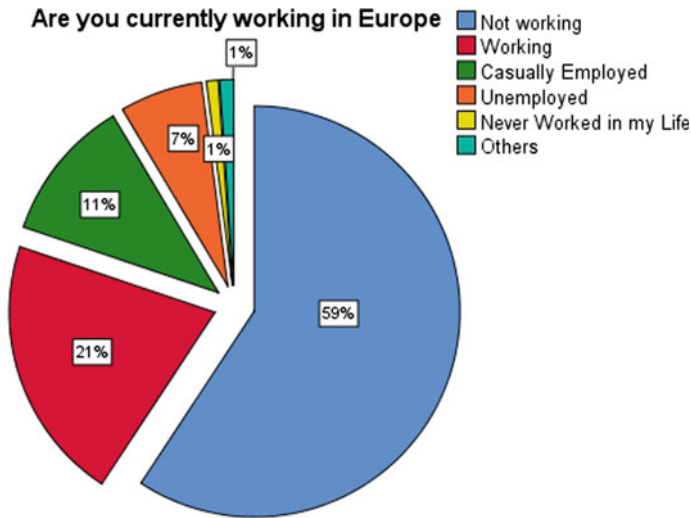


Fig. 7.5 Relative and absolute frequencies of current employment status of migrants

working or at least casually employed at the time of surveying, 7% indicated that they were officially unemployed, whereas 1% each reported that they had never worked or ticked the ‘other’ category.

Country of Origin, Migration Motivation, and Duration of Stay in Europe. Participants were also asked to indicate from where they migrated to Europe and a relative majority of respondents came from Nigeria (37%). Table 7.1 offers details information on the geographic setup of the sample. However, an explanation must be given here: Nigeria is the most populous country in Africa and according to the Worldometers (2019) 2.61% of the total world population live in Nigeria, making it the population-wise seventh largest country in the world. By 2100, the UN estimates that the Nigerian population will be between 505 million and 1.03 billion people with a middle estimate as 730 million thereby making one in four Africans a Nigerian.

As for reasons to migrate to Europe, some 45% of the study participants who were willing to respond to this question, named economic hardship as their primary reason, 32% spoke of political problems, a sum total of 5% named health problems, problems with family or partners, and problems with the authorities (most likely a euphemism for fleeing from possible incarceration). Another 18% spoke of unspecified other reasons (Fig. 7.6).

As for the number of years participants have stayed in Europe, answers had a considerable range, varying between less than half a year and 70 years. The average duration of stay in Europe was 5.47 years with a standard deviation of 7.27 years. However, well over 30% of all study participants had been in Europe for less than one and a half years; more than one half of all participants were in their first three years of living in Europe. Figure 7.7 documents details.

Table 7.1 Participants' countries of origin

Country of origin	No. of participants	Percent
Angola	1	<0.05
Benin	38	1.1
Botswana	42	1.2
Burkina Faso	8	0.2
Burundi	15	0.4
Cameroon	216	6.2
Congo (Kinshasa)	146	4.2
Egypt	88	2.5
Eritrea	16	0.5
Ethiopia	8	0.2
Gabon	14	0.4
Gambia	67	1.9
Ghana	287	8.3
Guinea	32	0.9
Ivory Coast	66	1.9
Kenya	51	1.5
Lesotho	18	0.5
Liberia	99	2.8
Libya	93	2.7
Malawi	4	0.1
Mali	137	3.9
Morocco	45	1.3
Mozambique	4	0.1
Namibia	17	0.5
Niger	4	0.1
Nigeria	1300	37.4
Rwanda	44	1.3
Senegal	74	2.1
Sierra Leone	14	0.4
Somalia	30	0.9
South Africa	141	4.1
Sudan	16	0.5
Tanzania	10	0.3
Togo	211	6.1
Tunisia	4	0.1
Uganda	24	0.7

(continued)

Table 7.1 (continued)

Country of origin	No. of participants	Percent
Zambia	20	0.6
Zimbabwe	73	2.1
Total	3477	100.0
Actively refused	10	
Missing	26	

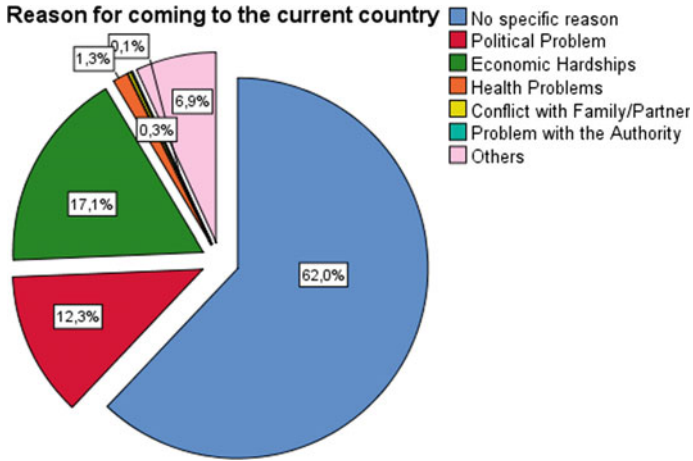


Fig. 7.6 Migration motives (percentages)

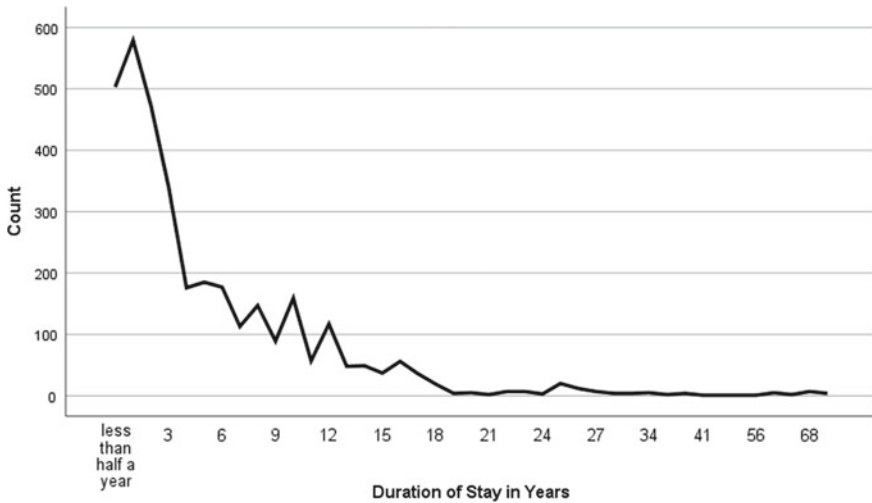


Fig. 7.7 Duration of stay in Europe

Table 7.2 Gender * country cross tabulation

Country							Total
Gender	1	2	3	4	5	6	
	Germany	France	Italy	Spain	Netherlands	UK	
Male	256	249	397	273	261	346	1782
Female	274	350	401	230	251	225	1731
Total	530	599	798	503	512	571	3513

Table 7.3 Country-specific age means

Country	Mean	Standard deviation
Germany	31.4	8.9
France	30.4	6.3
Italy	34.2	9.6
Spain	33.5	9.0
Netherlands	32.3	8.4
UK	29.5	6.6

Socio-demographic Characteristics of Respondents by Receiving Country. At first, we take a look at country-specific gender distributions. Gender balance varies between the subsamples. Table 7.2 documents the exact gender distribution for the six included countries. Also, with regard to age, the samples of people of African origin in the studied countries differed. The youngest sample was studied in the UK, whereas the oldest sample was included in the Italian sample. Table 7.3 documents details.

Proportions of singles in comparison to any other legal status also do differ between countries. Tested by a binomial test, there are significantly more singles (57%) in Germany and in Italy than in the grand sample. In Spain to the contrary, there are significantly fewer (41%) singles than in the grand sample, where the overall proportion is 49%.

As for educational attainment, country-specific samples also differ significantly from the grand sample average. Whereas in the grand sample, 31% of the participants reported that they had at least some tertiary education, the German sample encompassed more highly educated migrants (36%). The Dutch sample did not differ significantly from the grand sample in this respect (32%). In the other four countries, proportions of migrants with at least some tertiary education were significantly lower—as revealed by binomial testing. Proportions ranged from 4% in Spain to 21% in the UK.

Participants dramatically differ between countries into how far they are integrated into the job market. In France, 87% indicate that they work or are at least casually employed. In the Netherlands, this percentage is at 43%, in Germany at 39%. In Spain (18%), Italy (14%) and in the UK (3%), these percentages are substantially lower.

Countries of origin of the migrants included in the study are not all that different in the six countries. In all countries, Nigerians are the largest group. The second and third largest groups occasionally differ. In Germany, Ghana and Cameroon have the second and third-largest contingent. In Spain, Togo and Mali have the second and third-largest contingent. For Italy, the second and third-largest contingent—after Nigerians—come from Ghana and Togo. In France, Libya and Senegal have the second and third-largest contingents. In the Netherlands, the second and third-largest contingents come from Ghana and Cameroon. In the UK, the second and third-largest contingent—discrepant from the other countries—come from Congo (Kinshasa) and South Africa. Of course, one has to point out that drawing snowball samples for a given study offers no guarantee whatsoever to reach a representative sample. Given that sample sizes are large in the present study, one can, however, assume that Germany, Italy, and the Netherlands have indeed large populations of migrants from West Africa, and Spain does too, to some degree. France and the UK, on the other hand, do seem to have somewhat different African migrant populations.

As for reasons of migrating to Europe, migrants to Germany, Spain, and the Netherlands indicated economic hardship as the main reason for emigrating, whereas in Italy, France, and the UK, political problems most often were reported as main emigration reason.

Finally, the duration of stay of migrants also varied between the included countries. The average duration of stay varied between 4.9 years in Italy and 6.8 years in Spain.

As our analyses of variation in socio-demographic variables across countries revealed substantial differences in the set-up of the country-specific samples, it is necessary to not just treat the overall sample as a unified entity, but also check for the possible impact of country-specificities in the sample set-up in our subsequent analyses.

Contextual Settings

The settings are the six European countries (Germany, France, Italy, Spain, the Netherlands, and the UK) used for the study. Before we discuss the details of each country, it is necessary to discuss in general the relationship between these countries within the EU and Africa. According to pertinent Wikipedia (2019)¹ entries, European colonialism and colonization was the policy or practice of acquiring full or

¹<https://en.wikipedia.org/wiki/Colonialism>. Accessed March 26, 2020.

partial political control over other societies and territories, creating a colony, occupying it with settlers, and exploiting it economically. Studies (Acemoglu & Robinson, 2001; Bruhn & Gallego, 2011) have suggested that the current conditions of postcolonial countries have roots in colonial actions and policies including colonial policies of rule (Crowder, 1964), nature of investments (Huillery, 2009, 2011) and identity of the colonizers (Bertocchi & Canova, 2002). That the state-building process, economic development, cultural norms, and mores all bear the hallmarks of the direct and indirect consequences of colonialism on the postcolonial states. As indicated earlier, the major European colonial powers in Africa are the United Kingdom, France, Italy, Spain, Germany, and the Netherlands; only Ethiopia managed to remain uncolonized by Europeans between 1880 and 1914 when European powers competed to invade and colonize the African continent. By the end of the invasion period, roughly 90% of Africa was colonized by European nations (see Fig. 7.8).



Fig. 7.8 Map of Africa showing colonies after the Berlin conference of 1884

Before we proceed to addressing further details of gathering data from African migrants in the six EU countries to which the present research pertains, a more in-depth look at some parameters of the study settings of the current six EU countries seems in place. Information given in the subsequent section relies heavily on material published in The CIA World Factbook² and the pertinent Wikipedia entries.³ We refrain from inserting references for every single information and request readers to consult the sources references in Footnotes 21 and 22. In addition, in the description of Germany, we ‘confess’ auto-plagiarism of our monograph, *I’m an Alien in Deutschland: A Quantitative Mental Health Case Study if African Immigrants in Germany* (Idemudia & Boehnke, 2010, pp. 27–32).

Germany. Although Germany is not one of the classical immigration countries (as are, for example, the United States, Canada, Australia, Israel, or New Zealand), and is also a country without strong colonial ties in Africa, an increasing presence of African immigrants has become obvious. Germany lost its African colonies after World War I in the Treaty of Versailles. Before World War I Germany held colonies in South-West Africa, now Namibia and a small part of Botswana, West Africa, now Cameroon and Togo, and East Africa, now part of Tanzania, Rwanda, Burundi, and a small part of Kenya and of Mozambique.

Today, Germany is a country with an immigrant population of over 10 million people, a figure including recent naturalizations, thereby taking Rank 3 in the World (United Nations, 2006) after the US (35.4 million) and Russia (12.1 million).

Germany has a total population of 80.5 million (CIA World Factbook, 2019). Of this figure, 87.2% are German nationals. Among the non-nationals Turks form the largest group (1.8%), with immigrants from Poland and from Syria forming the next largest groups. The relatively largest non-European groups come from the US, Vietnam, and China. At the end of 2018, altogether about 570,000 African nationals lived in Germany in 2018.⁴ Their average age was 30.6. Moroccans form the largest African group of non-German nationals (an estimated 240,000 have Moroccan roots in 2018). In comparison to the other included countries, Germany remains the country with least afro-descendants; estimates vary depending on the inclusion of all or only sub-Saharan Africans. If all are included the estimated population percentage lies at 0.6%, otherwise at 1%.

Only about 110,000 non-German nationals obtained German citizenship through naturalization in 2018, among them about 11,000 Africans, the relative majority of them from Morocco.

²<https://www.cia.gov/library/publications/the-world-factbook>. Accessed March 26, 2020.

³<https://en.wikipedia.org/wiki/Germany>; <https://en.wikipedia.org/wiki/France>; <https://en.wikipedia.org/wiki/Italy>; <https://en.wikipedia.org/wiki/Netherlands>; <https://en.wikipedia.org/wiki/Spain>; https://en.wikipedia.org/wiki/United_Kingdom. All accessed March 26, 2020.

⁴This as well as the subsequent information stems from the most recent German so-called Mikrozensus: <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Migration-Integration/Tabellen/auslaendische-bevoelkerung-altersgruppen.html>. Accessed March 26, 2020.

The Federal Republic of Germany (*Bundesrepublik Deutschland*), bordering the Baltic and the North Sea, is in a way Europe's dominant country, both in economic power and population. Located approximately in the center of Europe, Germany is comparable in size to Zimbabwe and the Republic of Congo (Brazzaville). The country shares common borders with Denmark, Poland, the Czech Republic, Austria, Switzerland, France, Luxembourg, Belgium, and the Netherlands.

Today Germany is the European Union's most populous nation. However, Germany as a unified nation is much newer than most of its European neighbors. Germany was founded as a unified nation and had her independence on January 18, 1871 under the leadership of Chancellor Otto von Bismarck, after Prussia (*Preußen*) had conquered most of German-speaking Europe. Prior to that, "Germany" had been a loose association of 39 German states known as the German League (*Deutscher Bund*). The German Empire reached its zenith under Emperor (*Kaiser*) Wilhelm II just prior to the start of World War I in 1914. After the end of WW I, in 1918, Germany attempted to become a democratic republic in 1919, but the so-called Weimar Republic proved to be only a short-lived prelude to the rise of Adolf Hitler and the dictatorial "Third Reich" of the Nazis.

Following World War II, after the murderous Nazi era, the country was divided into four zones of occupation (UK, US, USSR, and later, France). The western part of the country became the Federal Republic of Germany (FRG, or West Germany), proclaimed May 23, 1949, and included the former British, American, and French zones. Its eastern part, the German Democratic Republic (GDR, or East Germany) was proclaimed October 7, 1949, and included the former Soviet zone. Unification of West Germany and East Germany took place on October 3, 1990, and all four-power rights formally relinquished 15 March 1991 (Fig. 7.9).

After the Second World War, one man often gets most of the credit for creating today's democratic Federal Republic of Germany. In 1949, Christian Democrat Konrad Adenauer became the new Germany's first chancellor, sometimes labeled the "George Washington" of West Germany, a questionable honor, as this label had been used by the British politician Lloyd George for Adolf Hitler some years before (von Nostitz, 1967). That same year also saw the birth of communist East Germany (*Deutsche Demokratische Republik*) in the former Soviet Occupation Zone, ruled by the Socialist Unity Party (*Sozialistische Einheitspartei Deutschlands*) for some 40 years. It was, however, not until August 1961 that a wall physically split the two Germanys. The Berlin Wall (*Mauer*) and the barbed wire fence that lined the entire border between East and West Germany became a major symbol of the Cold War. By the time the Wall fell in November 1989, Germans had lived two separate national lives for four decades. Many Germans, including West German then Chancellor Helmut Kohl, underestimated the difficulties of reunifying people that had been divided and living under very different conditions for 40 years. Even today, some three decades after the Wall's collapse, true unification is still a goal in many societal spheres.

Germany's constitution (*Grundgesetz*, Basic Law) of May 23, 1949 became unified Germany's constitution on October 3, 1990 (now a national holiday, *Tag der Deutschen Einheit*). There are two federal legislative bodies. The *Bundestag* is



Fig. 7.9 Political map of Germany

Germany's House of Representatives or lower house. Its members are elected to four-year terms in popular elections. The *Bundesrat* (Federal Council) is Germany's upper house. Its members are not elected but are the members of the federal state governments or their representatives. By law the upper house must approve any law that affects the *Länder*. The Federal President (*Bundespräsident*) is the titular head of

state, but has no real political power. He⁵ holds office for a five-year term and can be re-elected only once. The current Federal President is social democrat Frank-Walter Steinmeier. The Federal Chancellor (*Bundeskanzler*) is the German “premier” and political leader. He/she is elected by the Bundestag for a four-year term. The current federal chancellor is Angela Merkel, heading a grand coalition government formed by Christian and Social Democrats. The Federal Constitutional Court (*Bundesverfassungsgericht*) is the highest court of the land and the guardian of the Basic Law. There are lower federal and state courts. Germany has 16 federal states (*Länder*) with governmental powers similar to those of states in the US. West Germany had eleven *Länder*; the five so-called “new states” (*neue Länder*) of East Germany were reconstituted after unification. The GDR had 15 districts, each named for its capital city.

Religious groups in Germany include Roman Catholics (*katholisch*) 30.0% and Protestants (*evangelisch*), both at most 30%; Muslims, some 4%. Well over a third of the population has no religious affiliation, thereby making Germany one of the countries with the highest percentage of religiously non-affiliated inhabitants, many of them declared atheists (Zuckerman, 2007; Jagodzinski & Greeley, 1991). Since 2002, the monetary unit of Germany is the euro, which replaced the *Deutsche Mark* at that time.

With a per capita GDP around \$US50,800 (PPP), Germany ranks somewhere between Ranks 16 (World Bank, 2018) and 19 (CIA World Factbook, 2019) in the world. It must be emphasized, however, that when looking at overall GDP (PPP) Germany takes Rank 5 after China, the United States, India, and Japan.

Ethnically Germany is clearly dominated by Germans (87%), no other ethnic group makes up for more than 2% of the population, with Turks, Poles, and Syrians the three largest other ethnic groups. As for refugees, Syrians, Iraqis, and Afghans constitute the three largest groups, with Eritreans and Somalis the largest African groups.

France. According to Ginio and Sessions (2016), the French presence in Africa dates to the seventeenth century, but the main period of colonial expansion came in the nineteenth century with the invasion of Ottoman Algiers in 1830, conquests in West and Equatorial Africa during the so-called scramble for Africa, and the establishment of protectorates in Tunisia and Morocco. The origins of French North Africa lay in the decline of the Ottoman Empire. In 1830, the French captured Algiers and from 1848 until independence in 1962, Algeria was treated as an integral part of France. Seeking to expand their influence, the French established protectorates to the east and west of it. French colonial expansion was not limited to the New World. In 1664, the French East India Company was established to compete for trade in the east. The French motivation for imperialism in Africa was to enhance the French economy to help pay the Prussian indemnity and to recover from the Great Depression of the 1870s. They also wanted to block British expansion in West Africa. French colonies in Africa include: Algeria, Tunisia, and Morocco in North Africa, and Senegal,

⁵No female president yet.

French Guinea, French Sudan, Upper Volta, Dahomey, and others in West Africa, and Gabon, Congo-Brazzaville, Ubangi-Shari in Central Africa. France used a system of direct rule and assimilation (making French Africans) policies in their colonies: hence to date French-speaking African countries include a network 26 members: twenty-two French-speaking (Algeria, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo (Republic), Democratic Republic of Congo (D. R. C), Cote d'Ivoire, Djibouti, Gabon, Guinea, Madagascar, Mali, Mauritania, Morocco, Niger, and Senegal.

France, officially known as the French Republic (*République Française*) is a country whose territory consists of metropolitan France in Western Europe and several overseas regions and territories. The metropolitan area of France extends from the Mediterranean Sea to the English Channel and the North Sea, and from the Rhine to the Atlantic Ocean. It is bordered by Belgium, Luxembourg, and Germany to the northeast, Switzerland, and Italy to the east and south east, and Andorra and Spain to the south. The overseas territories include French Guiana in South America and several islands in the Atlantic, Pacific and Indian oceans. The country's 18 integral regions (five of which are situated overseas) span a combined area of 643,801 km² and a total population of 67.3 million (as of October 2018). France is a unitary semi-presidential republic with its capital in Paris, the country's largest city and main cultural and commercial center. Other major urban areas include Lyon, Marseille, Toulouse, Bordeaux, Lille, and Nice (Fig. 7.10).

Refugees and internally displaced persons in France come from Syria, Venezuela, and Ukraine, as the three largest groups.



Fig. 7.10 Political map of France

In France, sub-Saharan African migrants are the second-largest migrant group after migrants from Maghreb (Algeria, Morocco, Tunisia) (Pannetier, Lert, Jauffret Roustide, & du Loûa, 2017). Data from 2012 (INSEE, 2011, Pannetier et al., 2017) showed that African migrants from sub-Saharan Africa are a heterogeneous group, highly educated compared to other migrants (Ichou et al., 2017), mainly unemployed and represented approximately 13% of migrants in France and 1% of the French population who come mainly from West and Central Africa, of which about 60% are residing in the Paris metropolitan area and who in addition, earn their livelihoods through menial occupations or undeclared employment (Annequin, Gosselin, & Dray-Spira, 2017). In addition, migrants from sub-Saharan Africa face more discrimination than migrants from other regions (Beauchemin, Hamel, & Simon, 2015). Compared to natives, sub-Saharan African women and men migrants have an increased risk of hospital admission for psychosis (Tortelli et al., 2018).

Since the mid-1970s, French immigration policies and laws have become stricter, first limiting the flow of migrant labor and subsequently progressively restricting family reunification, in accordance with the general European context (Block & Bonjour, 2013). For many migrants, arrival in France is a time of legal insecurity. On average, after arrival, it requires three years for women and four years for men to obtain a residence permit valid for at least a year (Gosselin, Desgrées-du-Loû, Lelièvre, Dray-Spira, & Lydié, 2016). Recently, the French Defender of Rights has denounced discrimination regarding access to administrative rights for migrants (i.e., excessive requirements to comply with immigration regulations),⁶ which may represent an important source of stress.

Italy. The migration profiles of women and men are becoming more similar than previously. Women increasingly migrate to find employment, to pursue their education (Beauchemin, Borrel, & Régnard, 2013) and—more recently—to flee threats in their country of origin (Gosselin et al., 2016). Forced migration is accompanied by an increased risk of sexual violence (Pannetier, Ravalihasy, & Desgrées-du-Loû, 2017), with potential consequences for mental health.

Italy is one of the European countries with colonies in Africa during the modern period which lasted from 1890 to 1941. Italian colonies include present-day Libya, Ethiopia, Eritrea, and Somalia. The zeal to have their hands on the natural resources of Africa to power machines and improve their technology was the main reason for colonial conquest in Africa. History shows that Italy launched an invasion of Libya in 1911 in order to protect its banking interest in the Ottoman Empire and following a treaty with Ethiopia in 1889, the Italians declared the colony of Eritrea in 1890. According to Pretes (2019), Italy when compared to other EU countries, is a young country, having become unified as one nation only in 1861. Before that time, what is twenty-first-century Italy consisted of several independent kingdoms. Unification brought Italians together as one people and created a sense of shared

⁶<https://equineteurope.org/author/france-dr>. Accessed March 26, 2020.

national identity—as Italians rather than as Florentines or Neapolitans—including a feeling of common national destiny. Part of this feeling, among some Italians, included a desire to acquire overseas colonies—as other European countries were doing—and to relive the glories of the Roman Empire.

Italian colonialism in Africa came to an end with the death of the fascist Italian leader Benito Mussolini, the collapse of his regime, and the defeat of Italy in World War II. Half a century of Italian colonialism had long-term effects on attitudes towards race and racism in both Italy and its colonies. Italian colonization of Africa took place during the same period as other European colonization in the region. Italian colonial policies very much looked the same as other European colonial powers. The only difference between Italy and others is that Italy's colonial policies were premised more on enhancing the glory and overall international prestige of Italy, rather than on the economic benefits that could be gained from colonies. Italian colonialism was also not guided by religious motives of converting native populations to Christianity. Italian imperialism was later shaped by Fascist doctrines of governance and social policy, which affected methods of administration and treatment of the indigenous African population (Pretes, 2019). Historical accounts also showed that a two-phased period of Italian colonization: from 1890 with colonization of Eritrea, the acquisition of Libya, Somalia, the invasion and occupation of Ethiopia and post 1937, when the occupation of Ethiopia was complete and the rise of the brutal Fascism took place.

Italy, as a relative latecomer to the colonial project, acquired what many Europeans considered to be the less desirable territories in Africa, including Eritrea, where Italian colonization was established in 1890; Somalia, where Italian rule began in 1905; and Libya, where Italian rule commenced in 1912. Italy had also attempted to invade Ethiopia in 1895, but was repulsed by Ethiopian forces in the Battle of Adwa, a sharp blow to many Italians in that a European army was defeated by an African one. The memory of this defeat would later inspire a second invasion of Ethiopia.

Pretes (2019) historical account also shows that Italian colonization was brutal and that the conquest of Libya—sometimes called the “Fourth Shore” of Italy—was lengthy and oppressive. Italy began its invasion of Libya in 1911, and succeeded in driving out the Turks, who controlled the territory, in 1912. But the Arab Libyans did not see the Italians as liberators; they resisted the Italians until 1932. The resistance movement, the Zanussi, was repressed, and its mosques closed and its leaders, such as Omar Mukhtar, imprisoned and executed. More than 100,000 Libyans were imprisoned in concentration camps, and from 1928 on cities were bombed with poison gas (despite Italy being a signatory of the Geneva Convention in 1925), which one Fascist commentator described as a “cleansing.” Separate communities were established for Italians, keeping them apart from Arabs and Jews.

Fascism also brought about a policy of apartheid in its colonies particularly when the race laws of 1938 (*madamismo*—sexual relations between Italian men and African women—was widespread in Italy's East African colonies) were passed (Bosworth, 2006), although they remained ineffective. Around 10,000 children of mixed race were born during the period 1936–1941 in Ethiopia alone. Many Italians remembered the brutality of the conquest of Ethiopia in 1935, and were sympathetic with its inhabitants and critical of racist laws and policies. One working-class Italian

was quoted as saying that the Fascist regime “would have been better off first to think about civilizing the Italians” before trying to civilize Africans.

Italy (Fig. 7.11) has 15 regions (regione) and five autonomous regions: Abruzzo, Basilicata, Calabria, Campania, Emilia-Romagna, Lazio (Latium), Liguria, Lombardia, Marche, Molise, Piemonte (Piedmont), Puglia (Apulia), Toscana (Tuscany), Umbria, Veneto; The autonomous regions include: Friuli-Venezia Giulia; Sardegna (Sardinia); Sicilia (Sicily); Trentino-Südtirol (German); Valle d’Aoste (French).

The ability of Italians and the colonized to get along meant that Italians, after the defeat of Italy in World War II, were treated relatively well by the people they colonized, especially in Ethiopia and Eritrea. The Ethiopian emperor, Haile Selassie, when restored to his throne, granted clemency to Italians in Ethiopia. Many Ethiopians even thought that Italy had brought many benefits to the country, including the abolition of slavery, new roads, the control of famine, and the reduction of inter-tribal warfare. This generally positive view of the former colonizing power can be attributed to the good personal relations between Italians and Africans.



Fig. 7.11 Political map of Italy

Spain. Spain has a border with Portugal in the west and borders with France and Andorra in the North. In the south, it borders Gibraltar, a British territory. Its territory also includes two archipelagos: The Canary Islands off the coast of Africa, and the Balearic Islands in the Mediterranean Sea. The African enclaves of Ceuta, Melilla, and Peñón de Vélez de la Gomera make Spain the only European country to have a physical border with an African country (Morocco). The Spanish territories of Ceuta and Melilla are in North Africa and border onto Morocco. Melilla, like Ceuta, was a free port before Spain joined the European Union. Both cities are a magnet for thousands of traders and menial workers who cross the border from Morocco each day to earn a living. Spanish West Africa (Spanish: *África Occidental Española*) is a former possession in the western Sahara Desert that Spain ruled after giving much of its former north-western African possessions to Morocco. It was created in December 1946, and combined with Ifni, Cape Juby and Spanish Sahara.

In the eighteenth and nineteenth centuries, Spain had two major colonies in the continent of Africa: Spanish Guinea on the west coast of Africa, bordering the Gulf of Guinea. Spain did not engage directly in slave trade. The European countries that traded most were the Portuguese, British, and French. The Spanish used enslaved Africans as workers to develop their agriculture and settlements. They also used them in defense of the colonies.

The Strait of Gibraltar is a narrow strait that connects the Atlantic Ocean to the Mediterranean Sea and separates Gibraltar and Peninsular Spain in Europe from Morocco and Ceuta (Spain) in Africa. Political disputes with Spain shows that Morocco protests Spain's control over the coastal enclaves of Ceuta, Melilla, and the islands of Penon de Velez de la Gomera, Penon de Alhucemas, and Islas Chafarinas, and surrounding waters; both countries claim Isla Perejil (Leila Island); Morocco serves as the primary launching site of illegal migration into Spain from North Africa.

Spain (Fig. 7.12) has 17 autonomous communities (*comunidades autónomas*) and two autonomous cities (*ciudades autónomas*); Andalucía; Aragon; Asturias; Canarias (Canary Islands); Cantabria; Castilla-La Mancha; Castilla-Leon; Cataluña (Castilian), Catalunya (Catalan), Catalonha (Arañese) [Catalonia]; Ceuta; Comunidad Valenciana (Castilian), Comunitat Valenciana (Valencian) [Valencian Community]; Extremadura; Galicia; Illes Balears (Balearic Islands); La Rioja; Madrid; Melilla; Murcia; Navarra (Castilian), Nafarroa (Basque) [Navarre]; País Vasco (Castilian), Euskadi (Basque) [Basque Country]. However, note that the autonomous cities of Ceuta and Melilla plus three small islands of Islas Chafarinas, Penon de Alhucemas, and Penon de Velez de la Gomera, administered directly by the Spanish central government, are all along the coast of Morocco and are collectively referred to as Places of Sovereignty (*Plazas de Soberanía*).

In 2002, Gibraltar residents voted overwhelmingly by referendum to reject any “shared sovereignty” arrangement; the Government of Gibraltar insists on equal participation in talks between the UK and Spain; Spain disapproves of UK plans to grant Gibraltar greater autonomy; after voters in the UK chose to leave the EU in a June 2016 referendum, Spain again proposed shared sovereignty of Gibraltar; UK officials rejected Spain's joint sovereignty proposal.



Fig. 7.12 Political map of Spain

The statistics for refugees in Spain include Syrians, Ukrainians, and Venezuelans as the three largest groups. Spaniards of African descent mainly come from Cameroon, Gambia, Mali and Senegal. Additionally, many Afro-Spaniards born in Spain are from the former Spanish colony Equatorial Guinea.

Netherlands. According to historical reports, Netherlands in the seventeenth century, through its Dutch East India Company had surpassed Portugal in spice and silk trade and in 1652 founded a colony at the Cape of Good Hope on the southern African coast, as a victualing station for its ships on the route between Europe and Asia. The history of Dutch settlement in South Africa started in 1647 with the shipwreck of the Dutch ship Nieuwe Haarlem. Then, in 1652, a Dutch expedition of 90 Calvinist settlers under the command of Jan van Riebeeck founded the first permanent settlement near the Cape of Good Hope. History also showed that the colonization of the Dutch West Indies, an island group at the time claimed by Spain, began in 1620 with the taking of St. Maarten, and remains a Dutch overseas territory to this day, as part of

the Netherlands Antilles. A ‘Boer’ means husbandman or farmer in Dutch and is a person of a South African of Dutch or a German or Huguenot descent especially one of the early settlers of the Transvaal and the Orange Free State. Descendants of Boers are currently known as Afrikaners.

In 1654, Indian slaves from the Dutch colonies had been introduced into the Cape area of South Africa by the Dutch settlers and by the end of 1847, following annexation by Britain of the former Boer republic of Natalia, nearly all the Boers had left their former republic, which the British renamed Natal.

The Dutch East India Company received a monopoly on the Indian Ocean spice trade in 1602, but needed to create supply forts along the African coast. Their biggest was Cape Town, founded in 1652 by Jan van Riebeeck. They settled along the Gold Coast, today around Ghana, and established major slave trade networks there. The Dutch colonized many parts of the world, from America to Asia and Africa to South America. From the seventeenth century onwards, the Dutch started to colonize many parts of Africa, including Ivory Coast, Ghana, South Africa, Angola, Namibia and Senegal.

The Netherlands (*Nederland*) sometimes known as Holland, is a country located mainly in Northwestern Europe (Fig. 7.13). The European portion of the Netherlands consists of twelve separate provinces that border Germany to the east, Belgium to the south, and the North Sea to the northwest, with maritime borders in the North Sea with Belgium, Germany and the United Kingdom. Together with three island territories in the Caribbean Sea—Bonaire, Sint Eustatius and Saba—it forms a constituent country of the Kingdom of the Netherlands. The six largest cities in the Netherlands are Amsterdam, Rotterdam, The Hague, Utrecht, Eindhoven and Tilburg. Amsterdam is the country’s capital while The Hague holds the seat of the State’s General, Cabinet and Supreme Court.

Ethnically, the Netherlands encompass 77% Dutch, with Turks, Moroccans, and Indonesians the three largest non-Dutch groups. Refugees come predominantly from Syria, Somalia, and Eritrea.

United Kingdom. The United Kingdom has a long history of colonial ties in Africa. In the 1880s, the British empire transited from an “informal empire” of control through economic dominance to direct control which later took the form of a “scramble” for African nations. Historical accounts state that Britain needed money to pay for its war debts and therefore started by way of engaging in surfcial trade with their colonies. The King and Parliament believed they had the right to tax the colonies. They decided to require several kinds of taxes from the colonists to help pay for the French and Indian War, and as a result, the British Parliament passed the 1764 Currency Act which forbade the colonies from issuing paper currency. This made it even more difficult for colonists to pay their debts and taxes. Soon after Parliament passed the Currency Act, Prime Minister Grenville proposed a Stamp Tax. In addition, the British wanted to control South Africa because it was one of the trade routes to India. However, when gold and diamonds were discovered in the 1860s–1880s their interest in the region even increased. This brought them into conflict with the Boers. Tensions between Boers and British led to the Boer War of 1899–1902.



Fig. 7.13 Political map of the Netherlands

The United Kingdom, officially known as the United Kingdom of Great Britain and Northern Ireland, or referred to as Britain, consists of a group of islands off the northwest coast of the European mainland. It is a unique country made up of four nations: England, Wales, Scotland, and Northern Ireland. England, Wales, and Scotland also make up Great Britain. Northern Ireland is the only part of the United Kingdom that shares a land border with another sovereign state, the Republic of Ireland (Fig. 7.14). The United Kingdom is the 78th-largest sovereign state in the world. It is also the 22nd-most populous country, with an estimated 66.0 million inhabitants in 2017.

The UK has a history of small-scale non-white immigration, with Liverpool having the oldest Black population in the country, dating back to at least the 1730s during the period of the African slave trade. During this period, it is estimated the Afro-Caribbean population of Great Britain was 10,000–15,000. In 1950 there were probably fewer than 20,000 non-white residents in Britain, almost all born overseas. In 1951, there were an estimated 94,500 people living in Britain who had been born in South Asia, China, Africa and the Caribbean, just under 0.2% of the UK population.



Fig. 7.14 Political map of the United Kingdom

By 1961 this number had more than quadrupled to 384,000, just over 0.7% of the United Kingdom population. Since 1948, substantial immigration from Africa, the Caribbean and South Asia has been a legacy of ties forged by the British Empire.

Of the UK population 87% are whites, with Afro-Brits, Indians, and Pakistanis forming the three largest non-white groups. Refugees come predominantly from Iran, Eritrea, and Afghanistan.

Instruments

As stated earlier on, for the present study the quantitative part of the research used a structured questionnaire to collect data from African migrants in six European countries. The questionnaire contained the sections-A to H. Section A requested background (demographic) information on variables such as age, sex, educational qualification, marital status, migration variables like modes of transportation to Europe, migration status, length of stay in their various countries, reasons for leaving home, past and present working conditions, general past and current problems, history of migration, knowledge of migration travel and past and present expectations. Section B contained the Migrant Stress Questionnaire (MSQ) designed by the first author measuring Pre and Post Migration Stress. It has 26 items. Section C contained the General Health Questionnaire in its 28-item version, GHQ-28, measuring mental health, Section D contained the Eysenck Personality Questionnaire (EPQ-48), measuring personality dimensions of extraversion, psychoticism, neuroticism, whereas Section E contained a Xenophobia scale, asking participants for their own degree of support for xenophobic attitudes.⁷ Section F contained the posttraumatic stress disorder checklist (Civilian Version-PCL). The 17-item PTSD Checklist is a self-report measure that assesses trauma that people have in response to stressful experiences. Sections G and H contained the Brief Coping Scale and a modified version of the Schwartz Value Survey (PVQ, Schwartz et al., 2001) respectively.

Pre and Postmigration Difficulties Checklist: Migration Stress Questionnaire (MSQ). To measure pre and post-migration stressor difficulties among African migrants, a 26-item checklist designed by the first author was used to measure migrants pre and post-stress or difficulties experienced before leaving their countries and on arrival in their new host countries. Some of the items were adapted from the Wyatt Sexual History Questionnaire which assessed child and adult sexual abuse. The instrument has a 5-point response format (from strongly agree to strongly disagree). The 26 items are documented below in Table 7.4. The Migration Stress Questionnaire was derived from reports on daily experiences of African migrants themselves, items were retained in the language used by migrants. In other words, the items of the MSQ were deliberately kept in a lingo common among English-speaking sub-Saharan Africans (in italics), but the table offers the items in a Standard English version (see Table 7.4 for the exact formulation of the items). The instrument has been validated among African migrants from the general population in Bremen, Germany (Idemudia & Boehnke, 2010) to establish the consistency and validity of

⁷Analyses of data from Section D (Eysenck Personality Questionnaire) and Section E (Xenophobia) are not reported in the current volume, but will be published in two separate journal articles currently in preparation. A first version of the paper on xenophobia among African migrants was presented at the VI International Research Conference “Culture in society, between groups and across generations” at the Center for Sociocultural Research of the Higher School of Economics in Moscow in April 2019, and can be obtained from the second author of this volume.

Table 7.4 Items of the migration attitude questionnaire

#	Wording of item
1	I had a threat to my life
2	I had a threat to member of family life
3	I almost died due to the threat
4	I was beaten and harassed
5	I had a death of family member
6	I was forced to separate/leave family members
7	I almost died
8	The police and/or military were following/beating me
9	I was harassed by the police
10	I was hungry all the time
11	<i>I didn't have food and water</i>
12	<i>I had no place to live</i>
13	<i>I had nothing</i>
14	I had trouble with housing
15	<i>I had trouble getting a job</i>
16	<i>I had trouble with my papers</i>
17	<i>I was not accepted because of my political/sexual orientation</i>
18	Someone raped/assaulted me before age 18 years
19	I was forced to have sex since
20	I was forced to sell my body for money
21	I was sexually harassed
22	I was physically beaten all the time
23	I am rich
24	I am poor
25	I am famous
26	I am comfortable

the Migration Stress Questionnaire (MSQ), which yielded an internal consistency of $\alpha = 0.86$. The same checklist has been previously used among African migrants in Germany (Idemudia, 2011; 2014a, Idemudia & Boehnke, 2006, 2010) and for Zimbabwean migrants in South Africa (Idemudia, 2014b; Idemudia, Williams, & Wyatt, 2013; Idemudia, Madu, Wyattt, & Williams, 2013; Idemudia, 2017).

During validation, content validity was assessed using the judgment of experts from universities in Africa and the USA and from the review of several peer-reviewed journal articles. In addition, some of the 14 items that qualify as A-criterion items as specified in DSM-IV (TR) (APA, 1994) have been used to measure negative life

events in the areas of problems with human rights abuse/violence/police victimization, poverty/lack, and sexual/physical abuse among male and female Zimbabweans in South Africa yielding two subscales: one on ‘threat to life’ (nine items), and the other on ‘abuse’ (five items).

The ‘threat to life’ subscale exhibited a consistency of $\alpha = 0.86$ ($\varphi: \alpha = 0.85$; $\sigma: \alpha = 0.86$) for pre-migration stress, and $\alpha = 0.83$ ($\varphi: \alpha = 0.85$; $\sigma: \alpha = 0.80$) for post-migration stress. The ‘abuse’ subscale exhibited a consistency of $\alpha = 0.84$ ($\varphi: \alpha = 0.82$; $\sigma: \alpha = 0.85$) for pre-migration stress, and $\alpha = 0.87$ ($\varphi: \alpha = 0.82$; $\sigma: \alpha = 0.88$) for post-migration stress (Idemudia, Williams, Boehnke, & Wyatt, 2013).

General Health Questionnaire 28 (GHQ-28). The General Health Questionnaire is a psychological instrument used in measuring psychological mental health or dysfunctions (Goldberg & Williams, 1988; Goldberg, 1978; Goldberg & Hillier, 1979).

The scale is a self-administered screening instrument designed to detect psychiatric disorders in community settings and in non-psychiatric clinical settings such as primary care or general practice. It comes in three packs GHQ 60, 28 and 12. This study used the GHQ 28. The GHQ is popular and widely used in research across different cultural settings (Peltzer, 1999; Smit, van den Berg, Bekker, Seedat, & Stein, 2006; Gureje, & Obikoya, 1990; Aderibigbe, & Gureje, 1992; Idemudia & Matamela, 2012).

In this scale, the respondents are asked to compare their recent psychological state with their usual state. It consists of 28 items comprising four sub-scales. Scale A (questions 1–7) measures somatic complaints, scale B (questions 8–14) measures anxiety and insomnia, scale C (questions 15–21) measures social dysfunction, and scale D (questions 22–28) measures severe depression. All items have a 4-point scoring system using Likert scoring (0-1-2-3) less than usual, no more than usual, not at all, and much more than usual, respectively). Each question has four possible responses. Some of the items are also reversed and so is the scoring. In this study, scoring was done in such a way that the higher the score, the poorer the psychological symptom report. A test-retest in two weeks (Idemudia et al., 2013) demonstrated good reliability ($r = 0.91$). The GHQ-28 is validated for African cultures in Nigeria and South Africa with high reliabilities of $\alpha = 0.71$ to $\alpha = 0.80$. Idemudia et al. (2013) also recorded consistency coefficients of 0.55 ($\varphi: \alpha = 0.49$; $\sigma: \alpha = 0.59$) for the *somatic complaints subscale*, $\alpha = 0.51$ ($\varphi: \alpha = 0.46$; $\sigma: \alpha = 0.55$) for the *anxiety and insomnia subscale*, $\alpha = 0.59$ ($\varphi: \alpha = 0.64$; $\sigma: \alpha = 0.53$) for the *social dysfunctions subscale*, and $\alpha = 0.64$ ($\varphi: \alpha = 0.61$; $\sigma: \alpha = 0.65$). The overall scale exhibited a consistency of $\alpha = 0.79$ ($\varphi: \alpha = 0.80$; $\sigma: \alpha = 0.77$).

PTSD Checklist—Civilian Version (PCL). The PTSD Checklist—Civilian Version (PCL), Weathers, Huska, and Keane (1991) is a 17-item PTSD self-report measure of trauma that people have in response to stressful experiences. The items correspond to criteria for diagnosis of PTSD from the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 1994). The scale has a Likert scoring system ranging from 1 (*not at all*) to 5 (*extremely*). The PCL-C can be used with any population. The symptoms endorsed may not be specific to just one event which makes it useful when assessing

survivors with multiple (pre-migration, mid- and post-migration) events. The PCL-C determines whether the total severity score exceeds a given cut-point. It has been used in migration study among Africans in Germany (Idemudia & Boehnke, 2010). In addition, the scale has been validated in health care settings (Stein, McQuaid, Pedrelli, Lenox, & McCahill, 2000) and among older adults (Cook, Elhai, & Areán, 2005). This instrument has been extensively used in South Africa and has been validated for South African men and women (Peltzer, 1998, 1999; Smit et al., 2006). Its consistency of $\alpha = 0.80$ ($\varphi: \alpha = 0.81$; $\sigma: \alpha = 0.78$) was also demonstrated (Idemudia et al., 2013) with the cut-off point of 50, corresponding with the validation done by Hudson, Beckford, Jackson, and Philpot (2008). PTSD is a pervasive disorder that affects some individuals following a traumatic experience. The diagnosis of PTSD according to the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders (DSM-5)* is predicated on “Exposure to actual or threatened death, serious injury, or sexual violence...” (American Psychiatric Association (APA), 2013, p. 271). This exposure may be direct or indirect like witnessing a traumatic event (TE), learning of trauma to a close family member or friend, or cumulative or extreme exposure to TEs.

Traumatic memories are laid down differently than normal memories. Cognition of the memories (explicit memories) is not always accessible. However, the implicit memories (the sensory and emotional memories that are related to the body’s learned memories) are stored and accessible. Because the cognitive piece is missing, the victim cannot always put these memories into words. Also, for a young child, because of developmental reasons, expressing traumatic memories may not be possible (Irby & Brown, 2011).

PTSD is a type of anxiety problem. It can develop after your safety or life is threatened, or after you experience or see a traumatic event. Some examples of traumatic events are a natural disaster, rape, severe car crash or fighting in a war. Usually, the event makes you feel very afraid or helpless. People with PTSD have trouble coping with and getting over traumatic events and often feel the effects for months afterward. PTSD can result from experiencing or witnessing any number of traumatic incidents, including hijacks, domestic violence or violent attacks, road accidents, robberies, and natural disasters. People with PTSD are plagued by persistent frightening memories of the traumatic event and often feel emotionally numbed and detached from the world due to their experience.

Coping Scale: Brief COPE. The Brief Cope Scale (Carver, 1997) contains 28 items with 14 subscales or styles people use when they encounter stressful life events. Two items each measure a subscale. As already laid out in Chapter Four, these scales include acceptance (A), emotional support (ES), humor (H), positive reframing (PR), religion (F), active coping (AC), instrumental support (IS), planning (P), behavioral disengagement (BD), denial (D), self-distraction (SD), self-blaming (SB), substance use (SU) and venting (V). Whereas A, ES, H, PF and R are considered emotionally focused coping, AC, IS and P are problem-focused coping (Carver, 1997). The other coping methods which include SD, SB, SU and V are termed dysfunctional coping strategies. Using a bi-dimensional approach, Meyer (2001) classified the problem and emotion focused strategies as adaptive coping, whereas the dysfunctional strategy is

classified as maladaptive coping. While the adaptive coping strategies are associated with positive psychological wellbeing, the maladaptive coping methods are shown to predict mental health problems and perceived stress (Meyer, 2001; Alveal & Barraza, 2015).

The items deal with ways people cope with stress in their lives. The scale is applied to difficulties in migration in receiving countries which many people deal with differently. The items ask what individuals do in coping and how a person has tried to deal with it. Each item says something about a particular way of coping. Respondents are encouraged to answer in the extent they have been doing what the item says in terms of how much or frequently and not on the basis of whether it seems to be working or not—just whether or not you're doing it. The scale has a 4-point Likert's format of 1-4 response choices from (1) I haven't been doing this at all to (4) I have been doing this a lot (Table 7.5).

The subscales are computed as follows (with no reversals of coding): Self-distraction, Items 1 and 19, Active coping, Items 2 and 7, Denial, Items 3 and 8, Substance use, Items 4 and 11, Use of emotional support, Items 5 and 15, Use of instrumental support, Items 10 and 23, Behavioral disengagement, Items 6 and 16, Venting, Items 9 and 21, Positive reframing, Items 12 and 17, Planning, Items 14 and 25, Humor, Items 18 and 28; Acceptance, Items 20 and 24; Religion, Items 22 and 27, Self-blame, Items 13 and 26. The original version of the scale has 60 items. The brief cope scale has only 28 items. The instruments have been used extensively used in diverse research.

The author does not encourage using the scale in a two-coping-style format or an overall coping index. The author also did not recommend any particular way of generating a dominant coping style for a given person. Specifically, some studies have used the Brief COPE instrument to investigate type of coping strategies utilized by migrants and refugees. For example, Strug, Mason and Auerbach (2009) found that older Hispanic and non-Hispanic migrants born in the United States adopted passive (emotionally focused) coping methods of the Brief COPE instrument. Using the 60-item version of the instrument, Khawaja (2007) found emotional and avoidance coping as positive predictors of psychological distress among some selected Muslim migrants in Brisbane, Australia. Also, in some British migrants in Australia, Shooter (2008) suggested that the use of denial as coping method associated with depressive scores while active coping, emotional and instrumental support did not. In contrast to the importance of denial, the findings of Chase, Welton-Mitchell and Bhattarai (2013) demonstrated that the most utilized coping mechanisms among Bhutanese refugees in Nepal include active coping, positive reframing and planning while religion, emotional and acceptance were less used.

The scale has been validated widely (Monzania et al. 2015; García, Barraza-Peña, Włodarczyk, Alvear-Carrasco, & Reyes-Reyes, 2018) with results showing conformation for the theoretical factor structure of the situational Brief COPE and with all the 14 dimensions showing acceptable reliability and relationships with goal commitment and progress, attesting to the reliability and usefulness of this measure to evaluate coping responses to specific events. The scale has also been used widely with migrants globally (Chase et al., 2013, Bhutanese refugees in Nepal; Shooter,

Table 7.5 Brief COPE scale

1. I've been turning to work or other activities to take my mind off things
2. I've been concentrating my efforts on doing something about the situation I'm in
3. I've been saying to myself "this isn't real"
4. I've been using alcohol or other drugs to make myself feel better
5. I've been getting emotional support from others
6. I've been giving up trying to deal with it
7. I've been taking action to try to make the situation better
8. I've been refusing to believe that it has happened
9. I've been saying things to let my unpleasant feelings escape
10. I've been getting help and advice from other people
11. I've been using alcohol or other drugs to help me get through it
12. I've been trying to see it in a different light, to make it seem more positive
13. I've been criticizing myself
14. I've been trying to come up with a strategy about what to do
15. I've been getting comfort and understanding from someone
16. I've been giving up the attempt to cope
17. I've been looking for something good in what is happening
18. I've been making jokes about it
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping
20. I've been accepting the reality of the fact that it has happened
21. I've been expressing my negative feelings
22. I've been trying to find comfort in my religion or spiritual beliefs
23. I've been trying to get advice or help from other people about what to do
24. I've been learning to live with it
25. I've been thinking hard about what steps to take
26. I've been blaming myself for things that happened
27. I've been praying or meditating
28. I've been making fun of the situation

2008, British migrants in Australia; Khawaja, 2007, Muslim migrants in Australia; Strug et al., 2009, immigrants in New York).

Schwartz Value Survey (PVQ). To assess value preferences of study participants, a ten-item version of Schwartz's Portrait Value Questionnaire (PVQ) was utilized. This version of the PVQ is also being used in the World Values Survey (Inglehart et al., 2014) since its Wave 5. The instrument sets out to acquire information on participants' preferences for each of the ten basic human values explicated by Schwartz (1992)—see Table 7.6 below and Chapter Four.

Table 7.6 Schwartz's Ten Motivational Types of Values (including sample items)

<i>Power</i> : Social status and prestige, control or dominance over people and resources "It is important to him/her to be rich. He/she wants to have a lot of money and expensive things"
<i>Achievement</i> : Personal success through demonstrating competence according to social standards "It's important to him/her to show his/her abilities. He/she wants people to admire what he/she does"
<i>Hedonism</i> : Pleasure or sensuous gratification for oneself "Having a good time is important to him/her. He/she likes to "spoil" him/herself"
<i>Stimulation</i> : Excitement, novelty, and challenge in life "He/she looks for adventures and likes to take risks. He/she wants to have an exciting life"
<i>Self-direction</i> : Independent thought and action—choosing, creating, exploring "Thinking up new ideas and being creative is important to him/her He/she likes to do things in his/her own original way"
<i>Universalism</i> : Understanding, appreciation, tolerance, and protection for the welfare of all people and for nature "It is important to him/her to listen to people who are different from him/her Even when he/she disagrees with them, he/she still wants to understand them"
<i>Benevolence</i> : Preservation and enhancement of the welfare of people with whom one is in frequent personal contact "It's very important to him/her to help the people around him/her He/she wants to care for their wellbeing" ^a
<i>Tradition</i> : Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provide "It is important to him/her to be humble and modest He/she tries not to draw attention to him or herself"
<i>Conformity</i> : Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms "He/she believes that people should do what they're told He/she thinks people should follow rules at all times, even when no-one is watching"
<i>Security</i> : Safety, harmony, and stability of society, of relationships, and of self "It is important to him/her that the government insure his/her safety against all threats He/she wants the state to be strong so it can defend its citizens"

^aThe item used to assess benevolence value priorities stems from Wave 6 of the World Values Survey

Additionally, scores were usually (for exemptions, see Chap. 8) ipsatized. This means that scores indicated by individual participants were averaged across all ten value ratings. The overall person average was then subtracted from each of the ten value ratings. subsequently the midpoint of the response scale (3.5) was added as a constant in order to bring ratings back to the original level. This transformation is suggested by Schwartz (2009) to correct for individual response tendencies of marking all items on a specific (high or low) idiosyncratic level.

Reliability and validity of the instrument cannot be assessed in a 'classic' way: There only is one item per value type, so that no consistency coefficients can be offered. In order to remedy this shortcoming, it is advisable not to use the single value items as predictor or outcome variables in most subsequent analyses, but aggregate them to what Schwartz (1992) calls 'higher-order values.' Schwartz assumes four

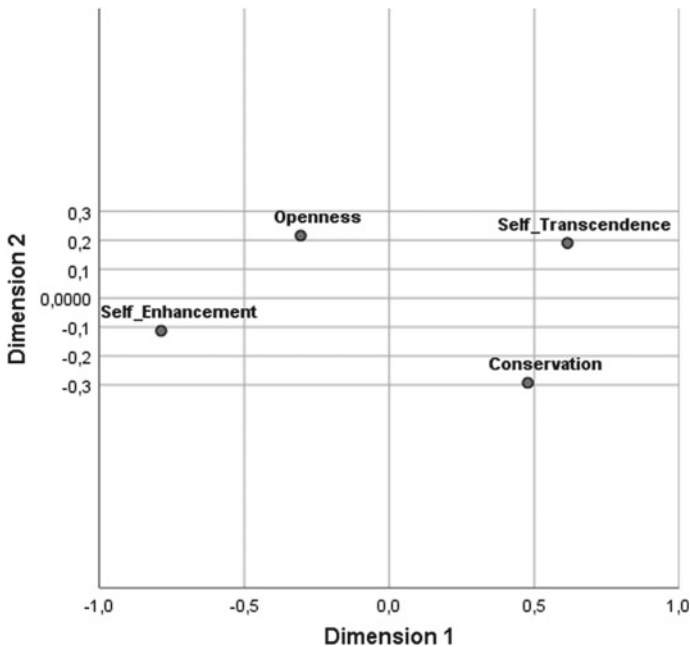


Fig. 7.15 PROXSCAL solution of higher-order value types

higher-order values, namely Self-Transcendence (two items: UN, BE), Conservation (three items: TR, CO, SE), Self-Enhancement (two items: PO, AC), and Openness (three items: HE, ST, SD). In the grand sample these four short scales exhibited sufficiently high consistency coefficients of $\alpha = 0.70$, $\alpha = 0.82$, $\alpha = 0.69$, $\alpha = 0.64$, respectively.

To test the validity of the four value preference measures vis-à-vis Schwartz's theory, we performed PROXSCAL multidimensional scaling as offered by SPSS25.⁸ Findings are sufficiently in line with conceptual expectation as shown in Fig. 7.15 (compare also Chapter Four).

Qualitative Study

The instruments for the qualitative phase were audio recording tapes, pencil and paper. No video devices were used. The objectives of the qualitative research embedded in the questions during the FGDs and in-depth interviews are as follows:

⁸PROXSCAL/MATRIX=IN/INITIAL=TORGERSON/TRANSFORMATION=INTERVAL /ACCELERATION=NONE/CRITERIA=DIMENSIONS (2,2) MAXITER (100) DIFFSTRESS (0.0001) MINSTRESS (0.0001)/PRINT=COMMON STRESS/PLOT=COMMON.

1. What are the *push* and *pull* factors for migration in each country of origin and of destination?
2. Which motivations (reasons) exist to migrate to one of the six European countries included in the study?
3. What are the pre-migration, mid-migration, and post-migration stressors (challenges) among migrants?
4. Which coping strategies are preferred in pre-migration, mid-migration, and post-migration?
5. What are the common features of stress in all of the six European countries?
6. What are the common features of coping in all of the six European countries?
7. What are the different features of stress among all the countries?
8. What are the different forms of coping in all six countries?
9. Are there intentions among migrants to go back their countries of origin?
10. Which recommendations do migrants *overall* and in each of the six European countries voice?

FGDs were planned to have ten participants in each of the six countries (two per country) and were supposed to take no less than 90 min and no more than 240 min. FGDs commenced with a welcome and short talk about confidentiality. Then, an overview was given over topics to be discussed in the allotted time. Topical questions read:

1. Let us discuss our lives in our various home countries before we came to Europe. What happened and why did we decide to leave?
2. During the journey: How did we travel and what good and bad experiences did we encounter?
3. We will also talk about what happened when we arrived Europe. Is this our first entry point or did we go to another before coming here? What experiences did we encounter? Why did we choose to change and if not why?
4. Let's talk about the people we met in Europe. How did we or do we find them? What are our experiences? We will also talk about police behavior, immigration officers' behavior, asylum workers etc.?
5. Let us talk about what problems (if any) we suffered such as health issues, physical issues, money issues.
6. Let us also talk about enjoyment issues, things we have gained or lost and what are we doing about it now and the future.
7. Let us talk about how we have been or are still coping with the stress/problems/enjoyments/ events, etc., discussed earlier on and what we think we and others such as European and African governments/individuals can do to help the situation or solving the problems.
8. Any emerging themes from No. 1–7 are being clarified and discussed in group format.

Participants for the focus group discussions (FGDs) and in-depth-interviews were reached by means of snowballing which in turn led us to larger groups such as in churches or mosques or social places of gathering. Fliers were put in place and used

to advertise the days and time of the study. Participants who were interested in the study indicated interest either by telephone or during physical meetings. Participants were then told to arrive at a specific place—a designated house, hotel, church or mosque premise (etc.) for the meeting where the aims and objectives of the study were described and explained. The first time point occurred at the screening. Participants were screened and informed of the purpose of the study and afterwards if qualified informed consent was obtained. The second time point was to have participants explain the study in their own words to help us know that they had a clear understanding of the purpose of the study and the procedures before they were allowed to sign the informed consent forms and to participate in the study. Only eligible persons participated in the study.

Informed consents were collected before they participated. No identifying information was collected. Participants were given incentives to participate as advertised on the fliers. Participants were given incentives which included monetary and non-monetary assistance such as gift vouchers (€10 which is approximately about \$US11) and transportation fares (€5 which is approximately \$US6) for their trip. Participants were sampled based on the following entry criteria: (i) Minimum of one month stay in host country (ii) self-identified as a migrant, (iii) males and females, (iv) 18 years or older, (v) ability to express his or herself in English/Pidgin English and (vi) willing to participate. Exclusion criteria were (i) stateless persons (ii) non-Africans, (iii) under 18 years (iv) unable to participate in discussions due to serious drug, alcohol-oriented illness where they would not be able to concentrate or participate in discussions.

The study commenced at a time when in Germany, Jacobs University Bremen and the Bremen International Graduate School of Social Sciences (BIGSSS) being the academic host of the study, formal ethics checks were not required before fielding a research project. When accepting funding of the research and when signing work and visitor contracts with Jacobs University, both authors were, however, required to ascertain that they would adhere to the rules of Good Academic Practice as spelt out by the *Deutsche Forschungsgemeinschaft*.

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Chapter 8

Results: Quantitative Study



The purpose of statistics is not to prove, but to improve—the purpose of statistics is not to resolve but to revolve.

Abstract Results of quantitative study obtained across the six European countries suggest that being an unauthorized migrant predict mental health difficulties and PTSD. Pre-migration stress was also found to influence both PTSD and mental health difficulties but this influence was more profound on PTSD. While increase in post-migration stress predicted increase in (poor) mental health, increase in post-migration stress predicted lower PTSD levels. These directions of results were generally obtained in specific European countries patterns except in France and Italy where both migrants' status and pre-migration stress were not predictive of mental health and PTSD, respectively. In coping with stressors, results generally demonstrated that migrants utilize more of behavioral disengagements compared to other coping methods. The least used coping styles were humor, religion, and acceptance. In specific countries such as Germany, Italy, and Netherlands, migrants were found to respectively adopt more of active coping, religion and planning. Finally, it could be shown that discrepancies between migrants' value preferences and the modal value preferences in the receiving countries were a source of poor mental health.

Introduction

Before we start reporting results from the quantitative study, we would like to remind reader not to expect a full account of all data and all possible hypotheses to be tested. As said before: We are setting out to use our quantitative data to tell a story, not to report a field experiment that tests enumerated hypotheses. We also refrain from turning away readers with exuberant descriptive details of the data analyzed for this chapter. After a reasonable embargo period all data will be made open access. It

This is the dedication of the psychological diploma thesis (master thesis equivalent) of the second author, published as a monograph with the same publisher as this monograph in a series on Medical Informatics and Statistics (Boehnke, 1983).

Table 8.1 Average scores on core variables

Variables	Average sum score	SD	Minimum	Maximum
Pre-migration stress	25.78	14.61	0	130
Post-migration stress	53.11	21.18	0	130
PTSD	36.99	11.20	17	85
GHQ (full scale)	55.71	17.13	28	112
Somatic complaints	13.91	5.87	7	28
Anxiety/Insomnia	16.04	6.31	7	28
Social dysfunction	13.60	5.13	7	28
Depression	12.16	3.97	7	28

seems necessary, however, to briefly portrait the sample in general terms by reporting average scores on all variables included in this report of results, namely pre- and post-migration stress, PTSD, GHQ, Brief Cope, and the Schwartz Value Survey.

In purely descriptive terms Table 8.1 informs us that self-reported post-migration stress of our study participants is higher than their pre-migration stress. In absolute terms it is even more than twice as high.

Self-reported general health can be described as ‘middle of the road.’ In relative terms, our study participants report problems with anxiety/insomnia most and problems with depression least.

From a purely descriptive perspective ‘behavioral disengagement’ seems to be the most preferred coping strategy of our sample, with ‘self-blame,’ and ‘planning’ fairly distant second and third. Least preferred strategies are ‘humor,’ ‘religion’ (surprisingly to us), and ‘acceptance’ (Table 8.2).

Centered (ipsatized) means of the ten Schwartz value types suggest that self-direction values are the most preferred values, followed by security and benevolence values with hedonism and stimulation. From an impressionistic perspective it appears that self-direction value preferences are slightly higher than would be expected from a representative European sample. The same is probably true for security and power values, whereas for universalism values lower preferences than among typical Europeans were found (Table 8.3).¹

¹These comparative insights originate from a long-term cooperation of the second author with Shalom Schwartz (e.g., Schwartz & Boehnke, 2004) and continuous insight into Schwartz’s raw data. Impressions can be objectified by a thorough analysis of World Values Survey data, using the same items.

Table 8.2 Average scores on core variables

Variables	Average sum score	SD	Minimum	Maximum
<i>Brief cope^a</i>				
Self-destruction	4.45	1.82	2	8
Active coping	4.65	1.75	2	8
Denial	4.48	1.82	2	8
Substance use	4.57	1.74	2	8
Emotional support	4.52	1.79	2	8
Instrumental support	4.62	1.86	2	8
Behavioral disengagement	5.33	1.61	2	8
Venting	4.51	1.89	2	8
Positive reframing	4.55	1.86	2	8
Planning	4.78	1.87	2	8
Humor	4.37	1.84	2	8
Acceptance	4.42	1.92	2	8
Religion	4.37	1.91	2	8
Self-blame	4.79	1.87	2	8

^aIn accordance with suggestions by the author of the scale, overall scores are not reported

Table 8.3 Average scores on core variables

Variables	Average score	Rank
Universalism	3.52	5
Benevolence	3.60	3
<i>Self-transcendence</i>	3.56	2
Tradition	3.48	6
Conformity	3.56	4
Security	3.65	2
<i>Conservation</i>	3.56	1
Power	3.36	8
Achievement	3.46	7
<i>Self-enhancement</i>	3.41	4
Hedonism	3.27	10
Stimulation	3.28	9
Self-direction	3.83	1
<i>Openness</i>	3.46	3

Migrants' Status, Pre- and Post-migration Stress Impact on Mental Health and PTSD Across All EU Countries

In the subsequent sections of Chapter Eight we report a series of structural equation models that are meant to illustrate the relationship between the legal status of migrants, their pre- and post-migration stress, their mental health status (assessed via the GHQ) and their degree of PTSD. Figure 8.1 documents the standardized estimates of the model for the grand sample of all six European countries. The paths from migrants' status to mental health problems [$\beta = 0.13$] and PTSD [$\beta = 0.14$] were both statistically significant at $p < 0.01$. Specifically, being an unauthorized migrant is significantly associated with mental health difficulties and PTSD.

The paths from pre-migration stress to mental health problems [$\beta = 0.06$] and PTSD [$\beta = 0.24$] were also statistically significant at $p < 0.01$. However, the influence of pre-migration stress was found to be stronger on PTSD than on general mental health problems. This means that pre-migration stress is a 'good' predictor of PTSD, whereas general mental health problems are hardly predicted by it.

Mental health problems [$\beta = 0.66$] and PTSD [$\beta = -0.28$] were significantly predicted by post-migration stress at $p < 0.01$. Post-migration stress was positively associated with mental health problems but showed a negative association with PTSD. Also, mental health problems were found to be positively associated with PTSD level ($\beta = 0.32$) at $p < 0.01$. This means that post-migration stress is not a net predictor of PTSD, it 'helps,' so-to-speak, to buffer against PTSD, but at the same time 'fires up' general mental health problems.

Plausibly, unauthorized migrants experienced pre-migration stress less frequently than authorized migrants (granting the authorization process a certain amount of rationality). Post-migration stress is higher among unauthorized migrants (once more

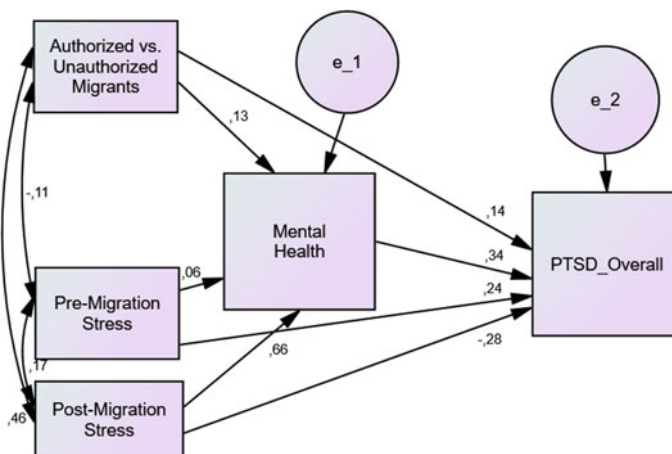


Fig. 8.1 Predicting mental health and PTSD across all EU countries

a plausible finding, as having to struggle with missing authorization, of course, adds to the stress experience after migration. Pre- and postmigration stress are positively, but only moderately strongly related.

In all, pre-migration stress was found to be the strongest risk factor for developing PTSD, whereas post-migration stress was predominantly a risk factor for developing general mental health problems (GHQ). Aside from these two types of stressors, the mere legal status of a migrant (unauthorized) also had a moderate negative impact on both mental health and PTSD. In total, over half of the variation in migrants' mental health status could be explained by the three predictors included in the model, whereas some 13% of the variation in PTSD levels was explained by them.

Subsequently, we inspect findings per country in the order they were presented in Chapter Seven.

Germany

Figure 8.2 displays the standardized estimates of the model for migrants in Germany. Migrants' status statistically predicted mental health problems [$\beta = 0.19, p < 0.01$]. Specifically, being an unauthorized migrant was associated with mental health problems. However, migrants' status did not significantly predict PTSD level [$\beta = 0.07, p = 0.21$]. Pre-migration stress significantly predicted PTSD [$\beta = 0.15, p < 0.01$] but not mental health problems [$\beta = -0.03, p = 0.39$]. In addition, both mental health problems [$\beta = 0.57, p < 0.01$] and PTSD [$\beta = -0.29, p < 0.01$] were significantly predicted by post-migration stress. However, while mental health problems form a positive association with post-migration stress, PTSD was negatively related to post-migration stress.

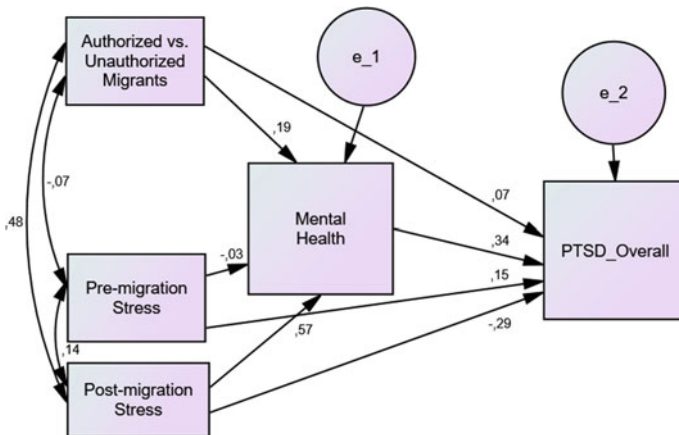


Fig. 8.2 Predicting mental health and PTSD in Germany

Relationships between migrants' authorization status, pre- and post-migration stress were very similar to the relationships found in the grand sample. In essence, there are no pervasive differences between African migrants in Germany and in the grand sample. Current mental health is predicted predominantly by authorization status and post-migration stress, whereas pre-migration stress is a precursor of PTSD. With less than 10%, the percentage of explained variance in PTSD is on a slightly lower level than in the grand sample. The same applies to general mental health. In Germany, 46% of the variance in the mental health status of migrants is explained by the three predictors.

France

Figure 8.3 shows the standardized estimates of the model for migrants in France. PTSD was statistically predicted by migrants' status [$\beta = -0.15, p < 0.01$]. Specifically, being an authorized migrant was associated with PTSD level. However, migrants' status was not a significant predictor of a migrant's mental health problems [$\beta = 0.05, p = 0.06$]. Also, pre-migration stress was not predictive of mental health problems [$\beta = 0.02, p = 0.42$] and even negatively related to PTSD [$\beta = -0.12, p < 0.01$]. Post-migration stress significantly predicted mental health problems [$\beta = 0.87, p < 0.01$] and PTSD [$\beta = -0.33, p < 0.01$]. Mental health problems and PTSD were positively and negatively associated with post-migration stress, respectively.

In France, post-migration stress was found to be a stronger predictor of mental health problems compared to the grand sample model and models for other EU countries. One should note, however, that self-reported pre- and post-migration stress are much more highly correlated in France. Unlike in Germany and in the grand

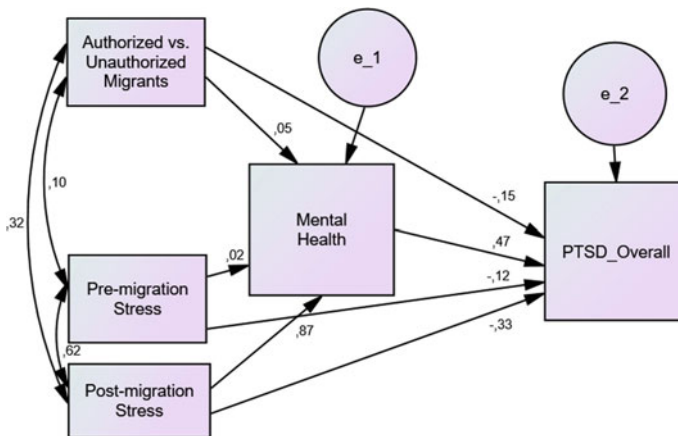


Fig. 8.3 Predicting mental health and PTSD in France

sample, it is the authorized migrants who suffer more from PTSD. Pre-migration stress is *negatively* related to PTSD. It seems that in France the development of PTSD predominantly has to do with general mental health problems developed while in the receiving country: More than 80% of the variance in general mental health problems are explained by the three predictors, of them some 75% alone on the grounds of self-reported post-migration stress. On the other hand, for France only six percent of the PTSD level reported by participants can be explained in our model.

Italy

Figure 8.4 shows the standardized estimates of the model for migrants in Italy. Migrants' status significantly predicted mental health problems [$\beta = -0.11, p < 0.01$]. Thus, surprisingly, mental health problems were associated with being an authorized migrant. Migrants' status was not associated with PTSD level [$\beta = 0.06, p = 0.10$]. Pre-migration stress significantly predicted mental health problems [$\beta = 0.07, p = 0.016$], but *not* PTSD [$\beta = 0.02, p = 0.67$].

Additionally, post-migration stress significantly predicted both mental health problems [$\beta = 0.78, p < 0.01$] and PTSD [$\beta = -0.19, p < 0.01$]. As is common in all countries, the latter relationship is negative. Similar to the model obtained for France, post-migration stress was found to be a stronger predictor of mental health problems for migrants in Italy compared to the results found the grand sample.

In total, 63% of the variation in general mental health can be explained our model's three predictors, whereas only two percent of the variations in PTSD are explained.

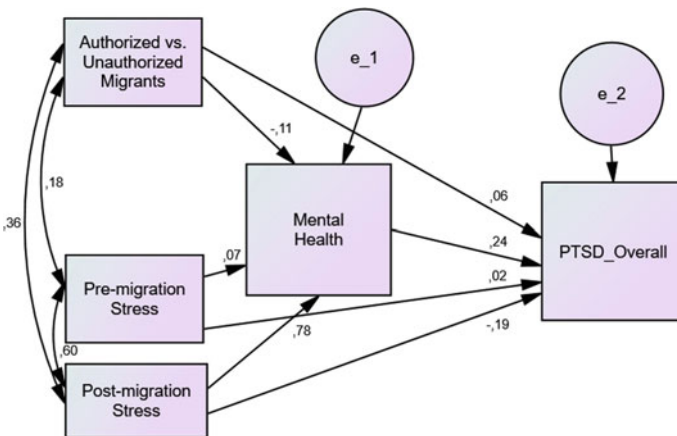


Fig. 8.4 Predicting mental health and PTSD in Italy

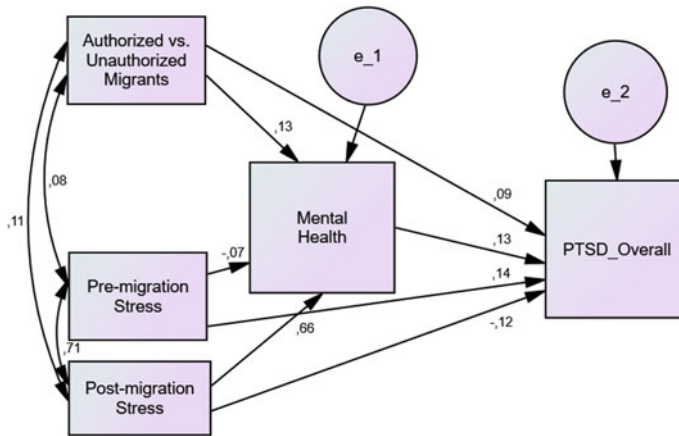


Fig. 8.5 Predicting mental health and PTSD in Spain

Spain

Figure 8.5 shows the standardized estimates of the model for migrants in Spain. Similar to results found for Germany and Netherlands, migrants' status statistically predicted mental health problems [$\beta = 0.13$, $p < 0.01$] but not PTSD [$\beta = 0.09$, $p > 0.05$]. Also similar to outcomes found for Germany and Netherlands, pre-migration stress was significantly associated with PTSD [$\beta = 0.14$, $p = 0.02$] but not mental health problems [$\beta = -0.07$, $p = 0.16$]. While post migration stress was significantly predicting mental health problems [$\beta = 0.66$, $p < 0.01$], PTSD [$\beta = -0.12$, $p = 0.10$] was not significantly predicted by post-migration stress. All in all, 41% of the variation in general mental health scores, but only three percent of the variation in PTSD was predicted in our model.

Netherlands

Figure 8.6 shows the standardized estimates of the model for migrants in Netherlands. Migrants' status significantly predicted mental health problems [$\beta = 0.20$, $p < 0.01$] but not PTSD [$\beta = 0.01$, $p = 0.80$]. In particular, mental health problems were associated with being an unauthorized migrant. Pre-migration stress was significantly associated with PTSD [$\beta = 0.14$, $p < 0.01$] but not mental health problems [$\beta = -0.01$, $p = 0.84$].

In addition, mental health problems [$\beta = 0.47$, $p < 0.01$] and PTSD [$\beta = -0.23$, $p < 0.01$] were significantly predicted by post-migration stress. The lowest impact of post-migration stress on mental health problems was found in the sample of African migrants in the Netherlands. Altogether, a comparatively small proportion of the

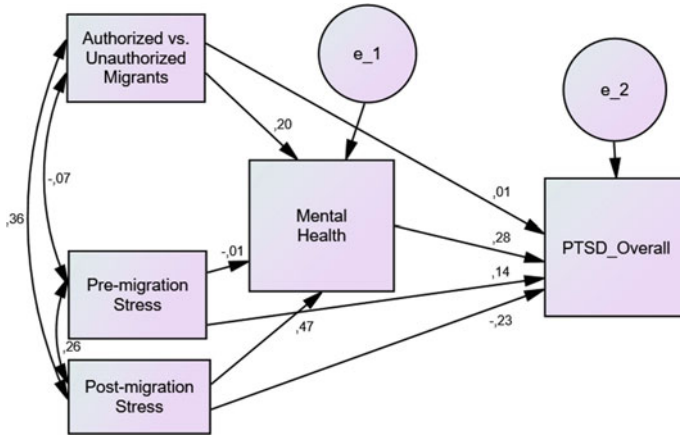


Fig. 8.6 Predicting mental health and PTSD in the Netherlands

variability in levels of general mental health problems can be explained by our three predictors: 33%. Seven percent of the variation in the level of PTSD can be explained in our model for the Netherlands.

United Kingdom

Figure 8.7 shows the standardized estimates of the model for migrants in United Kingdom. Migrants' status statistically predicted both mental health problems [$\beta = 0.07, p < 0.05$] and PTSD [$\beta = 0.09, p = 0.03$], although at a weak level. Specifically,

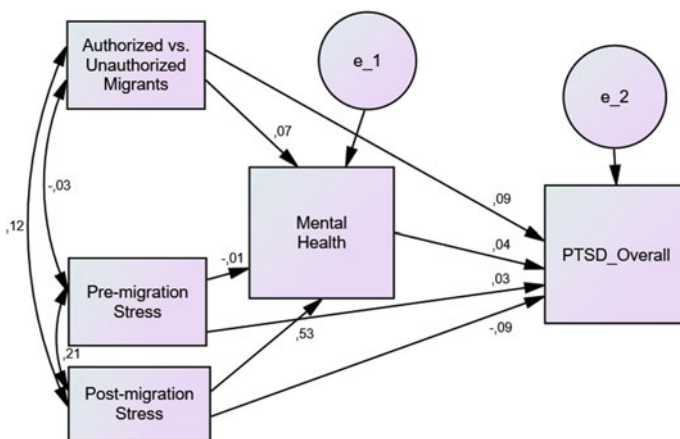


Fig. 8.7 Predicting mental health and PTSD in the UK

being an unauthorized migrant was associated with mental health problems and PTSD level. Contrary to results found in several other countries, pre-migration stress was found to be a non-significant predictor for both mental health problems [$\beta = -0.01, p = 0.84$] and PTSD [$\beta = 0.03, p = 0.46$]. Whereas post-migration stress significantly predicted mental health problems [$\beta = 0.41, p < 0.01$], a significant association was not found between post-migration stress and PTSD [$\beta = -0.09, p = 0.08$]. Also contrary to outcomes in the other European countries, results showed that mental health problem was not a significant predictor of PTSD among migrants in the UK [$\beta = 0.04, p = 0.45$].

All in all, 29% of the variation in general mental health and only one percent of variation in PTSD could be explained for African migrants to the UK.

Table 8.4 presents the summary of results from structural models for the grand model and all European countries. Highest coefficients are set in bold; non-significant coefficients are reported in 'strikethrough' mode.

Table 8.4 Summary of model outcomes across and in specific European countries

	Predictors	Mental health	PTSD
		β	β
All countries	Migrants' status	0.13***/unauthorized	0.14***/unauthorized
	Pre-migration stress	0.06***	0.24***
	Post-migration stress	0.66***	-0.28***
Germany	Migrants' status	0.19**/unauthorized	0.07 ^{ns}
	Pre-migration stress	-0.03 ^{ns}	0.15**
	Post-migration stress	0.57***	-0.29***
France	Migrants' status	0.05 ^{ns}	-0.15**/authorized
	Pre-migration stress	0.02 ^{ns}	-0.12 ^{ns}
	Post-migration stress	0.87***	-0.34**
Italy	Migrants' status	-0.11**/authorized	0.06 ^{ns}
	Pre-migration stress	0.07*	0.02 ^{ns}
	Post-migration stress	0.78***	-0.19**
Netherlands	Migrants' status	0.20***/unauthorized	0.01 ^{ns}
	Pre-migration stress	-0.01 ^{ns}	0.14**
	Post-migration stress	0.47***	-0.23***
Spain	Migrants' status	0.13**/unauthorized	0.09 ^{ns}
	Pre-migration stress	-0.07 ^{ns}	0.14*
	Post-migration stress	0.66***	-0.12*
UK	Migrants' status	0.07*/unauthorized	0.09*/unauthorized
	Pre-migration stress	-0.01 ^{ns}	0.03 ^{ns}
	Post-migration stress	0.53**	-0.09 ^{ns}

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

^{ns}not significant

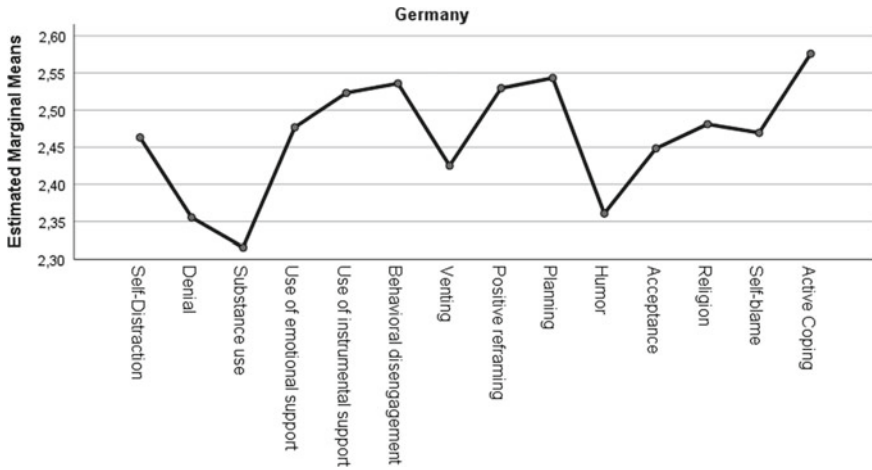


Fig. 8.8 Coping styles of migrants in Germany

The overall summary of Table 8.4 and Figs. 8.2, 8.3, 8.4, 8.5, 8.6, 8.7 and 8.8 suggests that whether a migrant is unauthorized or authorized has a small non-uniform impact on general mental health and PTSD. Typically, being an unauthorized migrant predicts more mental health problems and more PTSD, but not uniformly so. Concurrent mental health problems of African migrants are almost exclusively—and strongly so—predicted by *post-migration stress*, rarely by pre-migration stress. PTSD is not explained to a major degree by our three predictors. If a variable has a sizable influence on the PTSD level it is the self-reported pre-migration stress.

The rough and ready essence of our quantitative study thus is that the general mental health status of African migrants to Europe is based on how they are treated in the receiving countries, whereas whether they exhibit symptoms of PTSD predominantly has more to do with what they experienced back home and maybe, but this urgently needs further research, what they experienced during the migration sojourn itself.

Coping Styles Used by Migrants

We have already documented in Table 8.2 that in the grand sample behavioral disengagement was the most preferred coping style among African migrants and Europe, whereas humor was the least preferred one. In this section, we shed more light on country-specific results (in the previously used order of presentation). The subsequent figures report the so-called estimated marginal means² of the 14 coping styles.

²The term ‘estimated marginal means’ is used by the utilized statistics software (SPSS) in output provided for analysis of variance (ANOVA) procedures. Such means are identical with regular

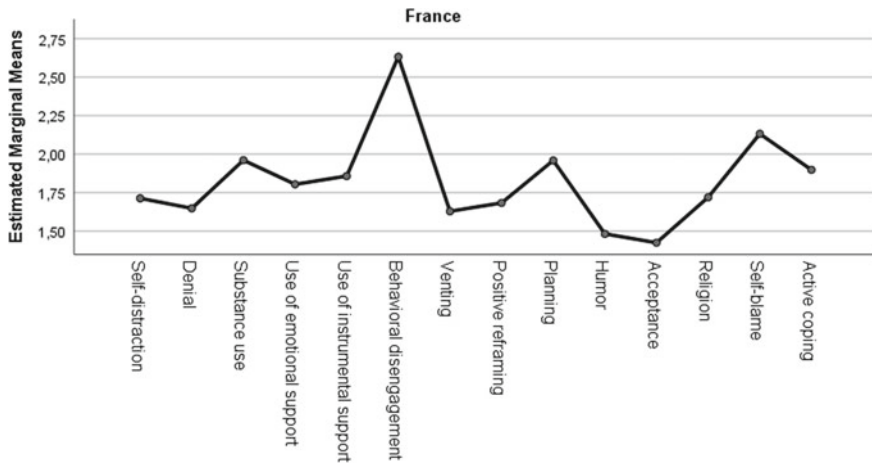


Fig. 8.9 Coping styles of migrants in France

Germany. Figure 8.8 shows the coping strategies reported by African migrants in Germany. Migrants seem to use a combination of coping methods in Germany. Although *active coping* has a distinctive peak, it is also observed that migrants can use a combination of planning, positive reframing, instrumental support and behavioral disengagement. At the same time migrants are less likely to adopt denial, substance use and humor as coping strategies.

France. Figure 8.9 displays the coping strategies used by migrants in France. The coping patterns in France appears to be similar to that generally obtained in all European countries.

Migrants use more of behavioral disengagement compared to other types of coping strategies. This is followed by the use of self-blame. The least used coping methods are acceptance and humor.

Italy. Figure 8.10 documents the coping strategies used by migrants in Italy. The adoption of self-blame as coping strategy is dominant among migrants in Italy. However, migrants also make use of planning followed by the combination of behavioral disengagement, acceptance, and venting. The least used coping method is religion followed by self-distraction.

Spain. Figure 8.11 documents the coping strategies used by migrants in Spain. Compared to migrants in other countries, migrants in Spain seem not to have a dominant method of coping. Instead, they adopt a combination of coping strategies which include emotional support, substance use, behavioral disengagement,

descriptive means when—as in our case—ANOVA procedures have only one tested (independent) variable. We obtained the graphs by performing a one-way repeated-measures ANOVA with the 14 coping styles as dependent variables.

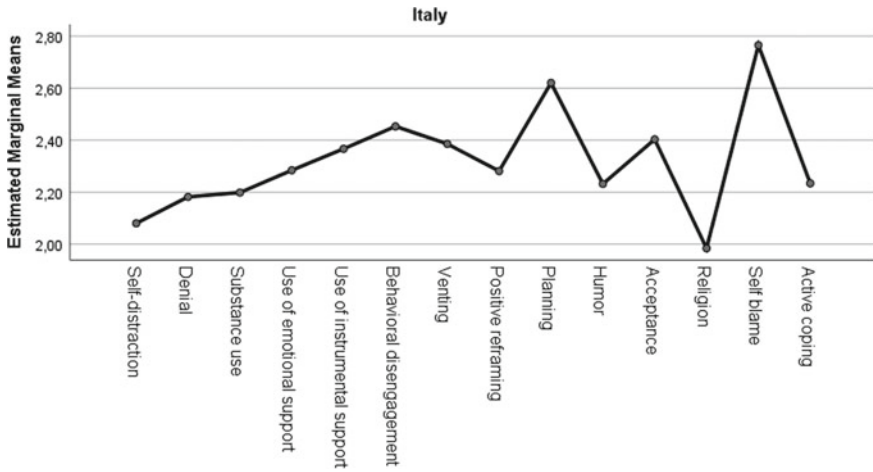


Fig. 8.10 Coping styles of migrants in Italy

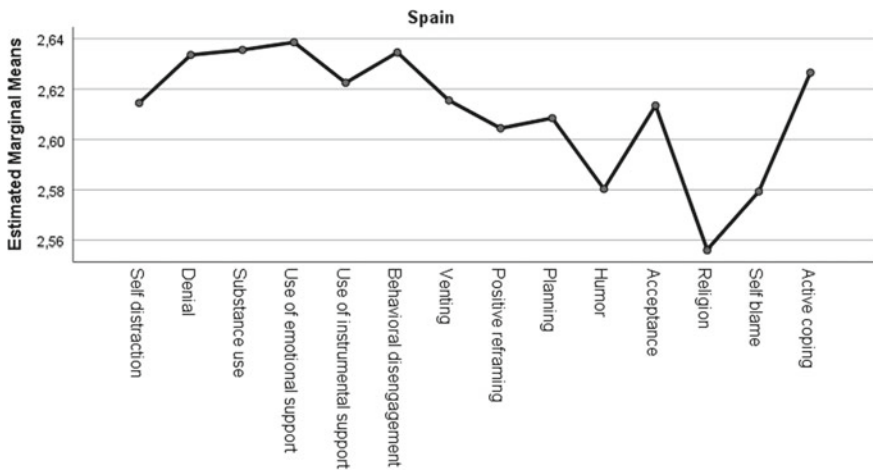


Fig. 8.11 Coping styles of migrants in Spain

and denial. Similar to migrants in Italy, they least make use of religion as a coping method. Self-blame is also rare.

Netherlands. Figure 8.12 displays the coping strategies used by migrants in the Netherlands. Planning is distinct among all coping strategies utilized by migrants in the Netherlands. This is followed by the use of active coping.

Migrants may also use a combination of emotional support, instrumental support, religion and self-blame. In addition, they are less likely to turn to substance use and humor coping.

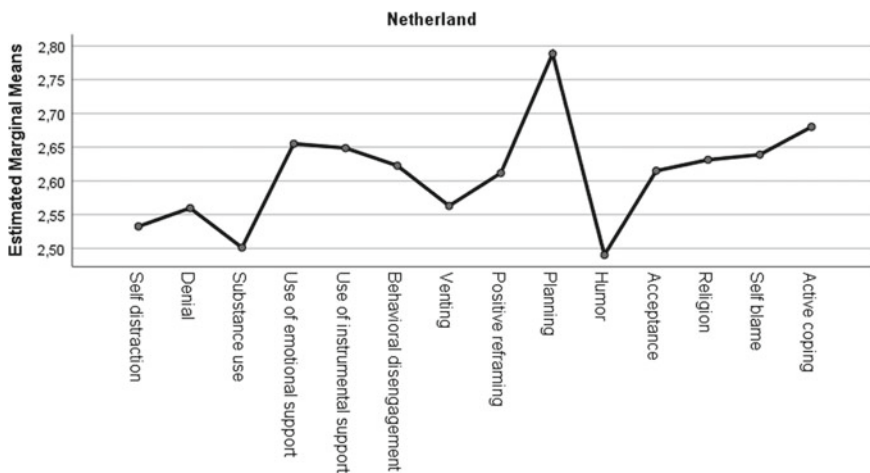


Fig. 8.12 Coping styles of migrants in The Netherlands

United Kingdom. Figure 8.13 indicate the coping mechanisms used by migrants in the UK. Similar to migrants in France, UK migrants predominantly utilize behavioral disengagement coping. This is reflected in the sharpness of the peak for this coping method compared to others. Migrants may also make use of a combination of substance use, denial and active coping. The least utilized coping method is acceptance.

The above illustrations show that behavioral disengagement appears among the most preferred coping strategy in five of the six countries (the only exception: The

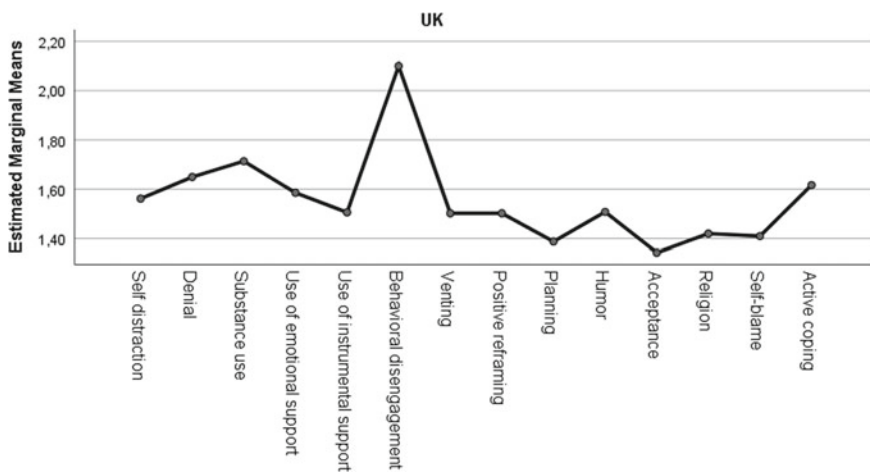


Fig. 8.13 Coping styles of migrants in the UK

Table 8.5 Summary of coping styles

Country	Three most dominant coping methods and least preferred	
Grand sample	Behavioral disengagement, self-blame, planning	Humor
Germany	Active coping, planning, behavioral disengagement	Substance use
France	Behavioral disengagement, self-blame, substance use	Acceptance
Italy	Self-blame, planning, behavioral disengagement	Religion
Spain	Emotional support, substance use, behavioral disengagement	Religion
Netherlands	Planning, active coping, emotional support	Humor
United Kingdom	Behavioral disengagement, substance use, denial	Acceptance

Netherlands). This coping strategy, in everyday language, ‘moving on,’ ‘doing something else instead,’ and the like, probably is not helpful when trying ‘to arrive’ at a new destination. Two other prominent coping strategies, ‘self-blame’ and ‘substance use,’ certainly also cannot be seen as productive strategies, but they appear in the upper ranks in France, Italy, Spain, and the UK. The same is true for denial, which is in the upper ranks in the UK.

Only very few productive coping strategies appear in the upper ranks. Planning appears several times. Whether it really is a productive strategy can be discussed. Of course, planning offers the chance to ‘make it better next time,’ but it at the same time avoids solving existing problems in the given situation. It is future-oriented and does not really attend to the present stressor. Remain ‘active coping’ and seeking ‘emotional support.’ They appear in the upper ranks only in Germany and the Netherlands. Difficult to say whether this is a result of sampling peculiarities or something that reflects the cultural context (Table 8.5).

Among the least preferred coping strategies humor, acceptance, and religion play a prominent role. Not employing acceptance and religion as coping strategies clearly speaks for a certain realism among African migrants: Acceptance clearly is usually non-productive; religion may also be counterproductive in a secular context like Europe. In summary, one has to concede that non-productive coping styles largely prevail among African migrants in Europe. One can speculate that this adds to the high level of experienced post-migration stress and its strong repercussions in migrants’ mental health status. An inspection of correlations between preferred coping strategies and GHQ scores (not reported here in detail) suggests that self-blame is most strongly correlated with mental health problems, whereas seeking emotional support serves as a safeguard.

Schwartz Values

Value preferences of African migrants to Europe deserve a separate section in the overview of study results in their own right. Value preferences are often seen as

Table 8.6 Value preferences and ranks

Value type	Ipsatized mean	Standard deviation	Rank	Global rank (Schwartz & Bardi, 2001)	Continental rank for Africa (WVS)
Universalism	3.52	0.91	5	3	5
Benevolence	3.60	0.75	3	1	4
Tradition	3.48	0.90	6	9	3
Conformity	3.56	0.81	4	5	2
Security	3.65	0.76	2	4	1
Power	3.36	0.96	8	10	9
Achievement	3.46	0.88	7	6	7
Hedonism	3.27	0.96	10	7	8
Stimulation	3.28	0.83	9	8	10
Self-direction	3.83	0.91	1	2	6

being at the core of attitudes and behavior. However, in the framework of person-environment-fit theory, going back as far as Holland and Cook (1983), having value preferences that closely resemble those held by most people in one's place of residence, is also a question of mental health: People who have value preferences vastly different from the modal value preferences of people they live with, are likely to suffer from mental health disturbances in the long run.

Table 8.6 once again reports ipsatized mean scores for each of the ten Schwartz values (see already Table 8.3). As Table 8.3, the table also offers ranks of the ten values for the current sample, and—to allow a comparison—a global ranking taken from evidence published by Schwartz and Bardi (2001) as well as ranks calculated for African samples of the sixth wave of the World Values Survey.

If one utilizes rank differences of three and more as an indication that the current sample differs from reference populations, it becomes obvious that the current sample strongly differs in tradition value preferences both from what is globally common and what is common in Africa. African migrants to Europe are much more prone to exhibit high preferences of tradition values than is common around the globe. At the same time, they exhibit much lower preferences for tradition values than African stay-puts do, i.e., African migrants to Europe have much lower preferences for tradition values than Africans who are staying behind in their African home countries.

Two other discrepancies between African migrants and comparison populations become evident when looking at Table 8.6: Preferences for hedonism values (having fun in life) are much lower among African migrants to Europe than they commonly are around the globe. And—most strikingly—African migrants to Europe exhibit much higher preferences for self-direction values (thinking-up new ideas and being creative) than fellow Africans do, who stay in their home countries.

In summary, culture clashes, or low person-environment fit must predominantly be expected for the sphere of tradition values (item: “Tradition is important to this person; to follow the customs handed down by one’s religion or family.”). The likelihood is high that African migrants to Europe experience two types of stark discrepancies. Their priorities for religious values are much higher than the priorities of tradition values among the locals, but at the same time much lower than what they were used to in their countries of origin. Secondly, most likely not as problematic from a mental health standpoint, African migrants to Europe have much higher priorities of self-direction values than do compatriots in their heritage countries. Regarding self-direction, African migrants are already much closer to Europeans in their value preferences, when they reach Europe than average Africans seem to be. Lastly, African clearly do not look for fun in life when they migrate to Europe. Their preferences for hedonism values are substantially below preferences common in Europe. It is unlikely, however, that this discrepancy will create mental health problems. Discrepancies in the importance of tradition values among African migrants to Europe both in comparison to what is common in their countries of upbringing and to modal value climate in countries of destination are likely to emerge as crucial sources of mental health problems.

We proceed by taking a closer look at the importance of moderators of value preferences: Do value preferences of African migrants vary by gender, current country of residence, and age? In order to find out, we performed multivariate analyses of variance. Our dependent variables here were not the ten single values but the four higher order values (Self-Transcendence, Conservation of the Status Quo, Self-Enhancement, and Openness for Change) already addressed earlier (and in Table 8.3). MANOVA results suggested that there was no significant gender main effect, nor was there a significant age effect.³ There were, however, moderately sized differences by country of destination ($\eta^2 = 6.2\%$) and very small but significant gender X country interaction effects ($\eta^2 = 0.4\%$). Reporting more detailed results for the interaction effect seems unnecessary, because a significant univariate country x gender effect was found for Self-transcendence values only. Here women reported higher preferences in Germany, the Netherlands and the UK, whereas in Spain, Italy, and France, scores of men were higher. Variance explained by the country x gender interaction were, however, below one percent, so that reporting can concentrate on the country main effect.

One can summarize that value preferences among African migrants to Europe are different from preferences in generally held by people of the host countries and of the average African. This is in our view likely to often lead to feelings of alienation and marginalization. With regard to value preferences, African migrants are neither like their hosts nor are they like their folks at home. To what extent this leads to the experience of post-migration stress and to a bad status of their mental health. Table 8.7 offers a first inspection of our data from the grand sample. All reported

³Age was treated as a covariate.

Table 8.7 Value preferences and mental health

Value type	Correlation with post-migration stress	Correlation with GHQ
Universalism	-0.09	-0.11
Benevolence	-0.14	-0.06
Tradition	-0.10	-0.13
Conformity	-0.08	-0.09
Security	-0.15	-0.03
Power	0.23	0.24
Achievement	0.11	0.04
Hedonism	0.09	0.10
Stimulation	0.11	0.05
Self-direction	-0.04	-0.05

correlation coefficients are significant on the 5% level (except the correlation between security values and the GHQ score).

The table suggests that self enhancement values as well as hedonism and stimulation value preferences add to post-migration stress and subsequently mental health problems. More complex analyses have to be reserved for further analyses of our data that are to still be undertaken. What is clear already now is that Africans who cherish what Schwartz has recently called Personal Focus values (Power, Achievement, Stimulation, Hedonism) are prone to experience more post-migration stress and a poor mental health status than their fellow migrants who cherish other values, particularly value that are compatible with European value preferences.

Looking back at the results of the quantitative study suggests that the mental health status of African migrants in Europe is largely affected by what they experience in Europe after their arrival and not what they have experienced in their homelands. Experiencing culture shock (value discrepancies) and simultaneously using unproductive coping strategies must be seen as major sources of mental health problems among African migrants in Europe.

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Chapter 9

Results: Qualitative Study



This is a Journey into the Unknown, to Something completely new.
(Steve Squyres)

Abstract Outcomes of the qualitative study showed that pre-migration challenges in origin countries include bad economic conditions, poverty and threat to life, unemployment, corruption and poor infrastructures. In addition to the pre-migration challenges, migrants reported difficulties arising from experience in the destination countries. Among these are delays in processing immigration documents, rigorous documentation processes, inadequate accommodation in camps, language barrier, family separation, racism and discrimination, under-paid unemployment, and high accommodation costs.

Introduction

This chapter presents the qualitative findings obtained during focus group discussion (FGD) and in-depth interviews carried out in the six European countries. Results are organized and presented separately for each European country to understand push and pull factors of migration, post-migration difficulties and possible pre- and mid-migration challenges, intentions to return home and recommendations as provided by migrants for prevention of emigration from origin countries and proper integration in destination countries. The order of presentation follows the order from previous chapters. The general thrust of this chapter is to let the migrants speak. In order to do so, we work with verbatim quotations from FGDs and in-depth interviews supplemented by graphs obtained via a tool provided by the Atlas_{ti} software (subsequently enhanced in pixel quality). Original FGDs and interviews were taped and then transcribed. Readers should be aware that utterances from study participants,

<http://www.quotehd.com/quotes/steve-squyres-quote-this-is-a-journey-into-the-unknown-to-something-co> Accessed March 27, 2020.

were—when necessary—transposed during transcription to standard English from Pidgin to make them comprehensible for the average reader.

We refrain from offering in-depth interpretations when providing quotations and graphical displays, but do let the qualitative evidence speak for itself. Also, readers should be aware that although the country-specific subsections are structured in a similar way, their sequence of presentation is not always identical, because empirical evidence from the six countries did not always touch upon identical topics exclusively.

Germany

There were five FGD participants in Germany. Countries of origin include Cameroun, Ghana, and Nigeria.

Push Factors of Migration. Many challenges and difficulties in origin countries predisposed motivations to migrate to Europe. While some participants cited insecurity issues emanating from insurgencies and terrorist attacks in home countries, others decided to migrate because of poverty and poor socio-economic conditions.

For each country, the section encompasses prototypical quotes from the qualitative material, followed by a graphic display of the entire material using Atlas_i software tools. Participants made the following prototypical remarks:

... in Africa, there is no much security. That's why people at times run from Africa to Europe, to come and secure their families, their properties, and their lives as well. Nigerian problem is the Boko Haram insurgency which has been on for more than six years. Unfortunately, I was a victim. (FGD, P2¹)

... actually, I left my country because of political reasons. Before I left, members of my party were jailed and even some killed and so many things happened. So, I was afraid and I decided to leave. Since then I came here, I am ok. (FGD, P2)

... they have some circumcision they do for women back home... They happen only in our area and other parts of the world. (FGD, P3)

The subsequent figure summarizes the most important push factors, ranging from a life in insecurity in general terms to an immediate threat to life. Pull factors—also depicted in Fig. 9.1—range from a general curiosity to a praise of the quality of amenities.

Pull Factors of Migration. Europe is perceived as a good place to live in. Some also migrate to further their education and seek for greener pastures. These motives are expressed below:

... I decided to study neuroscience and Ghana doesn't offer any neuroscience program. So, I had the opportunity here in Bremen and I found it very interesting. (FGD, P1)

... but what happened is that we have been hearing of Europe. Europe is good, Europe is good. So, we want to see how Europe is beautiful, what makes Europe better than Africa. Here I come, see a lot of things and amenities. There are you good roads, constant electricity. Everything is sufficient, which is not enough in Africa. (FGD, P2)

¹“P” denotes participant while number (e.g., 1) is individual participant's identifier.

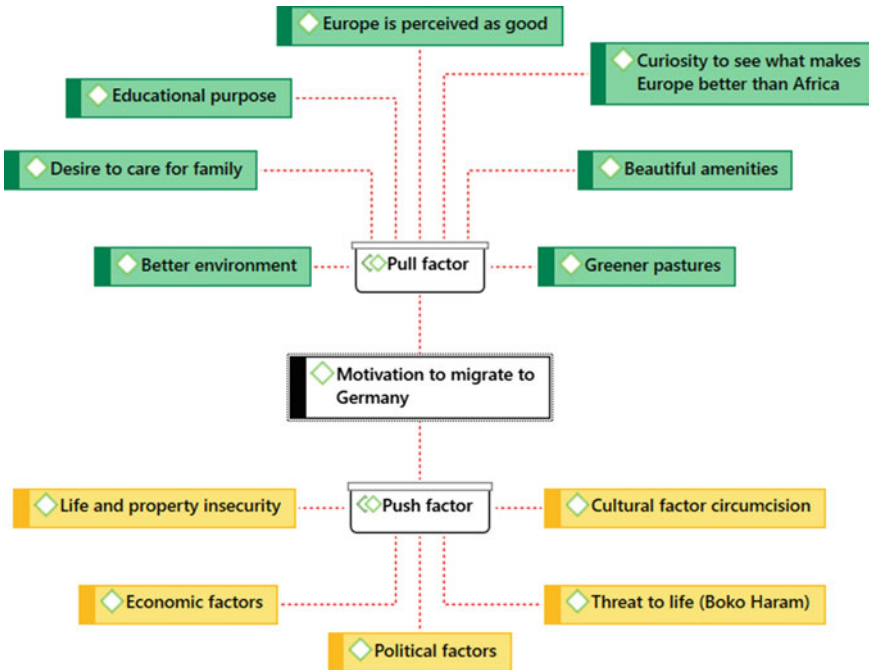


Fig. 9.1 Push and pull factors of migration

... I came in search of greener pasture actually, and in the process, I went in for my masters and PhD. And yeah, I think I am one of those who actually came for greener pasture and am getting it. (FGD, P4)

Mid-Migration Challenges. Even though Germany was the preferred destination of participants, some initially resided in France for a period of time. Migrants also prefer to rather live in France or Belgium than in Italy which was the first point of entry. The journeys within European countries are reportedly facilitated by officials who usually provide assistance to cross the borders. From reports, migrants who receive good support from traveling agents and travelled by air may not experience stress during transit. Some travel by flight through Istanbul to reach Europe while others journeyed via the Mediterranean from Libya. During transits migrants reported feeling lonely, missing their ways and having communication problems due to language barriers.

Below are excerpts from participants' statements:

... because Italy is saturated, they now find themselves, legally or illegally in other countries in Europe. In fact, some say some officials help them to cross over to Germany or to any other country apart from Italy. (FGD, P1)

... I travelled by air and it wasn't a direct flight, I went to Turkey, Istanbul before coming. (FGD, P1)

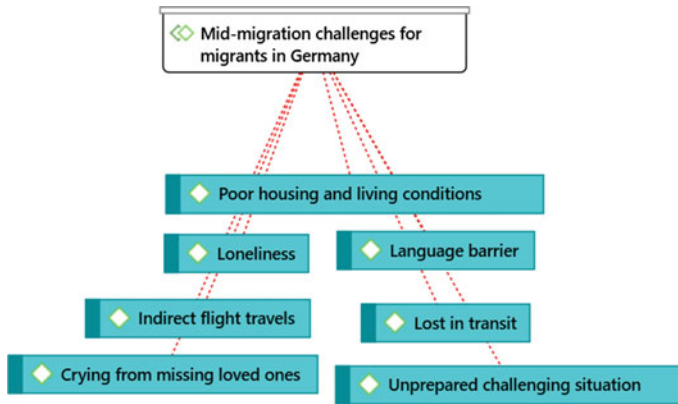


Fig. 9.2 Mid-migration challenges

... when I was actually coming, I left my baby behind in Ghana and, on the flight, I was so sad. I cried on the flight before arriving here ... Many came, many of them are not here now. Many came, many of those I met, came through Italy, some came not with flight, some with flight to Libya and then Libya by sea to Italy. (FGD, P4)

... yeah, I came here with a flight from Douala to France. I later on took the next flight to Germany because from Cameroon we don't have a direct flight. (FGD, P3)

... I came by flight. Actually, I didn't come to Bremen direct. I went to France where I spent some years. So due to one thing or the other, I decided to migrate to Bremen. (FGD, P2)

... I was travelling with some group of persons. So, they were doing everything for us. I was just sitting comfortable going to Europe, I didn't know where I was going but found myself here. (FGD, P3)

Seemingly, there are predominantly two types of mid-migration challenges: handling the pain of leaving and poor facilities at the places that migrants pass through (Fig. 9.2).

Post-Migration Challenges. Language is one major challenge in Germany as migrants, e.g., need to Google names of groceries before going for shopping. At times, they could be discriminated against in shops by asking them to present themselves for searching before the exit. One of the participants reported that she burst into tears after experiencing such incidence. In addition, some natives may exhibit wary behaviors when African migrants and those from Eastern Europe are sighted in public places. Participants described these events as traumatizing. Below are some specific responses by participants:

... one problem we are facing is racism. (FGD, P2)

... and then I heard a lady call me that she wants to take a look at my bag ... Because of my language barrier, I couldn't speak to the lady in a way I wanted to and it really pained me that I didn't defend myself. (FGD, P1)

... sometimes, it is amazing when you see eyes staring at you in the shop... you just feel you are being tagged as a thief... I was actually crying. (FGD, 1)

... in several other shops, sometimes, you hear statement like “watch your back” (said in German). And they tag you if you are a black person. (FGD, P2)

... yes, they used to do that only for blacks, but now it has changed. It affects all of these whites from Eastern bloc. Their situation is worse than blacks now... blacks have a stigma, they still tag the blacks. (FGD, P4)

... it was initially difficult going for groceries with the language barrier. Interacting with other people was very difficult for me. Sometimes, I need to google certain things for about 30 mins before I go out... (FGD, P3)

... for all first timers, it’s not easy coming to Europe, especially if you come from English speaking countries. It’s not so easy, when you come, you speak your language, they will tell you no no no no. What you hear is no, you cannot understand anything again. (FGD, P2)

... from experience, to me I just use one word, racism. Whites are racists I must confess. (FGD, P2)

However, not all participants experienced discriminatory attitudes. Reports showed that migrants adopted by natives or who attend church activities where predominantly natives are members may not perceive racism or discriminatory behaviors.

... when I first came to Germany I was adopted by this modern German family. We had a good time, we had everything. They took me like a child, they paid everything for me. When I started studies, right away I got State run scholarship...there was never a lack and when I finished it, the university took me on. So, I have always had a job and everything is on the positive. But the German society is very racist and firm. There are enough researches on the way black people are treated.... (FGD, P4)

... we have been saying in the church every day, serving God pays. I am a Catholic Christian from back home. Even here in Germany, I minister as a Catholic. And since I came here, I started attending church every Sunday, I go to Catholic Church. Sometimes I go to family church. So, I met good people in my life since I came here. In the church experience, I met good women, sometimes invite me for coffee. I have not encountered this kind of problems in my life since I came here and I got advice from good Germans. (FGD, P5)

Figure 9.3 Apart from the racism, it was expressed that people go through emotional stress at the demise of loved ones. Others may develop mental health



Fig. 9.3 Post-migration challenges

problems due to frustrations in host countries, particularly, when a residence permit is not granted. There are limited residences available to migrants even when an African migrant marries a German. Below are responses in this regard:

... that's is what I am saying. Some were taken into prison for one little crime or the other and they died in prison. (FGD, P2)

... that's where some of them get mad. And some who even got married to Germans are given this limited residence called "Duldung" for two years. (FGD, P2)

In addition, migrants perceive the documentation process as cumbersome, challenging and highly time-consuming. As a result, some migrants declare themselves as stateless in order avoid deportation and ensure speedy processing of documents.

... it seems claiming statelessness is just to avoid deportation. Finished! Otherwise, I could easily say I am from a particular country but the next thing is deportation. But if you remain stateless, the state has no choice but to leave you in Germany. (FGD, P4)

... it's not all that easy getting documents here. You have to communicate to authorities back home to get the legal documents to support your asylum claim. (FGD, P3)

... during the process, you need a lawyer to defend you and party members to see how they can help and give you information. All those things, it's a long process. (FGD, P3)

... you need a lawyer, you need to get proof of everything, photos...even though some judges don't accept it. If you "fight" hard, at least God will make a way for you. (FGD, P1)

Other Stressors and Return Intentions. Other stressors reported include experience of extreme cold weather conditions, lack of social support, work pressures and poor living conditions as migrants. However, participants reiterated that much efforts and resiliency exerted for survival in Europe could have been channeled to make ends meet in their home countries. Hence, it may be better to return to their country of origin if one cannot cope. These are indicated by participants in the following statements:

... I think we foreigners should decide. It is not do or die. Either you live in Africa, you must die, either you live Europe, you must die. It's better you go, that is your origin. (FGD, P1)

... coming to Europe, the weather is not fantastic for us as we are used to in Africa. People are dying, my brother. People are dying in a bit to come to Europe. (FGD, P1)

... people are suffering too, a lot. Many people are at least, no matter what you face in Africa you will find way out in your country. If they pursue you from north, you can even run to the south. If you struggle in Africa, the way you struggle in Europe, you may not need to come to here. The way people struggle here in Europe, my brother, if they do it down in Africa, they will make it. (FGD, P1)

... we don't like the weather... It is just as she said, if you find life difficult here, then you go back. Staying here without working makes no sense to me. It's better to go back. (FGD, P4)

Coping Mechanisms. Figure 9.4 displays the mechanism utilized by migrants. These include participating in religious activities and hoping on God's help, having dinners with migrants from similar cultural backgrounds and social support seeking. These activities afford migrants the opportunity of obtaining relevant information pertaining to proper integration into the German society. Discussions and advice

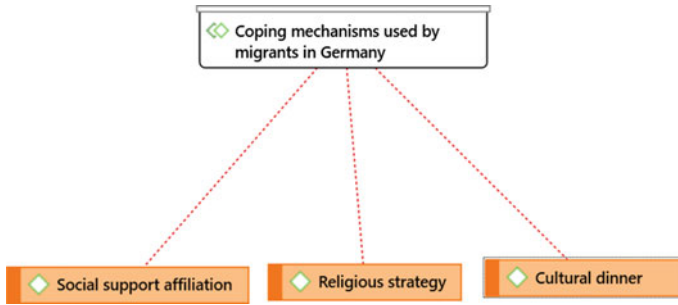


Fig. 9.4 Coping mechanisms

are given on how and where to get affordable lawyers to defend their applications. Via these means, migrants receive affection, financial and moral supports among themselves. Below are some of participants’ statements in this regard:

... people here need to get contact with fellow Africans so that they can meet somebody who can help. When we have problem, we explain it to our pastor. If the Immigration calls you he will follow you. If anything happens there, he will know how to support you immediately. But if you are alone, nobody will help you. (FGD, P1)

... why I say (said) I was lucky is because I was frequently going to church, I met other people who will give me encouragement and so on and so forth. ... (FGD, P2)

... I was directed to join a Caravan, there is a Caravan here in Bremen, here where the asylum seekers always meet every morning. They call it cultural dinner. People from different background make their own type of food. So, we meet there, we discuss, we give assistance. When you are in need of money, in need of lawyer, they will advise. (FGD, P2)

Recommendations. Participants expressed that there is need for skill development training in the host country to empower migrants to get jobs. In addition, favorable immigration policies should be formulated to help migrants get residence permits so that they can integrate better into host communities. It was also suggested that the immigration procedure for foreign students after completion of their studies in Germany should apply also to unskilled migrants. In other words, unskilled migrants should be given a certain period to learn a skill and find a job, and then should be allowed to have a stay in Germany. If these are not accomplished within a specified period, then they can be deported to their respective countries. It was also suggested that there is the need to improve on democracy in home countries to prevent emigration. Good democracy will promote development and reduce corruption, which is the bane of African socioeconomic problems. African governments should invest in their youths to prevent emigration into European countries. These are expressed in the following statements:

... we have problems with our democracy back home. Politicians hold on to power, people don’t want to leave power. (FGD, P3)

... old people are still holding key positions in government. The same people who served as ministers when I was a child are still in government till today. (FGD, P3)

... what applies to students should apply to unskilled migrants. When students get their degrees, they have two years to find a job. And if you don't get that job, you are asked to go back home. Also, migrants should be allowed to learn a skill and get a job. If they can't within a certain period, they should be asked to go back home. (FGD, P5)

... the attempt to seek for greener pasture would end if the national government will invest in programs that will uplift the skill development of the youths. (FGD, P5)

France

Focus group discussion were carried out in France among six migrants (two females and four males) from Nigeria (Fig. 9.5).

Push Factors of Migration. According to participants' narratives, the principal reason for migrating is because of the harsh economic conditions in the home country that put citizens in perpetual poverty. As a result, youths are motivated to travel to Europe in order earn income and give financial assistance to family members back home. Poor economic outcomes are hinged on the corrupt behaviors in leadership and followership. Notably, citizens who cannot cope with corrupt behaviors may consider migration to Europe. Other push factors include seeking of medical treatment, greediness and lack of contentment with what one has achieved back home.

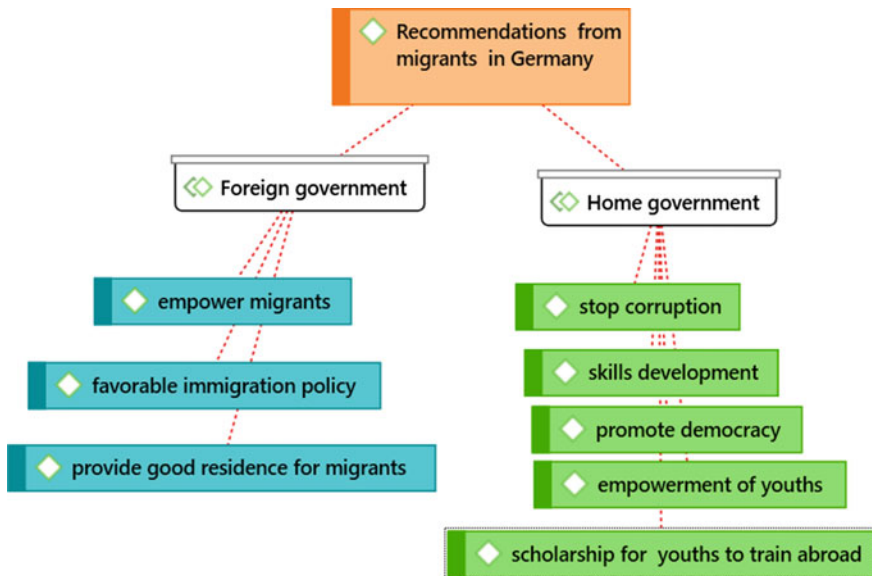


Fig. 9.5 Recommendations from migrants

Below are some excerpts from participant:

... most people leave Nigeria for various reasons. Number one, maybe when they are from a poor background, they tend to travelled out to sought for money so that they can assist their families. (FGD, P1)

... we know that when you come abroad the way their medical settings is different far far better off than in Nigeria. (FGD, P1)

... then others tend to travel because they are greedy because even when they are from a well to do homes, they still want to travel because they feel they want to come and make more money. (FGD, P1)

... we are going back to our country if only our country will be good. Economically, medically, socially and every other thing. (FGD, P1)

... corruption anywhere I went. I just left university working and everywhere stinks of corruption. Nobody is ready to work; they are ready to take money. Nobody is ready to improve... (FGD, P2)

... when it got to a particular time, I was always saying no no, I can't work in this kind of system... I was always telling my mum. She will always tell me you are the hardworking one but that's how the system is. You need to be careful so that you don't get into people's way. (FGD, P2)

... in Nigeria, those who are working are working, those who are embezzling are embezzling, and corruption is everywhere. Government is not willing, they are not straight-forward. (FGD, P2)

... transparency was not there. When you talk about transparency, it wasn't there. (FGD, P2)

Pull Factors. There is the perception that *it's all a bed of roses* in France. It is believed that migration to Europe would give an opportunity to make a huge amount of money in a relatively short period and enjoy life to the fullest. However, participants reiterated that these expectations are not met as soon as you enter the shore of Europe. Interestingly, a participant expressed that her reason for coming to Europe is the desire to marry a white man (Fig. 9.6).

... and others will leave Africa and come to Europe to come and look for greener pastures. They will come here, they don't know what they in for. (FGD, P1)

... the mentality of people coming from Africa is to make quick money as if you pick the money on the streets here. (FGD, P1)

... because you come over to Europe in search of money and... from day one, it's all about money. (FGD, P6)

... yea, I have always wanted to come to Europe. I had the intention of getting married to a white...I love their babies. (FGD, P2)

Another important pull factor in migration to France is sex trafficking. Young girls are recruited from a poor socio-economic background and brought to France to engage in sex trade by the so-called 'Madam' or 'Sponsor.' These girls are forced to pay back up to €60,000 to cover traveling expenses and other charges as demanded by the leader of the sexual networks. Refusal to pay the said amount may lead to threats to assassinate defaulters and family members in home country. These are reflected in participant's statement below:

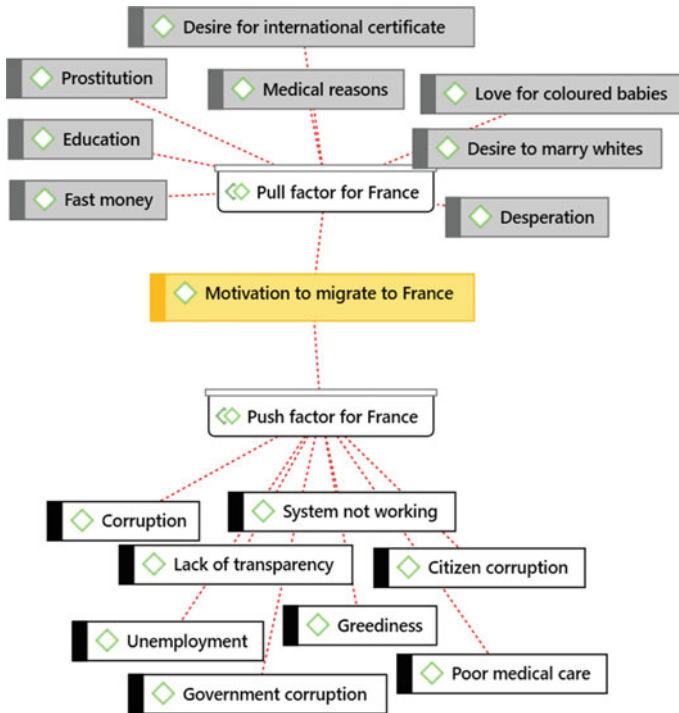


Fig. 9.6 Push and pull factors of migration

... trafficking, yes. So, a lot of girls came to this country through that means. So, they have to just look for means to pay off. Because if they don't pay they threatened to kill them. (FGD, P2)

... yes, most of these girls are from a very poor background. (FGD, P2)

... victims of sex trafficking are made to pay €50,000, €30,000 or €60,000 Euros. I will call them thieves, they are greedy. The madam or sponsors don't spare them. (FGD, P2)

Post-Migration Challenges. While migrants affirmed that France is a beautiful nation, they also felt that everything is not rosy in the country. Migrants are faced with a lot of challenges bothering on racism and language difficulty. Aside from being able to communicate in French, it is also important that migrants must be proficient in the use of the English language in order to get a job (Fig. 9.7).

Like other European countries, delay in documentation process is a major stressor for African migrants in France hampering integration. As a result of lack of legal status, many are underpaid and treated badly by some employers. In addition, sex trafficking continues to pose serious distress for victims as their lives are constantly under threat due to pressure to offset all charges demanded by 'Madams' or 'Sponsors' and redeem all agreements.

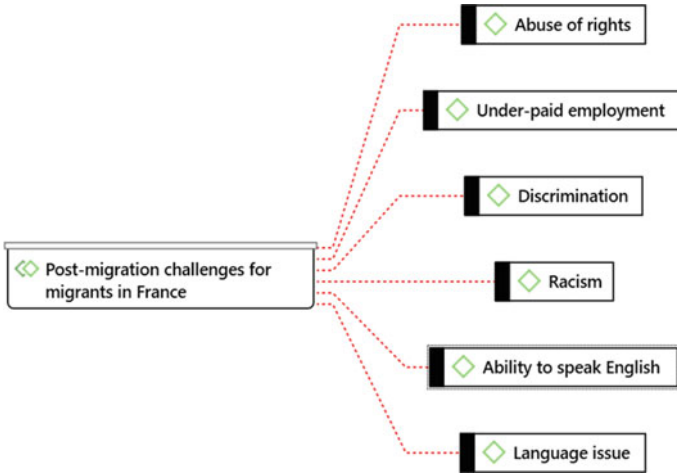


Fig. 9.7 Post-migration challenges in France

Participants’ expressions are presented below:

- ... language issue and the ability to speak English is an added advantage here. (FGD, P2)
- ... to survive. I have to make hand-outs. So, it was really very difficult...I never knew it is going to be that difficult. (FGD, P1)
- ... ability to speak English is good here. (FGD, P1)
- ... but if you are not lucky and you come across some whites that are racist, oh you will regret the day you enter into Europe. (FGD, P1)
- ... most important factor that is really affecting Africans is the language. (FGD, P6)
- ... they will so frustrate you, you will work for them and they won’t want to pay you because they know there is nothing you can do them if you don’t have your papers. (FGD, P1)
- ... I was supposed to be paid according to the hours I worked but because I wasn’t having papers, I was under paid. (FGD, P1)
- ... trafficking. Yes, so a lot of girls came to this country through this that means. So, they have to just look for means to pay off. Because if they don’t pay they threatened them... working in cold and every other thing, I don’t think it is worth it. (FGD, P1)

Coping Strategies. Religion seems to play an important role in the coping attitudes of migrants. Attending religious services enables migrants to have useful social contacts who usually provide information on ways to integrate into the French society. During religious services, migrants have opportunities to dance, laugh and get some relief from post-migration living difficulties.

- ... but I was so lucky. In the church I was attending I made announcement about job and was connected with families who needed English speakers to take care of their babies. So, it was very easy for me to get a job. (FGD, P1)

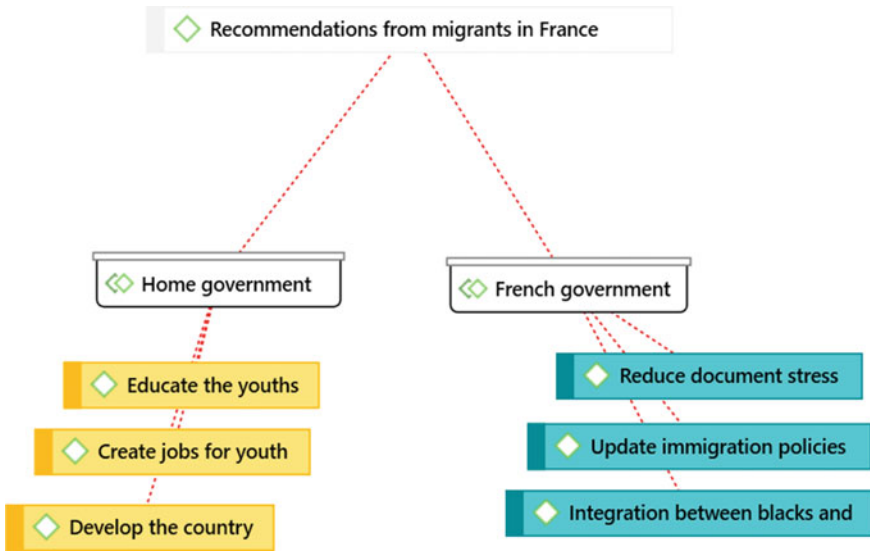


Fig. 9.8 Recommendations by migrants

Recommendations. The recommendations by participants are displayed in Fig. 9.8. It was suggested that the government of sending countries should educate the youths, create jobs for them and develop the country. For receiving countries, participant suggested that the documentation process should be less rigorous to allow integration. Additionally, government should put more relevant policies in place to discourage racism and segregation.

Below are the extracts from participants' statements:

... economically, Nigeria should be developed. If there is way they can create job opportunities for the youths. (FGD, P2)

... it is the youths that are travelling. The government should educate the youths. If they educate them very well and later have the reason to travel, they will represent Nigeria very well. (FGD, P2)

... if there is any way they can talk with government here to give papers. I think if they can just give working papers... (FGD, P1)

... the integration between blacks and whites is important. (FGD, P1)

Italy

Seven migrants from Nigeria participated in the FGD conducted in Rome, Italy.

Push Factors. Participants indicated that the reasons for migrating to Europe may not be general for all migrants. However, it was suggested that the central motive is the desire for a better life which could not be attained in home countries due to

corruption, insecurity of lives and lack of basic amenities such as electricity. People also migrate because of greed and lack of contentment.

Below are extracts from participants' responses:

... I don't like the kind of job I was doing while at home. I believe coming to Europe will enable me to earn more money... (FGD, P1)

... but coming to Europe is an individual thing. (FGD, P1)

... if you are in your country, you may not have better life. There are some factors that will hinder it or something that will not allow it. (FGD, P2)

... if you look at a country like Nigeria, there is no security and electricity power... (FGD, P5)

... there is corruption all over ... (FGD, P7)

... I just want to say something a little bit different. Do you know that some people are here because of greed? For me, if I had known I would not have been here because I am better off in Nigeria, do you understand? I am better off in Nigeria.. (FGD, P3)

Pull Factors. Besides perceiving Italy as a country to fulfil life dreams, participants noted that Italy's immigration policies are less stringent. For example, it is reported that irregular migrants are allowed to walk freely on the streets without being arrested by the police (Fig. 9.9).

Below are extracts from participants' statements:

... I think when it comes to documentation in the whole of Europe, Italy should be given number one. No country can out class them on that...they are good. (FDG, P3)

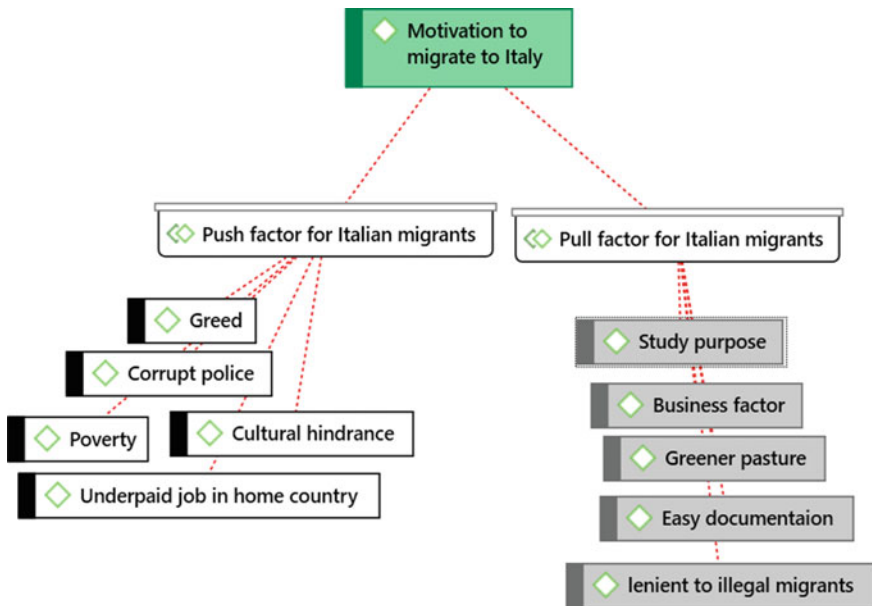


Fig. 9.9 Push and pull factors

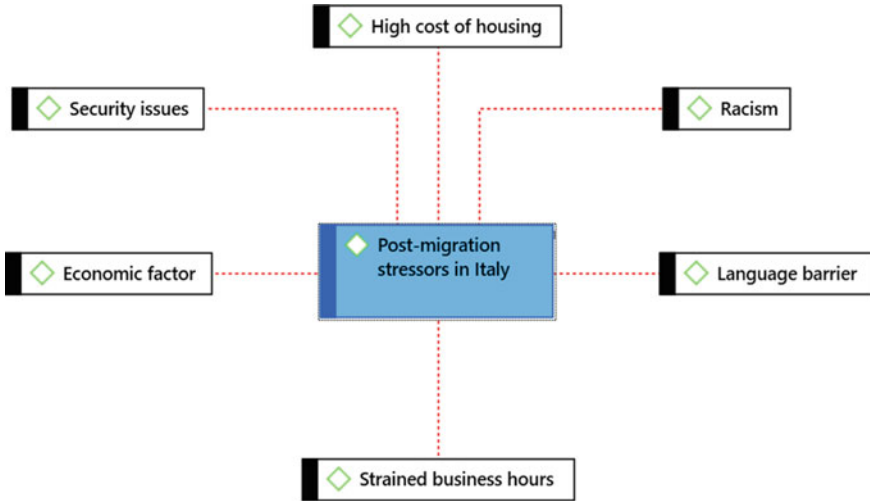


Fig. 9.10 Post-migration challenges in Italy

... well I think I came here for greener pastures thinking that when I get here things might be better... (FGD, P2)

Post-Migration Challenges. Figure 9.10 presents the post-migration living difficulties in Italy. Among these are language barrier, racism, high cost of housing, social security and economic issues. These are expressed as follows:

... for the first three months, I could not even say good morning in the street. I thought people can say good morning and everybody can understand you.....the language was anything else. I could only communicate with people I was staying with.... (FGD, P2)

... you need to know the Italian people. They will put fire in one hand and use the other hand to quench the fire. They give you smile but they have different things in mind. They consider black people as migrants... (FGD, P4)

... I thought when I come to Italy I will continue with the trade I was doing back at home... in fact it has been my dream because I know Italy have quality product...I thought that it is the same system. But I realize. As a matter of fact, when I reach Italy it was a different ball game [stressing these words]. (FGD, P2)

... Italians are very superficial, very superficial, though there are some good ones but it takes you time to find out the type of people you are dealing with, it can take years for you to find out...you need to understand them very very well ... (FGD, P2)

... the conditions of support for Africans here is low compared to other countries like UK and Germany. When you have family, they help you a lot, but in Italy, they deprive... (FGD, P1)

... so, when you go to stations you see the refugees and those new in the country walking about, looking haggard... some are evicted from their house... (FGD, P3)

... they don't care, approaching an Italian shop 3h05 they say I am closing or go somewhere else, they don't care. This August, the shops are closed the offices are closed. (FGD, P5)

Feelings of Accomplishments and Regrets. Two out of three participants expressed some regrets for migrating to Italy especially during initial arrival. Regrets bother on the wide discrepancy between expectations and actual experience in Italy. Migrants would have preferred to return home, but are unable to take such decision considering the difficulties and ordeals experienced during the travel to Europe. According to them, returning home after expending so much resources on the journey do not make sense. On the other hand, one out of the three participants has a sense of accomplishment and does not regret migrating to Europe.

Below are extracts from participants' statements:

... if I had known I would not have been here because I am better off in Nigeria, do you understand? I am better off in Nigeria. (FGD, P3)

... I decided to stay considering what I passed through before getting here. Had it been it was that easy for me to just buy ticket and go back, I would have just bought ticket. But I have passed through a lot. Then I say what's the sense in going back. So, I started working. (FGD, P3)

... when I was in Nigeria some years back, by grace of God, I was not doing so badly. I was a business man. (FGD, P2)

... 10 years now, I can't say I have much regret. Not that I am doing too bad but had it been I was in Nigeria I would have been better. (FGD, P1)

... My God! I would have been better than who I am right now, but I am not regretting. (FGD, P1)

... actually, to me, I can't regret anything now. It was when I came newly that I regretted coming here. But as times go things began to unfold. Today, I am not regretting anything. (FGD, P1)

... not much regretting, I still have high esteem for better life after staying longer here. Things are moving well, but in comparison with other European countries, it is not. That is where the regret lies. (FGD, P3)

... I went back to school here. I think I am becoming a better person now, I work in a very good place. I am ok, I am not regretting anything now. (FGD, P2)

Spain

Two separate focused groups of men and women migrants participated in the FGDs conducted in Lleida, Spain. Male and female Participants were mainly from Nigeria, Ghana, Cameroon, Sudan, and Liberia.

Push Factors. According to participants, poverty, poor socio-economic status and corruption in their home country were major factors necessitating migration to Europe. Migrants believed that migration to Spain would help improve individual socio-economic conditions and enable provision of financial assistance to family members back at home (Fig. 9.11).

Below are quotes from participants' statements:

... well, it is somebody that brought me here because of the suffering in Nigeria... I have two kids, no money no help. But somebody saw me, he pity on me, brought me to this place to come and look for what to take care of my children. (FGD, P4)

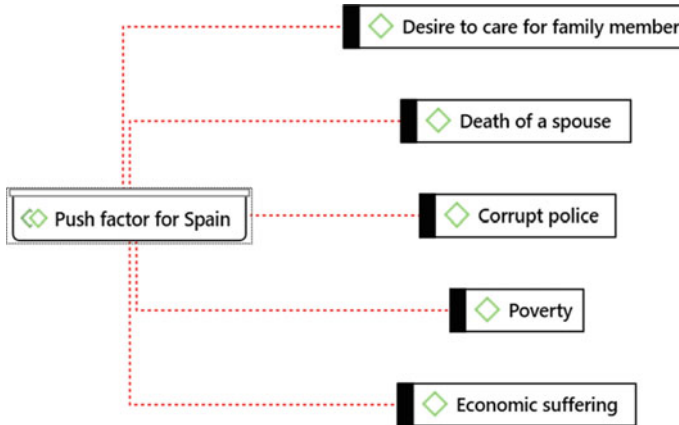


Fig. 9.11 Push factors for Spain

... I lost my mum about 30 years ago. You know my mum was very young at the age of forty-five. So, the situation then was bad in Nigeria. When my mum died, I was the one taking care of my younger ones. (FGD, P5)

... the situation in Nigeria is very bad, very very bad... (FGD, P5)

Mid-Migration Challenges. Migrants undergo various challenges on their way to Spain via Morocco. They suffer from hunger and most times consume undernourished food. Other difficulties include police arrest, exposure to dangers when during hide-outs in the bush to evade arrest and risking of lives when attempting to jump onto a moving train. Additionally, it was reported that a fellow migrant who slept off under a cargo train to take a rest after a long journey was crushed at the movement of the train.

Below are excerpts from statements of participants:

... when we want to enter the train, we will wait until we are able to jump inside. When we see the police, we will move to the front of the train. On getting to Rabat we trek to where we sleep. It's difficult... (FGD, P4)

... hmm, for example, after a long journey we have to rest a little bit before we continue. So, we now hid under this cargo train.... Nobody knew the cargo train was working. One of us was still sleeping while others have left. The cargo train moved and crushed him. He slept off he didn't know. (FGD, P2)

... we ate bread and garri.² Normally we take garri along. The gateman (i.e. the keeper) buys food and bring it for us inside the bush because he has Moroccan passport. He will buy the food and give us... (FGD, P3)

Post-Migration Challenges. Similar to other European countries, the post-migration problems encountered in Spain include lack of legal status or documentation problems, discrimination, racism, and unemployment. Discriminative attitudes

²Garri (a staple West African food) is a powdery dry granular made from cassava. When soaked in water, it can be taken as garri. Milk is added for taste. It is cheap and therefore deemed to be a poor man's food.

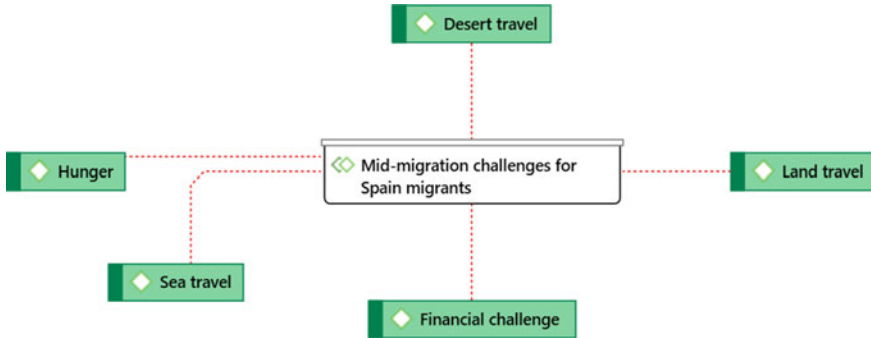


Fig. 9.12 Mid-migration challenges

may vary for citizens from West Africa. For example, it was reported that Nigerians were more discriminated against compared to Senegalese. Migrants also reported that racism pervades the work place which has made many to lose their jobs. For instance, it was noted that Africans working as attendants experienced low patronage because natives do not patronize them. Rather, natives most times prefer to transact business with fellow natives. In addition, educational certificates obtained in home countries are not accepted for employment, and as a result, many migrants are employed in “inferior” positions and low-paid jobs while others re-enroll in degrees they had already obtained before arrival in Spain (Fig. 9.12).

Below are quotes from participants’ statement:

... the way they treat white is different from the way they treat we black. For example, now, it is impossible for us to work with the degrees we obtained at home. They will say those certificates you have are not valid. You have to start from the scratch, you must go to school again and learn their language. (FGD, P5)

... I came here since March 2011, which is four years now. I am here, glory be to God. For now, I have been “fighting” for my documents but yet to get it. But I know by God’s grace, I will get it. (FGD, P5)

... for now, I don’t have paper, but I know God will do it. (FGD, P4)

... I use to believe Europe is okay before. But here is worst. Why did I say so? Because when I go to some places, they will allow [Moroccans or Arabs]³ and Senegalese men to enter, but they will reject Nigeria, I don’t know what is wrong, I don’t know what is wrong. We Nigerians here in Spain are suffering, we are suffering. (FGD, P5)

Intention to Return to Home Country. Almost all FGD participants in Spain showed no intention of going back to their home countries. While acknowledging that life in Spain was tough and stressful, migrants believed they could cope better with these difficulties compared to the troubles and problems in their home countries. Some expressed that they could visit their home country but are not willing to take on permanent residence there anymore (Fig. 9.13).

³Migrants from North Africa are sometimes and interchangeably referred as Arabs or Moroccans because of their religious (Muslim) appearances.

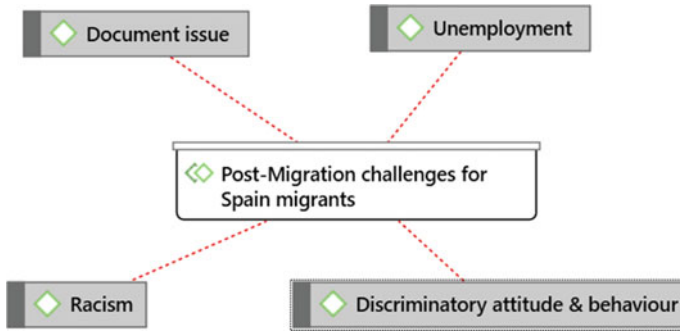


Fig. 9.13 Post-migration challenges

Below are excerpts from participants' view:

- ... I know there is stress here, but it's better than Nigeria. (FGD, P5)
- ... go back to Nigeria? No. No I can't go back to Nigeria. If I have my papers I may go to visit. I cannot stay Nigeria. (P1)
- ... this place is better than Nigeria... here is better than Nigeria.

Figure 9.14 Similar to FGD participants in France, participants in Spain suggested that governments of home countries should provide basic amenities such as good roads, electricity and water for the people in order to discourage migration to Europe.

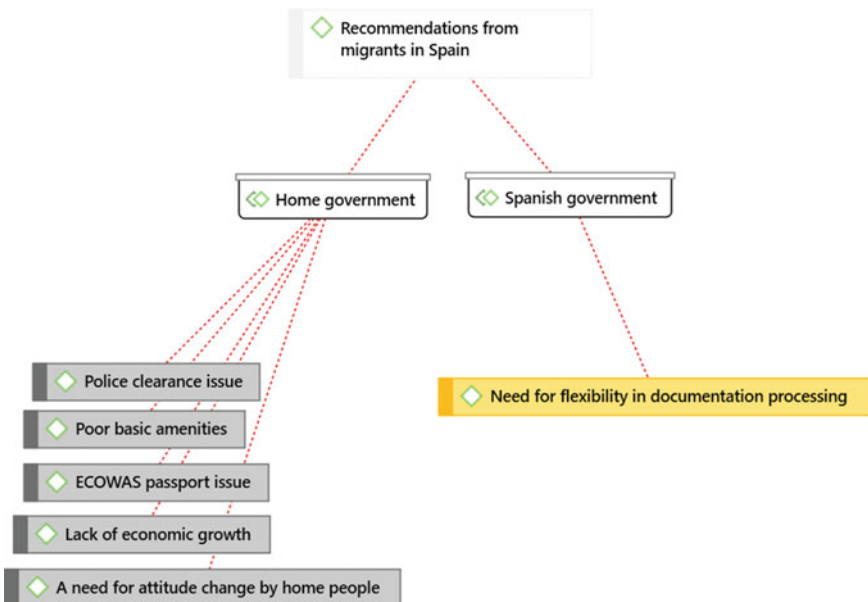


Fig. 9.14 Recommendations from migrants

Additionally, the African Union should defend Africans who are being discriminated against in Europe. It was also recommended that the ECOWAS Passport should maintain the same identity number upon renewal to allow easy monitoring and tracking of citizens. For receiving countries, migrants proposed reformulation of immigration policies to allow flexible processing of documentations and legal status.

Below are quotes from participants:

... we need good roads, electricity, basic amenities, water in home country to stop migration to Europe. (FGD, P2)

... ever since I came to Spain, my ECIS number is the same right from the first time, without changing it. Anywhere you go to, the moment you type in your ECIS number, your data will appear. But in ECOWAS passport, anytime you renew, they change the number. (FGD, P5)

... what we really need in Spain is the document. They should make things easy for us, we really need the document. (FGD, P6)

Migration Routes and Conditions of Journey. Participants further narrated the routes taken to get to North Africa and then Europe. Principally, they journey through Libya to cross to Italian or Maltese shores via the Central Mediterranean Sea. Alternatively, migrants pass through Morocco to reach Spain via the Western Mediterranean Sea or the land route. The journey is described to be a difficult and challenging one beginning from home countries. One migrant from Nigeria on the way to Italy summarized the journey to Libya as follows:

... we passed through the Libyan route. The journey started from Benin-City (Edo State, Nigeria) by bus. Then from Benin-City to Kano (Northern Nigeria). After Kano, we got to Zinder and then Agadez (both in Niger Republic) where we spent about one month. The journey took almost two days to get to Agadez from Zinder. We got delay in Agadez because we were waiting for escorts and soldiers to ensure our safety from bandits in the desert that harass and kill people. Then a big trailer conveyed us from Agadez to Dirkou. A double decker now carried us from Dirkou to Modama (Northern Niger). Then from Modama to the Sahara Desert and then to Libya. (FGD, P4)

Further, the experience of travelling through the desert was life threatening. In many occasions, migrants who do not utilize the services of smugglers because of the inability to pay charges may miss their way, starve and die in the desert.

One of the participants narrated as follows:

... the easiest way to pass through the desert is for you to pay smugglers so that you can know the route to go. The reason why you see many people die in the desert or in the sea or when climbing barbed wire is because they don't have money to pay. Without map people get lost in the Sahara Desert... But if you really pay someone that knows the road, you will not get lost or die of hunger. They will feed you, make sure everything is okay. (P2)

In addition, moving as a group was reported to be safer than traveling with few individuals in the desert journey. However, travelling as a group with preponderance of female migrants constitute greater risks as females are highly susceptible to sexual abuse and rape. Moreover, migrants usually bribe bandits and robbers along the desert way in order to avoid being assaulted and killed.

... if you run alone, they will catch you and rape you if you are a girl. As a girl, if you want to move with a group, make sure in that group, there are 15 boys or 10 boys. But if you go with a group where there are two boys and the rest are girls, they will rape those girls. (FGD, P2)

... but if you don't bribe them, they will kill the boys, but the girls they will rape them... (FGD, P1)

Migrants further narrated the journey from Nigeria to Ceuta, a Spanish enclave sharing land border with Morocco. The traveling mostly occurred in the night '*when the road is clear*' to avoid arrests by police and patrols. One migrant remarked that he was arrested and put in the cell 14 times at the border between Moroccan and Algeria. Journeys were typified by several risks with serious dangers to life. Below are excerpts:

... the journey started from Benin –City (Nigeria). From Niger Republic we passed through the desert to Bamako (Mali) in a jeep. We lived on "garri", milk and water. Then from Bamako to Algeria. After passing the towns in Algeria, we then got to Morocco. Passing through Algeria to Morocco was very difficult because the police there were not corrupt and don't take bribe. We climbed from mountain to mountain and descended many times before we got to the boundary between Morocco and Ceuta. There were barbed wires everywhere. We pass under the barbed wires, and then straight to the tunnel. After walking for some time inside the tunnel, we got to another place inside it that led to Ceuta. We now came out from a tiny hole and got into Ceuta City. Then the Arab people leading us looked for taxi that took us to the camp. The journey took a month and three weeks. (P2)

... from Algeria to Morocco, they don't take bribe. So, what we do is to wait for when the road is clear, we normally pass the place by night... when they are coming we just lie down and wait for them to pass. If they catch us, they will put us in the cell. From Morocco to Algeria, I went to cell fourteen times. (P1)

Moreover, migrants usually disguise as refugees before entering into the camp. This involves throwing away their passports, making themselves look dirty and tattered. Below is the narrative:

... for example, if you have anything, like document, passport... we throw everything away and make sure we look very rough. Maybe if our shoe is complete we just throw away one, or go into the camp without shoe, so we look like refugee. (P2)

Migrants who do not have enough money to pay smugglers pass through dangerous routes with a mind-set that the trip may take their lives. For example, smugglers may charge up to €1500 to smuggle migrants into Ceuta. Unfortunately, migrants who cannot pay such an amount would have to climb the barb wired fence to jump into Ceuta. Jumping the fence into Ceuta is considered highly dangerous and mostly accompanied with low success rate. It is a journey of survival of the fittest. It's either they die or survive, a condition referred to as *self-beating*.

... we paid €1500 to cross from Morocco to Ceuta.... those that climb barb wired fence as shown on the TV did not pay anybody; they are on their own.... if I want to die I die, if I want to survive I survive. That is what they call self-beating. (P2)

Netherlands

There were six FGD participants for the study in the Netherlands consisting of four males and two females from Burkina Faso, Ivory Coast and Nigeria.

Pull and Push Factors of Migration. Better environment and guaranteed good living conditions were reasons for migrating to the Netherlands while security problems, threat to life and economic challenges were motivations to leave origin countries. Below are some statements of participants:

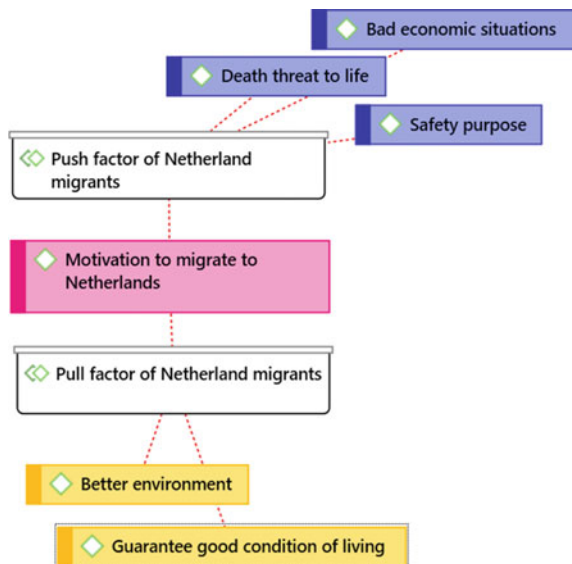
- ... I received even death threat. (FGD, P1)
- ... you just want to leave your country, for you they are like god (in Europe), they can save life, they have place, you live good and your pain is finished. (FGD, P1)
- ... one thing is that you have death threat back home, what are you doing back home? (FGD, P1)

Mid-Migration Challenges. Majority of participants arrived in Europe by boat. They could not travel by air because of lack of proper documentation. However, they undergo the stress and discomfort of sea travel with the hope that better lives lie ahead of them in Europe (Fig. 9.15).

Below are some excerpts from narratives of participants:

- ... for me especially, I came by boat, you cannot come by air because you don't have documents. (FGD, P1)
- ... I didn't know I was coming to Netherlands... I only heard Holland while in Africa but never heard of Netherlands. They put me in a room in the boat until we got here. I didn't choose to come here but I am here. If anyone try to destroy me, I'll give my life, I don't have anything to lose... (FGD, P2)

Fig. 9.15 Push and pull factors of migration



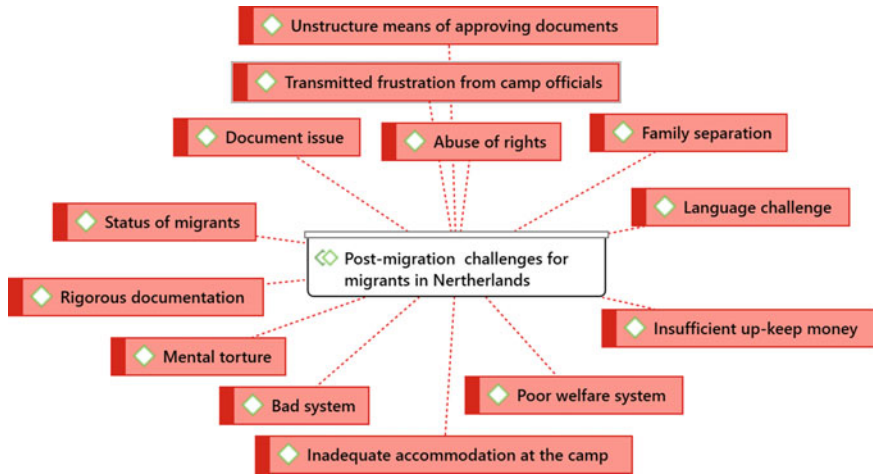


Fig. 9.16 Post-migration challenges

Post-Migration Challenges. There are several post-migration problems reported by selected migrants in the Netherlands as shown in Fig. 9.16. These challenges include spending several years in camps, rigorous documentation system, abuse of rights, language barrier, and family separation.

Suicidal ideation may occur after staying in refugee camps for as long as seven to eight years under poor health care services. This is evident in one of the participant's statement:

... a lot of persons come here and say they get off their mind and some kill themselves...They stress you to the level that you can easily lose your life". (FGD, P4)

At an intense feeling of despair, migrants may see no reason why they should continue to exist. They considered that the entire duration for processing of documents for attainment of legal status takes too long, which to a larger extent amount to wasting substantial part of an applicant's productive life. This delay can be highly traumatizing. Besides delay in the documentation process, migrants considered it as a great challenge and unfairness when family members are separated from each other. For example, a mother may be granted refugee status while her child is refused this status. In some other cases, family members may not be permitted to live under the same roof due to some technicalities in immigration laws. Consequently, the agony of family separation will constitute a major mental health challenge for migrants.

Below are the words of participants in this respect:

... yesterday, I went to where my mother was residing. Officials made it known that I cannot stay with my mother in the two-bedroom apartment she is housed. If you are a family member, you cannot go and spend time on Wednesday and before you can visit, one needs to get permission by obtaining a stamp. But for me, that is unacceptable. Why do I need time schedule or permission to visit my own mother? I asked the official why I can't stay there, she said it's the law and cannot change it but if I have a friend, I can go and sleep in his/her

house, but can't sleep in my mother's apartment. Very wicked, this system, it is so corrupt, you have your own mother, you can visit her but can spend the night with her. (FGD, P4)

... imagine that they granted refugee status to the son and refused the mother or granted to the mother and not the son or granted the father alone. Does that make any sense? The system is unpredictable. You cannot say for this guy it is like this, so mine will be like that, every time, it is different. (FDG, P4)

... I don't understand the system that is why I say they are here to confuse you. Yeah, they say you don't have problem, your mum has problem but we are the same family, we are coming from the same womb... Now they granted status to my mum and refused mine. I came many times, what can you do? Nothing, they say the system is like that. (FGD, P4)

... if you ask them whether your children and grant children can live with you in the three-bedroom apartment housing you, they will say no. The house is for you and yourself, not for your daughter and your grandchildren. (FGD, P4)

... in addition, if a mum assists her children, they will take her document. (FGD, P4)

... people are wasting away here. (FGD, P1)

.... I received negative decision in July of the previous year and went to court in August of the following year, making a year and one month. (FGD P2)

... to be in the camp for 7.8, years can drive someone crazy. (FGD, P1)

... granting of documentation is by luck. For example, out of five applicants from the same country and same reasons for migration, two may be granted status while the others are denied. Then you asked why through the lawyer. The officials might say the other three were lying because of the way they talked. You can also be so unlucky and face big problems if you are given stringent official to handle your case. Even some officials might just see you and would not like your face. You may also be unlucky to have officials who have family problems handling your case. Such official may bring their frustration to work and deny applicants based on transferred aggression. (FGD, P3)

... they have a lot of people here at the camp, one person, two bedroom or three bedrooms. They put pressure on you so that you can make up my mind and asked to be sent home. They have the whole power because they have my passport. (FGD, P2)

... I received a negative decision and they said I can go back home... I was in a relationship for seven years with my children father back home but have been here for almost four years. That relationship is no more because a man will not be waiting for a woman four years. They are saying I can go and make amends with the man. I say we are no more in relationship. Where do I go? My family back home is very small, my grandmother is 75 years and there is no work back home. If I should go back, my children will be affected because they have already started school here. You mix up their brain with this language now and you want to turn them around again. Whatever they are teaching in school when they return home will be difficult for them because they have already learnt Dutch. They will start learning English again; you understand? (FGD, P5)

In addition to the aforementioned difficulties, migrants also complained about the poor health facilities and unfavorable living conditions in camps. As a result of low health insurance, migrants may not have opportunity to visit a medical doctor for adequate diagnosis and treatment of ailments. Moreover, camps could be overcrowded without proper facilities to cater for needs of inhabitants. Excerpts from participants' statements regarding these are presented below:

... even here in the asylum, you will be very sick they will only give you paracetamol, they don't care. You are not given a letter you go to the hospital and see an official doctor... because insurance is low. To tell you the truth, they treat us so badly here... (FGD, P4)

... they just help everyone from nine to ten, if you come one minute after, they say come tomorrow, they ask you to go and come back tomorrow, even though you cry...even if you are that sick, they won't attend to you. (FGD, P2)

... I was sick once, my throat was swollen and asked for antibiotics to clear my throat infection. But was given paracetamol which I took initially but didn't work. I requested to be sent to the hospital. They said ah in Holland they don't like to give the Augmentin, because of side effects. I said, please, at least it will help me, I cried, I said I will not leave, I decided that I will not leave there. They said, you have to leave me, I will not leave, I said I know myself, I am in pain, I will not leave here, that was when the lady sent me to the hospital. When they checked me, they said ooh your throat is so badly infected, they give me anti-biotics in two days, I could eat. (FGD, P4)

... and next thing, I can say here, they make living condition so bad. Look at this small television given for everyone here to watch. You can't have a micro-wave, you can't have additional thing, just these, what they give you. You can't have nothing!!! In this place... they put eight people in an apartment. It's a problem when one wants to shower or cook, you have to wait for your turn and be faster in doing everything. (FGD P6).

... eight people in each apartment, two in a room with no micro wave. Even you can't put mat on the floor, if you do, they will "butcher" you. (FGD, P4)

Coping Strategies of Migrants. In coping with stressors, some migrants indulge in excessive use of medications and pills which may result in memory loss. Other coping methods include being resilient, smoking, keeping out of trouble, and showing self-discipline.

These exemplified in statements below:

... I don't suffer because of the medicine they give me to sleep... when you wake up, it's as if you don't have anything in your head. (FGD, P6)

... You take that medicine; it is your life. Medicine is the only thing that make you forget your sorrows and speak good. (FGD, P3)

...Some people drink because they are nervous... yeah, you have to be very very strong... (FGD, P3)

.... So, people indulge in alcohol intake. (FGD, P1)

...But I don't blame them because I myself drink alcohol and smoke to stay strong... (FGD, P6)

United Kingdom (UK)

Four migrants (one female and three males) participated in the focus group discussion carried out in the UK. The countries of origin include Ghana, Ivory Coast, and Nigeria (Fig. 9.17).

Push Factors. Push factors necessitating migration to the UK are displayed in Fig. 9.18. They include financial difficulties, limited job opportunities in home countries and desire to assist family members.

Below are some quotes from participants' statements:

... I want good living and wish to help my people back home. (FGD, P1)

... it's quite worrisome and sometimes very depressing because of financial issues back home. We all came here with the intention of making some living. (FGD, P2)

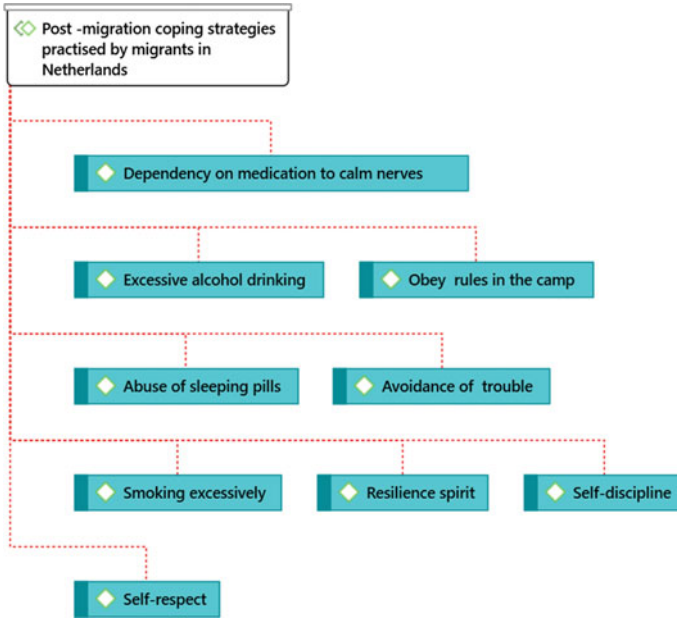


Fig. 9.17 Post-migration coping strategies

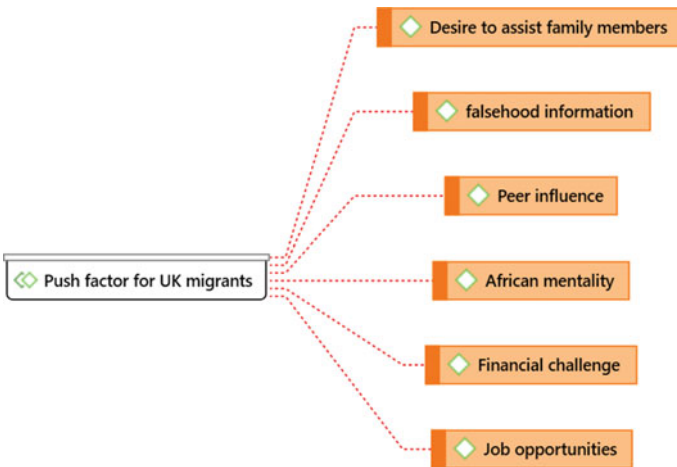


Fig. 9.18 Push factors

Pull Factors. Figure 9.19 displays the pull factors to the UK. These includes an attraction for UK degree certificates and false information from peers about what one generally obtains in Europe.

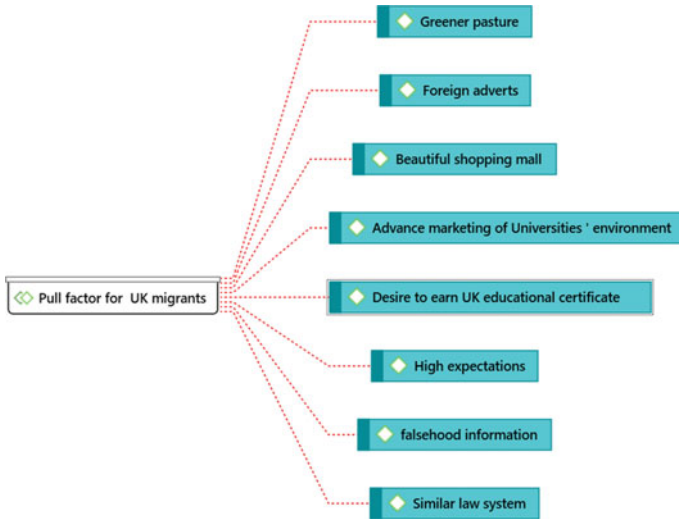


Fig. 9.19 Pull factors

... it was for academic purpose, I came to London after finishing my masters... (FGD, P1)
... United Kingdom Educational System (UKES) was the travelling agent that helped me to come here...my counsellor used to tell me that “don’t worry”. I was just worried then that how can I just go and pay up to four million Naira for a Master’s degree in Law in UK when I can do same thing in University of Ibadan (in Nigeria) for 120,000 Naira and my balance will be there. (FGD, P3)

Some of the participants expressed that Europe was painted by peers as a continent where you can fulfil all life goals, have comfortable life experience and get lucrative jobs. For example, family members and friends usually send personal photos (taken in beautiful places in Europe) to relatives in home countries in order to create the impression that life is good in the foreign land. In addition, whenever migrants return to home country for holidays, they display their “wealth” by wearing flashy clothes, driving nice cars and spending extravagantly. These and many other factors such as limited job opportunities and lack of basic amenities in home country usually create the desire to travel to Europe.

Below are quotes from participants’ statements:

- ... my real reason for coming here were those friends I have...They influenced my decision to come here. I want good living and wish to help our people back home. (FGD, P1)
- ... my friend also told me that you can get a job, it is just about applying and you will get it...[laughed]. It is funny because the guy has not even gotten a job. (FGD, P1)
- ... in Africa generally, when somebody come from abroad no matter the country, they display their wealth by driving fleet of cars and giving people money... (FGD, P1)
- ... before I came to the UK, I heard many things from different people that when you get here, you can get jobs, you can do this... at least you can get the money you spent in coming here. (FGD, P3).

... the kind of mentality we have in Africa is that, once you leave the shores of your country, you can't come back to your country the way you left. You don't mind spending all the money you made with your last blood or sweat in one day to show people that you have been in abroad... (FGD, P1)

... I remember one time when I was working in a shopping mall, very nice place! I took some pictures and I send it home. When they saw how people dress in the mall they thought that is the kind of life I live. But when you walk to the outside you see that the environment is not beautiful as the inside. (FGD, P4)

Post-Migration Challenges. Similar to the EU countries, migrants in the UK expressed that limited job opportunities, financial problems and racism are common sources of stressors experienced in daily lives. Some migrants indicated that they would return to home countries if difficulties persist for a long time.

Below are some responses in this regard:

... I will say that jobs opportunities are really, really limited. But you will see that there are a lot of advertisements everywhere. But it is when you start the process of trying to apply, that you discover it's not easy to get one. (FGD, P3)

.... then there is marginalization too. (FGD, P3)

... yeah there are lots of challenges, problems here and there, especially when you have your family here in addition, it makes things more difficult. But worse of all is getting your dream job, you see numerous jobs on-line, you apply, but getting then is a problem. (FGD, P4)

... when I was in London, I went to 20 interviews... they say, you haven't gotten any experience, you just got a degree and this degree is not going to give you any job. (FGD, P2)

... there are lots of horrible experience in London, because of jobs but I thank God that when there is life there is hope. (FGD, P1, 2)

... in fact, with the reality of what I am facing and seeing... if things remain like this, I think it is time for me to go back... (FGD, P1)

We deliberately conclude our documentation of the results of our qualitative study with the above quote "...in fact, with the reality of what I am facing and seeing... if things remain like this, I think it is time for me to go back."

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Chapter 10

Discussions and Conclusions



Not everyone will understand your journey but that's ok. They need to understand their own not yours.
(Unknown)

Abstract This chapters points out the main findings of the study once more and puts them into context. We hope that readers will also want to discuss our findings with us: Has the study really made it obvious—as we suggest—that “the African migrant” to Europe is a chimera? Reasons for migration, the fate of individual migrants, and also the mental health status (pre and post migration) differ largely, so that “one size fits all” interpretations of our findings do not exist.

Introduction

In the previous chapter, we showed the hazardous and perilous encounters of African migrants as they journey to Europe through the Sahara Desert, conflict-laden Libya and the dangerous Mediterranean Sea together with difficulties experienced upon arrival in Europe. In spite of the fatalities associated with these journeys, it is noteworthy that there is a scarcity of empirical studies examining the impact of migration stressors on mental health and PTSD of African migrants who have successfully arrived in Europe. Most research carried out in this area chiefly concentrates on refugees and asylum seekers from the war-torn Syria, Iraq, Afghanistan and other Middle East countries, while neglecting migrants from Africa especially those of sub-Saharan origin. To the best of our knowledge, the only available evidence in the literature is the study of Pannetier, Lert, Jauffret Roustide, and du Loûa (2017) that examined the role of migration paths and transnational ties on mental health (measured in terms of anxiety and depression) of sub-Saharan African migrants in France. In expanding existing knowledge, we examined the impact of pre- and post-migration stressors on mental health and PTSD of African migrants in five

<https://www.youtube.com/watch?v=2neHPQs6710>. Accessed March 27, 2020.

EU countries (Germany, France, Italy, Spain, and the Netherlands) plus the UK. In addition, our methodology was not only quantitative, we also included qualitative research tools to holistically understand the migration experience.

Quantitative analysis was performed on migrants' data within and across the six countries. The same procedure was followed in the qualitative analysis with the goal of identifying push-and-pull factors of migration, pre-mid-and-post experience of migrants in specific European countries, intentions to return to home country, coping mechanisms and recommendations provided by migrants on ways to improve their conditions in Europe. The present chapter contextualizes and discusses the results emanating from both the quantitative and the qualitative analyses.

Pre-migration Stressors, Mental Health and PTSD

Generally, all six European countries taken together, our findings show that pre-migration stressors are predictive of both mental health and PTSD of migrants. However, the influence of these stressors is weak on mental health compared to PTSD. This pattern shows relative variations when results are compared among migrants in the different European countries. For example, in France and UK, we found that pre-migration stressors do *not* impact either PTSD and/or mental health problems. In Germany, the Netherlands, and Spain, pre-migration stressors were predictive of PTSD only. Collectively, findings confirmed previous results (Pannetier, Lert, Jauffret Roustide, & du Loûa, 2017; Le et al., 2018; Schubert, Punamäki, Suvisaari, Koponen, & Castaneda, 2019), suggesting the impact of pre-migration trauma history and stressors on PTSD and mental health problems among sub-Saharan Africans in France. But why do pre-migration stressors have no significant impact on migrants in France and the UK in the current study? Possibly, the effect of pre-migration stressors on migrants have waned over time due to better integration pathways (such as common official languages, business relations, existing social networks, cultural attachments) existing in these countries given their deep post-colonial ties with sub-Sahara African countries (Giménez-Gómez, Walle, & Zergawu, 2017). Alternatively, the zero impact of pre-migration stressors may indicate that majority of African migrants sampled in UK and France predominantly sought a furthering of their education, who did not experience major pre-migration difficulties. Invariably, the relative relief from difficulties experienced in home countries and during transit may have suppressed the impact of earlier-life stressors and a trauma history on mental health problems.

Post-migration Stressors, Status of Migrants, Mental Health and PTSD

In contrast to the relatively small influence of pre-migration stress on migrants' mental health, we found an alarmingly strong impact of post-migration stressors on mental health problems among migrants across all six European countries under scrutiny with a more profound impact in France, Italy, and Spain. Qualitative findings showed that migrants undergo a whole lot of challenges in destination countries in Europe ranging from irregular status, rigorous documentation processes, unemployment/underemployment, inadequate camp accommodation, high cost of housing, discrimination, abuse of rights to racism, disdain, and being perceived as criminals and given suspicious looks by natives. One astonishing pattern in qualitative findings is that, migrants in France, Italy, and Spain (where high impact of post-migration stressors was found) reported more racism problems. This may imply that continual presence of racist behaviors in some—if not all—included European countries may be germane to mental health difficulties experienced by African migrants. Racism behaviors are displayed by natives when it comes to employment of African migrants. Apart from the fact that degree certificates obtained in home countries are not recognized for employment, migrants who are lucky to get an employment are employed in low status jobs (Jaspars & Buchanan-Smith, 2018; Martin et al., 2016). In addition, migrants who work as attendants may not be patronized because whites prefer to patronize fellow whites.

In the qualitative study, migrants reported that sub-Saharan Africans are targets of discriminatory attitudes and behaviors in Europe. The persistent nature of prejudice and discrimination in Europe hinders migrants' integration and adaptation in host communities (de Freitas et al., 2018; European Commission, 2011). Besides racism and discrimination, language is another major post-migration factor serving as impediment to integration and positive mental health of migrants in all included European countries. For example, buying groceries is accompanied with difficulty as migrants needed to spend a lot of time on Google translation before going to the supermarkets. Even in a country like France where language should not be a barrier for African migrants from Francophone countries, it is often also required for migrants to be proficient in the use English language before they can get employment. Collectively, these outcomes provide support for past studies suggesting the negative influence of post-migration living difficulties on mental health of refugees and migrants from Africa and other mixed nationalities (Pannetier, Lert, Jauffret Roustide, & du Loña, 2017; Schick et al., 2018).

In addition, an examination of further specific stressors at post-migration showed that post-migration sexual abuse predicted mental health problems among migrants in France, Italy and Spain. Post-migration sexual abuse may stem from sexual traffickers and networks forcing vulnerable migrants into sex work in many European countries (Marsicano, Lydie, & Bajos, 2013). For example, in France qualitative

results confirm that human trafficking still persists among African migrants where (mostly) female migrants are coerced into prostitution and used as sex slaves until they are able to refund traveling expenses incurred (by traffickers) in bringing them to Europe.

Further, feelings of threat in the post-migration phase were found to associate with mental health problems among migrants in Germany, France, Italy, and Netherland. The threat of being deported to home country may also contribute to poor mental health in terms of anxiety and depression. African migrants whose asylum application is denied or who are still carrying expired refugee papers are in constant fear of police arrest and subsequent deportation (Pannetier, Lert, Jauffret Roustide, & du Loûa, 2017). This is because the salience of the skin color of sub-Saharan Africans in Europe makes them more vulnerable to police checks compared to migrants from other racial groups.¹

Results also demonstrate that post-migration stressors predict PTSD but in a *reversed* direction. We found increased stressors predicting *lower* PTSD levels, but much higher levels of general mental health problems. This suggests that post-migration stressors do not induce PTSD, nor do they seem to worsen existing post-traumatic stress and symptoms. The direction of this result can be acknowledged as logical, given that post-migration stressors are not traumatic, violent or war-related, whereas at the same time they are present permanently and they are numerous. Our result is consistent with the study of Laban et al. (2004), where post-migration difficulties associated with prolonged asylum procedures accelerated mental health problems such as anxiety and depression but not PTSD levels among Iraqi asylum seekers in the Netherlands.

As a post-migration issue, the legal status of African migrants was also found to predict both adverse mental health and PTSD across the European countries under scrutiny. Specifically, being an unauthorized migrant was found to predict mental health problems and PTSD *albeit* at a marginal level. However, when results are considered from the different European countries, it is realized that status of migrants was only generally associated with mental health problems and not PTSD. It is noteworthy that the association between migrant status and mental health problems were stronger for migrants in Germany and the Netherlands. For instance, results obtained from qualitative analyses confirm that it takes longer years for status of migrants to be determined in these two countries. In Netherlands, migrants may remain in a camp for 7–8 years, while being exposed to poor health facilities and vulnerability to suicidal thought and trauma. Even when a resident permit is granted in a country like Germany, the permit is found to be restrictive, sometimes even despite being married to a native. This result supports Pannetier, Lert, Jauffret Roustide, and du Loûa's (2017) study where irregular or illegal status is associated with poor mental health among sub-Saharan African migrants. It further supports the proposition that treating undocumented immigrants as unwanted people constituting a social menace

¹<https://equineteurope.org/author/france-dr/> Accessed March 27, 2020.

has far reaching implications on their health outcomes (Viruell-Fuentes, Miranda, & Abdulrahim, 2012; Castañeda et al., 2015). Generally, undocumented migrants are expected to have poor mental health since they may not be able get legal employment, welfare assistance from the government for daily sustenance and access to professional health-care (Pavli & Maltezou, 2017; Plambech, 2017).

Coping Among Migrants

Overall, we found that African migrants across the six European countries predominantly adopt behavioral disengagement coping in dealing with migration stressors. One may first ask, what is meant when we speak of a coping strategy ‘behavioral disengagement.’ According to the *Encyclopedia of Behavioral Medicine*, a synonym of ‘behavioral disengagement’ is ‘seeking distraction’ (Gellman & Turner, 2013). Our quantitative study shows that migrants in France and the UK demonstrated similar pattern in the use of behavioral disengagement. As noted in qualitative findings, the use of behavioral disengagement in France may be an aftermath of frustration in response to difficulties and delay in documentation process, underemployment and human trafficking persisting among African migrants in the country. Qualitative findings further show that migrants in France and the UK may also resort into using religious coping. It may be implied that once migrants become frustrated and disengaged from dealing with the stressors, they find solace in religion and count on God for sustenance. This may, at the same time, not be a very productive coping strategy in a largely secular environment and may push the migrant into a lifestyle that once again makes them different from the mainstream of the receiving country.

The general finding that African migrants make use of behavioral disengagement coping may indicate that they have resorted into learnt helplessness and gave up dealing with the rigorous and rigid documentation process involved in attaining legal status in European countries. Perhaps they believe survival is dependent on their willingness to give up on conditions of racism and discrimination in Europe since there is little they can do being in foreign lands. The use of behavioral disengagement which is a maladaptive strategy of coping with stress may well provide an understanding of why there is a strong influence of post-migration stressors on mental health problems as found in results of quantitative analysis.

Apart from France and the UK, other countries where migrants utilize behavioral disengagement but in combination with other coping strategies include Germany and Spain. For example, migrants in Germany also cope with stressors by using active coping, instrumental support, positive reframing, planning and religious coping. These methods of coping were confirmed in our qualitative findings where migrants in Germany reported plans on how to improve on educational status, actively secure legal status by employing the services of lawyers, seeking help of political party members and getting advice from “good” Germans during religious services. In

Spain, there is also the use of denial, substance use, emotional support and active coping in adjusting to racism, discriminatory attitudes, documentation problems and unemployment.

Like in Germany, African migrants in the Netherlands make use of a combination of active coping and planning in dealing with migration stressors. This is reflected in qualitative findings where migrants report acts of resilience, avoidance of trouble, showing self-discipline and self-respect. The use of these adaptive coping traits may explain why the influence of post-migration stressors were found to be comparatively lower in the Netherlands given the use of adaptive coping methods. However, results from qualitative analysis seem to suggest migrants in Netherlands may also abuse drugs and sleeping pills to overcome stressors.

Migrants in Italy predominantly utilize self-blame and planning to a lower degree. In addition, migrants may also use substance to cope with stressors. Further, there is a certain pattern of coping in one or the other European country. Migrants in countries like France, Spain and Italy, where post-migration stressors were found to be highly associated with mental health problems tend to adopt more of maladaptive coping which include behavioral disengagement, substance use, self-blame, and denial.

The general finding that African migrants use behavioral disengagement as coping strategies contradict the findings of studies that have used the COPE instrument. For example, Rwandan migrants in Belgium and Finland have been reported to employ instrumental support and substance use respectively (Banyanga, Björkqvist, Akademi, & Österman, 2018). Among Latino immigrants, Vaughn and Roesch (2003) reported the use planning, religion, active coping, positive reinterpretation, emotional venting, and emotional support. This suggests that African migrants in the six European countries investigated may have difficulties in responding positively to the post-migration stressors experienced in Europe. The general use of behavioral disengagement may have far reaching consequences on their ability cope and on integrated into host communities. However, the use of religious coping, planning, positive reframing and substance use among migrants in some specific countries tend to support findings of previous studies (e.g. Bloch, Sigona, & Zetter, 2009; Bortel, Martin, Anjara, & Nellums, 2019).

Culture Shock?

Findings on value preferences of African migrants to six European countries paint a mixed picture. The most surprising result of our study is that self-direction values are the most cherished value preferences among the studied migrants. This finding seems to support the 'healthy migrant' hypothesis. Fellow African stay-puts (folks 'back home') prefer such values much less than the migrants studied here. Self-direction values rank 6th (out of ten) on the African continent as evidenced by data from the World Values Survey. Globally, such values rank 2nd. So, African migrants, in this respect even surpass 'global citizens.' This finding clearly speaks against the culture shock hypothesis.

The second important finding pertains to tradition values, which predominantly are religious values. ‘Back home’ tradition values are highly cherished (Rank 3 after ‘security’ and ‘conformity’). In the receiving countries tradition values are not held in high regard; typically, they rank 9th out of ten value types. Tradition preferences of African migrants signal that here there may indeed be a major source of culture shock. Among them tradition values rank 6th, meaning preference levels are ‘half way’ between ‘back home’ and what is common in the receiving countries. Migrants who cherish tradition values particularly strongly may indeed encounter difficulties in secular Europe.

A third finding of the assessment of value preferences among African migrants was that value preferences are after all significantly—but far from strongly—related to the experience of post-migration stress and general mental health problem: Cherishing ‘power,’ ‘achievement,’ ‘hedonism,’ and ‘stimulation’ values does not lay the ground for a healthy life style. Values of elbowing one’s way through and seeking pleasure endanger migrants’ mental health and increases the experience of post-migration stress.

One may indeed be entitled to speculate that African migrants are on the one hand well prepared for the European cultural context from a values perspective in that they are prone to seek out their own way (self-direction). At the same time, the—for the migrants—shockingly secular everyday life in Europe is likely to pose hazards to their well-being, because they are surrounded by people who largely disregard traditional values of honoring elders or being devout and humble. This issue clearly needs further attention.

Conclusions

The main conclusion of this study is that both pre- and post-migration stressors influence mental health and PTSD of African migrants in Germany, France, Italy, Netherlands, and the UK. Pre-migration stress exhibits less of an impact than post-migration stress and—if at all—it manifests itself in higher PTSD scores more than in greater general mental health deficits.

Post-migration stressors have a more profound impact on mental health of African migrants compared to pre-migration stressors. They strongly affect the general mental health status of African migrants negatively, while sometimes even being a buffer against PTSD. It seems to be like jumping from the frying pan into the fire, or as one would say in German, *der Teufel wird mit Beelzebub angetrieben*, the devil seems to be exorcized by Beelzebub (another personification of the devil): Post-migration stress seemingly increases anxiety and depression, while reducing the experience of trauma. One is enticed to ask whether PTSD is simply displaced by post-migration stress.

Sources of post-migration stress include irregular status, rigorous and prolonged documentation processes, abuse of rights, unemployment/underemployment, inadequate camp accommodation, family separation, language barrier, high cost of

housing, discrimination, racism, disdain, being perceived as criminals and given suspicious looks by natives. Only for very few of these stressors do migrants have remedies at hand, actually, the only one of the enumerated stressors reduceable by the migrants themselves is the language barrier: Quite bleak a prospect, indeed.

African migrants predominantly use a behavioral disengagement method to cope with migration challenges. However, there are variations in specific countries. Similar to general findings, migrants in France and the UK largely utilize behavioral disengagement. Migrants in Netherlands and Germany use a combination of active coping, planning and behavioral disengagement (Germany in particular). While migrants in Italy make use of self-blame and planning, those in Spain employ a combination of emotional support, substance use, behavioral disengagement and denial.

Culture shock does not seem to be the primary a primary source of ill-being among African migrants in Europe. Only the degree of secularism in European societies may appear strange and challenging to someone brought up in Africa, but then, at the same time, African migrants are not prototypical Africans with regard to their values preferences. Other than is the case for Africans ‘back home,’ African who have landed in Europe have a strong preference for doing things ‘their own way,’ clearly an individualist value highly compatible with what Europeans cherish.

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Chapter 11

Impact: Consequences and Recommendations



With what result? Poor fool that I am, I'm no whit wiser than when I began!
(Johann Wolfgang von Goethe, *Faust*)

Abstract In this chapter attempts to offer some few insights we garnered from our study from a perspective of impact: Consequences and Recommendations. To us, what is needed is a joint effort of African countries and European powers—first and foremost those with colonialist past—to reduce the strength of push factors, i.e., factors that increase desires to emigrate from Africa. Secondly, we see a need to reduce the impact of falsely perceived pull factors, i.e., false conceptions of ever-greener pastures in Europe. For migrants who already have arrived in Europe a more welcoming climate is urgently needed—in the interest of social peace in Europe! Racism continues to show its ugly face everywhere.

Introduction

Unfortunately, the final chapter of this volume is less voluminous than one would wish for, because good advice is not easily formulated. A recommendations section of a book like the present one clearly has a strong normative touch. It is a political statement, with all the connotations the term ‘political’ has.

What our study has clearly shown is that African migrants do not come ‘sick,’ but are often made sick in Europe. The repercussions of traumatic experience at home are obvious, but they are not overly strong. There are migrants suffering from PTSD, but posttraumatic stress disorder is not at the center of problems African migrants face in Europe. Racism and related welcome strategies—to use a cynical formulation—are much more likely to cause general mental health problems that did not exist before.

This is a semi-official translation of “da steh ich nun ich armer Tor und bin so klug als wie zuvor;” cited from Goethe’s drama ‘Faust,’ first scene [[https://en.wikisource.org/wiki/Faust_\(Goethe\)/Scene_I](https://en.wikisource.org/wiki/Faust_(Goethe)/Scene_I)]. Faust is often seen as Germany’s national drama, written by the most prominent poet of Germany.

How does one reduce racism? The only reasonably simple answer to this question is offered by research subsequent to the contact hypothesis. There is sufficient evidence that contact reduces prejudice even in its more blatant form of racism. This means that detaining African migrants in camps is absolutely counterproductive if the aim is to generate a healthy relationship between receiving societies and new arrivals. Detention from that perspective has to stop. African migrants must not be treated as if they needed to be quarantined because of a contagious infection.

If European societies think that African (and other) migrants are ‘not needed’ in Europe (itself a dubious conclusion in light of demographic change and future scarcity of young people to fill retirement funds to support the many older native citizens of Europe), then they have to engage in reducing the impact of push factors in the migrants’ homelands. Not that reducing the thrust of push factors were only the task of European countries, civil society in Africa has to also take a share in that change process, but Europe has a history of being co-responsible for bad governance and government in Africa.

Opening European markets for African products (and not just souvenir-like folklore products, but products and services that are indeed needed in Europe) is the call of the day in our view. Subsidizing the import of certain African goods to Europe might even work wonder in keeping people who produce these goods in their homelands. Current practices work to the opposite. European products (and products from other rich Western countries) are dump-sold in Africa, and—even physically—destroy African producers of the same type of good, thereby strengthening the push factor, forcing people to places, where these dump-sold goods are after all being produced.

Repatriation instead of deportation should be another response to non-successful attempts of Africans to migrate to Europe. The degree of not being welcome seems difficult to reduce. In this situation support for start-up programs in their homelands might be an inexpensive option to be offered to Africans who have ‘sniffed European air,’ but have not been able to firmly set foot into European societies. This would also be a safeguard against brain drain (pulling out the best), because it supports ‘brain circulation’ (Stewart, 2013).

The whole debate of how to react to African emigration need not be a human rights debate, although Europe has to acknowledge that human rights guaranteed by the UN Declaration of Human Rights are grossly violated by European countries both through a ‘bulwark Europe’ policy and through economic exploitation practices. It would be enough to establish trade relations on an equal footing and sharing the benefits of European investment in Africa fairly between investors and those who produce the added value in Africa.

Here we already come to a close of this very brief concluding chapter: Africa does need help to help itself, it also needs help to reduce its emigration rates. Van der Lugt (2018) shows that China seemingly has found a way to work for this aim in Africa, quite clearly also in their own best interest. Not that Europe should copy Chinese strategies, but pursuing a policy of ‘actively coping’ with African economic and political challenges is the call of the day.

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