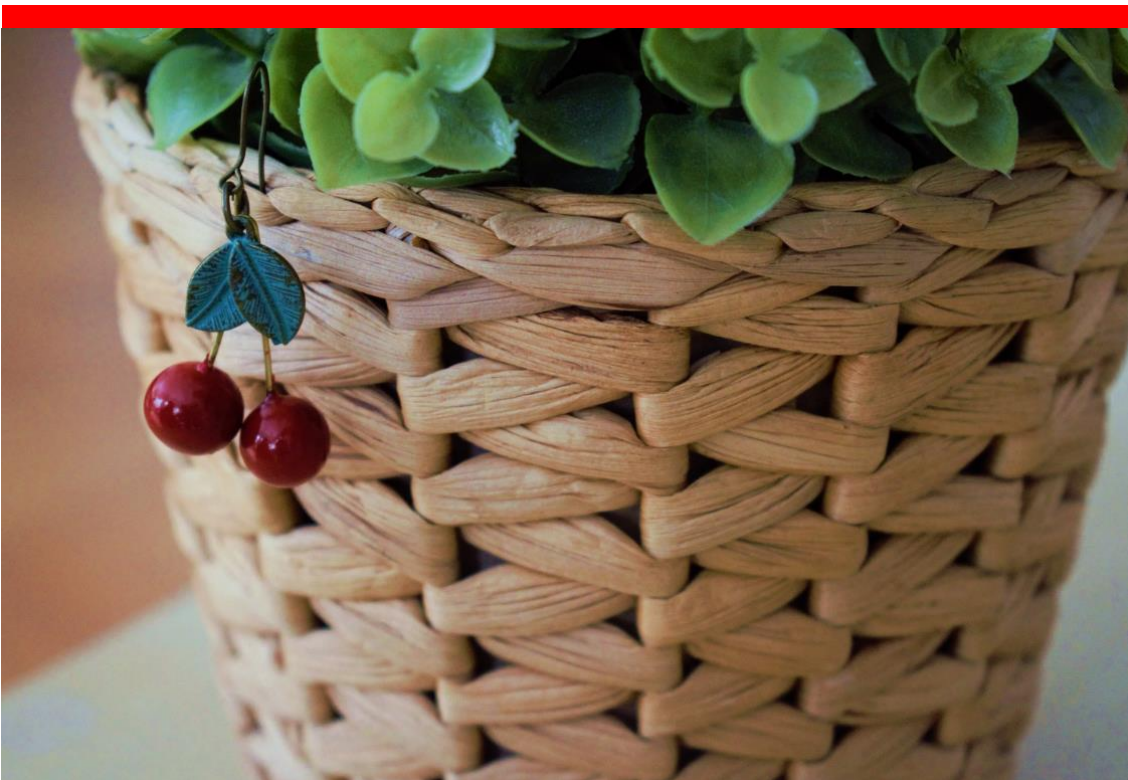
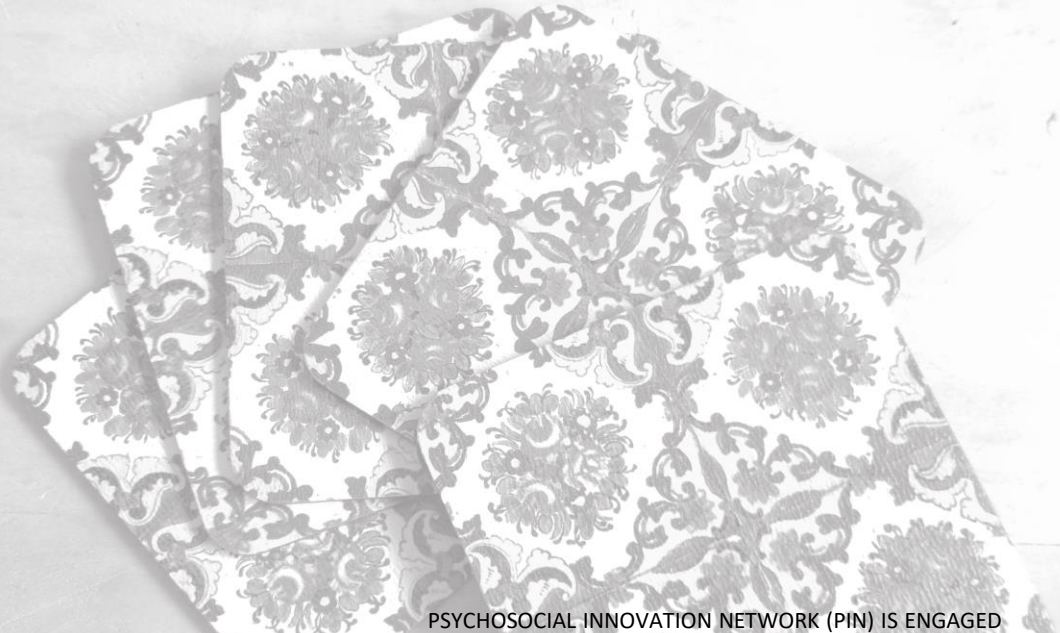


PSYCHOLOGICAL WELLBEING OF REFUGEES AND ASYLUM SEEKERS IN SERBIA

2019 RESEARCH REPORT





PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF DIFFERENT PSYCHOSOCIAL INTERVENTIONS AND COMMUNITY BASED SUPPORT PROGRAMS FOR REFUGEES, THAT AIM TO PROTECT AND ENHANCE THEIR EMOTIONAL, PSYCHOLOGICAL, AND SOCIAL WELL-BEING. PIN PROVIDES PSYCHOLOGICAL SUPPORT, IMPLEMENTS EDUCATIONAL AND COMMUNITY BASED PROGRAMS AND PROVIDES SPECIALIZED MENTAL HEALTH CARE FOR BOTH CHILDREN AND ADULTS, AS WELL AS CONTINUOUS SUPPORT IN THE ADAPTATION AND INTEGRATION INTO THE LOCAL COMMUNITY.

AS THE IMPLEMENTING PARTNER OF UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) IN SERBIA, PIN CONDUCTS RESEARCH ON REFUGEES' PSYCHOSOCIAL NEEDS AND FACTORS AFFECTING THEIR WELLBEING IN ORDER TO KEEP TRACK OF TRENDS, EVALUATE AND RE-ADJUST PROGRAMS, ENSURE EVIDENCE BASED PRACTICE IN REFUGEE PROTECTION, AND PROVIDE ACTIONABLE RECOMMENDATIONS FOR DELIVERING WELL-ADJUSTED PSYCHOSOCIAL SUPPORT PROGRAMS.



UNHCR
The UN Refugee Agency

THE SUMMARY

PSYCHOLOGICAL SCREENING SHOWS THAT 79% OF REFUGEES SHOULD BE TREATED AS VULNERABLE IN REGARDS TO THEIR MENTAL HEALTH, I.E. ARE IN NEED FOR PSYCHOLOGICAL ASSISTANCE AND SUPPORT. THEY ARE FACED WITH DIFFERENT DAILY CHALLENGES INCLUDING LANGUAGE BARRIERS, UNRESOLVED LEGAL STATUS, NOT HAVING A WORK PERMIT, LIMITED ACCESS TO SOCIAL AND MEDICAL SERVICES, ETC. STILL, MANY OF THEM DEMONSTRATE HIGH RESILIENCE AND STRONG COPING CAPACITIES. IN ORDER TO PRESERVE THEIR MENTAL HEALTH AND OVERCOME DAILY CHALLENGES REFUGEES NEED TO RELY ON DIFFERENT PILLARS OF SUPPORT, WHICH NEED TO BE FURTHER STRENGTHEN AND DEVELOPED.

IN ORDER TO IMPROVE THE ASYLUM PROCEDURE IN SERBIA IT IS IMPORTANT TO LEARN FROM REFUGEES' EXPERIENCE AND TAKE THEIR INPUTS AS GUIDANCE – THEREFORE THE SECOND PART OF THIS PUBLICATION HIGHLIGHTS SOME OF THE KEY CHALLENGES IN THE ASYLUM PROCEDURE, PROVIDES TESTIMONIES AND PRESENTS SEVERAL EXAMPLES OF GOOD PRACTICE.

FINALLY, WE DISCUSS INTEGRATION CHALLENGES AND POSSIBLE SOLUTIONS FOR REFUGEES BASED ON THE EXPERIENCES OF THOSE WHO ARE IN THE PROCESS OF REBUILDING THEIR LIFE IN SERBIA.

INTRODUCTION

This report is based on data collected in different locations in Serbia, during psychosocial support activities provided by PIN's psychologists, with the support of cultural mediators / interpreters. This report aims to provide empirical data on the most pronounced psychological strengths and difficulties that refugees face, along with factors that affect their overall wellbeing. Moreover, the data in this report include analysis of the interviews with asylum seekers in Serbia. These interviews were designed to provide in depth insight into the challenges that refugees are facing and pave the path to possible solutions. The overall objective of this report is to provide all relevant actors with advanced and timely data which can be employed to develop strategic and systemic solutions for refugees residing in Serbia. More specifically, this report aims to serve as a data-driven advocacy tool for the improvement of psychosocial support and the asylum procedure from the perspective of the wellbeing of refugees.

RESEARCH METHODOLOGY

The presented data was collected during the period between January and September 2018 on the locations where refugees are accommodated (including but not restricted to Belgrade, Banja Koviljača, Sjenica, Tutin and Bogovađa). The research employed a mixed-method approach to data collection. Thus, we collected quantitative data on refugee's mental health, resilience, coping capacities and living difficulties using a standard set of questionnaires. Furthermore, in order to keep track of trends and to understand how the contextual changes affect refugees in Serbia, the acquired data were compared to the data collected by the same instruments during 2017 and 2018. In addition to that, we employed qualitative methodology by conducting individual interviews with asylum seekers to obtain deeper understanding of their experiences, usage of support systems, relationship to authorities and other relevant actors in the asylum procedure, integration and the role of the local community.

A total of 212 refugees participated in the quantitative part of the research. The majority of the participants were from Afghanistan (49.3%), followed by Iran (37.8%), but also from Pakistan, Burundi, Iraq, Turkey, Syria, Zimbabwe, Somalia, North Macedonia, Cuba, Cameroon and Palestine. There were more men (75.4%) than women (22.1%) participating in the research and the ages ranged from 13 to 68 year old, with the majority of the respondents being between 18 and 35 years of age.

The data on psychological difficulties was collected using the Refugee Health Screener (RHS-15). This assessment tool was used because it provides for efficient but at the same time linguistically and culturally adjusted mental health screening for the most commonly experienced psychological difficulties. It is important to note that mental health screening serves solely to identify persons at risk i.e. those who need to be referred to mental health professional for further assessment and diagnostics, and this tool is not intended for diagnostic purposes (for details see *Guidelines for Improvement and Protection of Mental Health of Refugees, Asylum Seekers and Migrants in Serbia* by WHO, 2019).

RHS-15 was administrated by PIN psychologists with the assistance of interpreters, or was independently filled out by respondents when required conditions were met (adequate level of literacy, understanding of language and the instructions for filling the questionnaire, etc.). For identifying individuals at risk, that is to say psychologically vulnerable individuals, the cut off score of 12 items was used (in accordance with RHS guidelines for administration and interpretation). Moreover, in order to additionally increase the sensitivity of the instrument, the additional cut off score of 24 items (twofold initial cut off) was used to differentiate highly psychologically vulnerable persons. The introduction of this second cut off proved to be highly useful in cases where a large number of psychologically vulnerable individuals were identified, as it allows for prioritization in instances where resources for provision of psychosocial support are limited.

Resilience was conceptualized as a combination of positive aspects of and individuals' functioning, such as subjective experience of wellbeing, happiness and optimism. In addition, stress coping capacities were assessed as a part of the RHS-15 questionnaire. Finally, to obtain data on dominant living difficulties, refugees filled out the Post-Migration Living Difficulties Questionnaire during interviews, with the aim of identifying exposure to various difficulties such as: discrimination, language barrier, inability of finding employment, loneliness, etc.

The goal of the qualitative component of the research was to enable a better understanding of the experiences within the asylum procedure from the perspective of asylum seekers in Serbia. Therefore, PIN psychologists conducted 10 individual in-depth interviews with asylum seekers or persons already granted refugee status in Serbia. The interviews were comprehensive in a sense that they covered all relevant topics in relation to the asylum procedure – from the decision to seek asylum and personal motives to stay and rebuild their lives in Serbia, to the procedure itself, as well as the perception of the role of all relevant actors and the psychological impact of relevant events during the asylum procedure. The collected data is presented in the second part of this publication, with the aim to point out gaps and difficulties, highlight the possible ways of overcoming these obstacles and provide guidance on how to improve the asylum procedure in Serbia through a participatory approach.



Previous reports on mental health and the wellbeing of refugees in Serbia can be accessed at:

SRB <https://psychosocialinnovation.net/publikacije/>


ENG <https://psychosocialinnovation.net/en/publications/>

PSYCHOLOGICAL DIFFICULTIES

Refugees seeking protection in Serbia have survived a great number of traumatic experiences, both in their countries of origin and throughout their journey. Our data from 2014 (Vukčević, Dobrić, & Purić, 2014) and 2017 (Vukčević Marković, Gašić & Bjekić, 2017), showed that the majority of refugees in Serbia were forced to flee their homes due to war or some other terrifying event that jeopardized their safety or the safety of their family members. More than half of the refugees in Serbia had witnessed destruction, violence, and torture, and more than a third had themselves experienced being seriously injured or tortured.

In the search for safety, refugees take on a long and unsafe journey, during which they experience new traumas. After the official closing of the so-called Balkan Route in March 2016, the number of those whose life was in danger during travel skyrocketed to 80%, as many had no access to food, water, and safe shelter or had sustained serious physical injuries. Collective expulsions, unlawful imprisonment, physical violence and seizure of personal belongings are some of the many different traumas that refugees experience during travel. Harsh life conditions and a high number of traumatic experiences, both in the country of origin and during the flight, can have a severe impact on one's mental health and psychological well-being. It is precisely because of this that numerous research shows that the prevalence of some of the mental health disorders is higher in the refugee population in comparison to the domicile population.

The most recent comprehensive review of psychological hardships and their manifestations in refugee population produced by Red Cross and PIN outlines the causes and commonness of depression, post traumatic stress (PTSD) and anxiety worldwide as well as in the local context of Serbia (Bjekić, Vukčević Marković, Todorović & Vračević, 2019). Here we present the results of a screening for most common psychological difficulties in the refugee population (PTSD, depression, and anxiety), that was conducted during 2019 and compare it to the same data collected during 2017 and 2018.



Have you been in detention in your country of origin, in transit or in Serbia?

37% says YES

While in detention, have you been deprived of your legal rights?

35% says YES

While in detention were you deprived in terms of basic living conditions?

38% says YES

While in detention have you been tortured?

30% says YES



PSYCHOLOGICAL VULNERABILITY

Screening for the most common mental health difficulties has been established as a good practice to efficiently identify persons in need of additional mental health support and care. The mental screening results showed that 8 out of 10 screen positive for psychological vulnerability (i.e. show RHS-15 score equal or higher than the cut off score).

Still, it is important to note that there is a positive trend. Namely, as the graph below shows, there is a slight decline in the share of people who screen positive on mental health vulnerability during the last three years.

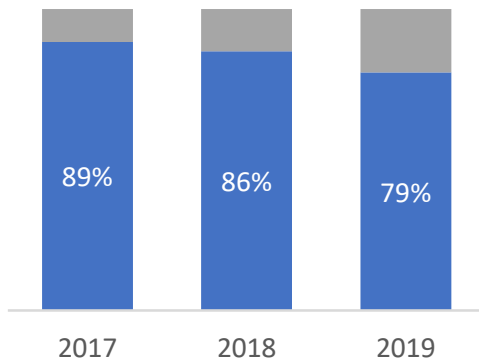
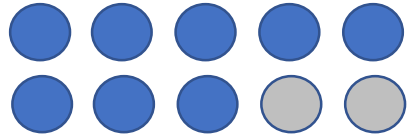


Chart 1. Results of mental health screening 2017, 2018 and 2019 (the share of those who screened positive i.e. persons in need of psychological support or mental health care is marked in blue)



79%

**refugees are in need for
psychological support**

Prevalence of other relevant indicators of psychological hardships

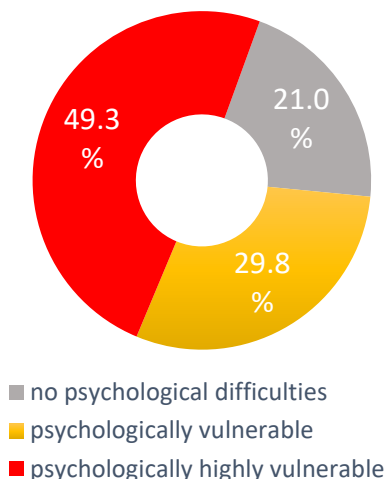
Alongside standard mental health screening, other indicators of psychological vulnerability may be relevant when deciding on needs for psychological support.

Some of those indicators include the following symptoms:

- Prolonged period of tiredness and physical weakness – reported by 28.6% of refugees
- Thoughts or attempts of self-harm – reported by 24.6% of refugees
- Difficulties falling asleep or significant changes in appetite – reported by 32.1% of refugees.

As indicated in Chart 2, one third of the refugees show moderate levels of psychological difficulties, while half could be considered highly vulnerable as they exhibit RHS-15 scores that are higher than twofold cut off .

Chart 2. Psychological vulnerability of refugees



Further analysis showed an absence of gender differences in psychological vulnerability, i.e. the number of men and women experiencing psychological difficulties was proportionally equal. On the other hand, it is important to note that some symptoms of psychological vulnerability are more common in women than men (e.g. symptoms of depression), while others are more common in men than women (e.g. feeling of restlessness and the inability to sit still).

Furthermore, we observed no statistically significant differences in the number of minors and adults that screened positive. These results strongly support the idea that there should not be a gender or age bias in the provision of psychosocial support and mental health care i.e. that these services should be made equally accessible to all age groups and both genders; however the services that are provided must be age and gender adjusted.

The second criteria for the assessment of the need for immediate psychological support is the level of acute distress that a person experiences. This type of screening is usually performed using the visual analogue scale or „thermometer“ that enables an efficient screening of current emotional distress.

The screening based on the acute distress scale shows that more than half (64%) of the refugees who participated in the research are experiencing acute psychological difficulties, and thus should be immediately provided with psychological first aid. After the provision of timely support directed towards resolving acute distress, it is necessary to refer the person to available mental health services, to further follow up on the person’s condition and ensure access to continuous psychological support and specialized mental health care if needed.

64%

DEPRESSION

The most prominent psychological difficulties in refugee population are negative emotions and cognitions typical for depression. The key indicators of depression are diminished positive mood and/or reduced interest in regular activities. In addition to that, the person exhibits reduced levels of energy, increased fatigue, loss of self-esteem, and the tendency to feel guilt about everything that has happened in the past or will happen in the future. The results of the mental health screening show that more than one third of refugees experience pronounced symptoms of depression.

36%

ANXIETY

Symptoms of anxiety often accompany depressive moods and cognitions. Anxiety is an umbrella term used to describe psychological difficulties that are characterized by an unpleasant state of fearful expectation of negative outcomes of future events and/or an intensive fear of the anticipated treat. The most typical indicators of anxiety are physical symptoms such as heavy breathing, sweating, nausea, dizziness, etc. The psychological screening data indicate that three out of ten refugees experience pronounced symptoms of anxiety.

29%

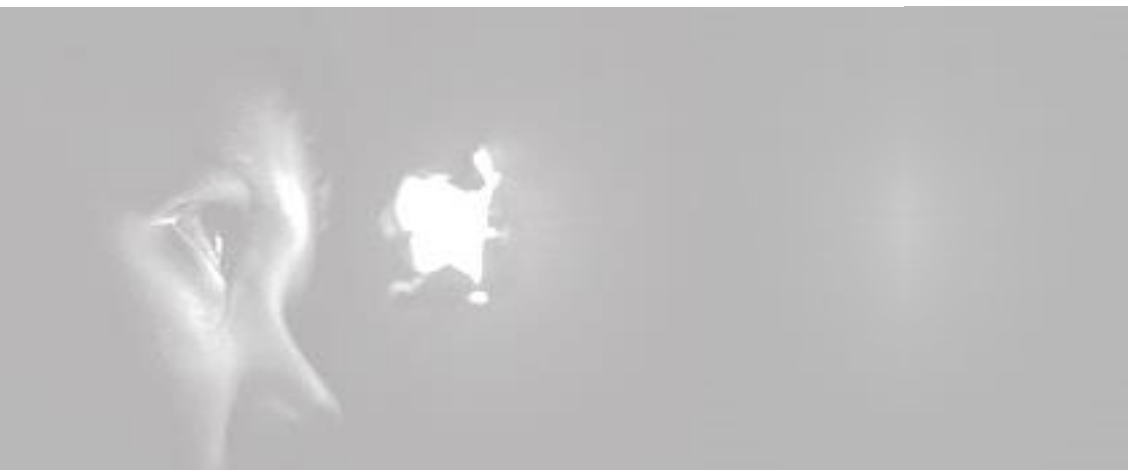


Table 1 presents the incidence of symptoms of depression and anxiety, i.e. the percentage of refugees who express given difficulties to a great extent. The results show that the dominant difficulties that refugees face are prolonged negative moods (i.e. feeling hopeless, difficulties staying calm, etc.) and a continuous worry as well as a large number of reoccurring thoughts that they cannot break free from.

Table 1. Incidence of psychological difficulties indicated by symptoms of depression and anxiety

Most of the time the person feels sad, gloomy, or blue	29.2%
The person feels helpless	46.5%
The person feels a lack of energy, weakness and dizziness	34.3%
The person cries easily or often	36.2%
The person cannot stop thinking - thoughts are always swirling in their head	65.6%
The person gets easily scared without any apparent reason	36.7%
The person feels nervousness and shakiness inside	32.2%
The person cannot stay calm or stay still	42.4%
The person experiences pain in muscles, bones and joints	32.3%



TRAUMA-RELATED DIFFICULTIES

Post-traumatic stress disorder (PTSD) is a mental health condition which occurs as a result of exposure to extreme stress i.e. following one or multiple traumatic events. Responses to trauma vary significantly across survivors and depend on many personal and social factors, thus one cannot expect everybody that went through a traumatic experience to develop PTSD. The symptomatology of PTSD includes intrusive and reoccurring involuntary memories of traumatic events, high reactivity to the triggers that are in some way associated with the traumatic experience, thus the tendency to avoid places and situations which in resemble the context of the traumatic event.

In addition to that, trauma-related difficulties may include a wide range of negative cognitions and emotions as well as the inability to recall and accurately present some segments of the traumatic experience or the events that directly preceded trauma. The results of mental health screening indicate that one in five refugees have prominent trauma-related difficulties (Table 2).

Table 2. Incidence of trauma-related psychological difficulties

The person has intrusive memories or a feeling of reliving the trauma	27.2%
The person expresses pronounced physical reactions (e.g. sweating, quick hart rate) when faced with or thinking about some aspects of the trauma	32.3%
The person has a feeling of emotional emptiness or numbness (e.g. she/he feels sad but cannot cry)	26.8%
The person shows increased arousal and reactiveness (i.e. fearfulness, irritability)	21.3%



19%

WELLBEING & RESILIENCE

In addition to assessing psychological difficulties it is important to estimate ones well-being using indicators of positive psychological functioning. The results presented in Table 3 are complementary to the previously presented prevalence of symptoms. On the one hand, it is clear that there is a significant number of refugees experiencing high levels of well-being.

Table 3. Wellbeing indicators and the share of refugees experiencing wellbeing indices

I have felt cheerful and in good spirits	38.7%
I felt calm and relaxed	36.5%
I have felt active and vigorous	43.9%
I walk up feeling fresh and rested	41.7%
My daily life has been filled with things that interest me	29.5%

Experiencing psychological difficulties and at the same time showing high levels of resilience may seem contradictory at first. However, this is a rather common phenomena, especially among trauma survivors. Namely, resilience comes as a result of working through and integrating traumatic experiences. Being resilient does not mean that a person does not experience difficulty or distress. In fact, the road to resilience is likely to involve considerable amount of emotional distress. In order to achieve and maintain resilience and high level of psychological functioning one needs a lot of personal strength, as well as continuous social support.

On the other hand, it is worth noting that more than half of the refugees experience a lower than desirable level of well-being. These data call into action directed towards the enhancement of the quality of the refugees' life in all aspects relevant for their well-being – such as, among other things, psycho-social support.

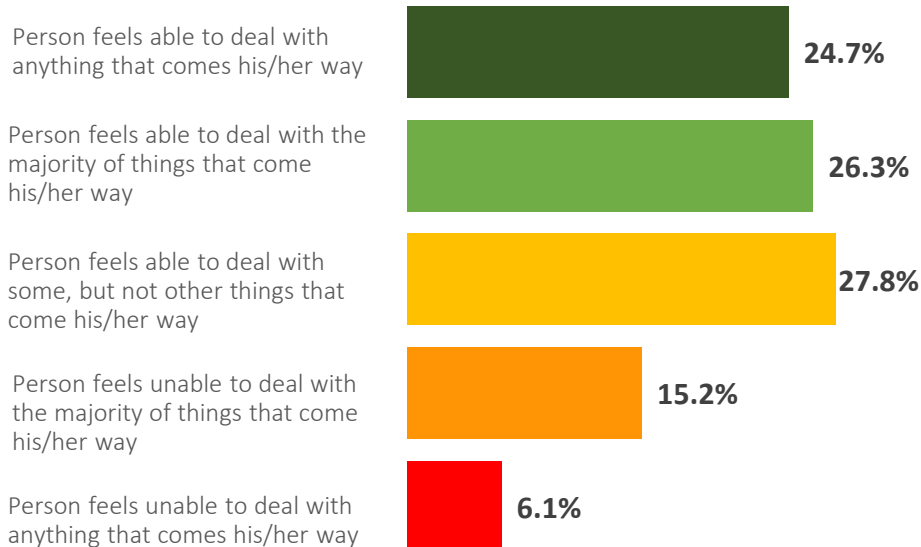
Despite past traumatic experiences and the daily challenges of life, the majority of refugees show a number of positive-functioning indicators, as well as high levels of resilience (Table 4). It is important that all programs aiming to promote well-being rely and build upon these capacities in order to bring long term benefits to individuals, families and the refugee community.

Table 4. Resilience and indicators of positive functioning

Optimism (I feel optimistic about the future)	70.6%
Self-respect (I believe I have the capacity to achieve great things in life)	77.9%
Happiness (All in all, I see myself as a happy and content person)	51.7%

COPING CAPACITIES

Coping refers to the ability to adaptively use different behavioral and cognitive mechanisms in order to overcome challenges in life. It comprises of different strategies people use in the face of stress and/or trauma in order to manage painful or difficult emotions. Stress-coping strategies or mechanisms can help one adjust to stressful events, while helping maintain one's emotional well-being. The results of the assessment of stress-coping capacities show that 51% of refugees feel that they have the capacities to deal with future challenges and obstacles. On the other hand, one out of five refugees feels as if he/she is unable to deal with most if not all obstacles in life.



Overall, coping capacities depend on personal factors including the coping strategies one uses, but also on social and environmental factors i.e. challenges and external support systems that can help one overcome those challenges.

LIVING DIFFCULTIES

In addition to the negative life events that happened to a person in their country of origin, as well as many difficulties the person faced during their flight, psychological wellbeing is also significantly affected by the living conditions in the receiving country.

Table 5 shows the percent of refugees who feel worried in regards to different topics that were assessed by standardized questionnaire measuring postmigration living difficulties. It is important to note that these results represent subjective perception of worries or difficulties in regards to different topics, and are not necessarily based on accessibility and quality of available support to refugees and migrants in Serbia (data on available support can be found elsewhere). Thus, in addition to availability and quality of services and support, these results can be related to participants' physical and mental health, previous experiences, lack of information, etc.

Table 5. During your stay in Serbia, were you bothered by....

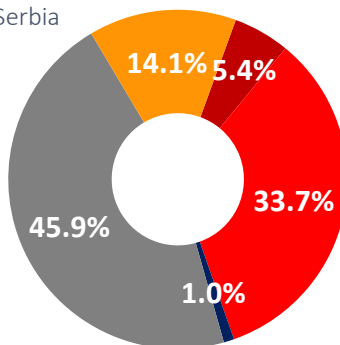
Communication difficulties	58.2%	Fear of not being able to access adequate medical treatment in case of health problems	51.0%
Discrimination	49.2%	Poor access to emergency medical care	48.0%
Separation from the family	65.5%	Poor access to long term medical care	43.2%
Worries about family back home	70.7%	Poor access to dentistry care	52.3%
Being unable to return home in the case of an emergency	60.5%	Poor access to counselling services	42.8%
Not having permission to work	66.8%	Insufficient welfare support from State bodies and institutions	61.0%
Not being able to find work / get employed	66.5%	Insufficient welfare support form charities and humanitarian organizations	67.4%
Bad conditions at work	51.0%	Poverty	62.6%
Being in detention	29.5%	Loneliness and boredom	64.5%
Interviews with police	28.1%	Isolation	45.0%
Postponing and long duration of the asylum procedure	40.3%	Poor access to desired foods	67.0%
Conflicts with police	21.3%	Health problems	54.8%
Fear of being sent home	60.9%		

SERBIA AS THE COUNTRY OF DESTINATION

The profile of refugees and migrants residing in Serbia has changed over the course of past several years, most notably in the increase of the percent of those who see Serbia as their destination country. The collected data indicate that 37% of the respondents wish to stay in Serbia and see Serbia as a final destination country. Chart X shows the share of participants in this research in regards to their intention to seek asylum in Serbia.

Chart 2. Have you applied for asylum in Serbia?

- Yes, I have been granted refugee status in Serbia
- Yes, I have applied for asylum in Serbia
- Yes, but unfortunately I was rejected
- No, I do not plan to seek asylum in Serbia
- I am still not sure what I will do



28.5% think that it will take them two or more years to cross the border

These who do not wish to stay in Serbia, hope to cross the border and continue their journey. However, 36.1% report they are not confident that they will be able to cross the border, and only 42.7% are confident that they will reach their destination country at any point in the future. When it comes to timing, the majority expect to manage to cross the border in the next 6 months.

THE ASYLUM PROCEDURE AND MENTAL HEALTH

The first and the key step that all asylum seekers must go through when building a new life is the asylum procedure. Many studies showed that this procedure, the outcome of which is crucial for the future life of asylum seekers, was inseparable from and interconnected with psychological wellbeing of an applicant and that it was of key significance to understand the ways in which mental health difficulties might affect the course and outcome of the asylum procedure, as well as in which way different stages of the asylum procedure may affect one's psychological wellbeing. By understanding the two-way relationship between the asylum procedure and the psychological condition of asylum seekers, it is possible to design and improve support programs implemented during the procedure and provide relevant recommendations which will make the entire procedure much more sensitive to mental health issues.

Previous studies showed that mental health difficulties may affect the capacity to recall and testify about traumatic and stressful experiences, but also about the events that happened before or after the traumatic experience (American Psychiatric Association, 2013), which is especially important for the outcome of the procedure that aims to verify if someone meets the requirements for obtaining international protection.

These capacities may be especially weakened in persons with expressed symptomatology of post-traumatic stress disorder, in cases of a long asylum procedure as well as when testimonies about traumatic experiences are repeated multiple times (Herlihy, Scragg, & Turner, 2002).

Furthermore, different psychological difficulties may impact the way in which a person speaks about their experience.





MENTAL HEALTH ASSESSMENT IN THE ASYLUM PROCEDURE: BEST PRACTICES

January 2019 saw the first time that a positive decision on an application for international protection cited a report on the psychological state of the asylum seeker in the section on the reasoning for the decision. The cited report was prepared by a PIN psychologist. In the following months, the newly established practice garnered two more decisions in the positive that in their reasoning regarding the merits of the request for asylum invoke psychological evaluations and recommendations related to the psychological wellbeing of the seekers.

The acknowledgment of a multidisciplinary approach while deciding on asylum applications is an important example of good practice of the Asylum Office in terms of providing adequate protection to asylum seekers in Serbia.

Additionally, various psychological difficulties may also affect the way in which person speaks about its experiences. This can often cause inconsistency between highly traumatic verbal content shared by the person and accompanying affective tone. It is important to understand that such inconsistency can be caused by psychological difficulties, and not necessarily by inauthenticity of statements. Finally, it is important to understand that symptomatology connected to the avoidance of trauma-related content (American Psychiatric Association, 2013) can also reduce the motivation to enter into the asylum procedure and also to avoidance of testimonies about different aspects of traumatic experience.

On the other hand, it has been shown that various stages of the asylum procedure can have adverse effects on mental health. Therefore, interviews and hearings in the asylum procedure can lead to more prominent intrusion symptoms, i.e. to involuntary recollection of traumatic experience through flashbacks which are outside the person's control or through nightmares (Schock, Rosner, & Knaevelsrud, 2015), while longer procedures and procedures with uncertain outcomes, as well as delays in different stages of procedure may lead to more frequent psychological difficulties (Hallas, Hansen, Stæhr, Munk-Andersen, & Jorgensen, 2007). Particular risks to mental health may arise in the period of waiting for the asylum decision. If a decision is negative, the risk of losing psychological stability and of more pronounced symptoms of anxiety, depression and PTSD, as well as suicidal thoughts and intentions increase (Jakobsen, Ashley, Demott, & Wentzel-larsen, 2017). On the other hand, a positive decision in the application for international protection also carries significant stress levels and represents a stage of increased risk to the psychological wellbeing since such information opens up many questions regarding the future life.

“When I found out that the decision was negative, my whole world collapsed. I couldn't get out of bed for two weeks. I needed someone to take me to a psychologist, but I was too weak to ask for help.”
Asylum seeker from Afghanistan

“It was very important for my work with and for my approach to the refugees when I realized that the fact that someone looked indifferent didn't mean that he didn't have some very tough experiences and that bursting into tears wasn't the only measure of how bad someone felt.”
Legal representative

ASYLUM SEEKERS ABOUT THE ASYLUM PROCEDURE

Aiming to use opinions of refugees to improve refugee protection in Serbia, PIN conducted interviews with 10 refugees who were granted asylum in Serbia or who are in the last stage of the procedure. The purpose of the interviews was to gain better understanding of different experiences refugees had during the asylum procedure, the main challenges they faced during the procedure, as well to learn about examples of best practices.

Interview questions were classified into 9 groups organized by following themes: 1. Decision to apply for asylum in Serbia, 2. Period from decision to seek asylum to asylum application, 3. Submitting an asylum application, 4. Waiting period before the asylum hearing, 5. Asylum hearing, 6. Communication of decision, 7. Period after receiving a negative decision, 8. Period after receiving a positive decision, 9. General recommendations and conclusions. Questions within each group aimed to examine personal experiences with each of the stages, challenges that person faced, support which he/she found to be especially significant, as well as recommendations of the refugees about ways in which each asylum procedure stage could be improved. Below you will find part of the guideline questions from the interviews.

Decision to apply for asylum in Serbia

1. When did you start considering staying in Serbia?
2. Which were the main reasons why you wanted to seek asylum in Serbia?
3. Which were the main reasons why you hesitated or were unsure about seeking asylum in Serbia?

Period from decision to seek asylum to the submission of the asylum application

4. What did you do when you decided to seek asylum in Serbia? Who did you contact? How did you find out about that organization / person / institution?
5. Who helped you with the next steps? In which way? Who did you consult with?
6. Speaking from this perspective, does it seem to you that you were missing some information at the time?
7. What was the biggest difficulty you faced during this period?
8. What did you find especially helpful in this period? What helped you feel better?
9. Is there any type of support you received that you found to be especially significant?
10. Do you think that in this stage there should be special support for asylum seekers, who had just now decided to enter into this procedure? If yes, what kind of support?

Submitting an asylum application/ asylum hearing

11. Did you receive any kind of preparation for submission of the asylum application/ asylum hearing ? Who prepared you and in which way? Did someone offer to prepare you or you had to seek help yourself?

12. Speaking from this perspective, do you think that you had all the necessary information about the procedure, what was expected from you, etc. before your asylum application/ asylum hearing?

13. Do you think you needed additional preparation? If yes, what kind of preparation?

14. Try to explain the asylum application/ asylum hearing in detail. Who was present? How long did it last? Did you have any breaks? Was there anything that surprised you? Was there anything that bothered you? Was there anything you found especially helpful? How did you feel? Did you have time to tell everything that you wanted? Was anything left untold? How would you grade your cooperation with interpreter, legal representative, representatives of the Asylum Office?

15. How could this part of the asylum procedure be improved? What could we change in order to improve this stage of the procedure for people who are yet to have their first asylum hearing?

Waiting period prior to the hearing

16. Did you have information about the following steps are after submitting the asylum application, about what you are expected to do and how long you are supposed to wait until the next step?

17. How did you feel during that period? How did you spend your time?

18. Did you receive any support during that period? What kind of support? Did you have any additional needs?

19. How could this part of the asylum procedure be improved?

Communication of decision

20. How did you learn about the decision, who communicated it to you, what persons were present at that time?

21. Do you think you received all necessary information when the decision was communicated to you (what options are available to you, what you need to do, what is expected of you?)

22. Do you think that the communication of the decision could be improved in any way? How?

Period after receiving a negative decision

23. Did you have all the information regarding your further options? What was the next step, what was the time frame and what was expected from you?
24. How did you feel during that period? How did you spend your time?
25. Did you receive any support during that period? What kind and from who? Who did you consult with?
26. How could this part of the procedure be improved?

Period after receiving a positive decision and integration into community

27. How did you feel after receiving the decision? How did you spend your time? Where were your thoughts?
28. What is the greatest difficulty you faced during that period?
29. What is most important to you in this period?
30. What do you personally consider to be the most important thing that could happen in the next period? List three issues/topics? (e.g. resolution of an issue, receiving additional support, etc.)
31. How could we improve the system, so that persons who are granted protection in Serbia receive better support during this period?

Conclusions and general recommendations

32. Considering your entire experience, would you recommend applying for asylum in Serbia?
33. In your opinion, what would be particularly important for a person starting with the procedure to know?
34. Which institutions and organizations would you recommend to a person starting with the procedure?
35. What to avoid during the procedure?
36. What is particularly important to do when in the asylum procedure, how should one think, spend time, where should he/she ask for support and advice or from who?
37. In your opinion, what should persons that may influence systemic changes regarding the asylum procedure or persons who provide different types of support to asylum seekers in Serbia be especially aware of?

*All interviews have been carried out by psychologists that are specially trained for work with highly traumatized persons and for qualitative psychological research; interview questions have been individually adjusted depending on the level of experience, current psychological state and legal status of the respondents.

1

DECISION TO APPLY FOR ASYLUM IN SERBIA

The most common reasons for staying in Serbia cited by asylum seekers are friendliness and empathy of Serbian people, safety, the possibility of living a peaceful and normal life, a relatively easy procedure for opening a private business and the country's natural beauty. Most people made a decision to stay in Serbia after they arrived and met the people and after consulting with friends and legal representatives.

“When we arrived in Serbia, we were passing through some village. We had been walking for weeks, we were tired, dirty and we certainly weren't a pretty sight. Suddenly, we heard someone yelling from the behind us. We stopped, expecting something unpleasant to happen, but we saw an old man walking up to us with his hands full of fruit.”

“Family life can be felt everywhere. You can see parents taking care of their children in the street, you can hear the children laughing. That is what's important to Serbian people and that's what matters the most to us, too.”

“I don't desire much. It is nice here, it is peaceful and I don't need large capital to start my own small business. I think that Serbia is a good place for those of us who are primarily looking for a safe and decent life.”



SUBMITTING AN ASYLUM APPLICATION

Cooperation with representatives of the Asylum Office and relationships created during the submission of the asylum application were seen as pleasant and friendly by most asylum seekers who went through this procedure, while translation during the asylum application was seen as the biggest challenge. Asylum seekers reported that it happened that the interpreter did not understand them, that he did not speak their native language, that he switched to English during the asylum application, as well as that when they complained about this problem, but there was no adequate reaction, so the same interpreter continued to interpret until the end of the submission of the asylum application, often even in the later stages of the asylum procedure. They say that at the time they realized that the interpretation was inadequate it would have been very helpful to have support of a legal representative in advocating for a change. Additionally, it is particularly challenging when they recognize that the allocated interpreter is from the same city as them or resides in the same asylum center in Serbia.

“Interpreters in the asylum procedure should be certified and professional, so that I don’t have to worry if I have been understood correctly. At such a moment, it’s hard for me to think about how to simplify a sentence so that the interpreter could understand what I’m saying. It’s also hard because I start thinking whether something that I am talking about will soon be known by the entire camp.”

“I was aware that the interpreter and I knew the same people, so I wasn’t comfortable talking about my experiences in front of him.”

Asylum seekers see legal assistance and particularly preparation for asylum application submission as especially important support during this period. In cases when such preparation was missing, lasted too short or happened immediately before the submission, asylum seekers assessed the submission procedure as more stressful and unclear.

3

WAITING PERIOD

Here are some things that refugees see as being most significant and most needed during the waiting period: 1) legal support and availability of coherent information about what to expect, 2) certainty of time schedule and duration of asylum procedure, 3) normalization of life, i.e. the opportunity to do something meaningful and useful for both them and their environment while they wait (for example, jobs and activities that fit their skills or opportunities to learn something that may be useful later in life), as well as the possibility of residing outside the collective centers.

Asylum seekers get the most of the information they need during the waiting period from their legal representatives, but also from leaflets and from friends and acquaintances who already went through the later stages of the procedure.

Most of the refugees emphasize the importance of better coordination between various organizations and institutions that organize and provide services to asylum seekers, as well as better instructions on everything that is available. Although they say that support exists, they stress that they often don't know where to look for it and how to find out about everything that is available to them.

“There are many things available, but we are often not informed about them timely. It would be great if there was a body that had all the information about available, support and services available to asylum seekers. A place where anyone who sought asylum can go for an interview, during which we would be asked about our professions, our skills, our interests, about we consider could be useful for us to learn. And where they could help us create a weekly or monthly schedule based on that information and depending on the available services and support. That would make us feel better while waiting. If we are granted asylum we would already have some skills at our disposal and if not, the things we learned while waiting would be very useful for the future.”

“It would be great if organizations had greater communication among one another. It often happens that an organization cannot inform us about activities of the other organizations, while their schedules often overlap. I believe that, considering all the resources and effort invested, a slightly better organization could lead to much better results.”

“It would be for the best if someone could tell us how long the entire procedure is going to take. Even if it lasts longer than required, just as long as we know that we will definitely learn something in that time frame. As is, most of us feel like our life is on pause, while we spend days in uncertainty, waiting for a deadline that we are not even sure truly exists.”

Asylum seekers who were granted status in Serbia speak about the importance of a proactive approach in the procedure. They state how important it is for people that are going through with this procedure to first think about what they want to achieve in their life and how, regardless of the asylum procedure, so as not to allow their entire lives to be reduced to passive waiting. After that they should actively seek to take things into their own hands and start looking for the they need, fight for themselves and not allow themselves to spend even one day in their room. They speak about how important it is to support them in this process and to help them reach a certain level of psychological strength required take such a stance as to rely primarily on themselves, and only then on the various types of support available.

“This applies to all situations in life, not only the asylum procedure. We tried, we knocked on doors, we sought support, we looked for situations where we could participate, what was available. We learned the language, visited community events, tried to find out how people in Serbia spend their free time. Each step we made paid off and each effort bore fruit.”

“It is important to encourage people who arrive in Serbia to be the ones to make the first step.”

ASYLUM HEARINGS

Most asylum seekers describe representatives of the Asylum Office as friendly and pleasant. The main challenges arise from negative experiences with the quality of interpretation during hearings, i.e. the need for certified and professional interpreters. The second biggest challenge is the duration of the interview and, in some cases, the need to make significantly more breaks.

When asked if they asked for a break or delay of the interview when they felt they needed it, most asylum seekers stated that they did not want to complicate things any further and that they were unsure if that would be beneficial for them at the time.

All the support they receive from legal representatives before, as well as during the interview is recognized as particularly important at this stage of the asylum procedure.

“The way in which the legal representative talks to you - that he provides you with the necessary information and prepares you for what you can expect, but the humane approach as well - it means a lot, too. He told me that everything is going to be okay, that he would be there with me, to have a good night sleep and not to worry.”

“At one point I told my lawyer that I thought I couldn't continue. He told me ‘You don't have to.’ That's what I saw as the biggest support.”

„During the second interview I started feeling sick. The images and memories of the horrible things I went through started coming back. It felt like all my thoughts were mixed up. I started feeling dizzy and my heart started pounding. These are very sensitive things and I think that something like that wouldn't happen to me if I have had proper legal and psychological preparation for the interview. I would've been more prepared and would know how to avoid that.”

AFTER A NEGATIVE DECISION

The experience of receiving a negative decision and the period after that is described by asylum seekers as the hardest period in the entire process. Besides the important role of the legal representative and the way in which they were informed about their options and what was expected from them, the refugees also mention the need for psychological support immediately after they are informed about the decision.

“When they told me that my application was denied, my whole world collapsed. I couldn’t get out of bed for two weeks. At that I needed a psychologist. Somebody to calm me down, to fill these horrific voids I felt at the time and to help me find the strength within me to continue.”

“At that time people should be offered assistance of a legal representative, psychologist and social worker. It is unreasonable to expect that at such time, after the negative decision, anyone would have strength to ask around for help.”

“Legal representative told me that we will challenge the decision and he would take all the necessary legal actions. It calmed me down, because I felt he knew what he was doing.”



5

AFTER POSITIVE DECISION

Persons who were granted asylum in Serbia highlight several key difficulties in their attempts to integrate into the community and lead a normal life in Serbia. This primarily refers to **obtaining an identity card that will be recognized, obtaining travel documents and healthcare card, as well as the possibility of family reunification.**

In addition to that, as a recommendation for the improvement of integration support, they stress the need for significantly better coordination in organizing and providing different services and support to refugees.

“Without an identity card I cannot even get a discount in my gym.”

“Just give me the documents that I need and I will do everything from there on my own. I can take care of myself, I don’t need constant help and I don’t want to feel like some kind of victim that depends on someone else. Just give me the same conditions as everyone else has and you’ll see how I’ll manage.”

“It’s useless, wherever I go and whatever I try with this ID card, there is nothing I can do with it because nobody recognizes it. My family and I were unable to buy a SIM card, open a bank account, obtain a driving license, buy things in installments. We can’t do anything because of that identity card and every time we need to have someone else with us to sort something out. This makes us neither independent nor self-reliant and it sends a bad message to people who really want to stay here.”

“But I want to be able to take my kids to the seaside sometime, just like everybody else.”

“I don’t know how I cannot get a healthcare card. If I was granted the status, it’s only logical that I have the rights that come with the status.”

Persons who were granted asylum in Serbia also told us that besides feeling indescribably happy at the time received a positive decision, they were also overwhelmed and felt the need for help in planning and organizing their future life in Serbia.

“Until that moment, I had only thought about the decision. And when that moment came, I was suddenly overwhelmed with endless questions and dilemmas. I think that during that period it is important to have access to support that would allow a person to psychologically resolve and untangle all their dilemmas and issues, but very practical support as well, in tackling everyday life problems”.

“I thought to myself: OK, so what do I do now? My heart started pounding and I couldn’t catch my breath”.

“Currently, I’m preoccupied with finding a job, I think there are jobs in Serbia for those who want to work and I am one of them. I am a car mechanic and I am sure that I can find work anywhere I go. The only thing that I’m worried about is how people here will accept me, where to look for work, who to contact. There are all these questions to which we don’t have answers, and for which we need more support, maybe now more than ever before, because I’m really starting to live my life now, like everyone else in this country.”



MAIN RECOMMENDATIONS

Based on the interviews and as seen from the perspective of asylum seekers, the main recommendations regarding the improvement of the asylum procedure and integration into the community are:

THE ASYLUM PROCEDURE ITSELF

- Need for legal support prior to entering the asylum procedure, as well as during the entire procedure. Users see preparation for the submission of the asylum application and preparation for interviews carried out by legal representatives as very useful, which is why it is necessary to further improve the availability and quality of preparation in all stages of asylum procedure.
- Considering the increased risk of experiencing mental health issues during the asylum procedure and the two-way relationship between the possible course and outcome of the asylum procedure and the mental state of the asylum seeker, it is necessary to ensure easily-available, continuous psychological support in preparation for the submission of the asylum application and the interview, both individual and group psychological support, as well as psychological assessments during the asylum procedure. It is particularly important to offer psychological support to asylum seekers in the event of a negative decision, or a protracted asylum procedure.
- It is necessary to provide professional, certified and culturally sensitive interpreters during the asylum procedure.
- Considering what is requested from the asylum seekers during the interviews, which often includes testifying about highly traumatic experiences, it is especially important to define the maximum duration of the interview and as well as the frequency of breaks.
- Asylum seekers should be informed about and encouraged to exercise their right to ask for a replacement of the interpreter, for a break or adjournment of the interviews.
- The asylum procedure should be made as efficient as possible, especially considering that it has been proven that prolonged asylum procedure can have negative effects on the mental health of asylum seekers.

MAIN RECOMMENDATIONS

WAITING PERIOD AND INTEGRATION INTO COMMUNITY

- It is of key importance to resolve the issues with identity cards, healthcare cards, travel documents and other documents which would be recognized and would allow for unhindered access to all rights guaranteed when granted protection in Serbian, and which would make everyday life much easier.
- It is necessary to make family reunification mechanisms more efficient.
- It is necessary to further improve the possibility of inclusion into the educational system and the labour market.
- It is necessary to ensure better coordination between institutions and organizations that provide support to asylum seekers in order to, through jointly planned programs and coordination of services, allocate resources available for integration in the best possible manner.
- It is necessary to improve information flows to asylum seekers regarding available services and provide support in the creation of individualized short- and long-term plans and organization of life in accordance with their interests and types of support available from the beginning of the asylum procedure, as well as after the asylum in Serbia has been granted.
- It is necessary to establish programs that will psychologically empower asylum seekers to take an active role in the integration process and in improving their psychological wellbeing and the psychological wellbeing of their loved ones.



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