



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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★ Foreword

According to Council Directive 2003/9/EC of January 27th 2003 laying down minimum standards for the reception of asylum seekers, the Member States have to take into account the specific situation of vulnerable persons among other applicants who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. This provision shall apply only to applicants recognized as having special needs, after an individual assessment of their situation.

Noticing that most of the Member States do or could not fulfil those obligations, six partner NGOs from Bulgaria, France, Germany, Hungary and the Netherlands, along with an international NGO as associate partner, have decided to develop a process of early recognition and orientation of torture victims or victims of serious forms of psychological, physical or sexual violence.

This process aims at helping both the national authorities in charge of the reception of asylum seekers and those in charge of the determination of refugee status to identify vulnerable persons having suffered severe traumatic experiences in order to provide them with :

- adapted material reception conditions,
- appropriate physical and mental health care,
- adequate support through their asylum appliance.

All the partner organizations that developed the project are or have been involved in the rehabilitation and care of torture victims. The project has been carried out with the input from direct beneficiaries (refugees and/or torture victims, organizations working in the field of asylum, at local, national or European level) and the financial support of the European Commission.

A Questionnaire of identification has been elaborated which intends to be implemented throughout European countries. It is based on up-to-date scientific knowledge and has been developed to be used by both medical as non-medical professionals, as well as volunteers in the framework of a first screening and orientation of the persons at risk. It is focused on the signs and symptoms of the most common mental health problems such as Post Traumatic Stress Disorder (PTSD)

and depression in order to identify vulnerable asylum seekers having suffered traumatic experiences.

The ten-point Questionnaire has been designed to be as simple and practical as possible. It is completed by a "Frequently Asked Questions" list. Together with the Questionnaire itself it constitutes the PROTECT booklet that assists the interviewer. The list contains information on how to ask the questions in a proper way, clarifies their meaning and gives suggestions on how to react in case of unforeseen (behavioural) problems.

The Questionnaire is presented here below.

This final report includes :

- an assessment of the relevant instruments of the Common European Asylum System : European directives on reception conditions, on asylum procedures and on qualification and the Dublin regulation (in force and recently proposed texts).
- a summary of the main obstacles and challenges for the implementation of the tool,
- a detailed presentation of the tool's rationale, of its underlying scientific basis and its value and impartiality,
- guidelines for the implementation of the tool,
- as appendices :
 - * Some references of international legislation and scientific documentation,
 - * The "Frequently asked Questions" list included in the PROTECT booklet.

All documents are available in seven European languages (English, French, German, Dutch, Hungarian, Bulgarian and Spanish). The Questionnaire is available in several of the main languages spoken by asylum seekers in Europe.



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 traumatisation

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.



Legal Framework

The PROTECT identification tool is a brief and pragmatic Questionnaire, which has been developed for the early identification of persons having suffered traumatic experiences who apply for international protection within the European legal system.

The European Union law requires Member States to provide and enforce a national procedure of identification of vulnerable asylum seekers with special needs, including victims of torture. However, only a very few Member States have instituted such a procedure, in law and/or in practice. The elaboration of the few procedures of identification varies depending on the State.

As such, the introduction of the PROTECT tool into the national asylum systems would be innovative since it offers a pro-active action. It constitutes a European process that takes into account not only the legal constraints but also the medical and psychological needs, which are essential, in the case of vulnerable asylum seekers. Thus, the PROTECT tool is a first step that will support Member States in their ability to comply with the reception conditions directive, the asylum procedures directive and - as it concerns refugees - with the qualification directive.

Before setting up the PROTECT tool, several assessments have been undertaken. Firstly, a study of the European legislation on asylum was carried out, in particular concerning the provisions relating to "vulnerable" persons (legislation in force and proposals of the European Commission in the framework of the Common European Asylum System). Secondly, national legal frameworks and procedures may contain challenges and obstacles for the implementation of the process and must be identified.



1

ASSESSMENT OF THE EUROPEAN LEGISLATION CONCERNING 'VULNERABLE' ASYLUM SEEKERS AND REFUGEES¹

¹ In the limited framework of this study, the European legislation dedicated to "vulnerable" asylum seekers and refugees will not be analyzed in depth and in an exhaustive way. The aim of this legal analysis is to give a general overview of the main provisions dedicated to "vulnerable" asylum seekers and refugees with a special focus on the "target group" of the PROTECT project, meaning persons having suffered traumatic experiences.

With the European Council's Stockholm Programme¹, taking vulnerable persons and groups into account and improving their protection - whether they be European citizens or third country nationals - has been withheld as a key policy priority for the European Union. Immigration and asylum policies are an integral part of this priority.

In the current state of EU law regarding the field of asylum, the reception conditions directive² is the only first generation legal instrument paying specific attention to the situation of vulnerable asylum seekers with special needs in a substantial way. Indeed, the current asylum procedures directive³ only addresses the subject of the possible vulnerability of asylum seekers in an extremely marginal way and the Dublin regulation⁴ in force does not make any mention of it⁵. The situation of beneficiaries of an international protection is quite different since provisions partly identical to those of the reception conditions directive in force can be found in the current qualification directive⁶.

Second generation instruments proposals such as the asylum procedures directive Commission proposals⁷ and the Dublin regulation Commission proposal⁸ clear up this problem. In those drafts, vulnerable asylum seekers are now fully considered. Among other developments, new specific provisions are devoted to victims of torture and trafficking and to asylum seekers with mental health problems. Even if there is no certainty on the outcomes of these proposals, their analysis can give relevant information on the coming revision of those texts.

- 1 The Stockholm Programme, "An open and Secure Europe serving and protecting citizens", European Council, 2010/C115/01.
- 2 Council directive 2003/9/EC of January 27th 2003 laying down minimum standards for the reception of asylum seekers.
- 3 Council directive 2005/85/EC of December 1st 2005 laying down minimum standards on procedures in Member States for granting and withdrawing refugee status.
- 4 Council regulation 2003/343/EC of February 18th 2003 establishing the criteria and mechanisms for determining the Member State responsible for examining an asylum application lodged in one of the Member States by a third-country national.
- 5 Article 6, first indent and article 15, paragraph 3 only mention the best interest of unaccompanied minors in the view to determine the Member State responsible for the status determination.
- 6 Council directive 2004/83/EC of April 29th 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.
- 7 Proposal of October 21st 2009 for a directive of the European Parliament and of the Council on minimum standards on procedures in Member States for granting and withdrawing international protection, (Recast), COM (2009) 554 final and amended proposal of 1st June 2011 for a directive of the European Parliament and of the Council on minimum standards on procedures in Member States for granting and withdrawing international protection, (Recast), COM (2011) 319 final.
- 8 Proposal of December 3rd 2008 for a regulation of the European Parliament and of the Council establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person, (Recast), COM (2008) 820 final.

The provisions of the reception conditions directive in force, which specifically protect vulnerable asylum seekers with special needs, aim at providing them reception conditions adapted to their needs. In other words, the minimal norms defined in the directive should be adapted in favour of those persons who are particularly weakened or at risk. Currently, this obligation concerns two fields of the reception conditions : material reception conditions (meaning housing, food, clothing and a daily expenses allowance) and health care.

The specific provisions are mainly provided in Chapter IV of the directive (articles 17 to 20), entitled "Provisions for persons with special needs". Article 15, paragraph 2 is also relevant as it mentions specific health care that must be offered to vulnerable asylum seekers with special needs.

Article 17 has a great importance : it states the two general principles that Member States should take into account the situation of vulnerable asylum seekers with special needs and have to identify them :

"1. Member States shall take into account the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subject to torture,

rape or other serious forms of psychological, physical or sexual violence, in the national legislation implementing the provisions of Chapter II relating to material reception conditions and health care.

2. Paragraph 1 shall apply only to persons found to have special needs after an individual evaluation of their situation".

In 2007, the Odysseus Academic Network carried out a research on the transposition of the reception conditions directive¹. This study underlined that a great number of Member States have no procedure to identify vulnerable asylum seekers with special needs despite article 17 of the directive. This lack obviously deprives those persons of the special reception conditions they should normally benefit from and leave their special needs unsatisfied.

The identification of vulnerable asylum seekers is indeed of paramount importance. In some cases, evidence of the vulnerable situation is more obvious than in others, e.g. where traumas might be difficult to detect. Especially traumas which are at stake in the PROTECT project like traumas related to acts of torture, rape or other

1 Odysseus Academic Network, "Study on the conformity checking of the transposition by member States of 10 EC directives in the sector of asylum and immigration" done for DG JLS of the European Commission, End 2007.

serious forms of physical, psychological or sexual abuse or other cruel or inhuman experiences. These acts or experiences do not necessarily leave visible traces but often prevent the victim from talking about his/her story.

The lack of identification procedure in many Member States is partly due to the fact that article 17 of the reception conditions directive does not explicitly require Member States to set up such a procedure for these applicants. Nevertheless, we can consider this procedure as logically required by article 17 as the European Commission has underlined it with relevance in its November 26th 2007 report¹: "*Identification of vulnerable asylum seekers is a core element without which the provisions of the Directive aimed at special treatment of these persons will lose any meaning*".

In our opinion, the legal obligation of the Member States to put in place a procedure of identification also results from the wording used in the second paragraph of article 17 which implicitly imposes to carry out "*an individual evaluation*" of the situation of every asylum seekers.

Besides article 17, article 15 of the directive lays down an obligation for Member States to not only "*ensure that applicants receive the necessary health care which shall include, at least, emergency care and essential treatment of illness*" (paragraph 1) but more

importantly to "provide necessary medical or other assistance to applicants who have special needs" (paragraph 2). This second paragraph provides a general and more favourable norm than the one set out in the first paragraph. The more favourable norm only applies to vulnerable asylum seekers with special needs and requires Member States to provide them with "*the necessary medical or other assistance*" without restricting this assistance to only "*emergency care and essential treatment of illness*" (this latter norm applies to all asylum seekers who are not identified as vulnerable persons with special needs).

As it especially concerns victims of torture, rape or other serious acts of violence, those applicants should be qualified as vulnerable under article 17. Thus, they would have their specific situation taken into account under this provision if they are found to have special needs. They would also possibly benefit from the obligation under article 15, paragraph 2 to have access to "*the necessary medical or other assistance*". Moreover, a specific protective article (article 20, entitled "*Victims of torture and violence*") is dedicated to such victims and requires Member States to ensure that "[...] *persons who have been subject to torture, rape or other serious acts of violence receive the necessary treatment of damages caused by the aforementioned acts*". Similarly, article 18, paragraph 2 relating to minors victims of violence grants them access to rehabilitation services as well as appropriate men-

1 European Commission, Report from the Commission to the Council and the European Parliament on the application of Directive 2003/9/EC of January 27th 2003 laying down minimum standards for the reception of asylum seekers, 26 November 2007, COM(2007) 745 final, point 3.5.1. Hereafter the Commission report on reception conditions.

tal health care and qualified counseling¹. In general, if a minor is found to have special needs, (s)he should also benefit from the obligations set out in article 17 as minors are clearly mentioned as an example of "vulnerable" person, as well as those set out in article 15, paragraph 2.

Finally, it must be pointed out that the reception conditions directive normally applies to all facilities where asylum seekers are accommodated, meaning open or closed reception centres. Consequently, even detained asylum seekers must benefit from the above-mentioned protective provisions of the directive related to vulnerable asylum seekers².

Although in its report on reception conditions the European Commission stated that *"As the Directive does not allow for exceptions as far as its applicability in certain facilities for asylum seekers is concerned, its provisions apply to all types of premises, including detention centres"* (point 3. 1.), no less than ten Member States do not apply the reception conditions directive to detained asylum seekers. This constitutes an infringement to the directive.

-
- 1 Article 18 § 2 mentions that : "Member States shall ensure access to rehabilitation services for minors who have been victims of any form of abuse, neglect, exploitation, torture or cruel, inhuman and degrading treatment, or who have suffered from armed conflicts, and ensure that appropriate mental health care is developed and qualified counselling is provided when needed". This provision is not modified in the reception conditions Commission proposals of December 3rd 2008 and of June 1st 2011.
 - 2 One must also stress the Recommendation 2006/2 of the Council of Europe on the European Prison Rules adopted by the Committee of Ministers on January 11th 2006 at the 952nd meeting of the Ministers' Deputies. The following points are especially relevant :
"40.4 Medical services in prison shall seek to detect and treat physical or mental illnesses or defects from which prisoners may suffer.
42.1 The medical practitioner or a qualified nurse reporting to such a medical practitioner shall see every prisoner as soon as possible after admission, and shall examine them unless this is obviously unnecessary.
46.1 Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals, when such treatment is not available in prison.
46.2 Where a prison service has its own hospital facilities, they shall be adequately staffed and equipped to provide the prisoners referred to them with appropriate care and treatment".

The Asylum Procedures Directive

1.2

The current asylum procedures directive only mentions the possible vulnerability of asylum seekers in an ambiguous and almost peripheral way. Indeed, article 13, paragraph 3, indent a) refers to the vulnerability of the asylum seeker as one of the elements which ought to be taken into account by the person carrying out the interview for the refugee status determination. The provision states that the Member States shall "*ensure that the person who conducts the interview is sufficiently competent to take account of the personal or general circumstances surrounding the application, including the applicant's cultural origin or vulnerability, insofar as it is possible to do so*". Thus, the determination authority should designate interviewers who have the requisite specialised knowledge, training and experience related to vulnerability and special needs. Nevertheless this obligation is only an "*obligation de moyen*" as underlined by the wording "*insofar as it is possible to do so*". Apart from that provision, the only other one in the directive referring to "vulnerable" persons is article 17, which specifies guarantees granted to unaccompanied minors.

The Dublin Regulation

1.3

The current regulation does not contain any provision of principle related to the protection of vulnerable asylum seekers with special needs¹. However, the Dublin regulation Commission proposal contrasts with the Dublin regulation in force since the proposal includes new provisions for protecting vulnerable asylum seekers submitted to the Dublin procedure.

¹ Article 6, first indent and article 15, paragraph 3 speaks only of the best interest of unaccompanied minors in the view to determine the Member State responsible for the status determination.

The purpose of the qualification directive is to establish minimum standards for the qualification of persons as refugees or beneficiaries of subsidiary protection, but also minimum levels of rights and benefits attached to the protection granted.

Chapter VII headed "*Content of International Protection*" of the qualification directive contains a provision (article 20, paragraphs 3 and 4) "equivalent" to article 17 of the reception conditions directive regarding its purpose. Indeed, the purpose of article 20, paragraphs 3 and 4 of the qualification directive is to obligate Member States to provide special treatment to vulnerable persons with special needs, among other in the field of health care. This results from the fact that persons concerned by this directive are either refugees or persons who have been granted subsidiary protection, whereas article 17 of the reception conditions directive only applies to asylum seekers.

The wording of article 20, paragraphs 3 and 4 is similar to the wording of article 17 paragraphs 1 and 2 of the reception conditions directive. Consequently, the same procedural problem arises : no explicit requirement of adapting a

procedure of identification of vulnerable persons with special needs. Nevertheless, as expressed above in the Title dedicated to the reception conditions directive in force, in our opinion, the legal obligation of Member States to adapt a procedure of identification results from the wording "*individual evaluation of [the] situation*" used both in the second paragraph of article 17 of the reception conditions directive and in the fourth paragraph of article 20 of the qualification directive.

As for the reception conditions directive, the PROTECT Questionnaire is a very first useful and pragmatic tool which may contribute to help Member States to implement article 20, paragraphs 3 and 4 of the qualification directive, as it concerns the identification of persons having suffered traumatic experiences.

The second generation instrument proposals in the framework of the Common European Asylum System

1.5

The reception conditions directives

The reception conditions Commission proposal of December 3rd 2008¹

On December 3rd 2008, the Commission issued a recast proposal of the reception conditions directive. This proposal took into account the situation of vulnerable asylum seekers on several points.

A first modification brought by the Commission with article 21 (current article 17) in its proposal of December 3rd 2008, concerns the "fields" of the directive, that is the Member States must take into account the specific situation of vulnerable asylum seekers with special needs. The fields are not only restricted to material reception conditions and health care anymore but extended to the whole content of the directive.

Then, paragraph 2 of the new article 21 clearly and explicitly sets out the States obligation to "*establish procedures in*

national legislation with a view to identifying (...) whether the applicant has special needs and to indicate the nature of such needs". In this sense, the Commission proposal solves the procedural problem raised by article 17 of the reception conditions directive in force².

Paragraph 2 also specifies these procedures should be activated "*as soon as an application for international protection is lodged*". The determination of the best time to assess the situation of the asylum seeker is a key issue. It is important to conduct an individual assessment of the situation of every asylum seeker soon after the submission of the application for international protection. At the

1 Proposal of December 3rd 2008 for a directive of the European Parliament and of the Council laying down minimum standards for the reception of asylum seekers (Recast), COM (2008) 815 final.

2 If article 21 of the Commission proposal solves the procedural problem of article 17 of the current reception conditions directive – meaning the lack of an express requirement for the Member States to establish a procedure of identification of vulnerable asylum seekers with special needs –, the new provision raises a conceptual problem. This stake will not be addressed in the framework of the PROTECT project. For more developments on this point see among other : Setting up a Common European Asylum System, Report on the Application of Existing Instruments and Proposals for the New System, Study of the European Parliament, Directorate General for Internal Policies, Policy Department C : Citizens' Rights And Constitutional Affairs, Civil Liberties, Justice And Home Affairs, EP 425.622, Chapter 3, Section II, Sub Section I, point 2. Hereafter : EP Study 425.622.

same time, in some cases one single assessment may be insufficient.

In relation to the content of article 21 of the Commission proposal, it is therefore important not to restrict identification to any specific moment. On the contrary, it must be conceived as a long term process carried out as long as an applicant is, as such, allowed to remain on the territory of the State. Thus, article 21 should stipulate the obligation for the States to renew this assessment at regular intervals considering that the initial evaluation (or the subsequent evaluations) does not always necessarily detect signs of existing vulnerability¹.

Article 19, paragraph 2 (current article 15, paragraph 2 in force) of the Commission proposal of December 3rd 2008 states that :

*"2. Member States shall provide necessary medical or other assistance to applicants who have special needs, **including appropriate mental health care when needed, under the same conditions as nationals**"².*

1 This renewal of the assessment of the situation of every asylum seekers which have not been identified as vulnerable persons with special needs by the initial (or by the subsequent) assessment(s) – and which is not sets out in the new article 21 of the Commission proposal – must not be confused with the support which must be ensured by the Member States throughout the asylum procedure to asylum seekers identified as vulnerable persons with special needs and with the appropriate monitoring of their situation, two obligations stated in the new article 21.

2 The words in bold in article 19, paragraph 2 are new in the Commission proposal compared to the current article 15, paragraph 2 of the directive in force.

The reference to "*the same conditions as nationals*" constitutes a very progressive measure in favour of vulnerable asylum seekers with special needs, including applicants having suffered traumatic experiences.

Without providing a detailed description, the addition of the wording "**including appropriate mental health care when needed**" seems irrelevant. This addition may give the impression that mental health care is not covered under the current article 15, which, in our opinion, is not the case even for asylum seekers who are not identified as vulnerable persons. Indeed, the first paragraph of article 15 provides for "*emergency care and essential treatment of illness*" without restricting the "*emergency care*" to **physical "emergency (health) care"**, the "*essential treatment*" to physical "*essential treatment*" and the "*illness*" to **physical "illness"**. The second paragraph of article 15 – which only applies to vulnerable asylum seekers with special needs – provides for "*necessary medical assistance*" without restricting it to **physical "necessary medical assistance"** and for "*other assistance*" which allows the inclusion of not only **physical and mental medical** assistance, but also **paramedical** assistance.

Article 15 itself is entitled "*Health care*" and not only "*Physical health care*" or "*Medical health care*". Currently, some Member States do not provide for mental health care in accordance with article 15. This restrictive interpretation will not be allowed anymore with the modification proposed by the Commission.

Article 24 (current article 22) of the Commission proposal is modified as follow :

*"1. Member States shall ensure that persons who have been subjected to torture, rape or other serious acts of violence receive the necessary treatment of damages caused by the aforementioned acts, **in particular access to rehabilitation services that should allow for obtaining medical and psychological treatment.***

2. Those working with victims of torture shall have had and continue to receive appropriate training concerning their needs, and shall be bound by the confidentiality rules provided for in the relevant national law, in relation to any information they obtain in the course of their work".

The precisions added in the first paragraph and the new second paragraph ensure more protection to victims of torture, rape or other serious acts of violence. The importance of the access to appropriate health care is clearly stressed². The requirement of training of the staff is crucial as it is a key element that may contribute to the identification of asylum seekers having suffered traumatic experiences.

1 The words in bold in article 24 are new in the Commission proposal compared to the current article 22 of the directive in force and the words crossed out are deleted.

2 The precision added in article 24, paragraph 1 does not raise a similar problem as the addition in article 19, paragraph 2. Indeed, the words "in particular" in article 24, paragraph 1 imply that "access to rehabilitation services that should allow for obtaining medical and psychological treatment" is considered as part of "the necessary treatment of damages".

The reception conditions amended Commission proposal of June 1st 2011

The Commission proposal of December 3rd 2008 has been harshly criticized by the Council. Consequently, Commissioner Cecilia Malmström in charge of Home Affairs announced in November 2010 the intention of the Commission to submit to the Parliament and the Council a new text of the reception conditions directive proposal. This document is known as the amended Commission proposal of June 1st 2011.

Articles 21 and 22 of the amended Commission proposal of 1st June 2011 (article 17 and article 21 of the Commission proposal of December 3rd 2008) state the general principle of taking into account the specific situation of vulnerable asylum seeker with special needs.

Regarding the procedural problem, the new article 22 is quite similar to article 21, paragraph 2 of the Commission proposal of December 3rd 2008. However, in article 22 of the new text, the formulation "*Member States shall establish mechanisms with a view to identifying whether the applicant is a vulnerable person*" replaces the terms "*Member States shall establish procedures in national legislation (...)*" used in article 21, paragraph 2. With regard to this modification the detailed explanation of the amended proposal³ specifies that "*it is thus better clarified that*

3 Detailed explanation of the amended proposal of June 1st 2011 accompanying the document Proposal for a directive of the European Parliament and the Council laying down standards for the reception of asylum seekers, COM (2011) 320 ANNEX, article 22.

identification of special reception needs does not necessarily require the establishment of a new/separate administrative procedure but that it could be integrated to existing national modalities [i.e. medical screening] (...)". Some Stakeholders believe that this modification weakens the rights of asylum seekers by leaving all discretion to Member States in the identification of applicants with special needs and that the Commission abandoned real advances that it had suggested in its 2008 proposal¹.

The replacement of the word "procedures" by the word "mechanisms" might not be so important. The term "mechanisms" seems both less formal and wider. Nevertheless, it does not exempt the States from the requirement to include in their national legislation "means" or "methods" of identification. Therefore, States still must take a decision on the qualification of the applicant as a vulnerable person with special needs. Besides, the word "mechanisms" can cover practices already existing in some Member States such as observation of asylum seekers and/or organization of educational, recreational or other activities². For instance, national legislation could stipulate that staff in contact with applicants holds the duty of observation and vigilance towards them in order to detect vulnerable persons with special needs.

1 Press release of June 1st 2011, H el ene Flaautre, Europe Ecologie/Les Verts, available on [http : //europeecologie.eu/Directives-UE-sur-Asile-Paquet](http://europeecologie.eu/Directives-UE-sur-Asile-Paquet). Text only available in French, free translation.

2 The study carried out by the Odysseus Academic Network for the European Refugees Fund in 2009, brought to light how many such practices can contribute in an efficient way to the identification of vulnerable asylum seekers with special needs.

In conclusion, beyond the use of the term "mechanisms" instead of "procedures", what matters is the fact that the State has to effectively include appropriate procedures in the national legal framework (as well as implementing them in practice). This will allow the State to reach the goal assigned by article 22, namely identifying vulnerable persons and their special needs in the field of the reception conditions directive. This will possibly be controlled by the judicial system.

Regarding the timing of the identification of vulnerable applicants with special needs, the amended Commission proposal of June 2011 (article 22) substituted the requirement to proceed with this identification "*within a reasonable time after an application for international protection is made*" with the requirement to proceed to it "*as soon as an application for international protection is lodged*" (article 21, paragraph 2 of the Commission proposal of December 3rd 2008). This modification is in line with our recommendation to give the asylum seeker a period of rest (e.g. 7-10 days) before submitting him/her to the PROTECT Questionnaire.

The new article 22 also states that if special needs "*become apparent at a later stage in the asylum procedure*" they must "also be addressed". This additional precision is relevant but not sufficient with regard to our recommendations mentioned above in Title 1. 2. 1.

Indeed, while this precision requires Members States to address special needs which appear later on, it does not require to renew the assessment of the

situation of the asylum seeker at regular intervals in case the initial assessment (or the subsequent assessments) did not reveal signs of vulnerability.

Article 19, paragraph 2 (current article 15, paragraph 2 related to Health care) of the amended Commission proposal of June 1st 2011 is modified as follows :

*"2. Member States shall provide necessary medical or other assistance to applicants who have special needs, including appropriate mental health care when needed"*¹.

In comparison with the Commission proposal of December 3rd 2008, at the end of the sentence, the words "**under the same conditions as nationals**" have been deleted. This modification constitutes a step back for vulnerable asylum seekers with special needs. Regarding the addition of the words "**including appropriate mental health care when needed**", we refer to the comments made above for article 19, paragraph 2 of the Commission proposal of December 3rd 2008 .

Article 25 dedicated to Victims of torture and violence is identical to article 24 of the Commission proposal of December 3rd 2008, except for to the following addition mentioned in bold in the second paragraph : "**2. Those working with victims of torture, rape or other serious acts of violence shall have had and continue to receive appropriate training concerning their needs, and shall be bound by the**

1 The words in bold in article 19, paragraph 2 are new in the amended Commission proposal compared to the current article 15, paragraph 2 of the directive in force.

confidentiality rules provided for in the relevant national law, in relation to any information they obtain in the course of their work". This modification is in line with the title and the first paragraph of the provision, meaning that asylum seekers concerned by the measure are victims of torture but also victims of rape and of other serious acts of violence.

The proposals on asylum procedure

The asylum procedures Commission proposal of October 21st 2009

The Commission Proposal of October 21st 2009 is in contrasts with the asylum procedures directive in force since it contains several specific provisions devoted to vulnerable asylum seekers. Those asylum seekers – defined as "*applicants with special needs*" in article 2, indent d) of the proposal – are among other, applicants who, due to mental health problems or consequences of torture, rape or other serious forms of psychological, physical or sexual violence, need special guarantees in order to benefit from the rights ensured in the directive and to comply with its obligations.

In this sense, the new article 20 of the Commission proposal requires in its first paragraph that Member States take appropriate measures in favour of "*applicants with special needs*" so that "*where needed, they shall be granted time extensions to enable them to submit evidence or take other necessary steps in*

the procedure". Pursuant to the third paragraph of the same article, these applicants cannot be subjected to an accelerated procedure and the clause linked to manifestly unfounded applications cannot be applied to them¹.

The training of staff members responsible for the determination of protection status is also mentioned in the Commission proposal, especially in terms of taking into account the situation of "vulnerable" persons. As stated in its new article 4, paragraph 2, the proposal specifies how staff should be specifically trained in the following matters : gender, trauma and age awareness, identification and documentation of signs and symptoms of torture. (Regarding the persons interviewing applicants, the new article 17, paragraph 5 also mentions this requirement of training with regard to detection of symptoms of torture).

As it concerns article 14 of the proposal (current article 13 mentioned here above), this provision is modified as follows :

"3. Member States shall take appropriate steps to ensure that personal interviews are conducted under conditions which allow applicants to present the grounds for their applications in a comprehensive manner. To that end, Member States shall :

a) Ensure that the person who *conducts the interview is competent to take account of the personal or general circumstances surrounding the application, including the applicant's cultural origin, **gender** or vulnerability.*

1 Article 27, paragraph 7 of the proposal.

b) Wherever possible, provide for the interview with the applicant to be conducted by a person of the same sex if the applicant concerned so requests ;" (the same possibility for the interpreter is introduced by the modified indent c²). The obligation set out in indent a) is no more only an "*obligation de moyen*" as the wording "*insofar as it is possible to do so*" is deleted. Indents b) and c) are new : they state an "*obligation de moyen*".

Regarding the medical examination, we must present the following :

1° A decision of the European Court of Human Rights of March 9th 2010³. The facts of the case are presented briefly : during his asylum procedure, an asylum seeker submitted a medical certificate from his attending physician attesting after-effects of torture. Asylum authorities considered this certificate irrelevant, as it had not been established by an expert. The Court passed judgment that it is the obligation of the authorities to verify the alleged acts of torture, and to ask for an expert opinion in this regard, when backed up by a medical certificate.

2° Under the new article 17 of asylum procedures Commission proposal, asylum seekers must be allowed, upon request, to have a medical examination carried out in order to support statements in relation to past persecution and serious

2 Compared to article 13 of the directive in force, the words in bold are new and the words crossed out are deleted

3 ECHR, Case of R.C. v. Sweden, Application n° 41827/07, Judgment of March 9th 2010.

harm (paragraph 1). This examination is subjected to the consent of the asylum seeker, *"in cases where there are reasonable grounds to consider that the applicant suffers from post-traumatic stress disorder, the determining authority, (...), shall ensure that a medical examination is carried out"* (paragraph 2). Paragraph 3 specifies that Member States shall provide for relevant arrangements in order *"to ensure that impartial and qualified medical expertise is made available for the purpose of the medical examination referred in paragraph 2"*.

This provision is essential even if the second paragraph leaves an indisputably-marginal of appreciation to the Member States.

The asylum procedures amended by the Commission proposal of June 1st 2011

The amended Commission proposal of October 21st 2009 has been hardly criticized by the Council. Consequently, in November 2010 Commissioner Cecilia Malmström charge of Home Affairs, announced the Commission's intention to submit a new text of the asylum procedures directive proposal to the Parliament and to the Council. This new text is the amended Commission proposal of 1st June 2011.

The special procedural guarantees offered to victims of torture, rape or other serious forms of psychological, physical or sexual violence are more or less

the same in the new text of June 1st 2011¹. Those applicants cannot be subjected to an accelerated procedure and to the clause relative to manifestly unfounded application². Also, as all other *"applicants in need of special procedural guarantees"*, including asylum seekers with mental illness or post traumatic disorders, they must be granted *"sufficient time and relevant support to present elements of their application as completely as possible and with all available evidence"*³.

A very important modification in article 24 of the amended Commission proposal is that it is explicitly stated that *"Member States shall ensure that applicants in need of special procedural guarantees are identified in due time"*⁴. In order to comply with this obligation Member States may use the mechanism provided for in article 22 of the reception conditions amended Commission proposal (paragraph 1, first indent, *in fine*)⁵.

Article 24, paragraph 1, second indent also sets out that *"if it becomes apparent at a later stage in the procedure that an appli-*

1 In article 24 entitled Applicants in need of special procedural guarantees and article 20 of the first Commission proposal.

2 Article 24, paragraph 2, second indent.

3 Article 24, paragraph 2, first indent.

4 Article 24, paragraph 1, first indent.

5 If this is the case, Member States will have to precisely set out that the mechanism put in place has two different aims, one in the framework of the reception conditions directive, another one in the framework of the asylum procedures directive. This means two appreciations must be done separately – even if they can be done at the same moment – as nor the definition of "vulnerable" applicants neither the goals of the identification are the same in the two amended Commission proposals.

cant is in need of special procedural guarantee", Member States shall ensure that the provision (article 24) also applies. Indeed, while the precision requires Member States to address special procedural guarantees which appear at a later stage, it does not require Member States to renew the assessment of the situation of the asylum seeker at regular intervals if the initial assessment (or the subsequent assessments) did not reveal that the applicant was a person in need of special procedural guarantees.

Beside this "general" identification specified in article 24, article 18 of the amended text of June 1st 2011, related to Medical Reports, provides for a specific medical examination which may be requested by the applicant or which has to be carried out by the Member States under certain circumstances. In general, this provision guarantees a better protection to applicants than article 17 of the asylum procedures Commission proposal of October 29th 2009, which was also dedicated to Medical reports :

- Member States must inform the applicant about his/her rights pursuant to article 18, procedure which was not specified in the first text ;

- The determining authority must ensure a medical examination is carried out with the applicant's consent not only if there are **"reasonable grounds to consider that the applicant suffers from post-traumatic stress disorder"** (previous article 17) but more extensively if it **"considers that there is reason to believe that the applicant's ability to be interviewed and/or to give accurate and coherent statements does**

not exist or is limited as a results of post-traumatic stress disorder, past persecution or serious harm".

Regarding the training of staff members responsible for the determination of the protection status, the training content is not more explicitly mentioned more explicitly in article 4 of the amended Commission proposal compared to then article 4, paragraph 2 of the text of October 21st 2009. There is now a reference to the training activities to be organized by the European Asylum Support Office¹. As it especially concerns asylum seekers having suffered traumatic experience, article 18, paragraph 5 of the text of binds Member States to "ensure that the persons interviewing applicants pursuant to [the asylum procedures directive] receive training with regard to the awareness of symptoms of torture and of medical problems which could adversely affect the applicant's ability to be interviewed". The reference to "medical problems which could adversely affect the applicant's ability to be interviewed" is new compared to the first Commission proposal.

Finally, as it concerns the *Requirements for a personal interview*, article 15, paragraph 3, indents a) to c) of the amended Commission proposal is nearly identical to article 14, paragraph 3, indents a) to c) of the first Commission proposal. The person who conducts the interview must be competent in order to take into account of the personal and general circumstances

1 Article 4 § 3 of the amended Commission proposal which refers to article 6 § 4 (a) to (e) of the Regulation N°439 of May 19th 2010 of the European Parliament and of the Council establishing a European Asylum Support Office.

surrounding the application, including the applicant's cultural origin, gender or vulnerability but also sexual orientation and gender identity (two new precisions of article 15, paragraph 3, indent a).

Moreover, regarding the notion of vulnerability, it is specified it must be understood "*within the meaning of article 22*" of the reception conditions amended Commission proposal of June 1st 2011. It seems that the concerned provision of the reception conditions Commission proposal of June 1st 2011 is not article 22 as it concerns the mechanisms of identification of vulnerable persons and special reception needs and not the meaning of the vulnerability which is more at stake in article 21.

At the same time, vulnerability may be taken into account effectively through article 22 – except in the case of evident vulnerability in the sense of article 21 such as women who are well advanced in their pregnancy.

Accordingly, does this reference has the objective of obligating authorities in charge of the asylum procedure to take into account the results of the evaluation done in accordance with article 22 ?

In any case, several definitions of vulnerability must be considered in the framework of the asylum procedure : a close one, specified in article 2, indent d) of the asylum procedures amended Commission proposal of June 1st 2011 and an open one specified in article 21 of the reception conditions amended Commission Proposal of June 1st 2011. This would allow applying different provisions of the

asylum procedure directive. However, the aim of article 15, paragraph 3, does not totally differ from the aim of article 24, paragraph 2. Moreover, such a system questions the feasibility of its implementation.

The Dublin regulation Commission proposal of December 3rd 2008

First of all, it is important to note that the new specific provisions in the Dublin regulation Commission proposal of December 3rd 2008 are applied alongside the protective provisions of the reception conditions directive Commission proposal since that directive concerns asylum seekers submitted to the Dublin procedure¹.

Secondly, pursuant to the new article 30, paragraph 3, indent d) of the Commission proposal of December 3rd 2008, the transferring State shall communicate to the receiving one any information it "*deems essential in order to safeguard the rights and special needs of the applicant concerned*". According to the fourth paragraph of the same article, "*for the sole purpose of the provision of care or treatment, in particular concerning (...) persons that have been subject to torture, rape or other serious forms of psychological, physical and sexual violence, the transferring Member State shall transmit information about any special needs*

1 This explicitly results from the explanatory memorandum to the reception conditions directive Commission proposal (Part 3.1 devoted to the scope of the directive), from recital (8) of the same proposal and recital (9) of the Dublin regulation Commission proposal.

of the applicant to be transferred, which in specific cases may include information about the state of the physical and mental health of the applicant to be transferred. The responsible Member State shall ensure that those special needs are adequately addressed, including in particular any essential medical care that may be required". According to paragraph 5, this information should only be transmitted with the explicit consent of the applicant. There are also specific requirements in terms of confidentiality and protection of personal data (paragraphs 6, 7 and 9), which concern vulnerable asylum seekers.

Finally, the first paragraph *in fine* of the new article 30, which states that only persons fit for the transfer, can be transferred. However, there is no provision specifying how this finding of incapacity (mental and/or physical health problems¹) is established or how and by whom the decision not to transfer the asylum seeker is taken.

This absence of an explicit provision creates a legal uncertainty.

Again, the PROTECT Questionnaire will be very useful to support the implementation of the new provisions of the Dublin regulation Commission proposal.

1 Actually article 30 does not define the notions of "fit" or "unfit" for transfer but the general framework of article 30 seems to imply that it concerns health state. It would be pertinent to explicitly add this precision in the text.

As a consequence of all these developments, according to the current Community law, Member States already have the obligation to identify vulnerable asylum seekers and refugees who suffered traumatic experiences.

Member States must provide these persons reception conditions adapted to their specific needs. In particular, these individuals must have access to mental and physical health care required by their state.

On the other hand, the possible psychological vulnerability of an asylum seeker must be detected and taken into account during the personal interview that the applicant will undergo in the framework of the asylum procedure.

Second-generation legal instruments proposed by the Commission for establishing the Common European Asylum System increase the awareness of vulnerable asylum seekers. The mental health state of asylum seekers is particularly considered in the new texts.

Accordingly, the PROTECT Questionnaire constitutes, without any doubt, a very useful tool for Member States and which comprises an effective and

pragmatic first step in helping them to comply with the following two requirements :

- the current requirements of the EU law in force
- some of the new requirements set out in the Commission proposals examined by the European Parliament and by the Council in the framework of establishing a Common European Asylum System

Documentation references are given in Appendix 1.

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2

**IDENTIFICATION OF GENERAL
OBSTACLES AND CHALLENGES FOR
THE IMPLEMENTATION OF THE
PROTECT TOOL**

As previously presented, Member States are legally bound to take into account special needs of vulnerable asylum seekers into account. This is especially necessary as vulnerable people constitute a great proportion of asylum seekers. Many have experienced significant traumatic experiences (such as captivity, witnessing of killings, being assaulted, raped, tortured) which are associated with a number of health and mental health illnesses. Clinical research on asylum seekers and refugees in Western countries demonstrate a high prevalence of Posttraumatic stress disorder (PTSD). Vulnerable asylum seekers are ten times as likely of developing PTSD than a similar group of the host country. Although neither Member States nor the European Union provide official statistics, this could be the case in over 40% of asylum seekers. Depending on the sample group, its origins and the method (Questionnaire, interviews...), studies demonstrate a rate ranging from 20 to 60%.

Nevertheless, in most of European countries, the implementation of EU legislative provisions is lacking. One aim of the PROTECT project is to set up an identification tool allowing the Member States to fulfil their legal obligation to provide appropriate treatment. In order to effectively implement such a tool and process, the main obstacles and challenges within the national asylum systems have been identified.

Each Member State has different procedures, which are all based on the same international texts, namely the Geneva Convention of 1951 and the European legislation previously detailed. The review of national asylum systems reveals several types of obstacles¹.

From a legal point of view, EU law provisions have not, been properly transposed, if at all. Even if there is a will to unify the asylum procedures of the Member States, there is still an important diversity in the legal systems. Political contexts specific to each state may have influenced the compliance of the government.

Procedural aspects of the asylum systems also constitute a challenge. National administrations have their own practices, which may differ from State to State. For instance, many member states do not have a procedure which allows for identification. On the other hand, the various procedures for examining t asylum applications (such as the accelerated procedure or the procedures carried out while the asylum seekers are in detention) do not fulfil all the ideal conditions for the identification of vulnerable people.

In some countries, the reception conditions are only available once the

application has been registered by the authority. This means that an asylum seeker can complete the application but will not benefit from any reception conditions until the registration of the application is effective, even though there is no established timeframe. In this case, the applicant will not benefit from the procedure of identification put in place in accordance with article 17 of the reception conditions directive, and the "vulnerable" asylum seekers will not be able to access any medical treatments the European legislation should guarantee to them.

In order to respond to these obstacles, the decision has been made to develop a very easily administrated tool and process. This procedure constitutes a reasonable solution as it can be easily adapted to the diversity of legal and administrative national frameworks in order to encourage governments to implement the PROTECT tool before or within the interview phase of the asylum procedure.

1 The wording "asylum systems" covers both the reception conditions system of the asylum seekers and the procedure for the examination of the application for international protection.

The temporal aspect also constitutes an important factor. In some countries, even if a decree requires the government to identify special situations among asylum seekers, there is no time limit for the procedure. Waiting too long before detecting an asylum seeker's vulnerability may jeopardize their claim for asylum, as vulnerability can be an obstacle to properly completing the application. The sooner a "vulnerable" person is detected, the sooner they can access medical support or treatment and be referred to adapted procedures and reception conditions. Accordingly, the sooner the PROTECT tool can be implemented within the procedure, the better it is for the whole system.

As such, the simplicity of the tool allows for it to be used by non-medical staff during the very first contact of the asylum seeker with the authority or NGO in charge of the asylum application. The officers of the competent authority and/or social workers who carry out the vast majority of the interviews are capable of administering the tool and reading its results.

The lack of a specific European approach to evaluating the vulnerability and responding to the special needs of traumatised asylum seekers can also constitute a supplementary challenge. Implementation of this standard hinders the displacements of asylum seekers who must be properly supported.

Considering the relatively high number of asylum seekers received by some countries and the relative absence of reception conditions adapted to their needs in the examined cases, the result of vulnerability detection in the early stage of the procedure may be -falsely- considered irrelevant or even unethical by national authorities. Nevertheless, the identification of vulnerable persons is still a State obligation and urgently needs to be implemented. These obstacles can be overcome, as seen in by the examples of Belgium¹ and the Netherlands.

1 Belgium has developed its own individual situation assessment procedure. The Belgian asylum system requires that such an assessment takes place within 30 days from the designation of the place of registration of the Asylum application. This identification procedure is completely separate from the procedure determining the status of the asylum seeker.

Nevertheless, the widespread application of the PROTECT tool requires each country to actively enforce new policy measures. The role played by the tool when applied in the early stage of the Asylum procedure ought to be clearly defined in each national system. Each state must adapt the material conditions and health assistance offered to the vulnerable asylum seekers. Without these specific elements, and others on a more general level, state involvement in fulfilling the directives requirements highlighted by the PROTECT tool cannot be efficiently implemented.

However, difficulties may arise from those professionals, such as social workers, who are responsible for carrying out the detection of vulnerable asylum seekers. They may show reluctance to undertake this test. For many, it may constitute a work overload and an exposure to trauma they are unprepared to handle. To answer these objections and to allow a correct implementation of the PROTECT tool, training and monitoring of staff are in all cases required.



Another obstacle is financial. The recent growing number of new asylum seekers received by certain European countries constitutes an additional challenge which can be mistaken for an obstacle in the application of PROTECT tool. In this context the PROTECT tool can clearly help the state to easily fulfil the directive obligations but can also be misjudged as a measure that creates supplementary costs. Although the actual cost of the identification is not necessarily high, its application to large numbers of asylum seekers may lead to a significant cost. This is a short-term effect. On the long run, the PROTECT tool should lead to an overall costs decrease. Early identification can prevent diseases becoming chronic, and providing treatments in a later stage is more expensive than prevention. The implementation also has an impact on other aspects of the procedure. If no consideration is taken of

the special needs of vulnerable people, their reception conditions may be inadequate and may have adverse effects on asylum seekers such as seriously affecting their ability to complete their application. For instance, they may face difficulties recounting an event with coherence or coping with administrative procedures. Both of these factors lead to an increase of appeals. In contrast, the litigation over material reception conditions may be reduced by a proper identification of needs.

The crux of the PROTECT tool is to identify these vulnerable asylum seekers quickly and efficiently by non-medical personnel in order to reduce the costs of the whole process. Asylum seekers who are considered as vulnerable can then be oriented for a medical or psychological interview that will assess the first test results.



Scientific Rationality

As stated earlier the PROTECT tool is a Questionnaire, which was developed to identify at an early stage of the Asylum process asylum seekers who suffer traumatic experiences related to torture and other cruel or inhumane experiences. A number of guidelines on the identification and medical examination of asylum seekers exists, but they are all targeted at medical professionals only and are quite extensive and time-consuming¹. The PROTECT tool was developed with the intention to be short, to be primarily used by non-medical professionals and to be implemented within a short timeframe in order to react swiftly to the vulnerability of the asylum seeker.

Vulnerability is a complicated term that can be looked at in different ways. In the case of asylum seekers, all individuals may be considered vulnerable, due to migration and loss of family, friends, home and properties. This is the most basic vulnerability rating (to be called grade 0)². Within the whole population of asylum seekers specific groups are defined as being more vulnerable than other groups, such as elderly asylum seekers, minors, pregnant women, single women (with or without children, and

primary and secondary victims of torture or sexual abuse (to be called grade 1)³. In these cases vulnerability can be identified by simply looking at the person, or by going through basic data. However not all individuals of the grade 1 group can be considered as being equally vulnerable. The next stage is the individual level of vulnerability (to be called grade 2).

The specific level of individual vulnerability can only be determined through an individual assessment. The purpose of the PROTECT project is to create a practical tool for identifying grade 2 vulnerability, that is individual, psychological vulnerability, which is caused by psychological trauma, and involves a number of mental and medical health risks as well as impaired functioning. The PROTECT tool therefore assesses the risk of such problems and consequent impairments of e.g. memory and recall⁴. Risk assessment helps to create awareness among officials, other professionals and volunteers working for asylum seekers. It may prompt or encourage accurate health prevention and responses.

The PROTECT tool comprises a brief and pragmatic Questionnaire, as well as a kit designed to facilitate administration of the Questionnaire, aid the interpretation

1 Istanbul Protocol, 1999; Immigration and Refugee Board of Canada, 2006; Cameron, 2010; Peel, Lubell & Beynon, 2005

2 Aspinall P, Watters C.; Straimer C, 2010

3 Fazel M, Wheeler J, Danesh J., 2005

4 Cohen J., 2001

of the results, and orient possible referrals. The aim of the Questionnaire is to detect signs of mental health after-effects due to trauma of asylum seekers at the earliest possible stage of arrival/reception¹.

The tool differentiates between potentially vulnerable and non-vulnerable asylum seekers, thus the implementation of the tool provides significant support to the legal, social, health assistance of vulnerable asylum seekers. The results of the concise assessment can therefore be applicable in various areas of the Asylum process. If applied adequately, it enables the non-vulnerable group to be identified quickly, and demonstrates the necessity of a trauma-sensitive legal procedure in the case of vulnerable individuals. Furthermore it may reduce the number of appeals and the risk of rejecting and deporting genuine and vulnerable asylum seekers. Finally, the referral of vulnerable people in need is made possible to relevant social, medical, and psychological services, facilitating the arrangement of proper health care and reception conditions for asylum seekers at risk.

1 See : Bloemen, Vloeberghs & Smits, 2006; Lustig et.al, 2008; Herlihy & Turner, 2009



Implementation recommendations

3.1

The Questionnaire should be administered by persons who are in contact (professional or on a voluntary basis) with the asylum seekers in the early phase of arrival (e.g. social workers, medical staff, border guards, asylum officers, legal professionals, volunteers). The Questionnaire is not a medical diagnostic tool; rather, it aims at identifying psychological vulnerability among asylum seekers in an effective manner. In addition, the fast and easy administration and interpretation of the tool has been designed to accommodate to the circumstances of the asylum process.

The general characteristics of the PROTECT tool : objective, impartial and neutral

3.2

The PROTECT tool is an impartial and neutral instrument. The principle of impartiality means avoiding bias, prejudice or unfair preferential treatment of one person over another and producing an outcome based on objective and scientific criteria. Neutral means that this instrument is not aligned with or in support of any side or position in a controversy.

The PROTECT tool is objective as it is based on scientific knowledge about the psychological consequences of trauma experienced by asylum seekers and refugees. The health of asylum seekers is a universal value that transcends political disputes; it is thus a value that needs to be addressed. The EU directives on asylum and refugees in force are very clear on this requirement. One has especially to mention :

- Article 13, § 2, article 15, article 16, § 4, article 17, article 18, § 2 and article 20 of the reception conditions directive in force.
- Article 20, §§ 3 and 4 and article 29 of the qualification directive in force.

On the other hand, as underlined above in the chapter dedicated to the analysis of European legislation, the new texts proposed by the Commission in the framework of establishing the Common European Asylum System (reception conditions directive proposal, asylum procedure directive proposal, qualification directive proposal and Dublin regulation proposal) provide more platform to take the physical and mental health state of the asylum seekers into account.

Research on vulnerability and the psychological consequences of trauma

3.3

There is a great body of classical and current scientific research on the mental health consequences of psychological trauma. The most commonly diagnosed disorders following traumatic experiences 'are post-traumatic stress disorder (PTSD) and depressive disorder. A significant number of victims of violence and trauma develop post-traumatic stress disorder (PTSD) and depressive disorder, most commonly a combination of the two. There is an overlap of symptoms between both disorders. The exact diagnosis criteria of the two disorders are listed in the Appendix.

These mental disorders develop progressively. The manifestation of these disorders may be acute, chronic or delayed. Only a portion of the traumatized persons reach the clinical level for diagnosis, many victims only exhibit some of the symptoms, and only temporarily. These resilient individuals are able to overcome their difficulties by drawing upon their own inner strength, coping abilities, and benefiting from the help of supportive social networks (family, friends). Nevertheless a substantial part of victims of torture and abuse develop PTSD, mostly in combination with a depressive disorder.

The concept of PTSD was specifically developed to describe the cluster of mental health symptoms that evolve as a result of exposure to extreme stress. The prerequisite for developing PTSD is that the person experience or witness a traumatic event (e.g. torture, sexual abuse) and is characterized by a response that involves intense fear, helplessness or horror. Symptoms of PTSD fall into three categories : re-experiencing the traumatic event, avoidance or emotional numbing, and increased arousal².

The disorder can develop in any individual, even those without any predisposing conditions, particularly if the stressor is especially extreme³. Severity and duration of the trauma, as well as the vulnerability of the individual, influence whether PTSD develops. The experience of trauma has a cumulative effect. The dose–response relationship⁴ refers to the interaction between trauma exposure and psychiatric consequences stemming from such exposure : the greater the number and/or intensity of traumas to which one is exposed the more severe the psychiatric consequences. There are further risk factors which have been reported to increase the chances

1 Based on the classification system of the Diagnostic and Statistical Manual of Mental Disorders DSM, 4th edition - DSM-IV

2 DSM-IV, American Psychiatric Association, 1994

3 American Psychiatric Association, 1994, p. 427

4 Mollica, McInnes, Poole, & Svang, 1998

of developing PTSD, such as gender (females), co-morbid psychiatric diagnosis, previous trauma, and an unsupportive recovery environment.

PTSD is the most frequently reported description of post-trauma sequelae, particularly in relation to atrocities perpetrated by humans¹. In refugee populations the rates of PTSD and depression vary widely depending on the sample, with prevalence rates ranging from 4% to 86% for PTSD and 5% to 31% for depression².

A recent study of Steel et al. (2009) provides a meta-regression of the largest set of epidemiologic surveys in the refugee and post conflict mental health field. A total of 161 articles reporting results of 181 surveys comprising 81 866 refugees and other conflict-affected persons from 40 countries were identified. After adjustment for methodological factors, torture emerged as the strongest substantive factor associated with PTSD and cumulative exposure to potentially traumatic experiences (PTEs) was the strongest substantive factor associated with depression. The unadjusted weighted prevalence rate reported across all surveys for PTSD was 30.6% and for depression was 30.8%.

The presence of PTSD adversely affects the health and functioning in many domains. High prevalence of psychiatric morbidity and associated disability in traumatized refugee population has

been reported by a number of studies³. The co-morbidity of PTSD is wide : it is most commonly associated with Major Depressive Disorder but there is also an increased risk of Panic Disorder, Agoraphobia, Obsessive-Compulsive Disorder, Social Phobia, Specific Phobia, Somatization Disorder, and Substance-Related Disorders among survivors of trauma.

To diagnose PTSD, duration of the symptoms must exceed one month, if symptoms do not last for at least one month, but are present for more than 2 days, acute stress disorder is diagnosed. If the symptoms persist for three months or longer PTSD is considered to be chronic. If the symptoms of PTSD develop after six months or even longer following a traumatic event, then the disorder is defined as delayed PTSD.

Adjustment disorder is diagnosed when response to an extreme stressor does not meet the criteria for Posttraumatic Stress Disorder (or another specific mental disorder), but predominant symptoms are depressed mood, anxiety, disturbance of conduct (e.g., fighting, vandalism, reckless driving), or other maladaptive reactions (e.g., physical complaints, work or academic inhibition, social withdrawal).

Alternative diagnoses to the category of PTSD have also been developed to account for the complexity of post-trauma consequences among victims of mass interpersonal violence, such as in the case of refugees. Complex PTSD or 'Disorders of Extreme Stress Not Otherwise Speci-

1 De Jong et al., 2001

2 Hollifield et al., 2002

3 Mollica et al., 1999

fied' (DESNOS)¹ was created by the DSM-IV PTSD taskforce² and differentiated six areas of changes in functioning (regulation of affect and impulses, attention or consciousness, self-perception, relations with others, somatization, and systems of meaning). The notion of cultural bereavement is associated with a loss of a sense of belonging, social cohesion, connection with land, ancestors, culture and traditions³.

Psychological trauma among refugees can be caused not only by trauma suffered in the land of origin, but a result of devastating experiences endured while fleeing. Some refugees were not tortured in their own countries, but fled from difficult situations and later encountered abusive and degrading situations.

Finally, the risk of trauma does not end with reaching a destination. Reception conditions and certain aspects of the Asylum procedure may also have harmful effects on the well-being of asylum seekers, which is especially true in the case of those individuals who have already suffered severe psychological trauma in their homeland or on the road. A number of studies discuss the detrimental psychological effects of detaining asylum seekers⁴, and the danger of failing to provide adequate support in terms of health care, accommodation and social security to asylum seekers with medical or psychological disabilities⁵. Meanwhile, other studies demonstrate the beneficial effects of psychosocial and legal support on the well-being of asylum seekers⁶.

1 Herman, 1992; Roth et al., 1997; van der Kolk, 2001

2 Pelcovitz et al., 1997

3 Eisenbruch, 1992

4 Keller et al., 2003; Kirmayer, Rousseau, & Crepeau, 2004; Robjant, Hassan, & Katona, 2009; Hodes, 2010

5 Bollini 1997; Kelley & Stevenson 2006; Roberts 2006; Laban et al. 2007

6 Asgary, Metalios, Smith, & Paccione, 2006; Momartin et al., 2006; Zachary et al., 2011

Assessment of post-trauma mental health

3.4

In accordance with the previous sections, the assessment of the health (both psychological and psychiatric) consequences of mass violence traumatization has great significance. There are a variety of PTSD measures, which range from a 10-item self-report measure with a single rating for each item¹, to a 17-item Questionnaire addressing each symptom of PTSD with one question², to structured interviews³ that include detailed inquiries about each symptom and interviewer ratings regarding the validity of reports. Furthermore, there are broad assessment methods, which also include symptoms

other than those related to PTSD⁴. The issue of cross-cultural validity and reliability is also relevant in the assessment of trauma survivors. The instrument must be capable of measuring torture, trauma, and trauma-related symptoms associated with PTSD in highly traumatized non-Western populations : the Harvard Trauma Questionnaire⁵ is a simple and reliable screening instrument, well received by refugee patients and bicultural staff. The right measure for a particular purpose depends on the goal of the assessment, the target group, the available time frame, and the circumstances of administration.

1 Trauma Screening Questionnaire – TSQ, Brewin et al., 2002

2 PTSD Symptom Scale - Self Report – PSS-SR, Foa, Riggs, Dancu, & Rothbaum, 1993

3 Structured Clinical Interview for Trauma and Loss Spectrum - SCI-TALS, Dell’Osso et al., 2008; Clinician-Administered PTSD Scale - CAPS; Blake et al., 1990

4 The Structured Clinical Interview for DSM-IV Axis I Disorders – SCID-I, Spitzer, Williams, Gibbon, & First, 1996

5 HTQ, Mollica et al., 1992

Psychological vulnerability assessed by the PROTECT tool

3.5

In general, the diagnosis of PTSD or other disorders linked to severe trauma is the result of a complex and complicated diagnostic process done by a specialized psychologist or medical expert. The PROTECT tool, on the other hand assists the identification of vulnerable asylum seekers suffering from traumatic experiences by providing essential information on signs and symptoms that must be inquired about and observed.

The tool consists of 10 questions, which have been carefully developed by an interdisciplinary team of legal and health experts of asylum and rehabilitation of torture survivors. The questions provide a dichotomous answer possibility (yes/no). The 10 items address psychological vulnerability, reflect the research literature on assessment of post-trauma psychological sequelae, and have been chosen to take into account the most significant symptoms of psychological trauma (PTSD, depression). The Questionnaire thus covers the most important fields of mental health issues following severe trauma. The items address all three categories of PTSD symptoms (re-experiencing the traumatic event, avoidance or emotional numbing, and increased arousal), in addition to symptoms of depression and physical health degradation. Symptoms that can be potentially misunderstood by non-mental health professionals (e.g. certain avoidance symptoms) have been excluded as to prevent ambiguity. The wording of

the questions is clear and simple for the same reason. Additional space to provide observations has been added to the end of the Questionnaire (for example : client has a tense body posture and/or shows physical unrest; client cries a lot; client doesn't show any emotion...), which address non-verbal behaviour of the client. The observation box should not be perceived as a way to test the validity of the answers to the symptom questions; it only serves as supplementary information to the Questionnaire, and aids the analysis of the results. The interpretation of the results is uncomplicated : there are no reverse items, each positive answer receives one point, the points are additive, and higher scores reflect bigger risk of vulnerability (from 0 to 3 : low; from 4 to 7 : medium; from 8 to 10 : high). The PROTECT tool is thus comprehensive, substantive, and integrative, while remaining brief and pragmatic.

The diagnostic criteria for PTSD, stipulated in the DSM-4, may be summarized as :

A. Exposure to a traumatic event.

This criterion involves (a) loss of "physical integrity", or risk of serious injury or death, to self or others, and (b) a response to the event causing intense fear, horror or helplessness (or with children, the response involves chaotic or agitated behaviour).

B. Persistent re-experiencing.

One or more of these symptoms must be present in the victim : flashbacks, recurring distressing dreams, subjective re-experiencing of the traumatic event(s), or intense negative psychological or physiological response to any objective or subjective reminder of the traumatic event(s).

C. Persistent avoidance and emotional numbing.

This criterion involves a high level of :

- avoidance of stimuli associated with the trauma, such as certain thoughts or feelings, or talking about the event(s);
- avoidance of behaviours, places, or people that might lead to distressing memories;
- inability to recall major parts of the trauma(s), or decreased involvement in significant life activities;
- decreased capacity (down to complete inability) to feel certain feelings;
- an expectation that one's future will be somehow constrained in ways not normal to other people.

D. Persistent symptoms of increased arousal not present before.

These are all physiological response issues, such as difficulty falling or staying asleep, or problems with anger, concentration, or hyper vigilance.

E. Duration of symptoms for more than 1 month.


If all criteria are present, but 30 days have not elapsed since the event took place, the individual is diagnosed with Acute Stress Disorder (ASD).

F. Significant impairment.

The symptoms reported must lead to "clinically significant distress or impairment" of major domains of life activity, such as social relations, occupational activities, or other "important areas of functioning".

The diagnostic criteria for depressive disorder, stipulated in the DSM-4, may be summarized as :

1. Exhibition of a very low mood, which pervades all aspects of life.
2. Inability to experience pleasure in activities that were formerly enjoyed.
3. Preoccupation with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred.
4. Poor concentration and memory.
5. Withdrawal from social situations and activities.
6. Reduced sexual drive.
7. Thoughts of death or suicide.
8. Insomnia (waking up early, without getting back to sleep, but also difficulty falling asleep).
9. Decreased appetite, resulting in weight loss.
10. Behaviour is either lethargic or agitated.
11. Multiple physical symptoms such as fatigue, headaches, or digestive problems.
12. In severe cases, depressed people may have psychotic symptoms (delusions, hallucinations).



Guidelines for the implementation of the PROTECT Questionnaire

These guidelines are provided to facilitate the implementation of the Questionnaire. Because the conditions are different in every Member State, these guidelines may not be applicable in each case .

The context : Early identification of traumatization among vulnerable groups is a state responsibility

4.1

As stated in the first part of this document ("Use of the PROTECT identification tool by the EU Member States") according to the current EU law, Member States already have the obligation to take the situation of vulnerable asylum seekers and refugees having suffered traumatic experiences into account and to accordingly identify these persons.

Member States must provide these individuals reception conditions adapted to their specific needs. In particular, these individuals must have access to mental and physical health care adjusted to their state.

Furthermore, the possible psychological vulnerability of an asylum seeker must be detected and taken into account during the personal interview the applicant undergoes in the framework of the asylum procedure.

The legal instruments of second generation proposed by the Commission for establishing the Common European Asylum System increase the consideration of vulnerable asylum seekers. The mental health state of asylum seekers is particularly at stake in the new texts.

The implementation of the PROTECT Questionnaire as an early identification tool is realized within this legal context and should help the Member States to comply with both requirements :

- the current requirements of the community law in force.
- the new requirements set out in the Commission proposals examined by the European Parliament and by the Council in the framework of setting in place a Common European Asylum System.

The best time to conduct the PROTECT Questionnaire

4.2

Except for those asylum seekers that need immediate medical attention (i.e. someone with an urgent medical condition or a woman in labour), all asylum seekers should be entitled to a short period of rest and preparation before the start of the asylum procedure. The ideal moment for identification of psychological vulnerability is immediately after this short rest period.

It is preferable to conduct the testing with the tool at the first reception centre. If this is not possible, it can be done at the first detention centre.

Even if the timing is not optimal (for example if the circumstances don't allow for a period of relief) it is still better to complete the Questionnaire despite the conditions rather than not using it at all.

Who can conduct the PROTECT Questionnaire ?

4.3

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

Persons involved in early identification must remain independent and neutral.

Practical recommendations for the interview

4.4

- Participation in training is required prior to work with the PROTECT Questionnaire.
- The interviews must be conducted individually with maximum confidentiality in a secure space designated for the identification procedure.
- Substantial time corresponding to minimal standards of the identification has to be provided. In general, the overall time required to administer the Questionnaire should not exceed 15 minutes, although this may vary.
- It is 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.
- The purpose of the Questionnaire must be explained to the asylum seeker by reading the short preliminary text provided in the Questions list.
- A "further observations" box can be filled out by the interviewer; this is a space to note factual observations (no place for interpretation here) on the behaviour of the asylum seeker that may be useful to the health professional who will handle the case later on. These observations must be communicated to the asylum seeker.
- The PROTECT Questionnaire form given to the interviewer is accompanied by a "Frequently Asked Questions" list that he/she should read and which could answer his/her relevant practical questions concerning the Questionnaire, (e.g. the manner of presenting the questions, the way to behave in case of certain reactions, etc).
- Making use of supporting methods such as interview and supervision are relevant evidence based practices implemented in order to monitor and improve the quality of the procedures.

"Medium" or "High" rating : When to refer ?

4.5

If the person scores a "medium" or "high" score on the PROTECT Questionnaire, the interviewer should refer him/her to further medical and mental health examinations (the referral is not compulsory; the asylum seeker may refuse it). The health facilities (public health, specialized centres) must be prepared to receive identified vulnerable asylum seekers and provide in-depth evaluation and necessary treatment.

If a referral is not possible, a second interview should be requested and the Questionnaire can be used directly by the asylum seeker later on in the process to raise awareness about potential health problems.

In both cases the interviewer should also notify the relevant authorities that

the person has been identified as vulnerable and is in need of a proper mental health examination (which might serve as grounds for access to material support, and further medical and mental health care).

Member States must assume their responsibility for vulnerable asylum seekers by supporting (materially and financially) the system of identification and its consequences (i.e. the adjustments made to the Reception Conditions or to the medical treatment process). This can be conducted through the public health system as well as through specialized trauma centres. The reception and immigration authorities need to have expertise on how to deal with vulnerable asylum seekers.

"Low" rating : Risks

4.6

There are some risks that have to be taken into consideration concerning the early identification process. In some cases trauma is not immediately identifiable after arrival because, as it is well-documented that asylum seekers often feel ashamed and keep silent about their symptoms of trauma. It is important to be aware that the late onset of symptoms of psychological problems related to trauma and vulnerability does exist.

If an asylum seeker is not identified as psychologically vulnerable in the early phase it is important that asylum authorities do not misuse this as a way to undermine the credibility of his/her refugee story. This highlights the importance of instructing the authorities on how to implement and interpret this instrument.



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Appendix 2 : 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.

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

6.3

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.

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.

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

6.6

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

6.7

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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