

Post-Traumatic Stress Disorder on Suicidal Behavior among Refugees in Kakuma Camp in Turkana County, Kenya

Lillian Ngonoi and Dr. Florence S. A K'Okul

School of Social Sciences, Mount Kenya University

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ABSTRACT

The International Rescue Committee reports a rise in suicide rates among refugees in Kakuma camp, Kenya. The paper's objective was to assess the influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in kakuma camp in Turkana County, Kenya. The study adopted the suicide theory of hopelessness. A descriptive research survey design was used to address the study variables. The target population for the study was 178,204 refugees, drawn from Kakuma refugee camp data and 24 refugee leaders and 40 individuals from section leaders, camp chairpersons, representatives from Kakuma MHPSS TWG, communication coordinators and Non-Governmental Organizations (NGOs). A sample of 384 refugees was determined using Cochran sampling formula. The researcher collected primary data from the population using a structured questionnaire for refugees and interview guide for key informants. Quantitative data gathered from the research study was analyzed qualitatively with the use descriptive statistics such as frequencies and percentages and inferential statistics such as multiple regression analysis. This was achieved by using SPSS version 26. The living condition in the camp is characterized by depression, stress and helplessness. The conditions in refugee camps trigger memories of traumatic events, therefore, causing suicide ideation. Many refugees were found to have experienced traumatic events such as violence these experiences can trigger suicidal thoughts $\mu = 4.5 > 3$. The resultant regression coefficient was $\beta_1 = 0.754$, p -value = $0.003 < 0.05$. This implies that PTSD among refugees significantly influences suicidal behaviours which is significant at 5 % levels of significance. This study finding provides policymakers, UN and NGO agencies, government institutions, refugees, and donor communities with information that would help them develop other intervention strategies for reducing suicidal behavior among refugees.

Keywords: Post-Traumatic Stress Disorder (PTSD), Suicidal Behavior & Hopelessness and Refugees.

INTRODUCTION

The influx of refugees into Europe has been steadily increasing since 2000, becoming a pressing public health concern (Dev, 2020). Moreover, Scandinavian countries, like Sweden and Norway, have received a substantial number of migrants, with about 337,000 and 103,000 migrants granted residence licenses between 2004 and 2019, respectively. Procter, De Leo, and Newman in 2013 showed that refugees who died in immigration holding facilities in Australia often did so by themselves, and Afghan refugee women in Pakistan frequently grappled with common mental health problems and thoughts of ending their lives (Ingram, Lyford, McAtamney & Fitzpatrick, 2022). These stressors can exacerbate mental health issues. Financial instability and lack of access to employment opportunities can lead to feelings of hopelessness and despair.

Observations by Save the Children workers assisting refugees and migrants on Greek Islands indicated an alarming increase in self-harming behavior and suicide attempts among children (Myers & Aoun, 2017). The International Organization for Migration (IOM) conducted a study that documented a rise in suicides in Thailand's Mae La refugee settlement, with a particularly concerning suicide rate of 16 per 100,000 person-

years (Fellmeth, et al, 2022). Suicide is ranking second as a leading death cause, (Pearson, 2018). It has been a prevalent issue across various communities, nations, and social groups. Ehlman, et al, (2022) highlighted 11.4 suicides per 100,000 people worldwide, resulting in a total of one million suicides annually.

An African scenario of refugee is manifested in Rwanda that hosts approximately 145,895 refugees, with 52.2% originating from the Democratic Republic of Congo (DRC) (UNHCR, 2018), as cited by Ingabire & Richters, (2020). An investigation by Akinyemi, Atilola, and Soyannwo (2015), discovered that a significant proportion of Nigerian refugees contemplated suicide, with 27.3% of refugees reporting such thoughts compared to 17.3% of non-refugees. Bukuluki et al., (2021), 5.3% of adolescents reported having suicidal thoughts, with 0.7% having attempted suicide. In the Bidibidi settlement, there were 25 suicide cases recorded in 2018 and an additional 29 cases between January and September 2019 (UNHCR, 2019). Similar trends were observed in various other settlements, such as Kamei (2022), with the number of suicide cases steadily increasing. In 2019, northern Uganda witnessed ninety-seven South Sudanese refugees attempting suicide, with 19 resulting in death, and 19% of refugee families reported suicidal ideation (UNHCR, 2020). Kamei (2022) reported that nearly 80 percent of all suicides in northern Uganda were committed by Palorinya refugees. Conversely, Ingabire and Richters, A. (2020) argued that Congolese refugees in Rwanda took their own lives due to hopelessness and the dire conditions in refugee camps. They also asserted that women in Rwanda's Nyarugenge and Mukarange refugee camps had a higher prevalence of suicidal thoughts than men, but men were more likely to attempt suicide.

Suicidal behavior among refugees has also been a concern in Kenya. In 2020, three refugees committed suicide, and approximately twenty-five others attempted to take their own lives in Daadab's Dagahaley camp, (Koigi, 2022). Similar instances were not unique to Kenya; suicide has been a global issue. The pre- and post-migration procedures, the displacement experience, and various economic factors appear to be the primary factors contributing to suicidal behavior among refugees. To address this critical concern and propose strategies for reducing suicidal behaviors among refugees worldwide, the research focused on understanding the psychosocial determinants of suicidal behavior among refugees in the Kakuma Refugee Camp. Prolonged uncertainty regarding asylum status can lead to chronic stress and anxiety, contributing to suicidal behavior.

Kartal, Alkemade, Eisenbruch & Kissane (2018) expound on the trauma and PTSD associated with refugees. Many refugees have experienced significant trauma, including violence, persecution, torture, and loss of loved ones in their home countries or during the migration journey. Refugees often face a multitude of psychological challenges that significantly increase their risk of suicidal behavior. These factors are deeply rooted in the trauma and stress experienced both before and after migration. PTSD is prevalent among refugees due to the extreme violence, persecution, and life-threatening situations they often encounter before migration. The psychological impact of trauma can manifest as PTSD, characterized by intrusive memories, hypervigilance, emotional numbing, and avoidance behaviors. Individuals with untreated PTSD may be at higher risk of suicidal ideation and behaviors. Similarly, PTSD can be characterized by such as flashbacks, nightmares, and severe anxiety, can lead to feelings of hopelessness and despair, significantly increasing the risk of suicidal ideation and attempts (Lewis, Zammit, Jones & Bisson, 2022).

Depression and hopelessness is a common predicament for refugees (Polidori et al, 2024). Prolonged exposure to stress, uncertainty about the future, and social isolation can contribute to the development of depression and feelings of hopelessness among refugees. Depression is a significant risk factor for suicidal tendencies, as individuals may perceive suicide as a way to escape emotional pain and distress. Cultural beliefs and stigma surrounding mental health issues may prevent refugees from seeking help for psychological distress or suicidal thoughts. Fear of judgment, shame, and misconceptions about mental illness can further isolate individuals and impede access to appropriate mental health services (Ingabire & Richters, 2020). High rates of depression are observed among refugees, stemming from trauma, loss, and ongoing stressors in the host country. Depression is a major risk factor for suicide, as it can cause intense feelings of worthlessness, hopelessness, and persistent sadness

Suicidal ideation changing to suicidal behavior is common among refugees, particularly because of dynamic factors that influence their wellbeing. Asylum seekers are particularly faced by psychological, economic, and social challenges that negatively affect their mental wellbeing, therefore, influencing suicidal thoughts. Whether in developed or developing countries, refugees often experience difficulties in integrating into the host population, a factor that in turn causes significant stress (Polidori et al., 2024). Even when granted asylum, it is often difficult to start afresh without enough social and economic support. The dynamic struggles experienced by refugees during the transitioning period often influence suicide behavior.

Being a refugee can be likened to being homeless, a social challenge that is often characterized by dynamic stressors. Family separation, movement into a new environment and loss of important assets in one's life are examples of the stressors that are experienced by refugees (Liddell et al, 2021). The above are major destabilizers that cause mental strife among different refugee populations. With time, when refugees are not able to access quality therapy, their inability to effectively cope often influences suicidal behavior. Refugees often experience profound grief due to the loss of family members, homes, and their previous way of life. Unresolved grief can manifest as chronic sadness and hopelessness, contributing to suicidal tendencies (Taylor et al, 2024). The process of adapting to a new culture while maintaining one's cultural identity can be highly stressful. Acculturation stress can lead to feelings of alienation, identity confusion, and depression, which can increase the risk of suicide.

Refugees face diverse challenges that negatively impact their sense of security, ultimately influencing their mental wellbeing and in some cases causing suicidal thoughts. Physical security is one of the concerns. Women refugees from Congo for example, report being sexually assaulted and in other instances extremely tortured by rebels (Ingabire & Richters, 2020). Extreme suffering, in some instances influences a sense of helplessness, a factor that in turn causes loss of hope among refugees. James et al, (2022) this causes suicide related thoughts and in other cases, results in the execution of suicide plans by those affected. Anxiety disorders, including generalized anxiety disorder and panic disorder, are common among refugees due to the continuous uncertainty and stress of displacement. Chronic anxiety can lead to severe emotional distress and suicidal behavior as individuals struggle to cope with their fears and insecurities.

Suicide behavior is in some cases as a result of previous traumas that are triggered by the suffering undergone by refugees. Refugees from war ton areas such as Sudan and Somalia have often experienced significant hardship in their lives. The life conditions in refugee camps could trigger memories of traumatic events, therefore causing suicide ideation (Ingabire & Richters, 2020). Language limitations, prejudice, and the loss of social networks all contribute to the social isolation that refugees frequently endure. Suicidal thoughts and actions are more likely to occur when people are socially isolated and experience feelings of hopelessness and loneliness. Hopelessness can be exacerbated by ongoing pressures such poor living conditions, undetermined legal status, and financial difficulty. Suicidal thoughts and actions are significantly predicted by ongoing stress and a loss of hope for the future.

Statement of the Problem

Humans are social beings, and refugees are no different. Their psychosocial well-being entails a comprehensive strategy that takes into account how their social, psychological, and environmental aspects interact. However, there is an upsurge of suicide cases in the dusty, sprawling Kakuma camp, from 7 cases in 2018 to 17 suicide in 2022 Global Rescue Organization (GRO) Kakuma office. Individuals who are waiting in a long line for asylum are prone to be anxious and have complex issues regarding their future. Self-harm might result from increased anxiety brought on by the economic crisis. Few studies have examined the ways in which psychosocial factors impact suicide behavior among refugees, despite the fact that they frequently exhibit depression and other mental health conditions, particularly suicidal thoughts. There is little mental health infrastructure in Kakuma. It is against this backdrop that the paper sought to examine the influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.

Objective

The objective of the paper was to examine the influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.

Hypotheses

In order to make a scientific conclusion, the paper stated the following set of statistical hypotheses to guide in the data analysis;

H₀: There is no significant influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.

H_a: There is a significant influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.

Theoretical framework

The paper was anchored on the Suicide Theory of Hopelessness by Beck (Mandracchia et al, 2023) developed one of the first modern theories of suicide, claiming that overwhelming thoughts and feelings of hopelessness are what drive people to develop suicidal ideation and subsequently commit suicide. Suicidal ideation is a result of hopeless cognitions about one's situation, such as "no matter what one does, the terrible situation will never change". Suicidal people may think things like, "No matter what I do, I will always be a failure.". Suicidal people are likely to feel powerless and consequently despair when things in their lives get challenging (for example, economic difficulties). Its relevancy in the current study is that, it will help the researcher to know whether social economic factors have a contributing effect on suicidal behavioural tendencies among refugees in Kakuma Refugee camp.

Hopelessness is the state of mind where an individual believes that their future is bleak and that they have no power to change their circumstances. Suicide Theory of Hopelessness posits that, hopelessness is a critical factor that mediates the relationship between depression and suicidal behavior. Individuals who experience profound hopelessness are more likely to see suicide as the only solution to their problems (Ingabire & Richters, 2020). The theory is also anchored on the negative cognitive triad that consists of negative views about the self, the world, and the future contributing to a sense of hopelessness. When individuals have persistent negative thoughts about their worth, the hostility of the world, and the futility of their future, they are more likely to feel hopeless. Learned helplessness can reinforce hopelessness by making individuals feel powerless to effect change in their lives. A condition in which a person believes they have no control over the outcomes of their actions, leading to passive and depressive behavior.

The Suicide Theory of Hopelessness suggests that feelings of hopelessness, a belief that one's situation is unchangeable and will not improve, are significant predictors of suicidal tendencies (Mandracchia, 2021). This theory emphasizes the role of hopelessness as a key psychological factor in the development and maintenance of suicidal thoughts and behaviors. By including this theory, the study explored how hopelessness manifests among refugees in the camp and investigating the impact of intervention measures in reducing hopelessness and its association with suicidal tendencies. The importance of this theory to the current study was that, it created a better understanding whether psychosocial factors are influential to suicidal behaviour among refugees in Kakuma camp.

METHODOLOGY

The paper adopted the descriptive survey research design that aimed to summarize the findings from the field of study from the respondents' opinions. Researcher collected primary data from refugees and key informants to analyze the psychosocial determinants of suicidal behavior among refugees and gain an

understanding of the variables involved. The study was conducted in Turkana County, which is in Kenya's northwest. With a total area of 68,232.9 km², Turkana County is the largest county in Kenya according to the 2019 Population and Housing Census. There are 178,204 refugees in the Kakuma Refugee Camp (UNHCR, 2020). The study target population was the refugees living in the Kakuma refugee camps. Key informants for the study comprised of refugee leaders, section leaders, camp chairpersons, representatives from the Kakuma MHPSS technical working group and communication coordinators. Clustered sampling was used to categorize the refugees according to their country of origin namely, South Sudan, Somali, DR Congo, Burundi, Ethiopia, Sudan, Uganda, and others. In every cluster, the sample size was distributed proportionally, and representatives selected using random sampling resulting to a sample of 385 refugees.

Data was collected using semi-structured questionnaires for refugees and interview guide for key informants. Before the actual data collection, the research instruments were piloted in one of the Kalobeyei settlement refugee camp which is homogenous to Kakuma so as to test the validity and reliability of the research instruments. The resultant Cronbach Alpha coefficient was 0.89 > 0.7 was considered high, implying that the instrument was consistent and therefore reliable. The Quantitative data was analyzed using Statistical Packages for Social Sciences (SPSS) version 26. The study findings were brief, using descriptive statistics, namely percentages, frequencies, standard deviation and mean displayed in charts and tables. Inferential statistics namely Regression and Karl Pearson Correlation at a 5% level of significance to test for significant validity of the study hypotheses.

RESULTS AND DISCUSSIONS

The paper sought to examine the frequency of Post-Traumatic Stress Disorder (PTSD) influencing suicidal tendencies. The respondents were asked to give their opinions, and the responses were categorized into five Likert scale with 1= Never, 2= Rarely, 3= Sometimes, 4= Always and 5= Often. The response was further summarized using descriptive statistics mean (μ) and standard deviation (σ). Mean is a measure of central tendency used to make dichotomous conclusions. A $\mu > 3$, implies frequent occurrence while $\mu < 3$ shows infrequent. Measure of dispersion, for this matter, the standard deviation (δ) proves that there were divergent responses which implies that the respondents participated independently without being coerced.

Table 1: Post-Traumatic Stress Disorder (PTSD) on Suicidal Behavior among Refugees

Statements	Percent (n = 362)					μ	δ
	Never	Rarely	Sometimes	Always	Often		
Have you ever witnessed or experienced violence and conflict	4.5	10.5	22.5	30	32.5	4.1	1.1
Have you faced the traumatic loss of family members, friends, homes and livelihoods	2.6	11.3	21.8	41.5	22.8	3.7	1.3
The journey to safety was dangerous	7.9	13.8	22.6	37.3	18.4	3.6	1.2
Do you experience fear of being deported back to dangerous situations	6.8	11.9	19.7	41.0	20.6	3.4	1.1
Do you have flashbacks, nightmares and intrusive thoughts related to the past experiences	0	15	20	42.5	22.5	3.9	1.4
Do you experience depression and anxiety disorders	10.3	20.6	25.5	35.9	7.7	3.9	1.1
Feeling of alienation and trauma due to loss of cultural identity and the struggle to adapt to a new culture	1.8	23.1	31.4	35.1	8.6	3.7	1.2
Heightened anxiety, irritability, difficulty sleeping	0	0	0	12.2	87.8	4.9	0.3

According to Table 1 above, majority of the respondents (32.5 %) and a mean of 4.1 > 3 cited that they had witnessed or experienced violence and conflict. Majority of the respondents (41.5 % and $\mu = 3.7 > 3$) stated

that they faced the traumatic loss of family members, friends, homes and livelihoods. The journey that the refugees took on their way to safety was dangerous according to 37.3 % and $\mu = 3.6 > 3$. More critically, the respondents stated that they experience fear of being deported back to dangerous situations (41.0 % and $\mu = 3.4 > 3$). This supports findings by Ingabire and Richters (2020) who asserted that refugees often experience difficulties in integrating into the host population, a factor that in turn causes significant stress.

Majority of the respondents (42.5 % and $\mu = 3.7 > 3$) stated that they have flashbacks, nightmares and intrusive thoughts related to the past experiences. The respondents stated that they experience depression and anxiety disorders (35.9 % and $\mu = 3.9 > 3$). Alienation and trauma due to loss of cultural identity and the struggle to adapt to a new culture was a common feeling according to majority of the respondents (35.1 % and $\mu = 3.7 > 3$). Majority of the respondents (87.8 % and $\mu = 4.9 > 3$) stated that they experience heightened anxiety, irritability and difficulty sleeping. This agrees with Lewis, Zammit, Jones and Bisson (2022) who asserted that PTSD can be characterized by such as flashbacks, nightmares, and severe anxiety, can lead to feelings of hopelessness and despair, significantly increasing the risk of suicidal ideation and attempts.

The authors sought the opinions of the KIs on whether the psychological factors influence suicide behavior among refugees in Kakuma camp. In unison, there was concurrence from their responses that asserted that psychological factors influence suicide behaviors among refugees. It came out clearly that behind all suicide thoughts or attempts, there is an underlying and unresolved psychological factor. Below are some of psychological factor that the KIs mentioned;

“Refugees express low-esteem due to loss of identity from their country of origin can affect them since they view themselves to be worthless. Also, the loss of the loved ones or property and insecurity really causes a lot of stress which can push someone in wanting to commit suicide so as to end their suffering.”

“Trauma is rampant among refugees who often experience violence, loss and displacement. This leads to Post-Traumatic Stress Disorder (PTSD), anxiety and depression. These conditions can increase suicidal ideation and attempts.”

This relates with Lewis, Zammit, Jones and Bisson (2022) who attributed PTSD to suicide related thoughts and in other cases, results in the execution of suicide plans by those affected. Anxiety disorders, including generalized anxiety disorder and panic disorder, are common among refugees due to the continuous uncertainty and stress of displacement. Chronic anxiety can lead to severe emotional distress and suicidal behavior as individuals struggle to cope with their fears and insecurities.

“Many a times, the refugees manifest hopelessness emanating from living in prolonged uncertainty with limited opportunities for resettlement or a better future can lead to feelings of hopelessness, a major risk factor for suicide.”

“Refugees manifest loss of identity as a result of displacement that disrupts a person's sense of self and belonging, leading to isolation and despair. In some instances, the loss of loved ones, homes, and communities can trigger intense grief, making individuals vulnerable to suicidal thoughts. Gender Based Violence (GBV) is another vice that is rampant in the refugee camps which can trigger suicide thoughts among victims. Women and girls in the camp are particularly vulnerable to violence, increasing their risk of suicide.”

This agrees with Kartal, Alkemade, Eisenbruch & Kissane (2018) who asserts that stressful events in both early and later life significantly influence the development of mental illness and suicidal behavior. Individuals directly exposed to traumatic war-related events have higher rates of suicidal behavior and mental illness in the years following these traumatic experiences. The link between trauma exposure and suicidal behavior among refugees can be attributed to the increased risk of mental disorders stemming from these traumatic events.

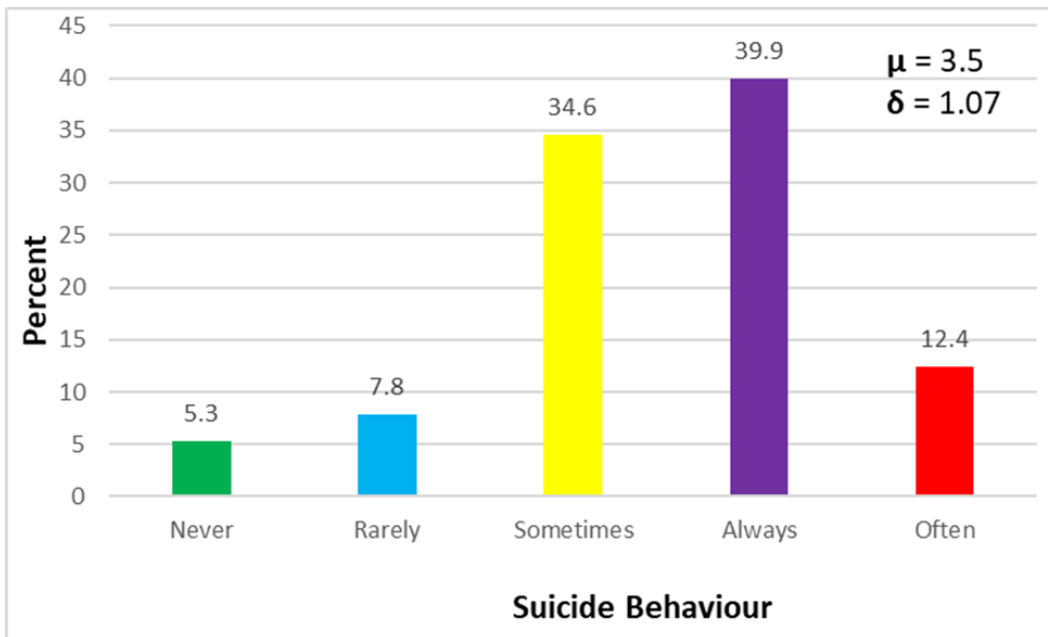


Figure 1: Suicide Behaviour manifested by Refugees

According to Figure 1, the paper revealed that majority of the respondents (39.9 % and $\mu = 3.6 > 3$) confirmed that suicide thoughts, attempts and behaviours are rampant among refugees. Only 5.3 % of the respondents stated that they have never contemplated committing suicide. The paper revealed that suicide behaviors among refugees are a critical and complex issue. This is attributed to PTSD caused by psychological, social and environmental factors. Refugees often face extreme stressors both before and after displacement, making them particularly vulnerable to mental health issues, including suicidal ideation and behaviors. This agrees with Koigi (2022) who asserted that that life conditions in refugee camps could trigger memories of traumatic events, therefore, causing suicide ideation

CONCLUSION

The researcher used Regression and Karl Pearson Correlation analysis to determine the significant influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behaviour to test the hypothesis. The test for the influence of Post Traumatic Stress Disorder on suicidal behaviour among refugees recorded a regression coefficient of $\beta_1 = 0.744$, p-value = $0.001 < 0.05$ and Correlation Coefficient $r = 0.742$, p-value = $0.000 < 0.05$. This led to the rejection of the null hypotheses (H_0) that states “There is no significant influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.” Therefore, the paper considered the acceptance of the alternative hypothesis (H_1) stating “There is a significant influence of Post-Traumatic Stress Disorder (PTSD) on suicidal behavior among refugees in Kakuma Camp in Turkana County, Kenya.” This informs the conclusion that Post-Traumatic Stress Disorder (PTSD) has an influence on suicidal behavior among refugees in Kakuma Camp in Turkana County that is significant at 5 % level of significance. This agrees with Steel et al (2021) who explained that harsh experiences by refugees through migration presents unique challenges, including pre-migration conflict, torture, oppression, dangerous journeys, family separation or loss and harsh conditions in refugee camps.

RECOMMENDATIONS

The paper recommends the need for conducting Cognitive Behavioral Therapy (CBT) to address the specific needs of refugees, focusing on coping strategies for dealing with stigma and trauma. Narrative Therapy to help refugees reframe their experiences and build a positive narrative about their identity and future. Community-Based Participatory Research (CBPR) should be done by engaging refugees in the research process to ensure their voices are heard and their needs are addressed.

There is need to enable collaboration with local organizations. Partnerships with local NGOs, faith-based organizations, and community groups that refugees trust to co-deliver mental health services. There is need to train frontline workers, including teachers, social workers, and community health workers, to identify signs of mental distress and refer refugees to appropriate services. Awareness campaigns should be conducted to educate refugees about mental health, the importance of seeking help, and available services.

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Contribution of Authors

Madam Lillian Ngonoi is the leading author and corresponding author who conducted the field survey with the guidance of Dr. Florence S. A. K'Okul as the research supervisor.

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REFERENCES

1. Akinyemi, O. O., Atilola, O., & Soyannwo, T. (2015). Suicidal ideation: Are refugees more at risk compared to host population? Findings from a preliminary assessment in a refugee community in Nigeria. *Asian journal of psychiatry*, 18, 81-85.
2. Bukuluki, P., Kisaakye, P., Wandiembe, S. P., & Besigwa, S. (2021). Suicide ideation and psychosocial distress among refugee adolescents in Bidibidi settlement in West Nile, Uganda. *Discover Psychology*, 1, 1-9.
3. Dev, D. (2022). Addressing the State of Mental Health in South Sudanese refugees across Uganda. *Canadian Journal of Undergraduate Research*, 7(1).
4. Ehlman, D. C. (2022). Changes in suicide rates—United States, 2019 and 2020. *MMWR. Morbidity and mortality weekly report*, 71.
5. Fellmeth, G., Nosten, S., Khirikoekong, N., Oo, M. M., Gilder, M. E., Plugge, E., ... & McGready, R. (2022). Suicidal ideation in the perinatal period: findings from the Thailand–Myanmar border. *Journal of Public Health*, 44(4), e514-e518.
6. Ingabire, C. M., & Richters, A. (2020). Suicidal ideation and behavior among Congolese refugees in Rwanda: Contributing factors, consequences, and support mechanisms in the context of culture. *Frontiers in psychiatry*, 11, 299.
7. Ingram, J., Lyford, B., McAtamney, A., & Fitzpatrick, S. (2022). Preventing suicide in refugees and asylum seekers: a rapid literature review examining the role of suicide prevention training for health and support staff. *International journal of mental health systems*, 16(1), 24.
8. James, P. B., Renzaho, A. M., Mwanri, L., Miller, I., Wardle, J., Gatwiri, K., & Lauche, R. (2022). The prevalence of anxiety, depression, and post-traumatic stress disorder among African migrants: A systematic review and meta-analysis. *Psychiatry research*, 317, 114899.
9. Kamei, S. (2022). Cross-border refugee crisis and local governments in the West Nile Region, Uganda. In *Perspectives on the State Borders in Globalized Africa* (pp. 54-70). Routledge.
10. Kartal, D., Alkemade, N., Eisenbruch, M., & Kissane, D. (2018). Traumatic exposure, acculturative stress and cultural orientation: the influence on PTSD, depressive and anxiety symptoms among refugees. *Social psychiatry and psychiatric epidemiology*, 53, 931-941.

11. Koigi, M. W. (2022). *The Unaccompanied Children Refugees: a Case of Dadaab Refugee Camp in Garissa County, Kenya, 1991-2017* (Doctoral dissertation, University of Nairobi).
12. Lewis, C., Zammit, S., Jones, I., & Bisson, J. I. (2022). Prevalence and correlates of self-stigma in Post-Traumatic Stress Disorder (PTSD). *European Journal of Psychotraumatology*, 13(1), 2087967.
13. Liddell, B. J., Byrow, Y., O'Donnell, M., Mau, V., Batch, N., McMahon, T., ... & Nickerson, A. (2021). Mechanisms underlying the mental health impact of family separation on resettled refugees. *Australian & New Zealand Journal of Psychiatry*, 55(7), 699-710.
14. Mandracchia, J. T., Sunderland, M. N., & To, Y. M. (2021). Evaluating the role of interpersonal hopelessness in the interpersonal theory of suicide. *Death studies*, 45(9), 746-750.
15. Polidori, L., Berardelli, I., Sarubbi, S., Sarli, G., Corti, C., Erbutto, D., ... & Cifrodelli, M. (2024). Suicide risk, hopelessness, interpersonal needs, and mental health in a sample of migrant psychiatric patients: a case-control study. *European Psychiatry*, 67(S1), S612-S613.
16. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2021). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Jama*, 302(5), 537-549.
17. Taylor, S., Charura, D., Williams, G., Shaw, M., Allan, J., Cohen, E., ... & O'Dwyer, L. (2024). Loss, grief, and growth: An interpretative phenomenological analysis of experiences of trauma in asylum seekers and refugees. *Traumatology*, 30(1), 103.