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STUDY OF THE MENTAL HEALTH OF ASYLUM SEEKERS IN SERBIA



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RESULTS OF THE STUDY OF THE PSYCHOLOGICAL CHARACTERISTICS OF
ASYLUM SEEKERS IN SERBIA

Psychological characteristics of asylum seekers in Serbia



UNHCR / Gordon Welters / 14.11.2014.

Description of study

The Study of Psychological Characteristics of Asylum Seekers in Serbia was conducted in the period February - August 2014 in five reception centres for asylum seekers (asylum centres) in Serbia: Banja Koviljača, Bogovađa, Obrenovac, Sjenica and Tutin. In total, 226 asylum seekers were interviewed. The distribution of respondents per asylum centre is shown on Figure 1. The unequal distribution of asylum seekers in asylum centres in a consequence of different accommodation capacities of the centres on the one side, and the needs of beneficiaries of asylum centres for regular visits of psychologists over the given period, on the other. The study was conducted during regular field visits and the participation of respondents – asylum seekers was voluntary.

Prior to the beginning of the study, all the respondents gave an informed consent to taking part in the research. Psychologists in the field conducted individual interviews and all the respondents were interviewed in the asylum centres where they were accommodated. In cases when the respondents did

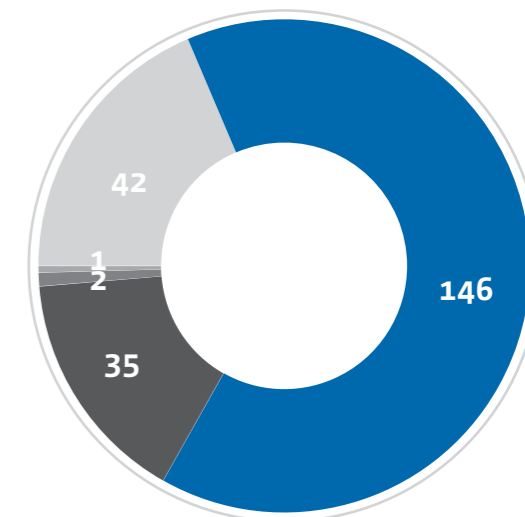
not speak English, the interpreters' services were used. The average duration of interviews with each respondent was about one hour and thirty minutes.

Aiming to collect comprehensive information about the asylum seekers in Serbia, their previous trauma experiences and their mental health, the below tests (listed completely in Appendix 1) were used.

- A questionnaire with a series of questions related to basic information about the respondents, their country of origin, transit to Serbia and stay in Serbia.
- A questionnaire to obtain information about the asylum system in Serbia: contact with the representatives of the Asylum Office, legal support, conditions of accommodation in the asylum centres, etc.
- An instrument for evaluation of trauma experiences

Figure 1. Number of interviewed asylum seekers per asylum centre

| | |
|------------------------|------------|
| Bogovađa | 146 |
| Obrenovac | 35 |
| Sjenica | 2 |
| Tutin | 1 |
| Banja Koviljača | 42 |



during transit and in Serbia constructed by the authors for this study. This questionnaire is composed of a list of trauma events that the respondents could have potentially experienced in Serbia and/or countries of transit (50 questions). The final list of trauma events was obtained on the basis of focus groups discussions and individual interviews with the respondents, as well as by the analysis of characteristics of the asylum system in Serbia, accommodation in asylum centres and transit itself. More details about this will be presented in the next chapter.

- Harvard Trauma Questionnaire – HTQ¹ represents a questionnaire consisting of four parts: the first one refers to trauma events (the number of questions varies depending on the version); the second part is a qualitative report on the worst event that the respondents experienced (two questions); the third part examines head injuries (six questions), while the fourth part is aimed at evaluation of posttraumatic stress disorder (PTSD) and self-perception of functioning of the respondents (a total of 40 questions). The first and the fourth part of the Harvard Trauma Questionnaire were of primary relevance for this study. The second, third and the fourth part of the questionnaire were taken over in their original form. The questions referring to trauma events in the countries of origin of the respondents (part one) were adapted for use with the asylum seekers in Serbia, as per recommendation of the authors of the test themselves. The adaptation was done on the basis of the above mentioned focus group discussions and the answers obtained during individual

interviews with asylum seekers. It resulted in the final list of 63 trauma events.

- Hopkins Symptom Check List – HSCL² is an instrument that consists of 25 items divided into two subscales: the first 10 items aim at measuring anxiety and the remaining 15 refer to the severity of depression of respondents.
- Beck Depression Inventory – BDI³ contains 21 statement based on which the severity of depression of respondents is assessed.

At the very end of the interview, the respondents were asked questions related to the evaluation of the study itself – Was this interview strenuous, hurtful or pointless for you; Do you think this interview was beneficial for you and in which way; Were the questions clear and Do you have any comments or suggestions. It turned out that very few asylum seekers found the interview strenuous despite its length, and almost all of them characterised the experience as positive as it was beneficial for them to discuss their problems with someone so that the interview had a disburdening effect on them. Most of the asylum seekers did not find the questions referring to trauma events traumatic per se. On the contrary, they helped them understand that such events also happen to others and that they were not the only ones who experienced the horrors of war and exile. The positive opinion of the asylum seekers about the interviewing procedure is indeed extremely important, because the priority of this study is to improve the mental health of this vulnerable population. Therefore, the researchers must constantly keep in mind the fact that the group of people in focus is highly traumatised and the one that calls for a sensitive and accepting approach.

1 Mollica, R. F., McDonald, L. S., Massagli, M. P., & Silove, D. M. (2004). *Measuring trauma, measuring torture. Instructions and Guidance on the utilization of the Harvard Program in Refugee Trauma's Versions of The Hopkins Symptom Checklist-25 (HSCL-25) & The Harvard Trauma Questionnaire (HTQ)*. Cambridge, MA: Harvard Program in Refugee Trauma.

2 *Ibid.*

3 Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.

Construction and cultural adaptation of instruments

In all, 16 focus group discussions were conducted with asylum seekers in Serbia in the period 20 February – 24 March 2014. The interviews were conducted in asylum centres in Bogovađa, Obrenovac and Banja Koviljača and the work with each focus group lasted between 60 and 90 minutes. There were between two and nine respondents in each focus group discussion. In addition, an individual interview was conducted with one female asylum seeker as she was the only women in that asylum centre at the time. All the respondents were informed about the objective of the study and they all agreed to take part in focus group discussions. The focus group discussions were conducted by two psychologists, and the interpreters were used for interviewing the respondents who do not speak English.

The criteria of placement of respondents into focus groups were sex and country of origin. Based on the country of origin, the respondents were placed in three groups: asylum seekers from Syria, asylum seekers from Afghanistan and asylum seekers from other Arabic speaking countries: Eritrea, Somalia, Sudan, Algiers, Tunisia, Ghana, Nigeria, etc. The division was the result of representation of asylum seekers from the above countries in the reception centres for asylum seekers in Serbia and of the specificities of the situation in each of these countries which largely refers to the current existence/absence of war, civic unrest and political instability.

The work in focus groups consisted of two phases. The objective of the first phase was to collect as much information as possible about the trauma events specific for the countries of origin of the participants, the transit countries and for Serbia. Based on these, changes were



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made to the Harvard Trauma Questionnaire, where after the second phase was conducted. This consisted of going over the entire, newly established list of trauma events – interviews in focus group discussions and suggestions of the respondents. The objective of the second phase was to verify the content and phrasing of items in the newly established list of events. Table 1 shows the placement of respondents per focus group discussion and phase.

On the basis of the information collected in the first phase of the focus group discussions, changes were made to the list of trauma events obtained by the analysis of the existing versions of the Harvard Trauma Questionnaire. The items that the respondents recognized as characteristic for their country of origin were kept in their original form, the items that differed from the respondents' experiences to some extent were modified so as to be more suited to the situation in the countries of origin of the respondents. Those items that the respondents found not to happen in their countries of origin were excluded from the questionnaire. Additionally, a list of additional traumatic events characteristic for the country of origin of the

surveyed population was developed, which did not exist in the versions of HTQ hitherto.

The data obtained in focus groups showed no significant differences in the trauma events related to the countries of origin between the asylum seekers from Syria, Afghanistan and other Arab countries. Both men and women specified the same trauma events related to the countries of origin. Pursuant to that, an integrated list of trauma events for all the asylum seekers in Serbia was developed. The final list contains 64 items.

On the basis of information obtained in focus group discussions a separate questionnaire was constructed which refers to traumatic experiences in Serbia as well as to traumatic experiences in the countries of transit. This questionnaire contains questions allowing insight into the situation of asylum seekers in Serbia and those referring to different traumatic experiences in Serbia and the countries of transit alike. Asylum seekers most often spoke about their experiences with the smugglers, police, prisons, deportations and local population.

Table 1.
Number of respondents and focus groups per sex, country of origin and phase

| | Phase 1 | | | | Phase 2 | | | | Total |
|--------------------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|-----------|
| | Male | | Female | | Male | | Female | | |
| | No. groups | No. respond | No. groups | No. respond | No. groups | No. respond | No. groups | No. respond | |
| Syria | 2 | 15 | 1 | 4 | 2 | 11 | 1 | 5 | 35 |
| Afghanistan | 2 | 5 | 1 | 2 | 1 | 4 | 1 | 1 | 12 |
| Other | 1 | 9 | 1 | 6 | 2 | 12 | 1 | 4 | 31 |
| Total respondents | 41 | | | | 37 | | | | 78 |

Characteristics of the sample – who are the asylum seekers in Serbia

The majority of asylum seekers in Serbia are men – as many as 88% of men comprised the sample, reflecting the situation in the field well. The average age of asylum seekers is 27 for men (aged 18 to 59) and 31 for women (aged 18 to 61). Distribution by sex and age structure of the sample is shown in Table 2.

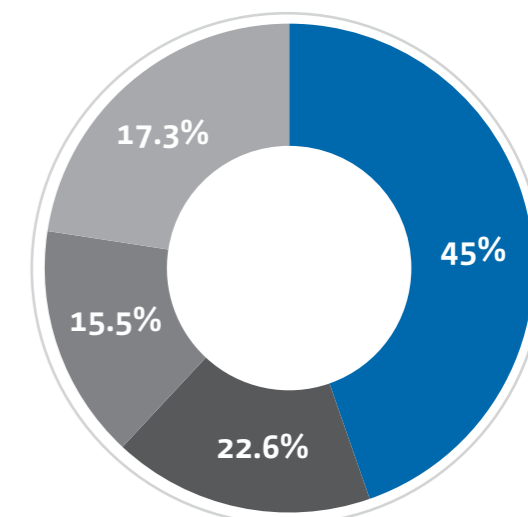
With respect to the country of origin, almost half of the asylum seekers come from Syria, followed by Somalia and Afghanistan. Other countries (Eritrea, Sudan, Algiers, Iraq, Iran, Nigeria, Pakistan, Ghana, Bangladesh, Egypt, Palestine and Ethiopia) are represented by less than 5% of the respondents. For this reason, these will be discussed summarily in continuation. Distribution of asylum seekers per country of origin is shown in Figure 2.

Table 2.
Age structure of the interviewed asylum seekers – number of respondents

| Age in years | 0–6 | 7–14 | 15–21 | 22–59 | 60+ | Total |
|--------------|-----|------|-------|-------|-----|-------|
| Men | / | / | 56 | 143 | / | 199 |
| Women | / | / | 4 | 22 | 1 | 27 |
| Total | / | / | 60 | 165 | 1 | 226 |

Figure 2.
Asylum seekers by country of origin

| | |
|--------------------|--------------|
| Syria | 44.7% |
| Other | 22.6% |
| Afghanistan | 15.5% |
| Somalia | 17.3% |



According to their ethnic origin, the asylum seekers represent a very heterogeneous group – there were as many as 40 different ethnic groups in the sample. The most numerous ethnic group was Arabs - more than 50% of the sample, followed by Tajiks, Khazars, Pashtuns, Somalis, Kurds and Tigrinya. The precise share of ethnic groups is shown in Figure 3. Other ethnic groups in the sample are represented in up to and one per cent of respondents, so they will be shown summarily.

Almost all the interviewed asylum seekers (94%) are of Islamic religious denomination. Of that number, the most numerous are Sunni (73% of the total sample). Shiites comprise 7% of the total sample, while 14% of the asylum seekers declare themselves as Muslim only. The sample contains less than 3% of Orthodox, while Catholics, Protestants and Atheists are represented with 1% respectively (2 persons each) among the interviewed asylum seekers. Also noticeable is the expected correlation between the country of origin of the respondents and their religious affiliation – the share of Shiites in Afghanistan is higher

than in any other country. At the same time, most of the Shiites in the sample come from Afghanistan (81% of all the Shiites).

At the level of the entire sample, the asylum seekers in Serbia are not married in two thirds of the cases; one third of the respondents is married. Only one respondent is divorced and there were no widowers, widows or respondents who lived in common law marriages in the sample. Interestingly, significant differences exist between men and women with respect to marital status – as opposed to women, men are not married for the most part. Marital status of asylum seekers by sex is shown in the Figure 4.

The average age of respondents is 27, with 50% of them being under 26. The youngest respondent was 18 at the time of interview, and the oldest was 61 years old.

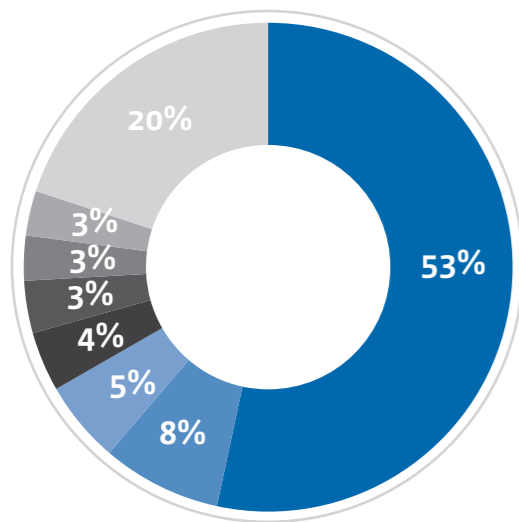
Education of asylum seekers in Serbia is expressed by the number of years in education and amounts to 11 years on the average (from respondents without a single year

in formal education to those with 20 years of education). Comparing asylum seekers from different countries of origin per level of education, it is notable that Syrians are the most educated with an average 12.5 years of schooling, while the respondents from other countries do not differ per number of years spent in education. It should be noted also that no differences were observed in education between men and women in the sample.

The professions of asylum seekers are very different and vary from unqualified workers to highly educated professionals. However, the variety of professions is only true of the male subsample of respondents – variations among women in the subsample are substantially more limited. Almost half of the women interviewed (48%) are housewives, and teachers and pupils/students are represented by 11% respectively. Bearing in mind the above mentioned absence of educational differences between sexes, this finding speaks much about the social position of women in the countries of origin of female respondents.



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| | |
|----------|-----|
| Arabs | 53% |
| Tajiks | 8% |
| Khazars | 5% |
| Pashtuns | 4% |
| Somalis | 3% |
| Kurds | 3% |
| Tigrinya | 3% |
| Other | 20% |

Figure 3.
Ethnic structure of the sample of asylum seekers

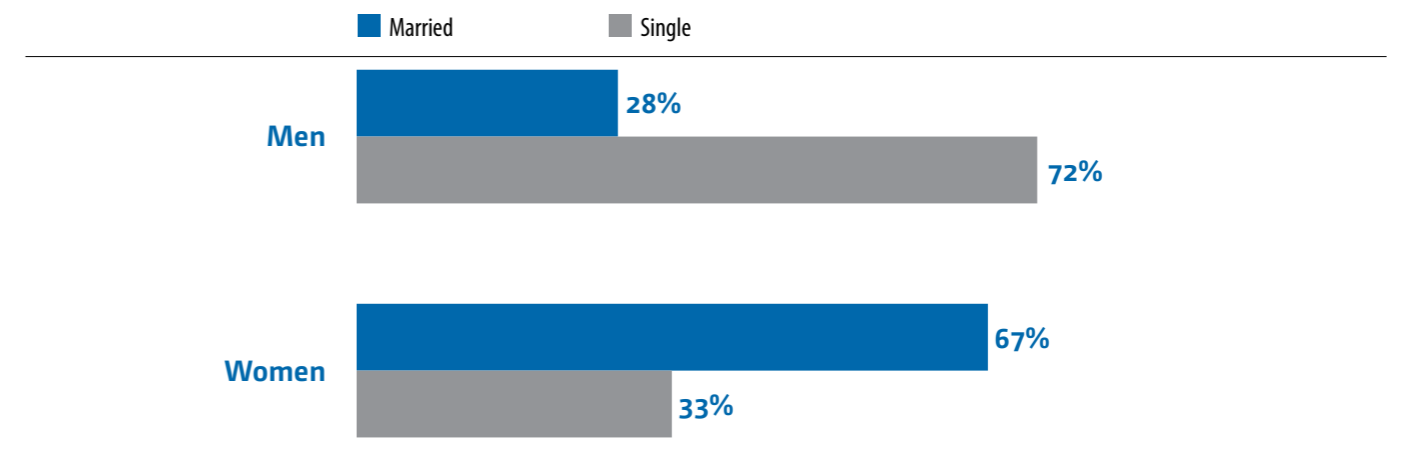


Figure 4. Marital status of asylum seekers per sex

Asylum system in Serbia

The average waiting time of asylum seekers for accommodation into asylum centres upon their arrival on the territory of the Republic of Serbia is five days. One half of the respondents were accommodated in asylum centres within two days, and some of them without any waiting at all. However, there are those who have waited for more than one month (the longest waiting time reported being two months). However, it should be noted that the waiting time could only be calculated for those asylum seekers who were already admitted into asylum centres, giving reason to assume that the realistic waiting time of the majority of asylum seekers for accommodation is longer. Most of the asylum seekers (91%) spend that time without any alternative accommodation, out in the open, mostly in the forest, with only a few of them in private accommodation (4%) or having an alternative type of accommodation (5%).

More than one half of the interviewed asylum seekers (54%) stated that they were not informed about the rights and obligations of asylum seekers or about the asylum procedure in Serbia (76%) upon reception in the asylum centre. In practice, these information are provided to the asylum seekers by lawyers only. Also, the majority of the respondents (54%) states that they were not asked about potential special needs (e.g. whether they are travelling with a child, whether they have a chronic or acute condition upon reception in the asylum centre).

Obtaining an identity card represents an additional challenge for the asylum seekers. Only 12% of the respondents have identity cards. The average waiting time for issuance of an identity card is 42 days, although there were cases of persons waiting up to six months (the longest period), as well as those who obtained identity cards with no waiting at all

(the shortest period). Half of the respondents waited for the identity card less than 17 days.

Almost 75% of the asylum seekers are satisfied with the conditions in the asylum centres. They are least satisfied with respect to the efficiency and quality of provision of medical care and the number and quality of the existing additional activities. With respect to safety in the asylum centres, the majority of asylum seekers have positive comments. The existing activities included all the activities available to the asylum seekers in the asylum centres such as psychological assistance, legal assistance, workshops for children, sewing courses, language courses, etc. It is worth noting that the highest number of answers "I do not know" when assessing the efficiency and the quality of provision of medical care is a consequence of the fact that the majority of asylum seekers did not need medical assistance and so many of them could not offer an adequate evaluation thereof. Figure 5 shows the extent to which asylum seekers are satisfied with various aspects of their stay in asylum centres in Serbia.

Almost 75% of the respondents state they did not have negative experiences in the asylum centres. However, it must be emphasized that some 25% of the asylum seekers did give an affirmative answer to this question. The most frequent negative experiences are long waiting times for reception into asylum centres, often in inadequate conditions, fear of being transferred to another asylum centre or even fear from expulsion from the asylum centre as well as untimely or inadequate medical care. Frequent problems are also thefts in the asylum centres, perpetrated mostly by other asylum seekers, though corruption and rude behaviour of the management are also mentioned.

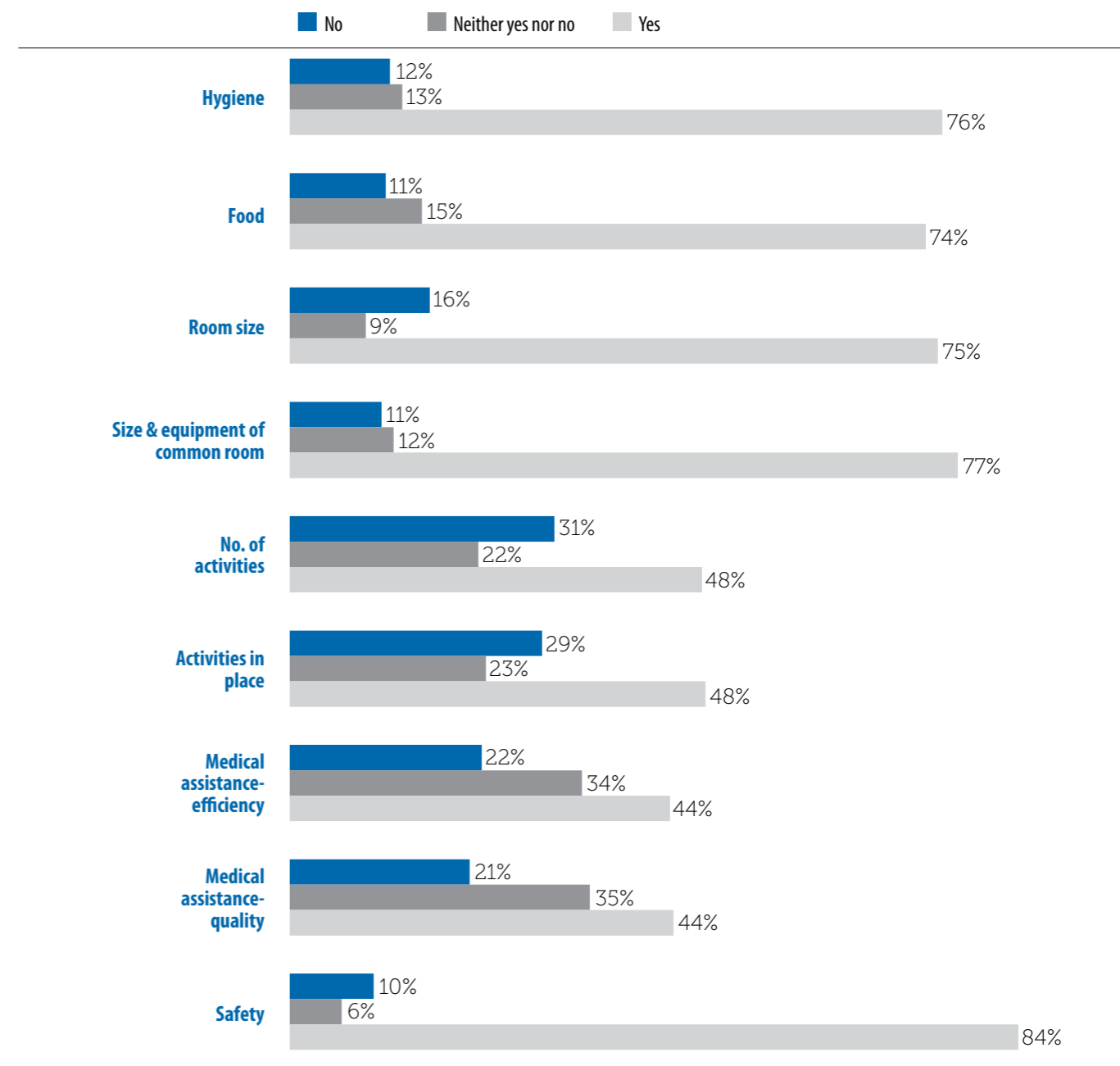


Figure 5. Satisfaction of asylum seekers with various aspects of their stay in asylum centres in Serbia

The asylum seekers accommodated in different asylum centres are not equally satisfied by the conditions in these, whereby the highest level of satisfaction exists with respect to the asylum centre in Banja Koviljača, and the least with Obrenovac. Since there were three interviewed asylum seekers in asylum centres in Tutin and Sjenica, these were excluded from further analysis. The above mentioned differences are evident from the aspect of overall satisfaction of respondents but also when looking at evaluations of hygiene, num-

ber of additional and existing activities in the centres. Bogovađa was evaluated worst only in case of size and equipment of the common space, Banja Koviljača getting best evaluations in this case also. Figure 6 gives an overview of satisfaction of asylum seekers in different asylum centres with respect to the dimensions showing significant differences. Two (2) corresponds to complete satisfaction with conditions, while zero (0) corresponds to complete dissatisfaction with the conditions in the asylum centre.

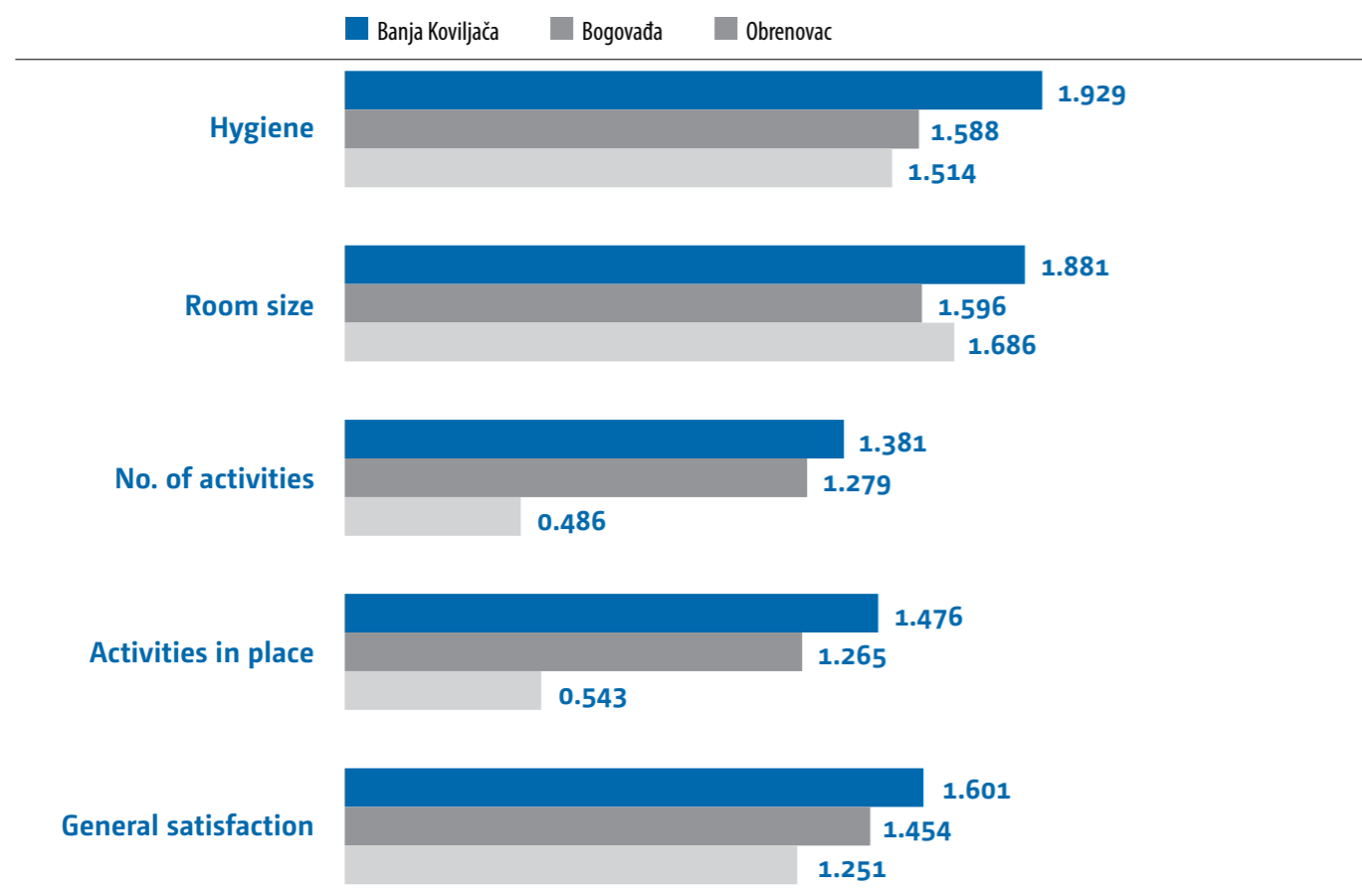


Figure 6. Average satisfaction of asylum seekers with the asylum centres

Information about transit

Half of the asylum seekers spent more than 13 months in transit. The shortest period in transit is one month, but it may last several years. The average age at the time of leaving the country of origin is 25, with the oldest respondent at the time of leaving the country of origin being 60 and the youngest 11.

Considering the country of origin of asylum seekers, the obtained results show differences with respect to the age of respondents, age at the time of leaving the country of origin, and the length of transit. The asylum seekers from Somalia are younger than the asylum seekers from other countries. The oldest at the time of leaving the

country of origin, are Syrians and the youngest are the Afghans and the Somalis; Afghans spend the longest time in transit contrary to the Syrians. Figure 7 shows the average age of asylum seekers at the time of the research and the time of leaving the country of origin, and Figure 8 the average length of transit for different countries of origin.

Just over one half of the respondents (56%) travel alone. Notably, this share is higher among men (63%), while women travel only in company (93%) - with their husbands (52%), children (37%) or other family members most often. Figure 9 shows the percentage of men and women - asylum seekers who travel with other persons.

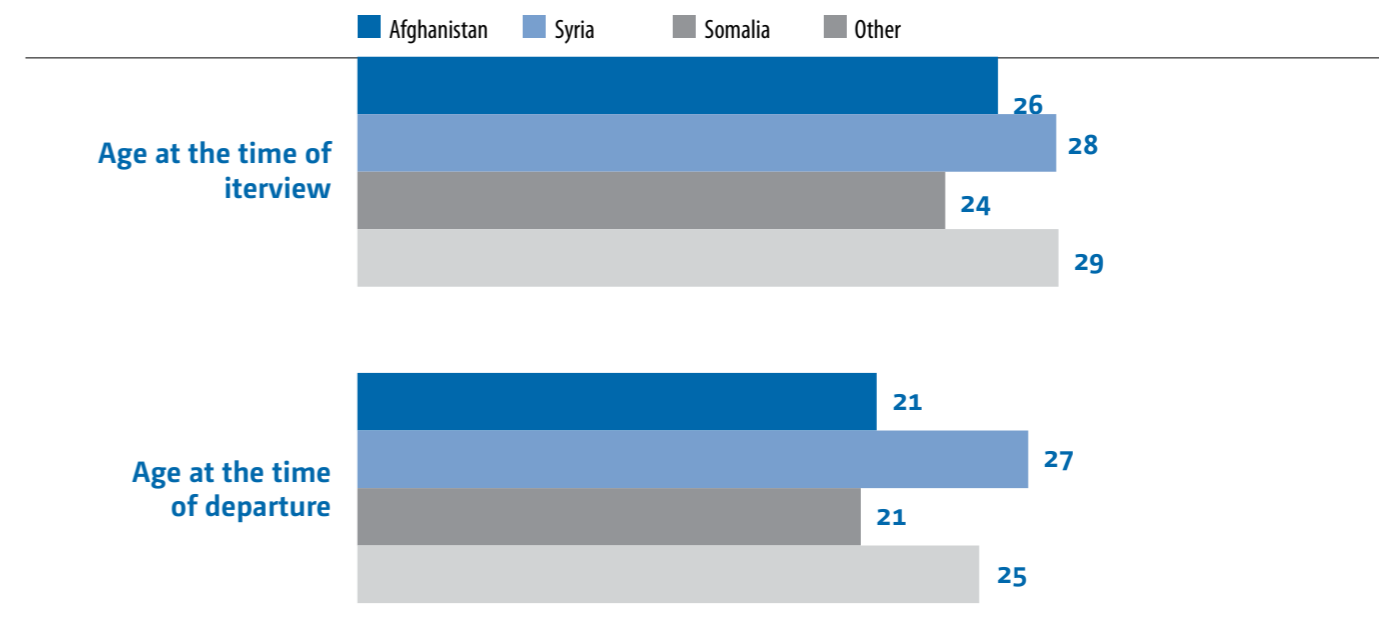


Figure 7. Average age at the time of the research and the time of leaving the country of origin, expressed in years per country of origin

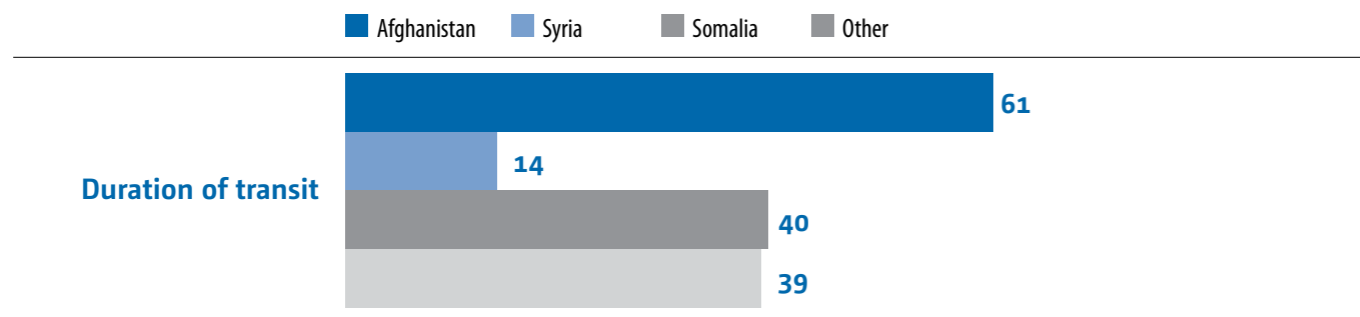


Figure 8. Average length of transit expressed in months, per country of origin

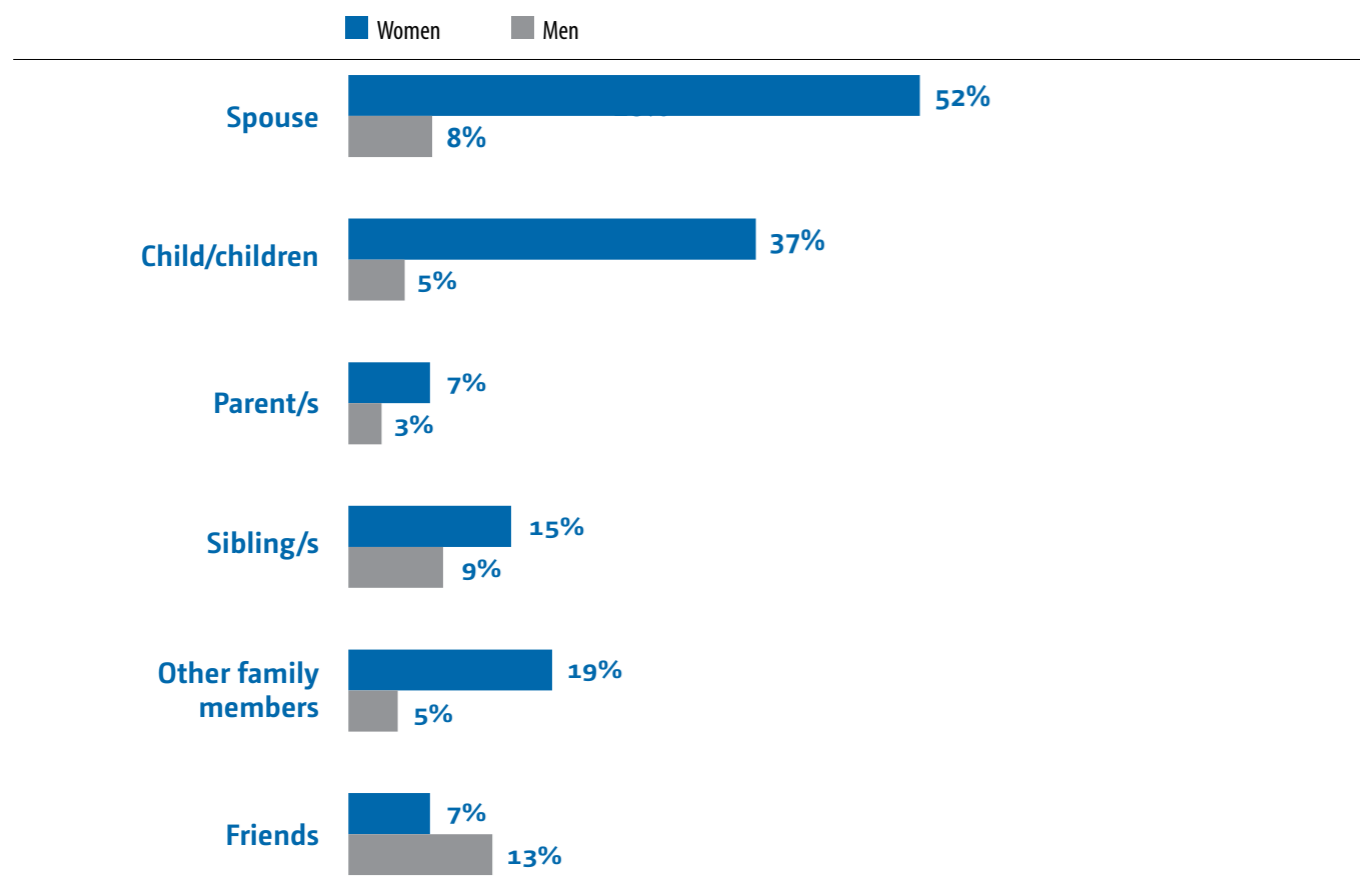


Figure 9. Asylum seekers travelling with another person, per sex

The results show that asylum seekers who still have immediate family in the countries of origin are the most numerous (87%). In this case, a higher percentage of men still have families in the countries of origin (89%) relative to women (67%). This assertion corresponds to the above mentioned trend that women leave the countries of origin alone less frequently than men.

On the average, one in eight asylum seekers who reached the Republic of Serbia, has been separated from a member of their family during transit. Family members who have most often remained in the countries of origin, and who have been separated from the respondents during transit are parents and siblings. Figure 10 shows the percentage of asylum seekers who have left their families behind in the countries of origin or during transit.

The majority of asylum seekers arrive in Serbia via Turkey, Greece and Macedonia, and a significant number

of them also mention Iran, Albania, Montenegro, Syria, Bulgaria, Pakistan and Libya as the countries of transit. Other countries (Egypt, Hungary, Sudan, Yemen, Kenya, India, Saudi Arabia, Jordan, United Arab Emirates – Dubai, Croatia, Nigeria, Uganda, Lebanon, Algiers, Chad and Ethiopia) are mentioned as the countries of transit in less than five per cent of the cases. Consequently, it may be concluded that there is a "typical route" of asylum seekers from the countries of origin to Serbia (Turkey, Greece, Macedonia) with minor deviations from one case to another. Figure 11 shows the percentage of asylum seekers who transited through the above mentioned countries during their journey.

More than 80 % of asylum seekers know their country of destination and only three per cent state they would like to stay in Serbia. According to the respondents, the main reasons for them not opting to stay in Serbia are that they had heard about a very long asylum procedure, that most of the decisions are negative, that the

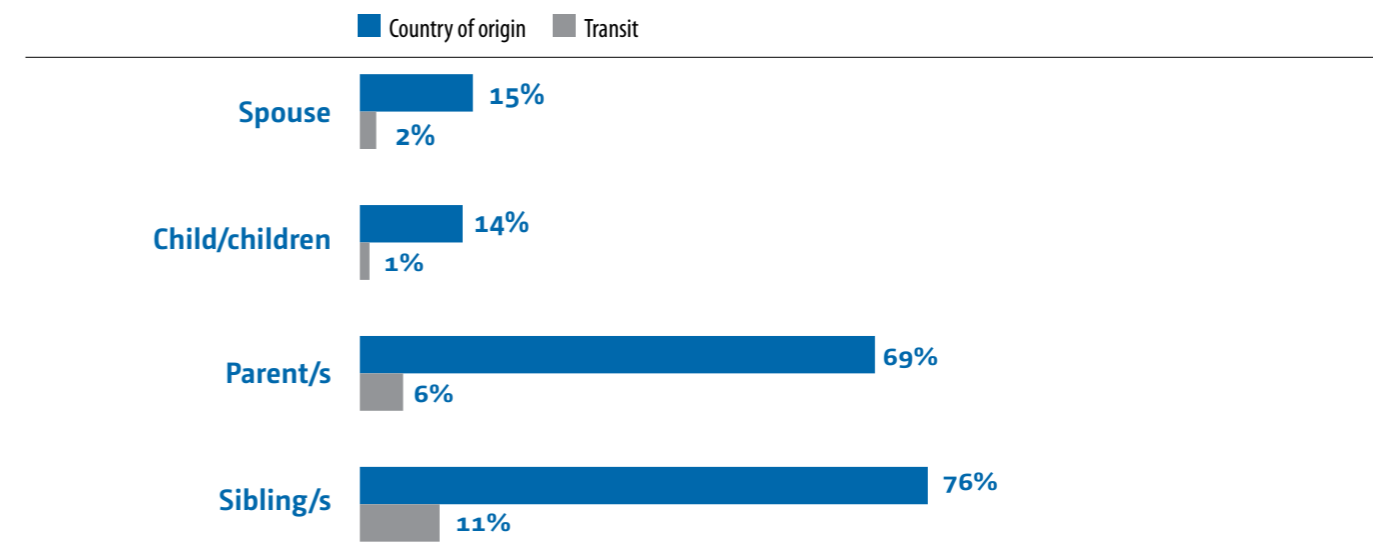


Figure 10. Asylum seekers who left their families in the countries of origin or during transit

refugee situation in Serbia is bad and that the country is poor and the living conditions bad in general. The countries most favoured by the asylum seekers are Germany, Sweden, Austria, Norway and the Great Britain and these appear as final destinations of the majority of the interviewed asylum seekers. Figure 12 shows the percentage of asylum seekers stating the above mentioned and the other countries as the preferred final destinations. For the sake of enhanced clarity of graphs, Germany and Austria are presented in blue, Scandinavian countries (Sweden, Norway, Denmark and Finland) in red, Western European countries (Great Britain, France, Holland and Italy) in green, while Serbia is presented in yellow. The countries mentioned in one per cent of the cases or less (Switzerland, Belgium, Canada and Spain) are grouped

and presented summarily in gray. Black denotes the percentage of asylum seekers who do not know their preferred country of destination.

Just under one half of the respondents have someone in their preferred country of destination (45%), whereby approximately one third are close family, extended family and friends each. About three quarters of asylum seekers have a source of income, savings or someone who sends them money (73%). Also in this respect, differences are evident between the asylum seekers from different countries of origin. For instance, the Afghans have no source of income (65%), as compared to the Syrians and Somalis who are better off (more than 80% have a source of income).

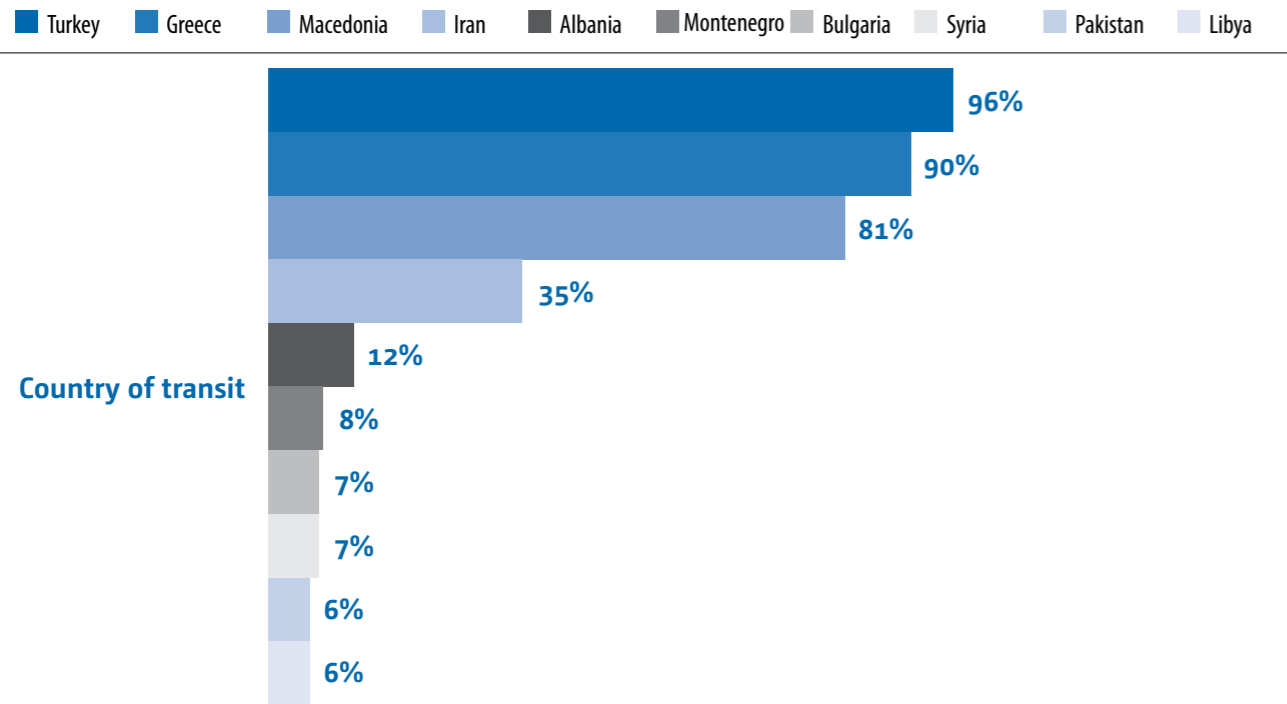
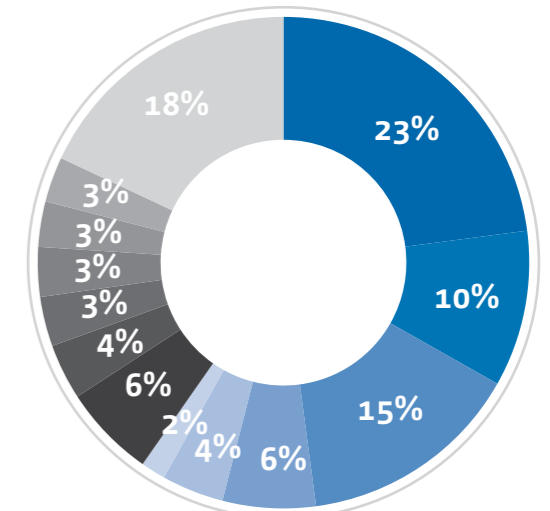


Figure 11. Asylum seekers who transited through the above countries before reaching Serbia

Figure 12. Preferred countries of final destination for the asylum seekers

| | |
|---------------|-----|
| Germany | 23% |
| Austria | 10% |
| Sweden | 15% |
| Norway | 6% |
| Denmark | 4% |
| Finland | 2% |
| Great Britain | 6% |
| France | 4% |
| Netherlands | 3% |
| Italy | 3% |
| Serbia | 3% |
| Other | 3% |
| Don't know | 18% |



Trauma events

The instrument developed for this purpose in particular investigates the trauma events experienced in Serbia and during transit. Trauma events experienced in the countries of origin were investigated using the list of trauma events of the Harvard Trauma Questionnaire adapted for work with the asylum seekers in Serbia.

The findings show the number of trauma events experienced by the asylum seekers in Serbia to be low. The asylum seekers state they have experienced four of the possible 49 trauma events on the average (minimum one, maximum 24). The relative prevalence of all trauma events has been presented in Appendix 1.2. We single out those trauma events which appear most frequently. The asylum seekers in Serbia experienced, most often, not having had shelter (37% of cases), the police withholding relevant information from them (37% of cases), having had no food or water (28%), having got lost (27%) or smugglers failing to leave them in the agreed location (22%).

The trauma events experienced by the asylum seekers during transit are significantly more numerous – 12 of the possible 49 (minimum none, maximum 31) on the average. The table showing the prevalence of all the trauma events in the countries of origin individually is presented in Appendix 1.2. The asylum seekers most often experienced having no food or water (69%), having no shelter (67%), getting lost (58%), police withholding information they are entitled to (56%), and also that the smugglers are requesting additional payment for their services (5%) in the countries of transit and in Serbia both. They were frequently imprisoned or detained (56%), not provided with legal assis-

tance (41%) and information on the duration of a prison sentence (45%), discriminated against by the local population (44%), experienced psychological violence by the police (43%), demanded by smugglers to recruit others in order for them to be able to avail themselves of the services of a particular smuggler (39%), deported (38%) and experienced other trauma events.

On the basis of the results obtained, trauma events in the countries of transit and in Serbia may be grouped into six main categories – general trauma events (e.g. lack of food and water, shelter), trauma events related to smugglers (e.g. demanding more money, demanding they recruit others), trauma events related to the experiences with the police (e.g. withholding information, violence perpetrated by the police), trauma events related to prison /detention (e.g. inhuman conditions, deprivation of information, deprivation of legal aid), trauma events related to deportation (e.g. violence, threat to life, deprivation of information) and trauma events related to local population (e.g. discrimination, violence). The Table 3 presents the share of asylum seekers who experienced at least one trauma event in each of the above mentioned categories in Serbia, countries of transit summarily and in individual countries of transit in the region. The percentages shown refer only to those asylum seekers who have transited the stated countries. Considerable differences in the numbers of asylum seekers who transited through different countries must be noted. Therefore, the percentages obtained for Serbia, Greece, Macedonia, Turkey and transit in general may be considered more reliable than those obtained for Albania, Montenegro Bulgaria, Hungary, and Croatia in particular .

Table 3. Percentage of experienced categories of trauma events in Serbia and the countries of transit

| Category of trauma events | Country | | | | | | | | | | |
|---------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| | SRB | TRS | GR | MK | AL | MN | TU | BU | HU | CR | |
| General | % | 54% | 92% | 49% | 82% | 22% | 59% | 26% | 50% | 0% | 0% |
| | N | 122 | 208 | 99 | 149 | 6 | 10 | 56 | 8 | 0 | 0 |
| Smugglers | % | 68% | 92% | 88% | 86% | 56% | 71% | 79% | 69% | 50% | 0% |
| | N | 154 | 208 | 179 | 157 | 15 | 12 | 171 | 11 | 4 | 0 |
| Police | % | 42% | 64% | 49% | 28% | 19% | 59% | 10% | 75% | 25% | 33% |
| | N | 95 | 145 | 99 | 51 | 5 | 10 | 22 | 12 | 2 | 1 |
| Prison /detention | % | 12% | 56% | 40% | 15% | 19% | 0% | 13% | 56% | 25% | 33% |
| | N | 27 | 127 | 81 | 27 | 5 | 0 | 28 | 9 | 2 | 1 |
| Deportation | % | 20% | 39% | 14% | 25% | 22% | 35% | 5% | 25% | 63% | 100% |
| | N | 45 | 88 | 28 | 46 | 6 | 6 | 11 | 4 | 5 | 3 |
| Local population | % | 13% | 55% | 42% | 16% | 15% | 12% | 7% | 38% | 0% | 0% |
| | N | 29 | 124 | 85 | 29 | 4 | 2 | 15 | 6 | 0 | 1 |
| Total respondents | | 226 | 226 | 203 | 182 | 27 | 17 | 216 | 16 | 8 | 3 |

* N – no. of respondents, TRS – total transit (traumatic events or all countries of transit summarily), GR – Greece, MK – Macedonia, AL – Albania, MN – Montenegro, TU – Turkey, BU – Bulgaria, HU – Hungary, CR – Croatia

It only takes a glance at the Table 3 to conclude that the percentage of the experienced trauma events in Serbia is significantly lower than the percentage of trauma events experienced in transit. Of the countries of transit in the region, the asylum seekers experience the highest percentage of trauma events in Macedonia, Greece and Turkey. This primarily refers to traumatic

experiences with the smugglers, as well as to negative experiences with the police. Also, it must be noted that the attitude of the local population towards the asylum seekers is particularly problematic in Greece, while deportation represents a considerable problem in Macedonia. A similar percentage of trauma events per category to that of the countries in the region may



UNHCR / Shawn Baldwin / 14.6.2014

be observed in Serbia, with the distinct positive aspect of the attitude of the local population which may be described as more positive than in the other countries in general. The most challenging events that the asylum seekers experienced in Serbia were related to the smugglers, the police and the general trauma events.

Here we will especially focus on deportation of asylum seekers, as this topic was singled out during the interviews as an especially important and stressful one for the asylum seekers themselves. The asylum seekers (20%) state they have experienced deportation in Serbia, with two thirds of them once, and one third of

the deported asylum seekers had been deported several times – even as many as five times, as stated by two respondents. The country they were deported to, in almost all of the cases, was Macedonia; two asylum seekers were deported to Bulgaria and one to Montenegro. Only 29% of asylum seekers stated they had been served with an official document on deportation in those situations.

Prior to entry into Serbia, 39% of asylum seekers experienced deportation during transit. They were most often deported from Macedonia (44% of all the asylum seekers who experienced deportation in the countries

of transit), Greece (20), Hungary (18), Turkey (8) and Albania (7%). Again, approximately two thirds of asylum seekers experienced deportation only once, while the remaining one third had been deported several times and some individuals even more than 20 times. The countries which the asylum seekers were most often deported to from other countries of transit are Greece (49), Turkey (25), Macedonia (8), Albania (6) and Serbia (14), expressed in percentages. The official document on deportation in the countries of transit was served to 33% of the interviewed asylum seekers.

Nevertheless, the highest number of trauma events was experienced in the countries of origin - 23 traumatic events out of the possible 63 (minimum 1, maximum 53) on the average. The Appendix 1.2 includes the table with information on the prevalence of specific traumatic events in the countries of origin. Almost all the asylum seekers were forced to leave their homeland (96%), to leave their home towns and take up residence in another part of the country in substandard

conditions (93%), whereby the support of the authorities for physical and emotional problems failed (91%). Numerous are the asylum seekers who experienced search (84%), who were forced into hiding due to outside threat (83%), who witnessed death due to violence of a family member or a friend (81%), who were present during destruction of residential areas (80%), who witnessed beatings (78%), had their personal property seized (76%), had been exposed to mutilated bodies (73%), lacked medical care (73%) and were present in combat and open fire (70%).

The results of the study show the number of traumatic events experienced in Serbia and in transit to be the same for all the asylum seekers, but their number in the countries of origin differs per country – the Syrians, Afghans and Somalis were the most exposed to trauma events there, less so the asylum seekers from other countries. Figure 13 presents these differences.

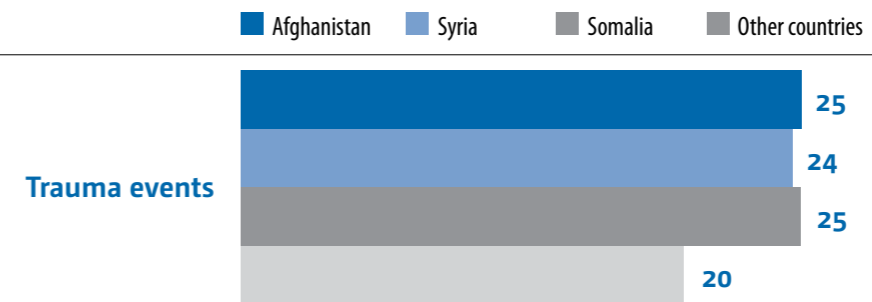


Figure 13. Average number of trauma events in the countries of origin

Mental health of asylum seekers

Exposure to post-traumatic stress disorder was registered using the fourth part of the Harvard Trauma Questionnaire, self-perception of functioning using the same questionnaire. Hopkins Symptoms Checklist was used to register anxiety, and HSCL scale and Beck's Depression Inventory for depression. The findings show the asylum seekers suffer from post-traumatic stress disorder, anxiety and depression significantly. Their average scores range from 2.2 to 2.5 on a scale 1 to 4. It should be noted that, according to the authors of the instruments¹,

values higher than 1.75 (in conservative cases higher than 2), may be deemed "cut-off scores". Cut-off score is a score above the value of which one may argue existence of psychological disorders, specifically of post-traumatic stress disorder and severe depression. Figure 14 shows the average scores of PTSD, self-perception of functioning, anxiety and depression in the sample of asylum seekers, while the Figure 15 shows the share of asylum seekers whose scores exceed the cut-off values (1.75 and 2) on the above mentioned scales. The results obtained clearly show this is a highly traumatised group of persons.

The average score of asylum seekers on Beck's Inventory of Depression is 23, which corresponds to moderate depression. Figure 16 shows the percentage of asylum seekers who may be classified as non-depressed, mildly depressed, moderately depressed and severely depressed based on their scores on this instrument.

¹ Mollica, R. F., McDonald, L. S., Massagli, M. P., & Silove, D. M. (2004). *Measuring trauma, measuring torture. Instructions and Guidance on the utilization of the Harvard Program in Refugee Trauma's Versions of The Hopkins Symptom Checklist-25 (HSCL-25) & The Harvard Trauma Questionnaire (HTQ)*. Cambridge, MA: Harvard Program in Refugee Trauma

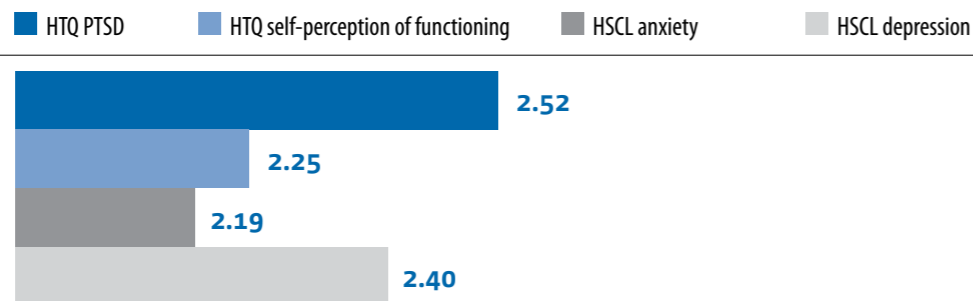


Figure 14. Average scores of asylum seekers on scales of PTSD, self-perception of functioning, anxiety and depression

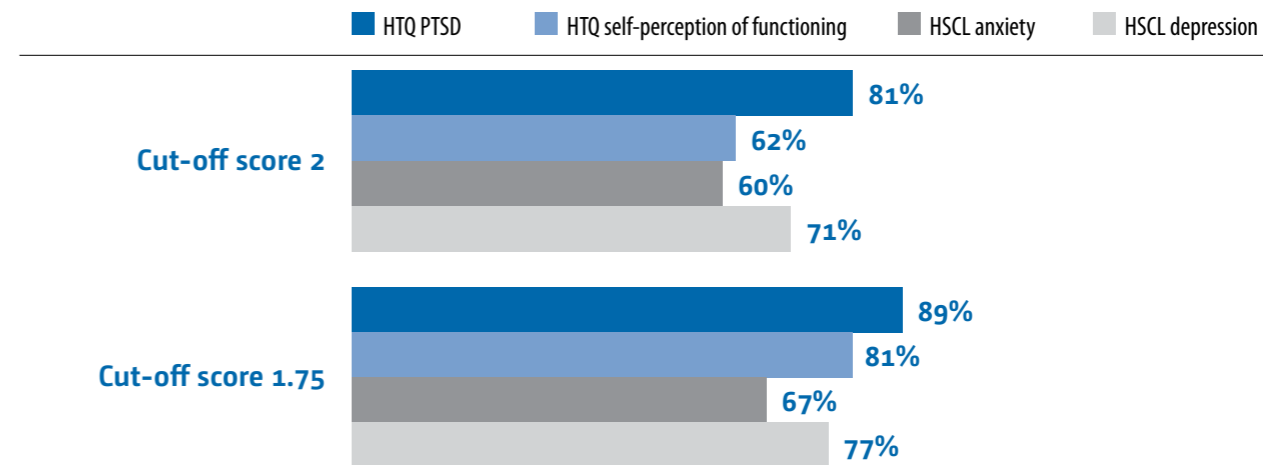


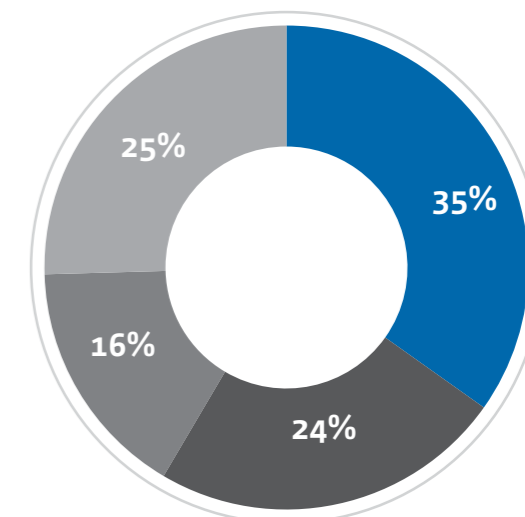
Figure 15. Asylum seekers with scores exceeding cut-off values on the scales of PTSD, self-perception of functioning, anxiety and depression

and severely depressed based on their scores on this instrument.

Observed per country of origin, the nationals of Syria suffer from PTSD considerably more than asylum seekers from other countries, the nationals of

Figure 16. Asylum seekers per level of depression severity

| | |
|------------|-----|
| Nondep. | 35% |
| Mildly | 24% |
| Moderately | 16% |
| Severely | 25% |



Afghanistan are more depressed and Somalis are less depressed than the respondents from other countries. The Somalis also have the most favourable self-perception of functioning in the entire

sample of asylum seekers. Figure 17 shows the differences discussed.

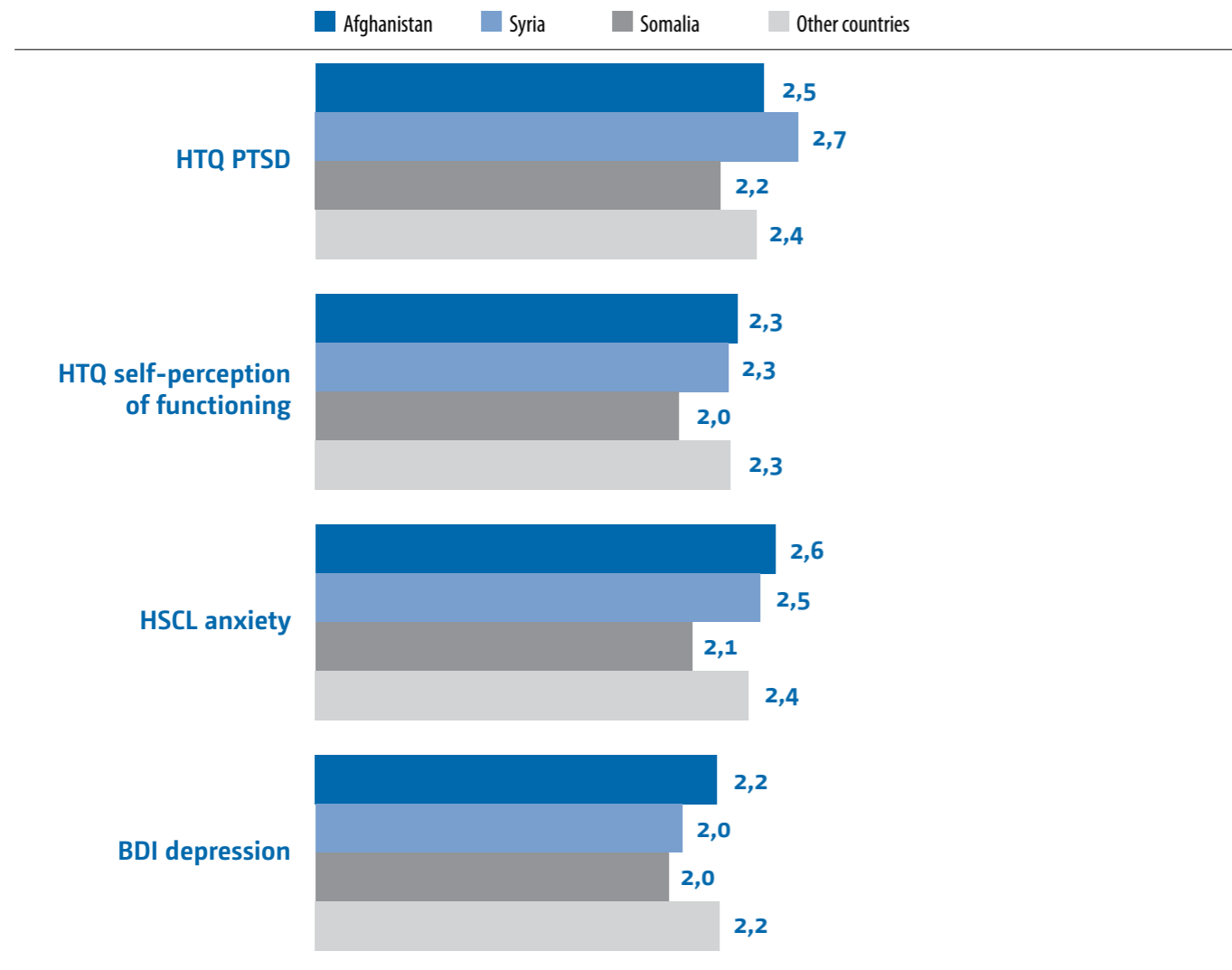


Figure 17. Average levels of PTSD and depression among the asylum seekers per country of origin

Clinical picture of asylum seekers in Serbia

By analysing the clinical picture of asylum seekers per symptom, it may be noted that the asylum seekers score above the criteria for psychological disorder on 66 of the total 86 items on the average (if the score of the criteria for psychological disorder is established at 2 or higher) and at 79 of the total 86 items (value of score 1.75 for a more lenient criterion). This finding additionally confirms the earlier presented results – as a whole, the asylum seekers are a highly traumatised population experiencing numerous and grave difficulties in psychological functioning.

The most frequent symptoms that the asylum seekers experience are excessive worry (symptom of depression), thinking as to why has all that happened to them (symptom of negative self-perception of functioning – NSPF), repeated thoughts about the most difficult or terrifying events (symptom of PTSD), avoiding actions that bring back hurtful events to memory (PTSD), feeling of permanent alert (PTSD), loneliness (depression), exhaustion (NSPF), avoidance of thoughts and feelings linked to a traumatic event (PTSD) and sudden emotional or physical reactions when reminded of the most hurtful traumatic events (PTSD, symptom). In addition to the above mentioned, the most frequent PTSD symptoms that occur in asylum seekers are tension and jumpiness, the feeling that they have fewer skills than before and low level of interest in everyday activities. Of the symptoms of negative self-perception of functioning, the most frequent are lack of trust in others, a feeling that others do not understand them, that they can rely on no one and the

feeling that they have been betrayed by someone they trusted. The asylum seekers most often experience the feeling of restlessness (as if not being able to settle down in one place), nervousness and internal agitation, tension and irritability, fearfulness, weakness, dizziness and fatigue, all of which are the symptoms of anxiety. In the end, of all the symptoms of depression the most prominent ones are sadness, lack of energy and sluggishness, lack of satisfaction, changes of sleeping patterns, and the feeling that everything is an effort, crying and weariness. Appendix 1.3 shows the average scores for all the examined symptoms.

Trafficking in human beings

The data obtained by the research show that asylum seekers do not have a clear idea about what trafficking in human beings (THB) is and the dangers associated with it, and they do not know how to protect themselves from it. It also turned out that many have experienced some form of coercion implied by trafficking in human beings but did not link this with trafficking.

The majority of asylum seekers state that they know what trafficking in human beings is (71%), but that they know no one who was subjected to it (70%). However, the results of the research indicate the presence of THB among the asylum seeker population to be considerably higher than reported. Since numerous questions of the applied instruments actually refer to various manifestations of THB, it was possible to make an individual assessment of whether the respondents had been exposed to any form of trafficking. The examples of such questions are: *Did the smuggler force you to do physical jobs for him? Did the smuggler force you to provide sexual services? Were you forced to present other people's children as your own in order for them to cross borders more easily? Were you forced into marriage in your country of origin? Were you forced to do physical jobs without pay in your country of origin? Were you forced to provide sexual services to the soldiers in the "holy war"?* and others. According to the findings, 58% of asylum seekers had been exposed to trafficking. More than a half of those who pertained they knew no one who had been subjected to it, (56%), had at least one personal experience that may be qualified as some form of trafficking in human beings.

A conclusion follows that the level of awareness about this issue is significantly lower than it would appear at first glance. Of particular significance is the fact that the majority of asylum seekers do not know whom to contact in case of trafficking (57%). It is very important to stress that the respondents had not been informed about the problem of trafficking in human beings through the UNHCR project (on-going for the past four years) which aims to raise awareness about THB, prevention and self-prevention among the asylum seekers. Consequently, the results obtained in the study represent a proper indicator of knowledge of asylum seekers about trafficking prior to their arrival in Serbia.

Appendix 1.1

INFORMED CONSENT

We will now pose a series of questions related to your experiences in the country of origin, during transit, and upon arrival in Serbia. The information you provide will help us understand the needs and problems of asylum seekers in Serbia better, with a view to providing adequate care and improving their situation in Serbia. By taking part in this research, you will contribute significantly to achievement of these aims.

Participation in the interview is voluntary and you may withdraw at any time. Your participation in the interview will in no way influence your asylum procedure and status, nor will it influence our attitude towards you. In case you become upset by any of the questions posed in the interview, feel free not to answer them.

Your personal information as well as everything we will talk about is strictly confidential. In other words, when your answers are used, they will always be used summarily, without your name, surname and other personal data that would allow your identification.

By my signature I confirm that I have understood the purpose and the objective of the research and I fully agree to take part in it.

Signature _____

BASIC INFORMATION ABOUT ASYLUM SEEKERS AND FUNCTIONING OF THE ASYLUM SYSTEM IN SERBIA

| | | |
|--------------|----------------|--------------|
| Date: | Asylum centre: | No: |
| Interviewer: | Interpreter: | Interviewee: |

PROFILE

Sex: M F Date of birth: _____ Country of origin: _____

Ethnic origin: _____ Religion: _____

Education (no. of years in schooling): _____ Occupation: _____

Marital status: **a)** Not married **b)** Married **c)** Common law marriage
d) Divorced **e)** Widow/widower

When did you leave your country of origin (month and year)? _____

Which countries did you transit since you left your country of origin? _____

Are you travelling with anyone? **NO YES**

Whom are you travelling with? **a)** Spouse **b)** Child/children **c)** Parent/s **d)** Sibling/s
e) Other family members **f)** Friends

Did you leave your family in the country of origin? **NO YES**

Whom? **a)** Spouse **b)** Child/children **c)** Parent/s **d)** Sibling/s

Did you leave your family behind during transit? **NO YES**

Whom? **a)** Spouse **b)** Child/children **c)** Parent/s **d)** Sibling/s

Do you know your country of destination? **NO YES**

(Which country? _____)

Do you have anyone in that country? **NO YES**

(Whom? _____)

Do you have a source of income /savings/someone who sends you money? **NO YES**

Do you suffer from acute or chronic health conditions? **NO YES**

INFORMATION ABOUT THE ASYLUM SYSTEM IN SERBIA

- When did you arrive in Serbia (month and year)? _____
- When were you accepted into the asylum centre (date)? _____
- How many days did you wait before being accommodated in the asylum centre? _____
- If you have waited for to be accommodated, where did you stay during that time? _____
- Were you informed of the rights and obligations of asylum seekers in Serbia upon reception in the asylum centre? **NO YES**
- Did anyone ask you if you had special needs (illness, a small child, etc.)? **NO YES**
- Were you issued an asylum seeker identity card in Serbia? **NO YES**
- If yes, how long did you wait to get the identity card (in days)? _____
- If no, how long have you been waiting to get it (in days)? _____
- Has anyone explained to you the asylum procedure in Serbia and your rights in that procedure? **NO YES**
- If yes, who gave you this information? _____
- Da li ste podneli zahtev za azil? **NO YES**
- Have you submitted an asylum claim? _____
- If yes, how long did you wait until you submitted the claim (in days)? _____
- If no, how long have you been waiting to submit the claim (in days)? _____
- When you were interviewed by the representatives of the Asylum Office, the majority of questions posed to you referred to:
 - Your travel and the countries you transited on your way to Serbia
 - Reasons for leaving the country of origin
 - Situation in the country of origin
 - Other, what? _____
- Assess the living conditions in the asylum centre.

| | NO | YES | NOT SURE |
|--|----|-----|----------|
| Are you satisfied with hygiene? | | | |
| Are you satisfied with food? | | | |
| Are you satisfied with the size of your room? | | | |
| Are you satisfied with the size and furnishings of common space? | | | |
| Do you think that there are sufficient organised activities? | | | |
| Are you satisfied with the existing activities? | | | |
| Are you satisfied with the efficiency of medical assistance provision? | | | |
| Are you satisfied with the quality of medical assistance? | | | |
| Do you feel safe in the asylum centre? | | | |

18. Did you have any negative experiences in asylum centres? NO YES,
 describe: _____
 Do you wish to add anything? _____

| | Trauma events | Serbia | Transit (write down the country names) |
|----|---|--------|---|
| | Did you experience, DURING transit or in Serbia: | | |
| 1. | Getting lost (not knowing where you are nor where you have to go) | | |
| 2. | Lack of shelter | | |
| 3. | Lack of food /water | | |

| | Trauma events | Serbia | Transit (write down the country names) |
|-----|--|--------|---|
| 4. | Suffering severe physical injury | | |
| 5. | Death of a close person | | |
| 6. | Did you use the services of smugglers? Did you experience the smuggler: | | |
| 7. | Request additional payment for services | | |
| 8. | Not leaving you in the agreed location | | |
| 9. | Surrender you over to the police | | |
| 10. | Request that you recruit others to use the services of that smuggler | | |
| 11. | Compel you to forced labour | | |
| 12. | Force you to provide sexual services | | |
| 13. | Force you to transport drugs or other illegal items | | |
| 14. | Force you to present other people's children as your own with a view to children crossing the border or being accommodated in asylum centres | | |
| 15. | Psychological violence (being insulted, humiliated, threatened, etc.) | | |
| 16. | Physical violence | | |
| 17. | Did you come into contact with the police? While in contact with the police, did you experience: | | |
| 18. | Withholding of information you are legally entitled to | | |
| 19. | Illegal seizure of personal property and money | | |
| 20. | Psychological violence (being insulted, humiliated, threatened, etc.) | | |

| | Trauma events | Serbia | Transit (write down the country names) |
|-----|---|--------|---|
| 21. | Physical violence | | |
| 22. | Sexual violence | | |
| 23. | Were you detained (at a police station): | | |
| | How many times? | | |
| | How many days? | | |
| 24. | Were you imprisoned? | | |
| | How many times? | | |
| | How many days? | | |
| | While in detention/prison, did you experience: | | |
| 25. | Having been detained/imprisoned with no legal basis | | |
| 26. | Not having any information as to how long you will spend in detention/prison | | |
| 27. | Not having been released from detention/prison in the legally prescribed timeframe | | |
| 28. | Lack of legal assistance /support | | |
| 29. | While being in detention /prison you were prevented from contacting persons outside the prison | | |
| 30. | Having had your personal property or money seized from you illegally | | |
| 31. | Lack of food or water | | |
| 32. | Not having basic living conditions (heating, bunk, possibility to move within the prison premises, hygiene, etc.) | | |
| 33. | Lack of access to medical assistance | | |

| | Trauma events | Serbia | Transit (write down the country names) |
|-----|--|--------|---|
| 34. | Psychological violence (being insulted, humiliated, threatened, etc.) | | |
| 35. | Physical violence | | |
| 36. | Sexual violence | | |
| 37. | Have you experienced deportation? | | |
| | How many times? | | |
| | Which country you were deported to? | | |
| | Did you receive an official document /decision related to deportation? | | |
| | During deportation, did you experience: | | |
| 38. | Not having an information as to where you would be deported to | | |
| 39. | Having had your personal property and money seized from you illegally | | |
| 40. | Having been separated from your family | | |
| 41. | Psychological violence (being insulted, humiliated, threatened, etc.) | | |
| 42. | Physical violence | | |
| 43. | Sexual violence | | |
| 44. | Having had your life threatened (left out in the cold /without food / without water /etc. or without a possibility to access help) | | |
| | In contact with the local population, did you experience: | | |
| 45. | Forcible seizure of money or property | | |
| 46. | Discrimination | | |

| | Trauma events | Serbia | Transit (write down the country names) |
|-----|--|--------|---|
| 47. | Psychological violence (being insulted, humiliated, threatened, etc.) | | |
| 48. | Physical violence | | |
| 49. | Sexual violence | | |
| 50. | Did you have any other negative experience in the countries of transit or in Serbia that was not mentioned here? Describe: | | |

19. Do you know what trafficking in human beings is? **NO YES**
20. Have you hear of anyone anyone who had such an experience during your transit? **NO YES**
21. Do you know whom you seek help from in case of trafficking? **NO YES**

| | | |
|--------------|----------------|--------------|
| Date: | Asylum centre: | No: |
| Interviewer: | Interpreter: | Interviewee: |

We would like to ask you about your past history and present symptoms. This information will be used to help us provide you with better medical care. However, you may find some questions upsetting. If so, please feel free not to answer. This will certainly not affect your treatment. The answers to the questions will be kept confidential.

PART I – TRAUMA EVENTS

| | Trauma events | Yes | No |
|-----|---|-----|----|
| 1. | Lack of shelter | | |
| 2. | Lack of food or water | | |
| 3. | Health without access to medical care | | |
| 4. | Confiscation or destruction of personal property | | |
| 5. | Witnessed shelling, burning, or razing of residential areas or marshlands | | |
| 6. | Witnessed chemical attacks on residential areas or marshlands | | |
| 7. | Exposed to minefield, blasting buildings or vehicles | | |
| 8. | Gathering the wounded or the dead | | |
| 9. | Exposure to frequent and unrelenting sniper fire | | |
| 10. | Used as a human shield | | |
| 11. | Combat situation (e.g. shelling and grenade attacks) | | |
| 12. | Serious physical injury from combat situation or landmine | | |
| 13. | Participated in combat missions | | |

| | Trauma events | Yes | No |
|-----|---|-----|----|
| 14. | Family member or close friend participated in combat missions | | |
| 15. | Beating to the body | | |
| 16. | Attack with cold weapon | | |
| 17. | Torture, i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering | | |
| 18. | Sexual abuse | | |
| 19. | Rape | | |
| 20. | Rape by an enemy army (groupation, troop, etc.) | | |
| 21. | Forced to provide sexual favors to soldiers in the "holy war" | | |
| 22. | Pregnancy as a result of a rape | | |
| 23. | Forced prostitution | | |
| 24. | Kidnapped/ taken hostage | | |
| 25. | Disappearance or kidnapping of spouse or spouse taken as a hostage | | |
| 26. | Disappearance or kidnapping of spouse child or child taken as a hostage | | |
| 27. | Family member (child, spouse, etc.) disappeared, kidnapped or taken as a hostage | | |
| 28. | Rape of a family member or a friend | | |
| 29. | Murder, or death due to violence, of spouse | | |
| 30. | Murder, or death due to violence, of child | | |
| 31. | Murder, or death due to violence, of other family member or friend | | |

| | Trauma events | Yes | No |
|-----|---|-----|----|
| 32. | Received the body of a family member(child, spouse, etc.) and prohibited from mourning them and performing burial rites | | |
| 33. | Witness beatings to head or body | | |
| 34. | Witness rape or sexual abuse | | |
| 35. | Witness torture | | |
| 36. | Witnessed mass execution of civilians | | |
| 37. | Witness burned or disfigured bodies | | |
| 38. | Forced to destroy someone else's property or possessions | | |
| 39. | Forced to betray someone who is not family or friend placing them in risk of death or injury | | |
| 40. | Forced to betray family member, or friend placing them at risk of death or injury | | |
| 41. | Forced to physically harm someone who is not family or friend | | |
| 42. | Forced to physically harm family member, or friend | | |
| 43. | Killed someone | | |
| 44. | Someone was forced to betray you and place you and your family at risk of death or injury | | |
| 45. | Extortion or robbery | | |
| 46. | Searched | | |
| 47. | Present while someone searching for people or things in your home(or un place where you were living) | | |
| 48. | Witnessed the desecration or destruction of religious shrines or places of religious instruction | | |
| 49. | Witnessed the arrest, torture, or execution of religious leaders or important members of tribe | | |

| | Trauma events | Yes | No |
|-----|---|-----|----|
| 50. | Imprisonment | | |
| 51. | Solitary confinement | | |
| 52. | Imprisonment without hygienic conditions, possibility to move, sleep, use toilet, etc. | | |
| 53. | Brainwashing | | |
| 54. | Forced recruitment | | |
| 55. | Forced marriage | | |
| 56. | Forced labour | | |
| 57. | Victim of organ trafficking | | |
| 58. | Family member or friend victim of organ trafficking | | |
| 59. | Confined to home because of danger outside/ Forced to hide | | |
| 60. | Unable to gain support from local authorities for physical or emotional problems | | |
| 61. | Expelled from country due to ethnic origin, religious affiliation or sexual orientation | | |
| 62. | Forced to leave your hometown and settle in a different part of the country with minimal services | | |
| 63. | Forced to flee your country | | |
| 64. | Any other situation that was very terrifying or in which you felt your life was in danger. Specify: | | |

PART 2 – PERSONAL DESCRIPTION

Please indicate what you consider to be the most hurtful or terrifying events you have experienced. Please specify where and when these events occurred.

Under your current living situation (i.e. refugee camp, country of resettlement, returned from exile, etc.) what is the worst event that has happened to you, if different from above. Please specify where and when these events occurred

PART 3 – BRAIN INJURY

If you answer yes to the following questions, please indicate if you lost consciousness and for how long.

| | | Experienced | | Loss of consciousness | | If yes, for how long | |
|-------|---|-------------|----|-----------------------|----|----------------------|---------|
| | | Yes | No | Yes | No | Hours | Minutes |
| 1. | beatings to the head | | | | | | |
| 2. | Suffocation or strangulation | | | | | | |
| 3. | Near drowning | | | | | | |
| 4. | Head injury due to an explosion in the immediate vicinity | | | | | | |
| 5. | Other types injuries to the head (e.g. injury by shrapnel, bullet, stab with cold steel, burns, etc.) | | | | | | |
| 6. | Starvation | | | | | | |
| (6.a) | Normal weight _____ | | | | | | |
| | Starvation weight _____ | | | | | | |
| (6.b) | Were you near death due to starvation | YES | NO | | | | |

PART 4 – TRAUMA SYMPTOMS

We will list the problems that people sometimes have after experiencing hurtful or terrifying events in their lives. Please tell us which of the listed problems did you feel and to what extent in the past week.

The reply 1 means that you did not feel the listed problems at all; the reply 2 means that you have felt them a little; the reply 3 that you have felt them quite a lot, while the response 4 means you felt them extremely.

| | | 1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely |
|-----|--|-----------------|---------------|------------------|----------------|
| 1. | Recurrent thoughts of the most hurtful or terrifying events | | | | |
| 2. | Feeling as though the event is happening to again | | | | |
| 3. | Recurrent nightmares | | | | |
| 4. | Feeling detached from others or withdrawn from people | | | | |
| 5. | Unable to love, hate, etc. | | | | |
| 6. | Feeling jumpy, easily startled | | | | |
| 7. | Difficulty concentrating | | | | |
| 8. | Trouble sleeping | | | | |
| 9. | Feeling on guard | | | | |
| 10. | Feeling irritable or having outbursts of anger | | | | |
| 11. | Avoiding activities that remind you of traumatic or hurtful events | | | | |
| 12. | Inability to recall parts of the most hurtful or traumatic events | | | | |

| | | 1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely |
|-----|---|-----------------|---------------|------------------|----------------|
| 13. | Less interested in daily activities | | | | |
| 14. | Feeling as though you have no future | | | | |
| 15. | Avoiding thoughts or feelings associated with the traumatic or hurtful events | | | | |
| 16. | Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events | | | | |
| 17. | Feeling that you have fewer skills than you had before | | | | |
| 18. | Having difficulty dealing with new situations | | | | |
| 19. | Feeling exhausted | | | | |
| 20. | Bodily pain | | | | |
| 21. | Troubled by physical problem(s) | | | | |
| 22. | Poor memory | | | | |
| 23. | Finding out or being told by other people that you have done something you that you cannot remember | | | | |
| 24. | Difficulty in paying attention | | | | |
| 25. | Feeling as if you are split in two people and one of you is watching what the other is doing | | | | |
| 26. | Feeling unable to make daily plans | | | | |
| 27. | Blaming yourself for things that have happened | | | | |
| 28. | Feeling guilty for having survived | | | | |
| 29. | Hopelessness | | | | |
| 30. | Feeling ashamed of the hurtful or traumatic events that have happened to you | | | | |

| | | 1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely |
|-----|--|-----------------|---------------|------------------|----------------|
| 31. | Feeling that people do not understand what happened to you | | | | |
| 32. | Feeling that others are hostile to you | | | | |
| 33. | Feeling you have no one to rely upon | | | | |
| 34. | Feeling that someone you trusted betrayed you | | | | |
| 35. | Feeling humiliated by your experience | | | | |
| 36. | Feeling no trust in others | | | | |
| 37. | Feeling powerless to help others | | | | |
| 38. | Spending time thinking why these events happened to you | | | | |
| 39. | Feeling that you are the only one that suffered these events | | | | |
| 40. | Feeling a need for revenge | | | | |

| | | |
|--------------|----------------|--------------|
| Date: | Asylum centre: | No: |
| Interviewer: | Interpreter: | Interviewee: |

INSTRUCTION

Listed below are symptoms or problems that people sometimes have. Please read each of them carefully and describe how much the symptoms bothered you or distressed you in the last week, including today. Place a check in the appropriate column

PART 1 –ANXIETY SYMPTOMS

| | | Not at all | A little | Quite a bit | Extremely |
|-----|-------------------------------------|------------|----------|-------------|-----------|
| 1. | Suddenly scared for no reason | | | | |
| 2. | Feeling fearful | | | | |
| 3. | Fatness, dizziness or weakness | | | | |
| 4. | Nervousness or shakiness inside | | | | |
| 5. | Heart pounding or racing | | | | |
| 6. | Trembling | | | | |
| 7. | Feel tense or keyed up | | | | |
| 8. | Headaches | | | | |
| 9. | Spell of terror or panic | | | | |
| 10. | Feeling restless or can't sit still | | | | |

PART 2 –DEPRESSION SYMPTOMS

| | | Not at all | A little | Quite a bit | Extremely |
|-----|---|------------|----------|-------------|-----------|
| 11. | Feeling low in energy, slowed down | | | | |
| 12. | Blaming yourself for things | | | | |
| 13. | Crying easily | | | | |
| 14. | Loss of sexual interest or pleasure | | | | |
| 15. | Poor appetite | | | | |
| 16. | Difficulty falling asleep, staying asleep | | | | |
| 17. | Feeling hopeless about future | | | | |
| 18. | Feeling blue | | | | |
| 19. | Feeling lonely | | | | |
| 20. | Thought of ending your life | | | | |
| 21. | Feeling of being trapped or caught | | | | |
| 22. | Worry too much about other things | | | | |
| 23. | Feeling not interested in things | | | | |
| 24. | Feeling everything is an effort | | | | |
| 25. | Feeling of worthlessness | | | | |

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal page 1

Continued on Back

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11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal page 2

Subtotal page 1

Total Score

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EVALUATION OF INTERVIEW

- | | | |
|---|-----------|------------|
| 1. Was this interview strenuous, hurtful or pointless for you? | NO | YES |
| 2. Do you think this interview was beneficial for you and in which way? | NO | YES |
| <hr/> | | |
| 3. Were the questions clear? | NO | YES |
| 4. Do you have any questions or suggestions? | NO | YES |



UNHCR / Shawn Baldwin / 14.6.2014.

Appendix 1.2

Table 1.2.1. Relative prevalence of trauma events in Serbia and the countries of transit

| Trauma event | % asylum seekers who experienced a given trauma event | |
|---|---|-------------------|
| | Serbia | Transit countries |
| During transit, you got lost (you did not know where you are nor where you should go) | 27% | 58% |
| During transit, you had no shelter | 37% | 67% |
| During transit, you had no food/water | 28% | 69% |
| During transit, you suffered severe bodily injury | 12% | 38% |
| During transit, you experienced death of a close person | 1% | 8% |
| Did you use the services of smuggler(s) | 62% | 88% |
| The smuggler asked you for extra money for his services | 13% | 51% |
| The smuggler did not leave you at the agreed location | 22% | 42% |
| The smuggler turned you over to the police | 2% | 10% |
| The smuggler asked you to recruit others to use his services | 9% | 39% |
| The smuggler forced you to engage in forced labour | 0% | 5% |
| The smuggler forced you to provide sexual services | 0% | 2% |
| The smuggler forced you to transport drugs or other illegal items | 0% | 2% |
| The smuggler forced you to present other people's children as your own in order for them to cross the border or get accommodation in asylum centres | 0% | 1% |



UNHCR / Shawn Baldwin / 15.6.2014

| Trauma event | % asylum seekers who experienced a given trauma event | |
|--|---|-------------------|
| | Serbia | Transit countries |
| The smuggler – psychological violence (insults, humiliation, threats, etc.) | 5% | 30% |
| The smuggler – physical violence | 3% | 15% |
| In contact with the police, did you experience withholding of information that you are entitled to | 37% | 56% |
| In contact with the police, did you experience illegal seizure of personal property and money | 8% | 23% |
| In contact with the police, did you experience psychological violence (insults, humiliation, etc.) | 11% | 43% |

| Trauma event | % asylum seekers who experienced a given trauma event | |
|---|---|-------------------|
| | Serbia | Transit countries |
| In contact with the police, did you experience physical violence | 8% | 23% |
| In contact with the police, did you experience sexual violence | 0% | 2% |
| Were you detained (at a police station) | 6% | 27% |
| Were you imprisoned | 7% | 38% |
| While in detention /prison, did you experience being detained/ imprisoned without legal grounds | 1% | 9% |
| While in detention /prison, did you experience lack of information as to how long you would be detained/ imprisoned | 8% | 45% |
| While in detention /prison, did you experience not being released in the timeframe provided for by the law | 4% | 31% |
| While in detention /prison, did you experience lack of legal assistance/support | 10% | 41% |
| While in detention /prison, did you experience being prevented from contacting persons outside | 5% | 29% |
| While in detention /prison, did you experience illegal seizure of personal property | 3% | 15% |
| While in detention /prison, did you experience lack of food or water | 2% | 9% |
| While in detention /prison, did you experience lack of basic living conditions (heating, bunk, possibility to move within the premises, opportunity to maintain personal hygiene, etc.) | 4% | 23% |
| While in detention /prison, did you experience lack of access to medical assistance | 5% | 27% |
| While in detention /prison, did you experience psychological violence (insults, humiliation, etc.) | 5% | 30% |

| Trauma event | % asylum seekers who experienced a given trauma event | |
|---|---|-------------------|
| | Serbia | Transit countries |
| While in detention /prison, did you experience physical violence | 3% | 12% |
| While in detention /prison, did you experience sexual violence | 0% | 1% |
| Were you deported | 20% | 38% |
| While being deported, did you experience lack of information as to where you would be deported to | 11% | 13% |
| While being deported, did you experience illegal seizure of personal property | 4% | 10% |
| While being deported, did you experience being separated from your family/friends | 1% | 3% |
| While being deported, did you experience psychological violence (insults, humiliation, etc.) | 8% | 15% |
| While being deported, did you experience physical violence | 5% | 8% |
| While being deported, did you experience sexual violence | 0% | 0% |
| While being deported, did you experience having had your life endangered (being left in the cold /without food/water /etc., unable to get assistance) | 8% | 16% |
| In contact with the local population, did you experience violent seizure of money or property | 9% | 27% |
| In contact with the local population, did you experience discrimination | 5% | 44% |
| In contact with the local population, did you experience psychological violence (insults, humiliation, etc.) | 8% | 38% |
| In contact with the local population, did you experience physical violence | 2% | 21% |
| In contact with the local population, did you experience sexual violence | 0% | 1% |

Table 1.2.2. Relative prevalence of trauma events in the countries in the region

| Trauma event | % of asylum seekers who experienced a given trauma event in transit countries | | | | | | | |
|--|---|-----------|---------|------------|--------|----------|---------|---------|
| | Greece | Macedonia | Albania | Montenegro | Turkey | Bulgaria | Hungary | Croatia |
| During transit, did you experience getting lost (you did not know where you are nor where you should go) | 20% | 34% | 1% | 3% | 13% | 0% | 0% | 0% |
| During transit, did you experience lack of shelter | 25% | 47% | 2% | 2% | 11% | 3% | 0% | 0% |
| During transit, did you experience lack of food/water | 21% | 49% | 2% | 3% | 10% | 2% | 0% | 0% |
| During transit, did you suffer severe physical injury | 7% | 24% | 0% | 1% | 5% | 1% | 0% | 0% |
| During transit, did you experience the death of a close person | 4% | 2% | 0% | 0% | 4% | 0% | 0% | 0% |
| Did you use the services of smuggler(s) | 77% | 66% | 4% | 4% | 73% | 5% | 1% | 0% |
| The smuggler asked you for extra money for his services | 22% | 29% | 3% | 0% | 18% | 1% | 1% | 0% |
| The smuggler did not leave you at the agreed location | 12% | 21% | 3% | 2% | 11% | 1% | 0% | 0% |
| The smuggler turned you over to the police | 2% | 7% | 0% | 0% | 2% | 0% | 1% | 0% |
| The smuggler asked you to recruit others to use his services | 23% | 24% | 2% | 0% | 21% | 2% | 1% | 0% |
| The smuggler compelled you to engage in forced labour | 0% | 2% | 0% | 0% | 3% | 0% | 0% | 0% |
| The smuggler forced you to provide sexual services | 0% | 1% | 0% | 0% | 0% | 0% | 0% | 0% |
| The smuggler forced you to transport drugs or other illegal items | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

| Trauma event | % of asylum seekers who experienced a given trauma event in transit countries | | | | | | | |
|--|---|-----------|---------|------------|--------|----------|---------|---------|
| | Greece | Macedonia | Albania | Montenegro | Turkey | Bulgaria | Hungary | Croatia |
| The smuggler forced to you to present other people's children as your own in order for them to cross the border or get accommodation in asylum centres | 0% | 1% | 0% | 0% | 0% | 0% | 0% | 0% |
| The smuggler – psychological violence (insults, humiliation, threats, etc.) | 11% | 19% | 1% | 0% | 7% | 0% | 0% | 0% |
| The smuggler – physical violence | 4% | 7% | 0% | 0% | 4% | 0% | 0% | 0% |
| In contact with the police, did you experience withholding of information that you are entitled to | 36% | 21% | 2% | 4% | 9% | 5% | 0% | 0% |
| In contact with the police, did you experience illegal seizure of personal property and money | 9% | 8% | 1% | 0% | 0% | 3% | 1% | 0% |
| In contact with the police, did you experience psychological violence (insults, humiliation, etc.) | 26% | 11% | 1% | 0% | 3% | 4% | 1% | 0% |
| In contact with the police, did you experience physical violence | 11% | 6% | 0% | 0% | 2% | 4% | 1% | 0% |
| In contact with the police, did you experience sexual violence | 0% | 0% | 0% | 0% | 0% | 1% | 0% | 0% |
| Were you detained (at a police station) | 16% | 8% | 1% | 0% | 5% | 2% | 0% | 0% |
| Were you imprisoned | 23% | 8% | 1% | 0% | 8% | 4% | 0% | 0% |
| While in detention /prison, did you experience being detained/imprisoned without legal grounds | 6% | 2% | 0% | 0% | 1% | 0% | 0% | 0% |
| While in detention /prison, did you experience lack of information as to how long you would be detained/ imprisoned | 28% | 11% | 1% | 0% | 7% | 3% | 0% | 0% |

| Trauma event | % of asylum seekers who experienced a given trauma event in transit countries | | | | | | | |
|---|---|-----------|---------|------------|--------|----------|---------|---------|
| | Greece | Macedonia | Albania | Montenegro | Turkey | Bulgaria | Hungary | Croatia |
| While in detention /prison, did you experience not being released in the timeframe provided for by the law | 21% | 8% | 0% | 0% | 4% | 2% | 0% | 0% |
| While in detention /prison, did you experience lack of legal assistance/support | 23% | 10% | 1% | 0% | 7% | 3% | 0% | 0% |
| While in detention /prison, did you experience being prevented from contacting persons outside | 15% | 9% | 0% | 0% | 4% | 1% | 0% | 0% |
| While in detention /prison, did you experience illegal seizure of personal property | 7% | 6% | 0% | 0% | 1% | 1% | 0% | 0% |
| While in detention /prison, did you experience lack of food or water | 4% | 4% | 0% | 0% | 0% | 1% | 0% | 0% |
| While in detention /prison, did you experience lack of basic living conditions (heating, bunk, possibility to move within the premises, opportunity to maintain personal hygiene, etc.) | 13% | 7% | 0% | 0% | 2% | 2% | 0% | 0% |
| While in detention /prison, did you experience lack of medical assistance | 18% | 6% | 1% | 0% | 2% | 3% | 0% | 0% |
| While in detention /prison, did you experience psychological violence (insults, humiliation, etc.) | 16% | 8% | 1% | 0% | 2% | 3% | 0% | 0% |
| While in detention /prison, did you experience physical violence | 5% | 3% | 0% | 0% | 1% | 3% | 0% | 0% |
| While in detention /prison, did you experience sexual violence | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Were you deported | 9% | 19% | 2% | 2% | 3% | 2% | 2% | 1% |
| While being deported, did you experience not having information as to where you would be deported to | 4% | 8% | 1% | 1% | 1% | 0% | 0% | 0% |

| Trauma event | % of asylum seekers who experienced a given trauma event in transit countries | | | | | | | |
|---|---|-----------|---------|------------|--------|----------|---------|---------|
| | Greece | Macedonia | Albania | Montenegro | Turkey | Bulgaria | Hungary | Croatia |
| While being deported, did you experience illegal seizure of personal property | 4% | 3% | 0% | 0% | 0% | 1% | 0% | 0% |
| While being deported, did you experience being separated from your family/friends | 1% | 2% | 0% | 0% | 0% | 0% | 0% | 0% |
| While being deported, did you experience psychological violence (insults, humiliation, etc.) | 5% | 7% | 0% | 0% | 1% | 1% | 0% | 0% |
| While being deported, did you experience physical violence | 2% | 4% | 0% | 0% | 1% | 1% | 0% | 0% |
| While being deported, did you experience sexual violence | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| While being deported, did you experience having had your life endangered (being left in the cold /lack of food/water /etc., lack of assistance) | 6% | 10% | 0% | 1% | 2% | 0% | 0% | 0% |
| In contact with the local population, did you experience forceful seizure of money or property | 11% | 9% | 1% | 0% | 4% | 1% | 0% | 0% |
| In contact with the local population, did you experience discrimination | 35% | 4% | 0% | 0% | 3% | 2% | 0% | 0% |
| In contact with the local population, did you experience psychological violence (insults, humiliation, etc.) | 28% | 6% | 0% | 0% | 3% | 1% | 0% | 0% |
| In contact with the local population, did you experience physical violence | 14% | 4% | 0% | 0% | 1% | 0% | 0% | 0% |
| In contact with the local population, did you experience sexual violence | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

Table 1.2.3. Relative prevalence of trauma events in the countries of origin

| Trauma events | % asylum seekers who experienced a given trauma event |
|--|---|
| Forced to leave home country | 96% |
| Forced to leave hometown and take residence in another part of the country in minimum conditions | 93% |
| The authorities did not provide support for physical and emotional problems | 91% |
| Searched | 84% |
| Forced to remain at home/to hide due to external danger | 83% |
| Witnessed murder or death due to violence, family member or friend | 81% |
| Witnessed setting on fire or destruction of residential or uninhabited areas | 80% |
| Witnessed beatings | 78% |
| Personal property stolen, seized or destroyed | 76% |
| Seen mutilated or disintegrating bodies | 73% |
| Lack of access to medical assistance | 73% |
| Combat situation (open fire, shelling or explosions) | 70% |
| Lack of shelter | 68% |
| Extortion or robbery | 67% |
| Witnessed desecration or destruction of places of worship or other religious buildings | 65% |
| Lack of food and water | 63% |
| Exposed to mine field, mining of buildings or vehicles | 63% |
| Present when someone in apartment (or the place of residence) searched for things or people | 61% |
| Family member or close friend took part in military actions | 61% |
| Removed casualties | 60% |

| Trauma events | % asylum seekers who experienced a given trauma event |
|---|---|
| Family member or friend disappeared, was kidnapped or taken hostage | 57% |
| Exposed to frequent or constant sniper fire | 55% |
| Expelled from your home country on the account of ethnic affiliation or religious beliefs | 54% |
| Beating to body | 52% |
| Witnessed torture | 51% |
| Someone was forced to betray you and place your safety/life at risk or safety/life of your family | 51% |
| Witnessed mass executions of the civilians | 49% |
| Witnessed arrests, kidnappings, torture or execution of religious leaders or other important community members | 43% |
| Collected the body of a member of family (child, spouse, etc.) and not allowed to mourn and bury them appropriately | 36% |
| Torture – while in captivity you received deliberate and systematic infliction of physical or mental suffering | 36% |
| Forced to join the army | 33% |
| Knifing or axing | 29% |
| Imprisonment | 28% |
| Brainwashing | 27% |
| Rape of family member or close friend | 26% |
| Serious physical injury from combat situation or landmine | 24% |
| Human shield | 22% |
| Witnessed rape or sexual abuse | 22% |
| Not allowed to move, sleep, relieve oneself, the conditions were unhygienic during imprisonment | 21% |

UNHCR / Brian Sokol / 17.1.2015.



| Trauma events | % asylum seekers who experienced a given trauma event |
|---|---|
| Kidnapped or taken hostage | 16% |
| Forced labour | 14% |
| Witnessed chemical attack on residential or uninhabited areas | 14% |
| Imprisoned, in solitary confinement | 13% |
| Forced to destroy someone else's property or possessions | 12% |

| Trauma events | % asylum seekers who experienced a given trauma event |
|--|---|
| Participated in military actions | 12% |
| Forced to betray someone who is not family or friend placing their safety/life at risk | 11% |
| A member of family or friend was victim of organ trafficking | 8% |
| Forced marriage | 7% |
| Forced to betray family or friend placing their safety/life at risk | 7% |
| Forced to physically harm someone who is not family or friend | 5% |
| Victim of sexual abuse | 5% |
| Victim of rape | 4% |
| Killed someone | 3% |
| Forced to physically harm family member or friend | 3% |
| Rape by the army of the enemy (group, movement, etc.) | 3% |
| Victim of organ trafficking | 3% |
| Spouse disappeared, was kidnapped or taken hostage | 2% |
| Witnessed murder or death due to violence, of child | 2% |
| Child disappeared, was kidnapped or taken hostage | 2% |
| Forced into prostitution | 1% |
| Witnessed murder or death due to violence, of spouse | 1% |
| Forced to provide sexual services to the soldiers in the “holy war” | 1% |
| Pregnancy as a consequence of rape | 0% |

Appendix 1.3

Table 1.3.1. Average scores of symptoms of PTSD, negative self-perception of functioning (NSPF), anxiety and depression of asylum seekers

| | Symptom | Average score |
|------------|---|---------------|
| Depression | Worry too much about things | 3,50 |
| NSPF | Spend time thinking why it all happened to you | 3,32 |
| PTSD | Recurrent thoughts or memories of the most hurtful or terrifying events | 3,26 |
| PTSD | Avoiding actions that remind you of the traumatic or hurtful events | 3,18 |
| Depression | Feeling lonely | 3,12 |
| PTSD | Being on guard constantly | 3,12 |
| NSPF | Feeling exhausted | 3,08 |
| PTSD | Avoiding thoughts or feelings linked to traumatic or hurtful events | 3,08 |
| PTSD | Sudden emotional or physical reactions when you remember the most hurtful or traumatic events | 3,02 |
| NSPF | Feeling no trust in others | 3,00 |
| Depression | Feeling blue | 2,94 |
| NSPF | Feeling that people do not understand what happened to you | 2,89 |
| Anxiety | Feeling restless or can't sit still | 2,87 |
| NSPF | Feeling that you have no one to rely upon | 2,81 |
| Depression | Loss of pleasure (BDI) | 2,57 |
| Anxiety | Nervousness or shakiness inside | 2,54 |
| PTSD | Feeling tense and irritable | 2,54 |
| Depression | Feeling low in energy, slowed down | 2,53 |
| Depression | Changes in sleeping patterns (BDI) | 2,53 |

| Symptom | | Average score |
|------------|---|---------------|
| Depression | Feeling everything is an effort | 2,50 |
| NSPF | Feeling that someone you trusted betrayed you | 2,48 |
| Depression | Difficulty falling asleep, staying asleep | 2,47 |
| NSPF | Bodily pain | 2,47 |
| Depression | Crying easily | 2,46 |
| PTSD | Feeling that you have less skills than you had before | 2,46 |
| PTSD | Recurrent nightmares | 2,46 |
| Depression | Feeling as if you don't have a future | 2,44 |
| Anxiety | Feeling tense or keyed up | 2,42 |
| Depression | Feeling blue (BDI) | 2,42 |
| PTSD | Less interest in daily activities | 2,41 |
| Depression | Tiredness or fatigue (BDI) | 2,40 |
| NSPF | Feeling humiliated | 2,40 |
| NSPF | Having difficulty dealing with new situations | 2,39 |
| NSPF | Troubled by physical problem(s) | 2,38 |
| PTSD | Trouble sleeping | 2,36 |
| PTSD | Feeling detached or withdrawn from others | 2,32 |
| Depression | Feeling no interest in things | 2,31 |
| Depression | Cry easily (BDI) | 2,31 |
| PTSD | Feeling as if you don't have a future | 2,30 |
| PTSD | Difficulty paying attention | 2,30 |
| Depression | Feeling punished (BDI) | 2,29 |
| Anxiety | Feeling fearful | 2,28 |
| PTSD | "Blow up" easily or irritable | 2,28 |
| Depression | Loss of sexual interest or pleasure | 2,27 |

UNHCR / <No data from link> / 7.7.2014.



| | Symptom | Average score |
|------------|--|---------------|
| Depression | Loss of energy (BDI) | 2,27 |
| NSPF | Feeling ashamed of the hurtful or traumatic events that have happened to you | 2,27 |
| Depression | Loss of interest in sex (BDI) | 2,25 |
| NSPF | Feeling unable to make daily plans | 2,25 |
| PTSD | Feeling as though the event is happening again | 2,24 |
| Depression | Poor appetite | 2,23 |
| Depression | Feeling trapped or caught | 2,21 |
| Depression | Feeling tense (BDI) | 2,19 |
| Depression | Changes in appetite (BDI) | 2,17 |
| Depression | Irritability (BDI) | 2,15 |
| Anxiety | Faintness, dizziness or weakness | 2,14 |
| NSPF | Difficulty paying attention | 2,13 |
| Anxiety | Suddenly scared for no reason | 2,12 |
| Depression | Loss of interest (BDI) | 2,12 |
| NSPF | Hopelessness | 2,12 |
| Depression | Concentration difficulty (BDI) | 2,09 |
| Depression | Indecisiveness (BDI) | 2,08 |
| NSPF | Poor memory | 2,04 |
| NSPF | Blaming yourself for the things that have happened | 2,02 |
| Anxiety | Headaches | 2,00 |
| NSPF | Feeling others are hostile to you | 1,98 |
| Anxiety | Heart pounding or racing | 1,97 |
| Depression | Feeling of worthlessness | 1,96 |
| Depression | Pessimism (BDI) | 1,96 |
| Depression | Past failures (BDI) | 1,95 |
| Depression | Self-criticalness (BDI) | 1,93 |

| | Symptom | Average score |
|------------|---|---------------|
| Depression | Blaming yourself for the things that have happened | 1,91 |
| Anxiety | Spells of terror or panic | 1,85 |
| Depression | Worthlessness (BDI) | 1,85 |
| NSPF | Feeling powerless to help others | 1,83 |
| PTSD | Feeling unable to love, hate, etc. | 1,83 |
| Depression | Guilty feelings (BDI) | 1,81 |
| Anxiety | Trembling | 1,74 |
| NSPF | Feeling that you are the only one who suffered these events | 1,72 |
| Depression | Self-dislike (BDI) | 1,71 |
| PTSD | Cannot remember parts of the most hurtful or traumatic events | 1,66 |
| NSPF | Feeling guilty for having survived | 1,64 |
| NSPF | Feeling as if you are split in two people and one of you is watching what the other is doing | 1,61 |
| NSPF | Feeling the need for revenge | 1,41 |
| NSPF | Finding out or being told by other people that you have done something that you cannot remember | 1,39 |
| Depression | Suicidal thoughts or wishes (BDI) | 1,28 |
| Depression | Thoughts of ending your life | 1,25 |

* BDI – items from the Beck's Depression Inventory



Psychological characteristics of asylum seekers from Syria

CHARACTERISTICS OF THE SYRIAN SUBSAMPLE

The interviews were conducted with 101 asylum seekers from Syria in all, most of who were accommodated in the asylum centre in Bogovađa (69 respondents). A smaller number of respondents were accommodated in asylum centres in Banja Koviljača (19), Obrenovac (11), Tutin (1) and Sjenica (1).

Asylum seekers – nationals of Syria are mostly men (91%) of Islamic religious denomination (99%): 79% Sunni, 20% Muslims. The sample also included one Catholic. With respect to ethnic affiliation, by far the majority of respondents declared themselves as Arabs (87%). A smaller share of them declared themselves as Kurds (6%), two female respondents as Syrians and one as Palestinian.

In all, 73% of the men – asylum seekers from Syria are not married, and 27% are married. More women from Syria are married (56%) than single (44%). Among the asylum seekers from Syria there were no divorcees, widowers/widows, or respondents living in common law marriages.

The respondents are 28 years old (18 to 61) on the average, and the average education expressed by years of schooling is 12.5 (ranging from persons with no formal education to those with 20 years of education). It should be noted that no differences in education were identified between men and women within the Syrian subsample. However, gender differences are evident with respect to occupation of asylum seekers. Of a total of nine women, five are housewives (56%), two are teachers, one is a student and one respondent is an agricultural engineer. Men are mostly students, engineers, professionals, mechanics or unqualified workers.

INFORMATION ABOUT TRANSIT OF ASYLUM SEEKERS FROM SYRIA

The average length of transit of the interviewed nationals of Syria is 14 months. Half of the asylum seekers from Syria spent more than seven months in transit, with the length of transit ranging from one month to 7.5 years. The average age at the time of leaving the country of origin is 27 (15 to 60).

Just over one half of respondents (57%) travel alone, but this percentage is higher among men (62%). Women almost exclusively travel with another (89%). Women travel with their children, husbands or other family members most often, while men travel with friends. Figure 18 shows the share of men and women – asylum seekers who travel with another person.

The majority of asylum seekers still has immediate family in the country of origin (87%) and this corresponds to the earlier presented tendency to the effect that Syrian women leave their country of origin by themselves much less frequently than Syrian men. Men more often still have families in the country of origin (91%) than women (44%). In all, 16% of respondents were separated from their families during transit. The parents and brothers and sisters are family members who remained in the country of origin or who got separated during transit most often. Figure 19 shows the percentage of the nationals of Syria who left their families behind in the country of origin or during transit.

Most of the asylum seekers arrive in Serbia via Turkey, Greece and Macedonia. A number of them mention Lebanon, Egypt, Albania and Montenegro as the countries of transit. Other countries are named as the countries of transit in one per cent of the cases or less frequently and thus have been excluded from further analysis. Figure 20 shows

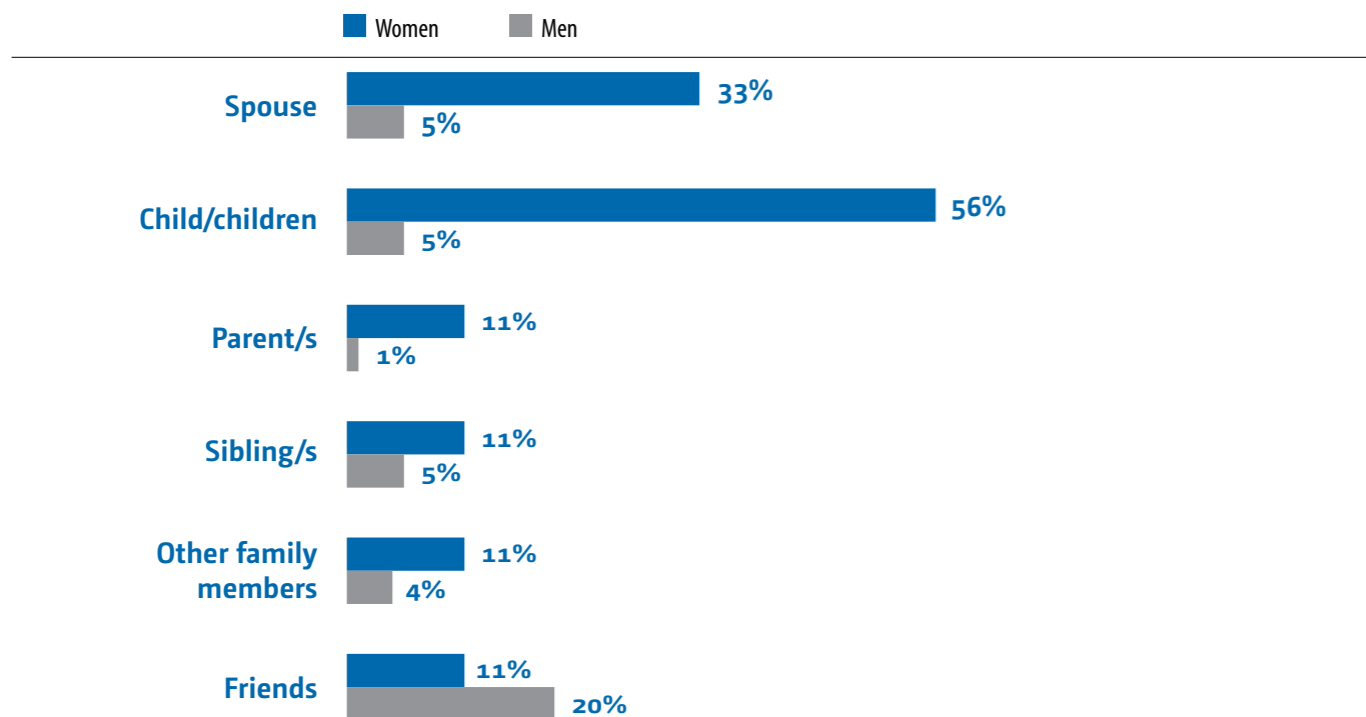


Figure 18. Asylum seekers from Syria who travel with another person

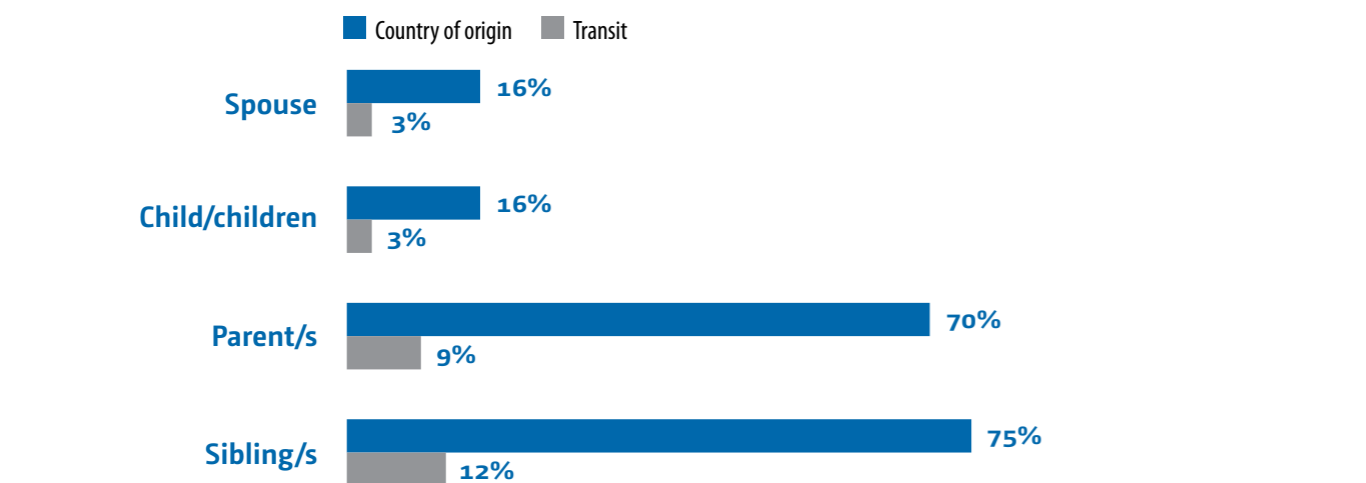


Figure 19. Nationals of Syria who left their families behind in the country of origin and during transit

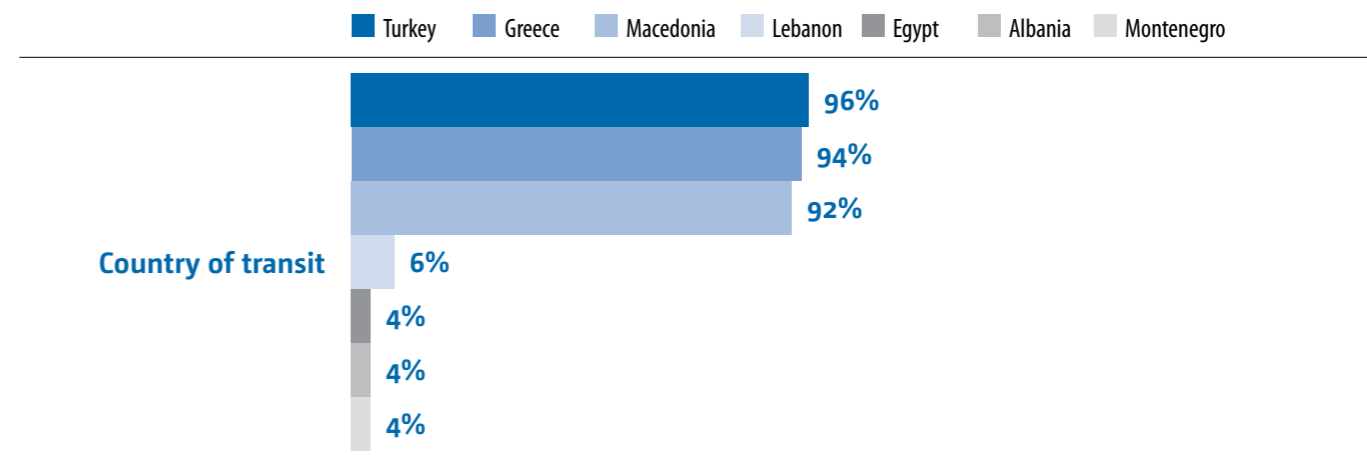


Figure 20. Nationals of Syria who transited the given countries prior to arrival in Serbia

the percentage of the Syrian nationals who passed through the above mentioned countries of transit during their journey.

The asylum seekers from Syria know their country of destination in the majority of cases (87%), and only 2% state they would like to stay in Serbia. The majority of nationals of Syria name Germany, Sweden, Austria, Norway, Netherlands and Great Britain as the countries of their final destination. Figure 21 shows the exact percentages. With a view to enhanced clarity of the graphs, Germany and Austria are shown in dark blue, Scandinavian countries (Sweden, Norway and Denmark) in light blue, Western European countries (Great Britain, Netherlands, France and Italy) in dark grey and Serbia in light gray. The countries mentioned in one per cent of the cases or less (Belgium, Finland, Canada and Spain) are grouped together and shown in gray. The black denotes the percentage of Syrians who are not able to name their country of destination.

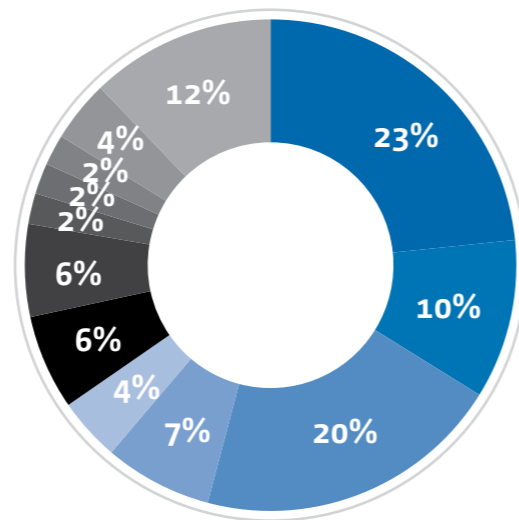
On the Syrian subsample too, almost one half of the respondents (48%) have someone in the country of destination: immediate family, extended family and friends are stated in equal shares. The majority of asylum seekers – nationals of Syria – dispose of certain sums of money and state they have a source of income, savings or someone who sends them money (81%).

TRAUMA EVENTS AND MENTAL HEALTH OF ASYLUM SEEKERS FROM SYRIA

An average asylum seeker from Syria experienced 24 of the possible 63 trauma events (minimum 1, maximum 53) in his/her country of origin. The table containing information on incidence of individual trauma events in the country of origin is presented in Appendix 2.1. Almost all the nationals of Syria were forced to leave their country (97%), and their home towns and settle in another part of the country in minimal conditions (96%). A large number of asylum seekers experienced a search (91%); witnessed destruction of residential areas

Figure 21.
Preferred countries of final destination for asylum seekers from Syria

| | |
|-----------------|-----|
| Germany | 23% |
| Austria | 10% |
| Sweden | 20% |
| Norway | 7% |
| Denmark | 4% |
| Great Britain | 6% |
| Netherlands | 6% |
| France | 2% |
| Italy | 2% |
| Serbia | 2% |
| Other countries | 4% |
| Don't know | 12% |



(90%); did not receive government support for their physical and emotional problems (90%); witnessed murder or death due to violence of a family member or a friend (89%); was forced to hide due to external danger (88%); was present in combat and open fire (85%); lacked medical care (83%) and had their personal property seized (78%).

The data available indicate significant presence of post-traumatic stress disorder, anxiety and depression in asylum seekers from Syria. Their average scores are in the range of 2.2 to 2.7, and are thus above the cut-off scores for psychological disorders for PTSD and depression alike. Figure 22 shows the average scores of PTSD, self-perception of functioning, anxiety and depression in the sample of asylum seekers, while the Figure 23 shows the percentage of asylum seekers whose scores exceed cut-off values (1.75 and 2 respectively) on the above scales.

The average score of the asylum seekers on the Beck's Depression Inventory is 22, corresponding to moderate depression. Figure 24 shows the percentages of asylum seekers who may be classified as nondepressed, mildly depressed, moderately depressed and severely depressed, based on the scores of this instrument.

CLINICAL PICTURE OF ASYLUM SEEKERS FROM SYRIA

Observed per each of the 86 investigated symptoms, the asylum seekers from Syria score above the criterion for psychological disturbance at 51 (for a stricter criterion) and 58 (for a more lenient criterion) on the average.

The nationals of Syria most often display the following symptoms: excessive worry (symptom of depression), spending time thinking why these events

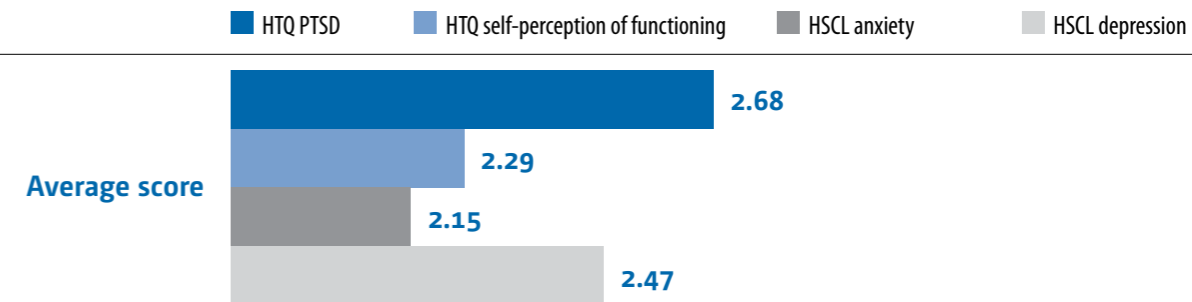


Figure 22. Average scores of the nationals of Syria on the scales of PTSD, self-perception of functioning, anxiety and depression

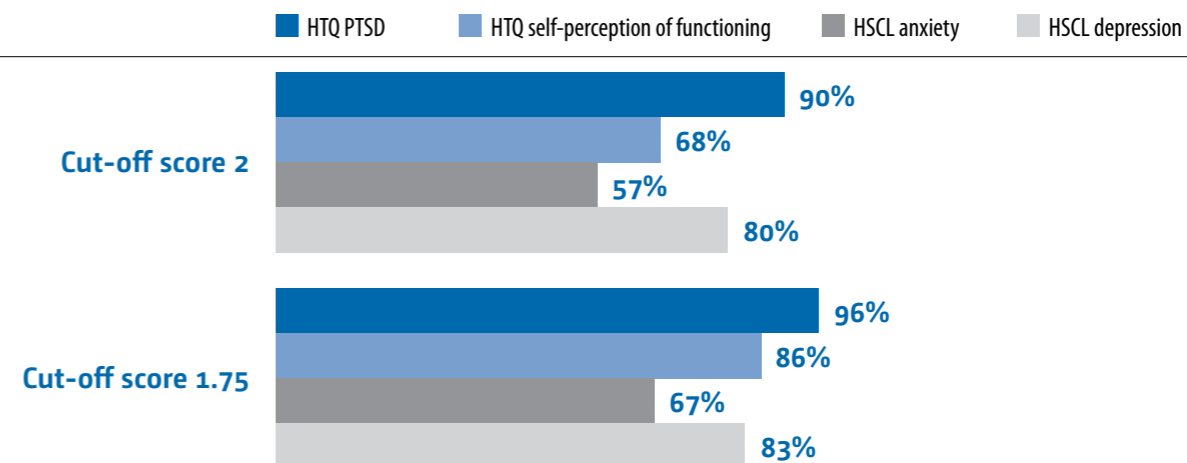
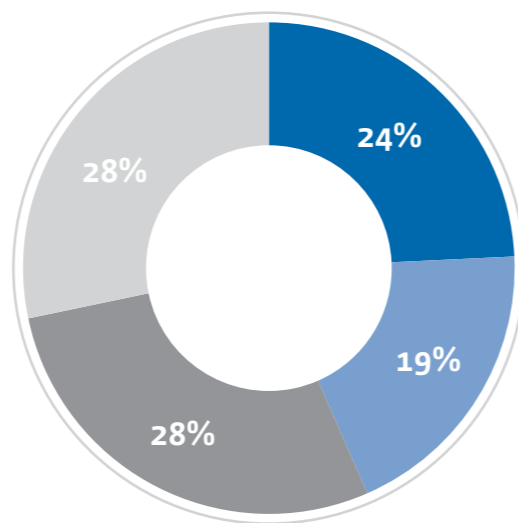


Figure 23. Nationals of Syria with scores exceeding cut-off values on the scales of PTSD, self-perception of functioning, anxiety and depression

Figure 24.
Nationals of Syria per
level of depression

| | |
|-------------------|------------|
| Nondep. | 24% |
| Mildly | 19% |
| Moderately | 28% |
| Severely | 28% |



happened to them (symptom of negative self-perception of functioning – NSPF), feeling on guard (symptom of PTSD), avoiding actions that bring hurtful events back to memory (PTSD), recurrent thoughts or memories of the most hurtful or terrifying events (PTSD), avoiding activities that remind one of the traumatic or hurtful events (PTSD), sudden emotional or physical reactions when reminded of the most hurtful or traumatic events (PTSD), exhaustion (NSPF), loneliness (depression), sadness (depression) and lack of trust in others (NSPF). Most of them are symptoms of PTSD. Feeble interest in everyday activities, the feeling that they have fewer skills than before, of irritability and tension and jumpiness are also frequent in addition to the above mentioned symptoms. The symptoms of negative self-perception of functioning that the Syrian asylum seekers display most often are the feelings that

other people do not understand what happened to them, that they cannot rely on anyone and that they had been betrayed by a person they trusted. Of the symptoms of anxiety, the nationals of Syria most often experience agitation, as if they cannot settle in one place, nervousness and internal agitation, tension and irritability, apprehension, weakness, dizziness and fatigue. With respect to depression, the most pronounced are the lack of energy and vigour, feeling that the future is hopeless, loss of satisfaction, loss of interest in things, poor appetite and changes in the sleeping patterns. Appendix 2.2 shows the average scores for all the examined symptoms.

Appendix 2.1

Table 2.1.1. Relative prevalence of trauma events in Syria

| Trauma events | % of asylum seekers who experienced a given traumatic event |
|--|---|
| Forced to leave home country | 97% |
| Forced to leave hometown and take residence in another part of the country with minimum conditions | 96% |
| Searched | 91% |
| Witnessed setting on fire or destruction of residential or uninhabited areas | 90% |
| The authorities did not provide support for physical and emotional problems | 90% |
| Murder or death due to violence of family member or friend | 89% |
| Forced to stay at home /hide due to external danger | 88% |
| Combat situation (open fire, shelling or explosions) | 85% |
| Lack of access to medical assistance | 83% |
| Personal property seized, stolen or destroyed | 78% |
| Exposure to frequent or constant sniper fire | 77% |
| Lack of shelter | 77% |
| Witnessed desecration or destruction of places of worship or other religious buildings | 76% |
| Witnessed beatings | 74% |
| Lack of food and water | 73% |
| Extortion or robbery | 71% |
| Seeing mutilated or disintegrating bodies | 70% |
| Present when someone in your apartment (or the place of residence) searched for things or people | 70% |
| Removed casualties | 66% |

| Trauma events | % of asylum seekers who experienced a given traumatic event |
|---|---|
| Family member or friend disappeared, was kidnapped or taken hostage | 61% |
| Exposed to mine field, mining of buildings or vehicles | 59% |
| Expelled from home country due to ethnic affiliation or religious beliefs | 57% |
| Family member or close friend took part in military actions | 56% |
| Someone was forced to betray you and place your safety/life or safety/life of family at risk | 54% |
| Witnessed arrests, kidnapping, torture or execution of religious leaders or other important community members | 53% |
| Collected the body of family member (child, spouse, etc.) and were not allowed to mourn and bury them appropriately | 53% |
| Witnessed torture | 51% |
| Witnessed mass executions of the civilians | 44% |
| Beating | 42% |
| Forcible conscription | 39% |
| Brainwashing | 35% |
| Used as human shield | 32% |
| Torture – while in captivity you received deliberate and systematic infliction of physical or mental suffering | 29% |
| Imprisonment | 24% |
| Rape of family member or close friend | 22% |
| Severe physical injury as a consequence of combat or mining | 21% |
| Knifing or axing | 20% |
| Not being allowed to move, sleep, relieve oneself, unhygienic conditions during imprisonment | 18% |
| Witnessed rape or sexual abuse | 17% |
| Witnessed chemical attack on residential or uninhabited areas | 15% |

| Trauma events | % of asylum seekers who experienced a given traumatic event |
|---|---|
| Forced to betray someone who is not family member or friend placing their safety/life at risk | 14% |
| Kidnapped /taken hostage | 13% |
| Forced to destroy someone else's property and possessions | 12% |
| Imprisonment, solitary confinement | 12% |
| Family member or friend was victim of organ trafficking | 8% |
| Took part in military actions | 7% |
| Forced to betray family member or friend placing their safety/life at risk | 6% |
| Forced marriage | 5% |
| Forced labour | 3% |
| Forced to physically harm someone who is not family or friend | 3% |
| Forced to physically harm family member or friend | 3% |
| Victim of organ trafficking | 3% |
| Murder or death due to violence of child | 3% |
| Sexual abuse | 2% |
| Rape | 2% |
| Killed someone | 2% |
| Rape by the army of the enemy (group, movement, etc.) | 2% |
| The spouse disappeared, was kidnapped or taken hostage | 2% |
| The child disappeared, was kidnapped or taken hostage | 2% |
| Murder or death due to violence of spouse | 1% |
| Forced provision of sexual services to the soldiers in the "holy war" | 1% |
| Forced prostitution | 0% |
| Pregnancy as a consequence of prostitution | 0% |

Appendix 2.2

Table 2.2.1. Average scores of symptoms of PTSD, negative self-perception of functioning (NSPF), anxiety and depression of asylum seekers from Syria

| Symptom | | Average score |
|------------|---|---------------|
| Depression | Worry too much about things | 3.77 |
| NSPF | Spending time thinking why these events happened to you | 3.42 |
| PTSD | Being on guard constantly | 3.41 |
| PTSD | Avoiding actions that remind you of the traumatic or hurtful events | 3.39 |
| PTSD | Recurrent thoughts of the most difficult or terrifying events | 3.36 |
| PTSD | Avoiding thoughts or feelings linked to traumatic or hurtful events | 3.33 |
| PTSD | Sudden emotional or physical reactions when you remember the most hurtful or traumatic events | 3.28 |
| NSPF | Feeling exhausted | 3.20 |
| Depression | Feeling lonely | 3.20 |
| Depression | Feeling blue | 3.17 |
| NSPF | Feeling no trust in others | 3.07 |
| Anxiety | Feeling restless or can't sit still | 2.95 |
| NSPF | Feeling that people do not understand what happened to you | 2.84 |
| NSPF | Feeling that you have no one to rely upon | 2.83 |
| NSPF | Feeling that someone you trusted betrayed you | 2.70 |
| Depression | Feeling low in energy, slowed down | 2.68 |
| PTSD | Less interest in daily activities | 2.68 |

| Symptom | | Average score |
|------------|---|---------------|
| Anxiety | Nervousness or shakiness inside | 2.66 |
| PTSD | Feeling that you have less skills than you had before | 2.65 |
| PTSD | "Blow up" easily or irritable | 2.65 |
| Depression | Feeling as if you don't have a future | 2.64 |
| NSPF | Bodily pain | 2.64 |
| PTSD | Feeling tense or irritable | 2.64 |
| Depression | Loss of pleasure (BDI) | 2.58 |
| Anxiety | Feeling tense and keyed up | 2.54 |
| NSPF | Less interest in daily activities | 2.54 |
| PTSD | Feeling detached or withdrawn from others | 2.53 |
| Depression | You have no interest in things | 2.48 |
| PTSD | Feeling as if you don't have a future | 2.48 |
| PTSD | Difficulty paying attention | 2.47 |
| NSPF | Feeling humiliated | 2.44 |
| PTSD | Recurrent nightmares | 2.43 |
| Depression | Poor appetite | 2.41 |
| Depression | Changes in sleeping patterns (BDI) | 2.40 |
| Depression | Feeling everything is an effort | 2.39 |
| Depression | Crying easily | 2.38 |
| Depression | Sadness (BDI) | 2.38 |
| PTSD | Trouble sleeping | 2.38 |
| NSPF | Having difficulty in dealing with new situations | 2.37 |
| Depression | Loss of sexual interest or pleasure | 2.35 |
| NSPF | Troubled by physical problem(s) | 2.35 |
| Depression | Difficulty falling asleep, staying asleep | 2.33 |

| Symptom | | Average score |
|------------|---|---------------|
| Depression | Tiredness or fatigue (BDI) | 2.33 |
| Depression | Tension (BDI) | 2.24 |
| Depression | Crying (BDI) | 2.20 |
| Depression | Loss of energy (BDI) | 2.20 |
| NSPF | Feeling ashamed of the hurtful or traumatic events that happened to you | 2.20 |
| Depression | Loss of interest in sex (BDI) | 2.19 |
| Depression | Changes in appetite (BDI) | 2.19 |
| Depression | Irritability (BDI) | 2.19 |
| Depression | Feeling trapped or caught | 2.16 |
| Depression | Thoughts of ending your life | 2.15 |
| Depression | Feeling punished (BDI) | 2.14 |
| NSPF | Difficulty paying attention | 2.13 |
| Anxiety | Feeling fearful | 2.12 |
| Anxiety | Faintness, dizziness or weakness | 2.09 |
| PTSD | Feeling as though the event is happening again | 2.09 |
| NSPF | Hopelessness | 2.07 |
| NSPF | Blaming yourself for the things that have happened | 2.07 |
| Depression | Worthlessness | 2.03 |
| Depression | Concentration difficulty (BDI) | 2.03 |
| Depression | Indecisiveness (BDI) | 2.02 |
| Anxiety | Heart pounding or racing | 2.01 |
| Depression | Loss of interest (BDI) | 2.00 |
| NSPF | Poor memory | 2.00 |
| PTSD | Feeling unable to love, hate, etc. | 2.00 |

| Symptom | | Average score |
|------------|--|---------------|
| NSPF | Feeling others are hostile to you | 1.95 |
| Depression | Pessimism (BDI) | 1.89 |
| Depression | Past failures (BDI) | 1.89 |
| Depression | Self-criticalness (BDI) | 1.88 |
| Anxiety | Headaches | 1.86 |
| Anxiety | Suddenly scared for no reason | 1.84 |
| Depression | Blaming yourself for the things that have happened | 1.83 |
| NSPF | Feeling powerless to help others | 1.83 |
| Anxiety | Trembling | 1.79 |
| Depression | Worthlessness (BDI) | 1.77 |
| NSPF | Feeling that you are the only one who suffered these events | 1.76 |
| PTSD | You cannot remember parts of the most hurtful or traumatic events Cannot remember parts of the most hurtful or traumatic events | 1.71 |
| Depression | Guilty feelings (BDI) | 1.70 |
| Depression | Self-dislike (BDI) | 1.69 |
| Anxiety | Spells of terror or panic | 1.64 |
| NSPF | Feeling guilty for having survived | 1.55 |
| NSPF | Feeling as if you are split in two people and one of you is watching what the other is doing | 1.51 |
| NSPF | Finding out or being told by other people that you have done something that you cannot remember | 1.45 |
| NSPF | Feeling the need for revenge | 1.37 |
| Depression | Suicidal thoughts or wishes (BDI) | 1.11 |

THE RECOMMENDATIONS AND THE RECOMMENDED
INSTRUMENTS FOR WORKING WITH ASYLUM SEEKERS

The recommendations and recommended instruments for working with asylum seekers



The recommendations for working with the asylum seekers, the questionnaires and the instructions for use thereof were developed on the basis of the results of this study, the characteristics of this population, years of experience acquired in this domain and the relevant bibliography.

The recommendations for working with the asylum seekers are primarily intended for caregivers and all the persons coming into direct contact with asylum seekers – employees in the asylum centres, police, lawyers, psychologists, psychiatrists, social workers as well as all those who wish to be informed and to understand better the challenges faced by the asylum seekers and the specificity of work in this field. The recommendations will include the specifics of counselling of asylum seekers, in-depth explanations of meaning of individual symptoms appearing in this highly traumatised population, their problems and needs. Also, guidelines for methodology of work with the asylum seekers will be given – what to apply, what to avoid, how to identify extremely vulnerable persons and which steps to take in that case. In the end, we shall touch upon the problems and challenges potentially faced by all those who come into direct contact with the asylum seekers, and offer recommendations to overcome these.

The recommended instruments for working with the asylum seekers and the detailed instructions for use of these instruments are intended for trained non-psychologists, as well as for psychologists and psychiatrists coming into direct contact with the asylum seekers.

UNHCR / Ivor Prickett / 23.9.2014.

Recommendations for working with asylum seekers

SPECIFIC CONDITIONS OF WORKING WITH ASYLUM SEEKERS

Asylum seekers represent a highly traumatised population, mostly suffering from post-traumatic stress disorder, anxiety and depression, all of which require ensuring adequate conditions of work. The key requirement is to secure an interview room that ensures privacy (a room that is view or sound proof from the outside). The interview room should be different from that in which hearings in asylum procedure are conducted in order to preserve the atmosphere of confidentiality and to avoid equating it with the interviews conducted within the framework of the asylum procedure. This room should be pleasant, comfortable, warm and sufficiently lit.

The situation in the field - in the asylum centres where the interviews with asylum seekers should be conducted- does not always respond to the above requirements. Sometimes and in some asylum centres, the interview rooms will be adapted into bedrooms of asylum seekers for whom there is no space in the existing bedrooms. In addition, asylum seekers often have various questions, medical examinations are organised, interviews with the police, there may be a sudden, large influx of asylum seekers, etc. In these situations, sometimes it is not possible to ensure sufficient privacy. Nevertheless, attempts should be made for it to be provided to the greatest possible extent by rescheduling interviews. Weather permitting, and if adequate conditions exist,

the interviews may be conducted out in the open. The asylum seekers must be explained the reasons for these altered conditions of work and offered a possibility to postpone interviews if they find the conditions unacceptable.

In addition to space, one should bear in mind that most of the asylum seekers do not stay in Serbia long and that one can rarely predict how much time for work one would have at their disposal. This is particularly relevant to selection of psychological approach and working techniques with the asylum seekers in order to avoid opening up of psychological processes that may not be adequately processed and closed for lack of opportunity to do so. One should bear in mind that the first interview may well be the last one, and thus carefully assess the risks associated with such conditions of work.

With respect to the working conditions, it is important to stress that the findings of the study indicate that many asylum seekers display problems such as exhaustion, fatigue, lack of energy, sluggishness as well as difficulties in focusing and inability to remain in one spot for long, so it is very important to be mindful of the total length of interviews and to make breaks if needed, in order for the interview not to be tiring and burdensome for the asylum seeker.

Direct contact with asylum seekers

NON-VERBAL COMMUNICATION

It is important to understand that the first information that the asylum seeker receives from the assistant is certainly non-verbal and therefore one must take care that the tone, colour of the voice, facial expression, gesticulation and posture be in conformity with the content spoken.

During the interview one should make a point of respecting the zone of personal space, as well as to pose himself slightly to the side relative to the asylum seeker interviewed because positioning directly opposite a person may appear threatening.

One should bear in mind that a serious tone, as well as a serious facial expression may frighten a traumatised person who finds him/herself in the situation of uncertainty at the time of the interview. A calm tone and maintaining eye contact are recommended.

It may happen that while wishing to show understanding and compassion, your non-verbal communication is contradictory to your words. During the interview a lawyer was informing an asylum seeker that his asylum claim had been rejected in a lively voice, smiling all of the while trying to ease the burden brought on by this. The asylum seeker's reaction to this was confusion as he was trying to grasp whether he had understood the interpretation well, whereafter he asked what the good news was.

INTRODUCTION AND BEGINNING OF INTERVIEW

One should introduce oneself clearly at the very beginning of the interview. The asylum seekers are very frightened that the information they provide may reach their country of origin and put themselves or their families in danger. In all, 87% of asylum seekers still have families in their countries of origin, the majority of which is war torn. Therefore it is important to emphasise that their families and close friends would in no way be threatened by the interview.

When introducing one, in addition to stating the name and surname, tell them where you come from, where you work and explain that everything you discuss will be considered strictly confidential and that you will share not a single information with anyone short of their consent. Explain that the interview is voluntary and that they may take a break or withdraw at any time, and that nothing that happens during the interview would influence your attitude towards them and their asylum procedure. It is very important to inform the asylum seekers about the objective of the interview, the way and the purpose of using the information they provide.

In case of need to write down any of the information provided by the asylum seeker, one must first ask for his agreement, and explain what precisely one would write down and what for. Despite the explanation, it may happen that the interview itself and the recording of information frighten or upset the asylum seeker very much, in which case one should stop the interview.

When collecting the data for this study, an asylum seeker from Syria aged 54 agreed to take part in the study, having been informed of the purpose and the objective of the interview and explained about the confidentiality thereof and the information. As the interview progressed, he started to fidget, to sweat and explained that his family – a wife and two children – were still in Syria. In order to better understand what was happening, we stopped the interview and talked to him about it. It turned out that, although informed about the objective of the research, he nevertheless developed an intensive and overpowering fear that some of the information he provides might put his family in danger. The interview was interrupted and the asylum seeker was given the paper where his answers were recorded on with the explanation that participation in the interview was not obligatory and that, should he wish to withdraw, it would in no way impact our attitude towards him nor his asylum procedure. After that, the asylum seeker told us he wanted to withdraw, and only when the fear subsided, was it possible to resume psychological counselling and support.

LANGUAGE BARRIER

Communication with asylum seekers most often involves an interpreter. If interpreter's services are to be used, one must keep in mind the gender compatibility of the interpreter and the asylum seeker. Ensuring a female interpreter is particularly important.

During the interview, asylum seekers may naturally start to expect that a person whom they understand and whom they can express themselves to actually holds relevant information and may influence the decisions related to the issues important to them. These expectations may introduce lack of clarity into the communication, confusion in the asylum seekers and may also bring about the burn-out syndrome in interpreters.

In order to avoid this situation, one should explain to all the parties in the communication who the source of information is and the role of the interpreter right at the start of the interview. In continuation of the interview, and in order to preserve clear roles and limits in work, one should seek to maintain a clear direction of communication between the assistant and the asylum seeker, with the lowest possible influence of the interpreter on the course of the conversation.

At one point during the interview with an asylum seeker from Nigeria he posed a question that the interpreter began to interpret. The asylum seeker interrupted her at that and said "What are you doing, I'm not asking her but you". After this, we went back to explaining again the roles in communication.

CULTURAL DIFFERENCES

One and the same event may have a different meaning in different cultures. Gather the information as to what is considered "normal", and what preferred in the culture of the asylum seeker you are working with. Sensitivity to cultural differences allows for better understanding of a person and the problems they face.

The majority of asylum seekers come from Islamic countries (94%), where the difference between gender roles is more pronounced than in our society, particularly so in communication outside the family environment. With respect to this, it must be noted that there may be resistance of male asylum seekers to talk to a woman in the capacity of assistant due to the notion that it is inappropriate to show weakness and as it is not customary for them to speak to a woman in order to have a problem resolved. As various authors note, precisely these differences may influence the lev-

el of exhibiting of psychological problems in men and women – asylum seekers (Emirates & Alansari, 2006).

During the session, it may also happen that the asylum seeker does not look at you directly in the eye – if you are a woman – in order not to offend you. Also, in a situation when you are working with a male colleague, the questions they want to pose to you they may actually pose to your colleague with the idea that he will serve as an intermediary in communication. At the same time, women – asylum seekers may not feel comfortable sharing personal experiences with male assistants or in the presence of men. There will be situations when the male family members of women – asylum seekers expect or even insist to be present during the interview. In that case, it is key to inform husband and wife (or brother and sister, etc.) both that they are entitled to individual interviews. The decision as to whether the interview would be conducted alone or in the presence of the partner/relative/friend is made by asylum seekers themselves. One should not influence their decision nor should one insist on the individual interview. However, it is important it be clearly stated that they are entitled to an individual interview and that this option is available to them.

After one of the group sessions with the asylum seekers from Afghanistan, they thanked and held their hands out to the interpreter for Farsi, while only nodding their heads in greeting to the women in the room on exiting. It is mostly accepted that initiating physical contact with women may be inappropriate or offensive and this should be taken special care of, allowing handshaking to be initiated by the asylum seekers themselves irrespective of their sex.

A 19-year old asylum seeker from Afghanistan spoke about his older sister who suffered from a difficult psychological illness, while he was living in Afghanistan. "She could not sleep at night, she was permanently afraid for herself and others so she appeared in constant panic. Her speech was often incoherent, she cried days on end and sometimes even shouted and assaulted others in the house," he explained. The uncle, who took them in after the death of their parents, did not allow her to leave the house; he did not want her to talk about this to anyone outside the immediate family and there was no way to help her. He said that although he did not agree with his uncle, he knew that the latter had decided so in order to spare the family of "shame" that could never be washed away.

PSYCHOLOGICAL NEEDS AND THE PROBLEMS OF ASYLUM SEEKERS

Trust, acceptance and empathy – The characteristic feelings that may appear in persons with post-traumatic stress disorder and depression are isolation from others, withdrawing into themselves and problems in connecting with other people (Kluft, Bloom, & Kinzie, 2000). The results of the research show that these problems are very pronounced in asylum seekers and that they are manifested through the impression that they alone suffered such an experience, that the people do not understand what happened to them, that they can rely on no one, that they have been betrayed, that they are alone, that they cannot trust anyone and that they withdraw into themselves.

Do not assume what the asylum seekers are living or have gone through. Avoid sentences like "I know how it is" and "It is OK" as they may cause anger and distance them from you. Importantly, stress that the

feelings the person has are all right, that what they are feeling is a normal response of the body to the situations they have experienced and that many others feel in a similar way in such situations.

You may say "It is probably difficult to live such an experience". You may mention any feeling you think you have recognized and that you may understand through occasional summing up, rephrasing or posing questions ("It seems as though that disturbed you; as that disappointed you").

Importantly, keep in mind you need not necessarily say the right thing, nor have a solution to everything. Interest and the protective and calm presence may have a positive effect and give the asylum seekers the feeling of safety and understanding.

Trust of the system and other people is very much threatened in asylum seekers. One must understand this and appreciate the time required by an asylum seeker to speak to another, while observing the phases of gradual psychological progress (Carswell, Blackburn, & Barker, 2009). In addition, one should understand that there are persons who will never ask for help. Offer help and be present, but not intrusive. Time and space must be left and the asylum seekers must be informed about whom and when they can talk to should they wish to do so. Do not forget that your good intentions and a wish to help are not the measure of someone else's need for help.

As one of the numerous examples indicating shaken confidence in the system and inability to alleviate the fear existing from previous experience by rational explanations, we would like to describe a situation whereby a group of asylum seekers was supposed to be transported in buses from the asylum centre to the nearest hospital for medical check-up. The purpose of this visit was explained

to the asylum seekers and that, for sake of better organisation, they would be transported in buses. They agreed to it. However, when they headed from the centre to the buses, almost all of the asylum seekers fled into the nearby woods and would not answer the calls of the employees of the centre nor hear the assertions that everything was all right and that no one would hurt them. What actually happened is that they had an association with the past negative experience of deportation and of having been deceived by the people they had been in contact with, which resulted in intensive and overwhelming fear.

Psychological empowerment – The results of the study indicate that the perception of self and one's competencies, qualities and strengths in asylum seekers is very threatened. The majority of them feel they have fewer competencies than before, that it is difficult for them to cope, that they are worthless. It is difficult for them to make decisions, plan days and they have a negative perception of themselves. They are critical of themselves and feel useless. These are a frequent phenomenon in persons who experienced trauma events.

When working with the asylum seekers, it is useful to note and commend efforts they are investing into coping with their situation in good time. You need to commend the efforts you identify. Encourage them to feel that they are in control their life as it vanished due to different circumstances they could not have had the influence over but which influenced their lives substantially. Focus on the things that the person can do, what he/she managed and what he/she could achieve in the immediate future.

Talking to a young woman from Somalia, she told us her family decided to marry her off to a 50-year old member of a military group from Somalia when she was 18. She spoke about

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how she knew that the girls who had been taken away by them would never be seen again and that no one knew what became of them. She also said that, although she had pleaded with her mother and father not to do that and not to force her into it, they did not support her and neither did her friends for the majority feared getting into conflict with anyone from that military group. Thereafter, she left Somalia with a smuggler. She had very little money and she knew that, if she were to arrive to Sweden, she could contact a friend who had gone there two years earlier. At one point during the conversation, we told her that a decision like that had probably required a great deal of courage and strength. She fell silent at that, her eyes swelled with tears and she said "yes, it took a lot of courage and strength". Then she explained that it had never dawned on her there may be a single quality of her own in all that, a single value and that it was the first time she had ever thought in those terms.

The opportunity to help others is particularly relevant for the asylum seekers. Many asylum seekers feel they are unable to help others and this represents an enormous defeat for them. What's more, this effort to help one another, be it by arguing in their favour with the manager of the centre, giving up on the meal in order to take it to someone who does not have it or by hiding a friend in their room even in face of the possibility of themselves losing accommodation on account of that is a frequent topic that comes up in conversations with them. Thus the particular significance attached to noticing and commending efforts should you notice that a person somehow contributed to helping others. In the case of families, single parents, brothers and sisters, recognise and commend an

effort they are putting into caring for each other and the joint front taken in face of adversity.

When talking to single mothers, recognising that they muster up strength to be committed to their children, despite all the problems was the statement that very often caused positive reactions, empowerment and regaining of control by them.

Similarly, in talking to a 20-year old asylum seeker from Syria who was in the centre with his 15-year old brother, we raised the issue of his caring for the brother. We told him others noticed his brother had warm clothes and extra food as well as a new wristwatch he gave him as a present for his 15th birthday. The change of his mood was evident after we talked about it and he explained that he knows how to get by when needed and that he had strength to deal with different situations and that his brother would have all he needs.

At one point there was a blind asylum seeker in the asylum centre. Many of his friends and acquaintances – asylum seekers we talked to had stayed with him in the centres in other countries and helped him during transit, transport with the smugglers, in crossing the woods and cities and during his stay in Serbia. "There is no reason to be worried, he is here with us and he will go with us wherever he wants" they said.

One should also keep in mind that the persons who have gone or are still going through the difficult events and trauma together, insist on certain topics and problems you would think not overly significant

at first glance right at the beginning of the conversation. Sometimes the asylum seekers need time to start talking about difficult experiences and problems. Furthermore, by resolving minor problems one may influence, one is trying to re-establish the feeling of strength, value and control over one's life. It is vital not to disturb this mechanism that plays an important role in the psychological survival and to respect the time needed to gain confidence and muster the strength to talk about hurtful experiences.

During psychological counselling with a 30-year old asylum seeker from Syria, not long after he had learned that his best friend from Syria had disappeared, he started complaining intensively that the food in the asylum centre was not spicy enough. For two weeks this remained the main topic he wanted to discuss, insisting that each time we tell the manager of the centre and the cooks that he was asking them for a change. Two weeks later, he slowly started to talk about the terrible feeling of impotence in the face of bad things that were happening to his friends and family and which he had no influence over.

Discrimination and stigmatisation – The long experience with asylum seekers shows that many of them feel the urge to somehow vindicate themselves, to the point of offering excuses for the wars raging in their countries of origin. They need to talk at length about all that is beautiful in their country and that not all people there are bad and criminals. Furthermore, there is an evident need for them to assert that they come from a "good family", that their parents are also educated and that they ran an honest trade there. Some of the underlying reasons of this need are stigmatisation and discrimination (Hadjkiss, Lethborg, Al-Mousa,

& Marck, 2012) that the asylum seekers are exposed to daily. Therefore, if this need is identified in an asylum seeker, it might be useful to talk about mundane things, professional interests, family, hobby, etc.

A large number of asylum seekers say they are homesick and a high percentage of them state that the worst thing that happened to them was leaving the country of origin. Loss of homeland may represent relief on the one hand, but bring sadness and despair on the other (Gonsalves, 1992). When working with the asylum seekers one needs to identify and encourage conversations about these topics because ties with the country of origin represent a significant part of personal identity of many of them.

When talking to asylum seekers, they often posed questions about the war in this region. By discussing this topic, explaining that there had been a war here too, that many people perished, many had to leave their country or hometowns and that many families and close friends got separated brought about the experience of recognition and acceptance in asylum seekers, a feeling that someone understood them, and that there exists someone who knows that the situation is never "black or white" as they put it and that the war and leaving one's homeland was not their choice.

Accusing themselves for the things that happened and the feeling of guilt for what they had lived through is a strongly manifested element of psychological experience in persons who had lived through trauma events (Kluft et al., 2000). The study indicates this feeling to be very much present in asylum seekers in Serbia. It is very important to respect the time

needed by the asylum seekers to start talking about this topic which is highly emotionally charged, as the experience shows.

Informing and uncertainty – Providing information that allow the asylum seekers to fulfil their needs and resolve the problems is of paramount importance. Give clear information about the existing resources: all that is at their disposal by way of services, and let them know whom, which institutions and organisations they may contact for which type of problems and when. Do not give information that have not been verified and assume nothing. If you do not know the answers, refer the asylum seekers to those who might do.

Importantly, it may also happen that the asylum seekers continue not to understand or appear as they have not understood what you talked about despite your explanations and efforts, There may be situations when they are repeating questions, trying to explain something to you and then getting confused all of a sudden and telling you they do not remember or giving you contradictory information. The persons suffering from post-traumatic stress disorder, depression and anxiety have difficulties in cognitive functioning so such behaviour may be expected (Kluft et al., 2000). As findings and research prove, this is manifested by them finding it difficult to focus, pay attention, having difficulties with concentration and not being able to remember parts of the most hurtful or traumatic events.

Of special relevance is that members of the Ministry of Interior and lawyers be informed about the consequences of trauma events on cognitive functioning of asylum seekers. Learning about them will make it easier for them to appreciate the difficulties that may appear during interviews, statements and in similar situations, as well as to

respond adequately – by showing patience and understanding for the time the asylum seekers need in order to give the necessary information.

Physical problems – The asylum seekers and other persons with post-traumatic stress disorder, anxiety and depression may experience physical problems (Gerritsen et al., 2006). The results of the study show that asylum seekers feel exhaustion, weakness, loss of energy, slowing down, fatigue, changes in eating and sleeping patterns, physical pain, headaches, shivering and heart pounding. If certain that there is no underlying medical condition, it is important to explain to them that these symptoms sometimes appear as a reaction of the body to trauma events they experienced and that they also happen to others. It is preferable that they be encouraged to take care of themselves as much as possible – by sleeping, eating, relaxing and to do things that make them feel better.

Re-traumatisation – In order to avoid re-traumatisation - reliving and passing again through trauma events and experiences, it is particularly important to protect the asylum seekers from being exposed to additional trauma events and any recollection of trauma events they experienced (Kluft et al., 2000). Post-traumatic stress disorder, depression and anxiety are more pronounced in persons who had traumatic experiences such as imprisonment (Cleveland & Rousseau, 2013), torture (Fouchier et al., 2012). The level of post-traumatic stress disorder is also linked with the total number of traumatic experiences (Kluft et al., 2000; Teel, Silove, Bird, & Mcgorry, 1999). Our findings show that many asylum seekers experienced multiple trauma events such as food deprivation, water deprivation, lack of medical care, deportation, imprisonment in difficult conditions. Furthermore, numerous asylum seekers have experienced death due to violence

or disappearance of a family member, witnessed torture, have had to remove the wounded or the dead or have seen mutilated or disintegrating bodies. Many experienced beatings and other types of physical and sexual abuse, as well as psychological violence (insults and humiliation). All of these make them a highly vulnerable population in need of protection from exposure to any content that could potentially remind them of traumatic experiences. They must be secured safety and protection; they need to experience an interested and fair system that appreciates the problems they face and takes care of their needs. The findings prove that next to none of the asylum seekers has experienced these.

The results of our research show that the asylum seekers try to avoid situations, thoughts and feelings connected or reminding them of the hurtful events. On the other hand, they have recurrent recollections of the most problematic or terrifying events, recurrent nightmares, and sudden emotional and physical reactions when reminded of the most hurtful or trauma events.

In view of all the above, it is very important that asylum seekers are not interrogated about the details of hurtful events and thus to avoid overwhelming and re-traumatisation. It is vital to assert that they need not discuss the topics they do not wish to discuss, that they need not respond to all the questions and may interrupt the interview anytime they wish, all of which will bear no influence whatsoever on our attitude towards them.

On the other hand, with a view to psychological healing it is crucial that a person be allowed to talk freely about the difficult experiences and feelings, should they wish so. One needs to be present, to demonstrate the willingness to listen and the

capacity to stay in the conversation in the face of difficult topics or feelings. By being calm and supporting, they should be made aware that they are not alone and that we stand ready to support and remain with them. In this way the asylum seeker acquires a feeling of acceptance, understanding and support which may constitute the first step towards re-establishment of the shaken trust and psychological empowerment.

A conversation with the lawyers aimed to prepare for an interview with the police was conducted in the presence of a female psychologist because it was held with a 20-year old pregnant girl from Congo that exhibited psychological vulnerability. As the conversation progressed, the girl started to talk about physical and sexual abuse by the military in Congo and at one point stated that pregnancy was a consequence of a rape. Having heard this, the lawyer wanted to stop the interview so as not to expose the girl to additional questions and to end the situation in which this severe traumatic experience had been revealed. However, what would have occurred at that moment, had the questioning been suddenly terminated at the lawyers initiative and despite her best intentions is actually to leave an impression that the events and the feelings this girl had wanted to share were overly burdensome and unwanted. Furthermore, termination of interview at that moment, initiated by anyone else other than the girl who spoke about it herself, could have potentially been understood as an accusation or an implication that she should be ashamed or that she should feel uncomfortable due to the experienced trauma and that she may be rejected on account of it. The interview

proceeded and the girl was given an opportunity to share this difficult experience to the extent she wanted in a protected and controlled environment.

RESPECT FOR DIFFERENCES IN RESPONSE TO TRAUMA AND STRESS

One should also bear in mind that not everyone who has experienced trauma must necessarily have a posttraumatic stress disorder or suffer from depression. Not all reactions should be labelled as symptoms of psychological disorder. The terms *pathology* or *disorder* should be avoided in conversations. Since there are similarities in responses to trauma and stress, it is very important to be aware of the different responses of individuals to similar or identical circumstances.

It is also important to understand and, if the need arises, explain to the asylum seekers that most of the problems they experience may represent normal reactions to past experiences. Furthermore, according to different authors, even when not traumatised, asylum seekers live in extremely stressful conditions due to being separated from their friends, family as well as due to the ever present uncertainty which has an adverse effect on psychological well-being (Enner, Alem, & Tomeyer, 2006).

The question is which reactions may be considered normal, expected responses, and when the more serious, long-term consequences emerge. It is important to assess when the problems of an asylum seeker point to high vulnerability and call for urgent addressing. It is difficult to draw a clear and accurate line between normal and pathological reactions, but the guidelines for recognising risks include that even after several weeks a person

shows the same or an elevated intensity of the above symptoms, that the symptoms are present most of the time and that a person has problems in everyday functioning (Kluft et al., 2000). In addition, the reactions that call for urgent response include self-harming, harming others, suicidal ideation or suicide attempt and taking psychoactive substances.

WHAT IF YOU RECOGNISE THE RISK?

If you identify any of the above symptoms, you must refer the asylum seekers to professionals – psychotherapists, psychologists or psychiatrists – in order for them to establish the adequate form of assistance or therapy.

END OF CONTACT

Ending the conversation, the asylum seekers should be asked whether anything remains unclear and whether they have any questions. They should be informed about the possibility of a repeated contact, should they need it (whom to turn to, whom to contact). In the end, one should thank them for their cooperation and time.

Caregivers are also human

WHAT MAY YOU EXPECT?

A prolonged contact and work with the asylum seekers means daily interaction with persons suffering from posttraumatic stress disorder, depression and anxiety, the majority of whom have fundamental existential issues unresolved and are in the constant state of uncertainty. The question is what consequences this may have on the persons coming into contact with them.

The frequent experience of the assisting professionals interacting with the asylum seekers is helplessness. Many things should be different, and the majority of them seem to be out of your capability. The factors that may additionally intensify the feeling of helplessness are the limitations of the asylum system in Serbia. It is particularly important to bear in mind that the feeling of helplessness is rarely recognised as such. More often it happens that people have different reactions to the feeling of helplessness – the dominant feelings being sadness or anger. The caregiver may also direct his feeling of helplessness to the person he works with and it may appear that the asylum seekers he is talking to annoys him, he will feel threatened, angry and furious. Also, a caregiver may suddenly feel sleepy or even bored during the conversation. He may feel he cannot stand it any longer, that the story overwhelms him, that he is too sensitive or he may experience deep sadness and loss. On the other hand, emotional exhaustion, rigidness and indifference may take place; the stories may seem stereotyped, and as if he had heard them many times over, he is unable to focus and be attentive and he may have difficulty in following the line of thought of the interlocutor because

his thoughts are racing. The caregivers often feel physical exhaustion, headache, insomnia or fatigue.

WHAT DOES THAT MEAN AND HOW TO DEAL WITH IT?

If any of the above occurs it does not mean that you are not doing your job well, that you lack empathy, or that you are not humane enough. Defensive mechanisms tend to be activated in the face of difficult feelings, and so the above reactions may appear when the circumstances and the feelings of asylum seekers are too overwhelming for you.

The above reactions are common when one is working with highly traumatised persons. If neglected they may result in a burn-out syndrome, and secondary traumatising. The burn-out syndrome is a consequence of chronic emotional stress at work and leads to exhaustion, withdrawal and the reduced feeling of self-efficiency (Meichenbaum, 2007). In addition to the burn-out syndrome, excessive exposure to work with traumatised persons may result in secondary traumatising as a consequence of empathic reliving the experience of the clients' suffering and torture they have gone through. Secondary traumatising results in increased general tension and preoccupation by clients' traumatic experiences and may leave consequences on the psychological and physical health of caregivers (American Counselling Association, 1997).

HOW TO PREVENT IT?

Take care of yourself. Adapt the working conditions to your capacities, limit the duration of con-

versation and take breaks. Do not forget rest, diet, exercise and leisure.

In the long term, you must take continued and regular part in trainings and supervisions as well as caregiver support groups where you will have an opportunity to discuss your job in order to protect yourself from burn-out. Your own capacity building is not a sign of weakness but a professional obligation to yourself and the persons you work.

Accept your own limitations and the limitations of the circumstances, as sometimes you will not be able to do anything to help, and sometimes no one will be able to do it. Do not be angry at yourself; try and be aware of the emerging feelings and not to avoid them but rather share them with others. Try and focus on the aspects you can influence and understand that, although sometimes lacking a solution to the problem, your very presence and the wish to be there for the asylum seeker may be of help.



Trafficking in human beings

Asylum seekers in Serbia are vulnerable to trafficking in human beings. They cannot lead a normal life, work and go to school in their countries of origin and their lives are often in danger because of the war, poverty and other circumstances. Therefore, they leave their countries of origin, often without documents, money and even a notion as to where they are headed to. It is precisely for these reasons and for the fact that most of them travel illegally, using the services of smugglers, that the asylum seekers represent a group at high risk of falling prey to traffickers.

The data obtained in the study show that the asylum seekers are not sure what trafficking in human beings is and the potential dangers associated with it and thus do not know how to protect themselves from it. It also proved that many asylum seekers have already experienced some form of coercion implied by trafficking but have not recognised it as such.

Prevention of trafficking in human beings among the asylum seekers in Serbia should primarily mean efficient and timely information sharing with the focus on recognising symptoms of recruitment or exploitation as well as learning about self-protection. This means that the asylum seekers may recognise and verify information or the offers they receive, especially when knowing that these come from traffickers mostly (assistance in border crossing, job offers, taking loans when short of money, etc.). The asylum seekers must be explained also that the persons they travel with as friends may be traffick-

ers and that it is crucial to check all the information through all the sources available. Confidence must be established prior to informing them and talking about this issue. It is vital that one be cautious, not aim to frighten them but inform them of the scope of the problem, make them aware of the need to take care and not to trust all the promises made to them. Taking into account the information that only 3% of asylum seekers wish to stay in Serbia, and that they see Serbia as a country of transit only, they must be made aware that trafficking also exists in the developed European countries of their destination and that many abuses take place in these countries also.

Preventive activities must primarily target women travelling alone or with small children and the adolescents without parental care but to other asylum seekers as well.



Recommended instruments for working with the asylum seekers

When working with asylum seekers, one needs to make a distinction between

1. The first contact and identification of the vulnerable individuals and
2. In-depth exploration of the psychological status

At first contact and identification of vulnerable individuals as well as during in-depth exploration of the psychological status of asylum seekers, one must follow the recommendations for working with the asylum seekers provided in the previous chapter of this study. The distinguishing features of these two phases are the psychological questionnaires allowed to be used and the required expertise. Hereinafter, we explain who may undertake to identify vulnerable individuals and conduct an in-depth exploration of psychological status of asylum seekers and which questionnaires should be employed.

The first contact and identification of vulnerable individuals

On the basis of the experience acquired in working with asylum seekers, it is evident that their numbers are growing from one year to another, that their fluctuation is also high, that they remain in asylum centers for short periods of time and that they have limited access to professionals. Thus the need for short psychological questionnaires that do not require a long time to administer but that render quality and relevant information which allows for identification of the most vulnerable individuals in need of assistance and protection depending on the recognised needs and problems.

The results of the study show the majority of asylum seekers to be highly traumatised and suffering from posttraumatic stress disorder, anxiety and depression. It is therefore important to keep in mind that any unnecessary actuating of their traumatic experiences may result in re-traumatisation (reliving of trauma) and overwhelming by difficult emotions. In absence of adequate working conditions (lack of time) or if a person does not have the expertise required for work with traumatised persons, he/she may not be able to cope with those problems. This may result in grave psychological vulnerability of asylum seekers. Short instruments allow for unobtrusive identification of persons in need of additional support and protection. By applying them, one avoids long and exhausting interviews that may be psychologically threatening for a highly traumatised person per se.

In line with the above principles, the non-psychologists trained to work with asylum seekers, psychologists

and psychiatrists have at their disposal two questionnaires for identification of vulnerable asylum seekers – basic information on asylum seekers and the functioning of the asylum system in Serbia and the abbreviated list of PTSD, depression and anxiety symptoms. Traumatic experiences of asylum seekers should not be investigated in this phase because conversations about them conducted in absence of a professional and in inadequate conditions may lead to psychological vulnerability and re-traumatisation. Detailed instructions for use of these instruments are offered in continuation.

In order to acquire basic information about the asylum seekers and the functioning of the asylum system in Serbia, we propose the instrument used in this research in its original form. The integral instrument is presented in Appendix 1.1. During the interview, special attention should be paid to the questions related to sex, age and health problems of asylum seekers. With respect to women, minors (under the age of 18) or the elderly (60+), as well as persons with health impairments, special attention should be given to their problems and needs. Relevant competent institutions should be informed in case of need.

The abbreviated list of symptoms of posttraumatic stress disorder (PTSD), depression and anxiety may be used for assessment of psychological vulnerability. The objective is to identify potentially vulnerable persons in order to refer them to the relevant institutions or professionals who would then undertake a more in-

depth exploration and ensure adequate assistance and protection.

An abbreviated list of symptoms of PTSD, depression and anxiety (Appendix 3.1) was constructed on the basis of a thorough analysis of individual items in the original, unabbreviated versions of questionnaires, taking into account multiple parameters (item discrimination, homogeneity, reliability and validity) based on which quality and relevance of items are established. The criteria for selection of items to be included in the abbreviated versions of questionnaires were primarily the above mentioned psychometric characteristics of items primarily,

and their content. This selection resulted in including all the relevant dimensions of trauma events, and all the relevant types of symptoms avoiding, at the same time, repetition while keeping the good psychometric characteristics of the instruments themselves. The abbreviated questionnaires discriminate well between asylum seekers with high and low levels of symptomatology, they are reliable and valid, and adequately reflect the problems faced by the asylum seekers. The key advantage of the abbreviated versions of the questionnaires lies in that the interviews take shorter, thus burdening the asylum seekers less while the interviewer is able to interview more asylum seekers over the same period of time.



In-depth exploration of psychological status

An in-depth exploration may be conducted by professionals only – psychologists and psychiatrists. The objective is to explore the needs and the problems of asylum seekers thoroughly and thus acquire a complete picture of their previous experiences, the traumas and the symptoms. Based on an in-depth exploration, a professional may recommend continued work with a person, and inform the relevant institutions, as needed.

In order to acquire basic information about the asylum seekers and the functioning of the asylum system in Serbia, we recommend the original questionnaire used in this study and shown in Appendix 1.1.

For assessing symptomatology of asylum seekers, one may use the abbreviated list of PTSD, depression and anxiety symptoms given in Appendix 3.1 or Harvard Trauma Questionnaire and Hopkin's Symptoms Check List which are given in Appendix 1.1. Beck's Depression Inventory (BDI) is not recommended for future use as its content overlaps with the part of HSCL that refers to depression symptoms, it does not provide additional information and it takes more time to administer than the Hopkin's Symptoms Check List.

For information on traumatic experiences of asylum seekers one may use the abbreviated list of trauma events (Appendix 3.2) as well as the original, unabbreviated list of trauma events – Harvard Trauma Questionnaire, along with the part of the Basic Information on Asylum Seekers and Functioning of the Asylum System in Serbia which refers to trauma events (Appendix 1.1). Depending on the time avail-

able, the phase in the psychological work and his/her own assessment of mental capacity and psychological status of asylum seekers, the professional may opt for either the abbreviated or unabbreviated list of trauma events. The advantage of the abbreviated version is in that it takes shorter to administer; it is less intrusive and allows for gradual opening of conversation on the person's traumatic experiences. On the other hand, the original version offers an exhaustive overview of trauma events. The criteria for selection of items in the abbreviated list of trauma events were primarily the psychometric characteristics of trauma events (item discrimination, homogeneity, reliability and validity), and their content, thus including all the relevant dimensions of trauma events and avoiding repetition while preserving the good measurement characteristics of the questionnaire. The results show that asylum seekers with low and high levels of exposure to traumatic experiences may be well discriminated using the abbreviated list of trauma events and that this questionnaire is reliable and valid.

Table 4 provides an overview of the recommended questionnaires for work with asylum seekers by level of expertise of the person using them, the time available and the purpose of the interview.

Table 4.
Overview of the recommended questionnaires for work with asylum seekers per expertise, time available and objective of interview

| | Identification of vulnerable individuals | | In-depth exploration |
|------------------------|--|--|---|
| | <i>Trained non-psychologist</i> | <i>Psychologist / psychiatrist</i> | <i>Psychologist / psychiatrist</i> |
| Basic information | <ul style="list-style-type: none"> Basic information on asylum seekers and the functioning of the asylum system in Serbia | <ul style="list-style-type: none"> Basic information on asylum seekers and the functioning of the asylum system in Serbia | <ul style="list-style-type: none"> Basic information on asylum seekers and the functioning of the asylum system in Serbia |
| Traumatic experiences | <ul style="list-style-type: none"> Do not explore | <ul style="list-style-type: none"> Do not explore | <ul style="list-style-type: none"> Abbreviated list of trauma event Harvard Trauma Questionnaire – HTQ Basic information on asylum seekers and the functioning of the asylum system in Serbia (part) |
| Psychological problems | <ul style="list-style-type: none"> Abbreviated list of symptoms of PTSD, depression and anxiety | <ul style="list-style-type: none"> Abbreviated list of symptoms of PTSD, depression and anxiety | <ul style="list-style-type: none"> Abbreviated list of symptoms of PTSD, depression and anxiety Harvard Trauma Questionnaire – HTQ Hopkins Symptom Check List – HSCL |

Appendix 3.1

ABBREVIATED LIST OF THE SYMPTOMS OF PTSD, DEPRESSION AND ANXIETY

We shall list the problems that people sometimes have upon experiencing hurtful and terrifying events in life. Please state which of the below problems have you experienced and to which extent in the course of the last week.

The reply 1 means that you did not feel the listed problems at all; the reply 2 means that you have felt them a little; the reply 3 that you have felt them quite a lot, while the response 4 means you felt them extremely.

| | 1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely |
|-----|-----------------|---------------|------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
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| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |

| | 1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely |
|-----|-----------------|---------------|------------------|----------------|
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

CALCULATION OF SCORES

Each response *not at all* is scored 1 point, the response *a little* 2 points, the response *quite a lot* 3 points, and the response *extremely* 4 points. The average score for each respondent is calculated as the sum of points for each item, which is then divided by 30 – the total number of items. In case the respondent failed to answer all the items, the total sum is divided by the number of those answered.

The average value of scores varies from 1, corresponding to absence of symptomatology to 4 corresponding to maximum exhibited symptomatology. The average score higher than 2.5 may be considered indicative of existence of a psychological problem and the asylum seekers with an average score of 2.5 or higher require provision of additional psychological assistance. Having in mind the specific features of the

population characterised by high exposure to trauma events and a high level of symptomatology, and at the same time bearing in mind the limited possibilities for individual sessions with asylum seekers, the respondents with average scores exceeding 3 should be prioritized in referral to psychological assistance. The cut-off score is established on the basis of the results of the research and it identifies 25% of the respondents with the most pronounced symptomatology.

This instrument should serve the trained assistants – non-psychologists – only as an indicator of extremely vulnerable persons and of the need to contact a professional – psychologist or psychiatrist. Only the professionals with adequate educational background (psychologists or psychiatrists) may make a diagnosis, conduct an in-depth exploration of problems and make recommendations for future psychological work.

Apendix 3.2

ABBREVIATED LIST OF TRAUMA EVENTS

This questionnaire contains questions related to your past and the experiences in the country of origin and the countries of transit. The information will be used to help us provide you with quality assistance. In case you find any of the questions during the interview upsetting, feel free not to answer them. This will bear no influence on our attitude towards you. Everything we discuss will be considered strictly confidential and will remain between us.

| During transit: | YES / NO |
|---|----------|
| 1. Did you get lost (you did not know where you are nor where you should go) | |
| 2. Did you lack shelter | |
| 3. Did you lack food or water | |
| 4. Did you suffer a serious bodily injury | |
| 5. Was your life threatened | |
| 6. Did someone close to you die | |
| 7. Were you separated from family /friends | |
| 8. Did you have your personal property or money taken from you illegally or violently | |
| 9. Were you a victim of discrimination | |
| 10. Were you a victim of psychological violence (being insulted, humiliated, threatened, etc.) | |
| 11. Were you a victim of physical violence | |
| 12. Were you a victim of sexual violence | |
| 13. Did you have the smuggler not fulfill the deal (but ask for extra money or not leave you at an agreed location) | |
| 14. Did you have the smuggler request additional services (transporting drugs, recruitment of others, presenting other people's children as your own) | |
| 15. Were you detained or imprisoned | |

| During transit: | YES / NO |
|---|----------|
| 16. While in prison/detention were you deprived of your legal rights (you were imprisoned/ detained with no legal basis, legal assistance, you were not released in the legally prescribed timeframe) | |
| 17. While in prison/detention were you deprived of basic living conditions (food, water, heating, bunk, possibility of movement in the premises, possibility of maintaining personal hygiene, medical assistance, etc.) | |
| 18. Were you deported | |
| 19. Were you deprived of the relevant information by the police | |
| 20. Did you experience lack of shelter | |
| 21. Did you experience lack of food or water | |
| 22. Did you experience lack of medical assistance | |
| 23. Was your personal property taken away, stolen, seized or destroyed | |
| 24. Did you witness setting on fire or destruction of residential or uninhabited areas | |
| 25. Were you exposed to mine fields, mining of buildings or vehicles | |
| 26. Did you remove bodies | |
| 27. Were you exposed to frequent or constant sniper fire | |
| 28. Were you in combat (open fire, shelling or explosions) | |
| 29. Did you suffer a severe physical injury as a consequence of combat or landmine | |
| 30. Did you take part in military actions | |
| 31. Did a family member or a close friend take part in the military actions | |
| 32. Were you beaten | |
| 33. Were you knifed or axed | |
| 34. Were you tortured – while in captivity did you receive deliberate and systematic infliction of physical or mental suffering | |
| 35. Were you sexually abused | |
| 36. Were you raped | |

| During transit: | YES / NO |
|--|----------|
| 37. Were you forced into prostitution | |
| 38. Were you kidnapped/taken hostage | |
| 39. Did a family member or a friend disappear, get kidnapped or taken hostage | |
| 40. Did a family member or a close friend get raped | |
| 41. Did a family member or a friend get murdered or die due to violence | |
| 42. Did you collect the body of a family member (child, spouse, etc.) and were prevented from mourning and burying them | |
| 43. Did you witness beating or torture | |
| 44. Did you witness rape or sexual abuse | |
| 45. Did you witness mass executions of the civilians | |
| 46. Did you see mutilated or disintegrating corpses | |
| 47. Were you forced to destroyed someone else's property and possessions | |
| 48. Were you forced to betray someone or physically harm them | |
| 49. Was someone forced to betray you placing your safety/life or the safety/life of your family at risk | |
| 50. Were you a victim of extortion or robbery | |
| 51. Were you searched | |
| 52. Were you present while someone in your apartment (or the place of residence) search for things or people | |
| 53. Did you witness desecration or destruction of the places of worship or other religious buildings | |
| 54. Did you witness arrests, kidnapping, torture or execution of religious leaders or other important members of your community | |
| 55. Were you imprisoned | |
| 56. While imprisoned, were you put into solitary confinement, were you prevented to move, sleep, relieve yourself, unhygienic conditions | |

| During transit: | YES / NO |
|---|----------|
| 57. Were you forced to join the army | |
| 58. Were you forced into marriage | |
| 59. Were you compelled to forced labor | |
| 60. Were you a victim of organ trafficking | |
| 61. Was a family member or a friend a victim of organ trafficking | |
| 62. Were you forced to remain at home /to hide due to external danger | |
| 63. Were you expelled from your home country on the account of your ethnic affiliation or religious beliefs | |
| 64. Were you forced to leave your home country | |
| 65. Were you in any other very frightening situation or in which you felt your life was in danger. Specify: | |

CALCULATION OF SCORES

Each of the experienced trauma events is scored by one point. Based on the questionnaire, three scores may be calculated– total score, score for transit and score for the country of origin. The total score is calculated by adding the points for each question, score for transit adding the points for the initial 19 questions, and score for the country of origin adding up the other 46 questions (20 to 65).

This instrument should be applied by trained professionals (psychologists and psychiatrists) only and its main purpose is to acquire information on the traumatic experience of asylum seekers.

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Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

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*"We owe special thanks to Momir Turudić and Nikola Nachib
for their invaluable assistance and support and great team spirit"*