

Violence, trafficking and migration: post-traumatic disorder and the chronicisation of evil

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Abstract

This article addresses the issue of human trafficking and smuggling, specifically focusing on migrant women who are coerced into prostitution in Italy. It analyses the somatic and psychological experiences and distress of the victims through ethnographic research, employing the narrative medicine approach. Firstly, it explores the distinction between trafficking and smuggling, as well as the different forms of violence to which most migrant women are subjected. Secondly, it focuses on post-traumatic stress disorder and chronic mental illnesses.

Keywords: *trafficking, immigration, post-traumatic stress disorder, violence*

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Introduction. Treating and trafficking

There is often a tendency to consider human trafficking (trafficking in human beings) and migrant smuggling (smuggling of migrants or aiding and abetting illegal immigration) as analogous phenomena, but in truth, the two phenomena present quite a few differences. Trafficking in persons is an offense committed against individuals and his or her rights, whereas smuggling of migrants should be considered a violation of access and immigration regulations. This offense takes the form of illegally crossing a country's borders, regardless of whether the migrant is mistreated en route. Moreover, in migrant smuggling, the relationship between the migrant and the trafficker ends when the former reaches the destination by illegally crossing the border. In this case, the trafficker does not intend to exploit the migrant but is only satisfied with compensation for the journey. On the contrary, the trafficker establishes a relationship with the victim that does not end with the conclusion of the journey, but rather continues afterwards through the exploitation of the latter also at the destination.

A further distinguishing factor between the phenomenon of smuggling and trafficking is the illegal crossing of international borders, which is consistently carried out in the former but not necessarily in the latter. In trafficking, the victim may, in fact, simply be moved within the same state, and the border crossing may also take place legally.

According to UNHCR - United Nations High Commissioner for Refugees - , it is estimated that in Nigeria alone, between 600,000 and 800,000 people are trafficked across borders annually (UNHCR, 2022). Of these, 80% are women and 50% are minors. The number of their entries into Italy has been growing exponentially since 2011, which was the year of the first civil war in Libya. After Nigeria, the main places of origin for women are Costa¹, Ivory Coast, Eritrea, and Morocco. Even for women, the push factors for trans-Mediterranean migration are the same as those we have already extensively described, namely high demographic growth, conflicts, and extreme poverty. In the case of Nigeria, these factors are further exacerbated by forced expropriations carried out by oil companies in collaboration with the state. If these push factors for migration are already significant enough to compel a man to migrate, one can only imagine the additional burden they place on a woman who, in addition, must also endure the socio-cultural violence of an extremely misogynistic territory.

Inspired by the glitz and wealth of Western countries, which are often portrayed in the media (such as the portrayal of the Bantous and Italos, compatriots and former prostitutes who have returned from Italy are idolized by local film companies, as depicted in the film "Glamour Girls"), as well as by technology and social networks where their already emigrated compatriots also extol their wealth (the sharing messages and photos of themselves posing next to luxury cars while dressed in

¹ All the life stories, quotations, and migrants' narrations collected here have been ethnographically researched by the authors from December 2022 to the present. The authors selected some guests from the reception centers of Paceco (Trapani, Italy) and Barcellona Pozzo di Gotto (Messina, Italy) of the Badia Grande Cooperative. Informed consent was obtained

from the participants to participate in the research. All ethical standards and procedures to protect privacy were respected. The interviews took place in Italian, with some parts in English and French. These parts were then translated and reported here verbatim.

stylish Western attire), women from sub-Saharan Africa are challenging the traditional authoritarian and patriarchal model in their quest for emancipation. These women, therefore, make the decision to leave on their own, but they may also be sold by their family of origin (once, even extended families used to take care of each family member with care and attention, now they suffer from the 'wealth syndrome'. Especially uncles and aunts with their nieces and nephews as dependents have developed the habit of selling them to get something out of them), or deceived by relatives or acquaintances who are already living in Italy. Due to globalization, Italy has become a large market for cheap labour, which has led to the rise of new forms of slavery such as sexual and labour exploitation. Regarding the latter, one thinks, for example, of the plight of undocumented refugees working illegally in the agricultural sector in various parts of Italy.

Since we live in a country where the culture of human rights has quite solid roots, it may seem unimaginable to comprehend the existence of a phenomenon like human trafficking and the criminal underworld that surrounds it. Despite the existence of extensive and effective international legislation committed to repressing it, human trafficking is constantly evolving. In recent years, the phenomenon has increased considerably in Italy as well as in other EU countries. Alongside us, there are invisible men, women, and children

who live in extremely harsh conditions, struggling to survive on roads, fields, and in jobs that are often dangerous, illegal, underpaid, and exploitative (Birman, 2022).

Particularly, globalization, coupled with the androcentrism of our Western society, has significantly contributed to the commodification of the female body, particularly those of foreign and unfamiliar women. This has led to the rise of forced and street prostitution, with Nigerian women comprising a significant portion of this population. Regardless of whether their departure was voluntary or not, these women will be bound to their tormentors by the signing of an 'agreement'², at least until their debt to face the journey to Italy is repaid. The girls are often aware that they will be involved in prostitution, but they are not aware that, despite all the work, their debt to their tormentors will continue to 'grow' out of all proportion.

The traffickers, often under the control of the *maman* (a figure closest to the victim in the state of arrival but sometimes also in the state of departure), make the girls perform a voodoo ritual, called *juju*³, that will psychologically and physically subdue them. Once the ritual is performed, the girl's body becomes the embodiment of an unplayable debt and an unbreakable bond.

In 1996, the World Health Organization (WHO, 1996) defined violence as "the intentional use of threatened or actual physical force or power against oneself, another person, or a group or community, resulting in or

² Trafficking also includes 'debt or debt bondage': the practice of repaying a loan with a service whose duration and nature are not specified. Victims of trafficking, whether for sexual or labor exploitation, often become trapped in debt bondage as they are forced to repay the trafficker for travel and other expenses incurred on their behalf in advance. This form of slavery is a means to 'justify' the exploitation and minimize the risk of the

victim's escape, as they are made to believe that once their debt is repaid, they will regain their freedom.

³ During *juju*, *Mami Wata* (Mother of Water) is invoked as the guarantor of contractual relations. As the embodiment of beauty and advocate for well-being, she inflicts disease and death upon anyone who violates her prohibitions.

having a high likelihood of resulting in injury, death, psychological harm, poor development, or deprivation." Again, in art. The Istanbul Convention, also known as the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, was issued on 11 May 2011. It is the first legal instrument designed to protect women from all forms of violence (whether psychological, persecutory physical or sexual, whether perpetrated through forced marriage, female genital mutilation, abortion, forced sterilization, and sexual harassment), and to prosecute the perpetrators, it states that violence against women is a violation of human rights and a crime against humanity. In light of the Convention's provisions, migrant women who are victims of discrimination, persecution, and violence are entitled to the protection of a foreign state and the refugee status. This is because the experiences they face before, during, and often after their journey of 'hope' constitute a violation of their human rights. Specifically, it is a crime against the rights of women (Elmendorf, 2004).

Trafficking in human beings, whether they are men, women, or children, can be considered a form of modern slavery as it robs individuals of their freedom and self-determination. It represents a gross violation of human dignity and rights and is certainly one of the most extreme forms of violence to which migrants are subjected. In one of the three Additional Protocols to the UN Convention against Transnational Organized Crime of 2000, and more specifically in Article 3 of the Additional Protocol thereto, trafficking is defined as "the recruitment, transportation, transfer, harbouring, or receipt of persons by means of the use or threat of force or other forms of coercion, abduction, fraud, deception, abuse of

power, or exploitation of a position of vulnerability, or by giving or receiving payments or benefits to achieve the consent of a person having authority over another for the purpose of exploitation [...] Exploitation shall include, at a minimum, the exploitation of others through prostitution or other forms of sexual exploitation, forced labour or services, slavery, practices similar to slavery, servitude, or organ removal" (United Nations Office on Drugs and Crime, 2004, p.42). Exploitation takes the form of knowingly deriving unjust economic gain from taking advantage of a person's state of need or inferiority by fraudulently exploiting his or her abilities and activities. Trafficking, therefore, is conceived as a process that involves a series of closely connected actions. It involves the organization and management of human beings for the purpose of their exploitation, treating them as if they were objects or commodities. This exploitation is similar to how specific economic and commercial sectors are regulated by supply and demand.

Among the most prominent areas of exploitation, we find, as we have already illustrated, sexual exploitation (prostitution) and labour exploitation (clandestine labour in agriculture has also been mentioned). Additionally, there is begging, organ harvesting, illegal international adoptions, forced marriages, and the enlistment of child soldiers in warfare. The enlistment of child soldiers is considered one of the most extreme and bloody manifestations of stolen childhood. While children have been used as soldiers in the past, this phenomenon has greatly increased in recent times due to the significant changes in the nature of war. There are no longer confrontations between states, but rather armed conflicts in which political, religious, or ethnic groups compete

against each other. Boys and girls are important for several reasons. For example, they can easily learn to handle automatic weapons that are light and cost less, they obey orders more than adult soldiers and are less likely to rebel when faced with demanding and dangerous actions. Additionally, child soldiers do not require payment, unlike adult soldiers who demand higher pay. However, over time, adult soldiers become scarce due to being taken prisoner or killed.

Girls or young women who have lost both parents, who were killed during the fighting, are more vulnerable and, when not directly abducted, they often seek refuge and protection in the armies to escape hunger or life on the streets. However, in doing so, they become susceptible to being conscripted and participating in armed guerrilla operations. Tragically, they also become enslaved and subjected to repeated sexual abuse and violence by other combatants. We understand the high risk of contracting sexually transmitted diseases or becoming pregnant.

Boys also join 'voluntarily'. They took action out of the need to escape hunger, the need for protection, the need for revenge after witnessing their parents or other family members being violated by the opposing group. This means that, while we cannot completely consider them as victims because they are aware of and responsible for their choices, we must always bear in mind that it is often a forced choice.

Even when they survive the war, child soldiers carry with them profound physical (illnesses or mutilations) and psychological repercussions from having committed or witnessed the brutality of guerrilla actions. The nightmares and panic continue to haunt them for years, making it extremely difficult for

child soldiers to reintegrate into their community (there are many NGOs working in the territories to promote disarmament, demobilization, and social rehabilitation programs for these children. They return changed, 'broken', sometimes even hostile to the environment they left behind. The girls are unlikely to marry and often end up becoming prostitutes. Many soldiers, upon returning from war, find that their families are no longer waiting for them. As a result, they often try to escape to Europe and reach our shores. This is why we often hear about unaccompanied minors. Some of them - many - are former child soldiers. All of them are marked and branded by the irremediable awareness of that 'brokenness' already mentioned, by the inability or difficulty, hopefully 'temporary', of still being able to trust someone.

Exploitation, in all its various forms, and the traumas associated with it, are not only deployed at the destination, but often occur throughout the entire route of the journey, starting already in the places of origin, which are already devastated by poverty and destitution. Human trafficking becomes a means of survival for the entire population in these areas. Just like other material resources, human trafficking also follows specific trajectories between the countries of recruitment and the countries of destination. The essential prerequisite for this mechanism is the vulnerability of the victims, a vulnerability is relative to that of the society of origin, which is often torn apart, as we have described, not only by hunger but also by unrest, wars, bombings, massacres, capture, imprisonment, separation, torture, and death. Understanding vulnerability as the potential for an individual to be physically, psychologically, and in terms of rights, the migrant population exhibits a significant predisposition to vulnerability.

Vulnerability is rooted in the inequality between the Global North and South, which, in turn, is rooted in the history of colonialism and neo-colonialism. Contrary to popular belief, colonialism has not disappeared; instead, it has evolved and found new ways to exploit and exert its influence without interruption. Inequality persists as a result of political choices that generate what has been defined in the terms of 'structural' violence. This type of violence for which we often - because of our typical need to clear our conscience by externalising evil so that it appears as something foreign, something external to us - look for the culprit, the person responsible, but which in reality no longer needs actors in the flesh because it has become systemic. This is what happens when one nation, due to its position of power, exploits another nation by plundering its resources or denying it access to them through various means. Examples include economic debts that former colonized countries owe to former colonizing countries, or economic agreements that primarily benefit the dominant nations. In this regard, in addition to citing Western economic domination as a hindrance to their progress and development, it is also important to acknowledge the historical role that Western powers have played and continue to play in the political and military developments of African continent.

In fact, although in the 1950s, with the formal end of the empires - British, French, Portuguese, and Belgian - the continent seemed destined to develop a flourishing democratic polity, soon a large part of it fell victim to militarism. This led to the collapse of civil order and the outbreak of local inter-communal conflicts and civil wars. This happened because during the mid-19th century, and particularly during the 1960s and 1980s of the Cold War, the continent found itself being ruled by

a series of powerful men linked to one or the other political faction of the war. If in Africa a military usurped power by force, devastating the social and political order, this happened precisely because he could count on the support of either the Soviet Union or the United States, which was militarily allied with him.

The Western powers, which have historically played a significant role in promoting political militarism and undermining democracy in Africa, continue to exert their influence through a less visible form of domination. They now serve as the primary suppliers of weapons used in local and military wars. Consider in this regard that "the United States alone is responsible for about half of the arms sold on the world market, with two-thirds of exports destined for developing countries" (Sen, 2006, p. 130), including Africa specifically.

Although arms sales are not the sole issue that needs to be addressed in order to decrease conflicts on the continent, it is crucial to impose restrictions on their international trade. This is especially significant today because the violent conflicts that arise from their utilization have catastrophic consequences, not only on human lives and survival, but also on the economy and, consequently, the development of the continent. However, while the decolonization of the mind-set of the colonized necessitates a significant shift in the international political perspective of the West, the refusal of the US to sign an agreement for a collective effort against the illicit export of small arms is not the sole issue. Another problem that Africa has to deal with in order to overcome its colonial history and the suppression of democracy during the Cold War is the enduring presence of militarism, i.e. a state of on-going violence and war.

Violence and trauma in migration

The word vulnerability commonly indicates a predisposition, a condition of risk for something that has not yet happened, therefore a condition in potency that may not even find an outlet in a state of realisation, however so states Decree Law of 18 August 2015 n.142 Art.17, paragraph 1 (so-called Reception Decree):

Accommodating people with special needs: the reception measures provided for in this decree take into account the specific situation of vulnerable persons, such as minors, unaccompanied minors, the disabled, the elderly, pregnant women, single parents with minor children, victims of trafficking in human beings, persons suffering from serious illnesses or mental disorders, persons who have been determined to have suffered torture, rape or other serious forms of psychological, physical or sexual violence or violence related to sexual orientation or gender identity, victims of genital mutilation.

What we wish to emphasise is that the decree, by correctly pointing out the vulnerable condition of asylum seekers, recognises how having suffered serious forms of physical or psychological violence constitutes for these persons a strong risk of developing mental health problems and consequently the need to place them under specific protection. It is no coincidence, therefore, that the word vulnerable has entered the common language of caregivers and psychologists dealing with migrants in reception centres. Thanks to this rule, in fact, the psychologist will be able to request a pathway with a clinical specialist simply starting from the narration of the story of violence suffered and told by the asylum seeker.

Before going any further, some necessary preliminary remarks must be made. First

of all, let us distinguish violence, as a traumatic experience, from the trauma that is generated by violence. We define trauma as the reaction, the wound, the *vulnus* that is created in the individual in response to an event that overcomes his resilience and his normal capacities and strategies of adaptation, destroying his points of reference and operating a real fracture in his life (Vercillo & Guerra, 2019). Trauma, whose manifestations will often be characterised by the specific clinical symptoms of PTSD, finds many occasions of onset in the migrant. One thinks of all the violent experiences, of the physical, psychic and social wounds we have described in the first two chapters, of living under a constant curtain of violence caused by the conditions of war or social hostility, of the violence of trafficking, of torture, of physical or sexual violence, of sudden and violent traumatic losses, but also of prison. We well understand, in the light of what has just been said, how the vulnerability, physical and above all psychic, referred to is a category that, although it can also be attributed to other groups of individuals, strongly distinguishes the migrant (Glasser, 1998).

Another distinction that needs to be made is that between type 1 trauma, caused by a single, sudden and unexpected event, and type 2 trauma, or complex/multiple trauma (Terr, 1991). This second type of trauma, which most closely weaves the fabric of the migrant's life, is the result of an ongoing or repeated event (continued abuse, violence by family or community, war, genocide) that has the capacity to interfere with the person's development of his or her relationships, of his or her ability to regulate himself or herself affectively, cognitively and behaviourally, and that can go so far as to hinder the victim's sense of personal continuity and the relationship he or

she has with the idea of self, of others and of the world (Vercillo & Guerra, 2019). Ultimately, we would say that the fundamental characteristic of complex trauma (and of complex⁴ PTSD related to it and more frequently encountered in the population of forced migrants) is that it occurs during childhood or adolescence, therefore, at a sensitive age for the development of the person's identity and his or her relationship with the world (Zannoni, 2020). If this certainly occurs in cases of intra-familial violence and abuse (severe neglect), it will also occur in those growing up within a context of constant war and hostility, leading, in spite of parental conduct and care, to a failure of the reassuring parental function. Studies confirm, by the way, the increased mental health risks for those who, if not directly on their own person, have witnessed violence, torture and death suffered by others⁵. As Samira recounts, 'I saw the house burn down, my parents were killed and I didn't even know where to go. I was six years old and then a woman took me with her. I didn't want to go; I was looking, looking for my parents but without finding them. I still remember the sound of fire, maybe machine guns, I remember the fire and me running away' (Samira, Somalia).

The violence connected to a traumatic event, in all its forms of manifestation, from deprivation of personal freedom to torture, typical of trafficking, from beatings to abuse and sexual violence (especially against women and girls), aims to dominate, to harm,

to bend the victim, to physically and psychologically annihilate him/her, immobilising the flow of his/her life, which will remain as if blocked, bridled, in the time of violence and trauma, not only at a bodily level, through reflex reactions of the autonomic nervous system (Vercillo & Guerra, 2019), but also through the cancellation of any desire and project for the future, but also through the cancellation of all desire and plans for the future. Those who survive the traumatic event is as if dominated, possessed, 'prisoner of the meshes of an imperfect past' (El Azhari, 2020, p.108). This is what emerges most from the testimony of Omaira, a victim of her stepfather who forced her to do housework, not to be able to go to school and not to have the freedom to go out that is necessary for a teenager to grow up: "And then he beat me, just as he also beat my mother because she did not always do what he wanted. My younger sister never touched her but she always saw and experienced indirectly all the slaps, the screams, sometimes even the pushing that he gave us. When I decided to leave for Italy I promised myself that I would never see him again, in fact now I only hear from my mother and my sister who continues to be forced not to go to school. She, that is, my mother, cannot get rid of him, otherwise what will she eat with?" (Omaira, Tunisia).

The traumatic experience of the migrant involved in the dramatic phenomenon of trafficking, and in the web of violence that characterises it, insinuates a real fracture in the representation of reality internalised by the

⁴ What distinguishes complex PTSD from simple PTSD is the presence, in addition to the basic symptomatology (flashbacks or nightmares about the traumatic event, avoidance of situations or persons associated with the trauma, hyperarousal in a continuous form and in alarm reactions, hypoarousal with asthenia drowsiness, deficits in concentration and depressive appearance), an altered relationship with self and others, a difficulty in controlling anger and modulating affects in

general, and emotional instability (emotional deregulation) not present in simple PTSD.

⁵ «Both witnessing and experiencing trauma/torture are related to positive screenings (...). However, those who have witnessed torture may be at higher risk for mental health difficulties than those who have experienced torture themselves» (Schludt et al, 2020, p.1943).

subject, shattering the familiarity he or she has with the world. The impossibility of finding or making sense of the trauma alters the semantic capacity with which the subject lives in the world and, the rupture with respect to everything that has been thought, or believed, up to that moment, causes the subject to enter a state of suspended life. To experience the deprivation of power over one's life and body is to experience powerlessness, annihilation and the loss of one's humanity. The violence and suffering experienced becomes like a second identity that cannot be easily erased, let alone forgotten. It deeply etches, sometimes even beautifully, its marks on the body, but above all, it carves them into the memory. The life of those who have been victims of serious forms of violence such as trafficking and torture, of those who have been physically and psychologically invaded and abused, is a life on the 'edge', where the person is not yet perceived as dead, but no longer even as truly alive.

Regarding the fracture operated by trauma in the process of signification of existence, Nathan argues that the dimension of the 'psychic experience of a subject is twofold', in fact, while 'on the one hand the psychic experience is conceptualised as internal space, on the other hand there would be a psychic experience of cultural experience', that is, an 'internalised culture'. This cultural double, which has the function of connecting the internal space to the external space, i.e. the subject to its social and cultural context, functions at the same time as a container shell and protective envelope of the subject with respect to the external dimension with which it also relates.

The cultural psychic dimension makes it possible to foresee and order the events of life and their concatenation by providing a kind of key or map capable of giving meaning to the representation of reality. "Psyche and culture

(constitutive of the subject's identity) thus have the function (...) of giving meaning and predictability to reality. (Yet) despite this, some situations, due to their (psychic or cultural) violence, lose the flow of meaning; such events are usually called 'traumatic' (El Azhari, 2020, p.109). The result of contact with a traumatic event is a shattering of the process of interpretation and signification of reality that generates a situation of profound psychological suffering in the subject. Also according to F. Sironi, people traumatised by torture 'show signs of the breakdown of affiliations, of deculturation (...)'. In them 'the core of the person is laid bare, who is no longer "delimited" (...). Torture victims often see themselves as other than themselves, definitively 'apart' from other human beings" (Sironi, 2001, pp. 101-102).

When they have reached the deepest vital core, the mechanisms of the destructive influence depersonalise, leaving almost irreversible traces that manifest themselves in closure, silence, the compulsive search for isolation, escape from the common world and sometimes in impulsive and 'brutal outbursts of violence, faced with the incomprehension of their environment' (Sironi, 2001, p. 102). In general, the need for isolation, silence and often shame imprison torture victims in deep self-loathing. Seneba confesses on several occasions: 'I don't want to talk, I don't feel like remembering, in fact I don't remember. What they did to me, especially in Libya ... I can't ... I don't think ... I mean, I was taken tied with chains, ... then I found these hands all over my body, then they hurt me there, several times, I was six years old' (Seneba, Burkina Faso).

All the girls do everything they can to smother in the bowels of their stomachs that heavy secret that takes away their air, to keep

silent that unbearable secret of no longer belonging to the world of those around them. "What remains of torture can be nothing more than a nightmarish sensation (...), an immense bewilderment, and also the feeling of having become a stranger to the world (...)" (Sironi, 2001, pp. 43-44). When torture has penetrated one's core, when one has seen other people die and when one comes out alive, one feels as if poised between two worlds. Suspended. Survivors. It takes time before these people are able to talk about their agonies, about the dead they left behind, about their deaths. Sometimes we will see them flinch, see them stand frozen before the impression of hearing the voice of their tormentors again or their filthy hands on their bodies. Sometimes they will feel the blows, the beatings and be convinced that everything is real again. "I remember that every time my husband would arrive drunk, I would lock myself in with the girls. Anything could happen; then he would start banging on the bedroom door to get in and I was afraid the door would fall down. Then I tried to free myself from him but only escape could be there, to find salvation, even from the rage I had inside me that vented itself in nightmares, in nights spent up crying' (Mounia, Morocco).

The girls wish they could sleep, but sleep frightens them because it plunges them, with nightmares, into the past and the horrors they have experienced. Although the violence and resulting trauma is always personal, whatever the cultural background of a torture victim, whether female or male, the words used to describe the suffering endured and the feeling experienced are the same. They all convey the feeling of a broken life, of a life that is no longer life, of a person who is no longer a person, who is no longer anything. The worst suffering is always the fact of having changed, of no longer being who one was before. To no

longer be oneself means not recognising oneself, it means bursting into tears for no reason, anywhere and at any time, it means saying things one does not mean, it means wanting to tear the flesh from one's body by biting, to punch a wall with destructive fury. In people who have suffered torture, even after many years, the suffering remains intact. Inside them it is always there, always alive and always ready to remind them that something inside them is broken and that at some point the course of their life was broken. "It's a little better now but a few years ago, before I came here, I didn't want my body anymore, I used to tear it up in front of me, I didn't recognise it because it was no longer mine but that of so many brutal men. I used to smell myself, I used to see myself double, I didn't exist sometimes and I used to walk like a ghost. I used to touch myself sometimes, my hands or my head, to see if I was alive... now it's a little better but sometimes I feel disgusted if my skin is uncovered or if someone, especially a male, touches me, I don't know, a shoulder for example" (Samira, Somalia).

From Post-Traumatic Disorder to the Chronicisation of Illness

Very often we portray the traumatic condition of the migrant as circumscribed and concentrated in time, but those who are victims of trafficking and suffer the violence of trafficking are subject to a multiplicity of traumatic events that often continue and do not stop even upon landing, in the country of destination. The waiting at sea or in ports before permission to disembark is given, the identification procedures after disembarkation and again, assuming the victim manages to break free from the grip of trafficking and thus to the

continuation of exploitation, the traumatic difficulties sometimes related to insertion, to preparation for the hearing by legal assistants, to the hearing with the examining board, to the outcome of the application for legal and social status, and also those linked to the suspicion, prejudice, discrimination and sometimes contempt that surround their person. Migrants fall into a situation where they are in constant transit, in a sort of limbo made up of waiting and long paths of 'existential' recognition that, albeit in a less radical form, reiterate the violence of reification of which they have been victims. It is no coincidence then that, due to restrictions on the freedom of self-determination and the possibility to participate in social life, migrants' condition is often compared to that of prisoners in jail. Indeed, migrants housed in the centres designed to receive them in our welfare societies have almost limited possibilities even to the most essential 'consumption'.

Juliet, mother of a new born girl, reports with some desperation: 'Here I don't even have soap to wash her, I can't go out because I can't even catch a bus. I am like in prison here, I don't talk to anyone except the workers. I need documents, a job to buy what my baby needs. Sometimes I don't even know what she can eat, because I can't give her grown-up food. Here I feel like a prison, I go crazy, I pray, I listen to music, and then I cry with her in my arms' (Juliet, Nigeria).

In many first reception camps scattered around Italy, as elsewhere, there is a lack of intimacy as well as a cumbersome presence of the police and excessive control of entrances and exits. Everything here is reminiscent of an affinity with prison institutions. As already mentioned, therefore, this experience also produces in the migrant a repetition effect, a

sort of reiteration of the stressful and distressing situations he experienced during his escape. These experiences are very common and shared by many migrants.

Among the stages that mark the course of the migration experience, the one that has been defined by Hertz as rebound (Losi, 2010, p.34) is the most significant for understanding the effects of the migration process on the psyche. This phase follows the impact phase, i.e. a phase characterised by the succession of short periods of euphoria, followed by feelings of relaxation, fulfilment and satisfaction. The rebound phase, which as we have said follows impact, may on the contrary be characterised by feelings of disappointment and discontent, anger, withdrawal and depression. In this phase, normal situations can become a cause for disproportionate anxiety and nervousness. Even encounters, which under common circumstances would be experienced as pleasant and relaxing, end up generating tension also because of the language difference issue. In some cases, anxiety can escalate to the point of creating psychological sensations and disturbances. Migrants say they feel as if their eyes and ears have stopped working. A further aspect of this phase, as revealed by the multiplicity of clinical experiences, is an attitude of verbosity. A useless talkativeness in which nothing that is communicated is really important. This use of 'apparently' incomprehensible speech for the interlocutors can be interpreted as a form of preventive defence against questions that would force the person to come into contact with an external world experienced as threatening. In all the girls interviewed, removal, confabulation and 'a-dication' of the suffering itself was noted in several passages of the testimony. Juliet herself, repeatedly silent, states: 'What should I tell you? I don't remember... then they came, then

he came back... then I woke up, I had rope around my hands... then I didn't eat. I can walk now, I couldn't before, what can I tell you? He then came, then they sent me to the boat, then the sea for three days. Then I didn't sleep. What should I tell you?" (Juliet, Nigeria).

It has also been observed how this behaviour is sometimes enriched by clown-like mimicry and body use. Paradoxically, all these expedients serve to lighten the burden of loneliness. In other words, the rebound phase is translatable as a choice of closure and isolation from the new context, as a protection mechanism in response to the difficulties imposed by a foreign language (better defined by scholars as a communication gap) as well as by a set of countless other new stimuli (sometimes migrants are even affected by climate and food) that may represent additional stress factors. This phase, in the case of a temporary duration, can have its beneficial and physiological value as a 'coping mechanism' (Losi, 2010, p.34), but if it crystallises and acquires the characteristics of stability, the migrant risks entering a vicious circle of regression that can trigger destructiveness without exit. In these cases, isolation will no longer only manifest itself from the foreign context to the immigrant, but also from the other people closest to him and even from himself, from his original and profound way of being. This is the risk faced by 'forced' migrants on departure who have long been victims of violence, ill-treatment, torture in their country of origin and on the way to the host country, or worse, who have been involved or co-responsible in such situations in order to save their lives. Sironi illustrates the implementation of this typical psychological torture technique called 'impossible choice', a technique that occurs in situations where the prisoner is forced to kill his comrade in order to continue living, or

when he is forced to choose the torture to be inflicted on his comrades on pain of death (Sironi, 2001, p. 27-29). Having seen others die without having been able to do anything is a source of immense suffering and of behaviour that can only take on the aura of some, albeit distant, comprehensibility when linked to those experiences. This is what Anna Peter expresses with extreme sadness: 'You find yourself seeing so many dead people in front of you, dead people you saw drowning at sea while you were being rescued. Children who drank the water and who disappear, even pregnant companions who do not make it. So many people who come back before my eyes, even in my dreams the bad ones and I can't sleep' (Anna Peter, Nigeria).

If the situation becomes chronic, the emotions from which the subject tries to flee intensify and during this phase, although the dimension of withdrawal and isolation prevails, impulsive attitudes and outbursts of anger, hostility and aggressiveness may be externalized, which do not seem to have any justification because, again due to the difficulty of communicating them to an external being experienced as insidious, they are directed towards the people closest to them and sometimes towards oneself. Aggression and excesses of uncontrolled anger are dictated by a sense of powerlessness and could perhaps be read as an attempt to free oneself from the violence suffered by the torturers (Sironi, 2001, p. 27-29).

Regarding the loss of one's original and profound way of being mentioned above, Eitinger observes that aggression is often correlated with totalitarian-type behaviour. These behaviours could hypothetically be explained in terms of a weakening of the immigrant's perception of his own identity, which he tends

to reconstruct through primitive ways of relating to external people, situations and experiences. Through totalitarian behaviour indeed. Sometimes exaggerated chauvinism or unsolicited expressions of values, habits and discourses characteristic of the old cultural tradition were observed (Losi, 2010, p.31). These are compensatory behaviours that immigrants often develop as an attempt to fight against experiences of lack and loss of original values. Other extremely widespread attitudes in the rebound phase are mistrust and suspicion, which are certainly linked to the traumatic experiences that preceded and accompanied migration, but also to the difficulty of understanding and controlling all the novelties encountered in the arrival society.

Economic deprivation, separation or loss of family, the disappearance of some members of the group, the loss of one's country, one's friends, physical and psychological violence, abuse, dangers during the flight, the type of reception on arrival, life in and outside reception centres, integration in the new environment (cultural gap), uncertainty about the future (some migrants show anxiety and insecurity linked to the search for employment), are all stress-generating factors that, well representative of the migrant's fragile condition, strongly weaken the ability to cope with an experience, that of migration, already extremely

hard and dramatic in itself. In this regard, some scholars underline precisely how exile is an experience conditioned as much by factors referable to the society of origin as by others referable to the society of 'asylum'. All these factors are the source of many psychological ills that more often than not, turning into psychopathological ones, will require articulated clinical interventions that, entrusted to the competence of specialised professionals⁶ and, when necessary, supported by the figures of expert cultural mediators, will be addressed first of all to a therapeutic pathway of protection, listening, attention or 'to care' even before 'to cure' or transcription of a therapy (Fantauzzi, 2020, p. 6).

It has been effectively said how the migration event produces a sharp and sudden change in the self of those who experience it, strongly conditioning the way they approach reality and the world. There is no objective way of quantifying the trauma connected to migration because the intensity of suffering, passing from the sphere of feelings and states of mind to that of more specifically psychiatric manifestations, changes from individual to individual as the result of a series of numerous variables, linked both to subjective characteristics and to lived experiences.

⁶ The psychological disciplines that effectively deal with mental suffering in relation to cultural diversity are ethnopsychiatry and transcultural psychology. Ethno-psychiatry, defined as that discipline that deals with the relationship between mental illness and the socio-cultural context, enters into relation with sociology, anthropology and ethnology (essential to grasp the specificity of a culture understood as the set of material and symbolic products that man develops in his environment) to focus its attention on the cultural component of a given behaviour or psychological distress. That is, the clinical case is analysed in relation to the environment from which the migrant subject comes

from and of which he/she is a part. In the clinic of migration it is always important to remember that the migrant subject's cultural diversity is not only a constitutive component of the subject in itself, but that this diversity is also suffered, through social marginalisation, within the environment of arrival. These subjects, in fact, already deprived of belonging to their original reality, are often also deprived of the sense of belonging to the current one where they live. Although the two disciplines of ethnopsychiatry and transcultural psychology present methodological specificities, there are nevertheless many elements of contact between them that make their application to the clinic of migration in some ways superimposable (Beneduce, 2007).

The ordeal experienced by many migrants often act as a magnifying glass that exaggerates their personality traits, their way of reacting to difficulties, their feelings of fear, anguish, inadequacy and loneliness. Here we are not referring to physical wounds and traumas, but to invisible wounds, which are also indelible and remain in the mind for a long time, sometimes for years. We have referred to them several times when we spoke of the violence and abuse suffered during the journey, the loss of the country of origin, the mourning for the separation or death of relatives and friends, the moment of disembarkation with the screening and institutional identification practices, the moment of reception (later connected to the bureaucratic anxiety and legal suspension, to the fear of being repatriated, to the fear of not integrating, to the discomforts related to sharing spaces within the reception centres), the insertion in the new country of arrival (difficulties in elaborating experiences of belonging, feeling of foreignness, experiences of hostility), nostalgia (Fantauzzi, 2019, p. 10-11).

The characteristics of the background one leaves behind and the experiences there already contribute in themselves to laying the foundations with which the migratory challenge will be faced and, therefore, those for the physical and mental state of health that will ensue. Considering the journey itself, there are many variables that characterise it, first and foremost the high rate of risk, the unexpected and dramatic situations, the abuse and violence normally encountered. Having overcome the material difficulties and the dramatic unforeseen events with their relative burden of emotional and physical trauma, the moment of arrival, of the first contact with the host country, often characterised by a strong

sense of disorientation, fuelled by the impossibility of communicating and an intense cultural shock, is particularly delicate. All the stages of migration have a profound effect and subject the foreign migrant to a strong and constant state of stress that cannot fail to have significant consequences.

Numerous medical studies conducted among immigrants have found a high incidence of anxiety, depression associated with suicidal ideation, post-traumatic stress disorder (PTSD) and substance abuse, as well as among survivors during the war in Ukraine (Urbanski, 2023). Research has confirmed that all of these disorders are related to problems related to acculturation (if by acculturation we mean the dynamic process by which immigrants adapt to their new country, we can reflexively speak of acculturative stress to refer to stressful events that, associated with the acculturation process, can lead to states of malaise and psychological distress), discrimination, racism, xenophobia and other events that have characterised all three phases of migration, i.e. pre-migratory, migratory and post-migratory. While it is not uncommon for immigrants to experience intense initial euphoria upon arrival in their new country, that phase is often followed by a deep depression that can last up to three years. The studies referred to emphasise that the most stressful factors related to arrival are learning the new language, regularising legal status and perceiving, or experiencing, attitudes and incidents of racism and discrimination.

Anxiety disorders related to the delay in processing the asylum application and the fear of not being granted refugee status, with the attached recognition of the right to international protection, will continue in the integration phase, but also the memory of events experienced as threatening during the period of

administrative detention within reception centres will persist as a further form of traumatisation.

Author Contributions

All authors have contributed, read and agreed to the published version of the manuscript. A.F. conceptualised and wrote the paper. S.E. edited and revised English.

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