

**PROBLEMS THAT REFUGEES BRING AND PROBLEMS THEY WILL FACE
– THE EXPERIENCES OF PSYCHOLOGISTS ON THE “BALKAN ROUTE”¹**

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The paper is presenting the activities of the Psychological Team of Humanitarian Center for Integration and Tolerance (executive partner of UNHCR in Serbia) on the “Balkan Route” in 2015 and 2016.

Before the discussion of the work of psychologist, we would like to point out a terminological trap, which unfortunately is not just terminological. When we talk about the migrant crisis and migrants, we are using a term which has connotations of an economic migration. This creates a psychological atmosphere in which these people are looking for a better life, whereby it is omitting the fact that a huge number of these people actually belong to the category of refugees and that they should be guaranteed all the rights of the UN Convention on Refugees. Also the wave of migrants that hit Europe in 2015 is portrayed by right-wing and xenophobic headlines, as some kind of a conscious Islamization of Europe, whereas it is omitted that since 2011, there are over 4 million refugees in the neighboring countries of Syria, and an estimated same number of internally displaced persons inside Syria and Iraq. Also, in the area around Afghanistan, there are approximately 3 million refugees staying in refugee camps in appalling conditions, since the nineties.

Refugees are, of course, a highly traumatized population and require psychological support. The refugees we face in our country are specific in that they have three sources of trauma.

The first trauma they experienced was in their country of origin. These traumas have the highest risk for psychopathological consequences: the loss of loved ones, the visions of death, threat to their life because of a particular religion, ideology or nation, and the loss of a home which is for every human being the main source of security.

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During 2016, several decrees were issued which generally determined the countries from which the refugees have been accepted. First there was Syria, Iraq and Afghanistan, to where Afghanistan was later removed from the list. Those decisions were in direct contradiction to the UN Convention on Refugees, which insists on analysis of every individual case and the degree of threat to life or violation of human rights of the individual. The decrees were also ignoring the fact that there is a whole range of countries where active military conflicts or terrorist activities are still present. Somalia, where Al Shabab is active, Nigeria, which Boko Haram terrorizes, and not to mention Libya and Yemen where there are still low-intensity warfare. In Eritrea, totalitarian government threatens the human rights of its citizens. A new mandatory military service was introduced for a period of 10 years for both women and men, which includes forced labor in the mines, and for the opponents of the regime there are special punishments. The invention of the Eritrean police is putting convicts in a small barrel and spreading a mixture consisted of sugar and milk on their skin, so the insects could eat them.

Victims of trafficking and gender-based violence must also be considered as vulnerable endangered groups. Millions of girls in sub-Saharan Africa are being forced into marriage and, according to a UNICEF report from 2014, as many as 84 million were victims of emotional, physical or sexual violence. About 15% of women who have applied for asylum in the EU were girls under the age of 14 years and originated from countries that practice the painful process of Female Genital Mutilation, which is internationally recognized as a human rights violation and a form of child abuse¹.

An example of how necessary the individual procedure is, there is a case of a young Tamil from Sri Lanka who fled from a civil war in his country during the nineties, to Syria where he worked as a construction worker. When the war began in Syria, he escaped and reached Serbia, where he was met with the decision of the EU that they will only receive refugees from the mentioned three countries. However, he was treated as a refugee from Sri Lanka, not from Syria and, to his surprise, he was not considered a “legitimate” refugee, although he shared an identical fate with the other Syrians, and he was even a double refugee!

Another source of traumatization was the journey. The most common way to the Balkans was across the Mediterranean – most commonly with the help of smugglers’ ships which were overcrowded and unsafe. According to Europol, the market of smuggling of migrants is operated by more than 40,000 smugglers and its value reached a figure of \$ 25 billion per year, which is

the second most profitable illegal market, right after drug traffickingⁱⁱ. When the EU increased the control over the smuggling routes, the traffic from big boats was transferred to smaller ones, usually inflatable boats, which were even more dangerous and led to even more shipwrecks and drowning. According to UNHCR, during the last 3 years more than 11,000 migrants drowned in the Mediterranean Sea. The smugglers would often leave them alone on the boat, in the dark, without navigation. The larger boats could not get to shore and the refugees had to swim. When they refused to enter the water, the smugglers would throw their luggage into the water which forced them to jump into the water for their bags which was all they had, so this is how they often drowned.



Picture 1. Overcrowded boat

Many refugees were forced to walk for several months. We meet Afghan refugees who walked for eleven months, thousands of kilometers, and often on difficult terrain. A large number of people came over with severe wounds on their feet. In order to cross the border, they had to move during the night time, to avoid the border police who often shot at them.



Picture 2. Shoes and socks needed

Some of the biggest problems during these long walks were faced by women who, in accordance with Islamic regulations, are not allowed to undress in front of men. Failure to maintain hygiene and not changing wardrobe led to genital infections and rashes between their legs. Also, women who were traveling without their husbands had to take on a completely new role of the leader of the family, which is in Eastern culture reserved for menⁱⁱⁱ.

Finally, the third source of traumatization was the stopping of the travel. That meant, of course, an amplifier in the rate of smuggling, but it also led to independent attempts of breaking

the barrier, which caused a variety of injuries, but also conflicts with, unfortunately, very brutal members of the border police, especially in Bulgaria and Hungary. During these attempts at illegal border crossings, there often come to the separation of families which was also very traumatizing, especially for the children who have lost their families.



Picture 3. Breaking a fence

What does psychological assistance offer in urgent situations like the refugee crisis? Psychological First Aid offers three “L”: To look, to listen, and to link^{iv}.

LOOK: Check for safety. Check for people with obvious urgent basic needs. Check for people with serious distress reactions.

LISTEN: Approach people who may need support. Ask about people’s needs and concerns. Listen to people, and help them to feel calm.

LINK: Help people address basic needs and access services. Help people cope with problems. Give information. Connect people with loved ones and social support. Organize activities they like.

Also, psychological help is supposed to suggest and educate about healthy mechanisms of coping to stress, in order to prevent Post-Traumatic Stress Disorder^v:

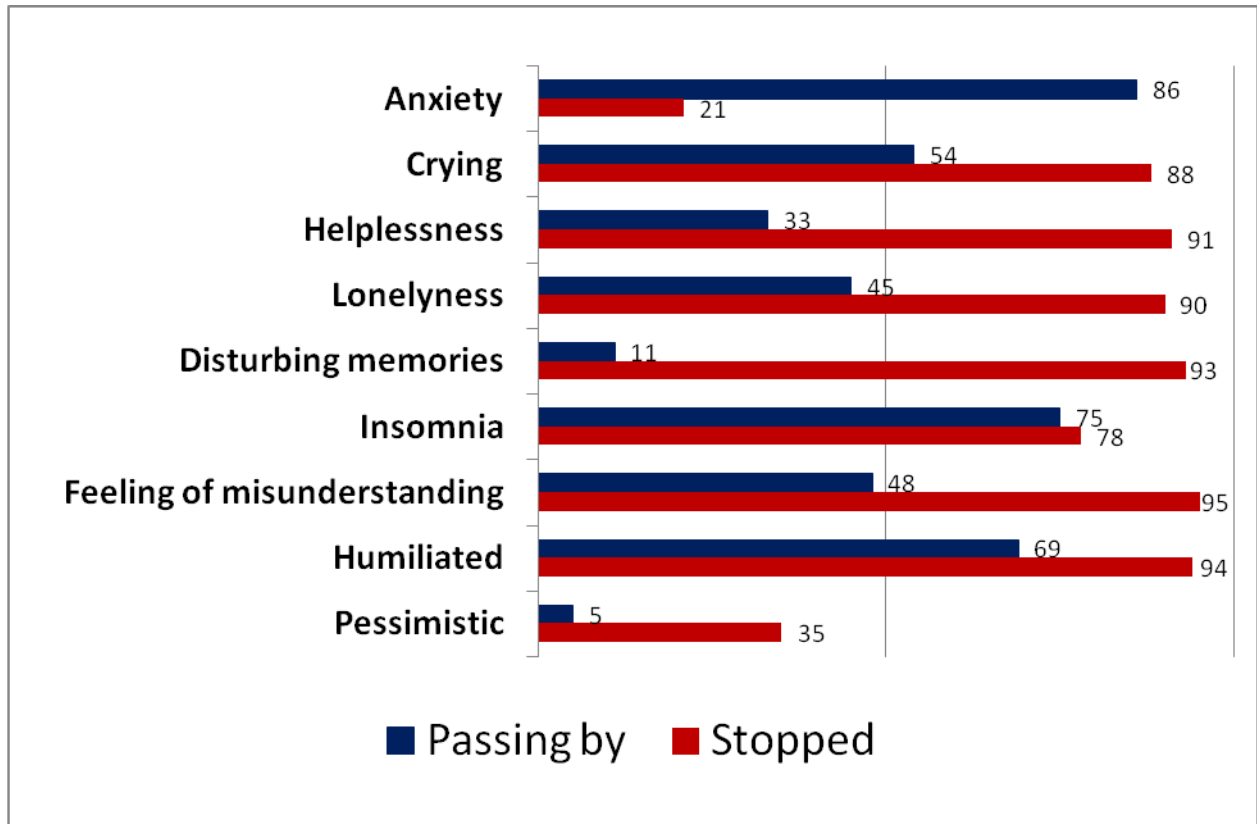
NEGATIVE WAYS OF COPING	POSITIVE WAYS OF COPING
Sleeping the whole day	Having enough rest
Using alcohol or drugs	Eating and drinking water normally
Isolating from family and friends	Socializing with friends and family
Listening to news from home and discussing the reasons of disaster	Including in the activities that relax: sport, music, playing with children
Neglecting personal hygiene	Helping other refugees

From the overview of what Psychological First Aid is, it can be seen that such work can be done by people who are not specially trained in Psychology. Psychological help can be done by all activists who are in contact with refugees. In this context, I would like to emphasize the importance of volunteers whose enthusiasm and humane orientation significantly exceed the professionals, who can be fed up with their everyday jobs and do things routinely, and are often indifferent to the fate of refugees. Here's an example of sensibility of the volunteers: During the existence of the "Balkan Route", refugees were waiting for a train to Croatia at the gas station in Adaševci so the train station in Šid would not be overcrowded. Since their cell phones are the only contact with family members in the country from which they fled, and in the destination country, battery charging is an essential need. Staff from the gas station provided one extension cord into an outlet for which they waited for hours to charge the battery in turns. It was noted by one of the volunteers and soon a non-governmental organization made a socket for simultaneous 40 phones to be charged! And this is just one of many similar examples.



Picture 4. Phone battery charger

Apart from the already mentioned Psychological First Aid, psychologists of our team had the opportunity to provide help to people that have displayed symptoms of traumatic disorders. During the 15 months of work of our team, psychological help has been provided to 156 people. On the following graph we would like to show the basic characteristics of their disorders (frequencies of the existing symptoms).



Graph 1. Frequency of the symptoms among refugees on the “Balkan Route”

What we can quickly notice is the difference between manifestation of symptoms among people who were, for some reason, forced to stop their travel, and those who were just passing by. For those who were “on the fly”, the dominant symptom was tension (fear whether or not they will succeed in their efforts, and what awaits them), plagued by insomnia, sometimes they were surmounted by feelings and tears, and the presence and sense of humiliation because of the position they are in, and dependence on the help of others. On the other hand, those who were stopped in their path were overlapped by depressive symptoms (feeling of helplessness, loneliness, lack of understanding of their problems and sadness), disturbing memories of the traumatic events which happened in recent past (i.e. *Flashbacks*) - which was significantly in greater extent than in the previous group, insomnia, and (again significantly more than in another group) the feeling of humiliation. It is interesting that, despite overwhelming adversity, even when they are permanently stopped in the road - the vast majority still presents optimism and hope to arrive at their destination.

Our results, as well as previous research, suggest that there is a real possibility of disturbances will occur in significant numbers only when refugees will settle in the land of their destination. This possibility is increased by the fact that the refugees we interviewed often manifested completely unrealistic expectations, they imagined their fate more colorful than what it is in reality, thus it can be expected that they will be disappointed really soon.

Ways of coping with stress and opportunities for the application of the aforementioned “healthier” strategy were also demonstrated in our experience as a mediator of symptoms. Those who were traveling with family or in a group were less likely to seek for help, because they had a more supported environment and more opportunities for practical structuring of time. Unlike them, lone travelers (especially if they were women) or those whose families were separated were much more vulnerable. Those who were anxiously following the news about developments in the country were more chronically tense, while those who felt that “everything is in God's hands” were much calmer.

In the Islamic cultural tradition the concept of stress involves both soul and body and, as a consequence, somatic and psychological symptoms are not separated, which can produce diagnostic confusion^{vi}. More often than not they will share heart rate increases and stomach problems, rather than tension, anxiety or a sense of helplessness. The question about suicidal thoughts (especially among those uneducated) will cause complete confusion, because life is only “in God's hands”.

The degree of traumatization which may not be visible spontaneously, we can see through the experience in working with preschool children refugees. These children were traveling with their mothers (or the family as a whole) and were protected by maternal psychological care throughout the times. They usually did not display any signs of post-traumatic psychological handicaps and seemed to be completely unaware of trauma that their families survived. However, their drawings are convincingly refuted: on a large number of paintings the trauma was clearly present and unequivocally indicated that the children were also psychologically wounded.



Picture 5. Drawing of the 9-year old Syrian girl

A particular problem of refugee children is interrupted education. A huge number of school-age children in the camps and in motion have no chance to continue their education^{vii}. We often experienced that teenagers compete with younger children in playgrounds, in order to get pens and markers so that they can draw or write something. The desire for knowledge is seen by their tendency to learn the Serbian language. Unfortunately, when they arrive in the destination country they will have a big hole to fill in their education and the problem will appear with their reintegration into schools.

What can also be expected as a big problem in the countries of destination are the difficulties of acculturation. Refugees who arrived in this great wave of migration are from the countries of the Middle East, and their cultural views differ a lot from the host countries. So, with a high probability we can predict that they will be faced with many problems arising from

these differences. They, in vast majority, belong to the Islamic religious tradition, but even those who are not Muslims (Syrian and Iraqi Christians, Yazidis, Atheists) took on many features from the Islamic culture. However, regardless of the influence of Islam as a religion, many aspects of social organization (especially family hierarchical structure) and individual behavior in the East differ from cultural and social patterns of the West and historically are even older than Islam.

In contrast of individualistic culture, which prevails in the West, East cultures are predominantly collectivistic. This implies a high interdependence of individuals and families, and the subordination of personal interests to the group interests.

As a result of highlighting the role of women as mothers and glorification of fertility, Muslim families are numerous. Fertility and birth are very high on the scale of values in Eastern cultures, including that they do not give up even in the most difficult circumstances. According to UNHCR, only in 2015 there were more than 70,000 newborn children in refugee camps!

The fact that families have many children means that the relationship with the individual child is much more superficial. However, the upbringing is strictly authoritarian. For members of Western culture it is extremely unusual for a father to not know the names of his children, not to mention the date of birth, but, in the Muslim families, it will only be a reflection of the number of children, but also the fact that the father is much less concerned with children and that he is the head of the family that has “more important things to do”.

For members of Western culture it will be surprising irrationality and a kind of fatalism of the refugees from the East. For the Eastern man, human beings are weak and powerless, while God is the only powerful one (Allah Akbar, in Arabic). This philosophy of life, which is confused with religious fanaticism, is a reflection of culture rather than religion and originates from older, pre-Islamic (and pre-Arab) religious traditions. The idea that everything is in God's hands is suitable exoskeleton and calming element, which contributes to lower risk of Post-Traumatic Stress Disorder, but, on the other hand, appears as a possible obstacle to the initiative and actively solving problems when the refugees permanently settle in their country of destination.

As an optimistic message to the problems of cultural adjustment, it should be noted that among the refugees who had passed the “Balkan Route” were numerous young people who were fully emulating Western models of dress and behavior, which was a manifestation of their complete willingness to fit in with the social norms of Western culture.

Summary

Refugees are a highly traumatized population. Traumatic experiences were the main reasons why they ran away from their countries – i.e. danger of death, destruction of home, lose of a beloved person. On their journey they faced a new trauma – i.e. sinking boat, exhausting hiking through dangerous terrain, robbery, exploitation, extortion or maltreatment by various criminal groups and even the police. The final trauma was facing a barrier in their intention to reach the EU. The role of psychologist in helping refugees is to provide Psychological First Aid, i.e. to react to actual needs of refugees: estimating which necessities are most acute, listening to their requests, and linking them to organizations that can solve their problems. Also, the role of psychologist is to provide social support and organize activities which can help refugees to cope with stress in an adequate way, in order to prevent posttraumatic psychological disorders.

In the paper an overview of such activities is presented, as well as analysis of existing psychological problems of refugees on the Balkan Route in 2015 and 2016. Additionally, it will point to potential permanent problems of refugees which could be the consequence of traumatic experiences, as well as cultural differences.

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