



P R O T E C T

Process of Recognition and Orientation
of Torture Victims in European Countries
to Facilitate Care and Treatment

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The background of the page is white with several yellow five-pointed stars scattered across it. The stars are of varying sizes and are positioned in a way that some appear to be behind the text, creating a layered effect.

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This booklet has been realized by the partners of the PROTECT Project and co-financed by the European Union.

The aim of the PROTECT project is to facilitate the identification of the asylum seekers suffering from consequences of severe trauma (torture, rape, severe forms of psychological violence...).

The booklet contains the PROTECT Questionnaire, the Frequently Asked Questions on its implementation and a CD-Rom with the full documentation on the project and a printable version of the tool.

The background features a blue gradient that transitions from a lighter shade at the top to a darker shade at the bottom. Scattered across the background are several yellow five-pointed stars of varying sizes and opacities, some appearing as bright highlights and others as faint, semi-transparent shapes.

Questionnaire

Questionnaire and observations for early identification of asylum seekers having suffered traumatic experiences

The tool is not applicable to determine the legal status of a person and cannot be used to limit any claims or rights in later process.

What is the purpose of the Questionnaire ?

The PROTECT Questionnaire at hand has been developed to facilitate the process of receiving asylum seekers in accordance with the directives of the European Council¹.

The Questionnaire facilitates the early recognition of persons having suffered traumatic experiences, e.g. victims of torture, psychological, physical or sexual violence.

Asylum seekers having suffered such traumatic experiences should be referred to professionals of the Health Care System at an early stage in the asylum process in order to avoid deterioration and chronic manifestation of health problems and enable adaptations in reception conditions and asylum procedure.

When to use the Questionnaire ?

Upon arrival in the receiving country first aid and physical shelter should be provided. It is appropriate to carry out an interview with the asylum seeker using this Questionnaire preferably after a period of rest (e.g. 7/10 days).

The Questionnaire should be applied even under difficult circumstances, rather than being neglected.

Sometimes psychological problems caused by traumatic experiences begin to appear later. That's the reason why another investigation should be carried out or the Questionnaire should be filled out a second time and the rating may have to be corrected.

1 With respect to article 17 in particular but also to articles 15 and 20 the Council Directive laying down minimum standards for the reception of asylum seekers (2003/9/EC of January 27th 2003) and with particular respect to article 12 §3 and article 13 §3 indent a) of the Council Directive on minimum standards on procedures in Member States for granting and withdrawing international protection (2005/85/CE of December 1st 2005).

How to apply the Questionnaire ?

Before asking the set of questions, please read the following short introduction to the asylum seeker to inform him or her about the purpose of the Questionnaire and to support an environment of trust and reassurance.

The Questionnaire establishes a rating system ("low risk", "medium risk" or "high risk") for having suffered traumatic experiences.

After completing the Questionnaire a copy should be given to the asylum seeker with the recommendation that he or she submits this paper whenever meeting a Health Care System professional, a legal advisor or a reception official.

Text to be read before asking the following questions :

Dear Madam, Dear Sir,

The European Union has issued instructions to take into account the situation of some asylum seekers who need specific care.

This Questionnaire has been created jointly by specialized health and legal professionals. It will allow us to speak about your health. You can refuse to answer it.

The aim of this Questionnaire is to support you through raising awareness about your special needs.

Consequently, there are no good or bad answers to the questions and it is important that you answer as freely and naturally as possible.

Please answer the questions by YES or NO. When answering, keep in mind the experiences of the last weeks.

Questionnaire and observations for early identification of asylum seekers having suffered traumatic experiences

Questions		Yes	No
<i>"Often" means : more than usual and causing suffering</i>			
1	Do you often have problem falling asleep ?		
2	Do you often have nightmares ?		
3	Do you often suffer from headaches ?		
4	Do you often suffer from other physical pains ?		
5	Do you easily get angry ?		
6	Do you often think about painful past events ?		
7	Do you often feel scared or frightened ?		
8	Do you often forget things in your daily life ?		
9	Do you find yourself losing interest in things ?		
10	Do you often have trouble concentrating ?		
Number of questions answered "Yes" →			

Rating :
Please mark the proper category with an X to indicate the level of risk of traumatisatisation

0-3	4-7	8-10
Low risk	Medium risk	High risk

In case of a "medium risk" or a "high risk" rating the asylum seeker should be referred for medical and psychological examination !

A "low risk" doesn't exclude the possibility of the asylum seeker having suffered traumatic experiences. Symptoms may appear later. Another screening should be carried out.

Further observations (*For example : the person cries a lot, doesn't react, pays no attention... / difficulties to understand the questions / special circumstances for the interview...*) :

These observations must be shared with the person

Name of asylum seeker : _____

Date of birth : _____

Country of origin : _____

Date : _____

I agree that a copy of this document will be kept by the interviewer's organisation and can be used for statistical purpose (signature)

Organisation (stamp if possible)

After the review a copy of the Questionnaire should be given to the asylum seeker with the recommendation that he or she submits this paper whenever meeting with a Health Care System professional, a legal advisor or a reception official.



Frequently Asked Questions

(September 2011 version)

These FAQ are part of the "PROTECT booklet" - along with the Questionnaire itself - given to the interviewer. This section should provide an answer to a variety of the questions that may arise concerning the administration of the PROTECT Questionnaire. This list will be updated as new comments are received.

Objectives

What are the objectives of the Questionnaire ?

See first page of the Questionnaire :

- The PROTECT Questionnaire has been developed to facilitate the process of receiving asylum seekers in accordance with the directives of the European Council.
- The Questionnaire facilitates the early recognition of persons having suffered traumatic experiences, e.g. victims of torture, psychological, physical or sexual violence.
- Asylum seekers having suffered such traumatic experiences should be referred to professionals of the Health Care System at an early stage in the asylum process in order to avoid deterioration and/or chronic manifestation of health problems and adapt reception conditions and the asylum procedure to accommodate their needs.

Does the Questionnaire have a preventive aim ?

Yes, the Questionnaire aims at identifying psychological suffering as early as possible to prevent the development of severe psychological disorders and related problems.



What precautions should be taken to protect the asylum seeker ?

An extensive and sufficient explanation about the meaning and purpose of the Questionnaire should be provided to the asylum seeker as it can bring back potentially violent memories. It is therefore necessary for the interviewer :

- To be ready to recognize the asylum seeker's suffering so that the person feels understood and accepted.
- Not to question the truthfulness of his/her experience.
- Interviewers should be conscious that torture victims may perceive any person who holds the authority or power of making decisions that affect their life as a potential perpetrator. It is thus essential to always leave it up to the asylum seeker which questions she/he feels comfortable about answering.

What precautions should be taken to protect the interviewer ?

The interviewer should follow certain guidelines as listed below :

- Not to go into the details of the traumatic event(s).
- To maintain a professional attitude and to stick to the content of the Questionnaire only.
- Not to assume the role of a therapist.

Conditions for completing the Questionnaire

Who should administrate the Questionnaire ?

Persons involved have to be independent and neutral. They may be :

- Psycho-social workers, nurses, general practitioners, other health professionals, legal advisers and lawyers are considered to be in the position to provide identification and to work with the Questionnaire.
- Trained volunteers dealing with asylum seekers can also use the Questionnaire.

Can the Questionnaire provide a diagnosis ?

No, the Questionnaire can only provide an assumption of the degree of psychological vulnerability (low, medium or strong) that implies a potential need for a therapeutic treatment (when degree is medium or strong) as well as the need to adapt the reception conditions and the asylum procedure to accommodate these special needs.

Can the Questionnaire be used to evaluate children ?

No, only adults (persons above 18).

Does the Questionnaire exist in other languages ?

Yes, the Questionnaire is available in :

- English
- French
- German
- Bulgarian
- Dutch
- Hungarian
- Spanish
- Albanian
- Arabic
- Ethiopian (Oromo)
- Farsi
- Polish
- Russian
- Serbo-Croatian
- Somali
- etc.

It is then necessary to make sure that the interviewer and the asylum seeker understand the chosen language (with or without the support of a translator). The Questionnaire may be used either in the language of the receiving country and or in the language of the asylum seeker.

Who is the target group of the Questionnaire ?

The Questionnaire should be carried out with every adult asylum seeker unless there are clear signs of the person being in acute need of immediate assistance (mental or physical) : e.g. advanced pregnancy, mentally challenged, serious disease, etc.

What if the person does not show any symptom ?

The Questionnaire should still be implemented. The absence of symptoms doesn't mean that the asylum seeker hasn't suffered traumatic experiences. Symptoms may appear later and he/she may require further psychological, medical, legal assistance.

In some cases, symptoms become apparent after only a certain period of time, e.g. after the person has recovered from the trip or from the poor reception conditions.

Completing the Questionnaire with every asylum seeker also enables the collection of representative data.

What are the required circumstances for the implementation of the Questionnaire ?

The Questionnaire should be implemented as part of a confidential interview between the interviewer and the asylum seeker, preferably in private circumstances, with the intention to build a positive relationship.

Is it possible for the asylum seeker to fill out the Questionnaire alone ?

No, an interviewer must guide the asylum seeker through the Questionnaire, with or without a translator. The Questionnaire must not be given to the asylum seeker for self-administration.

Is it appropriate for the interviewer to carry out a Questionnaire that touches on the person's private life, potentially causing him/her to relive traumatic experiences and inflicting further suffering ?

The Questionnaire has been specially developed to be administered by non-medical/psychological staff for the early identification of asylum seekers who suffered traumatic experiences. Since the signs and symptoms it addresses are quite intimate and inherently related to a sensitive and difficult subject, in order to respect the person's privacy it is necessary for the interviewer to stick to the framework of the Questionnaire and to avoid going into the details of the traumatic experiences.

What is the exact meaning of the word "often" used in most of the questions ?

It means that the event occurs at a higher frequency than what is considered usual by the person, and thus causes a suffering.

Asylum seeker's feelings

How will the asylum seeker feel about the Questionnaire ?

Depending on their past experiences, country of origin and present psychological state, some questions may be difficult to answer. Feelings of shame, grief or mistrust may arise. In that case, non-medical interviewers should not probe for additional information but rather refer the person to health professionals.

Nevertheless, the Questionnaire raises awareness and enables the asylum seeker to verbalize and quantify symptoms that were previously explained not possible to express and comprehend.

It can help the person to create a link between different symptoms, their origin and their consequences. It also may shed light former complaints and problems that previously caused confusion and misunderstandings.

Many survivors find it hard to talk about their traumatic experiences. The interviewer can emphasize the belief that seeking help can ease suffering, and that even if it's not possible for the victim to speak at the moment about what happened, there will always be a possibility to do so later.

Suggestions on how to handle difficult situations (e.g. if the asylum seeker becomes very agitated or upset during the interview)

Although handling the outburst or grief of a traumatized person is generally the task of a specialist (psychiatrist, psychologist, medical doctor, etc.), in some cases there is need for immediate action.

The most basic rule is to remain calm and controlled and not to allow the feelings and behaviour of the other person to affect how you react. This can have a calming effect in itself.

Secondly, it is important to maintain a respectful and empathic attitude, and ask if there is any way in which you can be of the person's assistance (e.g. bring a glass of water, let the person stay in the room until he/she stops feeling upset, call in a family member, allow for a short break, etc.).

If the situation is beyond your own capabilities and qualifications, it is necessary to call for professional assistance.

What is the purpose of the "Further Observations" box ?

In this box the interviewer can write down any relevant remark, but the interviewer should not give an interpretation of the findings. All remarks have to be factual. They will be useful for any health professional who will handle the case later, and it improves the efficiency of the procedure. These observations must be shared with the asylum seeker :
Examples for possible observations :

- Asylum seeker's behaviour : cries a lot, doesn't react, does not pay attention, etc.
- Problems concerning the questions : difficulty with wording of questions, confusion, failure to understand the questions, translation issues, etc.
- Special circumstances under which the Questionnaire was administered : delay after arrival, second time, etc.
- Other information or reactions which may be important / relevant.



Referring the asylum seeker

What should be done if the result of the PQ is positive (medium or strong assumption of psychological suffering) ?

In this case referral to further in-depth examination (medical and psychological) is required to determine the health state, the degree of traumatisation, and treatment indications. If examination and treatment is not offered by the same organization and/or professional, follow the standard procedure of your asylum reception system.

Examination and therapeutic treatment can never be compulsory. It can only be advised and offered to the asylum seeker who has a right to decide by him/herself whether or not he/she accepts this referral. Some patients are resilient and/or use other resources (family, religion, community, etc.) to overcome their difficulties. It is necessary for a professional to understand the specific therapeutic needs of each individual and suggest an appropriate treatment. There is no universal solution.

How should the notion of therapy be approached with foreign persons who are not familiar with it and/or with persons who don't want to engage in a treatment ?

It is necessary to pay special attention to the wording that is used and avoid any hint at mental disorders. For many victims of traumatic experiences the idea of "madness" is terrifying and may result in further distress, shame and non-compliance.

It may be useful to explain that establishing a medical link between a traumatic experience and the subsequent signs and symptoms allows the asylum seeker to have a better understanding of his/her sufferings and helps him/her to foresee a path to healing and recovery.

The patient must understand that treatment is available constantly and that he/she can decide the timing at which treatment seems appropriate.



Does the asylum seeker always perceive therapeutic treatment as being positive ?

No, as it can be very painful to talk about traumatic events. It may happen that the asylum seeker wants to stop the treatment or take a break.

It is necessary to respect the asylum seeker's privacy and the right to silence. Do not be too demanding about necessary actions that the person should undertake. Be respectful to the path of recovery the person chooses.

What should the interviewer do when no treatment is available in the current situation ?

If there is no treatment available after the PQ assessment, the asylum seeker will rightfully feel frustrated and misled, and the interviewer may also have doubts about the significance of the tool. However, there are benefits of the screening, which should be communicated to the asylum seeker nevertheless. First of all it is important to reassure the person that the completion of the Questionnaire raises awareness about their individual need for treatment. This ought to facilitate the arrangement for further treatment. Second of all, there are immediate actions that can be taken : the results of the Questionnaire should be

reported to the persons responsible for reception (e.g. legal representative, social workers, immigrant and detention authorities, medical staff). This may influence reception conditions, health care, and the legal process.

What are the consequences of a "low risk" rating ?

There are some risks, which have to be taken into consideration concerning the early identification process. In some cases trauma could not be revealed immediately after arrival because it is well known that shame and keeping silent about symptoms of traumatisation exists among asylum seekers. It is important to be aware of the existence of late onset symptoms of psychological problems related to trauma and vulnerability.

If an asylum seeker is not identified as psychologically vulnerable in the early phase it is important that asylum authorities do not misuse this finding which may have a negative impact on the credibility of the person's refugee story. This points out at the importance of instructing the authorities on how to implement this instrument.

Interviewer's feelings

How can the interviewer deal with feelings of helplessness related to the asylum seeker (e.g. if the person refuses a treatment) ?

It is always difficult to witness suffering without being able to relieve it. However it is important to be aware of personal and professional boundaries and accept limitations in one's capacity to help.

In the case of torture victims, it is essential to leave them the freedom to make their own decisions in order to avoid reproducing any perpetrator-victim dynamics.

Can the interviewer ease the suffering without being a therapist ?

Yes, having an attitude that is respectful, consistent, genuine and empathic can be therapeutic in and of itself.

Benefits of the project

How do organisations benefit from this Questionnaire ?

The Questionnaire provides organisations with a tool that identifies psychological suffering and that facilitates a relevant and sensitive identification of torture victims in particular, even if there is no therapeutic treatment available.

The main gains are :

- A greater awareness about the suffering and the vulnerability of the asylum seekers.
- Suggestions regarding further referrals for vulnerable persons.
- Awareness about the possibilities for adaptations of the reception conditions and of the asylum procedures.



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