INNER JOURNEYS

Mental Health and Psychosocial Perspectives on the Migration, Return and Reintegration Experiences of Ethiopian, Somali and Sudanese Migrants in Vulnerable Situations

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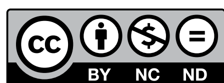

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EU-IOM
Joint Initiative for
Migrant Protection
and Reintegration

ABOUT THE EU-IOM JOINT INITIATIVE FOR MIGRANT PROTECTION AND REINTEGRATION

The EU-IOM Joint Initiative for Migrant Protection and Reintegration was launched in December 2016 and is funded by the European Union Emergency Trust Fund for Africa. The programme brings together 26 African countries of the Sahel and Lake Chad, the Horn of Africa, and North Africa regions, along with the European Union and IOM around the goal of ensuring that migration is safer, more informed and better governed for both migrants and their communities. In the Horn of Africa, the programme is implemented primarily in Djibouti, Ethiopia, Somalia and the Sudan. The programme enables migrants who decide to return to their countries of origin to do so in a safe and dignified way. It provides assistance to returning migrants to help them restart their lives in their countries of origin through an integrated approach to reintegration that supports both migrants and their communities, has the potential to complement local development, and mitigates some of the drivers of irregular migration. Also, within the programme's areas of action is building the capacity of governments and other partners; migration data collection and analysis to support fact-based programming; as well as information and awareness-raising. Further information on the programme can be accessed at: www.migrationjointinitiative.org/.

ABOUT THE IOM REGIONAL DATA HUB (RDH) FOR THE EAST AND HORN OF AFRICA

Established in early 2018 at IOM's Regional Office for the East and Horn of Africa, the Regional Data Hub (RDH) aims to support evidence-based, strategic and policy-level discussion on migration through a combination of initiatives. The RDH aims to enhance the availability of migration related data in the region and promotes its dissemination to achieve stronger governance outcomes and positive impacts for migrants and societies as a whole. In particular, the RDH intends to facilitate technical coordination, harmonize the different IOM data collection activities and foster a multi-layered analysis of mixed migration movements, trends and characteristics across the region. Through a combination of IOM data collection methodologies, research initiatives, and continuous engagements with National Statistical Offices, key line Ministries and Regional Economic Communities, the RDH aims to fill the existing gaps in strengthening the regional evidence base on migration. This contribution will, in turn, help improve policymaking, programming and coordination between all the stakeholders involved. The RDH strategy is structured along four pillars, in line with IOM's Migration Data Strategy. Publications can be consulted at https://eastandhornofafrica.iom.int/regional-data-hub. The RDH and this research project are largely funded through the generous support of the EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa (JI-HoA).

DEDICATION

This publication is dedicated, with our warmest gratitude and admiration, to the returning migrants in Ethiopia, Somalia and the Sudan who shared their stories with us despite the intensity of the distressing experiences they faced, as well as to all the other informants who gave their time to this study.

Group of Ethiopian returnees who received vocational training from IOM and its partners as part of reintegration programming. © IOM 2023/ Mehalon LULE

CONTENTS

List of Tables vi
List of Figures vi
Acronyms ix
Glossary x
1. Overview of the Study 1
2. Samples and Methodology 3
Qualitative data 3
Quantitative data 5
Ethics of data collection activities 7
Challenges and limitations 8
3. Migration Experiences 10
Reasons for migrating 11
Challenging experiences faced during the migration journey 13
Realization of potential gains from migration and resilience 20
Reasons for returning 22
4. Mental Health and Psychosocial Consequences 24
Consequences at the individual level 24
Consequences at the sociorelational level 36

5. Factors Facilitating Sustainable Reintegration 39

Individual factors 41

Social and interpersonal factors 44

Reintegration assistance 49

6. Factors Complicating Sustainable Reintegration 51

Individual factors 52

Social and interpersonal factors 55

Structural factors 57

7. Key Issues Faced by Returning Migrants in Accessing and Receiving Mental Health and Psychosocial Support 60

Lack of MHPSS services 60

Cost of MHPSS services 60

Stigma and lack of understanding around MHPSS needs and services 61

8. Conclusion and Recommendations 64

References 68

LIST OF TABLES

Table 1. Number and per cent of observations by country of origin 5

Table 2. Summary statistics on the time incurred between the date of return and the data on which the survey interview was completed 5

Table 3. Demographic profiles of questionnaire respondents across the three countries 6

Table 4. "For how many months have you been abroad?" 11

Table 5. Sensitivity analysis on how different GHQ-12 cut-off scores change the estimated incidence of common mental disorders among survey respondents in Somalia and the Sudan 36

LIST OF FIGURES

Figure 1. Number and types of key informant interviews conducted 4

Figure 2. Number and types of focus group discussions conducted (all in-person) 4

Figure 3. Migration route chosen by the migrants interviewed 10

Figure 4. "Concerning your migration, do you feel you reached your intended destination abroad?" (% of Yes answers) 10

Figure 5. "Did you borrow money to fund your migration?" (% of Yes answers) 11

Figure 6. "Did you sell assets (car, land, house, equipment, etc.) to fund your migration?" (% of Yes answers) 11

Figure 7. "Would you say that during your migration you went through challenging experiences that had a negative impact on your well-being?" (% of Yes answers) 13

Figure 8. "Do you feel comfortable sharing briefly with me more details about what these challenging experiences were about? If talking about these experiences is too painful for you, we can just skip this part" (% of Yes answers) 13

Figure 9. "During your journey or the period you were abroad, have you experienced extreme physical exhaustion (caused for example by walking for days, being exposed to weather conditions. Being hungry or thirst for a prolonged period of time, etc.)?" (% of Yes answers) 14

Figure 10. "During your journey or the period you were abroad, have you been denied needed medical treatment?" (% of Yes answers) 15

Figure 11. "During your journey or the period you were abroad, have you been detained?" (% of Yes answers) 15

Figure 12. Percentage of respondents who reported that "physical abuse/violence (e.g. beating, brutality, injury, torture)" or "Verbal abuse (e.g. being threatened, intimidated, being addressed in derogatory, humiliating, offensive ways)" were among the challenging experiences they went through while abroad 15

Figure 13. "During your journey or the period you were abroad, have you witnessed other migrants die or be subject to abuse and violence?" (% of Yes answers) 15

Figure 14. Percentage of respondents who reported that "economic exploitation (e.g. having been kidnapped for ransom, having been subject to racketeering, theft, unpaid or forced work)" was among the challenging experiences they went through while abroad 19

Figure 15. "How would you agree or disagree with the following statements about your migration experience?" 21

Figure 16. "What was the main reason why you returned?" 22

Figure 17. "On a scale from 1 to 10 (with 1 feeling extremely low, and 10 being extremely happy) how have you been feeling on average: over the last three months, during the period after they returned (say, three months), during the period they spend abroad (all of it, on average) and during the period before migrating (say, three months)?" 24

Figure 18. "Has this suffering from an illness, health condition or disability been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today" 25

Figure 19. "You mentioned before that suffering from an illness, health condition or disability has been a "Problem" or a "Big problem" at some point after return. If you think of yourself today, is this still a problem? If yes, is it getting better or worse?" (Percentage of those who initially reported it as a "Problem" or a "Big problem") 26

Figure 20. "Do you experience ongoing or chronic pain in your body?" (% of Yes answers) 26

Figure 21. "Have you ever had uncontrolled convulsions in your body that you can't remember (seizures)?" (% of Yes answers) 26

Figure 22. "Has not being able to support your household or extended family been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today" 28

Figure 23. "Is your income/work the main source of livelihood of your household?" (% of Yes answers) 29

Figure 24. "Has grieving from the loss of loved ones been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today" 29

Figure 25. "Has the feeling of hopelessness and uncertainty about the future been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today" 33

Figure 26. GHQ-12 score distribution (%) in Somalia with reference line at 13 35

Figure 27. GHQ-12 score distribution (%) in the Sudan with reference line at 13 35

Figure 28. SRQ-20 score distribution (%) in Ethiopia with reference line at 8 35

Figure 29. "With whom do you find it easy to talk OPENLY about your migration experience?" (By sex) 39

Figure 30. "Do you feel that you are able to stay and live in this country?" 40

Figure 31. "On a day where you felt distressed or uneasy, what did you do to deal with these emotions?" 42

Figure 32. "On a day where you felt distressed or uneasy, what did you do to deal with these emotions?" (By sex) 44

Figure 33. "How supportive has your family been towards you after your return?" 46

Figure 34. "How supportive is your family towards you after your return?" (By sex) 46

Figure 35. "How often are you in touch with other returning migrants to support each other, spend time together, talk or do things?" 47

Figure 36. "How supportive has the community been, including friends and neighbours, towards you after your return?" 48

Figure 37. Issues perceived as a "problem" or "big problem" (at some point after return and at the time of the interview) 51

Figure 38. Resolution outlook of issues perceived as a "problem" or "big problem" 52

Figure 39. "Before you mentioned that you incurred some debt to fund your migration. Which of the following statements best describes your current debt situation as a result of the money borrowed for your migration journey? (percentage of respondents who borrowed money to fund their migration)" 53

Figure 40. "Has experiencing tensions and conflicts with members of my family been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today" 56

Figure 41. "You mentioned before that experiencing tensions and conflicts with members of my family has been a "Problem" or a "Big problem" at some point after return. If you think of yourself today, is this still a problem? If yes, is it getting better or worse?" (Percentage of those who initially reported it as a "Problem" or a "Big problem") 56

Figure 42. "How much, if at all, do you feel worried by the war that is ongoing in the country/COVID-19 pandemic?" (Ethiopia only) 58

ACRONYMS

AVRR	Assisted voluntary return and reintegration
COVID-19	Coronavirus disease 2019
GBV	Gender-based violence
GHQ	General Health Questionnaire
FGD	Focus group discussion
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
JI-HoA	EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa
KII	Key informant interview
MHPSS	Mental health and psychosocial support
M&E	Monitoring and Evaluation
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SRQ	Self-Reporting Questionnaire
WHO	World Health Organization

Djibouti. Groups of migrants sit under trees for shade, as they wait for smugglers to organize their travel to Yemen. They are typically hoping to eventually make it to Saudi Arabia. This area is near the IOM Migrant Resource Centre in Obock. Staff from the Centre frequently travel to this location to ensure that the arriving migrants are aware of the health and assisted voluntary return services available to them. © IOM 2018/Olivia HEADON

GLOSSARY[1]

Assisted voluntary return and reintegration (AVRR)

Administrative, logistical or financial support, including reintegration assistance, to migrants unable or unwilling to remain in the host country or country of transit and who decide to return to their country of origin.

Displacement

The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters.

Migrant in an irregular situation

A person who moves or has moved across an international border and is not authorized to enter or to stay in a State pursuant to the law of that State and to international agreements to which that State is a party.

Mental disorder

A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (APA, 2013).

Mental health

A state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community (WHO, 2018).

Mental health and psychosocial support (MHPSS)

Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007).

Migrant

An umbrella term, not defined under international law, referring to a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

Migrants in vulnerable situations

Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care.

Protective factor

A clearly defined behaviour or constitutional (e.g. genetic), psychological, environmental, or other characteristic that is associated with a decreased probability that a particular disease or disorder will develop in an individual, that reduces the severity of an existing pathological condition, or that mitigates the effects of stress generally (APA, n.d.)

1 Unless otherwise indicated, the definitions were taken from the Glossary on Migration (IOM, 2019a). The original sources of each definition taken from the Glossary on Migration are therein indicated. The complementary noted to each definitions (often very useful to understand better the definition) are not reported here.

Psychosocial support

The term "psychosocial" refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. "Psychosocial support" refers to actions that meet the psychological and social needs of individuals, families and communities (IFRC, 2020).

Psychosocial well-being

State of (psychological) well-being (not merely the absence of mental disorder) in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (WHO, 2018).

Regular migration pathways

Migration schemes, programmes or other migration options that allow eligible persons to migrate regularly for various purposes to a concerned country of destination based on conditions and for a duration defined by such country.

Reintegration

A process that enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity and inclusion in civic life.

Resilience

In the context of exposure to significant adversity, the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and the capacity to individually and collectively negotiate for these resources to be provided in culturally meaningful ways (Ungar, 2013).

Return migration

"Return" is the act or process of going back or being taken back to the point of departure. It is also often associated with the process of going back to one's own culture, family and home. This might be within the territorial boundaries of a country, as in the case of a person who has been internally displaced returning home; or across international boundaries, between a host country and a country of origin, as might be the case for some migrant workers, refugees, asylum seekers, or irregular migrants (IOM, 2019b).

Risk factor

A clearly defined behaviour or constitutional (e.g. genetic), psychological, environmental, or other characteristic that is associated with an increased possibility or likelihood that a disease or disorder will subsequently develop in an individual (APA, n.d.).

Smuggling of migrants

The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the irregular entry of a person into a State Party of which the person is not a national or a permanent resident.

Stranded migrant

Migrants who are unable to return to their country of origin, cannot regularize their status in the country where they reside, and do not have access to legal migration opportunities that would enable them to move on to another State. The term may also refer to migrants who are stranded because of humanitarian or security reasons in the country of destination, transit or origin preventing them to return home while they are also unable to go elsewhere.

Sustainable reintegration

Sustainable reintegration is achieved when returnees have reached levels of economic self-sufficiency, social stability, and psychosocial well-being that make their further migration decisions a matter of choice, rather than necessity (IOM, 2017).

Trafficking in persons

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Vulnerability

Within a migration context, vulnerability is the limited capacity to avoid, resist, cope with or recover from harm. This limited capacity is the result of the unique interaction of individual, household, community and structural characteristics and conditions.

Unaccompanied children

Children, as defined in Article 1 of the Convention on the Right of the Child, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

As part of IOM's AVRR programme, a young woman managed to safely return to Ethiopia from Egypt in 2022. Every morning, she makes coffee in front of her small café in Kolfe, Addis Ababa, as she waits for clients to come in. © IOM 2023/Hiyas BAGABALDO

Ethiopian unaccompanied children eat a meal together at the IOM Migration Response Centre in Obock, Djibouti, where they are being cared for as they wait to be returned home. IOM conducts family tracing for unaccompanied children. © IOM 2018/Olivia HEADON

1. OVERVIEW OF THE STUDY

The Horn of Africa region lies on major migratory routes travelled mostly by migrants in an irregular situation. Among these, the Central Mediterranean Route (or Northern Route) is used by migrants to reach Europe, mainly through the Sudan and Libya. The Southern Route reaches South Africa through various transit countries. The Eastern Route generates larger flows than the other two and is used mainly by Ethiopian nationals travelling towards countries in the Arabian Peninsula (particularly to the Kingdom of Saudi Arabia); it is relatively shorter and understood to be less expensive for migrants than the Northern and Southern routes.[2] It is a well-documented fact that, along each of these routes, migrants experience economic exploitation and various types of physical, verbal and sexual abuse or violence, very often while being held in detention.

This study examines the consequences that migration, return and reintegration experiences have on the mental health and the psychosocial well-being of returning migrants, with the primary purpose of informing policies, programmes and advocacy initiatives that promote sustainable reintegration. The analysis presented is relevant not only to mental health and psychosocial support (MHPSS) specialists, but also to protection officers and return and reintegration practitioners, as it can inform the design of interventions specific to the psychosocial dimension of protection and reintegration, as well as the so-called "mainstreaming" of psychosocial considerations into interventions that pertain to the economic and social dimensions. Understanding the dynamics of interconnectedness between the various dimensions of reintegration is crucial to foster continuous improvements to the operationalization of IOM's Integrated Approach to Reintegration.[3]

Most of the data used in this study were gathered from returning migrants based in Ethiopia, Somalia and the Sudan who were assisted under the EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa (henceforth, JI-HoA). Given that this programme primarily targeted a specific segment of the migrant population (that is, migrants in vulnerable situations stranded within Africa), the findings produced do not apply to the overall stock of returning migrants in the three aforementioned countries. Nonetheless, they speak of individuals who are sometimes on the periphery of the migrant population and who, in most research situations, would have been extremely hard to identify and/or reach. Moreover, the individuals sampled received different forms of return and reintegration assistance, allowing to include some of their experiences into the analysis.

MHPSS services provided both in humanitarian and development programmes are largely shaped by the MHPSS Guidelines of the Inter-Agency Standing Committee (IASC, 2007). One of its principles, "building on available resources and capacities", emphasizes the recognition of the strengths and capacities of the local affected populations. In line with this perspective, this study includes findings on the resilience of migrants in vulnerable situations and their ability to cope with major stressors and process the experiences – sometimes terrible ones – lived during the different phases of migration. The study was also informed by the current shift from a psychological symptom-oriented approach to a more community-based approach in MHPSS (IASC, 2019), followed by (IOM, 2019c). Collective and contextual elements were considered in the analysis of how challenging migration experiences affect the mental health and psychosocial well-being of migrants, especially in relation to the role that families, communities and MHPSS service providers play (or can play) in addressing these issues.

2 The Horn of Africa region is also characterized by significant intraregional migratory flows (defined as the "Horn of Africa route"; (IOM, 2021). However, this study focuses on migrants travelling along the Eastern, the Northern and the Southern routes.

3 More information on the Integrated Approach to Reintegration in IOM (2019b).

CHAPTER 2 provides information on the methodological design of the study and on the data collected.

CHAPTER 3 describes the migration experiences of the sampled individuals, focusing mainly on distressing events but covering also positive elaborations. Reasons for migrating and for returning are also described.

CHAPTER 4 analyses the mental health and psychosocial consequences caused by the distressing experiences lived during the migration cycle, at the individual and the sociorelational level.

CHAPTERS 5 AND 6 elaborate on the factors complicating and facilitating reintegration from an MHPSS perspective.

CHAPTER 7 discusses the availability of MHPSS services to returning migrants and issues around access.

CHAPTER 8 presents general recommendations for MHPSS interventions targeting migrants in vulnerable situations, based on the findings presented in the previous sections.

IOM Migration Response Centre in Obock, Djibouti. © IOM 2018/Olivia HEADON

2. SAMPLES AND METHODOLOGY

This study employed a mixed-method design whereby qualitative data were collected and analysed beforehand. Quantitative data were collected during a second stage of the study and their analysis served to triangulate the findings of the qualitative data analysis.

Both qualitative and quantitative data were gathered among:

- Returning migrants in Ethiopia, Somalia and the Sudan that received some form of assistance from the JI-HoA.

Additional qualitative data were also gathered among the following groups, in the same three countries:

- Community members who participated in Community-Based Reintegration activities implemented under the JI-HoA;[4]
- IOM staff involved in the implementation of the JI-HoA programme, such as MHPSS specialists, caseworkers, reintegration officers, programme managers, monitoring and evaluation officers and other designations;
- Other non-IOM professionals, such as government officials appointed as JI-HoA counterparts, local health-care professionals and local MHPSS specialists.

Returnees assisted under the JI-HoA displayed a high degree of geographical dispersion in all the three countries covered by this study. To reduce costs and simplify logistics, qualitative data collection focused on a number of priority locations that were selected based on their accessibility and the concentration of beneficiaries. These locations were: Addis Ababa, Dire Dawa, Jimma, Hossana and Kambata; Khartoum, El-Fasher and Nyala; Mogadishu and Hargeisa. The quantitative survey was instead administered by phone on a randomly-selected sample of programme beneficiaries in the country, with the exclusion of minors (in all countries) and Ethiopian returnees residing in areas of the country affected by conflict (the Tigray region and selected zones in the Amhara region).

QUALITATIVE DATA

Qualitative data collection was carried out between June and October 2021 in an in-person setting, with the exception of the interviews with informants based in Mogadishu, Somalia, due to security concerns. Purposive and availability-sampling strategies were used for the collection of qualitative data.

In addition to the location-based stratification recalled above, female informants were oversampled to better capture the perspectives of this subgroup, which is generally considered as presenting specific vulnerabilities.

Qualitative data collection methods included key informant interviews (KIIs) and focus group discussions (FGDs). KIIs were conducted with returning migrants who received some form of assistance from the JI-HoA, with community-members who participated in community-based MHPSS activities undertook under the same programme, with IOM staff involved in the JI-HoA, and with JI-HoA implementing partners. A total of 149 KIIs including 75 KIIs with returnees, 12 KIIs with community members, 22 KIIs with IOM staff, and 40 KIIs with non-IOM professionals were conducted (Figure 7). Eleven in-person FGDs were also conducted with a total of 50 participants (returning migrants) in Ethiopia and the Sudan (Figure 2). All KIIs and FGDs were conducted by the lead researcher of this study (a clinical psychologist) with the support of interpreters.

4 More information on community-based reintegration initiatives undertaken under the JI-HoA can be accessed in the programme's Community-Based Reintegration factsheets for Ethiopia, Somalia and the Sudan.

Figure 1. Number and types of key informant interviews conducted

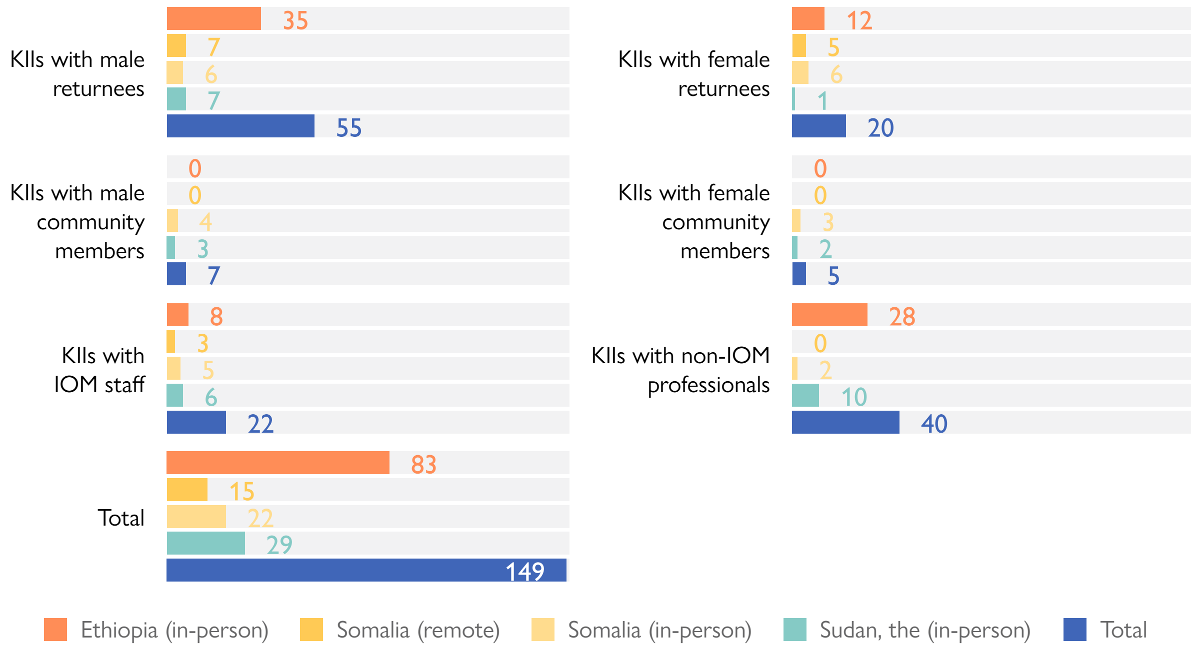
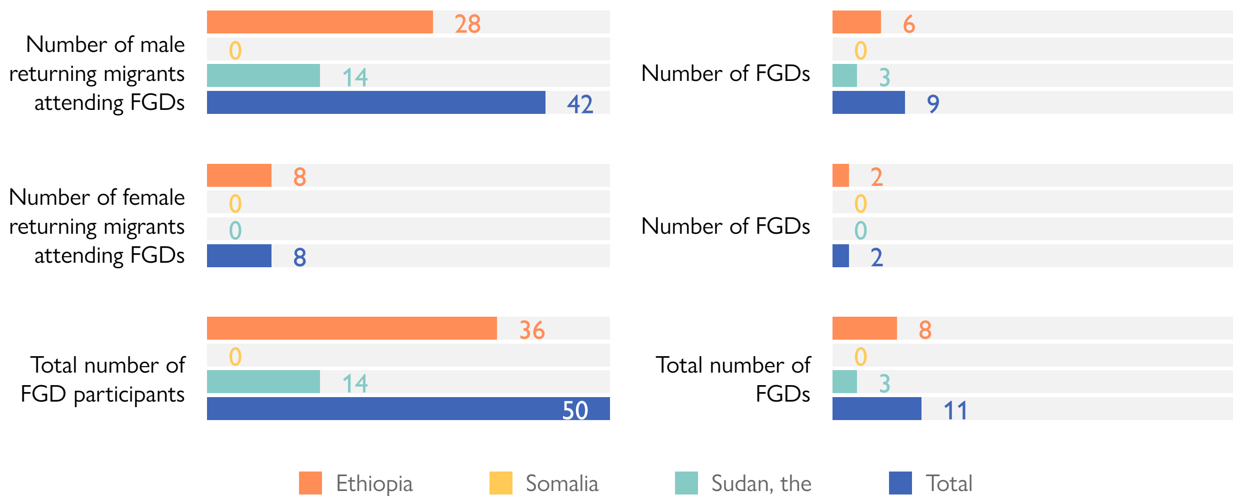


Figure 2. Number and types of focus group discussions conducted (all in-person)



Qualitative research instruments were designed to explore the challenging experiences of migrants before, during and after migration and return, the psychological consequences of these experiences and how migrants cope with them. Their development was based on IOM (2009).

Qualitative data analysis relied on an adaptation of interpretative phenomenological analysis that was informed by narrative theory. Tape-recorded KIIs and FGDs were translated into English and transcribed by assistants, and manually categorized into themes and sub-themes by the lead researcher.

The amount of qualitative data collected was deemed sufficient for the analysis based on the perception of having reached information saturation.

QUANTITATIVE DATA

Quantitative data collection took place via phone between October and December 2021 in Somalia, between August 2021 and January 2022 in the Sudan, and between April and May 2022 in Ethiopia. A total of 1,148 interviews were completed (Table 1). Pilots were conducted prior to the actual administration of the survey in each country.

Table 1. Number and per cent of observations by country of origin

COUNTRY OF ORIGIN	SURVEY INTERVIEWS COMPLETED
Ethiopia	600
Somalia	133
Sudan, the	415
Total	**1 148**

The questionnaire for Somalia and the Sudan consisted of 63 questions and was translated into Somali and Arabic. The questionnaire for Ethiopia consisted of 70 questions (some questions were added following the pre-analysis of the data from Somalia and the Sudan) and was translated into Amharic and Oromifa. The two versions of the questionnaire were largely similar and both included sections on consent, demographic information, migration experience, reintegration experience and needs/stressors of returning migrants, mental health and psychosocial well-being of returning migrants, MHPSS services available to returning migrants, interview closure and enumerator feedback.

All questionnaires were coded in the XLSform standard and the KoBo Toolbox platform was used for the administration. Quantitative data were cleaned, merged and analysed using STATA.

Table 2 presents summary statistics of the number of months between the completion date of the quantitative survey and the return date. Overall, the mean duration from the survey date to the return date is 29 months. The range of the data spans from less than one month to a maximum of 60 months.

Table 2. Summary statistics on the time incurred between the date of return and the data on which the survey interview was completed

COUNTRY OF ORIGIN	MONTHS BETWEEN RETURN AND SURVEY INTERVIEW			
	Mean	Standard Deviation	Minimum value	Maximum value
Ethiopia	30.52	15.56	11.28	60.48
Somalia	33.26	11.10	0.72	48.24
Sudan, the	25.84	15.62	0.12	59.04
Total	**29.14**	**15.35**	**0.12**	**60.48**

Table 3 provides an overview of the demographic profiles of the returning migrants who completed a quantitative interview. In all the three countries, respondents who are male and aged between 18 and 27 years are most represented in the sample; female respondents account for just 9 per cent of the total number of interviews. Overall, 80 per cent of the respondents completed either primary school (45%) or secondary school (35%). Tertiary education, including vocational training, diplomas and master's degrees is relatively rarer, with the highest incidence of individuals with tertiary education being in the Sudan, at 10 per cent. The split between respondents perceiving to be living in an urban or rural setting is almost even in Ethiopia; in the Sudan and Somalia, more respondents perceive to be living in an urban setting (circa two thirds in the Sudan and the near totality in Somalia). Most respondents declared to be living in the same community where they used to reside prior to migrating in all the three countries.

Table 3. Demographic profiles of questionnaire respondents (by country)

	ETHIOPIA	SOMALIA	SUDAN (THE)	TOTAL
Sample size	600	133	415	**1 148**
Age groups				
<18	0	5	0	**5**
18–27	420	103	182	**705**
28–37	157	18	137	**312**
38–47	20	7	50	**77**
48–57	0	0	23	**23**
Over 57	3	0	23	**26**
Sex				
Female	60	13	29	**102**
Male	540	120	386	**1 046**
Education				
No education	19	18	52	**89**
Primary school	349	43	122	**514**
Secondary school	206	56	138	**400**
Tertiary school	7	12	41	**60**
Master's	0	1	1	**2**
Religious school	0	1	39	**40**
Vocational training	3	0	4	**7**
Diploma	12	0	15	**27**
Informal school	3	0	0	**3**
Refused to respond	1	0	1	**2**
Setting				
Rural	53%	5%	32%	**40%**
Urban	47%	95%	68%	**60%**
Lives in the same community as prior to migrating				
Yes	87%	99%	90%	**89%**
No	13%	1%	10%	**11%**

Note: Missing the information for four respondents, two in Somalia and two in the Sudan.

ETHICS OF DATA COLLECTION ACTIVITIES

The IASC *Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings* (IASC, 2014) were followed to ensure that data collection activities were conducted in an ethical manner. Throughout all data collection rounds, the "do no harm" principle was upheld.

Data collection was conditional on having obtained informed consent from the participants. This involved ensuring that they were fully informed of the scope and purpose of the activity, the procedures to be followed, how confidentiality would be maintained, including anonymity procedures, and their right to stop or withdraw from the interview at any time. At the end of each interview, participants were also given a chance to ask questions about the purpose of the study and how the information shared would be used by IOM. Consent was always requested for both collecting the data and recording the conversation.

Prior to their administration, all quantitative and qualitative instruments used in this study were reviewed by IOM staff from the Global Section for Mental Health, Psychosocial Response and Intercultural Communication, the Regional Coordination Unit of the JI-HoA programme (based at the IOM Regional Office for the East and Horn of Africa), various MHPSS specialists and monitoring and evaluation (M&E) officers in IOM Ethiopia, IOM Somalia and IOM Sudan. Several modifications were made to the instruments as a result of these revisions, before the start of data collection.

Qualitative data were collected directly by the lead researcher, with support from local interpreters. Interpreters were sensitized via briefings on MHPSS-related needs and vulnerabilities of returning migrants prior to conducting interviews. They were also provided with the interview and group discussion protocols in advance, so possible sensitivities in the terminology used could be discussed. Regular check-ins with interpreters were conducted to monitor their well-being.

Different approaches were used by the lead researcher whenever informants needed help with processing and expressing their emotions, especially after having been asked about the distressing experiences faced during the migration journey, something that many informants considered as painful to recall. These approaches included normalization, catering for emotions and using motivational interviewing techniques where necessary. Most of the times, being listened to and feeling heard was validating to participants, allowing them to contemplate more effectively on their experience. Participants were given opportunities to reflect on their participation at the end of each interview, ensuring that they left in a positive mood. Informants requiring additional support were referred to the relevant IOM MHPSS specialist. Informants raising issues with reintegration assistance in general were referred to the relevant IOM focal person.

Quantitative data were collected by experienced enumerators who attended orientation sessions facilitated by the lead researcher. The sessions covered key terms and principles in MHPSS service provision, the role of psychosocial support in reintegration support, common psychosocial reactions of returning migrants, and identification and referral of respondents who require further psychosocial and/or specialized mental health support. A minimum of 10 supervised test interviews with returnees in the sample frame were conducted in each country.

A referral mechanism was established for quantitative data collection activities. In particular, IOM MHPSS specialists contacted survey respondents after the interview for a follow-up wherever any of the following three situations arose: (i) the survey respondent openly requested to be contacted by an IOM MHPSS specialist, by responding accordingly to the relevant questions included in the "Interview closure" section of the questionnaire; (ii) the enumerator believed that an MHPSS follow-up was needed based on the behaviour of the respondent during the interview;[5] (iii) the scores computed from the responses to the GHQ-12 scale included in the questionnaire for Somalia and the Sudan, and to the SRQ-20 scale included in the questionnaire for Ethiopia were above certain thresholds (see Chapter 4, Mental disorders, for details on the scales and the thresholds used). In-country IOM M&E staff, under the overall supervision of the IOM Regional Office, closely monitored activities and ensured the timely referral of respondents.

5 Enumerators had the possibility of reporting these cases in the "Enumerator feedback" section of the questionnaire. In addition to this, they were also requested to inform their supervisors immediately after the interview.

In addition to the referrals of survey respondents, enumerators could access psychological support from external specialists upon request.

CHALLENGES AND LIMITATIONS

Exceptional events such as the COVID-19 pandemic, the deterioration of the conflict in Northern Ethiopia and the Sudanese Revolution took place during the implementation of this study. Likely, these events were affecting the informants in various ways at the time the interviews took place, including their thoughts on MHPSS needs and their perception of the assistance received (or not) by IOM in this field.

The KIIs with returnees often veered towards their basic needs and the economic component of the reintegration assistance provided by IOM, possibly due to the difficult economic situation in the countries or areas where informants resided of to the specific situation of vulnerability in which they found themselves. As the informants were given freedom to express their experiences and concerns, it was sometimes difficult to cover the core themes of the study within a reasonable interview time.

Qualitative data collection activities could not always be conducted in person. KIIs with informants based in Mogadishu took place remotely due to the security risks associated with the area: the returnees were invited to visit the IOM Migrant Resource Centre in Mogadishu, where, in the presence of interpreters, they could connect with the lead researcher via Zoom. Despite the lack of face-to-face interaction, this arrangement worked relatively well and returnees were generally comfortable answering the questions.

The scarcity of research on mental health in the three countries covered by this study was also a limiting factor during the design of the quantitative questionnaire, especially in relation to the selection of a psychometric scale for the estimation of the incidence of common mental disorders among the sample. For Ethiopia, the choice fell on the Self-Reporting Questionnaire 20 (SRQ-20) owing to the existence of studies on Ethiopian returning migrants that had used this particular instrument. For Somalia and the Sudan, the General Health Questionnaire (GHQ-12) was chosen, due to its brevity and because it was deemed more culturally appropriate than the SRQ-20 for the specific contexts considered. However, to the knowledge of the authors, neither in Somalia nor the Sudan did this instrument go through a robust validation process.

The interpretation of the quantitative results should consider the presence of bias from different sources. All quantitative survey interviews were conducted via phone because the high degree of geographical dispersion of the target population would have rendered in-person administration not feasible from a financial and logistical point of view. Different mitigation measures were employed to reduce bias associated with the phone-based administration of a relatively long questionnaire that covered sensitive topics.[6] Bias due to the fact that respondents were also beneficiaries of an ongoing intervention was addressed by clarifying that their responses could not have influenced the provision of assistance in any way. Respondents were invited to be as sincere as possible as the more truthful their responses, the more fellow returnees assisted in future programmes could benefit from improved assistance. The strong stigma associated with mental health and psychological well-being issues in the sociocultural context of the sampled population may also have determined some degree of insincerity.

Reflecting the underlying composition of the caseload of the JI-HoA programme, only 9 per cent of the total number of survey interviews were conducted with female JI-HoA beneficiaries. Survey results disaggregated by sex should therefore be taken with caution, even when the differences are found to be as statistically significant; they are only meant to inform more robust and comprehensive gender analysis that future research initiatives may hopefully pursue.

6 These measures included: questions were formulated in the simplest way possible; wherever possible, response options were limited to Yes, No and the customary opt-out options; proven experience in the conduction of phone-based interviews with vulnerable populations was made a strict requirement for the selection of the enumerators; extensive training on the questionnaire was provided to the enumerators; finally, pilots were conducted in all three countries and feedback from the enumerators and respondents used to make adjustments to the questionnaires the main data collection rounds take place. It is possible that the bias related to the phone-based setting may have been mitigated by the fact that the sampled population had, in many instances, grown accustomed to phone interviews as part of the extensive monitoring and evaluation exercises undertaken as part of the JI-HoA programme.

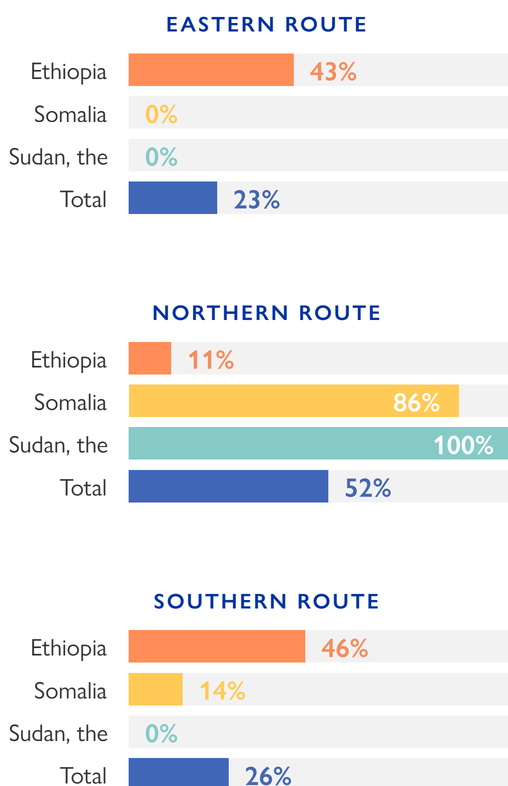
A female migrant engages in a tapestry MHPSS activity on International Women Day 2023. © IOM 2023/Eva SIBANDA

3. MIGRATION EXPERIENCES

This chapter presents the experiences lived by the target population (returning migrants in Ethiopia, Somalia and the Sudan who were in a situation of vulnerability and were assisted under the JI-HoA), setting the scene for the analysis presented in the rest of the report. While in the mixed-method design of this study the qualitative component is prevalent, this chapter begins with the findings of the quantitative survey to provide essential context regarding the individuals studied.

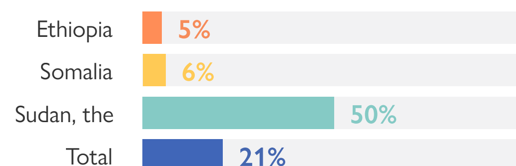
As shown in Figure 3, about half of the respondents (52%) had travelled along the Northern Route; respondents from the Sudan and Somalia most frequently came back from Libya. Conversely, respondents in Ethiopia had travelled mainly along the Southern Route (46%) and the Eastern Route (43%).

Figure 3. Migration route chosen by the migrants interviewed



Across all countries of origin, a large share of respondents (79%) reported that they did not feel that they reached their intended destination, with the share further increasing when looking at Ethiopia (95%) and Somalia (94%) respectively felt that they did not reach their intended destination. In contrast, only half of the respondents in the Sudan felt the same way, whereas the other half felt that they reached their intended destination (Figure 4). This is because Libya represented a final destination for many of the sampled Sudanese migrants, who decided to return only after the security situation in the country deteriorated significantly, as further explained in Chapter 4, Consequences at the individual level.

Figure 4. "Concerning your migration, do you feel you reached your intended destination abroad?" (% of Yes answers)



When comparing female and male respondents, the results show sometimes noticeable differences. For example, 40 per cent of the female migrants sampled (across all three countries) reported that they felt that they reached their intended destination, as compared to only 20 per cent of male respondents. As mentioned in Chapter 2, Challenges and limitations, comparisons between male and female respondents should however be taken with caution due to the small number of female respondents in the sample.

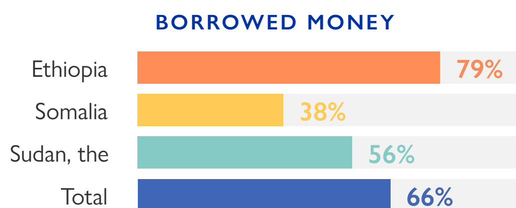
The sampled returning migrants spent, on average, 25 months abroad. As shown in Table 4, there are notable differences in the duration of the stay abroad across countries of origin, with Ethiopia displaying the lowest average duration. In fact, migrants returning to Ethiopia spent respectively 22 and 15 months less (on average) abroad compared to returnees returning to Somalia and the Sudan. Respondents in Somalia reported the highest average duration – with on average 39 months or over three years spent abroad.

Table 4. "For how many months have you been abroad?"

COUNTRY OF ORIGIN	MONTHS SPENT ABROAD			
	Mean	Standard deviation	Minimum value	Maximum value
Ethiopia	17	15.56	1	72
Somalia	39	51.71	3	360
Sudan, the	32	47.35	1	504
Total	**25**	**36.28**	**1**	**504**

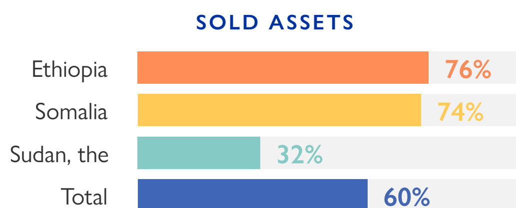
To fund their migration, over 79 per cent of respondents in Ethiopia reported to have borrowed money (Figure 5). This percentage is significantly lower for Somalia and the Sudan – 38 and 56 per cent of respondents respectively.

Figure 5. "Did you borrow money to fund your migration?" (% of Yes answers)



To further investigate funding solutions, respondents were also asked whether they sold assets, such as car, land, house, equipment, etc., to fund their migration (Figure 6). Only 32 per cent of respondents in the Sudan reported to have sold assets, while Ethiopia and Somalia recorded a much higher incidence (76% and 74% of respondents respectively).

Figure 6. "Did you sell assets (car, land, house, equipment, etc.) to fund your migration?" (% of Yes answers)



REASONS FOR MIGRATING

This section presents findings from the qualitative data gathered on the reasons why the returnees studied migrated in the first place, the factors and perceptions that influenced their decision and the circumstances of their migration.

The data gathered confirm that economic reasons where prominent in the decision to migrate for most of the informants. Migration often emerged as a way – if not the only way – to change one's life for the better. In the narrations that informants shared, the recurrent "to change my life" expression reflects high expectations and ambitions projected on what migration can bring, as well as the perception of insufficient opportunities at home. For some informants, this perception is corroborated or triggered by observing the changes in the lives of successful migrants:

> I grew up seeing people going and changing their lives.[7]

For most returnee informants interviewed, improving living standards through migration was perceived as a necessity stemming from a situation of poverty or relative deprivation. For others, migration was not motivated by immediate needs or pressures, as in the case of a male Ethiopian informant interviewed:

> By observing other migrants and how their lives were changed, I decided to migrate. My life was good before migration. I had many properties. I sold them and started the journey.[8]

7 KII-AA-AM3.

8 KII-KA-M4.

The environment migrants grew up in, as well as their perceptions of "abroad" and "migration" influenced their decision to migrate. Different informants in Dire Dawa, Ethiopia, described migrating to Djibouti as "going just around the corner". In line with this perception, most of them also reported that their decision to leave was spontaneous and sometimes did not involve smugglers, as they or their friends already knew the route.

In some cases, informants indicated the inability to continue their education due to economic difficulties as the reason for having migrated.[9] When asked about how he was doing before migration, a male Ethiopian returnee explained:

> I was fine, I was attending Addis Ababa University. I attended university for one year and five months. Due to economic difficulties, I could not find clothes or buy materials for myself. As a result, I got dismissed and I decided to go to Saudi Arabia.[10]

Some informants expressed a feeling of responsibility to pay back their families or contribute to their livelihoods after completing education. However, this was not possible as education attainments did not necessarily lead to stable and/or formal employment. Lack of job opportunities in the country of origin, even for those with higher levels of education, was sometimes indicated as a primary driver of migration.

> After I graduated from university, I tried to apply to governmental jobs, but it was very difficult to get them, this was one reason. In addition, my family invested so much money in my studies, so they expect some sort of income from me. So, I tried to migrate to Europe because of these reasons.[11]

The decision to migrate was often presented as the result of an accumulation of various difficulties, some of which related to the context of insecurity and instability in the areas of origin of the informants. In the Sudan, the protracted conflict in Darfur emerged as a standalone reason to migrate. An IOM Sudan officer indicated that tribal conflict and adverse economic circumstances represented strong push factors in the whole area. FGD participants in Nyala, South Darfur[12] shared testimonies of genocide, rape and other war crimes, identifying them as factors causing internal displacement and emigration. A male informant from Nyala reported to have migrated because he felt "like an unwanted citizen."[13] Another male informant in Nyala[14] mentioned his activities as a "social activist" on human rights violation cases in the Sudan as his main reason to migrate, as the government started to persecute citizens with his profile at the time. An FGD participant in El-Fasher,[15] North Darfur stated to have migrated because of multiple politically motivated arrests in the Sudan and not having his freedom secured under the rule of the former government.[16]

Persistent instability and insecurity were among the migration drivers more frequently mentioned by informants in Somalia, alongside economic motivations. Community member informants in Hargeisa also emphasized the migrants' desire to have more freedom in their lives, adding that youth in particular envy the lives of the Somalis who live in Europe. The conflict in Northern Ethiopia was mentioned by some Ethiopian returnee informants as both a reason for migrating[17] and a barrier to returning to a specific community of origin in the areas affected by it.[18]

Family-related reasons were also mentioned, in the form of wanting to rejoin a family member abroad, reunification with a partner or close relative, and pressures to provide economically for the family.

9 FGD-DD-CM1; KII-KA-M4; KII-H-M2; KII-M-M2.
10 KII-AA-AM5.
11 KII-N-M3.
12 FGD-N-M.
13 KII-N-M1.
14 KII-N-M2.
15 FGD-EF-M.
16 Both informants were assisted to return voluntarily to the Sudan. It is unknown whether they requested asylum while abroad.
17 KII-AA-AM1; KII-AA-AM2.
18 KII-AA-AM6; KII-AA-AM7; KII-AA-AF2.

One female returnee informant[19] reported to have migrated to avoid forced marriage. Informants in Dire Dawa who were minors at the time of migration reported of not having mentioned their plans to their families because they believed that their families would try to prevent them from leaving. However, an informant from a JI-HoA implementing partner in the same area perceived families as often being in support of the migration of their youths.

Friends and peers contributed to the decision-making process of some informants by shaping their opinions and/or convincing them to migrate together. As shared by a male informant in Ethiopia:

> My friends convinced me to go to Djibouti to work and make money. They told me that it is the only place to make money easily. I decided to go with them.[20]

CHALLENGING EXPERIENCES FACED DURING THE MIGRATION JOURNEY

Both qualitative and quantitative data gathered for this study strongly indicate that the migration journeys of the target population were full of challenging experiences shaped by various types of abuse, exploitation and violence. Overall, 76 per cent of the survey respondents reported to have gone through challenging experiences that had a negative impact on their well-being during their migration, with Ethiopian respondents accounting for the larger share (87%), followed by Somalia (77%) and the Sudan (61%) (Figure 7). Of those who reported to have gone through challenging experiences, 91 per cent indicated to be comfortable sharing more details on these experiences with the enumerators (Figure 8). Most of the quantitative results presented in this section refer to this group of individuals.

Figure 7. "Would you say that during your migration you went through challenging experiences that had a negative impact on your well-being?" (% of Yes answers)

Figure 8. "Do you feel comfortable sharing briefly with me more details about what these challenging experiences were about? If talking about these experiences is too painful for you, we can just skip this part" (% of Yes answers)[21]

Lack of access to basic needs, extreme physical exhaustion and illnesses

Travelling on foot through vast desert lands and in overcrowded trucks for days, being exposed to harsh weather conditions, capsizing of overcrowded boats when travelling by sea, staying hungry or thirsty for a prolonged period of time and extreme physical exhaustion as a result of these conditions were all experiences commonly shared by returnees during KIIs and FGDs.

Over 80 per cent of the survey respondents reported to have experienced extreme physical exhaustion during their journey or the period they spent abroad, with this experience having been relatively more common among Ethiopian (92%) and Somali (95%) respondents compared to Sudanese respondents (60%) (Figure 9).

19 KII-J-AF1.

20 KII-DD-CM1.

21 The percentages in Figure 8 do not refer to the entire sample but to the respondents who declared to have gone through challenging experiences (see Figure 7).

Figure 9. "During your journey or the period you were abroad, have you experienced extreme physical exhaustion (caused for example by walking for days, being exposed to weather conditions. Being hungry or thirst for a prolonged period of time, etc.)?" (% of Yes answers)

EXPERIENCED EXTREME PHYSICAL EXHAUSTION

In many cases, returnees reported that they were not well informed, or were lied to by smugglers about their journeys prior to departure.

> The smugglers fooled us; they gave us hope. We started our journey to Djibouti by foot, they did not get any car. We did not have anything to eat, but the smugglers had food in their backpacks for themselves. After 40 days of journey, we reached Djibouti but two of my friends were already dead because of hunger. We left their dead bodies on the street.[22]

> In Libya, there were a lot of problems, we encountered a lot of beatings, robbery. Even the smugglers, when you make a deal with them, they trick you; they say the boat only takes 40 passengers, but they take 90 passengers. Also, when we paid we were detained until all the passengers paid. They used to give us salty water to drink.[23]

In other cases, risks associated with migrating were reported to be known, without this knowledge stopping aspiring migrants from pursuing their journeys.

> The community talks about those who don't make it and those who suffer on the way. But people think, "let me try". One day seven people from my town died and the next day another group of people migrated to Libya just after knowing that seven people from the neighbourhood had died.[24]

While some respondents reported travelling to Libya to cross the Mediterranean and reach Europe, others travelled to stay and work in Libya. This was especially the case with Sudanese returnees. As Libya has been a destination country for many Sudanese migrants until the outbreak of the civil war, the difficulties faced there came as unexpected for some of the respondents who were unaware of the scale of conflict in Libya.

> I left the Sudan because of so many issues, one being political issues, economic and social reasons and even cultural reasons, before migrating I didn't know anything about Libya. In 2017, when I arrived on the border of Libya, I was surprised. They were very intimidating, they treated us very badly as foreigners, I didn't know about the war.[25]

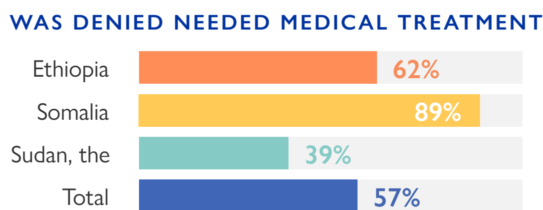
Situations where medical attention was required occurred at different stages of the journey for many informants. Various illnesses and injuries were reported, which in some cases forced them to halt their journey or led to their abandonment along the way. Some informants mentioned injuries that left permanent physical sequelae, also as a result of being denied medical assistance when needed. A 25-year-old Ethiopian male returnee in Hossana, SNNPR explained how he was deprived of medical care in prison in the United Republic of Tanzania following a car accident in which he was involved:

> I stayed in Tanzania for one and a half years. Even if the doctors were willing to support me, the prison police denied me to get medical assistance. Whenever doctors came, they changed my place to another place. The police just bounded my legs with some kinds of medical bandage and they denied me the basic medical service.[26]

22 KII-J-AM2.
23 KII-N-M1.
24 KII-AA-AM3.
25 KII-N-M2.
26 KII-HO-M4.

These stories are confirmed by the survey results. Over half of the survey respondents reported to have been denied needed medical treatment during their journey or the period they spent abroad (Figure 10). This was particularly evident for Somali returnees, among which almost 90 per cent reported to have been denied medical treatment.

Figure 10. "During your journey or the period you were abroad, have you been denied needed medical treatment?" (% of Yes answers)



Detention, abuse and violence

Physical abuse and detention experiences were highly prevalent in the qualitative data gathered. Beatings, stabbings and being tortured with electric shocks were among the types of physical abuse and violence that were mentioned more frequently by male returnees when recounting the challenges faced during their migration journeys. Migrants were reportedly kept in big warehouses and tortured for ransom money before being allowed to resume the journey.

As shown in Figure 11, a large share of survey respondents reported to have been detained during their journey or the period they spent abroad, with detention being relatively more frequent among Somali returnees (93%) than among Ethiopian (78%) and Sudanese (61%) returnees. As shown in Figure 12, among respondents reporting to be comfortable being asked about the challenging experiences they went through while abroad,[27] almost three quarters reported to have experienced physical violence (72%) and verbal abuse. Detention and having been subjected to different forms of violence and abuse correlate in both qualitative and quantitative data.

Figure 11. "During your journey or the period you were abroad, have you been detained?" (% of Yes answers)

Figure 12. Percentage of respondents who reported that "physical abuse/violence (e.g. beating, brutality, injury, torture)" or "Verbal abuse (e.g. being threatened, intimidated, being addressed in derogatory, humiliating, offensive ways)" were among the challenging experiences they went through while abroad[28]

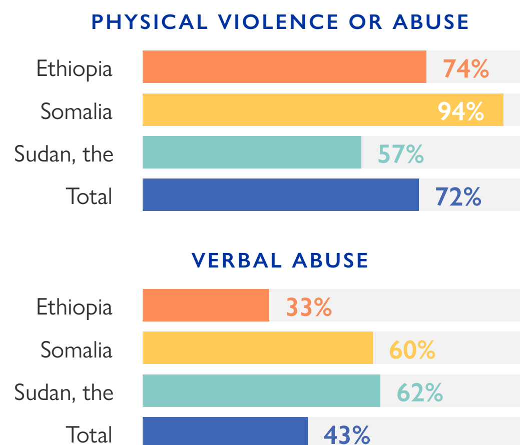


Figure 13. "During your journey or the period you were abroad, have you witnessed other migrants die or be subject to abuse and violence?" (% of Yes answers)

27 A total of 874 out of 1 148 respondents reported having been through challenging experiences during their migration journey. The 874 where then asked if they felt comfortable sharing their experiences, with 791 responding positively and providing additional details (for the others, follow-up questions on challenging experiences were skipped).

28 The percentages refer to the respondents who agreed to share details on the challenging experiences they went through.

Ethiopian returnees are provided with onward transportation allowance and accommodation at the IOM Ethiopia Transit Centre in Addis Ababa.
© IOM 2023/Mehalon LULE

Migrant smuggling often turned into human trafficking characterized by violence in order to force migrants' families and friends, both overseas and in the country of origin, to pay ransom money. Even after making ransom payments, there were situations where migrants were not released, but instead sold to other groups or individuals who continued to subject migrants to physical abuse and violence.

Experiences of physical violence and abuse, including torture, were more recurrent in the narrations of informants who returned from Libya and the United Republic of Tanzania (where the incidence of detention was also higher). One informant described his experience of detention in Libya as follows:

> When you're in that bad place [the place of detention], you can't help thinking of negative thoughts. They locked us up and did a lot of unacceptable things, inhumane things, they treated us all the same, shouted: "all of you are dogs, all of you are slaves." Some Libyan guys beat us for asking them a question. I could not survive there, so I decided to go back to the Sudan.[29]

Many Ethiopian returnees interviewed in SNNPR took the Southern Route through the United Republic of Tanzania to reach South Africa, but were imprisoned in the United Republic of Tanzania. Most of these informants reported staying in prison between two and three years or more in some cases, where they were forced to do unpaid work.

> I stayed four years in Tanzania in prison. Life in prison was very challenging. There was no food, no water and no clothes. We work the whole days in the field. They beat us to work hard the whole day. There was also physical harm, diseases and infections.[30]

Many informants reported bearing witness to the death of other migrants travelling in their same group or in detention centres.

> When I was caught by the criminal groups, I was tortured in order to send them money. I was electrocuted, I was hit, I was hung upside down from my legs in the middle of the winter and beaten, some of the prisoners with me died from the torture.[31]

In some occasions, migrants lost their loved ones, including friends or relatives, which impacted migrants tremendously and prompted return journeys for some. A female informant in Hargeisa,[32] recounted a traffic accident in which her mother lost her life, as the truck they were in was driving fast to escape local authorities.

According to survey data, 72 per cent of respondents reported to have witnessed other migrants die or be subject to abuse and violence during their journey or the period they were abroad. When looking at countries of origin individually, Ethiopia and Somalia display significantly higher shares – 88 per cent and 71 per cent respectively – compared to the Sudan with 48 per cent (Figure 13).

Sexual abuse and violence

Qualitative data include several references to sexual abuse and violence as being widely perpetrated by employers, smugglers, traffickers or brokers at various stages of the migration journey. A female Somali returnee in Hargeisa, described a practice in the Libyan detention centre where she had been kept:

> When you reach there, they will not talk to you they will just give you the test and they will make you use it and if you end up being pregnant they will just torture you. According to their code of conduct they can't rape a pregnant woman so they used to do everything to make me miscarry my child so they can rape me. They used to beat me on the head.[33]

In contrast, only 19 survey respondents (13 female, 6 male) reported to have experienced sexual abuse or violence. The discrepancy between qualitative

29 KII-N-M2.
30 KII-KA-M8.
31 KII-EF-M1.
32 KII-H-F1.
33 KII-H-F2.

and quantitative data may indicate underreporting of sexual abuse and violence, possibly due to shame or guilt associated with the reporting of such abuses in the setting of a quantitative interview.

Informants from the Good Samaritan Association of Ethiopia emphasized the high prevalence of gender-based violence (GBV) acts against female migrants, starting from the moment they leave their home until and even after they reach their destination countries. Perpetrators have been reported to be their relatives, the agents they use for securing employment, police, people who travel with them or employers in destination countries. Female informants from the AGAR Foundation of Ethiopia shared accounts of difficulties that female returning migrants may face with children born from unwanted pregnancies resulting from rape.

> "Because of the abuses and psychological conditioning, they might condition that child with those events. Some of them might hate their child and they don't want to even see them.[34]

Marrying during the migration journey was used as a coping or survival strategy by female returning migrants to avoid sexual abuse. The following narration from a female Somali returnee in Hargeisa, who lost her mother en route during a truck accident in the desert, illustrates well some of the common experiences with regards to sexual abuse:

> "When my mother died and my sister left me, I was completely abandoned. Before I was treated as the young child, I was never treated as an adult. So, it was a little bit of shock for me when my mother died and my sister left, I didn't know what to do exactly and I was very vulnerable. Because I didn't use to talk to men, my mother used to ask others not to talk to me, because she was overprotective. Now I don't have that kind of protection and I was not trained to protect myself. When I saw these Libyan human traffickers were having ill intentions towards me, I decided to marry. I married a guy who was there and he is the father of my child. I was forced to marry because of the situation I was in, because I needed someone to support me. Since then, I got the support from my husband.[35]

In a separate interview, the husband of this informant provided his own perspective:

> "That lady, she is my wife but the child is not my son. When I found out the challenges she faced and the fact that her mother died there and she was very young, I did that to support her. Because we are both Somali people and I just wanted to help her. So that is how we got married and that is how I took responsibility over her.[36]

Though not reported by any returning migrant who participated in this research, gang rapes committed both on women and men en route to Libya were reported during an interview with an informant from the Lebeza Psychiatry Clinic in Addis Ababa, Ethiopia. Informants from the Ethiopian Red Cross[37] reported having supported male returning migrants who were sexually abused by their employers.

Economic and labour exploitation

Of the survey respondents who felt comfortable sharing their challenging experiences,[38] 63 per cent reported to have experienced economic exploitation as part of their migration experience (in the form of having been kidnapped for ransom, having been subject to racketeering, theft, unpaid or forced work, or similar). As shown in Figure 12, Sudanese returnees reported the highest average incidence of this type of occurrences – 77 per cent compared to 64 per cent for Ethiopians and 25 per cent of Somalis – in contrast with the findings in Figure 12, where the same group reported relatively lower

34 KII with AGAR female shelter staff.

35 KII-H-F1.

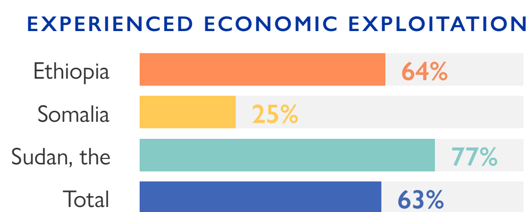
36 KII-H-M4.

37 KII with Ethiopia Red Cross staff.

38 A total of 874 out of 1 148 respondents reported having been through challenging experiences during their migration journey. The 874 where then asked if they felt comfortable sharing their experiences, with 791 responding positively and providing additional details (for the others, follow-up questions on challenging experiences were skipped).

rates of physical and verbal abuse compared to Ethiopian and Somali returnees.

Figure 14. Percentage of respondents who reported that "economic exploitation (e.g. having been kidnapped for ransom, having been subject to racketeering, theft, unpaid or forced work)" was among the challenging experiences they went through while abroad[39]



The stories collected through KIIs and FGDs confirm the quantitative findings. In Tanzanian prisons, all male Ethiopian and Somali returning migrants interviewed experienced having to work as day labourers, mainly working in fields for long hours without any payment and being beaten even when they were given a break during their workday.

Some informants reported having found themselves in exploitative work conditions attempting to collect money to continue their journeys or to pay for ransom. A male Sudanese returnee who wanted to migrate to Europe through Libya ended up working in gold mines in Chad to be able to afford the journey after the car he was travelling in broke down on the way.[40] There were also several incidents of robbery and racket throughout the journey that forced him to work.

Some female informants reported exploitative situations in their countries of destination, where they were placed in illegitimate roles, underpaid or not paid at all. They described being forced into working long hours, being mistreated by their employers, deprived of food, confined and isolated. Having migrated to escape from a forced marriage at home, a 28-year-old female Ethiopian returnee who worked in the Sudan and Egypt for a total of 10 years recalled her experiences working in the domestic labour market:

> I started to work as a housekeeper. The landlord did not consider me as a human being in the Sudan, also in Egypt. I worked more than 20 hours a day. They did not even give any time for food. I was the one cooking but sometimes they would not give me food from the food I cooked. I worked in different houses. Whenever I changed, the same situation was also in the next house. I have changed many houses. I have no legal rights in the country, as I am an irregular migrant.[41]

Some informants reported they had not been able to save as much money as they had believed they would, even after a considerable number of years spent abroad working. A Sudanese returning migrant in Nyala[42] reported his experience of not being paid for some of the work he completed in Egypt, adding that the money he could earn in Egypt only covered his basic needs for survival, and that it was not possible to save up.

Racism and discrimination

Experiences of racism and discrimination were reported as challenges faced frequently while abroad. Such experiences were relatively more frequent in the recollections of Sudanese returning migrants, and were often presented as events that affected their lives as families.[43] After one participant in the FGD with male returning migrants in Nyala, the Sudan, shared his experience of "being black" in Egypt, another participant in the FGD mentioned:

> I went to Egypt, and I had the same experience. They treated us very badly, especially us Sudanese people. For example, you would be in a line at the bakery getting bread, an Egyptian guy will come from the back of the line and get his bread before you.[44]

39 The percentages refer to the respondents who agreed to share details on the challenging experiences they went through.
40 KII-N-M3.
41 KII-J-AF1.
42 KII-N-M4.
43 FGD-K-F1.
44 FGD-K-M1.

A female Sudanese returnee reported the discrimination she experienced in Egypt as fuelled by working class locals perceiving migrants as threats to their livelihoods.

> When I used to go downtown Cairo, I was treated very nicely. But when I go back to the working-class area I was living in, people would say "you came and are making it harder for us by taking our jobs and crowding up the country". Even in the clinics there's discrimination, they'll treat an Egyptian before they treat you. But when you go to an area where there's the upper-class Egyptians, you're treated way better, with no discrimination, no hate and no racism.[45]

A male Sudanese returning migrant in Nyala recounted his experience in Libya:

> We were not accepted in the Libyan community. Sometimes I would work and would not get paid for the work I did, we would experience daily discrimination. We were shot at randomly; the Libyans will just come and shoot at us for no reason. Some Libyans try to hit you with their cars.[46]

REALIZATION OF POTENTIAL GAINS FROM MIGRATION AND RESILIENCE

The experiences of the returning migrants who participated in the study were not solely shaped by challenges and difficulties, as migration could be rewarding at times, with the opportunities it carries and the encounters it fosters. The narrations included stories of resilience and personal growth.

Language skills were revealed as an important tool for acculturation into the society of the country of transit or destination. An Ethiopian female returning migrant in Dire Dawa, Ethiopia, who stayed in Somalia for 13 years and returned due to safety concerns regarding a conflict that broke out between Oromo and Somali ethnic groups, explained how her Somali language skills and cultural knowledge helped her adapt to life in Somalia:

> I can speak perfect Somali language. I know their culture and character as well. I was a member of Somali community. I was integrated there. Since I know their culture, it was easy for me to live with them. Still, I live in the Somali area here.[47]

Another factor identified as a contributor to resilience was faith in religion or spirituality. Faith practices offered support to individuals and provided a common ground for socialization and a shared understanding of the world. A male migrant in Hossana, Ethiopia had a unique narration of his detention experience in the United Republic of Tanzania, during which he provided religious services to the community there:

> My passion since childhood was to work hard and to serve God. Even in the prison, I formed a choir. The police and all the prisoners used to love me and they used to say "he is a servant of God". As result, I was free from hard work and they provided fruits. So, they treated me very well, because I'm serving God.[48]

Sociorelational factors also determined how migration experiences activated or strengthened the resilience of returnees. Informants who migrated through regular pathways, who had the support of friends and/or relatives in the destination country, and who could make use of their skills tended to report higher levels of resilience.

> I travelled to Egypt legally with my three kids, I stayed there for four years, thank God I didn't come across any problems there, I found myself working in different organizations helping out the Sudanese communities there. My kids acquired a lot of skills and thank God, I didn't encounter anything bad, I cannot lie.[49]

To be more effective, reintegration efforts should acknowledge and validate the new skills, knowledge and competencies returnees obtained during

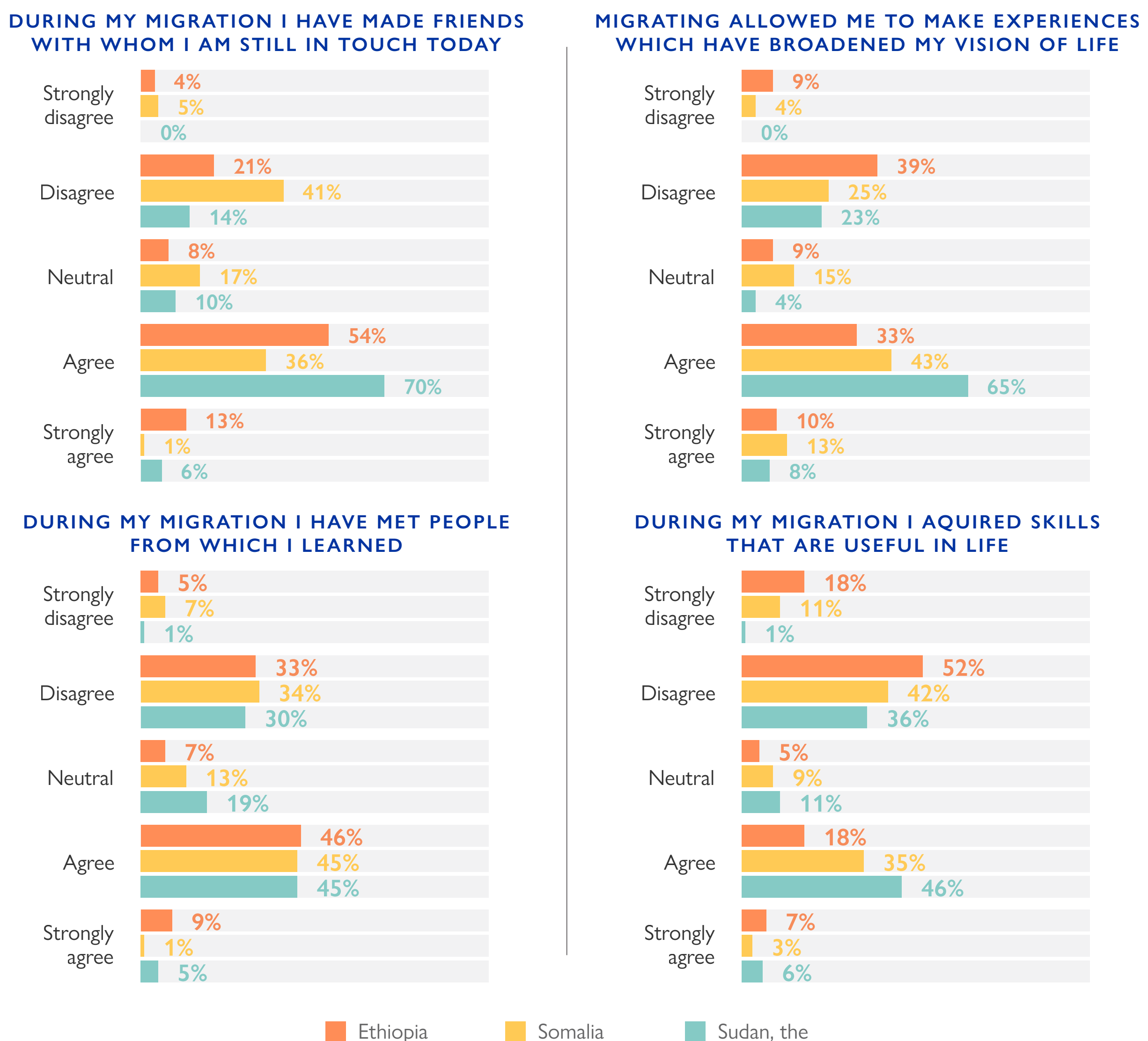
45 KII-N-F2.
46 KII-N-M1.
47 KII-DD-AF1.
48 KII-HO-M9.
49 FGD-K-F1.

migration. A Somali returnee interviewed two years after his return reflected on his personal growth:

> I am mentally OK. I had some struggles but I gained experience from them. The X [the informant himself] who left Hargeisa and this one are totally two different people, because I matured.[50]

Survey data confirm that migration could still create opportunities, even among a sample of individuals who were assisted to return because they were in a situation of vulnerability (Figure 15). For example, 76 per cent of respondents in the Sudan agreed or strongly agreed to have made friends during their migration journey with whom they are still in touch. An equally high share of Ethiopians (68%) agreed or strongly agreed with the same statement, whereas the proportion was relatively smaller for Somalis (37%). About half of the respondents in all three countries agreed or strongly agreed to have met people from whom they learned during their migration. Sizeable shares of respondents agreed or strongly agreed that migrating allowed them to make experiences that broadened their vision of life: 73 per cent in the Sudan, 56 per cent in Somalia and 43 per cent in Ethiopia. Finally, 52 per cent of returnees in the Sudan agreed or strongly agreed they acquired skills that are useful in life during their migration, compared to 38 per cent and 26 per cent in Somalia and Ethiopia respectively.

Figure 15. "How would you agree or disagree with the following statements about your migration experience?"



50 KII-H-M6.

REASONS FOR RETURNING

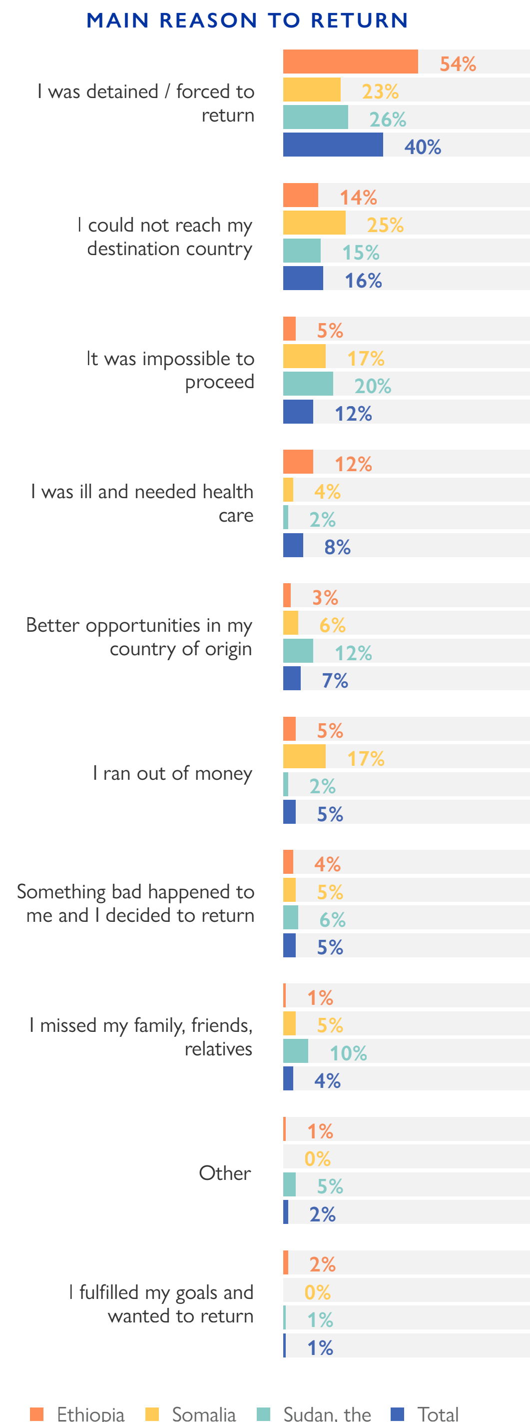
When asked about the main reasons for returning, the answers provided by informants were mainly clustered around health-related reasons, facing difficulties such as racism or war in the country of transit or destination, not being able to proceed further in their journeys, being detained or seeing no other option but to return.

After having stayed in a detention centre in Libya for around 1.5 years and having talked to his relatives living in Europe during that time, a young male Somali returnee explained the change in his perspective on migrating to Europe, which resulted from the hardship of irregular migration:

> When I was in jail, I saw people who were there for years and when I asked them, they told me they chose to go to the European countries. So that option was taking a long time and these people had physical and mental health conditions which started with the choice that they made. I also contacted some relatives who live in European countries. They informed me that there is nothing in the European countries, you just stay in a room and they give you some money. There is no freedom and there is no reason why you should go through this risk, so it is better for you to go back home. If I had stayed there, I would have jeopardized my mental health condition and my physical condition. So, I decided, why waste time? Maybe I should just go back to my country use my energy. I am young; maybe I should just work there. So, my mindset changed.[51]

According to survey data (Figure 16), over half of the respondents in Ethiopia (54%) reported being detained as the main reason for their return.[52] However, responses from Somali and Sudanese returnees presented more heterogeneity, with around one fourth of each Somali and Sudanese respondents reporting the same reason for return, and running out of money being more prevalent among Sudanese respondents (17%) than any other group. Only a marginal share of respondents reported to have fulfilled their goals and wanted to return: 2 per cent among Ethiopian respondents, 1 per cent among Sudanese respondents and none of the Somali respondents.

Figure 16. "What was the main reason why you returned?"[53]



51 KII-H-M6.

52 In total, 78 per cent of Ethiopian respondents reported to have been detained during their journey or the period they were abroad. Among these, 58 per cent travelled along the Southern Route, 32 per cent along the Eastern Route and 10 per cent along the Northern Route.

53 Figures in this table do not add to 100% due to rounding.

In some circumstances, the decision to return was triggered by the loss of close friends or loved ones. One informant explained:

> The thing that hit me the most, as I mentioned, was the death of my friend. That was when I realized I no longer wanted to go to Western countries. I gave up on that option and I was just looking for someone who could take me safely to anywhere in the world where I can eat, sleep and do normal things. The thing that bothered me the most and touched me while I was there, was being with the dead body of my friend; he was more of a brother to me. We were childhood friends, we migrated from here together. Since I am back, whenever I see his mother, relatives and siblings I always remember him, that makes my life a little bit harder.[54]

Many informants made the decision to return after realizing that they could not attain their goals in their host or transit country, having found situations similar to the ones they wanted to escape from, if not worse. Informants who had returned from Libya but did not experience detention there most often cited the adverse security situation as the main reason to have returned. A female Sudanese returnee explained that mental health problems caused by lack of safety and security were the main reason for her and her family's return from Libya, where they had lived for five years:

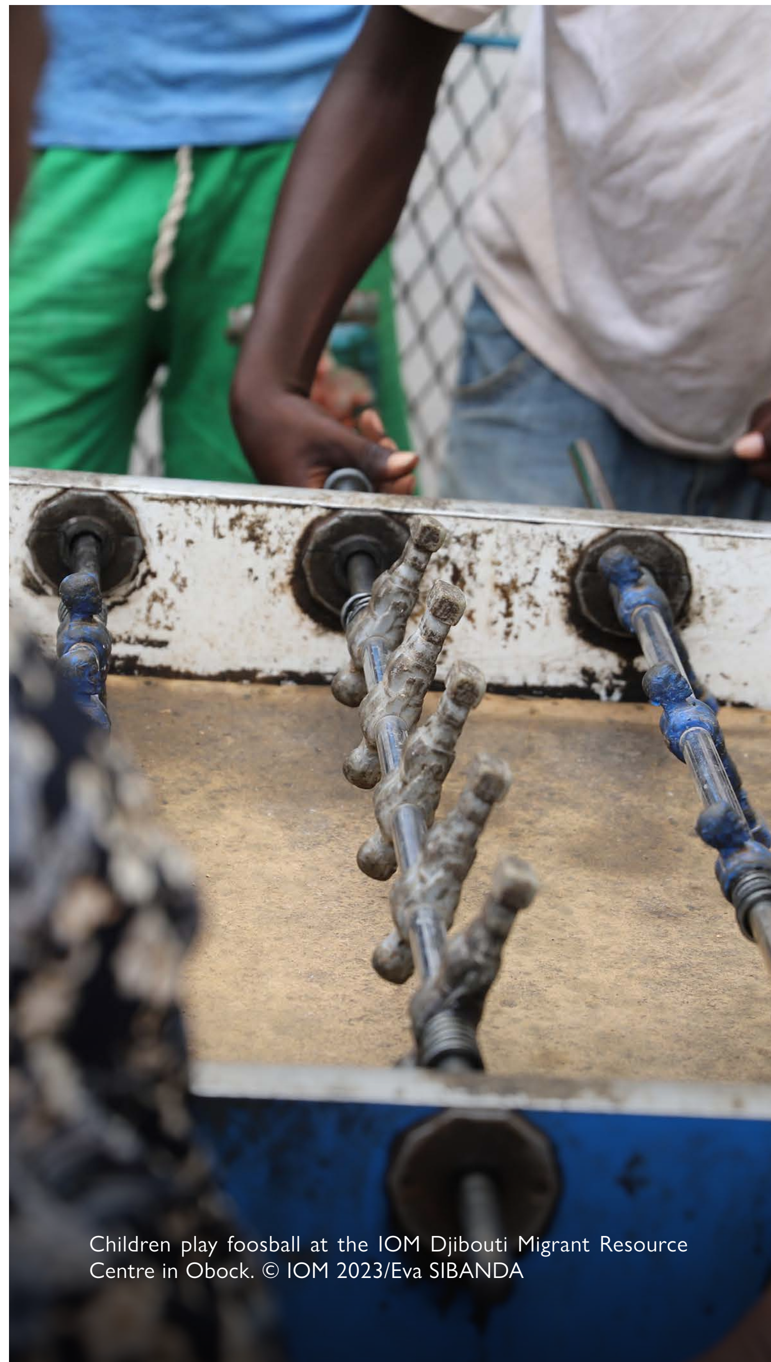
> The airstrikes were still coming, and I saw that the kids were getting affected, they started having lack of sleep, they would hear the fighter jets noise and would hide and scream, then people told us that there was a way to go back to the Sudan, so we made our way back to the capital Tripoli. When we got there, IOM took us on the first flight back to the Sudan. We did not wait in line because the kids were in a terrible condition.[55]

Some Sudanese returnees mentioned the regime change as a factor that prompted their return. A male informant interviewed in Nyala, the Sudan, said:

> If the old government was still running I would be in Libya, the new government is looking promising.[56]

Having lived in Egypt for four years, during which she faced financial- and health-related difficulties, a female returnee in Nyala, the Sudan summarized the reason of her return as follows:

> If someone asks me why I returned, I say "it's better for me to be living among my people, living abroad can be hard."[57]



Children play foosball at the IOM Djibouti Migrant Resource Centre in Obock. © IOM 2023/Eva SIBANDA

54 KII-H-M3.
55 KII-K-F1.
56 KII-N-M2.
57 KII-N-F2.

4. MENTAL HEALTH AND PSYCHOSOCIAL CONSEQUENCES

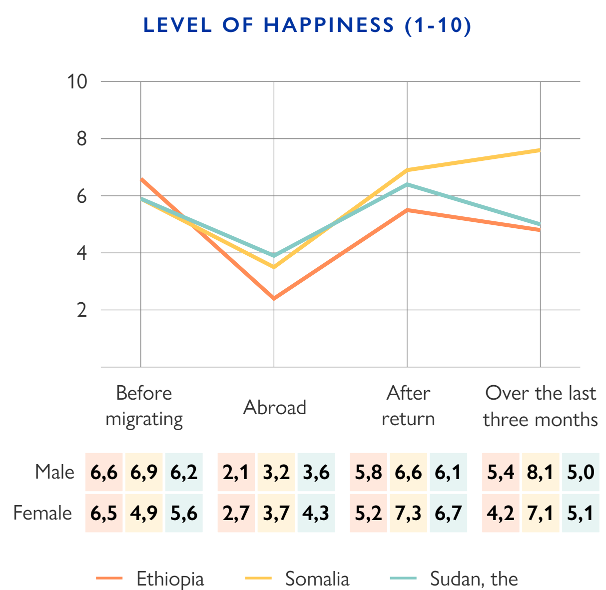
The challenging experiences described in Chapter 3, including lack of access to basic necessities, extreme physical exhaustion and illnesses, exposure to war conditions, experiences of detention and violence and other types of adversities were all significant risk factors for developing mental health and psychosocial problems. Chapter 4 analyses the consequences of these experiences at the individual and sociorelational levels.

CONSEQUENCES AT THE INDIVIDUAL LEVEL

The challenging experiences that informants faced during migration and return have had, in some cases, grave effects on their psychosocial well-being at the individual level. The analysis presented here starts by looking into the average happiness levels[58,59] reported by survey respondents (Figure 17) and how these varied depending on country of origin or sex, as well as on the phase of the migration considered.

Notable differences are observed in the average happiness levels across the three countries, with Somali respondents generally reporting a higher average level of happiness. The reported level of happiness related to the period spent abroad is relatively lower than all other periods considered.

Figure 17. "On a scale from 1 to 10 (with 1 feeling extremely low, and 10 being extremely happy) how have you been feeling on average: over the last three months, during the period after they returned (say, three months), during the period they spend abroad (all of it, on average) and during the period before migrating (say, three months)?"[60]



	Before migrating			Abroad			After return			Over the last three months		
Male	6,6	6,9	6,2	2,1	3,2	3,6	5,8	6,6	6,1	5,4	8,1	5,0
Female	6,5	4,9	5,6	2,7	3,7	4,3	5,2	7,3	6,7	4,2	7,1	5,1

Physical consequences

Most returnee informants experienced fatigue and exhaustion due to long periods of time spent walking, and/or travelling hours with limited food and water. Physical trauma caused by violence, torture, detention and exploitative work conditions affected respondents at the biophysical level by deteriorating their physical health. Some informants had infectious and non-communicable diseases, which prevented them from resuming their migration journeys. Others reported suffering from physical disabilities as a result of the violence, torture and abuse they were exposed to.

58 Respondents were asked to rate on a scale from 1 to 10 (with 1 feeling extremely low, and 10 being extremely happy) how they were feeling on average at four different time periods: over the last three months, during the three months after they returned, during the period they spend abroad (all of it, on average) and during the three months before migrating.

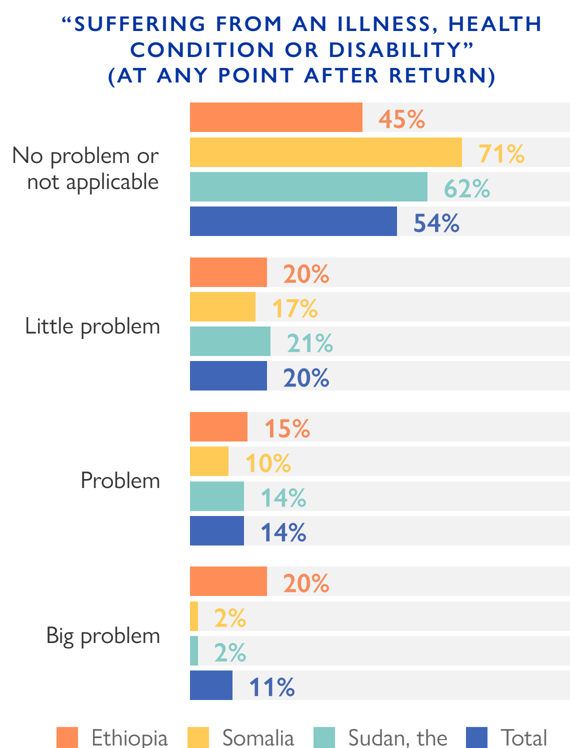
59 The cultural applicability of the construct of happiness may vary, as it is influenced by diverse cultural norms, values and perspectives.

60 The evaluated timeframes in this graph represent retrospective assessments of well-being on a scale from 1 to 10, with 1 indicating extremely low feelings and 10 representing complete happiness. The interpretation of these findings should consider that the data collected reflect experiences that occurred at different points in the past, and the duration of time spent abroad varied significantly among participants, with some spending several years away and some only a few months.

> "I have been tortured by any means you can imagine, this deeply affected my psychological and physical health and it's not easy to let go. They used to pour water in our jail cells when it's freezing outside. Some days they would fill the jail cell 50 centimetres from the ground with water so you are forced to stand up, you cannot lay down to sleep until the morning comes. After I returned, I had nightmares at night, difficulty with sleeping, forgetting things, difficulty focusing and overthinking, my physical and psychological health were really bad when I first got back.[61]

Although the physical and health conditions of returning migrants generally improved over time after return, some became permanently disabled[62] in certain areas, as a result of the violence they were exposed to or accidents they had during their migration journeys. The data from the quantitative survey indicate that 25 per cent of respondents reported that illness, health condition or disability have been a major problem or a problem at some point after their return, corresponding to 35 per cent of respondents from Ethiopia, 16 per cent from the Sudan and 12 per cent from Somalia. Among respondents reporting such problems, 41 per cent reported that the problem was the same (33%) or getting worse (8%) at the time of the questionnaire (Figure 18 and Figure 19).

Figure 18. "Has this suffering from an illness, health condition or disability been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today"

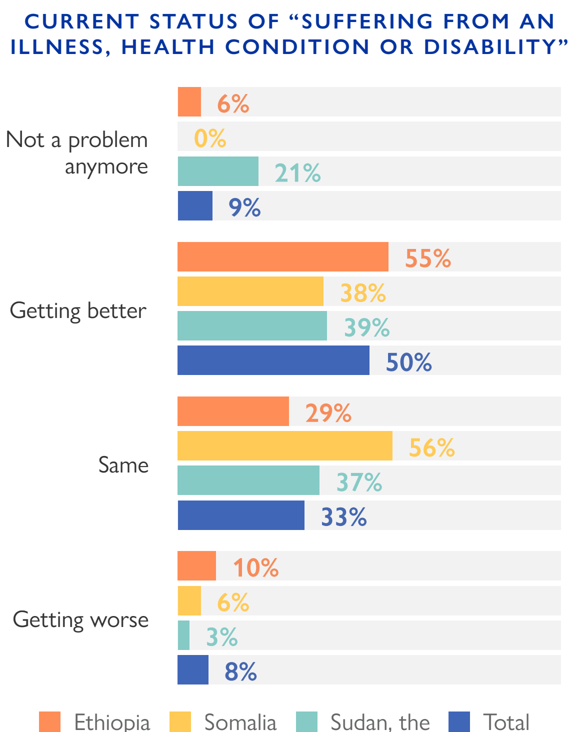


61 KII-EF-M1.

62 Quantitative survey results indicate that 57 out of 1,148 respondents reported to be living with a disability at the time of the interview.

IOM staff bids farewell to a 12-year-old migrant who was assisted to safely return home from Yemen. © IOM 2023/Mehalon LULE

Figure 19. "You mentioned before that suffering from an illness, health condition or disability has been a "Problem" or a "Big problem" at some point after return. If you think of yourself today, is this still a problem? If yes, is it getting better or worse?" (Percentage of those who initially reported it as a "Problem" or a "Big problem")



Furthermore, survey data show that a noteworthy share of respondents have chronic or ongoing pain, with the highest prevalence in Ethiopia at 24 per cent, followed by the Sudan (14%) and Somalia (7%). The prevalence of uncontrolled convulsions is comparatively lower, with 18 per cent of respondents in Ethiopia, 2 per cent of respondents in the Sudan and no respondents in Somalia (Figure 20 and Figure 21).

Figure 20. "Do you experience ongoing or chronic pain in your body?" (% of Yes answers)

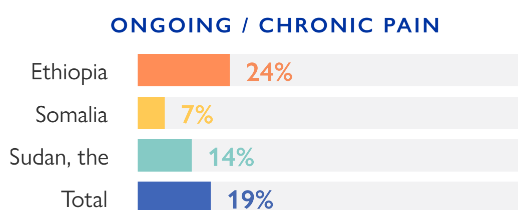
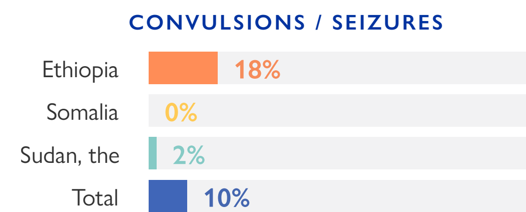


Figure 21. "Have you ever had uncontrolled convulsions in your body that you can't remember (seizures)?" (% of Yes answers)



The physical and psychological impacts were often not easily separable. A male Ethiopian returnee who returned three years prior to the interview explained how he was still physically and psychologically affected by the violence he was exposed to at the hands of guards while trying to escape a detention centre in Yemen after a year of detention:

> The challenges I faced have a lot of consequences. I lost my sight on my left eye after they beat me. Also, one of my kidneys is not functioning properly. I can sleep and sit only on one side because of that. I can't sleep; the trauma would come to me and disturb me. Sometimes I become aggressive or hyperactive. I can't control my anger sometimes. Also, I am forgetful.[63]

Sleeping problems and nightmares

Sleeping problems were among the most frequently reported psychological consequences of migration that informants mentioned, associating the issue to various stressors they faced during the migration journey, especially physical violence and torture. For many, these problems significantly decreased over time after return, yet their memories of violent experiences continued to haunt them, despite no longer being in danger.

> After being tortured in Libya and forced to work without payment, I felt very distressed. I tried my best to manage my mental well-being but always felt down and depressed. Whenever I recall the trauma I have been through, I immediately begin to feel insecure and sometimes have nightmares about what I have experienced.[64]

63 KII-J-CM2.

64 FGD-EF-M.

Loss of loved ones during the migration journey was another source of sleeping problems and nightmares, as stated frequently by informants in Jimma and Dire Dawa, Ethiopia.

> Sometimes I have sleeping problems because of the trauma. Those dead friends come to my mind. Those friends were my neighbours. Whenever my neighbours see me now, they start to cry. I become distressed when I see their tears.[65]

Quantitative data confirm that sleeping problems were frequent among returning migrants in Ethiopia, where 47 per cent of respondents reported to sleep badly at the time of the interview. This percentage was higher for female respondents (62%) compared to male respondent (45%), with this difference being statistically significant.[66] In Somalia and the Sudan, where survey respondents were asked whether they had recently lost much sleep over worry, 11 per cent of Sudanese respondents and 9 per cent of Somali respondents answered either "rather more than usual" or "much more than usual".[67]

Shame and guilt

Almost all informants reported returning to their countries of origin empty-handed. Most of them also indicated that their families had incurred significant debt or financial loss paying migration charges or ransom, causing feelings of guilt and shame. A male returnee in Nyala, the Sudan stated:

> When a returnee comes back empty-handed, the questions he is asked by the community may cause some sort of discomfort. You went and wasted some years of your life and came back empty-handed. There are some returnees who might feel ashamed because of these questions and they are usually asked in public places like wedding ceremonies or when a group is gathered at a café, and sometimes it's your own family that might shame you.[68]

The feeling of guilt for having migrated in the first place was most common among male returnee informants in Hargeisa. This feeling mainly stemmed from a sense of inferiority felt towards those who did not migrate and progressed in their lives.

> When I left years ago, I had friends and a life here. When I came back, I saw that my friends moved on, some of them had children and got married. Some of them had really nice jobs. Sometimes when I see them, I ask myself, "why did I leave to begin with?". I would also have been in their position.[69]

The guilt around not having tried "hard enough" to reach the intended destination was also observed in the narrations of some returnees:

> I have changed totally after I returned. I can't sleep, I hardly sleep for five hours. The slightest noise wakes me up at night. I wish I had tried to cross to Europe.[70]

In many occasions, no matter how supportive returnees' families and communities were, returnees still felt the psychological consequences of challenging experiences. An Ethiopian migrant who returned from the United Republic of Tanzania mentioned feeling lonely even if his family and community welcomed him and were supporting his reintegration:

> I become stressed when I think of life, the migration journey and Tanzania. I feel guilty for my failure to reach my goal. I consider myself unlucky. I also face sleep disturbances. I feel lonely even when others are around me.[71]

65 KII-J-AM2.

66 P-value is 0.0076 at 95 confidence level and 5 per cent margin of error.

67 Ethiopian respondents were asked "Do you sleep badly?" with options "Yes/No/No answer". Sudanese and Somali respondents were asked "Have you recently lost much sleep over worry?" with options "Not at all / No more than usual / Rather more than usual / Much more than usual". The former question is part of the SRQ-20 scale used in Ethiopia and the latter part of the GHQ-12 scale used in Somalia and the Sudan.

68 KII-N-M3.

69 KII-H-M6.

70 KII-AA-AM3.

71 KII-K-M6.

The interpretation of an IOM Ethiopia staff about the feeling of shame among returning migrants echoes this situation:

> It may not be because the community is not willing to [be supportive]. This could just be the individual's decision, that's shame that you put on yourself, that just makes you not see the kind of support that is available for you from your family or from that community around you. It could be like a self-imposed shame that completely closes your mind from talking to others or reaching out to others.[72]

Frustration and self-perception of being a failure

Return was mainly interpreted as a failure both by the returning migrants interviewed and those around them, particularly if migrants' migration plans did not lead to the desired outcomes. Feeling rejected by their communities, as well as experiencing difficulties finding employment, was cause of frustration:

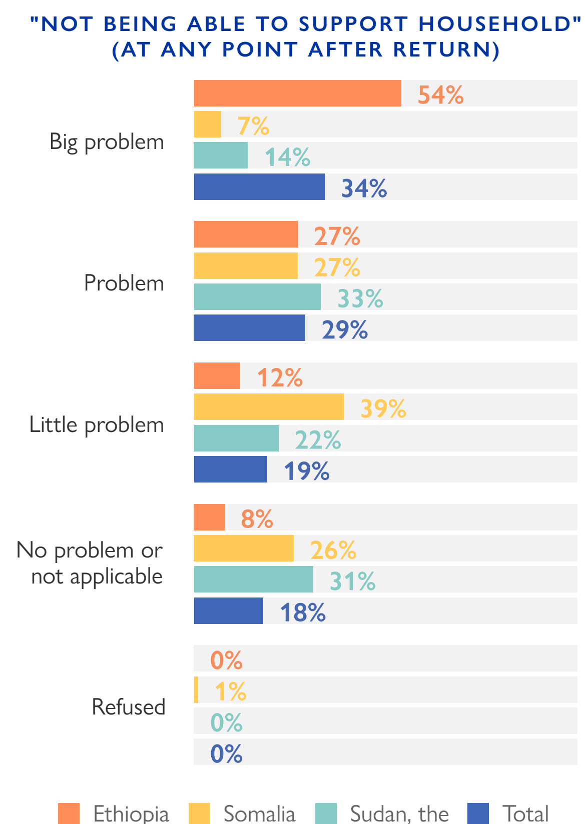
> I felt frustrated and it made me feel down, because my family was waiting for me to make it and I came back empty-handed. You feel like you didn't do anything for them, you ended up adding to their struggle.[73]

The self-perception of failure negatively affected future steps that many returning migrants take to reintegrate into their communities. A male community committee member in Hargeisa shared his observation on the fear of failure among returnees:

> Other than the stigma that they would face from the community, poor self-confidence, like they can't answer back to those people who are stigmatizing them is another problem. There is fear of failure too, because before they tried to do something and they failed. So, now they think that if they start a business, if they go back to university, they will fail again and they will be talked about badly.[74]

Survey data suggest that a significant proportion of respondents (63%) from all three countries experienced challenges supporting their household or extended family after returning from abroad (Figure 22). The severity of the problem varies by country, with Ethiopia recording the highest share of respondents reporting this to have been a problem or a big problem (81%), followed by the Sudan (47%) and Somalia (34%). The challenges faced by respondents after returning from abroad may be linked to their role as the main breadwinner or primary source of livelihood in their household. Figure 27 shows that their income/work was the main source of livelihood in their household.

Figure 22. "Has not being able to support your household or extended family been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today"

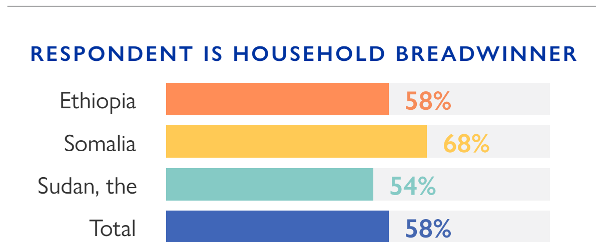


72 KII with IOM Ethiopia staff.

73 FGD-K-M1.

74 KII-H-CMM4.

Figure 23. "Have you ever had uncontrolled convulsions in your body that you can't remember (seizures)?" (% of Yes answers)



Grief and loss

In addition to financial and property loss, several returnee informants mentioned having lost someone they knew such as friends or relatives while they were abroad, causing feelings of guilt about their decision to have migrated. Informants also reported that, frequently there was no time and space for any type of ceremony for the travel companions who had died; dead bodies were left behind as the migration journey had to continue. Both situations caused delayed and prolonged grief for many returnees.

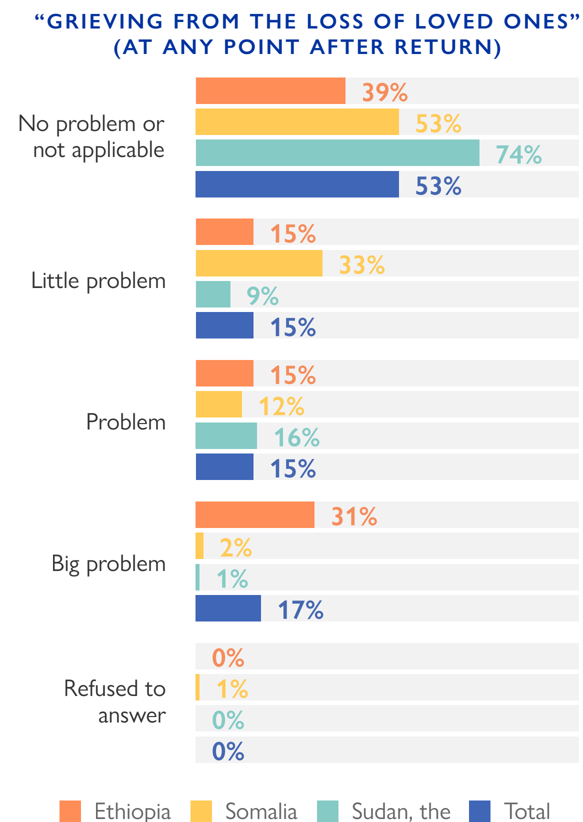
Some informants were among the few survivors of atrocities or incidents where several other migrants died, including friends and relatives. A 19-year-old Ethiopian male returnee in Jimma recalled the boat accident he experienced, where only seven of the 71 passengers transported survived:

> After I experienced the boat accident, it left a negative impact on my mind. Especially after I returned to my village, when I saw the family of those friends, my friends come to my mind. I cried a lot. Sometimes I feel guilty and I blame myself for starting my journey. Sometimes I have sleeping problems at night.[75]

Some informants reported to have lost one or both parents while away and knowing about this only upon return, causing shock and delayed grief.

In the survey data (Figure 24), the perception of grieving as a problem varies markedly among respondents depending on the country of origin. In Ethiopia, almost half of the respondents reported having had a problem or a big problem with grieving (46%), while in Somalia and the Sudan the corresponding percentage is 14 and 17 per cent respectively.

Figure 24. "Has grieving from the loss of loved ones been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today"



Anger

As a reaction to stress and experiences of being rejected or being a victim of injustice, many returnees expressed feelings of anger that were directed towards themselves, their destination countries, return and reintegration assistance providers, relatives and friends. Such anger was especially prominent among returnee informants in the Sudan. One reason reported was the waiting time in the provision of reintegration assistance by IOM. Interviewed IOM Sudan staff relayed difficulties that migrants faced as a result of the delays caused by hyperinflation and the general economic instability of the country.

75 KII-DD-AM1.

In all three countries, IOM informants mentioned how the frustration about the conditions in the country of origin can lead to developing unrealistic expectations regarding when reintegration assistance can be received and what its effects will be.

The experience of political injustice was another source of anger, especially for civically engaged returnees. Some of them returned to their countries of origin with the hope that conditions had improved since they had left, as political changes in Ethiopia and the Sudan have taken place.

Although not being able to meet basic needs was expressed by informants in all the three countries, anger as a reaction to these circumstances was mostly reported in the Sudan:

> Sometimes you feel angry and you can't sleep at night, because you can't provide for your family.[76]

Several informants in all three countries reported feeling angry when they were asked the same questions about their migration journeys over and over. Being reminded of the difficult experiences they had eventually led them to isolating themselves from the community in order to avoid such interactions.

Anger was also observed as a reaction to incomplete or unresolved grief, characterized by the inability to process loss and move on. In the context of migration and return experiences of the informants, loss included material assets, such as money, properties and other belongings; loved ones; as well as dreams, and personal and social identities.

Disorientation and absent-mindedness

In addition to feelings of shame, guilt, frustration, failure, grief and anger, migration and return experiences also caused disorientation in many returnee informants, as a result of the intensity of challenges and/or changes they experienced or encountered upon return. Many informants reported losing track of their friends or families' whereabouts and contact information while away.

Some returnees found it difficult to orient themselves in the reintegration assistance provided by IOM and to ask for additional support. One of the returnees interviewed in Khartoum, the Sudan, who returned back after 14 years spent in Libya, explained that he wanted to go to a European country after his work completely stopped in 2019 due to the security situation. Although he and his family reportedly did not face any discrimination in Libya, their mental health started to deteriorate because of the war and unemployment. Once he returned to the Sudan and having faced legal challenges with establishing a business with his own resources, the returnee became agitated when asked about whether he had requested support from IOM and expressed his regret for not having done so.[77]

In some cases, returnees had mixed feelings about the return experience:

> I was depressed, everybody will be in one world and I'm in a different world, my mind was all over the place, changing lifestyles affected me. In Libya there was a war, but the living is better than the Sudan, you can get by in Libya but here it's very hard.[78]

Some returnees interviewed in the Sudan shared migration stories that included various challenges faced at different times. As a result of the accumulation of challenging experiences, including physical violence/torture, psychological violence and detention faced throughout his journey, and the social and economic challenges faced in his destination country, a Sudanese male returnee describes his mental health status as follows:

> Until two months ago, I had suicidal thoughts, I stayed in a hospital for three months. Still sometimes, I am not feeling alright. I feel like I am missing something. I am absent minded. I sometimes can't sleep and don't have appetite.[79]

76 KII-N-M4.
77 KII-K-M1.
78 KII-K-F1.
79 KII-K-M3.

Anxiety and emotional instability

Informants also reported experiencing anxiety and emotional instability as a result of exposure to life-threatening conditions, including violence, detention and lack of access to services to cover their basic needs during migration, transit and return experiences. For many, these experiences caused a sudden deterioration of their mental well-being.

Interviews with female returnees, many of whom were domestic workers while abroad, contain several references to psychosomatic symptoms, such as headaches, migraines and gastric issues, caused by stress and triggered mainly by overthinking. Having worked for five years in Egypt as a domestic worker under exploitative conditions and suffering from said psychosomatic symptoms, a female Ethiopian returnee recalled how her mental health deteriorated after being swindled at her business in Ethiopia upon return:

> In Egypt I felt very lonely. I felt like no one was going to help me. That might be the case for the gastric. But after I returned here, I got worse due to the situation I faced. I was taking psychotic medication for my mental situation.[80]

Psychosomatic symptoms were particularly prevalent among female informants, a finding reflected in the narration of a female Somali returnee who migrated after her divorce:

> I get a lot of headaches whenever I remember the difficulties I have gone through, starting from the period I got divorced and my husband took the children… I feel exhausted when I remember the difficulties.[81]

Referring to the sexual harassment her daughter experienced in Egypt, a female Sudanese FGD participant explained how this experience affected her whole family psychologically:

> At the time it happened, I was affected psychologically, I couldn't cope with anything, any stress, any minor inconvenience. I would have breakdowns, sometimes I cry hysterically and faint at any moment, my daughters were also in bad shape. Even though the younger one was the one that was harassed, the older one is suffering more psychologically.[82]

Uncertainty about the future was a primary source of anxiety, which exhibited itself as overthinking the decision to have returned.

> I get headaches from overthinking, and when people talk to me a lot I don't understand them.[83]

When sharing her experience of providing assistance to female returnees, a female informant from the Good Samaritan Association in Ethiopia emphasized the emotional instability and anxiety that most of them exhibit upon return, until their sense of safety and security is restored.

Feeling of hopelessness and uncertainty about the future

Returnees returned to their countries of origin with a variety of expectations, ideas, preconceptions, prejudices, fears and hopes. Perceiving to have returned to the same, if not worse conditions that led to migration caused loss of hope and motivation in many of the returnees interviewed. Some informants returned to their countries of origin due to ongoing conflicts in the country of transit or destination, as their lives were in danger. This was especially the case with respondents who lived in Libya for some time and built a family there. Explaining the sudden change in the quality of their lives, a female Sudanese returnee reflected on the uncertainty she felt for herself and her family:

80 KII-AA-AF4.
81 KII-M-F3.
82 FGD-K-F1.
83 FGD-K-M.

> I'm just worried about my children's future. How am I going to pay for their education? The first year, IOM paid for their schools. When they lived in Libya, we were living a decent life, going out, eating out, going to the theme park, their father was driving a car. They came here and lost hope. My girl, she's only six years old, the hardships made her mature faster. It makes my psychological health worse, seeing her like that "my friends went there and got this", you can't say no to them, you can't tell them "I don't have". If they had been born here, then this would have been the reality. But they were born in Libya and they had a taste of the life there. Then suddenly they left that life and entered a new life.[84]

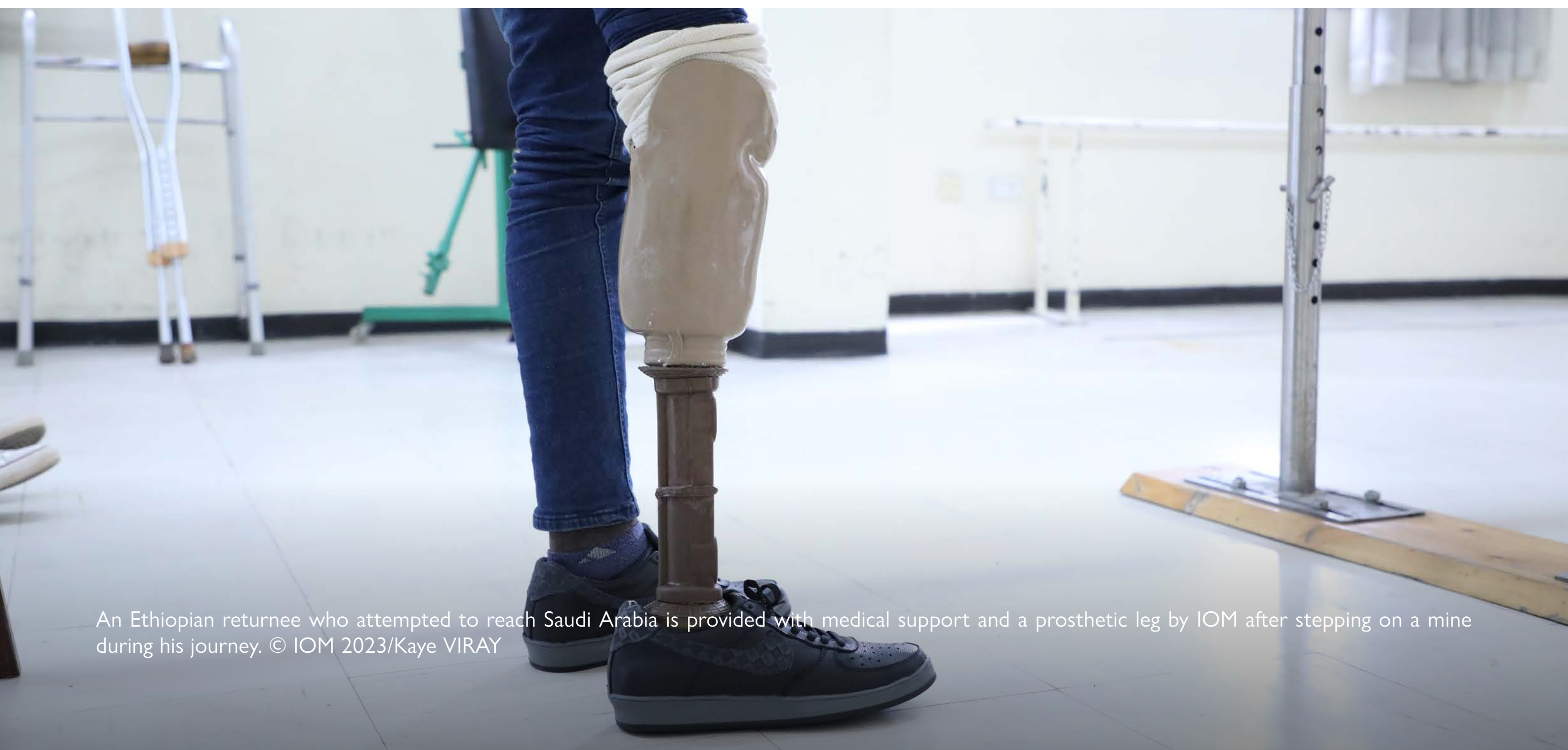
Feelings of hopelessness and uncertainty about the future were most prominent among returnees in the Sudan. Many Sudanese informants reported on the instability of their intentions as they kept thinking whether to migrate again or stay in the Sudan, which caused sleep disturbance as well.[85]

> In the morning you'll be with your friends and it will be very nice, good laughter, but at night when you come to sleep that's the problem. Sometimes when its 2:00 in the morning, I think about what I want to do in my life, for example where I should go, how do I leave, but during the day is normal, you talk to your friends normally.[86]

In Ethiopia, informants from the Tigray region who could not return to their communities due to conflict expressed their concerns about their future. In general, informants whose reintegration assistance did not go as they expected, or who had children, were observed to be the most affected by being uncertain about their future.

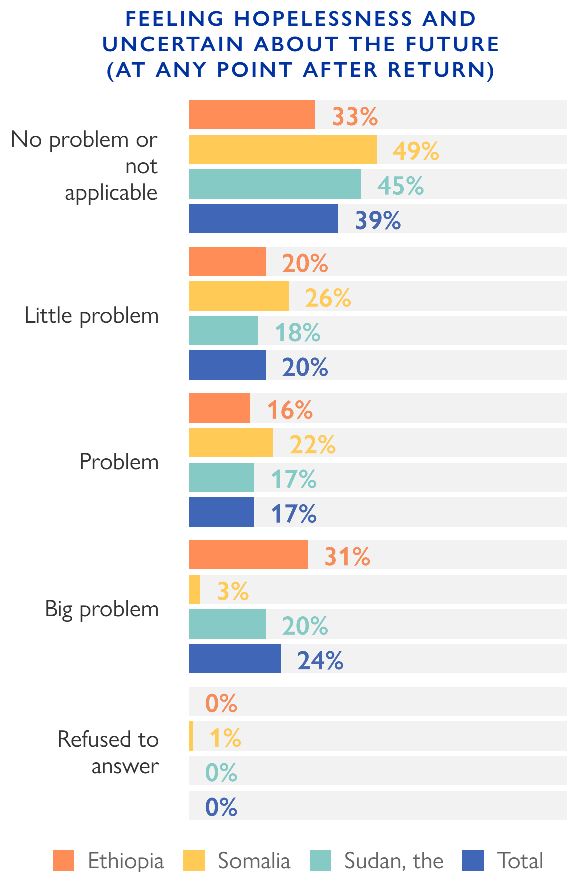
Figure 25 shows the percentage of survey respondents who reported that feeling hopelessness and uncertain about the future had been a problem after returning to their countries of origin, as well as the perceived severity of the problem. A large share of Ethiopian respondents reported that this feeling had either been a problem or a big problem (47%) at some point during reintegration, followed by Sudanese respondents at 37 per cent and Somali respondents at 25 per cent.

84 KII-K-F1.
85 FGD-K-M.
86 FGD-K-M1.



An Ethiopian returnee who attempted to reach Saudi Arabia is provided with medical support and a prosthetic leg by IOM after stepping on a mine during his journey. © IOM 2023/Kaye VIRAY

Figure 25. “Has the feeling of hopelessness and uncertainty about the future been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today”



Focusing on the past

Migrants reacted to current circumstances based on their previous experiences as well as on their expectations and projections for the future. For some returnees, the present was perceived as a challenge, as they were fixated on the past, either because terrible experiences and events kept them there, or because the past is more controllable than the ever-changing present. For some, what kept them focusing on the past were the perceived “lost years” and coming back “empty-handed”.

> I am sometimes overthinking about all the years I lost trying to save money in Libya, and coming back with nothing, and now I started from the beginning.[87]

In many cases, returnees also sold their properties and other belongings (Chapter 6, Having debts and/or having sold assets to fund the migration), and came back to a life worse off than before:

> Thinking about my past life is the main problem still affecting us, we feel guilty thinking about all the properties we sold to migrate. By comparing our life with others, we feel depressed.[88]

Regretting the “failure” of his migration plan, a Somali returnee was questioning himself as follows:

> When I think about the time I was captured, I ask myself “why didn’t you escape, why didn’t you run, why were you so stupid to be captured?”. I feel sorry that I was so unlucky. I question my commitment.[89]

Focusing on the past can also be interpreted as the manifestation of grief from the loss of a social identity, control or imagined future, which evokes critical questions of what returning migrants associate with their new identity as a returnee, and how their relationships change with themselves and with their families and community members around them.

Mental disorders

While in most cases the emergence of psychosocial issues can be considered as an expected reaction to the distressing experiences lived during migration, some returnees may develop mental disorders of different severity (or also worsen pre-existing conditions). In addition to the general stigmatization associated with having returned “empty-handed”, returnees with mental health issues may carry a double stigma due to the prejudices against such conditions.

87 KII-N-M3.
88 KII-KA-M4.
89 KII-M-M3.

Informants providing MHPSS services to returning migrants mentioned severe cases. A psychosocial support worker from IOM Sudan recounted individual counselling sessions with returnees with serious mental health issues, such as schizophrenia and other delusional disorders, reflected as the paranoid thoughts of being chased by Libyans. A psychiatrist from Lebeza Psychiatry Clinic interviewed in Addis Ababa, Ethiopia mentioned post-traumatic stress syndrome, depression and anxiety as the most common mental disorders experienced by returnee patients.

Mental health issues were also present in the narrations of returnee informants. An Ethiopian male returnee who stayed in South Sudan for five years explained how the conflict there affected his mental health:

> In South Sudan I used to work in a cafeteria. Because of the ethnic conflict there, it was destroyed. Because of that I developed epilepsy. I had frequent seizures of epilepsy. Then I went to Khartoum for better treatment. IOM team reached me in Khartoum. They provided me with medical and psychological support there.[90]

The treatment of such cases may be characterized by various complex needs that require interventions at different levels. As reported by a psychiatrist from the Amanuel Psychiatry Hospital interviewed in Addis Ababa, Ethiopia, returning migrants tend to stay longer in inpatient psychiatry units than other patients:

> Most of them stay longer than the other patients. In part it is because the social services provided by the government are not that strong to support them, to reintegrate them into the society, and contact their families. For that reason, they usually have a delay in discharging the patients. Even if they have good [supporters of] the treatment, they usually stay in the hospital. Most of the time they stay for three to four months, that is what I see.[91]

In interviews with MHPSS service providers, substance abuse was generally intended as both a reason and a consequence of mental health issues. The Director General and Head of Department of Psychiatry in Nyala Teaching Hospital in the Sudan reported on the uncontrolled influx of substances causing substance abuse, as a risk factor for mental health issues in the country. *Khat* use[92] was observed to be common among male informants in all three countries, as it was socially acceptable and easily accessible. In Hargeisa, a FGD with male returning migrants had to be cancelled because most of the participants were not in a condition to contribute to the discussion (likely due to the consumption of khat before the gathering).

The survey questionnaires included a screening tool to detect common mental disorders: the questionnaire used in Ethiopia incorporated the Self-Reporting Questionnaire 20 (SRQ-20) and the one used in Somalia and the Sudan incorporated the General Health Questionnaire (GHQ-12). The interpretation of the results should consider the limitations discussed in Chapter 2, Challenges and limitations, as well as the fact that both these tools provide only an indication[93] of being affected by a common mental disorder and not a diagnosis. The results should therefore be taken with caution[94] and primarily intended to inform future research initiatives.

90 KII-J-AM3.

91 KII with the health staff in Amanuel Specialized Mental Health Hospital in Ethiopia.

92 Khat is a flowering plant (Catha edulis) cultivated in various areas of the Horn of Africa and the Arabian peninsula. When chewed, its leaves and young offshoots act as a stimulant. At the time of the release of this report, the United States Drug Enforcement Administration classified khat as a drug of abuse. See www.dea.gov/factsheets/khat.

93 As screening tools, the GHQ-12 and the SRQ-20 provide an indication of the possibility that the respondent is suffering from a common mental disorder when the score obtained by the respondent is above a certain threshold. The validity and accuracy of these screening tools is generally established by comparing the relationship between actual diagnoses (reached in a clinical setting) with the scores of the tool.

94 Comparing the results between countries should be avoided. Even when the same scale is used, such as in the case of Somalia and the Sudan, cultural differences and other factors may cause the respondents to react differently to the same questions. The results for Somalia and the Sudan from the GHQ-12 tool are therefore provided here as a baseline for the consideration of future research.

Figure 26. GHQ-12 score distribution (%) in Somalia with reference line at 13

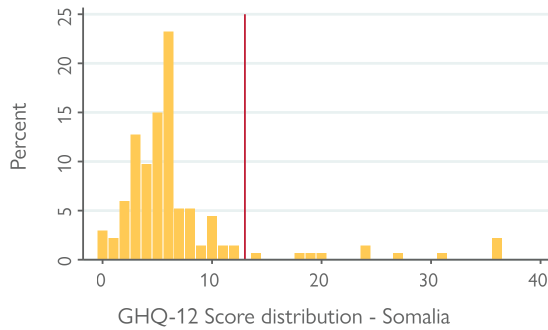


Figure 27. GHQ-12 score distribution (%) in the Sudan with reference line at 13

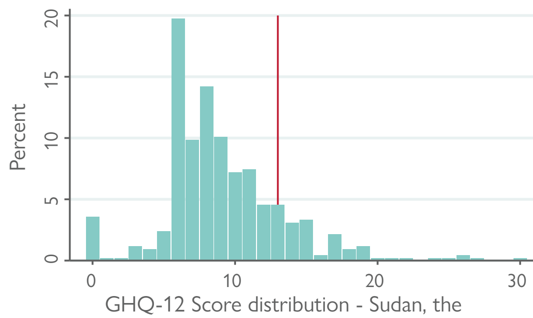


Figure 28. SRQ-20 score distribution (%) in Ethiopia with reference line at 8

In Ethiopia, where the SRQ-20 went through a validation process, answering "yes" to eight or more questions in this tool is generally used as the cut off score[95] to identify respondents that are more likely to be affected by a common mental disorder. As shown in Figure 28, 51 per cent of survey respondents in this country scored 8 or more. Previous studies conducted on Ethiopian returning migrants where the SRQ-20 was used (with the same cut off score) found a significantly lower incidence.[96]

For Somalia and the Sudan, respondents scoring 13 or more in the GHQ-12 were considered as likely to be affected by a common mental disorder.[97] As shown in Figure 24, 11 out of 133 survey respondents (8%) scored 13 or more in Somalia and 75 out of 415 respondents (18%) did so in the Sudan (Figure 11).[98] Considering that the cut-off score of 13 was set arbitrarily and that to the knowledge of the authors there is no study analysing the validity of the GHQ-12 in Somalia nor in the Sudan, Table 5 shows how the estimated incidence of common mental disorders changes based on different cut-off scales previously used in the literature.[99]

95 In the SRQ-20, one point is given for each question answered with a "Yes". The score therefore ranges from 0 to 20 and higher scores imply the presence of more manifestations of psychological distress.

96 Habtamu et al. (2017) administered the SRQ-20 at a transit centre in Addis Ababa to 517 Ethiopian returnees from the Middle East and South Africa, finding that circa 28 per cent of them scored above the cut-off point. Tilahun et al. (2020) administered the SRQ-20 in communities to 1,036 Ethiopian returnees from the Middle East, finding that circa 30 per cent of them scored above the cut-off.

97 For this study, the questions of the GHQ-12 could be answered with a four-point Likert-type scale. Each question was scored from 0 to 3 points, depending on the answer. The GHQ-12 total score therefore ranged from 0 to 36, with higher scores denoting the presence of more manifestations of psychological distress.

98 The cut-off score used in Somalia and the Sudan should be intended as arbitrary.

99 Anjara et al. (2020) provide a review of GHQ-12 cut-off scores used across different studies.

Table 5. Sensitivity analysis on how different GHQ-12 cut-off scores change the estimated incidence of common mental disorders among survey respondents in Somalia and the Sudan

COUNTRY OF ORIGIN	GHQ-12 CUT OFF SCORE							
	≥9	≥10	≥11	≥12	≥13	≥14	≥15	≥19
Somalia	17%	16%	11%	10%	8%	8%	7%	7%
Sudan, the	47%	37%	30%	23%	18%	13%	10%	3%

CONSEQUENCES AT THE SOCIORELATIONAL LEVEL

Deterioration or break-ups in relationships

Frustration around not being able to reach the intended destinations affected relationships with family members. A Sudanese returnee from Libya explained how over the two years prior to the interview, his life was shattered by several attempts of irregular migration, during which he faced torture, arbitrary detention, robbery, loss of his friends and a firearm wound in his leg:

> “I was married, and I got divorced because of my journey, because of all these trials, my wife hated me. I felt like I wasn't reaching my goal and I hated myself for that. All my friends made it. When I call them, one is in France, one is in Germany. It got to a state where I was considering suicide because I couldn't cope with it.[100]

Changes may have occurred in relationships through the course of migration journeys. Cases were reported of couples and/or families splitting, often in a situation where the male partner decided to continue the journey and the female partner wished to return to the country of origin as a result of difficulties faced.[101] Communication between partners was most often reported to be non-existent, which did not always indicate a voluntary separation or divorce. Informants from IOM Ethiopia mentioned cases where female returning migrants were raped during their migration journeys and returned pregnant, which resulted in a divorce.

An Ethiopian male returnee reported leaving four of his children to another family in the neighbourhood,[102] while a few Ethiopian female returnees in Dire Dawa reported having left their children in the care of the father after divorce.[103] Some female returnees reported that their parents had a hard time accepting or dealing with their children who stayed behind in cases of cohabitation, with some of them having eventually moved out.

Relationships were also affected by debts owed to families, relatives and friends, and by financial challenges related to these. In order to avoid confrontation with their creditors and conversations around their "failure migration," some informants mentioned that they had moved to different neighbourhoods to be away from their family members or others.

Isolation and self-isolation

As discussed in Chapter 3, Racism and discrimination, racist and discriminatory attitudes in countries of transit or destination were often mentioned by returnees, recalling the risk of social exclusion and marginalization in the countries of transit and/or destination, resulting from having preferred to isolate or live in communities populated by individuals from the same country of origin to avoid discrimination or feeling unwelcome by members of the local community.

After return, isolation from others was frequently reported by informants as a strategy used to cope with stigma or perceived stigma. Returnees who believed their current predicament was not or would not be understood and who felt stigmatized reported withdrawing socially from their surrounding communities, even if this was sometimes perceived as setting off a

100 KII-K-M2.
101 FGD-K-F1 and KII-M-F2.
102 KII-KA-M2.
103 FGD-DD-AF1.

vicious cycle in which returnees received no support because they remained cut off from any form of help.

> There are many psychosocial problems because of the challenges I experienced. There is stigma, the community marginalizes me, they evaluate me negatively. Even they don't consider me as normal person. This affects my social relationship with others. I am facing many psychological issues when I think about the lost properties and my journey. I am stressed, depressed and become anxious. I cry the whole night. I have also headache. There is sleep disturbance.[104]

In Ethiopia, Christian migrants who migrated to Muslim-majority countries reported being stigmatized and isolated upon return, as they ate "Muslim food." An Ethiopian informer from the Red Cross[105] who explained the Red Cross' collaboration with religious leaders, especially in the Gonder and Amhara regions, to support returning migrants in receiving sacraments again, organizing Baptism ceremonies so returnees would be accepted back into their communities. He emphasized that these ceremonies were especially directed at female returning migrants, which added more pressure on them as the conveyors of the culture.

> For females, because they are closer to the family and to the community, it's expected that they need to get Baptism again and they need to adjust their veil because you can easily identify a woman who is in line with her religion or debating. But for a man it's not visible.[106]

In some cases, it was clear that isolation led to self-isolation, and vice versa. For example, a male Ethiopian returnee who had a car accident and injured his leg in the United Republic of Tanzania on his way to South Africa asserted he was excluded by community members due to his situation, and this resulted in isolating himself even more:

> When people saw me being like this, they just run away from me, they don't want to spend time with me. As a result, I also limit myself. I have become a lonely person.[107]

Difficulties in communicating with former friends due to discomfort talking about migration journeys and changes in returnees' surroundings were identified as themes in many interviews. Some returnees expressed their decision to stay alone, as they were constantly asked and reminded of migration journeys they did not want to remember. Having survived a boat accident on his way to Yemen from Dire Dawa, Ethiopia, an informant explained that his reason for isolating himself from others had to do with his frustration of being asked about his migration journey:

> They asked me every day, I told my story every day. They changed their minds about migrating after they saw my body. I told them that I didn't want to talk about this issue anymore. When they repeatedly ask me, I get aggressive and get into conflict with them. Therefore, I prefer to stay alone.[108]

Gender was also an important theme in the narrations of returnees when it came to stigmatization and marginalization, and female informants shared their gendered experiences upon return. Female returnees were often seen as having been sexually abused and exploited, and as a result, were treated in discriminatory ways.

> Because my community thinks that I got engaged in some sort of sexual activity in Djibouti, my community also has negative attitudes towards me. Because of this I feel frustrated and I don't have any communication with them.[109]

Informants from IOM Somalia also confirmed the stigmatization experienced by female migrants and returnees who migrate and return by themselves in their interviews.

104 KII-KA-M4.
105 KII with Ethiopian Red Cross staff.
106 Ibid.
107 KII-HO-M4.
108 KII-DD-AM1.
109 KII-DD-CF1.

Ali Moussa, MHPSS Officer at IOM Djibouti. © IOM 2023/Eva SIBANDA

5. FACTORS FACILITATING SUSTAINABLE REINTEGRATION

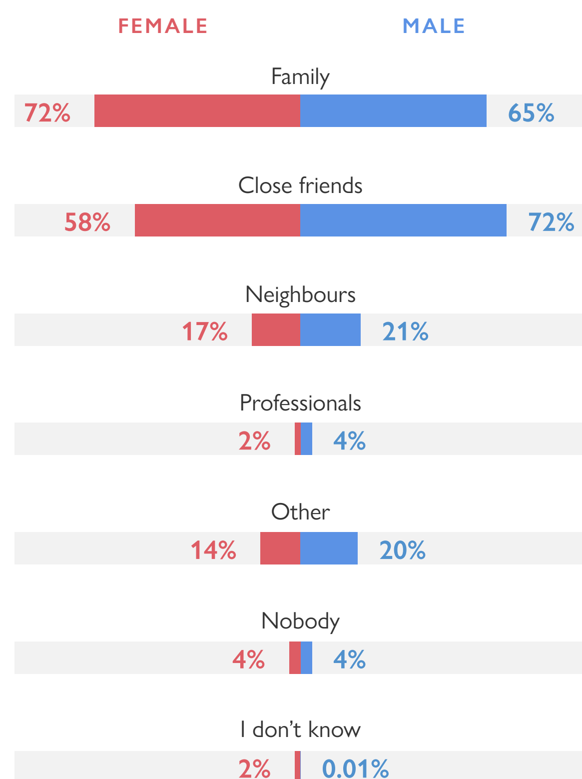
This chapter and the following one focus on the different individual and sociorelational factors that facilitate or complicate the attainment of sustainable reintegration[110] by the group of returning migrants studied – who are characterized by being or having been in a situation of vulnerability.

To better inform the interpretation of the findings presented in both Chapters 5 and 6, some results from the quantitative survey are presented at the beginning of this chapter, as they provide a general indication of the level of psychosocial reintegration attained by the sampled population at the time of data collection.

Openly discussing migration experiences can indicate a level of comfort and willingness to communicate about their challenges, which can be an essential aspect of the psychosocial well-being of returnees. The ability to discuss openly negative experiences may also indicate access to a supportive network or community where returnees feel accepted and understood, and that they might have developed coping mechanisms and resilience to deal with the challenges they faced during migration.

Returnees were asked with whom they found it easy to talk openly about their migration experience (Figure 29). Overall, 66 per cent of respondents indicated their family and 71 per cent their close friends. In contrast, only 21 per cent of respondents find it easy to talk openly about their migration experience with their neighbours, and 20 per cent with other people in general. Furthermore, a mere 4 per cent of respondents find it easy to talk openly about their migration experience with professionals (doctors, teachers, counsellors, etc.). The results reveal notable differences in terms of sex. While a higher percentage of female respondents (72%) feel comfortable talking with their families, male respondents are more likely to open up to other social groups. For example, male respondents are 14 percentage points more likely to talk openly with close friends than their female counterparts, with the difference being statistically significant.[111] Similarly, more male respondents reported to be open to discussing their migration experience with neighbours, professionals and others, as compared to female respondents.

Figure 29. "With whom do you find it easy to talk openly about your migration experience?" (By sex)



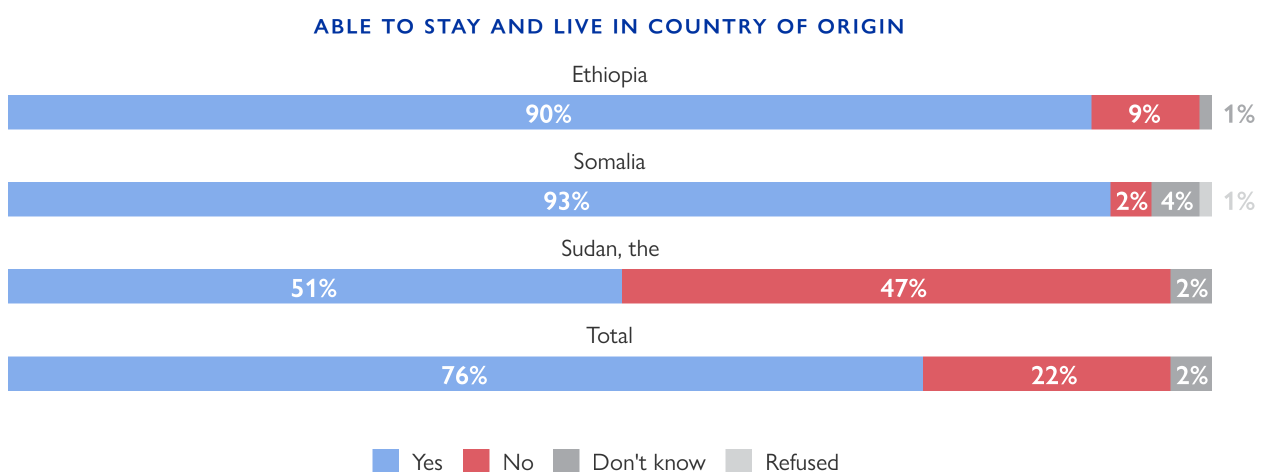
One of the questions in IOM's Reintegration Sustainability Survey asks whether the respondents feel able to stay and live in their country of origin

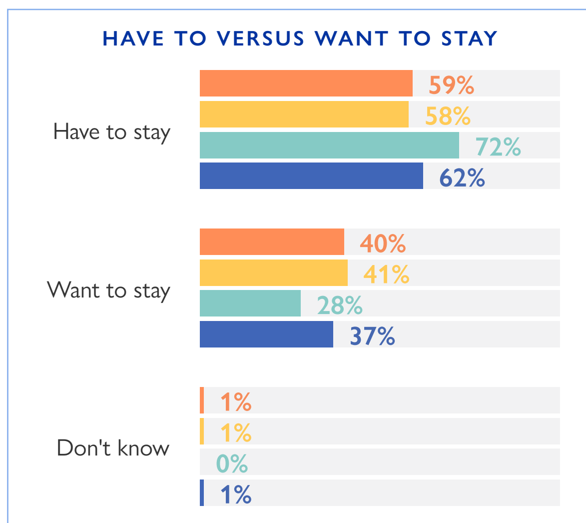
110 In this study, sustainable reintegration is to be understood as defined by IOM: "Sustainable reintegration is achieved when returnees have reached levels of economic self-sufficiency, social stability, and psychosocial well-being that make their further migration decisions a matter of choice, rather than necessity" (IOM, 2017). The focus of the analysis is specifically on the social and psychosocial dimensions of sustainable reintegration and on their linkages with the economic dimension.

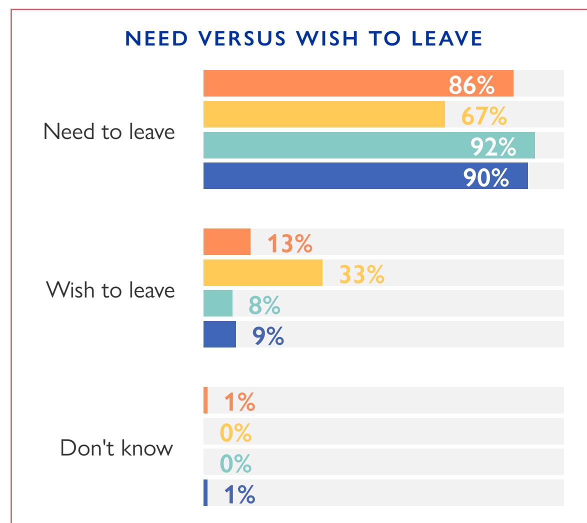
111 P-value is 0.001 at 95 per cent confidence interval and 5 per cent margin of error.

or not. In the related Reintegration Sustainability Index, the indicator associated to this question is assigned the highest weight in the computation of both the multidimensional index score and the index score specific to the psychosocial support dimension, confirming its importance in the determination of reintegration outcomes as defined by IOM.[112] The same question was included in the questionnaires used for this study with the aim of providing a general approximation of the level of reintegration attained by respondents at the time of the interview.[113] The results show that the majority of respondents from all the three countries reported feeling able to stay (76% overall), although there are notable differences across the three countries, with the Sudan recording the lowest percentage (90% Ethiopia, 93% Somalia and 51% the Sudan) (Figure 30).

Figure 30. "Do you feel that you are able to stay and live in this country?"







Ethiopia Somalia Sudan, the Total

112 The Reintegration Sustainability Survey was developed as part of the MEASURE project (Samuel Hall and International Organization for Migration, 2017). Details on the Reintegration Sustainability Index score computation were retrieved from the unpublished document "Methodological Note: Scoring reintegration sustainability" included in the MEASURE project archived material.

113 In order to contain the length of the questionnaires and avoid conceptual overlaps, it was decided not to incorporate the entire set of questions used for the calculation of the Reintegration Sustainability Index. There are obvious limitations in using the question "Are you able to stay and live in this country" as a proxy of the overall level of reintegration. The choice of including this question in the psychosocial support dimension of the Reintegration Sustainability Index is also questionable, according to the authors. Future research can devise different approaches to this matter.

Among the respondents who declared they do not to feel able to stay and live in their country of origin (22%) (Figure 31), 90 per cent felt so because of *need* (for example unemployment, lack of security, low earnings, lack of essential services or family pressure) rather than *wish* (for example, wish to reunite with family members of friends abroad, continue studies abroad, changing cultural landscape, etc.).

Among the respondents who reported to feel able to stay (76%), 62 per cent reported to *have to stay* due to the impossibility of further migration, responsibilities towards the family or fear of failure or other similar reasons, with the remaining indicating to be *wanting to stay.* The Sudan reported the largest share of respondents who declared to *have to stay* due to the impossibility of further migration, responsibilities towards the family or fear of failure (72%; with Ethiopia and Somalia recording 59% and 58% respectively) (Figure 30).

Although similar proportions of female and male respondents reported being able to stay in the country, male respondents were found to be 10 percentage points more likely than females to be *wanting to stay,* with the difference being statistically significant.[114]

INDIVIDUAL FACTORS

Individual coping mechanisms

Qualitative data allowed to identify several individual coping mechanisms used by returning migrants. Going for a walk, doing exercise, playing mobile games, spending time on social media, chatting with friends, staying alone and sleeping emerged as the mechanisms more frequently mentioned by informants. Many expressed their commitments to faith, and how religious practices helped them cope with the challenging experiences they faced. Informants recounted that praying to God, reading the Bible or Qur'an, listening to religious music, or performing religious practices facilitated self-soothing and supported them in overcoming the difficulties they experienced.

The mindset was also reported as one of the most important factors facilitating reintegration and was further confirmed by staff of organizations assisting returnees. A significant personal resource of returning migrants shaping such a mindset relied on their self-esteem and self-efficacy.

> I believe I am a person who can achieve a lot in life, who can make big developments. So, I don't really take negative comments personally and I don't give them much attention.[115]

> I am a social person. Because I was raised by mother as an orphan and have always had good interactions with the community. After I returned, there is a wisdom we say "people can hate you when you have moral sicknesses or when you have a need that you always ask them for help." If you are an independent person who can handle his own stuff, they will not disagree with you. After I returned, I was committed to work and people respect my work and my effort to develop my livelihood.[116]

Some informants reported keeping themselves busy with work, also to accelerate economic recovery. However, if taken too far, this mechanism can become psychologically unsustainable and isolating.

> Even after I returned back to Ethiopia, I was very depressed. I am also very aggressive. I prefer to sit alone. When some kind of trauma comes in my mind, I prefer to sit alone in a silent place. I feel safe when I do that. After I calm down, I rejoin the community. Now after the reintegration programme, I am at my shop 24 hours, I even sleep there, I make myself busy with work.[117]

Although stressors such as "failed" migration journeys and difficulties with socioeconomic conditions directly affected the psychosocial well-being of the informants, their resilient temperamental

114 P-value is 0.04 at 95 per cent confidence interval and 5 per cent margin of error.

115 KII-H-M6.

116 KII-M-M3.

117 KII-DD-AM1.

characteristics increased possibilities to reintegrate. Individual qualities and resilience were amplified in informants who were able to focus on the present rather than the past.

> For me it's important to forgive and forget in order to cope with these feelings. Although I have faced a lot of disappointments from my failed migration journey to my mobile phones project and reconnecting with old friends, I try my best to adapt and to forget the past.[118]

In several cases, informants mentioned that the challenging and near-death experiences they faced made them reconsider their priorities, aspirations and relationships in life. Ethiopian returnees in SNNPR often compared their current life conditions with the time they spent in detention in the United Republic of Tanzania, as a way of feeling better:

> I compare or evaluate my life with the prison times and thank my God. I think about my good future when I face stressors.[119]

Reaching out to friends, family members and psychosocial service providers when needed, and the very act of searching for support, also emerged as functional coping mechanisms. Such interactions provided basic forms of psychosocial support, as they allowed returnees to express their concerns about their lives, and helped them build resilience, cope with unpleasant feelings and envision new lives. Without the initial intention to receive support, such interactions would not have been possible.

Survey data allow to confirm and quantify the extent to which respondents relied on each of these coping mechanism during periods of distress and uneasiness. The results (Figure 31) show that the most common coping mechanism across all countries is engaging in spiritual activities such as praying or meditating, with an overall average of 46 per cent. This finding echoes those informants who reported to rely on their faith to deal with stress and anxiety. Using alcohol or drugs is instead the least reported mechanism, with an overall average of only 1 per cent.[120]

Figure 31. "On a day where you felt distressed or uneasy, what did you do to deal with these emotions?"

118 FGD-EF-M.

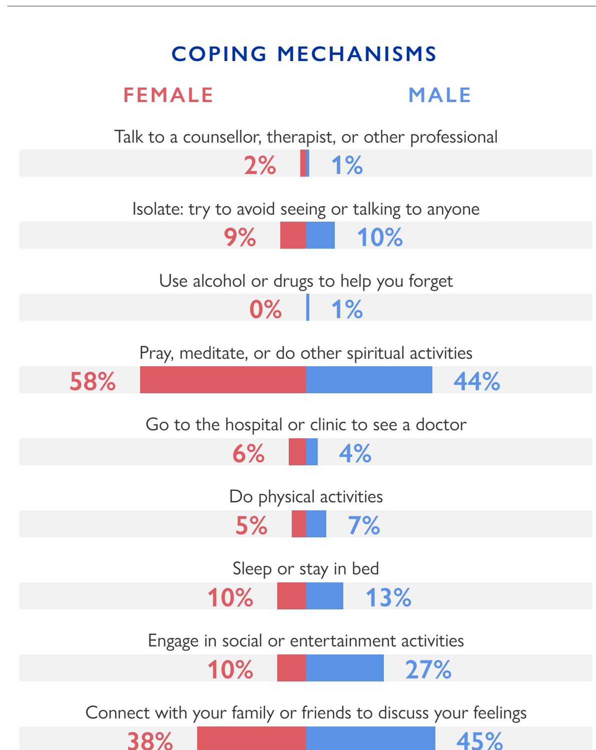
119 KII-KA-M2.

120 This result should be carefully interpreted due to the cultural sensitivities associated with alcohol and drug use that are specific to Ethiopia, Somalia and the Sudan. A more comprehensive and granular investigation of coping mechanisms involving substance use should be undertaken in future research, with also specific attention to khat consumption, which is legal and largely accepted in the three countries. See Chapter 4, Mental disorders, for qualitative findings on the relationship between substance abuse and mental health.

IOM staff oversee a local film production that is being led by Nour Abdi Garaad, a returnee himself. They are recording an advocacy video on the dangers of irregular migration journeys. © IOM 2022/Muse MOHAMMED

Furthermore, the data suggest that some notable differences exist in preferred coping mechanisms between the sexes (Figure 32): males are 17 percentage points more likely to engage in social or entertainment activities (27%) compared to female respondents (10%), with the difference being statistically significant;[121] another statically significant[122] difference is the percentage of females who use spiritual activities such as praying or meditating, with female respondents being 13 percentage points more likely to rely on these coping mechanism (58%) compared to male respondents (44%).

Figure 32. "On a day where you felt distressed or uneasy, what did you do to deal with these emotions?" (By sex)



SOCIAL AND INTERPERSONAL FACTORS

Family support

Families were an important source of support in helping returnees navigate the obstacles of reintegration. Informants mainly reported having been welcomed by their families upon return. In some instances, returnees consulted their decision to return with family members, and made the decision together with them. In other cases, the returnees were not immediately welcomed, but the relationships with their families mostly improved as they rebuilt their own livelihoods over time.

Most informants had not had contact with their families during their migration, especially if they were detained or held captive. As time progressed with no communication, the families of returnees may have begun to believe that their relatives had passed away and began mourning. When they were reunited with them, families were mostly very happy to see them alive, welcoming them back.

> During my captivity, I had zero contact with my family; they thought I was dead, until I arrived in Khartoum, and I called my mum. She didn't believe I was still alive, then I spent one month in Khartoum to get my mind and body right before going back to El Fasher, some family members couldn't wait so they came to me and Khartoum, they were shocked and surprised but were really glad that I was back.[123]

> When I came to Addis Ababa and called them, they were surprised, and they did not believe that I was alive. Then I came to Jimma and they welcomed me. They were very happy; they cried a lot. Now they don't want anything to disturb me. They support me psychologically. Now I am strong.[124]

A community member in Hargeisa, shared his observation with two returning migrants, emphasizing the importance of family support in reintegration:

121 P-value is 0.00 at 95 per cent confidence interval and 5 per cent margin of error.

122 See footnote 121.

123 KII-EF-M1.

124 KII-J-CM1.

> I know two returnees, they were my friends and they left in a group. These two returnees came back. One has very nice, supporting family members. So, when he came back, he immediately went back to his university and he continued his education. So, when you look at him, you will never know that he ever migrated, while the other one is a very isolated person. He changed, he is jobless now, he doesn't have anything to do and he doesn't want to go back to university because he is afraid of the stigma and people asking him questions about coming back to Hargeisa. People are different in nature, so that might affect them.[125]

Beyond warmly welcoming returnees, families may at times actively engage in the reintegration processes of returning migrants. In the case of minor returnees in Ethiopia, IOM economic reintegration support was provided to parents or guardians of returnees, which resulted in the establishment of family businesses for many. A 19-year-old Ethiopian male returnee illustrated the healing effect of having family members supporting returnees:

> I was so disturbed; it was my parents and my brother who supported me emotionally. They gave me guidance and assurance that they were there for me. I also started to help my family and forget all the things that happened to me as I kept myself busy.[126]

One Somali returnee[127] who first lived in a refugee camp in Kenya and was then detained in the United Republic of Tanzania on his way to South Africa, emphasized the importance of his relatives' support in reintegration upon returning to Somalia after 10 years of being away. Similar family support was present in the narration of another Somali returnee who intended to migrate to South Africa, but was detained in the United Republic of Tanzania and also returned:

> My family told me that it was a chance to look for other opportunities and that it is not the end of the world if it didn't work. That I can look for other opportunities, develop my life and continue it here.[128]

In the Sudan, cultural expectations compelled returning migrants to bring presents to their family members as they returned from abroad:

> This is culture we have here in the Sudan; you are very connected. They can't come from abroad and you don't bring present to your sisters to your father or brother or like that.[129]

In some cases, such expectations resulted in returning migrants spending some of the economic reintegration assistance provided by IOM to meet this expectation, by buying presents for family members, and/or hosting a welcome party or reception with their relatives. Though this might have hampered the establishment of businesses, this behaviour can also be interpreted as a contribution to the reintegration of returnees into their families and communities.

The data from the quantitative survey suggest that the majority of respondents received some level of family support after their return, with notable variations across countries (Figure 33). The largest share of respondents from all three countries reported that their families were supportive or very supportive after their return, with an overall average of 65 per cent. Ethiopian respondents reported the highest percentage of no support or little support at 43 per cent, followed by Somali respondents at 9 per cent. Sudanese respondents had the lowest percentage of respondents reporting no support or little support at 6 per cent.

125 KII-H-CMM4.
126 FGD-DD-AM1.
127 KII-M-M2.
128 KII-M-F3.
129 KII with IOM Sudan staff.

Figure 33. "How supportive has your family been towards you after your return?"

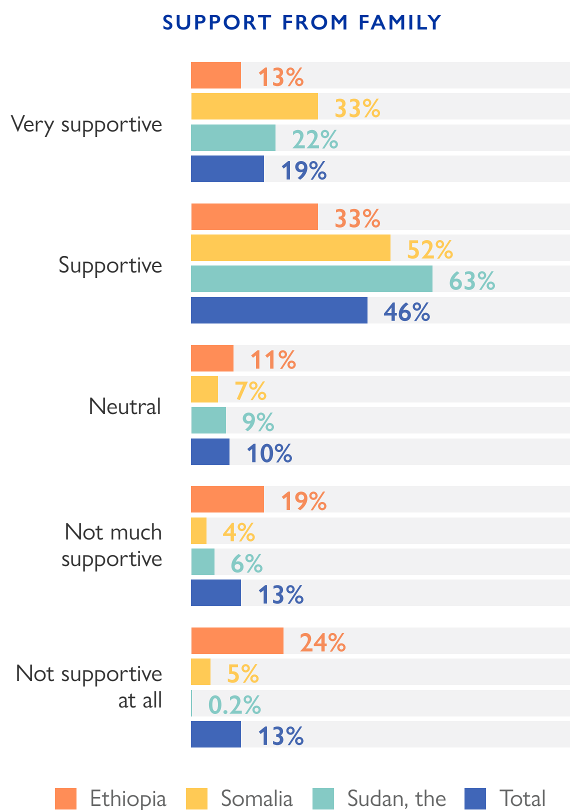
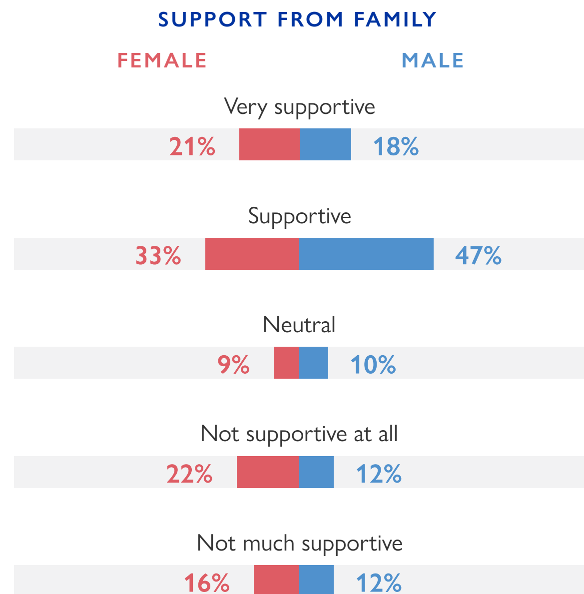


Figure 34. "How supportive is your family towards you after your return?" (By sex)



Notably, male returnees were 12 percentage points more likely to report having received support or high level of support from their families (65%) compared to female returning migrants (44%), with the difference being statistically significant.[130] Similarly, 38 per cent of female respondents reported to not have received support or low levels of support from their families compared to 24 per cent of male respondents, with the difference (13 percentage points) being statistically significant[131] (Figure 34).

Peer support and social network

In addition to family support, receiving support from peers improves well-being among returnees and reintegration processes in general. Informants often reported that being able to talk to peers, especially other returnees when establishing businesses and seeking guidance, helped them function better in daily life.

> I get together with my friends at coffee spots and we talk and laugh. Sometimes we play Ludo, sometimes we play football and you find yourself escaping the stress.[132]

Qualitative interviews suggest that conversations with peers did not necessarily centre on the challenging migration experiences, or feelings about these experiences; but the very existence of such social networks among returnees helped them reintegrate better. In some cases, returnees exchanged information on business opportunities or how to perform certain tasks in their profession; in other cases, they had common bank accounts where they regularly sent funds and used them

130 P-value is 0.00 at 95 per cent confidence interval and 5 per cent margin of error.

131 See footnote 130.

132 KII-N-M3.

when needed. Such social networks were specifically prominent in Jimma and Dire Dawa, Ethiopia.

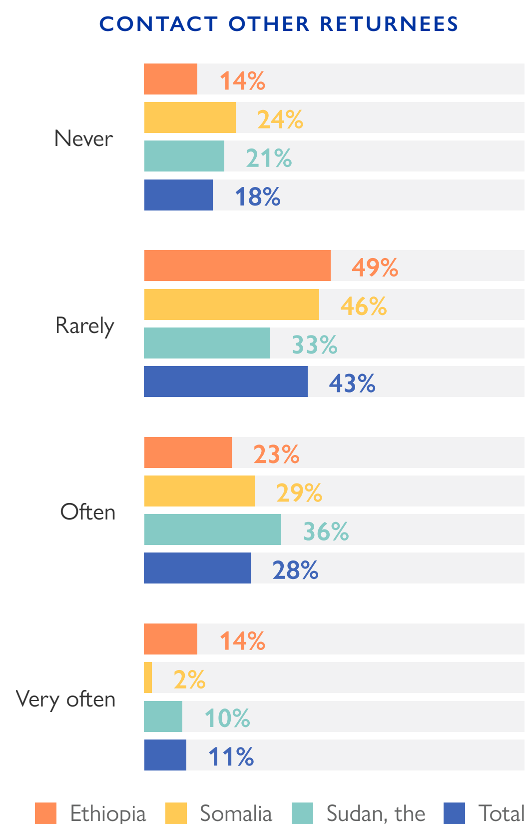
> Yes, we have a strong network among returnees. We help each other. They taught me how to work. We also put some money together in a bank account. When someone is in need of that money, in times of emergency, he uses that money. There are 20 returnees in this network.[133]

In Ethiopia, several returnee informants reported to know other returnees, having lived in the same village and/or migrated together, or through business trainings provided by IOM. Some informants reported living with other returnees and sharing rent costs. In El Fasher, the Sudan, some returnees reported having returnee WhatsApp groups to support each other and answer each other's questions.[134]

Community-based MHPSS activities conducted by IOM were also reported to have helped in activating peer support and social networks among returnees. A returning migrant, who is a clinical nurse trained by one of IOM Ethiopia's implementing partners, Lebeza Psychiatry Clinic, provided peer support to other returning migrants in Hossana, SNNPR, Ethiopia. He discussed daily life challenges and possible solutions with other returnees, provided psychoeducation on mental health and healthy coping mechanisms in peer support groups, and encouraged returnees to reach out to him in case of psychosocial-related difficulties. Different informants confirmed that they had received peer support from this person and expressed gratitude. A male Somali returnee also reported on the recent establishment of a returnee committee in Mogadishu, which he chaired, formed with the aim of facilitating peer support among returnees.

In contrast with the frequency with which peer support appears in qualitative data, almost two-thirds of survey respondents (61%) reported never or rarely being in touch with other returnees (Figure 35). This trend is consistent across all three countries, with Somalia having the highest percentage of respondents reporting never or rarely being in touch with other returnees (70%), followed by Ethiopia (63%) and the Sudan (54%). The Sudan accounts for the highest percentage of respondents who reported often or very often being in touch with other returning migrants (46%), followed by Ethiopia (37%) and Somalia (31%). Female respondents in the sample were 13 percentage points less likely to never or rarely connect with other returning migrants compared to male respondents (72% compared to 59%), with the difference being statistically significant.[135]

Figure 35. "How often are you in touch with other returning migrants to support each other, spend time together, talk or do things?"



133 KII-J-AM1.

134 FGD-EF-M.

135 P-value is 0.004 at 95 per cent confidence interval and 5 per cent margin of error.

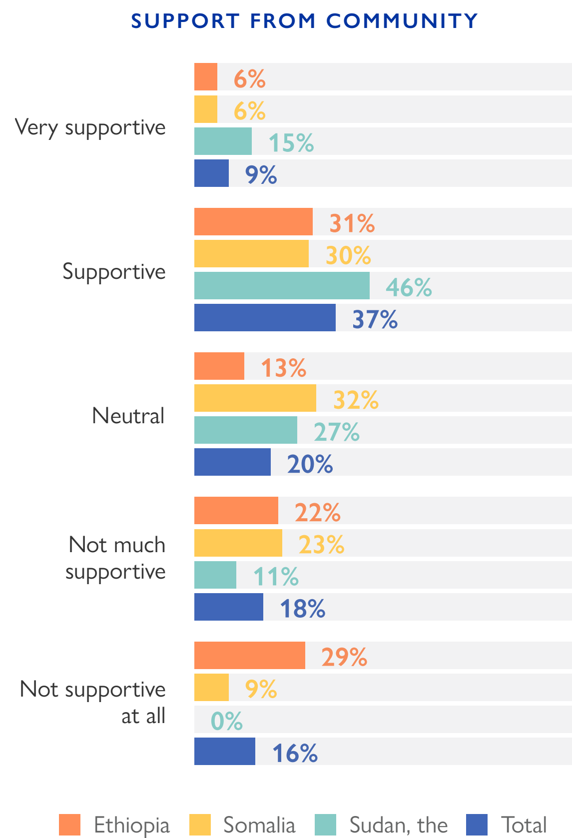
Among respondents who declared being in touch with other returnees, the means of connection varied across countries. The majority of Ethiopian respondents (73%) reported to be in the same community as other returnees or using phone calls (71%). In the Sudan, 90 per cent of respondents relied on phone calls, while 47 per cent used social media and only 31 per cent reported being in the same community as other returning migrants. Somali respondents reported a strong preference for social media (78%) and phone calls (57%). Overall, a small proportion of respondents (6%) relied on migrant associations or communities to connect with other returning migrants, highlighting the need to increase efforts to facilitate connection among returning migrants.

Though peer support and social networking among returnees emerge as a positive factor, there is potentially a risk that returnee-only initiatives may recreate stigma and clustering, rather than actually facilitating integration into broader community networks. While there are no elements supporting this hypothesis in the data collected for this study, future research initiatives should consider it.

Community Support

The majority of the quantitative survey respondents from all three countries reported that their community, including friends and neighbours, were supportive or very supportive after their return, with an overall average of 46 per cent reporting high levels of support (Figure 36). Sudanese respondents reported the highest percentage of support, with 61 per cent indicating that their community was supportive or very supportive, followed by Ethiopian respondents at 37 per cent and Somali respondents at 36 per cent. However, a sizable proportion of respondents reported little or no support, with Ethiopian respondents reporting the highest percentage of no support or little support at 50 per cent, followed by Somali respondents at 32 per cent. Sudanese respondents had the lowest percentage of respondents reporting no support or little support at 11 per cent.

Figure 36. “How supportive has the community been, including friends and neighbours, towards you after your return?”



Qualitative data reveal the strategic potential that community committees have in supporting reintegration processes and structuring community support in general, through a participatory approach that fosters community engagement. Indicating the existence of community support structures, some communities had established committees spontaneously or during the course of interventions implemented by local organizations or others. In some communities, committees to support returnees were created during the course of the JI-HoA programme.

While there were variations among committees in terms of structure and level of activity, they generally played an important role in sensitizing community members on the challenging experiences returnees faced during their journeys, and how to support their reintegration through various channels, including the provision of basic psychosocial support. Community committees, mainly composed of local neighbourhood members, functioned as an

intermediary between local communities, and other stakeholders or external organizations like IOM. The head of one community committee in Khartoum, the Sudan, emphasized the importance of creating spaces where sociorelational and cultural activities could take place, like the social club they established through a community-based reintegration project funded by the JI-HoA programme:

> When we welcome returnees here, it eases up on them. When a person migrates, they feels further away from the community. When they come back, they don't feel that there is a gap between them and the community. When they find all these activities, they are brought closer to us; it reintegrates them.[136]

A female committee member in Nyala, the Sudan explained the psychosocial support she provided to a returnee, by mediating between a returnee and his family. She also emphasized the change in the negative attitude of their community towards returning migrants, and the improved reintegration of returnees, thanks to the messages their community committee relayed to neighbours and residents.

> I talked to one of the returnees who had problems with his family. The returnee said he came back with nothing and his family said that since he came back, he has changed and has a different mindset, he's more aggressive and has anger issues. So, we talked to him and told him to approach them and try to work it out with the family. And we talked to his family and told them he is under a lot of pressure, he came back with nothing and feels very guilty and his psychological health is not good. After that he started to integrate well with his family, this is one of the psychosocial supports I provided.[137]

One of IOM Somalia's partners, SOYDAVO (Somalia Youth Development and Voluntary Organization) in Somalia, also created space where community leaders and returnees could gather and talked about the challenges that returnees faced and possible solutions.

> When their family members go to them and ask them what the problem is, they will just say there is no problem. But when the community leaders go to them, and we usually talk to them a lot, they open up to us and discuss their problems with us.[138]

Male informants in Mogadishu, Somalia also reported on newly established committees; however, these were not fully operational at the time of the interviews.

The few examples provided here reveal the strategic potential that community committees have in supporting reintegration processes.

REINTEGRATION ASSISTANCE

In most cases, informants perceived the reintegration assistance provided by IOM through the JI-HoA programme as a facilitating factor. A 19-year-old male returnee, who returned to Jimma, Ethiopia from Yemen after three years of detention explained how reintegration assistance provided by IOM gave him hope and helped him better reintegrate with the community:

> They have provided economic reintegration and individual counselling. The service they have provided brought back my hope. They told me to be strong and make a change by working here in Ethiopia. They motivated me during individual counselling. My attitude towards the community has also changed after I received the psychosocial support.[139]

Some informants perceived that psychosocial counselling had a greater impact than the economic assistance provided.

> Counselling helped me a lot. During that time, I could not express my feeling. When they asked me that, the first thing I would do was crying. If I had not received

136 KII-K-CMM1.
137 KII-N-CMF.
138 KII-H-CMM1.
139 KII-J-AM1.

the counselling service, I would not have been the person who I am now. It is the counselling that changed my life, not the economic support I have received.[140]

There were also indications that awareness-raising and psychoeducation sessions may have helped returning migrants normalize their feelings and equipped them with basic tools to use when feeling distressed or to help others.

> "I understood a lot of things, because before I thought that I was the only person who was feeling this kind of feelings. But now I know that others who came back from Libya, who have the same traumatic events that I had are also facing these kinds of problems. So, it made me feel more comfortable with it. At the same time, they taught us how to solve them, at least minimize them, because I have to look tough for my child and I am responsible of him. That is how it helped me. Also, my husband is with me and he has been in my situation. So, sometimes we do it for each other so that helped us a lot.[141]

The qualitative findings briefly presented in this section point out the potential role of psychosocial reintegration assistance as an important *enabler* allowing returning migrants to navigate the decisions related to how to make best use of the reintegration assistance received to establish sustainable livelihood solutions after return. A detailed analysis of the effect of reintegration assistance on the psychosocial and mental health outcomes of returning migrants is however beyond the scope of this study and should be pursued in future research initiatives. The interpretation of these findings should also consider the uniqueness of the JI-HoA programme – one of the first initiatives to be based on IOM's Integrated Approach to Reintegration, and therefore aiming at providing a balanced response to the various needs of returning migrants covering the economic, social and psychosocial dimensions. Other experiences related to reintegration assistance on the factors complicating sustainable reintegration are presented in Chapter 6.

140 KII-AA-AF4.

141 KII-H-F1.

Ahmed, a returnee from Libya, was in detention for two years before he decided to return home. © IOM 2020/Muse MOHAMMED

6. FACTORS COMPLICATING SUSTAINABLE REINTEGRATION

To some extent, the factors facilitating the attainment of sustainable reintegration and the ones complicating it mirror each other. Both sets of factors are interrelated with the experiences faced during migration and the living conditions of the period before migration. Given the specific profile of the population studied, the narratives on the challenges of reintegration naturally revolved around basic needs and general economic struggles. However, a strong interrelation between the various dimensions of reintegration also emerged. This was clearly expressed by a male Somali returnee:

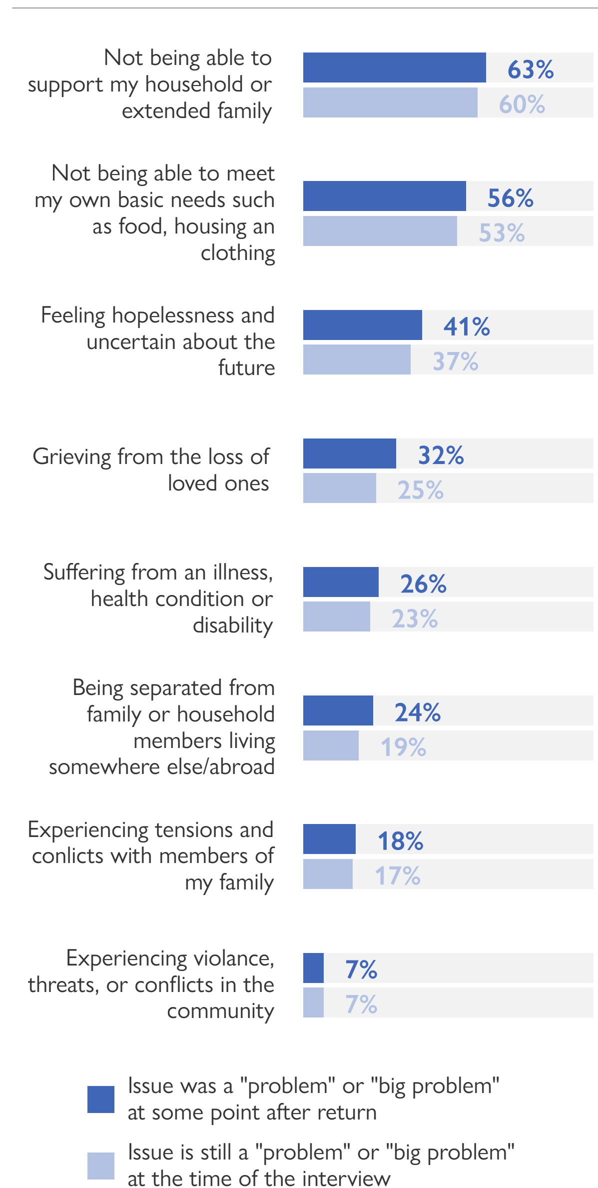
> When I don't have a job, I feel like a loser and community's reactions affect me.[142]

Informants recalled numerous challenges they faced after having returned. These included health issues, economic problems, such as not being able to meet their own basic needs (food, housing and clothing) or support the household or extended family, as well as social and psychosocial issues, such as being separated from the family or feeling hopeless and uncertain about the future.

Figure 37 presents the survey results regarding the frequency with which certain challenges faced during reintegration were reported. The most frequently reported challenge was not being able to support their household or extended family (with 63% of respondents perceiving it either as a "problem" or as a "big problem" at some point after return). This challenge is followed by not being able to meet basic needs such as food, housing and clothing, with 56 per cent; feeling hopeless and uncertain about the future (41%); and grieving from the loss of loved ones (32%).

There are some notable differences in the reintegration challenges reported by survey respondents in Ethiopia, Somalia and the Sudan. The most notable difference is in the prevalence of economic challenges, such us not being able to support their household or extended family or not being able to meet basic needs such as food, housing and clothing, which was markedly more frequent among Ethiopian respondents.

Figure 37. Issues perceived as a "problem" or "big problem" (at some point after return and at the time of the interview)



142 KII-M-M7.

Figure 38. Resolution outlook of issues perceived as a "problem" or "big problem"[143]

When asked about the current status of the challenges faced during reintegration, a high percentage of respondents reported that they were either not a problem anymore or were improving across all categories, suggesting improvement over time. Notably, the challenge with the highest reported improvement is grieving from the loss of loved ones, with 68 per cent of respondents who faced this challenge reporting that, at the time of the interview, this issue was either not a problem anymore or getting better. More than half of the respondents who declared having faced health challenges, being separated from their family and feeling hopeless and uncertain about the future reported that these issues were either not a problem anymore or were improving at the time of the interview. Economic challenges appeared to be the most persistent, with over half of the respondents reporting that their economic challenges were either the same or getting worse.

INDIVIDUAL FACTORS

Having debts and/or having sold assets to fund the migration

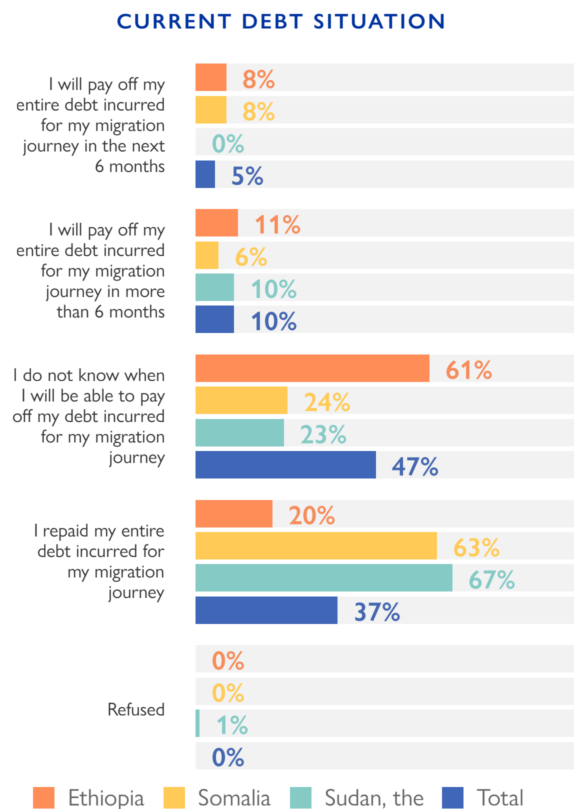
Many MHPSS-related consequences of return, such as shame and guilt, sense of loss and isolation, were closely related to stress caused by owing debts and/ or having sold assets to fund migration.

Survey data show that 66 per cent of respondents reported having funded their migration through borrowed money, with the highest frequency in Ethiopia, with 79 per cent, followed by the Sudan with 56 per cent and Somalia with 38 per cent (Figure 5). Figure 39 displays the debt situation at the time of the interview. Almost half of the respondents who declared to have incurred debt to fund their migration (47%) reported not knowing when they will be able to repay it, with the highest prevalence in Ethiopia (61%).[144]

143 The "Resolution outlooks" represented in the figure were produced as follows. Firstly, for each issue, "getting better", "staying the same" and "getting worse" were interpreted as vectors. The length of the vector was determined by the number of respondents who chose the option; the directions of the vectors were East (0°) for "getting better", North (90°) for "staying the same", and West (180°) for "getting worse". Secondly, the three vectors were summed to obtain a resultant vector. Finally, the angle of the resultant vector was represented as a dot on a linear range. The more the dot is to the left (the extreme is 90°, or North), the more the issue was perceived as "staying the same"; the more to the right (0°, or East), to more the issue was perceived as "getting better".

144 As shown in Table 2, the average time elapsed between the completion date of the quantitative survey and the return date is 29 months.

Figure 39. “Before you mentioned that you incurred some debt to fund your migration. Which of the following statements best describes your current debt situation as a result of the money borrowed for your migration journey?” (percentage of respondents who borrowed money to fund their migration)



Some informants mentioned instances of being often reminded of their debts and being the target of degrading comments from creditors or other community members.

> When I returned, my brother gave me a motorcycle, so I delivered goods in my neighbourhood. So, one neighbour called my father and told him “tell your son to drive slow, if he drives fast, he has an accident and you come back again and beg for money to support him”.[145]

In some instances, community pressure was so great that returning migrants could not pursue the businesses they established with the reintegration assistance received, and instead had to use the capital to repay their debts.

> I received economic support from IOM to buy a sewing machine. But before I migrated to the Sudan, I was in debt to a person like 20,000 Ethiopian Birr. Then after I started the work, the person came and asked me to repay his money. I said I didn’t have the money to repay. He brought some elders from the area and told me, “either you repay your debt or you are not able to work by yourself”. They forced me to sell the machine.[146]

In order to avoid such confrontations, some informants in Ethiopia reported not having returned to the same places where they used to live before migrating, preferring to live alone in different neighbourhoods or towns where they sometimes did not know anybody.

For returning migrants who funded their journeys by selling assets, such as land, homes or cattle, returning to conditions where these assets were not available to them anymore was cause of distress.

> It is not like before I left, I am an only child. Before I left, my mother was healthy and we owned a house. When I left, my parents had to sell the house to pay for my ransom; so, when I came back, I came back to my family having hardships. My mother is very sick she has diabetes and hypertension. They also sold the house; so, now we live in a rental house. My mother did not use to work but now she works while she is sick to get food on the table so I feel a little bit guilty, because I caused all of these problems and I didn’t succeed.[147]

According to the results of the survey, almost 60 per cent of respondents sold some asset (car, land, house, equipment, etc.) to fund their migration.

145 KII-AA-AM3.
146 KII-HO-F2.
147 KII-H-M3.

The highest percentage of asset sale was reported in Ethiopia and Somalia, with 76 and 74 per cent, respectively. In contrast, only 32 of respondents in the Sudan reported selling assets (Figure 6).

When looking at the overall economic situation (income, assets owned, job/business security, etc.) at the time of the survey, almost half of the respondents reported that it was either worse or much worse compared to the period before migration. Respondents from Ethiopia are more likely to report that their economic situation is much worse (34%) compared to those from Somalia (8%) and the Sudan (23%). On the other hand, respondents from Somalia are significantly more likely to report that their economic situation is better or much better (79%) compared to those from Ethiopia (38%) and the Sudan (25%).

Lack of psychological readiness

Psychological readiness was often mentioned as an important constraining factor for returnees. According to many IOM informants, returnees are often not in a state of preparedness to act or to immediately respond to the requirements of the reintegration assistance process – and sometimes also to perform basic daily activities. As a result of the frustrations of return and competing needs, returnees may rush important decisions on the development of the business plan linked to their reintegration assistance processes.

> When returnees come back to the Sudan, although they suffered from these bad conditions, they are thinking of the project and thinking of economic reintegration. So, it is like the first priority for them. Then they discover that they are suffering. Some of them cannot run the project, although they have received it. Some of them come and get shocked with the community; how to deal with this community; how to be absorbed and recognized.[148]

> If you're more stable psychologically, you're more comfortable with the choices that you've made and how you returned. Then, I think you would be more prone to having a successful reintegration and business and family life.[149]

IOM Informants also mentioned the lack of feasible and market-ready business plans, poor psychosocial assessments prior to receiving reintegration assistance, as well as not being equipped with the vocational and life skills required to embark on new business journeys, as factors that impede returnees from taking full advantage of the assistance received.

The disorientation of returnees, as explained earlier (Chapter 4, Disorientation and absent-mindedness), was one reason for the lack of psychological readiness.

Unrealistic expectations

Many informants had migrated with unrealistic expectations and had formed an unrealistic picture of what the migration journeys and life in the destination countries would have been, also because of the influence of brokers, relatives and friends abroad. Additionally, expectations of support from friends and family members were also leveraged onto them. As most of the returnees who participated in this study did not return with accumulated wealth but instead came back empty-handed, if not indebted, these expectations were shattered and at times caused frustration and anger. Feeling pressured by debts and the desire to replace sold properties or assets, returnees reported having high expectations to be achieved within a short period of time, which eventually stressed them out and hampered their reintegration. An informant from IOM Ethiopia emphasized how these expectations are a major challenge in the reintegration process:

> One of the challenges is the expectation of the return. They expect us [IOM] to pay them or to give them money that will compensate the amount of money they spend for the journey. They want to be rich by the support that we provide them at once, but we cannot do that.[150]

In addition to past and present experiences, future projections and expectations also shaped the reintegration experiences of returning migrants.

148 KII with IOM Sudan staff.

149 KII with IOM Sudan staff.

150 KII with IOM Ethiopia staff.

In some cases, a fixation on earning money and getting rich quickly prevented returnees from pursuing certain opportunities that aligned better with their experiences and skills. In some instances, the expectations of returnees may overly revolve around the reintegration assistance received (or to be received) from the organizations supporting them. In the words of a male Somali returnee:

> The main problem with the returnees is that they have big expectations of the organizations and that they are never independent and wasting the money and then later on demanding more money.[151]

Individual expectations and experiences, as well as the compatibility of returnees' qualifications, knowledge and abilities with local markets, all play a significant role in the reintegration processes. However, even when the expectations of returnees align well with their actual experiences and skills, it may not be possible for them to fulfil them due to a lack of psychological readiness and/or not having access to all the resources needed to implement their plans.

SOCIAL AND INTERPERSONAL FACTORS

Family disputes

Informants reported often of instances where families exacerbated the suffering of returning migrants by regarding them as a burden and/or a failure, as they had not completed their migration journeys or fulfilled expectations. Although many returning migrants reported a being welcomed upon their return (Chapter 5, Family support), the welcoming reception may not often be followed by continuous support, as conflicts arose regarding financial losses such as the ransom payments made.[152]

> Whenever there is a problem in the house, my family tells me "because of you, we beg our neighbours, you make us feel bad". The community also talks about me.[153]

The survey results presented in Figure 23 indicate that most of the respondents received some degree of support from their families. However, there were some notable differences in the levels of support reported by respondents from different countries, with Ethiopian returnees declaring relatively more often (43%) having received no support or little support. Furthermore, 18 per cent of respondents reported that experiencing tensions and conflicts with members of their family had been either a problem or a big problem at some point after return (Figure 40), with again Ethiopian returnees reporting the highest incidence at 30 per cent (compared to less than 3% and 11% for Sudanese and Somali respondents respectively. Nearly 50 per cent of the participants who reported encountering conflicts with family members after their return indicated that the issue either continued or worsened at the time of the survey (Figure 41). The highest proportion of respondents with this experience was observed in Somalia, with 78 per cent of individuals reporting persistent or worsening conflicts, followed by Ethiopia with 48 per cent and the Sudan with 25 per cent.

Representative of many returnees' experiences, one male returnee in Nyala, the Sudan explained that he had migrated with the idea to support his family in the first place. He described how returning to financial instability and a situation of dependence on his family changed his family's dynamics significantly:

> My wife and children accepted me. I used to send money to my family before I was detained in Libya, so when the money stopped coming they got upset. Within my family members, some used to say you migrated and you came back with nothing.[154]

Some female informants mentioned returning with children but without their partners, or having children outside of marriage as contributing factors to a lack of acceptance among their families and communities. A few returning migrants reported having been pressured by their families to consider remigration.

151 KII-H-M6.
152 KII-H-M1.
153 KII-AA-AM3.
154 KII-N-M1.

Survey results indicate that for 18 per cent of respondents experiencing tensions and conflicts with family members had been either a problem or a big problem during the reintegration process (Figure 40). While the share is 12 percentage points above average for Ethiopian respondents (30%), less than 2 per cent of Sudanese respondents and 11 per cent of Somali respondents reported experiencing tensions and conflicts with the family as having been a problem at some point after their return. Almost half of the respondents who reported having experienced conflict with family members after their return reported that the problem was either persisting or getting worse at the time of the survey, with the highest share in Somalia (78%) (Figure 41).

Figure 40. "Has experiencing tensions and conflicts with members of my family been a problem for you at some point after your return? How big of a problem? This issue may not be a problem for you anymore, but we want to know if it has been a problem for you at some point after your return, even if they are not a problem for you today"

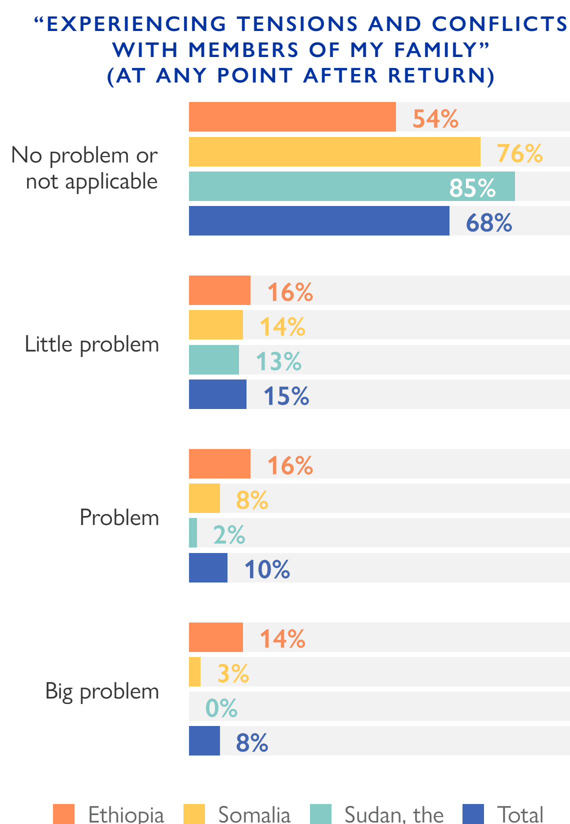
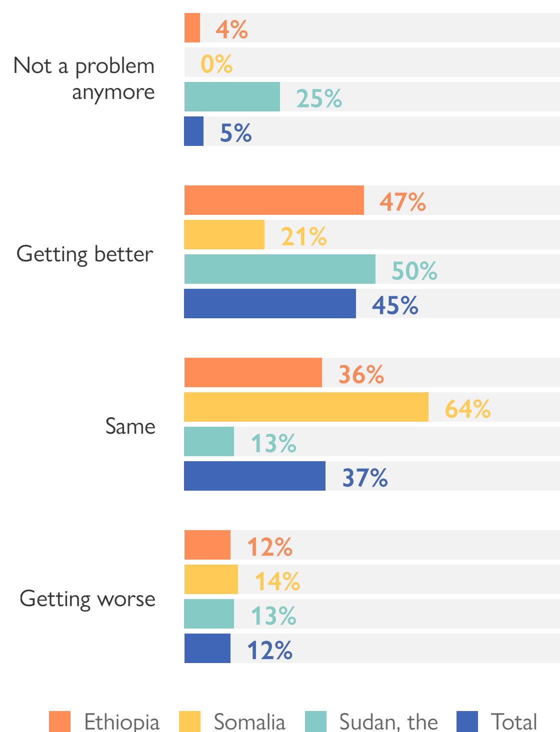


Figure 41. "You mentioned before that experiencing tensions and conflicts with members of my family has been a "Problem" or a "Big problem" at some point after return. If you think of yourself today, is this still a problem? If yes, is it getting better or worse?" (Percentage of those who initially reported it as a "Problem" or a "Big problem")



Stigmatization and lack of acceptance from the community

In addition to family conflicts, the stigmatization of returnees as "losers" when they came back "empty-handed", judgmental attitudes towards their return, and conflicts with community members negatively impacted reintegration processes. Lack of understanding and acceptance from community members may limit the creation of social networks, leading returnees to isolate themselves (Chapter 4, Isolation and self-isolation).

> In general, the community has negative attitudes towards returnees. They think that we have a lot of money if we return from abroad. But only God knows how we get that money. After I returned, I stopped communicating with my old friends. I prefer to be alone. My behaviours were influenced by the migration experience. Now I am a completely different person. I could not get along with them anymore, we are not compatible with one another.[155]

Different informants reported how they were criticized harshly by those around them as a result of their families' inability to repay migration-related debts:

> When I see people they usually ask me "why did you come back, your mother is sick because of you, your parents sold their house because of you and you came back, if you had not gone you would have been in a better life. You just made the situation worse for your parents." I am feeling stressed and depressed sometimes.[156]

> My father lost a lot of money for this journey. People in the community always blame me and show me as an example to their children as a loser.[157]

Challenges with social and cultural belonging

Returning home was a culture shock for some informants, as the return community or environment felt different from when they left it. Having sometimes encountered new experiences and new ways of living, returnees may have moved on from the conditions and places they left behind and felt that they did not fit in that environment anymore.

Especially in cases where returnees had children abroad and stayed in destination or transit countries for a significant amount of time, they and their children faced several challenges during the reintegration process, including adjusting to customs, local food and weather conditions. A Sudanese community member[158] shared that the more time returnees spend abroad, the more difficult it gets for them to be able to cope with how their home communities function. This is partially because returnees have most likely changed, returning as different people with new views. Also, their countries will have changed as well, in terms of people, services and social structures, which will require some adjustment.

A female Somali returnee in Mogadishu reported the challenges her three children have been facing in Somalia, as they were born and raised in Egypt, are afraid of the new environment and struggle with the food and climate in Somalia. She reflected on her experience as follows:

> I am unable to understand the environment; this place became new to me.[159]

STRUCTURAL FACTORS

Shocks, poverty and lack of services; resources and opportunities

The psychosocial well-being of returning migrants is dependent on a basic sense of safety and security as well as the availability of basic services such as education, housing, water and sanitation, and health care. A shortage in the provision of services to meet the basic needs of returning migrants may result in a deterioration of psychosocial well-being. As Ethiopia, Somalia and the Sudan are characterized by a lack of services and resources in general – or at different levels in different areas – upon return informants often found themselves having to face the same structural factors that pushed them to migrate in the first place. Almost all returning migrants interviewed attributed their psychosocial- and reintegration-related difficulties to poverty and the lack of services, resources and/or opportunities to get jobs, education and health services in their home countries.

155 KII-AA-AF4.
156 KII-H-M3.
157 KII-J-AM1.
158 KII-EF-CMM.
159 KII-M-F2.

Unemployment or the risk of becoming unemployed significantly affected the psychosocial well-being of returnees, which in turn hindered their reintegration into their communities.

> When you are unemployed, nobody will engage with you, it is difficult to reintegrate. When you have something in your hands, when you support your family, it is when you are respected and better reintegrate in the community.[160]

In the Sudan, high inflation and a volatile economy were reported as a formidable challenge to the sustainability of the microbusinesses created with the economic reintegration assistance provided by IOM.

> Because of the fluctuations in the market, with the profit I made, I had to pay it to get new products, so I was basically working with no profits and my family had needs as well so that's why I failed.[161]

When asked about his plans to reintegrate in the Sudan, a male returning migrant in Khartoum expressed his intention to remigrate and frustration about the impossibility of realizing his plans due to the challenging socioeconomic situation in the country:

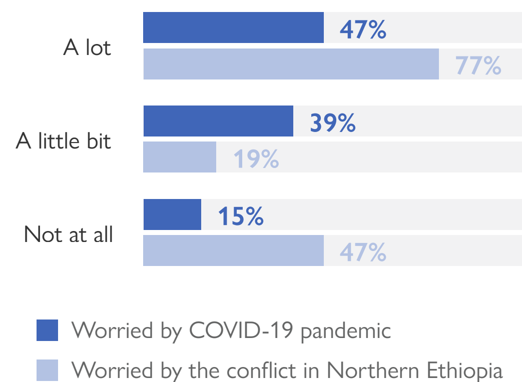
> You can learn how to do all this stuff, it's not like the Sudan, where everyone puts you down and you're not motivated to learn new things. I'm still going to be persistent about this; my dream is to get to England, and that's my goal in life and I will never give it up. Here it's hard to do all these things with the income you have. You're going to choose between providing food or going to a course, in England your mind is empty; you don't have anything to do, so you'll learn.[162]

Inability to secure jobs adequate to the level of education or the specializations attained was also indicated as a factor complicating reintegration. A university graduate male returning migrant in Nyala, the Sudan, working as a tuk-tuk (local taxi) driver, recounted about this difficulty:

> Education is important as well, but what if you cannot find anything related to your education? You cannot do anything with your Economics degree then.[163]

Political instability, conflict and the COVID-19 pandemic must also have challenged reintegration processes and affected mental health well-being in different ways, although these themes were not explored in depth neither qualitatively nor in the survey questionnaires. Only the quantitative survey in Ethiopia[164] asked respondents how much they felt worried about the ongoing war in the country and the COVID-19 pandemic (Figure 42): in both cases a relative majority of the respondents expressed a high level of concern.

Figure 42. "How much, if at all, do you feel worried by the war that is ongoing in the country/COVID-19 pandemic?" (Ethiopia only)



Difficulties with returning to the desired destination

The impossibility of returning to one's place of origin or intended destination within the country of origin after return, due for example to external factors such as an ongoing conflict or natural disaster, may

160 KII-M-M7.
161 KII-N-M4.
162 KII-K-M2.
163 KII-N-M3.
164 Questions about concerns over ongoing conflict and the COVID-19 pandemic were included only in the questionnaire for Ethiopia (based on learning from the surveys administered in the Sudan and Somalia).

halt reintegration processes from taking place and cause stress. A male Ethiopian returnee interviewed at a shelter while waiting with his toddler to return to his community of origin in the Tigray region while the conflict in Northern Ethiopia was still ongoing, shared his thoughts on the counselling he received and his frustration about the situation:

> "In the beginning it was very helpful. The information I received helped me motivate myself. But the more I stay without doing anything and being inactive, I have started to feel a bit sad and less motivated. Because I would like to go out and work, do something. Staying here, doing nothing, sleeping most of the time makes me prone to more psychological problems and makes me anxious.[165]

165 KII-AA-AM7.

IOM Staff members provide counselling to a group of Ethiopian migrant women and mothers in the IOM Migrant Resource Centre in Hargeisa.
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7. KEY ISSUES FACED BY RETURNING MIGRANTS IN ACCESSING AND RECEIVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In this chapter, the focus shifts to the issues faced by the returnees included in this study in accessing and receiving MHPSS services. Since a comprehensive analysis of the services available to returning migrants in the three countries studied and of their experiences as recipients of these services is outside of the scope of this study, this chapter relies primarily on qualitative data gathered from MHPSS service providers (rather than returnees) and is limited to a brief illustration of the three key issues that could be identified: the lack of MHPSS services available (to both the general population and returning migrants specifically), the cost of MHPSS services and issues around the stigmatization of mental health conditions and the quality of the services provided. Further analysis and evidence gathering on these important aspects of the sustainable reintegration of returning migrants is left to other research initiatives.

LACK OF MHPSS SERVICES

Fieldwork activities carried out for this study also included a rapid mapping of existing MHPSS services providers across relevant regions of Ethiopia, Somalia and the Sudan, with attention dedicated to those providing MHPSS services to returning migrants. Where possible, MHPSS service providers were also assessed in terms of their capacity to perform interventions.[166] The results of this exercise confirmed what was already indicated in other studies: that in all the three countries, there is a very limited infrastructure for MHPSS services that cannot meet the needs of the general population. In addition, MHPSS services specifically tailored to address the needs of returning migrants were found to be even scarcer.

Rural areas or, in general, areas outside of major urban centres are at particular disadvantage, complicating the provision of medication and the follow-up of patients residing there. Interviews with MHPSS specialists conducted for this study confirmed that relapses are frequent among returning migrants who are treated in capital cities upon their arrival and who return to locations from where MHPSS service providers are not easily reachable or not at all available. Relapses caused by the discontinuation of medication may also reinforce the misconception that mental health disorders are not treatable. Several informants reported that mental health units mostly do not have inpatient units, obliging patients to travel long distances to access specialized hospitals mainly located in major centres.

The information gathered from informants and through the mapping indicates that MHPSS specialists are in short supply, that they may lack adequate qualifications and sometimes operate without professional supervision. The number of psychiatrists was perceived to be insufficient in all the three countries (but particularly in Somalia and the Sudan). While relatively more psychologists enter the market each year, they often lack practical experience and opportunities to acquire such experience in a supervised manner. Some of the MHPSS specialists interviewed in Ethiopia and in the Sudan reported psychiatry and psychology not being in demand due to low wages and lack of respect among community members.

COST OF MHPSS SERVICES

Informants often indicated the cost of treatment as one of the main barriers to accessing needed MHPSS services. The data gathered for this study indicate that it is very often unclear whether certain MHPSS interventions and medications associated with psychological treatments can be provided by governments for free or not, as treatments and funding structures vary greatly among regions and even hospitals. Contradictory information was sometimes provided by different individuals interviewed. Consequently, navigating information about costs and requirements for service provision must be challenging for individuals in need.

166 The complete mapping of MHPSS service providers can be requested to the IOM Regional Data Hub for the East and Horn of Africa at rdhronairobi@iom.int.

Psychiatric medications may often be exceedingly expensive or not at all available. In the Sudan, some of the MHPSS service providers interviewed reported having to acquire medications on the black market at a higher price due to their unavailability in official channels. Clarifying their role only as advisors in preparing the mental health policies and action plans and having no implementation authority, the Director of Mental Health and Primary Healthcare at the Federal Ministry of Health explained the situation with psychotropics as follows:

> Psychotropic drugs are another issue we are facing. We have a council for drugs, they don't accept the psychotropic drugs in primary health clinics due to the fear of addiction. So, these medications are not for free. We advocate that it should be covered by the health insurance.[167]

STIGMA AND LACK OF UNDERSTANDING AROUND MHPSS NEEDS AND SERVICES

Stigma and lack of understanding around MHPSS needs and services were found to be limiting access to needed MHPSS services in all the three countries. People who have mental health and psychosocial-related issues, or seek help for emotional distress, often face strong societal disapproval. Many MHPSS specialists interviewed reported on the common belief that mental disorders are caused by supernatural powers, influencing the decision to seek aid from religious and traditional healers.

> They are seen as devil and supernatural phenomena in general. This is why they go to traditional healers.[168]

Lack of understanding around MHPSS needs both with service providers and with returnees themselves created a barrier in identifying and addressing needs. When asked about mental health and issues related to psychosocial well-being resulting from distressing migration and reintegration experiences, most informants initially reported not having any mental health and psychosocial concerns. Mostly severe mental health disorders (associated with "losing one's mind" or "getting crazy") were clearly recognized as mental health problems. Only after hearing other examples of returnees feeling stressed, having sleeping problems, etc. informants could elaborate on their own issues.

> People don't easily accept this method of psychosocial support. If you consider yourself having psychological problem, they immediately consider you as mad person. It is in many countries not only in the Sudan, but it is a lot, it is like very obvious, people will be shy when they say I'm not stable or I'm suffering from a psychological problem or I'm under pressure; they won't admit this easily.[169]

An IOM Ethiopia staff member emphasized the unaddressed psychosocial needs of returnees due to lack of identification of these needs:

> When it comes to psychosocial needs of returnees, one of the things that we have noticed is that first of all not everybody is aware of their needs. It is not always easily identifiable when we meet them upon arrival, unless it's a severe situation and the case has already been flagged to us and in that case, intervention is easier because we've already been told that so and so is coming from that country with this and this condition. But most of the times returnees don't know that they have psychosocial needs. So, they go home with unmet or unaddressed, I would not say "condition", but "need". After they go back home, whatever situation they left or they migrated from, when they go back, it is still there, if not worse. They go back to what they left behind. That aggravates it and that becomes a reminder that puts stress, burden on them.[170]

167 KII with the Director of Mental Health and Primary Healthcare at the Federal Ministry of Health.

168 KII with the Director General and Head of Department of Psychiatry in the Nyala Teaching Hospital.

169 KII with IOM Sudan staff.

170 KII with IOM Ethiopia staff.

There is also stigma around the use of psychotropic medication. An IOM MHPSS specialist from the Sudan provided the example of a returnee who was on a psychotropic regimen because of his recurrent episodes of mental health problems. Because of the stigma around psychotropics, he was told to quit the medication by his relatives, causing a relapse that led to an episode of self-harm. In a context where harming oneself is seen as a crime, he was admitted to the El Idirisi Hospital in Khartoum, a facility run by the police where mostly persons with a criminal background are admitted. In line with this example, another informant from IOM Sudan clarified that "the psychiatric hospital is by itself a stigma and [placed] in an isolated area".

Instances of patients chained or tied to their beds, both as a general practice and reportedly as a result of the lack of medication, could be observed during visits of mental health facilities conducted for this study. Patients were sometimes dressed in hospital uniforms with identification numbers printed on the back side. A female Somali community member interviewed in Hargeisa, recounted her daughter's story while discussing the widespread practice of chaining patients in psychiatric facilities:

> We have a lot of problems, like mental health, like my daughter is chained and there are a lot of chained people in our community… My daughter is 14 years old and is epileptic; I took her to the hospital and they prescribed a medication for her but I couldn't find the medication in the hospital.[171]

Female returning migrants were found to be particularly vulnerable to gendered stigmas around suffering from a mental health condition. An informant from an IOM's partner organization in Ethiopia explained that female returnees were less likely to receive MHPSS services, as they were afraid of the stigma and discrimination attached to visiting an MHPSS specialist. Assumptions would be made by community members about the returnee having contracted a sexually transmitted disease, which would affect their potential future marriage. Prevailing stigmatization and cultural restrictions to openly talk about GBV experiences and their effects on mental health of returnees may also play a role in preventing counsellors from identifying and providing necessary services, implying the need for sensitization activities at the community level.

Stigma around persons living with a mental health condition eventually seemed to hinder help-seeking behaviour, causing internalized stigma. In the words of a male Sudanese returnee:

> I learnt from experience that the community expects you to be mentally healthy and it is wrong or there's some sort of stigma towards people with mental issues.[172]

Eventually, many informants confirmed that the experiences they faced were very distressing and required attention. However, even when returnees recognized the need for further assistance, they often did not know where to turn.

To assess respondents' awareness on existing MHPSS services, the quantitative survey included questions on knowledge, use and ease of access of MHPSS services. The results show that the majority of respondents (88%) do not know of any mental health and psychosocial support services in their area apart from those provided by IOM and its partners. Only 134[173] (12%) respondents indicated that they knew of such services.

Among the respondents who indicated their awareness of MHPSS services in their area, 63 individuals reported having utilized these services since their return. Notably, the majority of those seeking assistance were from Ethiopia, accounting for 58 respondents, while Somalia and the Sudan contributed three and two respondents, respectively. Moreover, 58 per cent of respondents who reported knowledge of these MHPSS services, believe that they can be easily accessed if needed, corresponding to 55 respondents in Ethiopia, 20 in the Sudan and four in Somalia.

171 KII-H-CMF3.

172 KII-N-M1.

173 Among these, 109 in Ethiopia, 4 in Somalia and 21 in the Sudan.

The barriers to access these services described by respondents in an open-ended question of the quantitative survey largely confirm the qualitative findings, with frequent mentions to the absence of service providers in the area or the distance from the facilities offering services, and the high cost of the services. Some respondents also mentioned the long waiting time to receive the services and difficulties in communicating with the service providers (including not being contacted for follow-ups) as obstacles.

Mental Health and Psychosocial Support (MHPSS) activities for conflict-displaced communities in Konso, Ethiopia include arts and crafts activities for children, and team sports such as volleyball for teenagers. For older persons, Ethiopian traditional coffee ceremonies are regularly held.
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8. CONCLUSION AND RECOMMENDATIONS

The returning migrant populations studied (all beneficiaries of the JI-HoA, a large return and reintegration programme implemented by IOM and funded by the European Union) migrated for various reasons. While economic considerations such as unemployment, underemployment, intermittent or insufficient wages and aspirations to improve living standards were prevalent, other reasons such as the desire to receive education or find employment in line with one's education and reunite with family members abroad were also mentioned with relative frequency.

For this particular population, the migration journey was most often undertaken through irregular pathways and characterized by various risks and threats regardless of the route travelled. An overwhelming majority of survey respondents declared to not have reached the intended destination. Adding to an already ample body of evidence on the harsh realities of migration through irregular pathways from Ethiopia, Somalia and the Sudan, most informants and survey respondents reported to have suffered extreme physical exhaustion, illnesses and lack of access to basic needs, often due to having had to walk for days through vast desert lands, having been exposed to challenging weather conditions, and having been hungry or thirsty for a prolonged period. Physical, verbal and sexual abuse and violence, as well as economic and labour exploitation and having been denied medical treatment, were frequently reported. These forms of abuse were experienced in various settings but especially when migrants were being detained, sometimes for years. Racism and discrimination in the country of transit or destination were reported by some informants as having been experienced on a daily basis. The reasons for returning were most frequently linked to having been in detention or not having been able to proceed further in the journey, with mentions also to health-related concerns and to facing racism or war in the country of transit/destination.

The challenging migration experiences and life stressors faced by returning migrants impacted them in various ways. At the individual level, as a result of the violence, torture and abuse they were exposed to during their journeys, many informants suffered from illnesses and health conditions that in some cases resulted in disabilities. Sleeping problems and nightmares were very frequently reported, often as a comorbid symptom to different somatic or psychosocial conditions. Feelings of shame and guilt associated with returning to the countries of origin empty-handed, while the families left behind had often incurred significant debt or liquidated assets to pay for migration charges or ransom, were reported very frequently. In addition, many returning migrants had lost someone they knew during their migration and continued to grieve. Anger was present as a reaction to being stigmatized or having been victim of injustice, self-directed or directed at the destination countries, return and reintegration actors, relatives and friends. The intensity of challenges and/or changes that returning migrants experienced upon return to their countries of origin provoked disorientation and absent-mindedness, as well as anxiety and emotional instability accompanied by psychosomatic symptoms. Having returned with a variety of expectations, ideas, preconceptions and prejudices, as well as fears and hopes, finding socioeconomic conditions similar to when they left (and sometimes even deteriorated conditions) caused feelings of hopelessness and uncertainty about the future. With the present being perceived as a challenge and the past seeming more controllable, returnees focussed on the latter, also as a manifestation of grief from the loss of social identities, control or imagined futures.

The consequences of challenging migration and return experiences at the sociorelational level included deterioration or break-ups in relationships. Isolation was observed as a common response both during the time spent abroad (due to the racist and discriminatory attitudes of local populations) and after return (as a response to stigmatization for having returned empty handed or for having been away in general). Stigmatization was observed as being more intensely directed towards female returning migrants as they were often seen as having been sexually abused and exploited.

The rest of the study focused on the returnees' experiences and perspectives on the factors facilitating or complicating sustainable reintegration, as well as on issues with accessing and receiving

MHPSS services. To better inform future return and reintegration interventions, the summary of the findings pertaining these themes is accompanied by a number of programmatic recommendations.

Although the returning migrant populations studied were mainly composed of individuals who were or had been in a situation of vulnerability, many of the informants interviewed displayed great resilience in the face of various challenging experiences, as they leveraged their personal coping and/or interrelational skills. During their migration journeys, their language skills, their faith or spirituality, their social networks abroad had supported them in staying resilient and cope with daily life stressors.

Programmatic recommendation 1 – Reintegration initiatives should take a resilience-based approach, recognizing that with a supportive environment people can and do recover their mental health and well-being. MHPSS activities should identify and encourage the many positive coping strategies and resources that returnees have.

Family support was a key factor that facilitated the reintegration of returning migrants. This support ranged from welcoming returnees warmly, to actively participating in the reintegration process of returning migrants, such as starting a business together.

Programmatic recommendation 2 – Family engagement should be considered as a paramount aspect of reintegration assistance. Families should be prepared to receive their family member and supported to be welcoming and accepting.

Returnees reported supporting each other in various ways, ranging from teaching each other how to do a certain job, to collecting money among each other to be used when needed. Community committees were also observed to have played an important role in facilitating the interaction between returnees and other community members, also reducing stigmatization.

Programmatic recommendation 3 – Returnees should be encouraged to leverage their own social networks as part of their reintegration process, through engaging in community life and other social activities that they enjoy and that connect them with others. This could form part of the reintegration planning process.

Programmatic recommendation 4 – Reintegration-related MHPSS activities should include the organization of peer support and strengthen/create community committees when appropriate. These activities need to be properly planned and budgeted for. Other community-based activities, such as sociorelational and cultural activities, creative and art-based activities, rituals and celebrations, sports and play, and informal learning should be organized by MHPSS teams to support social cohesion between community members and to foster a sense of collective identity. It is important to consider that returnee-only activities may have adverse effects on stigmatization.

Reintegration assistance received by returnees was perceived positively. The psychosocial counselling sessions received by the informants were sometimes noted as useful in helping them regain hope and motivation, and in equipping them with basic tools to use when feeling distressed.

Programmatic recommendation 5 – The provision of individualized psychosocial counselling sessions, alongside community-level MHPSS activities and other social and economic forms of assistance, should continue. To ensure the quality of this service there is a need for regular training (through training sessions but also on-the-job mentoring approaches) and technical supervision of counselling staff, and the development of standardized operational tools at regional or global level that country programmes can adapt and adopt to guide their service delivery.

Delays in the provision of economic reintegration assistance sometimes had negative effects on the returnees' mental health and well-being. Returning migrants able to meet their basic needs were observed to have better psychosocial well-being and to cope better with the challenges of everyday life. Basic needs are the foundation of the IASC MHPSS intervention pyramid (IASC, 2007). Unmet basic needs result in a deterioration of psychosocial well-being.

Programmatic recommendation 6 – The reintegration process should focus, especially in the initial stages, on meeting basic needs, including food, housing, clothing and medical care. Reintegration programmes should assess whether returning migrants can meet their basic needs and map actors that can intervene as needed. MHPSS service providers engaged in reintegration activities should advocate for the basic needs of the people they support to be met and ensure a close connection with other reintegration services/service providers.

A lack of "psychological readiness", compounded by pressure to repay debt and/or replace lost assets may be linked for some returnees to the inability of fully benefiting from economic reintegration assistance. Unrealistic expectations may also be developed by returning migrants towards the economic assistance to be received, under the psychological and material pressure of having debt to repay, replacing lost assets, being able to meet basic needs and support family members. The need for a stronger linkage between MHPSS interventions, vocational training, formal and informal education and economic reintegration was evident.

Programmatic recommendation 7 – To strengthen the effectiveness and impact of economic reintegration initiatives aiming primarily for returnees to meet their own basic needs in the long run, there is a need to integrate MHPSS approaches and principles.[174]

Access to MHPSS services was observed to be severely limited in Ethiopia, Somalia and the Sudan. Relatively more entities providing MHPSS services tailored to the psychosocial needs of returning migrants were present in Ethiopia, although not sufficiently to meet the many existing needs.

Programmatic recommendation 8 – There is a need to advocate for more investment in human and financial resources on MHPSS at the national level within Ethiopia, Somalia and the Sudan. In the health sector, funds should diversify away from only supporting psychiatric institutions towards also supporting community-based care, addressing social determinants of mental health and developing more community-based interventions. Training should be offered to existing MHPSS services on human mobility dimensions and how they can best serve migrants.

Many returnees had no or little contact and/or knowledge of any kind of MHPSS service providers. In addition, the study observed deeply engrained stigma and lack of understanding around MHPSS needs and services.

Programmatic recommendation 9 – The impact of challenging migration and return experiences on the mental health and psychosocial well-being of returning migrants requires actors to develop culturally sensitive interventions. Given the stigma around people with mental health problems and its hindering effects on help-seeking behaviour, sensitization sessions on psychosocial well-being are vital to address this issue. In order to mobilize community resources, community leaders including religious leaders should be involved in such activities and given active roles in conveying messaging to community members.

174 This integration can be based on the "MHPSS and Livelihood Integration (MLI) Manual" developed by IOM Iraq (https://iraq.iom.int/resources/mhpss-and-livelihood-integration-mli-manual).

The quality of the MHPSS services available was not examined extensively. However, the data gathered seem to indicate that the standards of care are generally low, especially for patients with psychotic symptoms.

Programmatic recommendation 10 – A thorough assessment of the quality benchmarks of the MHPSS services is paramount before referrals to these institutions can be made. Capacity assessments can be based on the *WHO Quality Rights toolkit*[175] and should cover issues such as staff capacity and types of psychiatric drugs available, and for inpatient facilities, the availability of food, water and adequate accommodation facilities. As far as possible, return and reintegration stakeholders should support referral partners to address these gaps to bring their care up to standard, for example through staff training or the provision of drugs, supplies and equipment.

Services provided should address the specific vulnerabilities and needs of different groups, such as women and child returning migrants, or children of adult returning migrants. The experiences of the latter two groups remain largely understudied.

Programmatic recommendation 11 – Future research should identify the short- and medium-term reintegration experiences and needs of returned children. Reintegrating programming should provide child-friendly services and, where possible, include these into referral systems. Further research on the children of adult returning migrants should also be encouraged.

This study illustrated the mental health and psychosocial consequences of the experiences lived by Ethiopian, Somali and Sudanese migrants in vulnerable situations who were assisted to return and reintegrate in their countries of origin by the JI-HoA programme: a large assisted voluntary return and reintegration (AVRR) initiative incorporating elements of IOM's Integrated Approach to Reintegration (IOM, 2017; IOM, 2019b). The study highlighted some key issues faced by returning migrants in accessing MHPSS, in addition to analyzing, from a mental health and psychosocial perspective, factors facilitating or complicating the attainment of sustainable reintegration. Future AVRR programming should consider these findings to design effective MHPSS interventions tailored to the needs of migrants in situations of vulnerability, as well as to "mainstream" MHPSS considerations into assistance pertaining the economic and the social dimensions of reintegration.

175 Available at: www.who.int/publications/i/item/9789241548410.

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