EVASP
Enhancing Vulnerable
Asylum Seekers Protection

TRAINERS' HANDBOOK

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TABLE OF CONTENTS

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This handbook provides a systematic guide to offering training to all those who work with vulnerable asylum seekers. It is based on the findings of a research project that was conducted across four European countries to investigate how vulnerability in asylum seekers (AS) is understood and acted upon by both the asylum seekers themselves as well as those who work with them and how the AS's needs are ascertained and met. The key features of this training package include the proposing of a new understanding of vulnerability in asylum seekers that is not locating it exclusively within the coping mechanisms of one person or entirely within the adverse conditions that asylum seekers face, but it is a combination of both external factors and the way asylum seekers experience and respond to them; also, it is proposed that we understand vulnerability as an interaction between the asylum seekers and the services available to them. Consequently, this training package suggests that instead of trying to grasp vulnerability in asylum seekers in an abstract way, outside its specific and given context, we attempt to indicate in a systematic way the various vulnerable positions asylum seekers are located by a series of factors and circumstances during a certain period of their lives. Finally, this training package emphasises the participation of asylum seekers in the designing services for themselves.

I am immensely grateful to all those who have participated in so many different ways in this project assisting us to develop a deeper understanding of the phenomena we studied. First and foremost, the asylum seekers themselves who generously offered their invaluable experience and insights. I am particularly grateful to all those who work with asylum seekers in various capacities and kindly shared their expertise and experience with our researchers. We were extremely fortunate to have an exceptionally fine team of research partners who combined professionalism with sensitivity and worked hard in a spirit of true collegiality throughout all the phases and difficult times of the project. I thank all of them! Needless to say, as the research lead, I am responsible for all the research design shortcomings of the project. I am most grateful to Susan Kinyany Schlachter who assisted substantially with the compiling and writing of this Handbook. Finally, on behalf of all the research teams of the four countries, I wish to express my gratitude to all our funders, the European Refugee Fund, the Italian Ministry of Interior and the participating partner organisations who co-funded the project, i.e. the Psychosocial and Cultural Integration Unit of the International Organisation for Migration (IOM), the Medical Rehabilitation Centre for Torture Victims (MRCT) in Greece, and the Defence for Children International / ECPAT in the Netherlands.

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Aims of the Handbook

The aim of this Trainers' Handbook is to provide systematic guidance to training facilitators in order to enable them to offer the specialist training package 'Enhancing Vulnerable Asylum Seekers' Protection'. This Handbook aims to equip training facilitators with all the necessary knowledge about the content of the training as well as about ways of organising the actual training. It aims to offer an as comprehensive, as possible, outline of the main theoretical and practical information, skills and processes relevant to offering this training package.

Who can use this Handbook?

This Trainers' Handbook can be used by any suitably qualified person who offers training to service providers working with asylum seekers that may be vulnerable. The training package that this Handbook offers is intended to be of help not only to practitioners but also to all those who are involved in various other capacities in settings where services are provided to vulnerable asylum seekers; more specifically, the Handbook can be of benefit also to those who are engaged in organisational and /or policy-making capacities as well as to all those professionals from various backgrounds that are involved in the service provision of asylum seekers, e.g. from law, education, psychology, medicine, etc.

Although this Handbook is primarily intended to be used by training facilitators for training others, it may also benefit individuals who may wish to use it for their own self-study.

Structure and content of this Handbook

This Training Handbook includes six modules that are grouped in four different sections /parts and each module consists of several units. Each module begins with 'learning objectives' and it includes theoretical and practical information that the trainer should use for teaching that particular topic as well as suggestions for exercises and relevant literature. Each module addresses a separate area that is of relevance to the overall training and it should be considered within the overall context of this specific training package; however, it will also benefit individuals who may wish to enrich their understanding of that particular topic as an independent learning activity and not as part of the total training package.

Aims of this training package

This training package aims to assist all those who work with asylum seekers in various capacities, contexts and settings to develop a clearer and better understanding of what constitutes vulnerability in asylum seekers, how to ascertain the degree of this vulnerability and, consequently, be enabled to assess better the asylum seekers' needs and design improved services to address these needs more effectively. It is important to emphasise that this training aims to contribute to the strengthening of a practice based on human rights. Moreover, this training aims to improve the quality of services offered to asylum seekers by promoting practices that can be consistent within each organisation and shared across agencies. Finally, it aims to encourage the active participation of asylum seekers themselves in the designing of services offered to them.

In order to achieve these aims, this training includes three modes of learning:
*   *didactic:* relevant theoretical ideas and concepts are presented and
*   *experiential:* exercises are designed to involve participants to explore experientially areas and topics that are of relevance to the wide spectrum of the asylum seeking and asylum determination processes, and
*   *practical:* exercises are suggested to involve participants in the practice of relevant skills.

Who can benefit from this training?

This training has been designed for practitioners and all those involved in the provision of services to asylum seekers, in whatever capacity and setting. However, it can also be of help to those who approach this field from an academic or research perspective either as teachers and lecturers or as students and researchers. The persons who will benefit mostly will be those who already have experience in working in this field and will be fully aware not only theoretically but also experientially of the various issues and difficulties involved in working in these situations. The training has been designed in a way that would be accessible to all those who work in this field (mainly practically but also theoretically) regardless of their level of academic background and qualifications; however, the more their existing academic and practical knowledge the more they are likely to benefit. Finally, although the material is designed to address primarily the predicament asylum seekers face, nevertheless, it will also be helpful (or at least parts of it) to those who work with refugees and other displaced persons in various other comparable contexts.

Structure and duration of this training

This training is divided into four parts with a total of six modules. It is designed to form a coherent whole to address the relevant aims (as stated above) and, therefore, ideally this training should follow the sequence of modules reflected in this handbook. As such, it is envisaged and it is strongly recommended that the training is offered over the period of five days (see below for the suggested content for each day in Appendix IV) in order to enable participants to digest properly (didactically, experientially, and practically) the presented material. Needless to say, it is also possible to vary the sequence of modules as well as the very content and duration suggested according to the specific training requirements of a given situation. In other words, this training package may also be offered as part of a wider training programme, either in its entirety or in part so to fit in with other comparable but different training aims.

Designing and implementing this training

The best way to offer this training programme is in the format presented in this handbook. It is always recommended that training is offered (whenever possible) by two experienced training facilitators so that they can share tasks, monitor better the progression of the training and offer feedback to each other about their performance. A suitable venue should be selected that would enable the large group of participants to break into smaller groups. In terms of equipment, the delivery of this training package requires PowerPoint facilities, a flipchart with different coloured pens, as well as a pen and sheets of paper for each participant.

It is important that the training facilitators ensure that the pace of the training fits with the abilities and level of the participants and that each session provides a coherent unit offering ample time to digest it. It is always recommended that each theme is connected with both (a) contemporary topical events and (b) the participants' own experiences. Emphasis should always be given to the practical applications of each learning unit and participants should be asked to consider how they could apply their learning to their work context.

Attention should be given to the participants' emotional response to the material presented. Whilst it is essential that the training themes are illustrated with real life examples (as much as possible), due consideration should also be given to the participants' degree of emotional engagement. Training facilitators need to remember that it is unethical to present material that is emotionally too disturbing and it is their duty to ensure that (a) proper ongoing monitoring of this response is provided, and (b) appropriate resources (e.g. referral to suitable services) are available to any participant whose emotional response will be considered as requiring specialist assistance.

Training is more effective if participants feel comfortable with each other and with their training facilitators, are engaged well with the subject matter and feel that they can participate actively in the training process. Therefore, it is essential that the training begins with suitable exercises to enable each participant to introduce him/herself in a manner that is appropriate for the training task, i.e. combining personal and professional information in a discreet and respectful way. It is of paramount importance that the training facilitators ensure that there is an overall climate of respect for the uniqueness of each individual asylum seeker (as well as training participant, of course) and avoid not only any characterisations that may be derogatory in any way but also any simplistic generalisations that are not upholding human dignity. This training encourages workers to do their utmost to understand, validate and address the uniqueness of each human being instead of relying on extrapolating views about the individual from general trends. It should never be forgotten that asylum seekers have suffered from various forms of human degradation and we should endeavour not to contribute in any way to the continuation of such experiences, however inadvertently.

Training facilitators should cultivate a climate of appropriate critical enquiry that challenges established conceptualisations and practices. It is important that they do not rush to bring a premature closure to debates that emerge during the training and they should also not feel that they are under pressure to bring a neat conclusion to an enquiry; instead, they should encourage participants to explore further that issue. Ultimately, participants should feel that this training will provide them not only with some answers but also with some further and more appropriate questions that they should themselves embark on exploring further in the context of their own concrete tasks within their own work settings.

This training package was developed by the project 'Enhancing Vulnerable Asylum Seekers' Protection' (EVASP) that was co-funded by the European Commission under the auspices of the European Refugee Fund programme (ERF) and the Italian Ministry of Interior. The project was conducted by:

- the Psychosocial and Cultural Integration Unit of the International Organisation for Migration (IOM) that acted as project leader
- the Centre for Trauma, Asylum and Refugees (CTAR) at the University of Essex (UK) and acted as research lead
- the Medical Rehabilitation Centre for Torture Victims (MRCT) in Greece, and the Defence for Children International / ECPAT in the Netherlands.
- The project lasted between January 2009 and August 2010.

EVASP background

- The project was developed in response to the Green Paper (in 2007) on Common European Asylum System (CEAS) that recognised that "serious inadequacies exist with regard to the definitions and procedures applied by Member States for the identification of more vulnerable asylum seekers."
- The Green Paper further noted that a more in-depth and detailed approach was required to identify and address the needs of vulnerable asylum seekers.
- Thus, the EVASP project was a direct response to the inadequacies that the Green Paper identified.

Objectives

- To investigate the meaning of vulnerability as perceived and experienced by asylum seekers and service providers
- To identify the main psychosocial needs asylum seekers have in order to address them more effectively.
- To strengthen the capacity, knowledge and skills of the agencies involved in the reception, care and protection of asylum seekers.

Research

- The relevant research activities were carried out in four countries, the United Kingdom, the Netherlands, Greece and Italy. The settings included nine reception centres, one detention centre, eleven specialised service providers' offices, three schools, two immigration board offices and one airport.
- A total of 520 participants were involved in the research, 186 asylum seekers and 334 service providers.
- Four national round-tables were held with stakeholders in each country to discuss the preliminary findings.
- The project developed a training package that was piloted in the four participating countries and was further discussed at the final Project Conference in Rome in July 2010.

Methodology

- The research methodology was developed by the University of Essex team (from the 'Centre for Trauma, Asylum and Refugees') led by Professor Renos K Papadopoulos, who was also the overall project research lead.
- The methodology consisted of a qualitative analysis of data from semi-structured interviews, focus groups and active observations of relevant settings as well as analysis of documents (reports, descriptions, guidelines, etc) of relevant services, and literature review.

- Examples of people interviewed included lawyers, cultural mediators, interpreters, psychologists, employees at detention centres and immigration services, social workers, managers and staff of reception facilities and other professionals working with specialised treatment services.

Findings: Conceptualising vulnerability in Asylum Seekers

This vulnerability was connected with
- loss of supportive networks, social status and extreme loneliness
- isolation and powerlessness
- the lack of meaningful engagement
- racism and discrimination
- uncertainty and fear about the future.

Findings: Service Provision

The following difficulties were identified:
- *Communication* issues at all levels
- *Issues of trust* between both parties
- *Lack of sufficient information*, especially in connection with procedures and legal issues
- *Difficulty in identification* of vulnerable asylum seekers
- *Insufficient language and cultural awareness* on behalf of service providers
- *Lack of coordination for holistic* assessments of needs

Summary: Key points

Usually, there is great emphasis on 'external' aspects of vulnerability at the expense of 'internal', psychological aspects. It is important to develop a *psychosocial* approach to understand vulnerability that includes a combination of both psychological and social factors without, of course, ignoring the material reality as well as other contributing factors. Vulnerability should be understood as a *complex* and *composite* phenomenon of various 'external' and 'internal' dimensions, consisting of various clusters (dimensions) and each dimension including a number of constituent categories.

Vulnerability should not be understood as a single entity or characteristic that belongs to one dimension of human functioning 'within' one individual, but essentially as a *relational* and *contextual* phenomenon that can only have meaning in the context of the *interaction* between asylum seekers and the services available, i.e. the degree of vulnerability is, by and large, dependant on the extent of available services. Also, vulnerability should be accepted as a *dynamic* concept, i.e. changing in time and responding to its surrounding circumstances.

Ultimately, this project suggests that it is more accurate if instead of attempting to identify asylum seekers' *vulnerabilities* (however dynamic these entities may be) one attempts **to offer a systematic framework to indicate the vulnerable positions within which they are located by a series of factors and circumstances during a certain period of their lives.**
Finally, throughout the process of asylum determination, asylum seekers themselves should be involved in an active and participatory way.
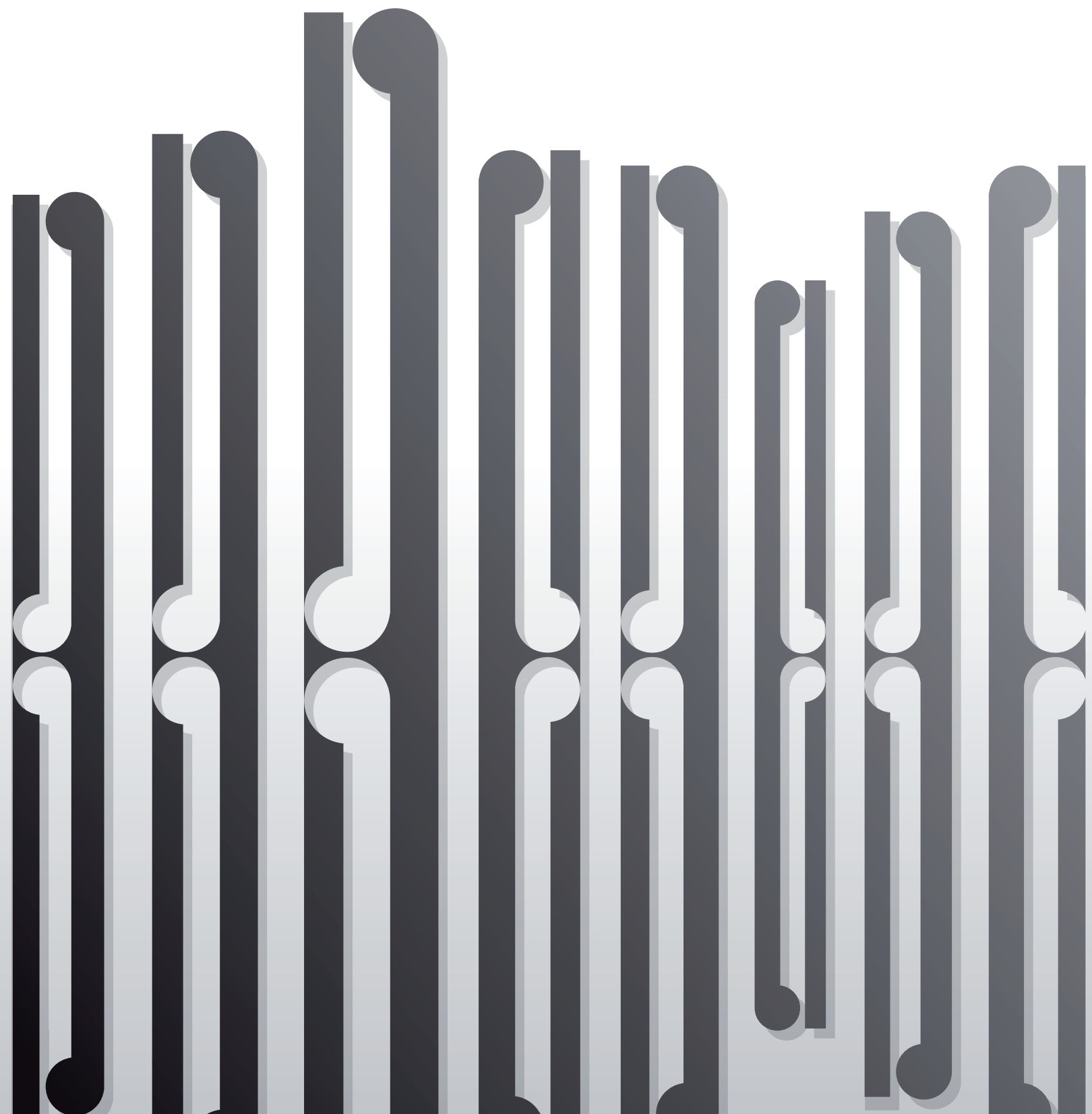
Learning Objectives

At the end of this module training participants will be aware of:
- The definition of refugee.
- International laws concerning refugees.
- International organisations mandated with the protection of refugees.
- National laws concerning refugees.
- National organisations mandated with providing services to refugees.
- The distinction between internally displaced persons (IDPs), asylum seekers and refugees.
- The asylum determination process.
- Human rights issues in the asylum determination process.
- Obstacles facing asylum seekers during the asylum determination process.
- The major tensions between international law and national
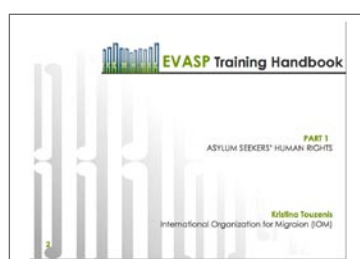
PowerPoint resources for Trainers
ASYLUM SEEKERS' HUMAN RIGHTS
Avalaible online at www.evasp.eu/aspis/

UNIT 1. International Law and National Policies

Increasingly, migration control measures aimed at preventing irregular migrants from reaching the EU are at the centre of policies towards asylum seekers. A great deal of money is spent annually securing EU borders. Thousands die every year trying to enter EU countries.

Currently, individuals seeking asylum risk being sent back to countries where they face persecution, torture, serious harm, armed conflict and inhuman or degrading treatment. This falls far short of the principles of the Geneva Convention 1951. Furthermore, individuals seeking asylum are routinely forced to risk their lives to find sanctuary as a result of migration control measures.

The 'Common European Asylum System' that the Green Paper (presented by the European Commission in June 2007) aims to achieve 'a higher common standard of protection and greater equality in protection across the EU and to ensure a higher degree of solidarity between EU Member States'.

Refugees are offered protection under the International Humanitarian Law, Refugee Law and Human Rights Law, including the Universal Declaration of Human Rights (UDHR, 1948). These complementary bodies of law have a common purpose, which is the protection of lives, health and dignity of individuals in armed conflict. However, it is the 1951 Geneva Convention, Article 1A.2 which defines a refugee:

> *A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.*

It is important to note that these binding legal instruments with interpretations on asylum procedures, based on international conventions are subject to national policies and policy makers, resulting in broad differentiations in different countries, all over the world. Different countries offer different standards of protection and assistance

motivated by varying political and economical interests. The United Nations High Commission for Refugees (UNHCR) remains the main international organisation mandated with the welfare of refugees worldwide, except in Palestine.

Presently, national policies governing the asylum determination process differ from country to country within the EU. EU countries are currently working on establishing a 'Common European Asylum System' (CEAS), but in the meantime, large disparities exist between national asylum systems in Europe. In addition, these systems are plagued with frequent changes making them difficult to navigate for asylum seekers, their legal representatives and refugee organisations.

In short, every individual has a contract with their own country (country of nationality) to receive the right protection for their lives and livelihood in exchange for the obligations that nationals of that country are expected to adhere to (e.g. pay taxes). When that contract is no longer viable and the individual is no longer safe in the country of his/her nationality, then it is his/her legal right to be offered the required protection (i.e. asylum) by another country. However, the question remains open as to which country will accept this person and each country has its own way of selecting whom they grant such an asylum.

An asylum seeker is a person who is seeking asylum in another country because he/she is no longer offered the required protection in his own country. A refugee is a person who has been granted asylum in another country on the basis of being unable to continue living in his/her own country for the reasons that the 1951 Geneva Convention specifies. An Internally Displaced Person (IDP) is a person who, for the same reasons, has had to flee his/her own home but instead of moving to another country is now living in another part of his/her own country.

UNIT 2. Common European Asylum System (CEAS)

The aim of CEAS is to provide standardization in the asylum seeking and determination process, where all legal instruments will be transparent and offer the same protection for applicants anywhere within the EU.

Currently, the five major instruments that make up the legal framework on asylum in the EU are as follows: Temporary Protection, Determining Responsibility (Dublin), Reception of Asylum Seekers, Qualifying for Protection and Asylum Procedures.

Temporary Protection: The Temporary Protection Directive was introduced in July 2001 by the EU. It is a generalised form of protection offered to all members of a group during emergency conditions involving mass movements of displaced people. This protection is offered initially pending individual evaluation and determination at a later stage.

Determining Responsibility (Dublin): **The Dublin** Regulation is the 2003 EU Council Regulation that determines which Member State is responsible for a particular asylum application. It establishes the criteria and mechanisms for responsibility of examining an asylum application lodged in one of the EU Member States by a third country national.

Reception of Asylum Seekers: Minimum standards for the reception of asylum seekers in EU states are established by the EU Directive of January 2003. In general, reception here refers to the material support offered to asylum seekers pending the asylum determination process and includes food, housing, education, health care, language training and access to employment. Despite this EU Directive, conditions of reception still vary from country to country. Nevertheless, the EU directive is credited with strengthening the legal framework of national reception practices.

Qualifying for Protection: The Qualification Directive was introduced by the EU in April 2004 with the aim of providing additional protection to people who are considered at risk for serious harm and further sets minimum rights for international protection. The Qualification Directive is credited with raising standards of protection by recognising non state actors of

persecution. Despite this, the success rates of asylum applications still vary widely from country to country.

Asylum Procedures: The EU Asylum Procedures was introduced in December 2005 and deals with the asylum determination process; issues include the examination of applications, personal interviews, legal assistance, grants access to specific procedures and defines concepts, such as first country of asylum, safe countries of origin, safe third countries and European safe third countries.

The EU Asylum Procedures have been criticised for not offering high quality asylum decisions evidenced by the number of cases which are successful on second and third appeals. The concepts of safe countries of origin and safe third country are not compatible with the Geneva Convention (1951) which offers protection based on individual circumstances.

EU Returns Directive: The European Parliament endorsed the EU Returns Directive in June 2008. This directive not only allows the return of irregular migrants back to their origin, but also, legalizes the use of detention for up to 18 months and an EU- wide ban on re-entry for individuals who have been the subject of a forced return.

UNIT 3. Summary of Key Learning Points and Concerns

- According to the 1951 Geneva Convention, refugee is a person who
  - *'is outside the country of his nationality'*
  because of
  - 'a well-founded fear of being persecuted'
  'for reasons'
  - 'of race, religion, nationality, membership of a particular social group or political opinion'
and cannot or is unable to return to his/her own country.

- Current legal instruments do not provide consistent standards throughout the EU and indeed there are cases of asylum seekers meeting protection criteria in one EU country and being denied protection in another. In addition, these legal instruments do not respond effectively to the needs of vulnerable asylum seekers and there are some areas of concern.
- EU countries do not recognise the asylum seekers' right to move from country to country within the EU and oftentimes asylum seekers are denied the right to join family members in a different country.
- EU countries do not recognise the asylum seekers' right to move to a country where they have stronger language and cultural ties.
- Destitution within the asylum seeking determination process is common and affects thousands, particularly failed asylum seekers who cannot be removed due to non *refoulement* and are not provided with any support.
- The Dublin Regulation has been criticised for the impact it has had on the increased use of detention by Member States and for the lengthy delays on asylum decisions while responsibility for applications are adjudicated.
- The practices of detention and forced removals remain controversial and have been the subject of sustained debate and criticism particularly in the case of children, unaccompanied minors, pregnant women, victims of torture, the elderly, disabled people and other vulnerable asylum seekers.
- The use of safe country of origin lists in the asylum determination process remains contentious because they provide general information while asylum decisions are based on individual circumstances.
- The length of the asylum determination process is unpredictable and ranges from 3 months to more than 10 years in some countries, thereby extending the length of time asylum seekers remain excluded from the host community and the labour market. Protracted and lengthy asylum seeking procedures cause undue harm to asylum seekers some of whom remain in limbo for years.
- Preventing asylum seekers from being employed results in social exclusion and marginalisation and encourages dependency and feelings of worthlessness. The benefits of gainful employment are well documented.

- Despite efforts, the best interest of the child is not yet recognised as the guiding principle in all actions pertaining to children.
- There is an increase in age disputed children and a lack of uniform procedures for age assessments which are not always carried out by qualified professionals.

Key questions

1. What the key criteria that can determine the status of a refugee? Provide examples.

2. What are the main international and EU legal instruments that address the central issues concerning refugees?

3. What are the main instruments in the legal framework of your own country that govern the asylum determination process?

4. What would you consider to be the main points of conflict between the international legal framework for the asylum determination process and the one in your country?

5. In your own work context, in what way this module is of relevance? Provide examples.

Exercises

1. It is important that participants have a sound knowledge and understanding of the main legal tools involved in the asylum determination process in their own country as well as all the relevant European and International tools.

2. Training facilitators should provide participants with examples of case material and ask them to discuss whether they meet the criteria to be granted asylum in another country or not and discuss the legal dimensions of these cases. The material should be based on actual facts (or invented by the facilitators data). It is important that this material relates directly to the specificities of the asylum determination process of the country where the training is taking place. This exercise can be done in small groups (or even in pairs) and then the results presented and discussed in a plenary session.

3. Participants should be asked to present and discuss examples from their own work experience where issues of the asylum determination process are highlighted.

References

- References to the relevant legal framework for the asylum determination process in your country.
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PART 2

Understanding Asylum Seekers
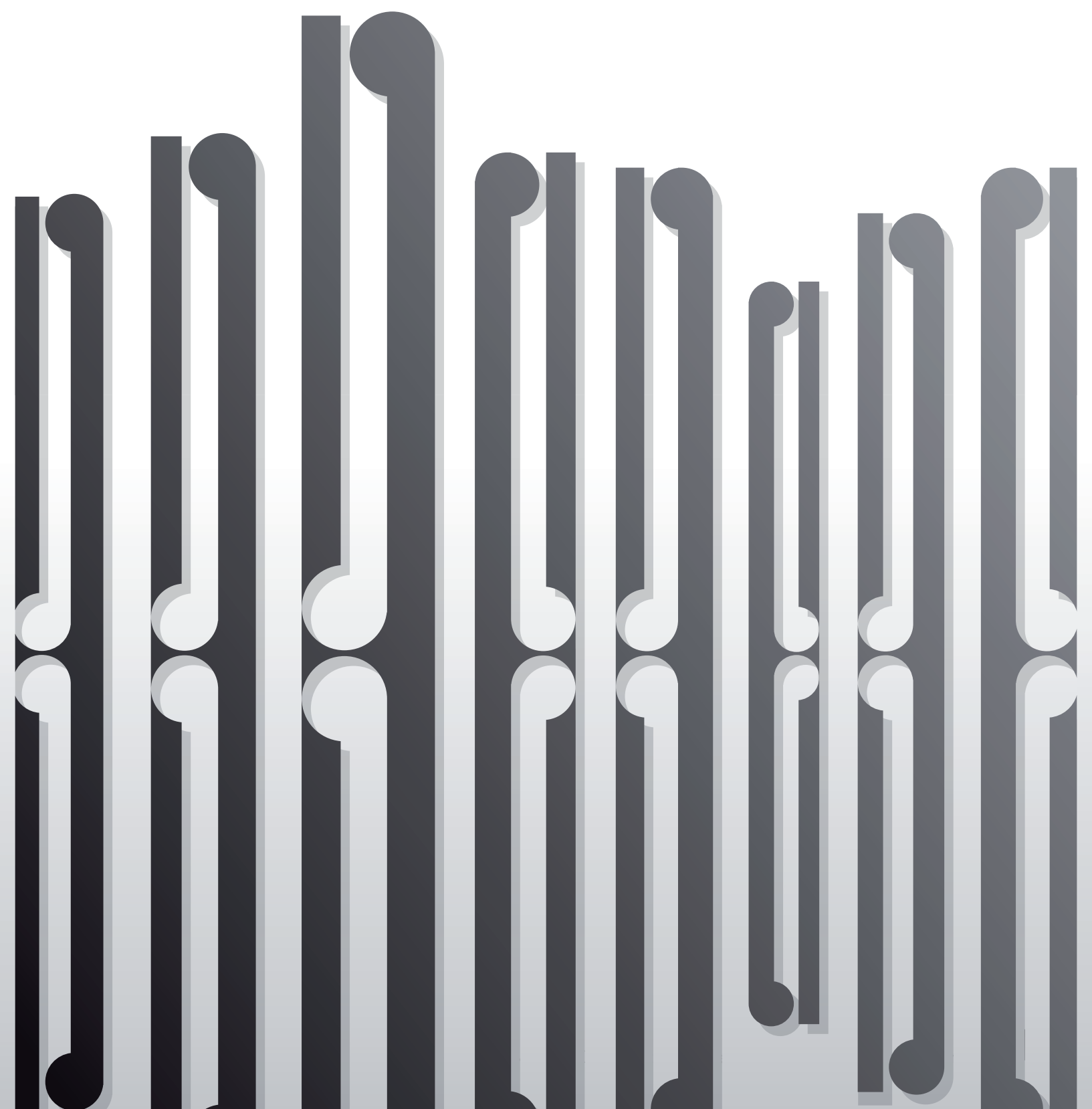
Learning Objectives

At the end of this module training participants will be able to understand:

* The three stages and four phases of the refugee experience.
* The potentially traumatising nature of all these phases.
* Issues facing refugees during these stages and phases of the refugee experience.
* The meaning of home and involuntary loss of home.
* The meaning of nostalgic disorientation.
* The role of 'psycho-ecological settledness' in the context of the refugee identity
* The use of psychological trauma in the refugee context.
* The different meanings and effects of psychological trauma
* The tension between acknowledging the psychological disturbance refugees may have experienced along with their resilient and positive responses to their adversity.
* The different responses to adversity (neutral, positive, negative).
* The importance and uses of the Trauma Grid.
* The specific meaning of resilience and 'Adversity-Activated Development' (AAD)
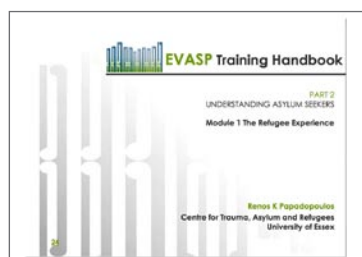
PowerPoint resources for Trainers
THE REFUGEE EXPERIENCE
Avalaible online at www.evasp.eu/aspis/

UNIT 1. Three Stages and Four Phases of the refugee experience

Kunz (1973,1981) identified three stages of the refugee experience as pre-flight, flight and post-flight. The reality of the refugee experience is that they have experienced hardships during the pre-flight and flight stage and will continue to have difficulties in the post flight stage. Some of these experiences are: loss of home and livelihood, discrimination, persecution, marginalisation, war, violence, imprisonment, torture, rape, death of a loved one, separation from children and family members, missing family members; all difficulties leading to grief and bereavement, in addition to being at a high risk for serious physical and mental problems (Silove, 2000). It is important to acknowledge that even though obstacles facing refugees have their roots in the socio-political contexts that forced them to flee their countries, difficulties can become aggravated by the flight and post flight stage.

The vast majority of refugees do not make an orderly exit from their homes and are forced to flee unexpectedly, leaving everything behind. Increasingly, the journeys refugees make in the flight stage are long, gruelling and life threatening. There are dangers from hunger, poverty, harsh travelling environments and conditions, criminals, sex traffickers and human smugglers (Refugee Council, 2009). Awareness of the different journeys and modes of transportation asylum seekers utilize to find sanctuary and their subsequent detrimental effects is important.

Papadopoulos argued that 'there is a prevalent and indeed dominant discourse in society which makes people hold the conviction that when a person is exposed to adversity automatically he or she is traumatised. Inevitably, refugees have not escaped this indiscriminate precept and hence there is a particularly strong belief that most refugees have been traumatised. Moreover, the 'refugee trauma' discourse tends to be restrictive because it emphasises only one segment of the wide spectrum of the refugee experience' (2001a, p. 5). Papadopoulos (2001a, 2001b, 2002) identified four phases of the refugee experience, each one of them being potentially traumatising for refugees, critiquing the over-emphasis on only one phase, i.e. the phase of (what he terms) 'Devastating Events', when refugees are experiencing the actual violence against them that forces them to leave their homes. Before this phase, is the phase of 'Anticipation'

during which people consider the impending catastrophe and develop plans to minimise its destructive effects; this phase can also be traumatising as vital decisions are reached that can have lasting consequences. The phase of 'Devastating Events' is followed by the phase of 'Survival' when refugees are safe from physical violence but live in temporary accommodation often under most difficult conditions and in considerable confusion in relation to the past, as well as uncertainty about the future; family, professional and social roles are altered and refugees live in a state of limbo that can certainly produce equally traumatising experiences. Finally, the phase of 'Adjustment' includes the endless efforts that refugees, now re-located in another country, have to make in order to fit in their new environment (educational, professional, social, cultural, psychological, etc) whilst processing everything they had left behind.

The importance of identifying the four phases of the refugee experience is that it offers a more accurate account of what they had endured and this is most helpful for those who work with them not to distort the refugees' experience by neglecting the traumatising potential of all four of them.

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Unit 2. Loss of Home and Nostalgic Disorientation

Papadopoulos (2002) proposed the term 'nostalgic disorientation' to refer to the unique psychological experience of refugees which is not a psychiatric disorder. Refugees do not constitute any one coherent diagnostic category of psychopathological characteristics, but the fact that they all have lost their homes involuntarily makes them share a deep sense of nostalgic yearning for restoring that very specific type of loss. The 'nostalgic' characterisation of this particular disorientation refers to the original meaning of the word *nostos* that in classical Greek means 'the yearning for home' and *nostalgia* is the pain (*algos*) that accompanies the feeling of pining to return home.

 To understand this condition as a loss or disorientation or nostalgia in their ordinary psychological sense is to miss the rich meaning and complexity that the involuntary loss of home entails under refugee conditions. Papadopoulos' term 'nostalgic disorientation' encapsulates the totality of all the dimensions of home, i.e. physical, geographical, social, cultural etc. More specifically, this totality captures three sets of binary dichotomous elements,

(a) the two diametrical opposite directions of home, i.e. home refers to both the locus of our origin as well as the desired locus of achieving our goals, thus involving both a prospective and retrospective movement,

(b) the double signification of home; in so far as the image of home tends to be idealised whereas our actual homes, our understanding of home tends to be an unpredictable combination of the real and ideal dimensions, the tangible and intangible, the physical and imaginary, and

(c) the two successive phases of the homecoming process, i.e. first, arriving physically but then still needing to (re-) connect and (re-)establish all relevant relationships within home, with persons, spaces and objects and with everything that they signify; thus, the return requires the additional phase of re-integration that also involves reconnecting with the past in the present that has a future.

Refugees sense the impact of the loss of home and experience a unique sense of disorientation that is very elusive yet deep, pervasive and with acute effects. Matters become worse because it is difficult to pinpoint the clear source and precise nature of this loss, due to its complexity and polymorphous multidimensionality. The inability to grasp it creates further discomfort and deepens the disorientation and excites further the nostalgic yearning for a stable sense of 'psycho-ecological settledness'.

This 'psycho-ecological settledness' is a product of the unique combination and fit between the 'tangible' elements of our identity and the 'intangible' elements of our identity which are disturbed when one loses their home involuntarily, as refugees do. The 'tangible' elements include: Gender, age, physical and psychological characteristics, profession, family status, financial status, political and ideological affiliation, religious affiliation, activities and hobbies, culture, nationality, family, body, etc. The 'intangible' elements we take for granted, we are not aware of them as they form the basis on which the tangible elements fit. These include:

- Sense input: Visual landscape (nature, architecture, people, artefacts); Sounds (nature, human-made, human voices, language, music); Smells (nature, human-made); Tastes (food, drink, air); Touch (clothes and other familiar objects)
- Sense of belonging: to a home, to a family, community, culture, to my body, to a country (that exists and I have access to it).

Papadopoulos (1997 and 2002) understood this set of 'intangible' elements of our identity as forming a 'mosaic substrate of identity' because each element on its own may not be of relevance but in combination with the others, much like a mosaic, form a coherent pattern, a design that accommodates all the elements which are part of our identity but which we become aware of usually when they are absent, when we lose them.

When refugees lose their homes they also tend to lose the sense of settled familiarity that enables them to 'read life', i.e. to lead life with a fairly stable sense of predictability (e.g. what is dangerous and what is not). This disturbance of the 'psycho-ecological settledness' creates a mixture of consequences that are difficult to identify clearly. They include a feeling of an inexplicable gap, a sense of unreality, unsafety, unpredictability, lack of familiarity, lack of confidence, pervasive anxiety, disorientation, frozenness.

It is important to appreciate that the 'nostalgic disorientation' that refugees experience is not a psychiatric disorder, but a real 'disorienting' experience with a felt discomfort in varying degrees. Moreover, nostalgic disorientation has a cyclical effect that tends to deepen this discomfort in so far as the nostalgic aspect of disorientation worsens the disorientation and the disorientation activates further nostalgic yearning for a settled state of being. The greater the disorientation, the more the nostalgic yearning for a return to an assumed past settled state is intensified, and the more intensified the nostalgic yearning is, the greater discomfort is produced by the increased disorientation.

Thus, the main point here is that the involuntary loss of home refugees experience is not only about the conscious loss of the family home with all its material, sentimental and psychological values, but it creates a more fundamental psychological disturbance of their whole sense of 'psycho-ecological settledness'; this, in turn, activates a 'nostalgic disorientation' which is a much more fundamental and primary disturbance than the sense of losing tangible possessions or social positions — it is a loss that affects refugees deeply yet in an way that is difficult to grasp clearly its nature. It is for these reasons that it is an important psychological reaction that those who work with refugees should be aware of.

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UNIT 3. Refugee Trauma

The refugee phenomena, being unique and highly individual, do not fit within the usual framework of psychological theories and interventions. In their effort to grasp their essence, psychologists attempt to search for existing psychological theories that appear applicable to the refugee contexts. Psychological trauma emerged as the most suitable perspective and the Post Traumatic Stress Disorder (PTSD) as the only psychiatric category that is based on the presence of an external precipitating event.

'It is important to differentiate between what is referred to as 'refugee trauma' and psychological trauma. The former is a general term that covers the whole spectrum of phenomena connected with the specific refugee reality and range of experiences; the latter refers to the psychological effect of being traumatized regardless of the external causes. It is logical to assume that involuntarily losing one's home is a difficult experience that may have adverse psychological implications. However, the term 'refugee trauma' implies something more than that – it presupposes that all those who experience this kind of adversity will become psychologically traumatized. This presupposition is not valid because we know that each person perceives, digests and responds to external situations in a highly unique and individual way, and not all refugees are traumatized in a psychological or, even less so, in a psychopathological sense' Papadopoulos, 2007, p. 303-304).

Trauma is a medical term that refers to an injury or wound, the condition that is created when the skin is broken. In Greek, trauma means wound, injury, and it comes from the verb *titrosko* – to pierce. Thus, the original meaning of trauma is the mark, the injury that is left as a result of the skin being pierced. Investigations into the etymology of the word trauma (Papadopoulos 2000; 2001; 2002, 2007) revealed that *titrosko* comes from the verb *teiro* which means 'to rub' and, in ancient Greek, had two connotations: to rub in; and to rub off, to rub away. Therefore, trauma is the mark left on persons as a result of something being rubbed onto them. Then, in so far as the rubbing is of two kinds, there are also two different outcomes: from 'rubbing in', the result would be an injury or a wound; and from 'rubbing off' or 'rubbing away', the result would be the cleansing of a surface where there were previous marks, like when we use an eraser, a rubber to erase writing on paper. With reference to refugees, the powerful impact of the four phases that can produce traumatising experiences in them (i.e. anticipation, devastating events, survival and adjustment) would result in psychological injury to varying degrees as well as (i.e. in addition to the distress) a re-viewing and re-evaluating their lives. Invariably, people who survive adversity reflect (consciously or unconsciously) on the meaning and purpose of their lives comparing somehow their ways of living before and after their exposure to that adversity. It is in this sense that the trauma also has a 'rubbing off', or 'rubbing away' effect, i.e. in the erasing previously held positions (consciously or unconsciously) about the meaning and values of life as well as their priorities in life. This effect has the potential result of renewal and re-focusing on what is important in life that may lead to constructive revitalisation of the person's activities and overall stance in life. It should always be remembered that although these two outcomes are antithetical, in fact both occur and each person is affected in both ways to varying degrees (consciously or unconsciously).

'This means that, paradoxically, despite their negative nature, devastating experiences (regardless of the degree of their harshness and destructive impact) may also help people reshuffle their lives and imbue them with new meaning (Papadopoulos, 2007, p . 305).

The key argument here is that theories of psychological trauma have been used to understand the refugee experience because no other existing psychological understanding could fit in with the uniqueness of these phenomena. Although Papadopoulos suggested the specific psychological condition of 'nostalgic disorientation', the main psychological discourse on refugeedom is dominated by the trauma theory and, more specifically, the PTSD approach. Consequently, the emphasis of the understanding of the refugee experience has been on the pathological, negative side of the wide spectrum of responses to trauma. However, as it has been indicated above, the traumatising experiences refugees undergo also result in positive outcomes and this should not be forgotten.

What is of paramount importance here is to appreciate the serious difficulty in acknowledging any positive effects from clearly brutal, reprehensible and condemnable actions such as the ones that lead persons to abandon their homes and

become refugees. There is an understandable reluctance to attribute anything positive to a clearly negative situation. However, at the same time, it should not be forgotten that additional violence is inflicted on refugees if professional see them exclusively in a pathological light and without acknowledging their resilient or AAD characteristics. Indeed, this is a most delicate situation that requires the utmost sensitivity on the part of those who work with refugees. Therefore, it is essential that we hold an appropriately balanced perspective that whilst we unequivocally condemn all the perpetrators and all the conditions that force citizens become refugees at the same time we do not pathologise those we want to help and deprive them of their human dignity.

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UNIT 4. Trauma Grid and 'Adversity Activated Development' (AAD)

The 'Trauma Grid' was developed by Papadopoulos in order to provide a framework tabulating the wide range of responses to adversity and has been specifically applied to the refugee context (2004, 2006, 2007).

THE TRAUMA GRID

Levels	NEGATIVE EFFECTS			'NEUTRAL' EFFECTS	POSITIVE EFFECTS
	INJURY, WOUND			RESILIENCE	ADVERSITY ACTIVATED DEVELOPMENT (AAD)
	Psychiatric Disorders (PD), PTSD	Distressful Psychological Reactions (DPR)	Ordinary Human Suffering (OHS)		
Individual					
Family					
Community					
Society / culture					

The Grid consists of three columns (that refer to the three possible responses, i.e. negative, neutral and positive) and four rows (that refer to the levels where the response is observed, i.e. individual, family, community and society/culture).

Negative

The most common way of understanding refugees' response to traumatising experiences is in a negative way, in terms of them being wounded or injured by the experience. This corresponds to the 'rubbing in' effect of trauma. However, it is important to appreciate that not all negative responses are of the same severity and it is essential to differentiate between at least three degrees of severity.

- *Psychiatric disorder (PD):* some refugees develop diagnosable psychiatric disorders and the most common one is PTSD (Post Traumatic Stress Disorder) which definitely requires professional intervention.
- *Distressful psychological reactions (DPR):* this refers to the wide variety of negative psychological reactions that do not amount to an actual psychiatric diagnosis but, at the same time have a detrimental effect on the individual refugee. These may include many different symptoms, e.g. flashbacks, insomnia, lack of concentration etc. Not all

refugees who exhibit these symptoms require specialist professional attention. Ordinary support systems may be able to assist the refugee to overcome these responses.

- *Ordinary human suffering (OHS):* this is the most common and human response to tragedies in life. Suffering is not always a pathological condition; suffering is part of life and it is not useful always to medicalise or pathologise it. No professional help is needed to address this type of response to adversity.

Positive

The second category of possible responses of refugees to adversity refers to phenomena that tend to be neglected by the mainstream professional theories and practices. Undoubtedly, there are people who not only survive, with a significant degree of intactness, the inhuman and cruel conditions they had endured but, moreover, become strengthened by their particular exposure to adversity. It is for this reason that this response has been termed 'Adversity-Activated Development' (AAD) (Papadopoulos, 2004); it refers to the positive developments that are a direct result of being exposed to adversity. There are endless accounts of individuals and groups who found meaning in their suffering and were able to transform their experiences in a positive way, finding new strength and experiencing transformative renewal. People in these situations often say how, as a result of thei harrowing experiences, they are now more compassionate to human suffering, and are determined to make better use of their own lives.

'Neutral'

The third possible response to adversity is that of resilience. There are various definitions and approaches to resilience but here it is used according to its original meaning (in physics), specifically to refer to the positive characteristics and functions that survived the exposure to adversity without being affected either negatively or positively. It is for this reason that 'neutral' is placed between inverted commas; the actual responses are themselves positive but the impact of adversity had a 'neutral', i.e. no effect on them. Instead of trying to decide whether a person is 'resilient' or 'traumatised' in a global and undifferentiated way, it is better that we discern the specific positive functions and characteristics that were in the person resilient to the trauma impact. These include a wide variety of everyday functions that often we take for granted, e.g. continuing to be able to look after oneself and maintain one's personal hygiene, continuing to be able to look after one's own children, etc; every person has many positive abilities and characteristics, e.g. a sense of humour, zest for learning, generocity, etc that they may not be affected by their exposure to adversity either positively or negatively. It is important that we acknowledge the fact that these have not been altered despite the trauma impact; not all traumatised persons may be able to continue having these functions intact, and this fact should not be overlooked and these functions should not be taken for granted. Indeed, the ability to continue performing these functions is an indication of the person's resilience in that respect. Consequently, it is essential that we should also help asylum seekers to appreciate their achievement in being able to retain intact such functions.

It is important to emphasise that the existing literature does not distinguish between AAD and resilience. Anything that does not fall within the negative spectrum of effects usually is termed 'resilience', yet it is important to differentiate between AAD and resilience.

The key characteristic of resilience is that it refers to positive qualities, characteristics and functions that existed before the exposure to adversity and continue to exist unchanged, whereas AAD refers to new characteristics that did not exist before the traumatising experiences but were acquired as a result of the exposure to adversity. This distinction is vital for assisting refugees appreciate the wide range of their own responses to adversity and acknowledge that some positive characteristics were retained and some additional gains were also made; such an acknowledgement will help them substantially in their moving forward in life.

The Trauma Grid enables all those who work with asylum seekers and refugees to differentiate the wide range of responses that each refugee exhibits in relation to being exposed to adversity. It is a useful framework and

reminder not to fall into the trap of making simplistic generalisations about each human being but endeavour to identify his or her uniqueness. The Grid reminds workers that individual pathology occupies only a small space in the context of the wider spectrum of other consequences that also co-exist along with the pathology. The Grid also emphasises the importance of not leaving out of our understanding the wider contexts within which individuals are located, i.e. family, community, society /culture. These are not abstract and passive factors but are most active contexts that provide meaning to the individual's way of experiencing, digesting and responding to their exposure to adversity. By being mindful of this totality in a differentiated and not over-simplified way, refugee workers have better chances to address the effects of trauma more appropriately.

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UNIT 5. Summary: Key learning points and concerns

- It is important to distinguish the three stages and four phases of the refugee experience in order to differentiate in a finer way the wide range of what refugees had endured. In this way we avoid distorting their experiences.
- Appreciating the psychological meaning of home and the impact of involuntarily losing one's home is essential in grasping the uniqueness of the refugee predicament.
- The 'nostalgic disorientation' is a unique psychological condition that refugees experience as a result of the disturbance of their 'psycho-ecological settledness'. This is an important but neglected facet in grasping the uniqueness of the refugee identity
- It is very common to think of 'psychological trauma' when we consider the refugee predicament but this is not necessarily correct in all cases and, moreover, it can have detrimental effects for refugees themselves.
- Even though PTSD is dominating the field of working with refugees, it has pitfalls that we should be aware of.
- We should be aware of the paradox and damaging effect of pathologising those we want to help as the only condition of helping them.
- It is important to endeavour to find sensitive ways of acknowledging the psychological disturbance refugees may have experienced whilst, at the same time, not ignoring their resilient and positive responses to their adversity.
- The Trauma Grid offers a useful framework to conceptualise the wide range of responses to adversity.

Key questions

1. What are the three stages and four phases of the refugee experience? Why is it important to differentiate them? Provide examples from your practice.
2. What is the importance of understanding the psychological meaning of home and involuntary loss of home? How can you compare the refugee experience with other loss-of-home experiences (e.g. the immigrant experience)? What are their similarities and differences?
3. What is the importance of 'nostalgic disorientation' and understanding the effects of the disturbance of one's 'psycho-ecological settledness'? Try to find examples from your own practice.
4. In what way do you think your practice will improve by considering the Trauma Grid? Provide examples.
5. In your own work context, in what way this module is of relevance? Provide examples.

Exercises

See Appendix I

Learning Objectives

At the end of this module training participants will be able to:

- Understand the meaning of vulnerability and its complexity.
- Understand the various ways of defining vulnerability and the contributing factors.
- Differentiate between external vulnerability and internal vulnerability.
- Understand the contextual, relational and dynamic nature of vulnerability.
- Understand the way individuals and groups are designated as vulnerable.
- Identify the criteria used by service providers to define vulnerability.
- Identify the reasons given by asylum seekers for feeling / being vulnerable.
- Identify vulnerable groups within the asylum seeking community.
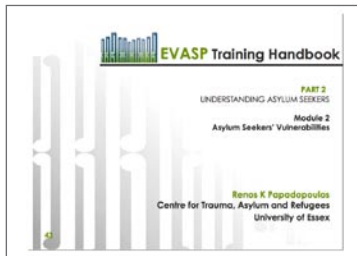
PowerPoint resources for Trainers
ASYLUM SEEKERS' VULNERABILITIES
Avalaible online at www.evasp.eu/aspis/

UNIT 1. **What is Vulnerability?**

Vulnerability is a particularly slippery term. Generally, vulnerability refers to the propensity to suffer damage or loss and to find it difficult to recover from it, or the tendency of an individual to get hurt, harmed or attacked easily due to a lack of supportive and/or protective factors. Essentially, vulnerability is a product of a combination of at least four groups of factors: the state or condition of the subject of vulnerability (i.e. a person or a group), the underlying causes that create a particular weakness in the subject, the precipitating factors that trigger off the vulnerability, and the surrounding circumstances (conditions as well as people) that may affect positively or negatively the damaging effect of the triggering factors. Another way of understanding vulnerability is in terms of risk and exposure. Ultimately, one has to ask the question: 'vulnerability to what?' because there are as many types of vulnerability as there are spheres of human activity, e.g. social, financial, medical, psychological, educational, etc. In all cases, vulnerability refers to a combination of factors and it is not based on just one set of characteristics of only one actor and it can be counteracted by awareness of all the contributing factors, by taking action to minimise their potentially detrimental effects and by strengthening everything that contributes to weakening their effect.

In the context of asylum seekers, the underlying causes of vulnerability may be factors such as poverty, discrimination, inequality, lack of resources and the way to counteract them could be the development of preparedness and increasing capacity. According to Red Cross (2010) physical, economic, social and political factors influence levels of vulnerability and resiliency. Poverty is identified as the most significant factor influencing vulnerability.

In the context of psychosocial work with asylum seekers, vulnerability is often associated with the psychological condition of the individual asylum seeker, thus, emphasising the internal (i.e. psychological) predisposition. This tendency has began to influence the wider field of humanitarian work and the psychological dimension has been gaining ground over other, more pragmatic considerations. Papadopoulos (2010) is critical of this emphasis and argues that vulnerability should not be understood as a single entity or characteristic that belongs to one dimension of human functioning but a complex and composite phenomenon with both external and internal dimensions. Thus, vulnerability relates to both the external events that an individual is exposed to as well as the manner in which the individual experiences those events and is affected by them. For example, a father who is denied permission to work and can no longer support his family materially, may not feel like a father anymore, even though he can still

provide guidance, emotional and moral support; and a woman who is raped may not feel as a woman anymore even if she is still attractive. Individuals experience adversity in different ways and this influences their reactions, leading often to incongruence between 'documentary reality' and 'experiential reality', thereby, causing a drastic shift which is not limited to psychological (thinking, feeling, behaving) outcomes, but can also permeate biological, social, cultural, economic and political realms resulting in dysfunction.

Based on the above considerations, Papadopoulos (2010) emphasised the importance of appreciating vulnerability as, essentially, a concept that is *contextual* (i.e. dependent on its contexts of time, place and conditions), *relational* (i.e. dependent on the interaction with others, persons, groups and services) and *dynamic* (i.e. it is not static but it is subject to change in time, responding to the surrounding changing circumstances). As such, vulnerability cannot be a static quality of a person because it is directly and indirectly influenced by the surrounding realities; moreover, vulnerability is also influenced by the totality of each individual that includes non pathological processes such as nostalgic disorientation, resilience and adversity-activated development.

UNIT 2. Who is Vulnerable?

Taking into account this approach to vulnerability, it is important to avoid generalisations made in a vacuum, such as 'all women and children are vulnerable', but instead, we should examine the contextual, relational and dynamic aspects of vulnerability of each individual or group that we work with at each given context. Repeatedly, asylum seekers responded to our researchers' question about how they understand vulnerability by emphasizing that they were not vulnerable because of their past experiences, but mostly in relation to their current circumstances and lack of appropriate service provision and opportunities they had in their receiving country. In this manner, an asylum seeker who is awaiting a decision on his/her application for a prolonged period of time would be vulnerable because of factors such as poverty, isolation, discrimination, marginalisation and the lack of control, uncertainty and anxiety that are caused by their circumstances including the likelihood of being detained and deported.

Even though factors that influence vulnerability have been identified as age, gender, education, social status, religion, social group, discrimination, isolation, disease, poverty and marginalisation, it is even more important to examine the contextual, relational and dynamic nature of the interaction between the conditions, circumstances, services available and the individual's responses. This is what this research project (EVASP) concluded and the specific way of ascertaining vulnerability will be presented below.
An interesting study (Stewart, 2005) found that vulnerability can also be connected with spatial and temporary factors, i.e. asylum seekers experience vulnerability because they feel separated from their country of origin geographically as well as they tend to live in a time that does not connect easily the present from the past; often asylum seekers live in the past, in times when they had left their country.

An important differentiation needs to be made between actual vulnerability and asylum seekers assuming the *identity* of a vulnerable person. Such an identity fixes a person in that particular position and has lasting effects contributing to the development of 'learned helplessness' with the known detrimental consequences. Once an asylum seeker is fossilised into a vulnerability identity, then in a circular way all the interactions between him/her and the others will be coloured by this identity thus further confirming and strengthening it. This means that such identities become firmly embedded in the interactional field of systemic interrelationships and become extremely difficult to be altered.

UNIT 3. Vulnerable Groups

The European Council Directive (2003/9/EC) laying down minimum standards for the reception of asylum seekers states (in Article 17) that '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 subjected 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'.

This is one example that asylum seekers are grouped into categories that are deemed to be vulnerable, without examining the specific nature and circumstances of that particular group in a specific country in relation to identified services available to them or not or other, for that matter, groups of factors. There are many other examples of such grouping e.g. minors whose age is disputed, trafficked persons, girls and young women subjected to FGM, asylum seekers with healthcare needs such as HIV or other chronic illnesses, victims of domestic abuse; a recent high profile category of asylum seekers are lesbian, gay, bisexual and transgender (LGBT). Virtually every document in this field designates its own groups of vulnerable asylum seekers depending on the remit of that particular agency. Inevitably, there are many overlaps. Nobody would argue against the value of such groupings because they are based on some logical consideration; however, if one were to follow this approach, there would be arguments for almost every group to be considered vulnerable in relation to some factor. For example, there are justified grounds to argue that men are also a vulnerable group insofar as they may not be able to work in the receiving country and integrate, having experienced radical transformation of their own self-image and role as heads of the family.

The rationale behind identifying certain groups of asylum seekers as vulnerable is that mainstream services should then be adapted to cater for that particular identified group. However, one should be careful of such practices as often the criteria for designating certain asylum seekers into particular groups are not always reliable and also individual needs may often be neglected.

UNIT 4. *Vulnerabilities* vs *vulnerable positions*

The discussion above shows that it would be impossible and ultimately incorrect and even futile to attempt to pin down with any degree of accuracy the level of vulnerability of an asylum seeker outside the various contexts that have been identified above. This realisation raises a crucial dilemma: on the one hand, it is not possible to define vulnerability properly, on the other hand, it should not be ignored that, in reality, some asylum seekers are vulnerable and it is essential that they should be considered as such and that appropriate services be available to them addressing their particular needs that derive from that specific vulnerability.

On the basis of the findings of this research, we were prompted to propose the following alternative: Instead of attempting to measure, to assess, to ascertain the vulnerabilities in asylum seekers, to redirect our attention to another endeavour, i.e.

> *to attempt to develop a systematic framework that would indicate the vulnerable positions within which asylum seekers are located by a series of factors and circumstances during a certain period of their lives.*

Such a redirection of our investigation would be able to take on board all the concerns that were raised by the research and to include the specific qualities of vulnerability that were identified, i.e. being contextual, relational and dynamic. In this way, it would be, indeed, meaningful to direct our investigation towards this end rather than either abandon completely the notion of vulnerability or, possibly worse, to create the illusion that we can measure vulnerability in any appropriate way.

UNIT 5. Summary: Key learning points and concerns

- Vulnerability is a slippery term, difficult to be defined.
- There are many types of vulnerability, depending on the observer's perspective. .
- Vulnerability should be understood as a combination of both external and internal factors.
- Vulnerability is essentially, a contextual, relational and dynamic concept.
- It is useful to hold in mind that asylum seekers are one of the most vulnerable and resilient members of society and these paradoxical states exist without conflict within most asylum seekers in different measures and identifying both is central to the provision of comprehensive and effective support.

- Therefore, there is a need for a new framework which is non pathologizing and appreciates that asylum seekers can be both vulnerable as well as exhibit resilient and 'adversity-activated development' characteristics.
- It is important to remember that it is detrimental for asylum seekers to develop an identity of a vulnerable person and all efforts should be made to distinguish between addressing their vulnerabilities without promoting a vulnerability identity.
- It is more accurate to refer to vulnerable positions that asylum seekers are located in rather than their alleged vulnerabilities.

Key questions

1. What are the four groups of factors that designate vulnerability? Provide examples ideally from your own practice.

2. How do you understand the three characteristics of vulnerability: (a) contextual, (b) relational and (c) dynamic? Provide examples, ideally, from your own practice.

3. Considering your own practice, provide examples of instances where the designation of asylum seekers as vulnerable mattered.

4. Considering the differentiation between addressing asylum seekers' vulnerability and promoting in them a vulnerability identity, provide examples from your own practice where this differentiation was of vital importance.

5. Why it is more accurate to refer to vulnerable positions rather than vulnerabilities in asylum seekers?

6. In your own work context, in what way this module is of relevance? Provide examples.

Exercises

Training facilitators should provide participants scenaria (from within their own relevant context), of asylum seekers situations and ask them to discuss them in terms of vulnerability: how many ways could vulnerability be understood in that case and what are the implications? Emphasis should be given to the differentiation between attending to vulnerabilities and inadvertently contributing to the construction of an identity of being a vulnerable person. Also, it is important that participants discuss specific cases from their own practice where they can identify the impact of the difference between attempting to assess the asylum seekers' *vulnerabilities* instead of their *vulnerable positions*.

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PART 3

The Psychosocial Perspective
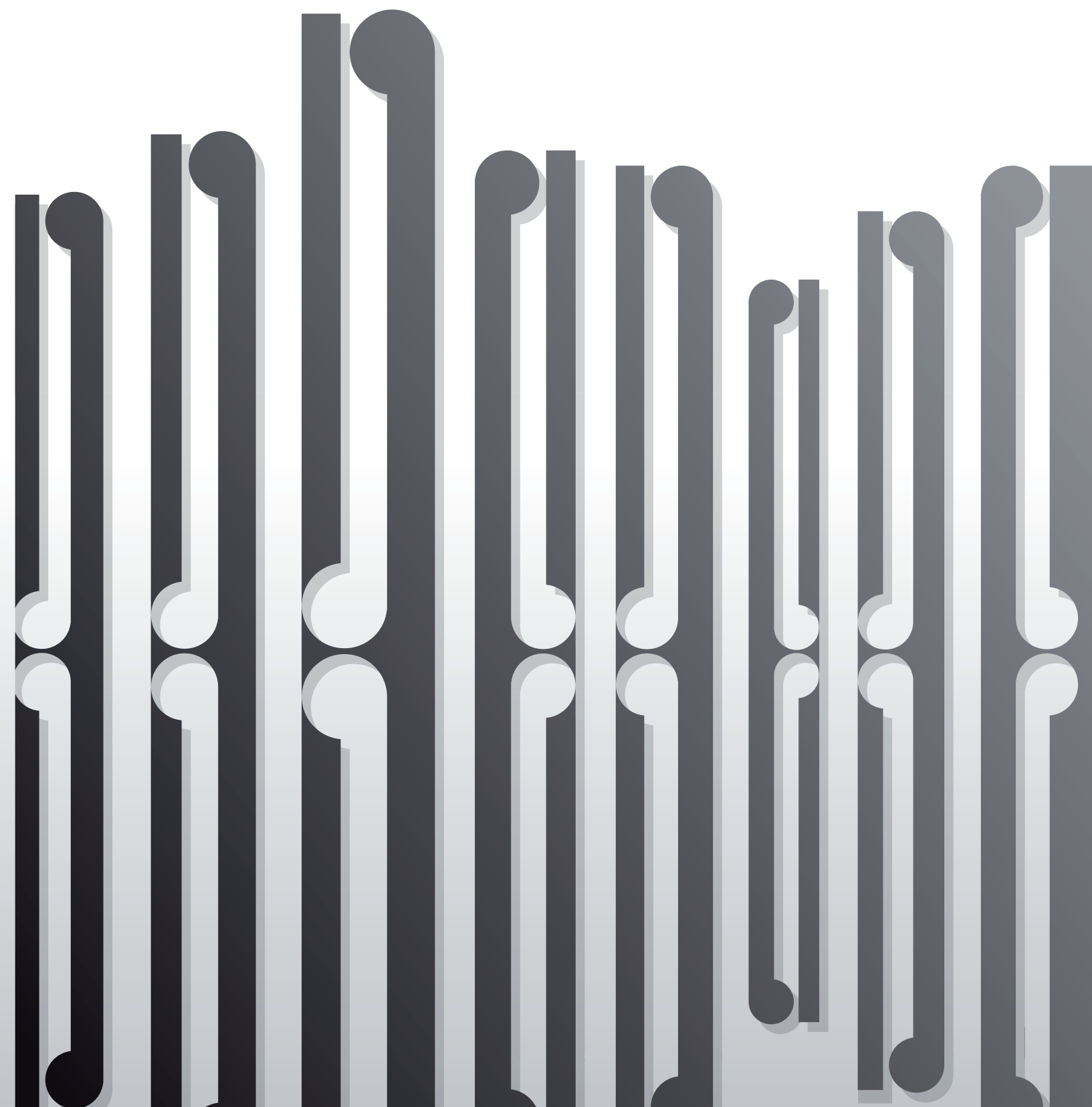
Learning Objectives

At the end of this module training participants will be able to understand:

- Understand the meaning of psychosocial perspective.
- Understand the key principles of psychosocial support.
- Understand the different levels the psychosocial support is addressed to.
- Understand the connection between human rights and the psychosocial interventions.
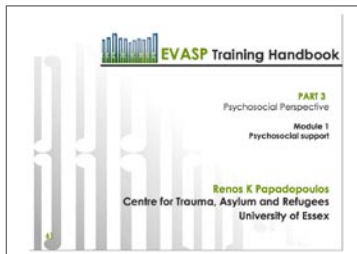
PowerPoint resources for Trainers
PSYCHOSOCIAL SUPPORT
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UNIT 1. **The Psychosocial approach**

The term psychosocial was introduced fairly recently in the field of humanitarian work in order to bridge the gap between the social and psychological approaches. The main thrust of humanitarian assistance used to be on enabling individuals and groups to survive natural or human-made disasters by offering material assistance as well as combinations of medical, economic and legal help. Increasingly, the psychological dimensions became more prominent, appreciating that the mental health of individuals and groups played an important role in their survival. By the time armed conflict created humanitarian disasters in Europe, i.e. regions within the territory of the former Yugoslavia, it was becoming clearer that exclusively psychological interventions, especially with the increasing emphasis on psychological trauma, were ineffective if not connected with wider social programmes. This means that the intention to combine the psychological with the socio-cultural was aimed at providing an as comprehensive and coordinated assistance as possible. The assumption is that it is possible to strengthen the mental well-being of individuals by improving conditions within their socio-cultural realm. More specifically, the psychosocial approach addresses these three inter-related realms:

- *Intrapsychic:* pertaining to psychological experiences 'within' an individual, i.e. feelings, fears, hopes, wishes.
- *Interpersonal:* pertaining to interactions with others.
- *Socio-political:* pertaining to wider social, cultural and political dimensions.

The preamble to the Constitution of the World Health Organisation (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1948)."

Mindful of the psychosocial approach, well being is, therefore, achieved by paying equal attention to psychological processes as well as social processes. This implies closer multidisciplinary collaboration.

The psychosocial approach maintains that assessing needs of asylum seekers should take into consideration the interacting role of psychological and social factors and intervention methods must examine all these factors in total and provide solutions that can deal with more than one problem simultaneously, based on a team approach. In addition, the psychosocial approach examines the relationship between the service providers and the service users because it can influence the efficacy and outcome of the intervention method.

In a nutshell, the psychosocial approach maintains that service providers must understand individual, emotional, spiritual, social, cultural, political, economic, familial factors that influence both well being and reactions to adverse events in order to intervene effectively. The emphasis is on the totality of individual experiences rather than focussing solely on

the physical or psychological aspect of health and well being.

However, this approach was criticised not necessarily because of its basic principles of connecting the social with the psychological, but mainly because of the way it was practiced especially at its initial stages. More specifically, it was critiqued for over-emphasising the trauma and psychological discourse over other political and historical considerations, for medicalising human suffering, and for imposing western perspectives on local population (e.g. Stubbs 2004, Stubbs and Soroya, 1996, Summerfield, 1996).

UNIT 2. Core principles of the Psychosocial Support

An excellent example of the key characteristics of an actual psychosocial intervention programme is provided is by the Inter-Agency Standing Committee in their 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (2007). Although these guidelines are intended for the specific context of emergencies, nevertheless they illustrate the key characteristics of the psychosocial support. Here are their six 'core principles':

1. Human rights and equity
'Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations'.

2. Participation
'Humanitarian action should maximise the participation of local affected populations in the humanitarian response'.

3. Do no harm
'Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Humanitarian actors may reduce the risk of harm in various ways, such as:
* Participating in coordination groups to learn from others and to minimise duplication and gaps in response;
* Designing interventions on the basis of sufficient information;
* Committing to evaluation, openness to scrutiny and external review;
* Developing cultural sensitivity and competence in the areas in which they intervene/work;
* Staying updated on the evidence base regarding effective practices; and
* Developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches'.

4. Building on available resources and capacities
'As described above, all affected groups have assets or resources that support mental health and psychosocial well-being. A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present'.

5. Integrated support systems
'Activities and programming should be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, such as PTSD, can create a highly fragmented care system'.

6. Multi-layered supports
'A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups.'
  i. Basic services and security. 'The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases').
  ii. Community and family supports. 'The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports'.

iii. Focused, non-specialised supports. 'The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care)'.

iv. Specialised services. 'The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning'.

This example illustrates the basic features of a psychosocial approach. More specifically, these features can be characterised as follows:

- The psychosocial approach values continuity of community life and recommends interventions supported by cultural values and norms within the community.
- The psychosocial approach functions to tackle the totality of issues and needs presented in a comprehensive manner within the individual's wider community.
- The psychosocial approach values the local knowledge.
- The psychosocial approach values the role of the family and community support in enhancing the individual's agency and capacity, particularly in the immediate aftermath of a crisis, as well as in the long term.
- The psychosocial approach aims to support individuals and communities to overcome adverse events with a minimum of disruption to their daily lives, while enhancing their individual and collective adaptive and coping resources.
- The psychosocial approach emphasizes community building and promotes increased inter-relatedness among individuals for the benefit of the community and community members.
- The psychosocial approach builds on local resources by channelling assistance through existing local networks, such as caregivers, families, neighbours, elders, teachers and other members of the community.
- The psychosocial approach is based on a human rights perspective.

UNIT 3. Summary: Key learning points and concerns

- Psychology helps us appreciate that every human reaction to any situation is unique to that individual. Yet this individual is located within several defining contexts such as family, community, culture/society, as indicated on the Trauma Grid. These considerations are obvious and we think that we take them for granted; yet these tend to be clouded by simplistic generalisations and oversimplifications when they are connected with phenomena associated with trauma or other powerful emotional responses.
- The term 'psychosocial' has emerged as one of the most apt characterisations of the approaches that attempt to address the complexity of these various realms.
- The psychological consequences of these devastating events affect individuals both in ways that are highly personal (based on each one's psychological make-up and personal history) and in ways that are impersonal, transpersonal, collective and social.
- Ultimately, the specific meaning that individuals and communities bestow on their suffering, as a result of political upheaval and having to flee their homes, is dependent on a wide variety of factors that can best be addressed by perspectives that inter-relate the individual with his or her wider socio-political and other dimensions within which individuals are defined.

Key questions

1. What is the central intention behind the psychosocial approach?

2. What are the three overlapping realms that the psychosocial approach addresses?

3. Considering your own practice, provide examples of instances where the you used a psychosocial approach.

4. What are the core principles of the Inter-Agency Standing Committee in their 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings'? How relevant are they in your own work context?

5. On what grounds was the psychosocial approach critiqued?

6. In your own work context, in what way this module is of relevance? Provide examples.

Exercises

Training facilitators should ask participants to work in small groups or in pairs addressing the above six questions.

References

- Inter-Agency Standing Committee (2007). Guidelines on Mental Health and Psychosocial Supportin Emergency Settings'. Accessed in July 2010. www.who.int
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- Stubbs, P. and Soroya, B. (1996) 'War Trauma, Psycho-social Projects and Social Development in Croatia' in Medicine, Conflict and Survival, 12; 303-314.
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Learning Objectives

At the end of this module training participants will be able to understand:

- The importance of education, training and employment in the life of asylum seekers and the way the three are interlinked
- The importance of language and other cultural differences in the asylum seekers' attempt to begin new lives in their receiving country
- The threat of discrimination and social isolation that asylum seekers may face in the receiving country
- The complications that asylum seekers may experience in relation to their very involvement within the asylum seeking process.
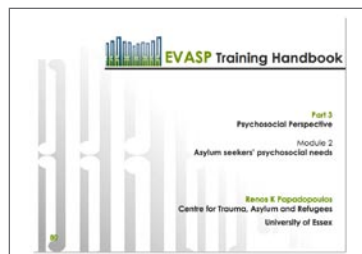
PowerPoint resources for Trainers
ASYLUM SEEKERS' PSYCHOSOCIAL NEEDS
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UNIT 1. Employment, Education and Training

One of the most fundamental functions of human beings is their engagement in earning their living through their own work. Being in employment offers much more to individuals than simply financial income. Through their work, people express and develop further their abilities and creativity as well as become engaged in social networks and friendships that can validate them as individuals with their unique characteristics and capabilities. The right to employment is one of the fundamental rights of human beings and when this right is denied it has serious implications not only for the asylum seekers' financial situation but also has detrimental implications for their own sense of self-respect as well as it has further negative consequences. Moreover, being in employment contributes substantially to the sense of one's 'psycho-ecological settledness' that (we was discussed above) it is essential for the well-being of the individual and once it is disturbed tends to activate the 'nostalgic disorientation'.

The idleness of not being involved in a meaningful activity, may also have negative effects on the asylum seekers' mental health and make their waiting period of the asylum seeking process even harder.
Understandably, such lack of meaningful engagement is very likely to have even more detrimental effects on children if their education is disrupted in any way. More specifically, in the case of children or young adults, the need for education is of paramount importance in so far as being in educational institutions provide a most vital means of socialisation and integration in the receiving country.

A further point about education is needed. Asylum seekers, young and old, often are confronted by difficulties in having their qualifications or whatever level they had achieved in their studies (in their country of origin) recognised in the receiving country. This means that they experience disruption in the continuation of their education or even no recognition of their completed educational or vocational qualifications. Such difficulties exacerbate the overall sense of unsettledness in asylum seekers and increase their sense of despair, lack of appreciation and recognition for what they are and what they are capable of doing. All in all, such conditions contribute substantially to the experience of the receiving country as an unfriendly and even hostile place.

Returning to the children's schooling, it is important that educational institutions are mindful of the asylum seekers' needs and endeavour to facilitate as much as possible their entry into the receiving country.
Ultimately, it should not be forgotten that asylum seekers are potentially a great asset in the receiving country once their transition into the new society is enabled. The resilience and motivation to survive and succeed can be of enormous benefit to their new country.

UNIT 2. **Language and Cultural barriers**

One of the most important difficulties asylum seekers often encounter in the receiving country is their lack of knowledge of the local language/s. This presents an enormous barrier that may result in further difficulties. Without being able to communicate verbally, asylum seekers not only find it difficult to convey what they want to but also they are kept in the dark in relation to understanding what the workers and services attempt co communicate with them, in direct verbal communications as well as in terms of accessing relevant documents. Thus, the language barrier can affect not only the ordinary human as well as professional communication between the two parties but it may also distort the basic understanding and assessment of the asylum seekers' needs and they, in turn, they may misunderstand basic relevant rules and procedures about their rights, status and their very lives in the receiving country. It is essential that there is sufficient transparency in this respect.

Again, it is important to consider the specific situation of children who can be more vulnerable due to their inability to understand the local language.

Language is essential not only in terms of ensuring one's basic survival but it is equally important it terms of connecting with the new culture that asylum seekers are now surrounded by. The main means of relating to another culture is through language that enables participation, interaction and exchange.

In some countries 'Cultural mediators' are appointed to facilitate this exchange. Cultural mediators are more than interpreters of language and their remit is to mediate between asylum seekers and all those that work with them in order to enable a smooth understanding of each other. However, the institution of cultural mediators does not always solve all problems because depending on their training, competence and sensitivity, they may create additional difficulties insofar as they may introduce their biases or incompetence. Also, it is of paramount importance that workers (including cultural mediators) do not see every asylum seeker as merely a specimen of their culture and lose the uniqueness of each human being's individuality. It is for these reasons that it has been advocated that instead of using cultural mediators the very workers with asylum seekers should develop cultural competence and thus increase their own level of sensitivity and understanding of the asylum seekers they work with and their interactive acknowledgement of individual cultural differences.

In all this discussion, the significant role of the interpreter should not be forgotten. It is essential that all relevant services provide suitably trained interpreters who would facilitate not only the linguistic exchange but also the overall communication (that includes many non-verbal cues). In all countries, the lack of appropriately competent interpreters increases the vulnerability of asylum seekers.

The lack of sufficiently competent translation/interpretation may also result in asylum seekers not being able to express their needs clearly or understand their rights or even understand the very asylum determining process they are engaged in or not know how to access the services that are available to them as well as they may not comprehend how to make the best the best use of them.

Another important facet of the importance of the cultural understanding between asylum seekers and their workers relates to gender issues as well as religious and spiritual dimensions and needs. Often there are sharp differences between the two worlds in connection with these dimensions; often asylum seekers' workers find it difficult to comprehend the important role these dimensions play in their clients' lives and their contribution to the asylum seekers' well-being.

UNIT 3. **Social Isolation and Discrimination**

As a result of many of the above issues, asylum seekers often experience social isolation that has not only a negative effect on them but can also set up a vicious circle of further isolation and discrimination. Experiencing isolation, asylum seekers tend to huddle together and avoid mixing with the local population; this, in turn, makes them more distant to the local people who view them with mistrust that furthers their isolation. This process starts also from the other end, when communities of the receiving country, without sufficiently suitable preparation and education, view with suspicion the newcomers, fearing that they may reduce their access to the limited resources,

view the asylum seekers with mistrust and discriminate against them. Then, the asylum seekers, confronted by this discrimination diminish further from their participation in the receiving society thus increasing the suspicion of the local population. It should always be remembered that the communities in the receiving country often hold racist, hostile or indifferent attitudes towards asylum seekers. It is imperative that this vicious cycle is broken by appropriate community programmes, or even better, stopped before its inception.

Most factors in this dimension of vulnerability can have a negative cyclical effect. The powerlessness, helplessness and lack of empowerment that asylum seekers experience as a result of discrimination and social isolation often have a similar circularity because the usual responses that they evoke (i.e. either further withdrawal or retaliation) will inevitably worsen the discrimination, isolation and marginalisation resulting in worse forms of powerlessness.

Social isolation is detrimental at many levels (personal, interpersonal, social) as it deprives asylum seekers from their support networks that are vital not only for survival but also for enabling individuals to realise their potential.

Another reason that contributes to the social isolation of asylum seekers is the lack sufficient information about the receiving country but also in connection with their own country of origin. Often, it is difficult to maintain contact with relatives and friends in the country of origin either because of political reasons or due to ordinary difficulties in accessing them by telephone or other means of telecommunication.

The policies of dispersal of asylum seekers in the receiving countries often break up groups of people who fled their country together thus worsening their social isolation. A particularly vulnerable group of asylum seekers in this respect are the unaccompanied minors (or separated children). Without parents, these children are in need of care and attention which is often difficult to be offered by their guardians due to short staffing or lack of appropriate training or cultural competence.

Another form of isolation is related to reception centres for asylum seekers that some European countries have. Often these centres are fairly remote geographically, a fact that makes it difficult for the asylum seekers to meet local people and interact with them freely.

UNIT 4. Complicated asylum process

The asylum process in most European countries involves a long, complicated and often bewildering sets of procedures that asylum seekers find them difficult to comprehend. It is not uncommon for asylum seekers to get lost in this system because they themselves are unable to find an appropriate way to act or because the services themselves get confused as to who is responsible for the next step of their 'case'. This process is complicated not only due to the usual complexities of legal technicalities but also because it involves so many different agencies and individual members of staff with different remits. Moreover, asylum seekers often get confused by the complexity of the process due to communication problems and the lack of clear channels to distribute information. In addition, asylum seekers often do not understand the process or the confidentiality rules and so they mistrust officials and they do not speak openly.

The lack of coordination among services as well as the dispersal policies also contribute to asylum seekers literally getting lost in the system. Moreover, the importance of forming and maintaining human relationships should not be forgotten; it takes considerable time to build up a relationship of trust with their workers and when asylum seekers are removed they are often bereft and lost. This is particularly critical in the case of children who require more stability and supporting relationships.

The usual procedure that is followed of assessing for vulnerability in a quick way, means that inevitably some asylum seekers slip through the system because they do not fit within the set static dimensions.
Finally, the role the police play in the asylum system invariably breeds mistrust and fear in asylum seekers.

All this means that the asylum system itself can be a source of additional stress for asylum seekers. Moreover, due to its formulation, the system itself pushes asylum seekers to adopt and maintain a vulnerability identity in order to maximise their benefits from the system. This is a particularly malignant facet of the asylum process and, therefore, it is imperative that workers consciously attempt to revert this regrettable process by approaching asylum seekers in a holistic way, appreciating both their strengths and weaknesses, both their negative responses to adversity as well as their retaining positive qualities (resilience) and their newly acquired positive characteristics and functions that were specifically activated by adversity (i.e. Adversity-activated development). This is precisely what the training described in this Handbook aspires to offer – an opportunity to improve practices by reverting the inherent tendency of the system to encourage asylum seekers adopt vulnerable identities in order to increase their benefits from the system.

UNIT 5. Summary: Key learning points and concerns

- Asylum seekers have many needs some of them general to the whole population and others more specific to their own unique predicament.
- Therefore, it imperative that their multiplicity of needs is assessed in a systematic way and periodically by people who have the appropriate training, knowledge and skills to do so
- It is of paramount importance that asylum seekers participate actively in these assessments of their needs and also to have access to avenues to bring to the attention of appropriate authorities if anything in this process is not working as it should. Moreover, if needed, they should also have access to a third party to assist them with any difficulties with this process.
- Education, training and employment are important in assisting asylum seekers to integrate in the new country and to give them a sense of self-worth
- The language barrier and other cultural differences are significant factors that often prevent asylum seekers from integrating in the receiving country
- Marginalisation, discrimination and social isolation can create a vicious circle that traps asylum seekers in positions of powerlessness
- The asylum system can often create vulnerabilities and may compel asylum seekers to adopt (consciously or unconsciously) vulnerable positions.

Key questions

1. What is the value of education, training and employment for asylum seekers? Provide examples from your practice.
2. What is the importance of language and appreciation of cultural differences? Provide examples from your practice.
3. Explain the vicious circle involved in the marginalisation of asylum seekers. Provide examples from your practice.
4. In what way do you think your practice will improve by this module? Provide examples.

Exercises

Training facilitators should engage participants with these questions and ask them to provide examples from their practice that illustrate the themes presented and discussed in this module.
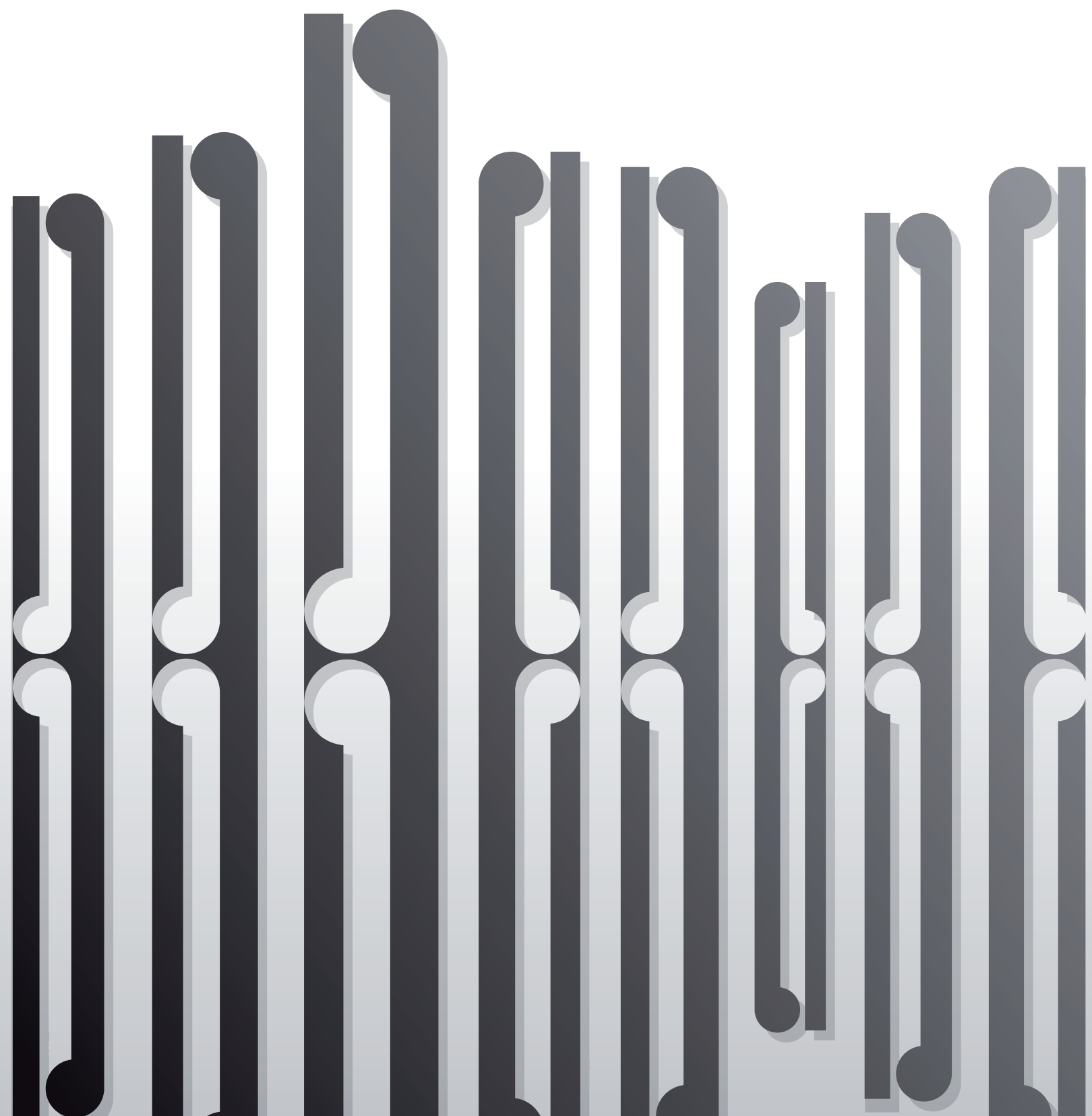
Learning Objectives

At the end of this module training participants will be able to:

- Understand the rationale for the development of three types of instruments to ascertain the asylum seekers' vulnerabilities
- Understand the differences between these three types
- Learn how to make use of these instruments
- Understand the key features of ASPIS and learn how to use it
- Appreciate the significance and implications of moving away from focusing on 'vulnerabilities' and instead attempting to indicate 'vulnerable positions'
- Appreciate the advantages and limitations of using ASPIS internally within one service and across services and organisations.

PowerPoint resources for Trainers
ASCERTAINING ASYLUM SEEKERS' VULNERABILITY
Avalaible online at www.evasp.eu/aspis/

UNIT 1. **Three types of instruments to ascertain the various dimensions of Asylum Seekers' vulnerability**

To begin with, it is important to note that the title of this module refers to 'ascertaining' and not to defining, measuring or assessing. This is important because, as it emerged from the EVASP research, it is not possible to measure vulnerability with the precision that other scientific instruments measure phenomena.

As it was indicated above, the EVASP project, on the basis of its findings (i.e. the total picture that emerged from the actual experience of asylum seekers themselves as well as those who work with them, along with our observations of relevant documents and studying the related documents and literature) attempted to devise instruments that would enable workers to ascertain the various vulnerabilities of asylum seekers as systematically as possible.

Needless to say, all those working with asylum seekers along with their services and organisations are desperate to find a robust instrument that would clarify this thorny problem and assess in a clear and unequivocal way the asylum seekers' vulnerability. Everybody would welcome such an instrument that would be based on hard evidence derived from scientific research. However, as it was discussed above, due to the very multifaceted and polymorphous nature of the phenomena themselves, such an instrument is impossible to be devised. Nevertheless, this does not mean that it is impossible to devise any other means of ascertaining the asylum seekers range of vulnerabilities in a more systematic way and taking into consideration as may of the complexities the EVASP research identified, as possible.

The process of devising an appropriate instrument went through three phases producing three groups of instruments; these are presented here because it is our conviction that they can be used creatively either in their original form or in a modified form adjusted according to the specificities of each situation. However, it is important to be stated that the main instrument that this EVASP project wishes to put forward is the ASPIS (Asylum Seekers' Protection Indices), that will be presented last.

Phase One

Following the analysis of data that was collected from the empirical as well as the secondary (desk) research, it became evident that vulnerability in asylum seekers is not a singular but a complex and composite phenomenon that combines both 'external' and 'internal' elements. Originally, nine clusters of factors were identified which were

called 'dimensions' and each dimension consisted of several more specific categories. These were the following:

1.*External Circumstances:* degree of presence of adverse circumstances in connection with the following relevant categories:

    1. Physical safety

    2. Financial stability

    3. Educational status (in relation to functioning in the current context, e.g. not only whether a person has a record of high educational achievement but also whether one's qualifications are recognised in the receiving country)

    4. Housing situation

    5. Employment situation

    6. Degree of discrimination (racial or other) experienced in the receiving country

2. *Family constellation:* degree of risk due to specific family constellation, in connection with the following relevant categories:

    1. Age

    2. Gender

    3. Family responsibility, e.g. single mother, single head of household, unaccompanied under age child, isolated elder, etc

3. *Physical Health:* degree of medical (physical) problems, and disabilities

4. *Psychological / psychiatric state:* degree of presence of debilitating psychological symptoms and/or psychiatric disorders (e.g. Post Traumatic Stress Disorder)

5. *Community connections:* degree of participation or isolation in relation to their preferred community in connection with the following relevant *categories*:

    1. ethnic

    2. racial

    3. political

    4. religious

    5. ideological

    6. cultural

    7. geographical region, etc.

Isolation can be due to an actual absence of that particular community in the receiving country or due to their inability to access it for whatever reason

6. *Wider society connections:* degree of participation or isolation in relation to the wider society

7. *Degree of change required:* degree of difference between home and receiving country in relation to the following relevant categories:

    1. language

    2. urban/rural living context

    3. cultural norms and practices

    4. educational systems

    5. general lifestyles.

This dimension addresses not only the actual degree of difference but also how well equipped the asylum seeker is to deal with these differences. Of particular relevance here is also the category of current length of stay in the receiving country.

8. *Type of journey:* degree of hardship endured in reaching the receiving country. For example, were they

smuggled, trafficked, followed a long and arduous journey through various other countries or arrived directly and with less hardships?

9. *Legal position:* Degree of existing legal complications. Is their legal case straight forward or is it complicated by specific factors

Finally, a tenth dimension was added to include all the 'other risk factors.

10. Other Risk Factors: degree of risk due to other specific factors, e.g. their role in previous political activity or past history.

On the basis of these dimensions that emerged from the research, a graph was drawn to list these dimensions marking the degree of vulnerability on the vertical axis. This was called the 'Asylum Seekers' Vulnerability Profile' (ASVUP). ASVUP was formed in the following two versions:

(a) ASVUP: where the degree of vulnerability can be assessed according to five possible degrees on a scale from 0 to 5, i.e. maximum, minimum, average, above average and below average, and

Asylum Seeker's Vulnerability Profile (ASVUP)
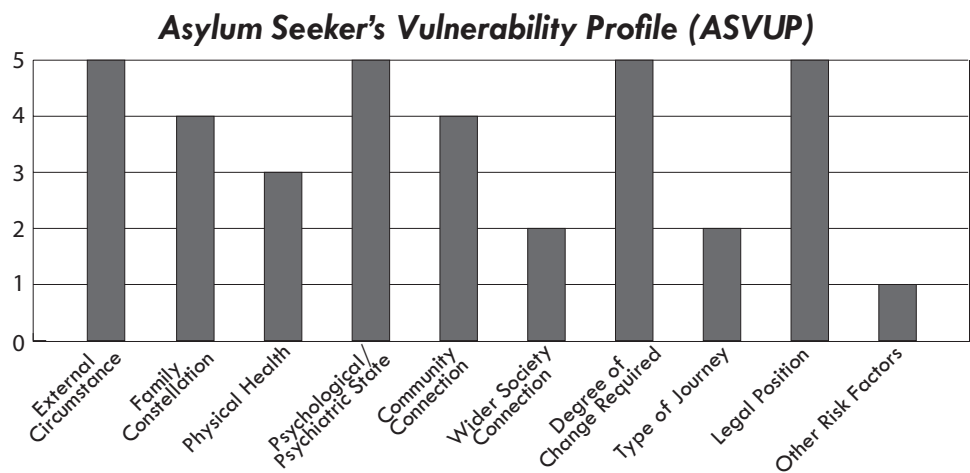
(b) ASVUP-P: where P stands for 'Provision'; this version had the same scale of assessment (i.e. from 0 to 5) but for each dimension of vulnerability there are three sub-divisions: the first assessing the situation of the asylum seeker one is working with, the second assessing the degree of existing provision in relation to that dimension of vulnerability, and the third assessing the potential or planned future provision for that same dimension of vulnerability. In this way, the vulnerability was directly connected with the degree of actual and potential provision. This was a concrete way of devising an instrument that took into account the relational and interactive nature of vulnerability which was one of the important considerations that emerged from the research. This means that vulnerability is not defined in an abstract way and in a vacuum but it is related directly to the degree of available services that address that particular facet of asylum seekers' lives.

Asylum Seeker's Vulnerability Profile (ASVUP.P)

Individual's position/need   Current provision   Potential provision
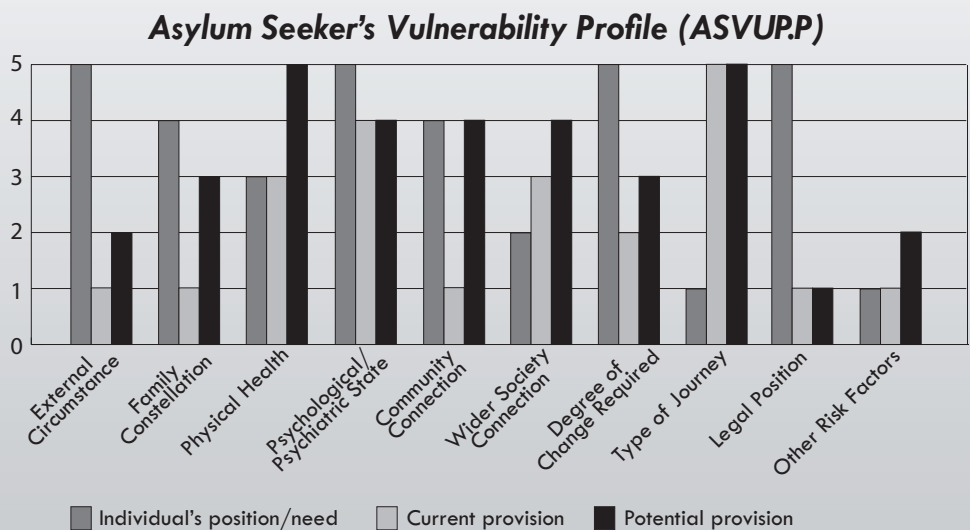
Phase Two

Following feedback, in the second phase of the development of an instrument to ascertain the vulnerability of asylum seekers, an attempt was made to offer a more precise way of determining the degree of vulnerability by altering the scale to percentages, i.e. from 0 to 100, instead of the ASVUP scale from 1 to 5. The outcome was the 'Asylum Seekers' Vulnerability Assessment Scale' (ASVAS).

ASVAS was identical to ASVUP-P apart from its measuring scale. The intention was that ASVAS would be scored in a comparable way to the widely used Global Assessment of Functioning (GAF) Scale and the children's version, the Children's Global Assessment Scale (CGAS). Similar to GAF and CGAS, ten sets of indicative criteria were developed for each dimension (each covering 10 percentage units).

Asylum Seeker's Assessment Scale (ASVAS)

■ Individual's position/need   ■ Current provision   ■ Potential provision
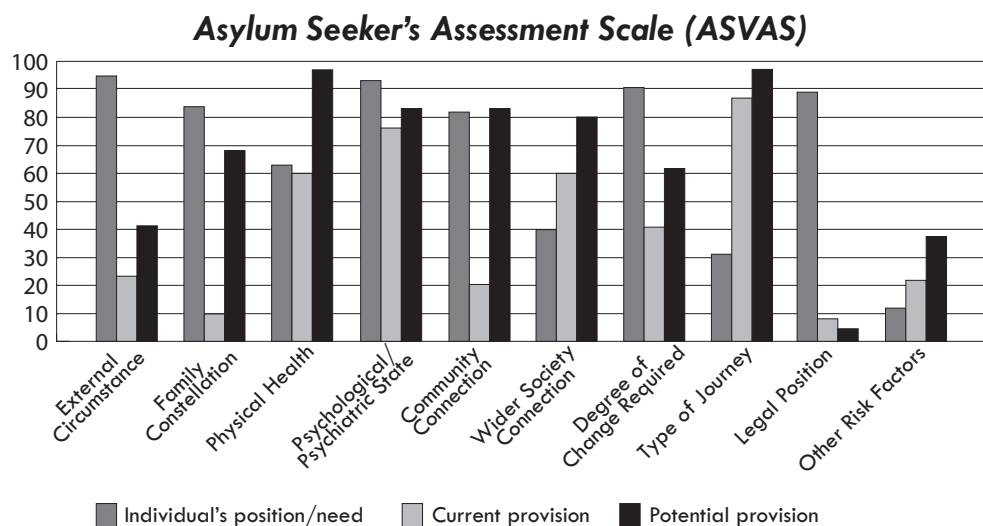
This one example of how criteria could be set to ascertain the degree of vulnerability in relation to each dimension:

Dimension 1:
External Circumstances:
Physical safety:

0-10 No threat whatsoever to self and any member of his/her family, now and in the future, and this is not likely to change

11-20 A very unlikely probability of a mild form of intimidation to a member of family possibly in the future, e.g. mild form of bullying of a child at school

21-30 A below average probability of a mild form of physical violence to a member of family in the future, e.g. a child physically bullied at school

31-40 A below average probability of some form of physical violence to self and a member of family in the future

41-50 There is an average probability that self or family member may be subjected to physical violence

51-60 AS or member of family has already been a victim of physical violence and there is an average probability that this may be happen again either in the same or different form

61-70 AS or member of family has already been a victim of physical violence and it is likely that this may be happen again either in the same or different form

71-80 AS or member of family has already been a victim of a serious form of physical violence and there is above average probability that this may be happen again either in the same or different form

81-90 AS or member of family has already been a victim of a serious form of physical violence and there is a very realistic possibility that both self and member/s of family will be victims of physical violence

91-100 AS lives under conditions of maximum threat to himself and to his own family and this situation is not likely to change in the future unless radical changes are introduced. This means that risk assessment needs to be carried out as a matter of urgency

Phase Three

*F*ollowing further feedback, it became evident that it is indeed very difficult to achieve the accuracy of assigning a percentage value for each dimension of vulnerability and a new instrument was developed, the *'Asylum Seekers' Protection Index'* (ASPI).

ASPI followed a different track and attempted to take on board all the other characteristics of vulnerability that emerged in the research. More specifically, these were the following:

(a) The most important innovation that ASPI introduced was that it re-focused on the protective function that it should have in relation to asylum seekers. Consequently, the emphasis was not only on vulnerabilities but also included positive factors connected with each facet of life that it addresses.

(b) The emphasis on measurement was reduced and instead of having a scale at the end of each dimension there is a line on which the worker can mark the degree of concern rather than the degree of vulnerability.

(c) Not only dimensions but also some of the most important constituent categories of each dimension are also included.

(d) Finally, appreciating the difficulties profiling a person in relation to his/her vulnerabilities, ASPI *indicates* his or her *vulnerable position* in relation to the services available. It is for this reason that the instrument was then named an 'index', because it indicates in a systematic way rather than measures.

Following further feedback from the final project conference, in Rome in July 2010, additional modifications were made to ASPI and it was renamed to ASPIS (Asylum Seekers' Protection Indices). These modifications are the following:

(a) the plural of index (i.e. indices) was introduced because it was appreciated that not only an indication of the vulnerable positions of the asylum seekers should be included but also another type of index, a Vulnerability Grid which is an adapted form of the Trauma Grid.

(b) A Vulnerability Grid is introduced as another indication of additional important areas of the asylum seekers' range of functioning. This Grid tabulates the range of responses to vulnerability by including three columns (negative responses, resilient characteristics and adversity-activated development (AAD) functions; the same number of columns as the Trauma Grid is retained (for the individual, family, community and society/culture). The negative column is marked by a line from 'Most severe' to 'Least severe' negative responses whereas the other two columns are open spaces for the worker to make notes of specific resilient and AAD characteristics.

(c) A summary sheet is included that systematises all the other information that is gathered by the instrument in order to facilitate the grasp of the main themes.

A note about the very name ASPIS is needed: *'Aspis'* is the ancient Greek work for 'shield', so it was considered appropriate for an instrument that is intended to protect asylum seekers to have this name!

Apart from these innovations, ASPIS retains all the positive elements of ASPI, i.e.

(a) The wide spectrum of dimensions and some of their more important constituent categories,

(b) Its interactional and contextual nature insofar as it related to the available and future services,

(c) Its non-pathologising position as it includes not only the negative but also the positive facets of each category, and lastly,

(d) Its central character that it is not a measuring assessment tool but an instrument that *indicates* in a systematic way the *vulnerable positions* within which the asylum seeker is located.

The last point requires further explanation: The EVASP project showed clearly that given the complexity, multifaceted and polymorphous nature of the concept of vulnerability, it is impossible to devise a single instrument to measure it. However, this does not mean that workers should give up attempting to grasp the various facets of vulnerability associated with the asylum seekers they work with. Therefore,

ASPIS aims to offer a systematic framework to *indicate* not the asylum seeker's vulnerabilities but the *vulnerable positions* within which he or she is located by a series of factors and circumstances during a certain period of his or her life.

The full version of ASPIS is included in Appendix II

UNIT 2. Guidelines for using these instruments

At the outset, it is important to clarify that although ASPIS represents the culmination of this research and it is the main instrument that is recommended to be used, the other instruments have their own value and can also be useful in certain circumstances; it is for this reason that they are presented and discussed here, not for mere historical purposes.

Users of these instruments should keep in mind the following:
- The main principle is that each instrument should be used creatively and be adapted to meet the specific needs of each service.
- Each instrument can be used by each agency in two possible formats
  - In a format that can be adapted, configured and mainstreamed according to the agency's own remit and style of administrative records, and
  - In another format that can be shared by several agencies together in order to increase the accuracy of information exchange, pool their expertise together; in this way, they facilitate inter-agency communication and contribute towards developing more standardised procedures.
- All instruments require an in-depth understanding of many dimensions and categories of vulnerability in relation to each asylum seeker. This means that the workers who use them will need to collaborate closely
  - with the asylum seekers themselves, as well as their families and communities, as appropriate
  - with other workers and professionals from their own service as well as with colleagues from other agencies that specialise in addressing each specific dimension and category.
- This 'forced' collaboration increases the intra- and inter-agency co-operation and co-ordination and contributes to the creation of a *shared practice*.

Practical suggestions
ASPIS offers a systematic *framework*. This means that all relevant information can be recorded on the actual form (in hard copy or in an electronic format) as well as, if needed, it can be connected to supplementary information that can be stored in additional places, i.e. accompanying sheets of paper in a folder or in electronic version in suitable files.

In order to complete ASPIS, workers will ideally need to access information from various sources and over a period of time. ASPIS cannot be completed in one interview with the asylum seeker. ASPIS provides the framework of a collaboration between the worker and the asylum seeker in order to explore together the asylum seekers' various vulnerable positions. To this end, the worker will be required to combine (a) meetings with the asylum seeker (as well as with other significant persons in his/her life), (b) consulting with other professionals (specialists in other dimensions and categories of potential vulnerability), and (c) gathering information from relevant other documents and sources. It is recommended that this procedure should not be followed sequentially, i.e. accessing information from one source and then moving to another, but rather cyclically, i.e. each source to supplement the other by returning to the one source after enriched by what was obtained from another source thus to enable the whole picture to emerge gradually in a co-constructive manner.
At the same time, it needs to be emphasised, that ASPIS can also be used in another way, as a template to map out what information is available and what relevant information is still missing. Often, knowing what is important is of value even if that information could not be accessed.
In short, ASPIS essentially offers a systematic framework and its value depends entirely on the amount of information that the worker will be able to obtain. Obviously, the more one invests time and effort to collect information the more reliable ASPIS will be.

Advantages and limitations

All the instruments presented and discussed here, and ASPIS in particular, enable workers to develop a comprehensive grasp of a wide range of contributing factors that may locate asylum seekers in vulnerable positions. These factors include external and internal, relating to the past, present and future, connected with individuals, their families, communities and culture, addressing positive and negative dimensions, directly linked to the availability of appropriate services, encouraging closer collaboration and coordination within services and across services and ensuring shared practice.

At the same time, most of their advantages also have practical disadvantages. All these instruments, and ASPIS in particular, are time consuming and require a great deal of effort in eliciting and collating a wide range of information from many different sources requiring the collaboration with many different specialists that may not be possible for many workers to engage within the context of their work settings and time available. Also, these instruments do not provide definitive measurements of these categories; as it has been argued, it is not possible to develop such instruments.

UNIT 3. Summary: Key Learning Points and Concerns

- The instruments that the EVASP project developed avoid pathologising by including also positive features
- ASPIS, in particular, is constructed on the basis of the main characteristics of vulnerability that emerged in the research, i.e. c*ontextual, relational* and *dynamic.*
  - *Contextual:* linked to the services offered
  - *Relational:* based on a close collaboration between the workers and asylum seekers as well as significant other persons, experts and services
  - *Dynamic:* not static, but considering the past, present and future
- It is concluded that vulnerability as an abstract category either located in the individual or in his/her environment has no meaning; instead, the concept of *vulnerable positions* has been proposed. This concept suggests
  - The contextual, relational and dynamic nature of vulnerability (as above),
  - The plurality of these position; i.e. not referring to only one such position
- All these instruments may be used in adapted forms according to the specificities of each given situation
- These instruments, especially ASPIS, encourage multidisciplinary and intra- and inter- organisational collaboration and promote shared practice.

Key questions

1. What are the key features of all the instruments that the EVASP project developed?
2. What are the similarities and differences among them?
3. What is the significance of referring to 'vulnerable positions' rather than 'vulnerability'?
4. In your own work context, how could you use ASPIS? Try to be as specific as possible.
5. In your own work context, in what way this module is of relevance? Provide examples.

Exercises

Training facilitators should ask participants to
  (a) consider and discuss the advantages and limitations in using these instruments in their own work context,
  (b) consider modifications that may need to be made in order to apply each instrument in their own work setting, and
  (c) exercise as much as possible in using each instrument, and ASPIS in particular.

APPENDIX I - Exercises to be used in the training sessions

1. EXERCISE: Refugee identity
This exercise to be used in Part 2, Module 1

Aims of this exercise
To enable participants experience the reality of the refugee condition by illustrate the (a) complexities involved in refugees developing a new identity as refugees, (b) the different ways one understands the changes that occur when one becomes a refugee, and (c) the difficulties that language creates in communicating with refugees.

Duration
It depends on (a) the number of participants, and (b) the duration of the post exercise discussion.
Typically from 10 minutes to 30 minutes but it can last longer and it can be connected with other elements of a training on working with asylum seekers and refugees.

Materials
Each participant should have a pen/pencil and sheets of paper.

Instructions
1. You ask all participants to take a pen/pencil and a sheet of paper
2. First you clarify that nobody will see or read what they write down; it will be completely private and confidential to themselves.
3. You say to them – 'Write down 10 things/items that answer the question: "Who am I?" Write down whatever you think characterises you, whatever comes to your mind. It is important that you write all 10 items. Write as quickly as you can and then put your pen down so that I can see when you finish'.
4. When all complete the exercise then you say: 'Imagine you have now become a refugee. Please read carefully each one of the 10 things/items you wrote and tick all those that you think are likely to change as a result of you becoming a refugee. Then, please count how many items you have ticked'.
5. Then, when everybody finishes, you ask each one in turn to say to the whole group how many items they had ticked.
It is very likely that this exercise will produce a very wide variation of how many items were ticked.
6. Then you open it up for discussion. Best to allow the participants to express their views and experience in connection with this exercise. The following questions could be kept in mind to be introduced in necessary:
*   When one is forced to flee home and becomes a refugee, what do you think changes and what do you think does not change?
*   Why is there such a wide variation of responses?
*   What makes us understand this simple question in so many different ways?
*   What are the implications of this phenomenon (a) for the refugees themselves, (b) for us as refugee workers and (c) for the nature of the work we do with refugees?
It is important to allow themes to emerge from this discussion and then connect them with the rest of the training.

Notes for the training facilitators
The power of this exercise is the element of surprise at the realisation that the simple instruction (i.e. to identify what changes when one becomes a refugee) is not so simple, after all, and it opens up many questions, e.g. what changes and what does not change and what do we mean by change; change as defined or experienced by whom?

Most likely, participants will first say that what do not change are what could be called 'essential' characteristics of a person (e.g. the fact that they are a man or a woman, that they are a wife or a son, the fact that they are social workers or psychologists, etc) and what changes are more circumstantial characteristics that depend on the living

contexts of a person (e.g. that I am kind, that I am generous). However, what appears a clear, simple and sharp distinction is, in fact, much more complicated.

If this does not come up, after some open discussion, I usually bring up comments from asylum seekers I have heard over the years, who say things such as 'After what happened to me, I will never be a woman (or a mother, or a father, etc) again'. Such statements refer to their subjective experience of the 'essential' identity markers, e.g. 'woman', 'man', 'husband', 'mother' etc. In other words, although they did not undergo any sex-change operation, a refugee woman may sense a deep change, a substantial transformation of the image she had of herself as a woman before the war and after the brutalisation she may have experienced during the war, making her feel that she no longer experiences herself as a woman. In other words the change that occur (which is extremely important and substantial) is in the subjective experience of these identity markers rather than in the external characteristics themselves. This demonstrates the importance of distinguishing what I refer to as a 'document reality' (i.e. what is reflected in reports and official documents) from the 'subjective reality' based on the individual's own experience of the impact of their exposure to the adversity of losing involuntarily their homes.

Usually, we think that when people become refugees only certainly aspects of their lives change, e.g. their living conditions, their social or financial status, etc whereas other characteristics that are considered to be 'essential' do not change (e.g. gender, age, family status). Yet, this is not the case and this exercise brings up the complexity not only of what changes and what does not change but also what constitutes change and who defines change.

2. EXERCISE: Refugees and Home
This exercise to be used in Part 2, Module 1

Aims of this exercise
To illustrate the importance and power of the idea/image of 'Home' (a) for refugees, (b) for those who work with refugees, and (c) for the actual interaction between (a) and (b) in the context of their working together.

Duration
It depends on (a) the number of participants, and (b) the duration of the post-exercise discussion.
Typically from 10 minutes to 30 minutes, but it can last longer and it can be connected with other elements of a training in working with refugees.

Materials
Each participant should have a pen/pencil and sheets of paper.

Instructions
1. You ask all participants to take a pen/pencil and a sheet of paper
2. First you clarify that nobody will see or read what they write down; it will be completely private and confidential to themselves.
3. You say to them – 'Write down 5 or 10 (depending on how long you wish the exercise to last) things/items that come to your mind when you think of the word 'Home'; please, you must write all 5 (or 10); do not think much – do it as quickly as you can and then put your pen down so that I can see when you finish'.
4. When all complete the exercise, then you say: 'Please look at each item you wrote and tick all those that are positive'
5. Then, when everybody finishes, you ask each one in turn to say to the whole group how many items they had ticked as positive.

The power of this exercise is again the element of surprise at the realisation that the overwhelming majority of the items they wrote are likely to be positive. According to my experience of doing this exercise for many years in many countries, well over 90% of the responses are positive, regardless of the participants' culture, educational standard, professional background, age, gender, etc.

6. Then you open it up for discussion. You could ask specific questions such as 'How do you understand the fact that the great majority of associations to home are positive? 'In what way does this affect (a) the refugees themselves, (b) us as refugee workers and (c) the work we do with refugees?'

This discussion can be done in a systematic way addressing each one of these questions separately and sequentially but also it should include open discussion following up themes that emerge from the discussion.

Notes for the training facilitators

Participants tend to find this very simple exercise most instructive and extremely apt in illustrating the powerful effect of the positive image of home.

This exercise enables participants to experience some of the following:
1. The idea/image of 'home' always tends to be 'idealised'
2. This is in sharp contrast to the reality of everybody's actual and real home which combines, in varying proportions, positive and negative aspects.
3. The disjuncture between the idealised idea/image of home and the reality of homes has many implications for (a) the refugees themselves, (b) us as refugee workers and (c) the work we do with refugees.

It is important to reflect on some of these implications: In short, if everybody (including refugee workers) has such an idealised image of home, refugees who lost involuntarily their own home are likely to have an even more idealised image of home which makes work with them extremely difficult because that unrealistic image is likely to be at the back of their minds for most of the time. Unless refugee workers are fully aware of this phenomenon and its implications, their work is likely to be adversely affected.

3. EXERCISE: The Trauma Grid
This exercise to be used in Part 2, Module 1

Aims of this exercise

To enable participants experience
1. the complexities of the conceptualisation of trauma,
2. the widespread and substantial impact on the way society understands the phenomena of surviving adversity, i.e. there is a strong tendency to consider everybody who was exposed to adversity as 'traumatised', and
3. the implications of this 'trauma-dominated societal discourse' on (a) the survivors themselves, (b) those who work with them, and (c) the work that is done with the survivors, e.g. the assumptions of intervention programmes.

Duration

Not less than 60 minutes but it depends on (a) the number of participants and (b) the duration of the teaching component that can be attached to this exercise.

Materials

The 'Trauma Grid' (Papadopoulos, 2004, 2006, 2007) should be made available to the participants in a pictorial form in any one of these formats: reproduced on a white board or on a flip chart in front of the group or projected on a screen that is clearly visible. Alternatively, it can be printed on a sheet of paper and distributed to each participant.

Instructions

1. To begin with, all participants need to be instructed in the theory of the Trauma Grid. A concise formulation of this can be found in the paper: 'Refugees, Trauma and Adversity-Activated Development' (Papadopoulos 2007). In short, it identifies three possible responses to traumatising experiences that may co-exist simultaneously: (a) persons can have negative reactions - the severest form of that being the development of a psychiatric disorder, e.g. Post-Traumatic Stress Disorder (and the other two are 'Distressful Psychological Reactions' and 'Ordinary

Human Suffering'), (b) they continue to have certain strengths and positive characteristics and functions that existed before the trauma – this is how I define resilience , and (c) they also develop some positive responses as a result of their exposure to adversity – this is what I term 'Adversity-Activated Development' (AAD).

2. This is the Trauma Grid:

THE TRAUMA GRID

Levels	NEGATIVE EFFECTS			'NEUTRAL' EFFECTS	POSITIVE EFFECTS
	INJURY, WOUND			RESILIENCE	ADVERSITY ACTIVATED DEVELOPMENT (AAD)
	Psychiatric Disorders (PD), PTSD	Distressful Psychological Reactions (DPR)	Ordinary Human Suffering (OHS)		
Individual					
Family					
Community					
Society / culture					

3. You divide the group into pairs and ask each person to interview the other in connection with their work with an asylum seeker/refugee that they consider he/she had been traumatised. Depending on the time available and the intended outcome, you may then repeat the exercise by reversing the roles and the interviewee now interviews the first interviewer.

4. Each interviewer should ask the interviewee to give a general description of the traumatised refugee; emphasising the key characteristics of the refugee's 'case' that have been used so far (a) by the refugee himself/herself (b) by the relevant referring network, (c) by the worker him/herself in her/his own conceptualisation of the refugee, and (d) by both the refugee and worker in their interactions so far. The interviewer should make simple notes of these key characteristics and assist the interviewee to identify these key data in terms of where they fall in the Trauma Grid. Time duration: not exceeding 10 minutes for each interview.

5. Then, each pair (the interviewer and interviewee) should collaborate in reflecting together the reasons that only that data was available and not other data belong to other boxes of the Grid. They should also consider the impact that the selective choice of data (often skewed towards the pathological side) has on their understanding of the problems and their work.

6. Then, the same pair should continue to attempt to find some additional information that could fit into as many boxes of the Trauma Grid as possible, using not only the information outlined in stage 4 but also any additional observations they could have on the refugee, reflecting on what was presented already (in stage 4). There are 20 boxes in total; e.g. does the client suffer from PTSD or any other psychiatric disorder? What elements of DPR or OHS can be discerned in the refugee? that the interviewee (i.e. the refugee's worker) had heard from the client, or observed or deduced from the refugee's history or presentation? What resilient functions has the client retained from his/her pre-trauma period? (e.g. what is the refugee's physical appearance, is he/she unkempt or caring about his/her appearance? What AAD characteristics can be identified in the refugee now? Then, the same can be done for the refugee's family, as much as the interviewee (worker) can be aware of, and then they can move on to the Community level and then the Societal/cultural level.
Time duration: not exceeding 20 minutes.
It is not important that all 20 boxes are actually filled. What is important is for both of them to become aware of what they seem to know and what they seem not to know, and why.

7. Then, again, each pair should reflect on the exercise and discuss what it enabled them to learn. They should then identify four specific points that they would feed back to the whole group.
Time duration: 5 minutes.

8. Each pair presents to the group their four points and the trainer opens it up for discussion.

Some of the questions that can be asked are:

- why do we know so little about non-pathological responses to trauma?
- why do we not know enough about other levels apart from the individual (or family)? – - what are the implications of the fact/likelihood that our existing approach is so limited and does not inform us about the totality of the situation concerning the refugees we work with?

Notes for the training facilitators
- Participants tend to find this exercise quite an eye-opener, the relationship between our explicit and implicit approach to our work and the amount of information available to us. – It can be revealing that often we make general categorisations of the refugees we work with, e.g. this person 'is traumatised' or that person 'is resilient'. These categorical assertions are fairly global and crude and do not tap the finer differentiation of responses to trauma and the complexities of the totality of each individual.

This exercise works better if it is connected in a closer way with training specifically about the Trauma Grid, its theoretical and practical dimensions. However, it can also be beneficial if it is introduced on its own, to illustrate the basic rationale of the Trauma Grid and to assist refugee workers to work in a more differentiated way with traumatised refugees.

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APPENDIX II - ASYLUM SEEKERS' PROTECTION INDICES (ASPIS)

1. **External Circumstances:** adverse and facilitative circumstances in connection with the following categories. Essential to check whether asylum seeker benefits from the presence of the basic rights of:
   1. Physical safety
   2. Financial security to enable, at least, survival (benefits/employment)
   3. Education
   4. Housing
   5. Not being subjected to discrimination (gender, racial, ethnic, religious, sexual orientation, etc)

2. **Family constellation:** adverse and facilitative circumstances in connection with the following categories:
   1. Age
   2. Gender
   3. Family composition (e.g. divorced, reconstituted, active connection with extended family)
   4. Family role (e.g. single mother, single head of household, unaccompanied under age child, isolated elder, etc)

3. **Physical Health:** adverse and facilitative circumstances (e.g. good health, medical problems, disability, etc)

4. **Psychological / psychiatric state:** adverse and facilitative circumstances; responses to adversity: negative (psychiatric disorder, distressful psychological reactions), resilient functions, Adversity-Activated Development functions

5. **Community connections:** participation and/or isolation in relation to their preferred community in connection with the following relevant categories:
   1. ethnic
   2. racial
   3. political
   4. religious
   5. ideological
   6. cultural
   7. regional (geographical), etc.

Isolation can be due to an actual absence of that particular community in the receiving country or due to their inability to access it for whatever reason.

6. **Wider society connections:** participation and/or isolation in relation to the wider society

7. **Degree of difference:** difference between home and receiving country in relation to the following relevant categories:
   1. language
   2. education system (in relation to functioning in the current context, e.g. not only whether a person has a record of high educational achievement but also whether one's qualifications are recognised in the receiving country)
   3. cultural norms and practices
   4. urban/rural living context
   5. general lifestyle.

This dimension addresses not only the actual degree of difference but also the way the asylum seeker is equipped to deal with these differences. Of particular relevance here is also the category of current length of stay in the receiving country.

8. **Type of journey:** degree of hardship endured in reaching the receiving country and /or positive experiences gained along the way. For example, were they smuggled, trafficked, followed a long and arduous journey through many other countries or did they arrive directly and with less hardships?

9. **Legal position:** Degree of existing legal complications. Is their legal case straight forward or is it complicated by specific factors?

10. **Daily routine:** The degree that the asylum seeker is able to engage in life and lead a fulfilling life with a daily routine that reflects active involvement, e.g. visiting friends, attending classes, engaged in sport activities, etc.

ASYLUM SEEKERS' PROTECTION INDEX (ASPI) FORM

1. External Circumstances

1.1 Physical safety

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

1.2 Financial security

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

1.3 Education

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

1.4 Housing

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

1.5 Discrimination

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

2. Family Constellation

2.1 Age and 2.2 Gender

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

2.3 Family Constitution and 2.4 Family Role

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

3. Physical Health

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

4. Psychological / Psychiatric State

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

5. Community Connections
(ethnic, racial, political, religious, ideological, cultural and regional)

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

6. Wider Society Connections

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

7. Degree of Difference

7.1 Language and 7.2 Education System

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

7.3 Cultural Norms and Practices and 7.4 Urban/Rural Living Context and 7.5 General Lifestyle

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

8. Type of Journey

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

9. Legal Position

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

10. Daily Routine

Positive Factors	
Negative Factors	
Services (present)	
Services (future)	
Degree of concern	*No concern -- Max concern*

ASPIS Summary

Dimension		Degree of Concern
1. External Factors	1.1 Physical safety	No concern --- Max concern
	1.2 Financial security	No concern --- Max concern
	1.3 Education	No concern --- Max concern
	1.4 Housing	No concern --- Max concern
	1.5 Discrimination	No concern --- Max concern
2. Family Constellation	2.1 Age 2.2. Gender	No concern --- Max concern
	2.3 Family constitution 2.4 Family role	No concern --- Max concern
3. Physical Health		No concern --- Max concern
4. Psychological / Psychiatric state		No concern --- Max concern
5. Community connections		No concern --- Max concern
6. Wider society connections		No concern --- Max concern
7. Degree of difference	7.1 Language 7.2 Education	No concern --- Max concern
	7.3 Cultural Norms & Practices 7.4 Urban/Rural Living Context 7.5 General Lifestyle	No concern --- Max concern
8. Type of journey		No concern --- Max concern
9. Legal Position		No concern --- Max concern
10. Daily routine		No concern --- Max concern

Vulnerability Grid: range of responses to vulnerability

Levels	**NEGATIVE** Most severe.............Least Severe	**'NEUTRAL'** Resilience	**POSITIVE** Adversity-Activated Development (AAD)
Individual			
Family			
Community			
Society / Culture			

TRAINERS' HANDBOOK - Enhancing Vulnerable Asylum Seekers Protection

APPENDIX III - SUGGESTED DAILY PLAN FOR THE EVASP TRAINING

Day 1
1. Introductions
2. Overview of the EVASP Training
3. Aims of the training and expectations
4. The EVASP project
 (2 hrs)

PART 1 - ASYLUM SEEKERS' HUMAN RIGHTS
Unit 1. International Law and National Policies
+ Exercises
Unit 2. Common European Asylum System (CEAS)
+ Exercises
(2 hrs)

Unit 3. Summary: Key learning points and concerns
+ Exercises
(2 hrs)

Day 2
PART 2 - UNDERSTANDING ASYLUM SEEKERS
Module 1 The Refugee Experience + Exercises
Unit 1. Stages and phases of the refugee experience
+ Exercises
Unit 2. Loss of Home and Nostalgic Disorientation
+ Exercises
(2 hrs)

Unit 3. Refugee Trauma + Exercises
(2 hrs)

Unit 4. Trauma Grid and Adversity Activated
Development (AAD) + Exercises
Unit 5. Summary: Key learning points and concerns
+ Exercises
(2 hrs)

Day 3
Module 2 - ASYLUM SEEKERS' VULNERABILITIES
Unit 1. What is Vulnerability? + Exercises
Unit 2. Who is Vulnerable? + Exercises
(2 hrs)

Unit 3. Vulnerable Groups + Exercises
Unit 4. Vulnerabilities vs vulnerable positions
+ Exercises
(2 hrs)

Unit 5. Summary: Key learning points and concerns
+ Exercises
(2 hrs)

Day 4
PART 3 - A PSYCHOSOCIAL PERSPECTIVE
Module 1 - Psychosocial Support + Exercises
Unit 1. The Psychosocial approach + Exercises
Unit 2. Core principles of the Psychosocial Support
+ Exercises
Unit 3. Summary: Key learning points and concerns
+ Exercises
(2 hrs)

Module 2 - Asylum Seekers' Psychosocial Needs
Unit 1. Education, Training and Employment
+ Exercises
Unit 2. Language and Cultural Differences
+ Exercises
Unit 3. Discrimination and Social Isolation + Exercises
(2 hrs)
Unit 4. Complicated asylum process + Exercises
Unit 5. Summary: Key learning points and concerns
+ Exercises
(2 hrs)

Day 5
PART 4 - PROTECTING ASYLUM SEEKERS
Module 1 - Ascertaining Asylum Seekers' Vulnerability
+ Exercises
Unit 1. Three types of instruments t to ascertain the
various dimensions of Asylum Seekers' vulnerability
+ Exercises
(2 hrs)

Unit 2. Guidelines for using these instruments
+ Exercises
(2 hrs)

Unit 3. Summary: Key Learning Points and Concerns
+ Exercises
(2 hrs)

NOTES FOR TRAINERS: