



# REHABILITATION, EMPOWERMENT AND INTEGRATION OF ASYLUM SEEKING TORTURE SURVIVORS

Evaluation research results



Project is co-funded  
by the European Union

Rehabilitation, empowerment and integration of asylum seeking torture survivors  
Evaluation research results

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**REHABILITATION, EMPOWERMENT  
AND INTEGRATION OF ASYLUM SEEKING  
TORTURE SURVIVORS**

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## **A b s t r a c t**

220 asylum seekers and refugees potential torture survivors in Croatia, Austria and Germany were assisted and supported to overcome the consequences of traumatic experiences they had survived and were empowered towards integration in the reception countries in the scope of “Rehabilitation, empowerment and integration of asylum seeking torture survivors”. The rehabilitation and empowerment program consisted of short-term Solution Focused group intervention, individual psychological counselling, psychotherapy, language courses, vocational training and other activities to facilitate their integration in local communities, including housing and job-search support. Research was carried out to evaluate the effects of treatment and applied intervention, and the influence of post-migration factors.

One group pre-post design in treatment outcome evaluation was used in this research.

The outcomes selected to be assessed are post-traumatic, depression and anxiety symptom reduction, the presence of physical health problems that interfere with everyday functioning, life satisfaction, self-assessed level of coping and resilience, and participants’ perception of the outcome of interventions. A self-constructed 23-question questionnaire was applied, and PROTECT questionnaire, which was also used for screening purposes.

The participants in this research reported a significant reduction of post-traumatic, depression and anxiety symptoms, improvement in life satisfaction, self-perceived coping and resilience when the post-intervention assessments are compared with those pre-intervention. The participants showed positive changes in assessed indicators regardless of their legal status, living circumstances and income. Steady employment contributes to the reduction of post-traumatic symptoms.

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In 2015, citizens of the European Union and its south-eastern neighbourhood watched, more or less silently and overwhelmed, what appeared to be an endless stream of people – young men, families, children – crossing over the Mediterranean Sea, travelling mainly on foot to what they believed was safety and better life in the west. Most of them passed through the so called “Balkan route”, from their war-torn countries in the Middle East and further, while others suffered the ordeals of crossing the Mediterranean Sea from North Africa. At that time, a wave of sympathy, solidarity and willingness to help the unfortunate who were passing arose among common people and, particularly, among activists. Open hostilities, like the scene where a Hungarian journalist trips a man carrying a child in his arms, drew condemnation and public outrage. Stories of the cold-hearted, brutal exploitation of human tragedy by organized as well as opportunistic traffickers, law enforcers and other officials started to surface only later.

This unprecedented number of refugees and migrants arriving to the continent, surpassing 1.2 million in 2015, doubling the number from the previous year, encountered a piecemeal, reactive, often irrational response from the member states, which led to coining the term “refugee crisis” as one of the most critical tests currently for the European Union (EU) and its broader region.

The Common European Asylum System (CEAS), developed since 1999 to secure that “EU Member states have a shared responsibility to welcome asylum seekers in a dignified manner, ensuring they are treated fairly and that their case is examined to uniform standards so that, no matter where an applicant applies, the outcome will be similar”, showed its fatal flaws in the face of this largest displacement of human beings since World War II. Instead of the proclaimed shared responsibility, shared fundamental values and unified high standards of protection for refugees, member states started to close their borders, restrict the right of movement and adopt more restrictive asylum legislation. Much of the debate about policy responses focused on concerns about the impact on security and cultural identity, and the growing support for populist parties with xenophobic platforms. EU policies focused primarily on preventing arrivals and outsourcing responsibility for asylum seekers and refugees to other regions. This includes a problematic deal with Turkey to send back asylum seekers reaching Greece by sea in exchange for billions of euros in aid and a pledge to resettle one Syrian for every Syrian returned, as well as the training of Libyan coast guard officers to limit migratory flows and preserve the lives of migrants reaching the EU shores from the South Mediterranean.

Border closures on the Balkan route and heightened border controls by Austria, France and Switzerland left asylum seekers and migrants stuck in Greece and Italy. In September 2015, the European Commission adopted two legally binding decisions which established “a temporary and exceptional relocation mechanism for 160,000 applicants in clear need of international protection from Greece and Italy”. But the initiative encountered problems since the beginning. Some EU member states refused to accept a single asylum-seeker and opposed the EC stipulated quotas, some unsuccessfully challenged the relocation scheme in the European Court, while others simply evaded making efforts to efficiently move people from the overpopulated hot-spots in Greece and Italy. The relocation mechanism expired at the end of September 2017 and clearly failed in its purpose: after two years of implementation, less than 20% of the planned number of persons had been relocated. This raises the question of the purpose of the Common European Asylum System, as well as the relevancy of the EU policies and legislation in the field of protection of human rights of asylum seekers and refugees.

Binding EU legislation provides that asylum seekers who have been subjected to torture/suffer from trauma are considered as vulnerable and may have special reception needs. The member states are required to consistently assess whether an asylum seeker is an applicant with special reception needs, and to address those needs accordingly. The member states have an obligation to ensure that torture survivors and severely traumatized asylum seekers have access to quality, effective and sustainable treatment, care and support services. However, there is evidence that most of the member states do not comply with these provisions, with torture survivors remaining unidentified in asylum procedures and mostly denied appropriate medical, psychological and support services. Necessary holistic rehabilitation and support to torture survivors are typically outsourced to NGOs and are under-funded or with unstable funding.

Asylum seekers can experience trauma before, during, and after their journey to Europe. In addition to living through horrific situations in their countries of origin, some face violence, detention, or even torture along the path to safety. When they arrive at their destinations, long periods spent waiting in overcrowded and often isolated reception facilities can add new stress to an already gruelling experience.

Research studies have found that rates of post-traumatic stress disorder (PTSD) can range from 20% to 40%, and anxiety and depression rates can vary from 30% to 70% within the population of asylum-seekers and refugees.<sup>1</sup> Studies have linked the incidences of depression and PTSD among asylum-seekers and refugees to traumatic events that they have suffered pre-migration, including torture.<sup>2</sup> Studies have also shown prevalence rates of torture in this population between one and 76% (median 27%), with higher prevalence reported in samples of Middle Eastern and African refugees<sup>3</sup>.

In a recent study on a random sample of 1215 Syrian refugees granted protection in Sweden, 30% of the surveyed subjects reported experiencing pre-migration physical violence or assault, while a similar proportion reported that they had been subjected to torture<sup>4</sup>. The prevalence rates of anxiety, depression, low subjective well-being and PTSD in this sample ranged between 30% and 40%.

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<sup>1</sup> Heeren M., Mueller J., et al. Mental health of asylum-seekers: a cross-sectional study of psychiatric disorders. *BMC Psychiatry*. 2012; 12:114.

<sup>2</sup> Carswell K., Blackburn P., Barker C. The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*. 2011 Mar; 57(2):107-19.

<sup>3</sup> Sigvardsdotter E., Vaez M., Rydholm Hedman AM., Saboonchi F. Prevalence of torture and other warrelated traumatic events in forced migrants: A systematic review. *Torture*. 2016;26(2):41-73.

<sup>4</sup> Tinghög P, Malm A, Arwidson C, et al. Prevalence of mental ill health, traumas and post-migration stress among refugees from Syria resettled in Sweden after 2011: a population based survey. *BMJ Open* 2017;7:e018899.

It is well documented that, apart from the pre-migration factors and a difficult journey to safety, post-migration/resettlement adversities have a strong impact on mental health of asylum seekers and refugees, as well. The impact of legal asylum-seeking procedure on mental health has been studied and findings have suggested that a long-lasting procedure of seeking asylum causes substantial post-migration stress and may lead to re-traumatization in exile<sup>5</sup>. A study of Syrian newcomers in Sweden (Tinghög et al. 2017) suggests that post-migration stressors are more strongly related to PTSD than they are to anxiety. Worse mental health outcomes in asylum seekers and refugees have been observed in those confronted with more resettlement adversities, like living in collective accommodation, experiencing restricted economic opportunities and being separated and unable to unite with family members.

Having the legal status in the reception country sorted out is considered as one of the most impactful post-migration factor affecting mental health and overall well-being as it is associated with access to support and integration services, as well as socio-economic determinants of well-being such as access to education, legal work, better housing and participation in community life. Studies show (Droždek et al. 2013) that gaining a permanent refugee status also influences positive outcomes of the trauma-focused treatment of subjects with severe PTSD symptoms, even to a greater extent in comparison with subjects already having such status when starting the treatment. There is evidence that everyday post-migration stressors partially mediate the relationship of exposure to potentially traumatic events and mental health. Therefore, in addressing the special needs of traumatized asylum seekers and torture survivors, a balanced approach is considered effective: one that addresses both the consequences of trauma and current life difficulties. Policies and practices that combine securing safety and stability, socio-economic strengthening and high-quality rehabilitation and psychosocial support services are strongly recommended.

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<sup>5</sup> Droždek et al. Is legal status impacting outcomes of group therapy for posttraumatic stress disorder with male asylum seekers and refugees from Iran and Afghanistan? *BMC Psychiatry* 2013, 13:148p

The project “Rehabilitation, empowerment and integration of asylum seeking torture survivors“ was carried out from 1 March 2016 to 28 February 2018. It was implemented by the Rehabilitation Centre for Stress and Trauma (RCT) from Zagreb, Croatia, as the project coordinator, and the partners: OMEGA Transcultural Centre for mental and physical health and integration from Graz, Austria, and EXILIO Centre for refugees and torture survivors from Lindau, Germany. The project was co-financed by the European Union under the Pilot Project/Preparatory Action on Victims of Torture program for 2015.

The overall objective of the project was to contribute to the empowerment and improved integration capacities of torture survivors among asylum seekers and refugees in the EU reception countries. The project contributes to the implementation of provisions set out in Directive 2013/33/EU of the European Parliament and of the Council laying down standards for the reception of applicants for international protection, particularly the obligation of member states to “ensure that persons who have been subjected to torture, rape or other serious acts of violence receive the necessary treatment for the damage caused by such acts, in particular access to appropriate medical and psychological treatment or care”.

In the lifetime of the project, 220 asylum seekers and refugees potential torture survivors in Croatia, Austria and Germany were assisted and supported to overcome the consequences of traumatic experiences they had survived, and were empowered towards integration in the reception countries. The underlying philosophy of the interventions and activities in this project is that socio-economic integration of refugees torture survivors is as powerful a rehabilitation factor as psychological and medical treatments experts can provide.

Apart from providing individual psychological counselling, psychotherapy and psychosocial support, the partners in this project developed and piloted innovative short-term group intervention, based on *Solution Focused Brief Therapy*. Clients were also offered to participate in various training activities, including language courses and vocational training, and other group activities to facilitate their interaction and integration in local communities.

The project partners evaluated the effects of interventions and activities applied and the results are presented in this report. Hopefully, this report will support the partners’ advocacy actions in order to improve the policies and practices regarding rehabilitation and integration of refugees who have suffered torture and other serious acts of violence across the European Union.

## Method

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The intervention design in the project combined group and individual trauma-focused interventions with multimodal treatments<sup>6</sup> addressing a variety of issues including psychological functioning, social and cultural adaptation, physical health and ongoing psychosocial difficulties.

Beneficiaries are included in the intervention based on initial screening using the PROTECT questionnaire. This 10-question instrument is developed to facilitate the early recognition of persons having suffered traumatic experiences, e.g. victims of torture, psychological, physical or sexual violence<sup>7</sup>. Screened persons with score 6 and higher, falling within “medium risk” or “high risk” categories, were invited to take part in project interventions.

The initial intervention, in which almost all beneficiaries took part, was Short-Term Solution Focused group intervention. This four-session intervention was developed within the project using solution-focused principles and methods to help potential torture survivors deal with traumatic experiences that occurred in their home country and during the migration. An emphasis is given to integrating these experiences and empowering them to move forward to a new life in the reception countries.

Short Term SF group intervention also served to provide information on further individual treatments and assistance needed. The following individual interventions varied, but included minimally individual basic information and orientation services, according to the specific needs and circumstances of each beneficiary. More in-depth treatments included trauma-focused and/or current-stressors oriented psychological counselling, individual psychotherapy and medical treatments. According to the needs of beneficiaries and capacities of each rehabilitation centre, legal aid is also offered or secured through referral and outsourcing.

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<sup>6</sup> Nickerson A, Bryant R.A, Silove D, Steel Z. A critical review of psychological treatments of posttraumatic stress disorder in refugees *Clinical Psychology Review* 31 (2011) 399–417  
doi:10.1016/j.cpr.2010.10.004

<sup>7</sup> <http://protect-able.eu/wp-content/uploads/2013/01/protect-global-eng.pdf>

To address the issue of increasing integration capacities, beneficiaries were offered training and support services consisting of language courses, community-based workshops and activities, vocational training or on-the-job training, as well as individual support in job search, housing and other issues related to access to various services.

Having the complex nature of interventions design, one group pre-post design in treatment outcome evaluation is used in this research.

The outcomes selected to be assessed are post-traumatic as well as depression and anxiety symptom reduction, presence of physical health problems that interfere with everyday functioning, quality of life, self-assessed level of coping and resilience and participants' perception of the outcome of interventions.

A questionnaire consisting of 23 questions has been developed to assess the selected indicators in addition to the PROTECT questionnaire used for screening purposes. The questions covered the existence and nature of physical health problems, depression and generalized anxiety, self-assessment of quality of life, self-assessed level of current acculturation and adaptation. The participants completed these two questionnaires before the treatment and approximately two weeks after the treatment. At the second measurement, additional questions regarding participants' own assessment of the outcome of interventions were added. The questionnaires were translated in Arabic, Farsi/Dari and French and completed by participants themselves. Those who were illiterate were helped by a trained interpreter. The same interpreter was used for both the outcome assessment and the treatment. Informed consent was obtained upon explanation of the research goals and procedures with the help of an interpreter, and anonymity of responses was guaranteed.

## 1. SOCIODEMOGRAPHIC DATA

**Table 1.** Sample breakdown by rehabilitation centres in different countries

Center	N	%
RCT Zagreb (Croatia)	57	40.7
OMEGA Graz (Austria)	53	37.9
EXILIO - Lindau (Germany)	30	21.4
Total	140	100.0

**Table 2.** Sample breakdown by gender

Sex	N	%
Male	93	66.4
Female	47	33.6
Total	140	100.0

**Table 3.** Age of clients and days they spent in the treatment

	Mean	Minimum	Maximum	N
Age	29.46	16	65	140
Days in the treatment	150.64	23	468	96*

\*Data is available for only 96 clients.

**Table 4.** Sample breakdown by the country of origin

<b>Country of origin</b>	<b>N</b>	<b>%</b>
Afghanistan	47	33.6
Syria	36	25.7
Iraq	20	14.3
Iran	7	5.0
Armenia	5	3.6
Chechnya	5	3.6
Sierra Leone	4	2.9
Turkey	3	2.1
Cameroon	2	1.4
Somalia	2	1.4
Azerbaijan	1	0.7
DR Congo	1	0.7
Egypt	1	0.7
Gambia	1	0.7
Lebanon	1	0.7
Mali	1	0.7
Nigeria	1	0.7
Senegal	1	0.7
Uganda	1	0.7
<b>Total</b>	<b>140</b>	<b>100.0</b>

The sample consisted of 140 asylum-seeking torture survivors. 40.7% of them were from Rehabilitation Centre for Stress and Trauma (Croatia), 37.9% from Transcultural Centre for mental and physical health and integration (Austria), and 21.4% from Centre for refugees and torture survivors (Germany). As shown in Table 2, 66.4% of clients were male. The average client was 29.46 years old, and had been in the treatment for 150.64 days (Table 3). Table 4 shows the countries of origin of the asylum-seekers. Most of them are from Afghanistan, Syria and Iraq (33.6%, 25.7% and 14.3% respectively).

**Table 5.** Client's family members

<b>Family members</b>	<b>N</b>	<b>%</b>
a) without family members	79	56.4
b) with 1-2 family members	27	19.3
c) with more than 2 family members	34	24.3
Total	140	100.0

56.4% of clients said that they did not have any family members. 19.3% have 1 or 2 family members, and 24.3% have more than 2 family members (Table 5).

**Table 6.** Employment of clients

<b>Employment</b>	<b>N</b>	<b>%</b>
a) employed at entry	0	0.0
b) employed during participation and still is	26	18.6
c) employed during participation but stopped	14	10.0
d) not employed	100	71.4
Total	140	100.0

Table 6 shows that 71.4% of clients were not employed, 10% were employed during participation but stopped working, while 18.6% were employed during participation and are still employed.

**Table 7.** Beneficiary status of clients at entry and phase-out

<b>Answer</b>	<b>Status at entry</b>		<b>Status at phase-out</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) asylum seeker	119	85.0	60	42.9
b) granted asylum	16	11.4	53	37.9
c) subsidiary protection	0	0.0	2	1.4
d) denied asylum	5	3.6	24	17.1
e) other	0	0.0	1	0.7
Total	140	100.0	140	100.0

The beneficiary status of clients, their housing and income (at entry and phase-out) are presented in Tables 7, 8 and 9. Before the intervention, most of the clients were asylum seekers (85%), 11.4% were granted and 3.6% were denied asylum. When the intervention was completed, 42.9% were asylum seekers, 37.9 were granted asylum, but it was denied for 17.1% of them. After the intervention, 1.4% had subsidiary protection (Table 7).

**Table 8.** Housing at entry and phase-out

Answer	Housing at entry		Housing at phase-out	
	N	%	N	%
a) reception centre	54	38.6	31	22.1
b) shared housing financed by government	65	46.4	61	43.6
c) self-financed shared housing	0	0.0	0	0.0
d) individual/family housing financed by government	16	11.4	36	25.7
e) self-financed individual/family housing	5	3.6	12	8.6
f) homeless	0	0.0	0	0.0
Total	140	100.0	140	100.0

At entry and phase-out, the majority of the clients lived in shared housing financed by the government (46.4% and 43.6% respectively). There were more people living in individual/family housing financed by the government (25.7% as opposed to 11.4%) and in self-financed individual/family housing (8.6% as opposed to 3.6%) when the intervention was completed. After the intervention, fewer people continued to live in reception centres (22.1% as opposed to 38.6%) and in shared housing financed by the government.

**Table 9.** Client income at entry and phase-out

Answer	Income at entry		Income in phase-out	
	N	%	N	%
a) no income	31	22.1	1	0.7
b) welfare support below average	53	37.9	24	17.1
c) average welfare support	54	38.6	79	56.4
d) income from work below minimum wage	1	0.7	5	3.6
e) income from work at minimum wage	0	0.0	13	9.3
f) income from work round average wage	0	0.0	15	10.7
g) income from work above average wage	0	0.0	1	0.7
h) other income sufficient for living	0	0.0	1	0.7
i) other income insufficient for living	1	0.7	1	0.7
Total	140	100.0	140	100.0

Before the intervention, most of the clients had average welfare support (38.6%). After the intervention, that number increased (56.4%). 22.1% had no income at entry. On the other hand, only 0.7% had no income at phase-out. 37.9% had welfare support below average at entry, and 17.1% at phase-out. After the intervention, some of the clients had income from work at minimum wage or from work around average wage (9.3% and 10.7% respectively). Before the intervention, no one had that kind of income. One client had income from work above average wage (none at entry).

## 2. PARTICIPATION IN THE ACTIVITIES

Client participations in different activities are presented in Table 10. The majority of the clients completed the following activities: short-term SF group intervention, basic information and orientation, language course and individual psycho-social counselling (89.3%, 82.1%, 62.9% and 68.6% respectively). 43.6% of clients completed individual psychotherapy, while 53.6% of them did not participate in it. 60% of clients did not participate in medical aid. Only 2.1% completed it. Also, 21.4% completed participation in legal aid, while 40.7% did not participate. 44.3% completed participation in community-based activities and workshops, while 43.6% did not participate. The majority of clients did not participate in vocational skills training and housing and job search support (82.1% and 67.9% respectively). Dropping out of activities was rare. The biggest dropping out was of participating in language course – 13.6%.

Table 10. Client participation in project activities

	Short-term SF group intervention		Basic information and orientation		Individual psycho-social counseling		Individual psychotherapy		Medical treatment		Legal aid		Language course		Community based activities and workshops		Vocational skills training		Housing and job search support	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>completed</b>	125	89,3	117	83,6	96	68,6	61	43,6	3	2,1	30	21,4	88	62,9	62	44,3	25	17,9	44	31,4
<b>dropped out</b>	0	0	0	0	2	1,4	4	2,9	0	0	0	0	19	13,6	1	0,7	0	0	1	0,7
<b>didn't participate</b>	11	7,9	2	1,4	38	27,1	75	53,6	84	60	57	40,7	22	15,7	61	43,6	115	82,1	95	67,9
<b>irregularly</b>	4	2,9	21	15	4	2,9	0	0	0	0	0	0	11	7,9	16	11,4	0	0	0	0
<b>Total</b>	140	100	140	100	140	100	140	100	87	62,1	87	62,1	140	100	140	100	140	100	140	100

### 3. EVALUATION OF THE TREATMENT

#### 3.1. Changes in posttraumatic stress disorder symptoms after the treatment

Table 11. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q1 - Do you often have problem falling asleep?)

Do you often have problem falling asleep?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	106	75.7	65	46.4
b) No	34	24.3	75	53.6
Total	140	100.0	140	100.0

Table 11 shows that, before the intervention, 75.7% of clients reported that they often had problems falling asleep. After the intervention, that percentage decreased to 46.4%. The difference between pre-intervention and post-intervention measures was found to be statistically significant by the sign test ( $z = -5.208$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that this symptom no longer appeared in the second measurement point for 50 clients (before the intervention, 50 clients stated that they often had problems falling asleep, but that changed after the intervention – they did not report having that symptom again). The opposite happened for 9 clients, and for 81 there were no changes in this PTSD symptom (their answer was the same in both measurements).

Table 12. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q2 – Do you often have nightmares?)

Do you often have nightmares?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	85	60.7	64	45.7
b) No	55	39.3	76	54.3
Total	140	100.0	140	100.0

As shown in Table 12, before the intervention, 60.7% of clients confirmed that they often had nightmares. After the intervention, 45.7% of them had this symptom. The sign test showed that the difference between pre- and post-intervention measures was statistically significant ( $z = -3.482$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 27 clients. On the other hand, the symptom appeared for 6 clients after the intervention, and for 107 of them there were no changes in this PTSD symptom between the measurements.

Table 13. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q3 – Do you often suffer from headaches?)

Do you often suffer from headaches?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	102	72.9	76	54.3
b) No	38	27.1	64	45.7
Total	140	100.0	140	100.0

Before the intervention, 72.9% of clients reported that they often suffered from headaches, while after the intervention, that percentage decreased to 54.3%. The sign test showed that the difference between pre- and post-intervention measures was statistically significant ( $z = -4.419$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 29 clients. The opposite happened for 3 clients, while 108 of them gave the same answer in both measurements.

Table 14. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q4 – Do you often suffer from other physical pains?)

Do you often suffer from other physical pains?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	75	53.6	57	40.7
b) No	65	46.4	82	58.6
Total	140	100.0	140	100.0

Before the intervention, 53.6% of clients reported that they often suffered from other physical pains. After the intervention, that percentage decreased to 40.7%. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -3.104, p < 0.01$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 24 clients. On the other hand, the symptom appeared for 6 clients after the intervention, and for 109 there were no changes in this PTSD symptom between the two measurements points.

Table 15. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q5 – Do you easily get angry?)

Do you easily get angry?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	96	68.6	66	47.1
b) No	44	31.4	74	52.9
Total	140	100.0	140	100.0

Table 15 shows that, before the intervention, 68.6% of clients reported that they often got angry. After the intervention, 47.1% of them stated the same. The difference between pre-intervention and post-intervention measures was found to be statistically significant by the sign test ( $z = -4.475, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 36 clients. On the other hand, the symptom appeared for 6 clients after the intervention, and for 98 there were no changes in this PTSD symptom between the two measurement points.

Table 16. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q6 – Do you often think about painful past events?)

Do you often think about painful past events?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	121	86.4	95	67.9
b) No	19	13.6	45	32.1
Total	140	100.0	140	100.0

As shown in Table 16, before the intervention, 86.4% of clients reported that they often thought about painful past events. After the intervention, that percentage decreased to 67.9%. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -4.725$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 27 clients. The opposite happened for 1 client, while 112 of them gave the same answer in both measurements.

Table 17. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q7 – Do you often feel scared or frightened?)

Do you often feel scared or frightened?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	91	65.0	56	40.0
b) No	49	35.0	84	60.0
Total	140	100.0	140	100.0

Table 17 indicates that, before the intervention, 65% of clients reported that they often felt scared or frightened. After the intervention, that percentage decreased to 40%. The difference between pre-intervention and post-intervention measures was found to be statistically significant by the sign test ( $z = -4.857$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 42 clients. The opposite happened for 7 clients, and for 91 there were no changes in this PTSD symptom between the two measurement points.

Table 18. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q8 – Do you often forget things in your daily life?)

Do you often forget things in your daily life?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	91	65.0	80	57.1
b) No	49	35.0	60	42.9
Total	140	100.0	140	100.0

Table 18 shows that, before the intervention, 65% of clients reported that they often forgot things in their daily life. After the intervention, 47.1% of them stated the same. The sign test indicated that the difference between pre- and post-intervention measures was not statistically significant ( $z = -1.857$ ,  $p > 0.05$ ).

Table 19. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q9 – Do you find yourself losing interest in things?)

Do you find yourself losing interest in things?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	87	62.1	49	35.0
b) No	53	37.9	91	65.0
Total	140	100.0	140	100.0

As presented in Table 19, before the intervention, 62.1% of clients reported that they often found themselves losing interest in things, while after the intervention, 35% confirmed the same. The sign test showed that the difference between pre- and post-intervention measures was statistically significant ( $z = -5.578$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 41 clients. The opposite happened for 3 of them, and for 96 there were no changes in this PTSD symptom between the two measurement points.

Table 20. PTSD symptom prevalence among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q10 – Do you often have trouble concentrating?)

Do you often have trouble concentrating?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	105	75.0	91	65.0
b) No	35	25.0	49	35.0
Total	140	100.0	140	100.0

Table 20 shows that, before the intervention, 75% of clients reported that they often had trouble concentrating. After the intervention, 65% of them stated the same. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -2.457$ ,  $p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom no longer appeared for 21 clients. The opposite happened for 7 clients, and for 112 there were no changes in this PTSD symptom between the two measurement points.

Table 21. Changes in PTSD symptoms among clients in rehabilitation centres in Croatia, Austria and Germany who underwent project intervention (Q1-10)

Measure	Pre-intervention		Post-intervention		t (df)	p
	Mean	SD*	Mean	SD		
<b>PTSD Scale</b> **	6.84	1.98	4.99	2.53	10.30 (138)	<0.001

\*SD – standard deviation

\*\* The Cronbach's alpha reliability coefficient for the PTSD Scale is 0.52 (in the first measurement point) and 0.69 (in the second measurement point)

Comparisons were made between average scores on the Posttraumatic stress disorder scale (PTSD Scale) pre- and post-intervention using the paired sample t-test. There was a significant difference between scores on this scale, suggesting that clients showed improvement of PTSD symptoms after the intervention.

### 3.2. Changes in health problems after the intervention

Table 22. Health problems among clients in rehabilitation centres in Croatia, Austria and Germany pre and post intervention (Q11)

Do you have health problem(s) which interfere with your daily functioning and in what extent?	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	37	26.4	45	32.1
b) barely	19	13.6	17	12.1
c) moderately	54	38.6	60	42.9
d) severely	30	21.4	18	12.9
Total	140	100.0	140	100.0

As shown in Table 22, before the intervention, 21.4% of clients reported that their health problem(s) severely interfered with their daily functioning. After the intervention, 12.9% of them stated the same. On the other hand, before the intervention, 26.4% said that they did not have those problems. After the intervention, that number increased (32.1%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -2.042, p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, the extent to which health problem(s) interfered with the clients' daily functioning lessened for 31 clients. The opposite happened for 16 of them. 93 clients gave the same answer in both measurement points.

Table 23. The list of health problems which clients mentioned pre and post intervention (Q12 – If yes what are the health problems you have?)

<b>Pre-intervention</b>	<b>Post-intervention</b>
"Diabetes, epilepsy, PTSD, headaches, sleepless"	"Abdominal pain, forgetting, confusion"
"Depression and restless"	"Anxiety, mental, blood problems, nervous"
"Dizzy, headaches, sleeping problems"	"Diabetes, epilepsy, PTSD, headaches, sleepless"
"Epilepsy, diabetes, strong headaches, sleeping problems, PTSD"	"Fears, hallucinations, hepatitis"
"Forgetfulness"	"Headache, back pain"
"Headache, depression, deafness"	"Headaches, depression, deafness"
"Headaches, sleeping problems (waking up often), bad dreams, being sad often"	"Headaches, fears in the night, sadness"
"Headaches, uterus problems"	"HIV, asthma, female problems, stress"
"Ideas of being persuaded psychotic symptoms"	"Leg and arm injured"
"Lost one leg by torture with electricity"	"Migraines, heart problems quickly tired, headache"
"Mental problems"	"Skin and back problems, aggression"
"Nightmares, losing interest, problems with concentration, problems with back"	"Sleeping problems, pain in shoulder"
"Quickly tired, headache"	"Spinal surgery, disk, colitis"
"Problem with sleeping, headaches, pains in the back"	
"Problems with leg"	"Stress, negative thoughts, sleeping problems"
"Psychological problems"	"Thyroid gland, back problems, pain in leg, sleeping problems"
"Skin problems, back problem and many more"	"Stress, negative thoughts, sleeping problems"

Headaches, problems with sleeping and anxiety were often mentioned as health problems which interfered with the clients' daily functioning. Some of the other health problems can be seen in Table 23.

Table 24. Health problems before migration among clients in rehabilitation centres in Croatia, Austria and Germany (Q13)

Have you had the same health problem(s) before migration?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	59	42.1	48	34.3
b) No	80	57.1	88	62.9
Total	139	99.3	136	97.1

Table 24 shows that, before the intervention, 42.1% of clients reported that they had had the same health problem(s) before the migration. After the intervention, 34.3% of them stated the same. The sign test indicated that there was no statistically significant difference between pre- and post-intervention measurements ( $p > 0.05$ ).

### 3.3. Changes in depression symptoms after the intervention

Table 25. Frequency of depression symptoms among clients in rehabilitation centres pre and post intervention (Q14 – How much has this problem bothered or distressed you during the past week, including today?)

Feeling lonely or sad	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	11	7.9	28	20.0
b) moderately	70	50.0	87	62.1
c) extremely	58	41.4	25	17.9
Total	139	99.3	140	100.0

Table 25 shows that, before the intervention, 41.4% of clients reported that they had been feeling extremely lonely or sad during the past week. After the intervention, 17.9% of them stated the same. Before the intervention, 7.9% reported the opposite (that they had not been feeling lonely or sad). After the intervention, that number increased (20%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -5.563, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 50 clients. The opposite happened for 7 of them, and for 82 there were no changes in this symptom between the two measurement points.

Table 26. Frequency of depression symptoms among clients in rehabilitation centres pre and post intervention (Q15 – How much has this problem bothered or distressed you during the past week, including today?)

Feeling hopeless about the future	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	32	22.9	56	40.0
b) moderately	67	47.9	65	46.4
c) extremely	40	28.6	19	13.6
Total	139	99.3	140	100.0

Before the intervention, 28.6% of clients reported that they had been feeling extremely hopeless about the future during the past week. After the intervention, 13.6% of them stated the same. On the other hand, before the intervention, 22.9% reported that they had not been feeling hopeless at all. After the intervention, that number increased (40%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -5.207, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 52 clients. The opposite happened for 10 of them, and for 77 there were no changes in this symptom between the two measurement points.

Table 27. Frequency of depression symptoms among clients pre and post intervention (Q16 – How much has this problem bothered or distressed you during the past week, including today?)

Feelings of worthlessness	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	46	32.9	65	46.4
b) moderately	50	35.7	60	42.9
c) extremely	43	30.7	15	10.7
Total	139	99.3	140	100.0

As presented in Table 27, before the intervention, 30.7% of clients reported that they had been extremely distressed by feelings of worthlessness during the past week. After the intervention, 10.7% of them said the same. On the other hand, before the intervention, 32.9% reported that they had not been bothered by feelings of worthlessness at all. After the intervention, that number increased (46.4%). The difference between pre intervention and post intervention measures was found to be statistically significant by the sign test ( $z = -4.713, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 52 clients. The opposite happened for 13 of them. 74 clients gave the same answer to this question in both measurements.

Table 28. Frequency of depression symptoms among clients in rehabilitation centres pre and post intervention (Q17 – How much has this problem bothered or distressed you during the past week, including today?)

Thoughts of ending your life	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	90	64.3	109	77.9
b) moderately	36	25.7	26	18.6
c) extremely	12	8.6	4	2.9
Total	138	98.6	140	100.0

Table 28 shows that, before the intervention, 8.6% of clients reported that they had been extremely distressed by thoughts of ending their life. After the intervention, that number increased (2.9%).

On the other hand, before the intervention, 64.9% reported that they had not had thoughts of ending their life. After the intervention, 77.9% stated the same. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -3.203$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 30 clients. The opposite happened for 9 of them, and for 98 there were no changes in this symptom between the two measurement points.

Table 29. Changes in depression symptoms among clients who underwent project intervention (Q14-Q17)

Measure	Pre-intervention		Post-intervention		t (df)	p
	Mean	SD*	Mean	SD		
<b>Short depression scale**</b>	3.81	2.02	2.59	1.78	7.32 (136)	<0.001

\*SD – standard deviation

\*\* The Cronbach's alpha reliability coefficient for the Short depression scale is 0.68 (in the first measurement point) and 0.70 (in the second measurement point)

Changes of depression symptoms between the two different measurements were tested with the paired sample t-test. Table 29 shows that, on average, the clients experienced significantly greater depression symptoms before the intervention than after the intervention.

### 3.4. Changes in anxiety symptoms after the intervention

Table 30. Frequency of anxiety symptoms among clients in rehabilitation centres pre and post intervention (Q18 – How much has this problem bothered or distressed you during the past week, including today?)

Feeling fearful	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	31	22.1	42	30.0
b) moderately	52	37.1	72	51.4
c) extremely	56	40.0	25	17.9
Total	139	99.3	139	99.3

As presented in Table 30, before the intervention, 40% of clients reported that they had been extremely distressed by feeling fearful during the past week. After the intervention, 17.9% of them stated the same. On the other hand, before the intervention, 22.1% reported that they had not been feeling fearful at all. After the intervention, that number increased (30%). The difference between pre intervention and post intervention measures was found to be statistically significant by the sign test ( $z = -4.576$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 43 clients. The opposite happened for 9 of them. 86 clients gave the same answer on this question in both measurements.

Table 31. Frequency of anxiety symptoms among clients in rehabilitation centres pre and post intervention (Q19 – How much has this problem bothered or distressed you during the past week, including today?)

Feeling tense or stressed out	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	16	11.4	34	24.3
b) moderately	56	40.0	72	51.4
c) extremely	66	47.1	34	24.3
Total	138	98.6	140	100.0

Before the intervention, 47.1% of clients reported that they had been feeling extremely tense or stressed out during the past week. After the intervention, that number decreased (24.3%). On the other hand, before the intervention, 11.4% reported that they had not been feeling tense at all. After the intervention, 24.3% stated the same. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -5.769$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 48 clients. The opposite happened for 5 of them, and for 85 there were no changes in this symptom between the two measurement points.

Table 32. Frequency of anxiety symptoms among clients in rehabilitation centres pre and post intervention (Q20 – How much has this problem bothered or distressed you during the past week, including today?)

Feeling restless (like you can't sit still)	Pre-intervention		Post-intervention	
	N	%	N	%
a) not at all	22	15.7	40	28.6
b) moderately	52	37.1	62	44.3
c) extremely	65	46.4	38	27.1
Total	139	99.3	140	100.0

Before the intervention, 46.4% of clients reported that they had been feeling extremely restless during the past week. After the intervention, 27.1% stated the same. On the other hand, before the intervention, 15.7% reported that they had not been feeling restless at all. After the intervention, that number increased (28.6%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -5.251, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, this symptom lessened for 42 clients. The opposite happened for 5 of them, and for 92 there were no changes in this symptom between the two measurement points.

Table 33. Changes in anxiety symptoms among clients in rehabilitation centres who underwent project intervention (Q18-Q20)

Measure	Pre-intervention		Post-intervention		t (df)	p
	Mean	SD*	Mean	SD		
<b>Short anxiety scale**</b>	3.85	1.77	2.84	1.80	7.56 (136)	<0.001

\*SD – standard deviation

\*\*The Cronbach's alpha reliability coefficient for the Short depression scale is 0.73 (in the first measurement point) and 0.79 (in the second measurement point)

Changes of anxiety symptoms (pre- and post-intervention) between the two different measurement points were tested with the paired sample t-test. As shown in Table 33, anxiety symptoms decreased significantly after the intervention.

### 3.5. Changes in life satisfaction after the intervention

Table 34. Satisfaction with life as whole among clients in rehabilitation centres pre and post intervention (Q21)

How satisfied are you with your life as a whole today?	Pre-intervention		Post-intervention	
	N	%	N	%
a) mostly dissatisfied	33	23.6	23	16.4
b) not satisfied but not dissatisfied	84	60.0	93	66.4
c) mostly satisfied	20	14.3	24	17.1
Total	137	97.9	140	100.0

As presented in Table 34, before the intervention, 23.6% of clients reported that they were mostly dissatisfied with their life as a whole. After the intervention, that number decreased (16.4%). On the other hand, before the intervention, 14.3% of them reported that they were mostly satisfied with their life. After the intervention, 17.1% stated the same. The sign test indicated that there was no statistically significant difference between pre- and post-intervention measures ( $z = -1.925$ ,  $p > 0.05$ ).

Table 35. Satisfaction with physical health among clients in rehabilitation centres pre and post intervention (Q22)

How satisfied are you with your physical health?	Pre-intervention		Post-intervention	
	N	%	N	%
a) mostly dissatisfied	48	34.3	42	30.0
b) not satisfied but not dissatisfied	51	36.4	63	45.0
c) mostly satisfied	40	28.6	35	25.0
Total	139	99.3	140	100.0

Table 35 shows that, before the intervention, 34.3% of clients reported that they were mostly dissatisfied with their physical health. After the intervention, 30% stated the same. On the other hand, before the intervention, 28.6% reported that they were mostly satisfied with their physical health. After the intervention, 25% stated the same. The sign test indicated that the difference between pre- and post-intervention measures was not statistically significant ( $z = 0.000$ ,  $p > 0.05$ ).

Table 36. Satisfaction with mental health among clients in rehabilitation centres pre and post intervention (Q23)

How satisfied are you with your mental health?	Pre-intervention		Post-intervention	
	N	%	N	%
a) mostly dissatisfied	41	29.3	33	23.6
b) not satisfied but not dissatisfied	65	46.4	61	43.6
c) mostly satisfied	33	23.6	46	32.9
Total	139	99.3	140	100.0

As shown in Table 36, before the intervention, 29.3% of clients reported that they were mostly dissatisfied with their mental health. After the intervention, 23.6% stated the same. On the other hand, before the intervention, 23.6% of them reported that they were mostly satisfied with their mental health. After the intervention, that number increased (32.9%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -2.315$ ,  $p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, satisfaction with their mental health enhanced for 29 clients. The opposite happened for 13 of them, and for 97 there were no changes in the satisfaction between the two measurement points.

Table 37. Satisfaction with support from family members among clients in rehabilitation centres pre and post intervention (Q24)

How satisfied are you with support from your family members?	Pre-intervention		Post-intervention	
	N	%	N	%
a) mostly dissatisfied	30	21.4	17	12.1
b) not satisfied but not dissatisfied	43	30.7	33	23.6
c) mostly satisfied	66	47.1	85	60.7
Total	139	99.3	135	96.4

Table 37 shows that, before the intervention, 21.4% of clients reported that they were mostly dissatisfied with support from their family members. After the intervention, 12.1% stated the same. On the other hand, before the intervention, 47.1% of them reported that they were mostly satisfied with their support from their family members. After the intervention, that number increased (60.7%). The difference between pre intervention and post intervention measures was found to be statistically significant by the sign test ( $z = -3.876$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, satisfaction with support from family members enhanced for 36 clients. The opposite happened for 9 of them, and for 89 there were no changes in the satisfaction between the two measurement points.

Table 38. Satisfaction with support from friends among clients in rehabilitation centres pre and post intervention (Q25)

How satisfied are you with support from your friends?	Pre-intervention		Post-intervention	
	N	%	N	%
a) mostly dissatisfied	22	15.7	22	15.7
b) not satisfied but not dissatisfied	65	46.4	52	37.1
c) mostly satisfied	52	37.1	65	46.4
Total	139	99.3	139	99.3

Before and after the intervention, 15.7% of clients reported that they were mostly dissatisfied with support from their friends. On the other hand, before the intervention, 37.1% of them reported that they were mostly satisfied with support from their friends. After the intervention, 46.4% stated the same. The sign test indicated that the difference between pre intervention and post intervention measures was not statistically significant ( $z = -1.830$ ,  $p > 0.05$ ).

Table 39. Changes in life satisfaction among clients in rehabilitation centres who underwent project intervention (Q21-Q25)

Measure	Pre-intervention		Post-intervention		t (df)	p
	Mean	SD*	Mean	SD		
<b>Life satisfaction scale**</b>	5.32	2.33	5.89	2.22	-3.53 (131)	0.001

\*SD – standard deviation

\*\* The Cronbach's alpha reliability coefficient for the Life satisfaction scale is 0.64 (in the first measurement point) and 0.6 (in the second measurement point)

Comparisons were made between average scores on Life satisfaction scale pre- and post-intervention using the paired sample t-test. Table 39 shows that, on average, life satisfaction among clients in different rehabilitation centres increased significantly after the intervention.

### 3.6. Changes in life quality after the intervention

Table 40. Close friends (Q26 – Do you have a close friend with whom you spend time regularly?)

Do you have a close friend with whom you spend time regularly?	Pre-intervention		Post-intervention	
	N	%	N	%
a) Yes	84	60.0	89	63.6
b) No	54	38.6	51	36.4
Total	138	98.6	140	100.0

Table 40 shows that, before the intervention, 60% of clients reported that they had a close friend with whom they spent time regularly. After the intervention, 63.6% confirmed the same. The sign test indicated that the difference between pre intervention and post intervention measures was not statistically significant ( $z = -0.588$ ,  $p > 0.05$ ).

Table 41. Acceptance in the new environment (Q27 – How well do you feel you have been accepted in the new environment?)

How well do you feel you have been accepted in the new environment?	Pre-intervention		Post-intervention	
	N	%	N	%
a) bad	19	13.6	14	10.0
b) neither good nor bad	80	57.1	73	52.1
c) good	39	27.9	53	37.9
Total	138	98.6	140	100.0

As shown in Table 41, before the intervention, 13.6% of clients reported that they had been badly accepted in the new environment. After the intervention, 10% stated the same. On the other hand, before the intervention, 27.9% of them reported the opposite. After the intervention, that number increased (37.9%). The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -2.121$ ,  $p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, the feeling of acceptance in the new environment enhanced for 33 clients. The opposite happened for 17 of them. 88 clients gave the same answer in both measurements.

Table 42. Communication in the local language (Q28 - How well are you able to communicate in the local language?)

<b>How well are you able to communicate in the local language?</b>	<b>Pre intervention</b>		<b>Post intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) bad	57	40.7	32	22.9
b) neither good nor bad	63	45.0	92	65.7
c) good	18	12.9	16	11.4
<b>Total</b>	<b>138</b>	<b>98.6</b>	<b>140</b>	<b>100.0</b>

Before the intervention, 40.7% of clients reported that they were bad in communicating in the local language. After the intervention, that number decreased (22.9%). On the other hand, before the intervention, 12.9% of them reported that they were good in communicating in the local language. After the intervention, 11.4% stated the same. The sign test indicated that the difference between pre- and post-intervention measures was statistically significant ( $z = -3.081, p < 0.01$ ).

A detailed insight into the structure of changes indicates that, after the intervention, 37 clients improved their ability to communicate in the local language. The opposite happened for 14 of them. 87 clients gave the same answer in both measurements.

Table 43. Resolving difficulties (Q29 – Do you hope difficulties you face right now will resolve?)

<b>Do you hope difficulties you face right now will resolve?</b>	<b>Pre intervention</b>		<b>Post intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) yes	73	52.1	86	61.4
b) not sure	60	42.9	49	35.0
c) no	5	3.6	4	2.9
<b>Total</b>	<b>138</b>	<b>98.6</b>	<b>139</b>	<b>99.3</b>

Table 43 shows that, before the intervention, 52.1% of clients reported that they hoped the difficulties they faced would be resolved. After the intervention, that number increased (61.4%). On the other hand, before the intervention, 3.6% of them reported that they did not hope the difficulties would be resolved. After the intervention, 2.9% stated the same. The difference between pre intervention and post intervention measures was found to be statistically significant by the sign test ( $z = -2.109, p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, the hope that difficulties would be resolved enhanced for 26 clients. The opposite happened for 12 of them, and 99 gave the same answer in both measurements.

Table 44. Support to overcome current difficulties (Q30 – Do you feel you have support you need to overcome your current difficulties)

<b>Do you feel you have support you need to overcome your current difficulties?</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) yes	39	27.9	79	56.4
b) not sure	70	50.0	49	35.0
c) no	29	20.7	12	8.6
<b>Total</b>	<b>138</b>	<b>98.6</b>	<b>140</b>	<b>100.0</b>

Before the intervention, 27.9% of clients reported that they felt they had the support they needed to overcome their current difficulties. After the intervention, that number increased (56.4%). On the other hand, before the intervention, 20.7% of them reported the opposite. After the intervention, that number decreased (8.6%). The difference between pre intervention and post intervention measures was found to be statistically significant by the sign test ( $z = -5.322, p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, the feeling of having support for overcoming the difficulties enhanced for 26 clients. The opposite happened for 12 of them, and 99 gave the same answer in both measurements.

Table 45. Dealing with problems as refugee (Q31 – How successfully, considering all the circumstances, you deal with problems you face as refugee?)

<b>How successfully, considering all the circumstances, you deal with problems you face as refugee?</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) not successfully at all	23	16.4	16	11.4
b) somewhat successful	86	61.4	82	58.6
c) quite successful	28	20.0	42	30.0
d) completely successful	1	0.7	0	0.0
<b>Total</b>	<b>140</b>	<b>100.0</b>	<b>140</b>	<b>100.0</b>

Most of the clients, before the intervention, reported that they dealt somewhat successfully with the problems they faced as refugees. After the intervention, that number decreased (58.6%). 20% of them dealt quite successfully with the problems before the intervention. But, after the interventions, 30% reported the same. Furthermore, 16.4% stated that they were not successful at all in dealing with the problems (before the intervention). After the intervention, 11.4% confirmed the same. The difference between pre- intervention and post-intervention measures was found to be statistically significant by the sign test ( $z = -2.286, p < 0.05$ ).

A detailed insight into the structure of changes indicates that, after the intervention, 33 clients believed that they were more successful in dealing with problems they face as refugees. 16 of them believed the opposite, and for 89 there was no change between the measurements.

Table 46. Impact on events (Q32 – How much can you influence, considering all the circumstances, what you are going through as refugee?)

<b>How much can you influence, considering all the circumstances, what you are going through as refugee?</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) not at all	18	12.9	13	9.3
b) very little	46	32.9	48	34.3
c) pretty much	34	24.3	48	34.3
d) considerably	39	27.9	31	22.1
<b>Total</b>	<b>137</b>	<b>97.9</b>	<b>140</b>	<b>100.0</b>

As presented in Table 46, before the intervention, 12.9% of clients reported that they had no influence on what they were going through as refugees. After the intervention, 9.3% stated the same. 32.9% said that they had very little influence on what they were going through (before the intervention). 34.3% reported the same after the intervention. Lastly, before the intervention, 52.2% reported that they had pretty much or considerable influence, while 56.4% stated the same after the intervention. The sign test indicated that there was no statistically significant difference between two measurements ( $z = 0.000$ ,  $p > 0.05$ ).

Table 47. Recent feelings (Q33 – Can you describe how you generally feel recently?)

<b>Can you describe how you generally feel recently?</b>	<b>Pre-intervention</b>		<b>Post-intervention</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
a) totally unwell	24	17.1	8	5.7
b) pretty unwell	28	20.0	21	15.0
c) not well but not bad	71	50.7	64	45.7
d) pretty well	12	8.6	38	27.1
e) totally well	3	2.1	7	5.0
<b>Total</b>	<b>138</b>	<b>98.6</b>	<b>138</b>	<b>98.6</b>

Table 47 shows that, before the intervention, 37.1% of clients reported that they had recently felt totally or pretty unwell. After the intervention, 50.7% stated the same. 32.9% said that they had felt not well but not bad (before the intervention). 45.7% reported the same after the intervention. Before the intervention, 10.7% reported they had felt totally or pretty well, while 32.1% stated the same after the intervention. The sign test indicated that there was a statistically significant difference between the two measurements ( $z = 5.795$ ,  $p < 0.001$ ).

A detailed insight into the structure of changes indicates that, after the intervention, 55 clients generally felt better. 8 of them stated the opposite, and for 73 there was no change between the measurements.

#### 4. SELF-EVALUATION OF PROJECT ACTIVITIES

Table 48. Results from evaluation of project activities by clients in rehabilitation centres in Croatia, Austria and Germany (Q34 to Q39)

Question	Answer – N (%)				Total
	a) not at all	b) very little	c) pretty much	d) considerably	
<b>1*</b>	8 (5.7%)	29 (20.7%)	85 (60.7%)	17 (12.1%)	139 (99.3%)
<b>2</b>	6 (4.3%)	34 (24.3%)	71 (50.7%)	28 (20.0%)	139 (99.3%)
<b>3</b>	10 (7.1%)	30 (21.4%)	82 (58.6%)	17 (12.1%)	139 (99.3%)
<b>4</b>	13 (9.3%)	40 (28.6%)	69 (49.3%)	18 (12.9%)	140 (100.0%)
<b>5</b>	2 (1.4%)	31 (22.1%)	86 (61.4%)	20 (14.3%)	139 (99.3%)
<b>6</b>	2 (1.4%)	30 (21.4%)	82 (58.6%)	26 (18.6%)	140 (100.0%)

\* Numbers marked in boldface represent questions from self-evaluation of the project activities:

1 – How much did the activities in this project contribute to your understanding of the rights and entitlements in asylum procedures in *this country*? (Q34)

2 – How much did the activities in this project contribute to your social contacts in this country? (Q35)

3 – How much did the activities in this project contribute to improvement of your skills and knowledge? (Q36)

- 4 – How much did the activities in this project contribute to your living situation in this country? (Q37)
- 5 – How much did the activities in this project contribute to your better dealing with difficulties you have been through? (Q38)
- 6 – How much did the activities in this project contribute to your preparedness for continuing to deal with the difficulties coming from your past experiences on your own? (Q39)

In total, 72.8 % of clients said that the activities in this project had contributed pretty much or considerably to their understanding of the rights and entitlements in asylum procedures in the countries they were in. On the other hand, 26.4% argued that the activities had not contributed at all or had contributed very little. Furthermore, 70.7% agreed that the activities in the project had contributed pretty much or considerably, while 28.6% said that the activities had not contributed, or had contributed very little to their social contacts in that country. Also, the majority of clients (70.7%) stated that the activities in the project had contributed pretty much or considerably to the improvement of their skills and knowledge. 28.5% disagreed and said that the activities had not contributed, or had contributed very little to the mentioned outcome. 62.2% affirmed that the activities had contributed pretty much or considerably, while 37.9% said that the activities had not contributed or had contributed very little to their living situation in that country. Lastly, the majority of clients stated that the activities had contributed to them being able to deal better with the difficulties they had been through and to their preparedness for continuing to deal with the difficulties coming from their past experiences on their own (75.7% and 77.2% respectively).

Table 49. Pre-intervention PTSD, depression, anxiety and life satisfaction in three rehabilitation centres

	N	Mean	Std. Dev.	Std. Error	Min.	Max	
<b>PRETEST TOTAL RESULT FOR PTSD SCALE (0 – 10)</b>	RCT Zagreb (Croatia)	57	7.25	1.60	0.21	2	10
	OMEGA Graz (Austria)	53	5.89	2.23	0.31	0	10
	EXILIO - Lindau (Germany)	30	7.80	1.40	0.26	5	10
	Total	140	6.85	1.98	0.17	0	10
	RCT Zagreb (Croatia)	56	3.54	2.19	0.29	0	8
<b>PRETEST SHORT DEPRESSION SCALE - PRETEST (0-8)</b>	OMEGA Graz (Austria)	53	3.34	1.64	0.23	0	7
	EXILIO - Lindau (Germany)	29	5.17	1.71	0.32	2	8
	Total	138	3.80	2.01	0.17	0	8
<b>PRETEST SHORT ANXIETY SCALE - PRETEST (0-6)</b>	RCT Zagreb (Croatia)	56	3.43	1.67	0.22	0	6
	OMEGA Graz (Austria)	53	3.62	1.87	0.26	0	6
	EXILIO - Lindau (Germany)	29	5.10	1.11	0.21	2	6
	Total	138	3.86	1.77	0.15	0	6
	RCT Zagreb (Croatia)	57	5.81	1.99	0.26	2	10
<b>TOTAL RESULT ON SCALE OF LIFE SATISFACTION IN PRETEST (0 - 10)</b>	OMEGA Graz (Austria)	51	5.65	2.38	0.33	0	10
	EXILIO - Lindau (Germany)	29	3.38	2.03	0.38	0	8
	Total	137	5.23	2.35	0.20	0	10

## 5. PRE – INTERVENTION DIFFERENCES

Differences in PTSD, depression, anxiety and life satisfaction at the time of pre-intervention measurement between the rehabilitation centres are shown in Table 49. Participants in Germany had worse scores on all variables and these differences between the groups are statistically significant (PTSD: ANOVA, F-value = 12,719, d.f.= (137,139),  $P < 0.001$ ; depression: PTSD: ANOVA, F-value = 9,690, d.f.= (135,137),  $P < 0.001$ ; anxiety: ANOVA, F-value = 10,601, d.f.= (135,137),  $P < 0.001$ ; life satisfaction: ANOVA, F-value = 13,713, d.f.= (134,136),  $P < 0.001$ ). Participants in Austria had the lowest initial PTSD scores compared to participants in other centres.

There are no significant differences in PTSD, depression, anxiety and life satisfaction scores at entry between males and females. Regarding the age of participants, there is no correlation between entry-levels of symptoms and life satisfaction.

Participants without family members in the reception country had slightly lower PTSD scores and slightly higher life satisfaction; participants with larger families in the reception country (3 or more family members) had slightly higher scores on anxiety. However, none of the differences are statistically significant.

Participants who had been denied asylum at the time of pre-intervention measurement had higher PTSD scores than asylum seekers and those who had been granted asylum; they were also less depressed and had lower life satisfaction compared to the other two groups; none of the differences are statistically significant. Those who were asylum seekers at entry and those granted asylum at that time were not different in any of the variables.

Only 15% of the participants lived in individual/family housing funded by the government or self-financed at the time of pre-intervention measurement, which is related to their legal status. At that time, they had similar scores to the participants living in reception centres, except for the lower scores on PTSD, depression and anxiety of those who managed to pay for the housing themselves; but the number is too small to be conclusive.

Almost all participants were without income or receiving welfare benefits at the time of pre-intervention measurement. Those with no income had the highest scores on PTSD, depression and anxiety, and the lowest life satisfaction compared to those with below-average welfare support and those receiving average welfare support, and these differences are statistically significant (PTSD: ANOVA, F-value = 7,160, d.f.= (135,137),  $P < 0.001$ ; depression: PTSD: ANOVA, F-value = 8,254, d.f.= (133,135),  $P < 0.001$ ; anxiety: ANOVA, F-value = 8,912, d.f.= (133,135),  $P < 0.001$ ; life satisfaction: ANOVA, F-value = 11,111, d.f.= (132,134),  $P < 0.001$ ).

Table 50. Pre-intervention PTSD, depression, anxiety and life satisfaction and participation in rehabilitation and support interventions

	Act.7		Act.8-1		Act.8-2		Act.8-3		Act.8-4		Act.8-5		
	N	Mean	Std. Dev.	N	Mean	Std. Dev.	N	Mean	Std. Dev.	N	Mean	Std. Dev.	
<b>PTSD_PRETEST</b>	completed	125	6,96	1,89	117	7,20	1,69	96	7,07	1,99	61	7,36	1,91
	dropped out	/	/	/	/	/	2	6,00	1,41	4	7,50	1,73	/
	didn't participate	11	6,45	2,07	2	7,00	1,41	38	6,63	1,65	75	6,40	1,96
	participated irregularly	4	4,50	3,32	21	4,90	2,41	4	4,00	2,94	/	/	/
<b>TOTAL RESULT FOR PTSD SCALE (0 - 10)</b>	Total	140	6,85	1,98	140	6,85	1,98	140	6,85	1,98	140	6,85	1,98
<b>SHORT DEPRESSION SCALE - PRETEST (0-8)</b>	completed	123	3,82	2,05	115	3,92	2,08	94	4,23	1,99	59	4,68	1,92
	dropped out	/	/	/	/	/	2	2,00	0,00	4	2,75	0,96	/
	didn't participate	11	3,73	1,68	2	4,00	2,83	38	2,92	1,82	75	3,17	1,88
	participated irregularly	4	3,50	2,08	21	3,14	1,49	4	3,00	1,63	/	/	/
<b>SHORT ANXIETY SCALE - PRETEST (0-6)</b>	Total	138	3,80	2,01	138	3,80	2,01	138	3,80	2,01	138	3,80	2,01
<b>SCALE OF LIFE SATISFACTION IN PRETEST (0 - 10)</b>	completed	123	3,85	1,77	115	3,97	1,76	95	4,18	1,68	60	4,48	1,58
	dropped out	/	/	/	/	/	2	2,00	1,41	4	3,50	1,73	/
	didn't participate	11	3,91	1,87	2	3,50	0,71	37	3,19	1,84	74	3,36	1,78
	participated irregularly	4	4,00	1,83	21	3,29	1,82	4	3,25	1,26	/	/	/
<b>TOTAL RESULT ON SCALE OF LIFE SATISFACTION IN PRETEST (0 - 10)</b>	Total	138	3,86	1,77	138	3,86	1,77	138	3,86	1,77	138	3,86	1,77
<b>SCALE OF LIFE SATISFACTION IN PRETEST (0 - 10)</b>	completed	122	5,23	2,35	114	5,06	2,30	93	4,84	2,40	437	2,27	3
	dropped out	/	/	/	/	/	2	7,50	0,71	59	4,00	2,00	/
	didn't participate	11	5,00	2,45	2	6,00	1,41	38	5,84	2,05	4	5,99	2,17
	participated irregularly	4	6,00	2,45	21	6,10	2,55	4	7,50	1,29	74	/	/
<b>TOTAL</b>	Total	137	5,23	2,35	137	5,23	2,35	137	5,23	2,35	137	5,23	2,35

Table 50. shows the initial (at the time of pre-intervention measurement) levels in PTSD, depression and anxiety symptoms, and the perceived quality of life, in addition to the differences between the groups according to their later participation in rehabilitation activities: short-term SF group intervention (Act. 7), basic orientation and information services (Act. 8-1), psycho-social counselling (Act. 8-2), individual psychotherapy (Act. 8-3), medical treatments (Act. 8-4) and legal counselling (Act. 8-5). Participants in total had average PTSD scores in the upper range of medium risk category, depression scores in the middle of the range (0-8), slightly over mid-range on anxiety, and around middle of the range on the life satisfaction variable.

As close as 90% of the participants completed the short-term SF group intervention, the initial intervention in the program. There are no significant differences between the participants who completed it and those who did not on the measurements of psychological distress and life satisfaction.

Participants with higher scores on PTSD were more likely to complete basic orientation and information services; those who irregularly used this service (only 2 did not take part in this activity) had significantly lower scores on PTSD (ANOVA, F-value = 14,233, d.f.= (137,139),  $P < 0.001$ ). There are no differences on other variables between the groups according to their participation in the basic orientation and information services.

Participants with higher scores on PTSD, depression and anxiety, and lower scores on life satisfaction measurement, were more likely to get into and complete the program of psycho-social counselling (PTSD: ANOVA, F-value = 3,649, d.f.= (136,139),  $P < 0.01$ ; depression: PTSD: ANOVA, F-value = 5,016, d.f.= (134,137),  $P < 0.01$ ; anxiety: ANOVA, F-value = 3,932, d.f.= (134,137),  $P < 0.01$ ; life satisfaction: ANOVA, F-value = 3,821, d.f.= (133,136),  $P < 0.05$ ). The differences in initial PTSD between the groups regarding participation in psycho-social counselling seem to predict irregular participation in this intervention (irregular participants had the lowest scores before the interventions).

Participants with higher scores on PTSD, depression and anxiety measurements, and lower scores on life satisfaction, were more likely to enter individual psychotherapy; the differences between the groups according to participation in individual psychotherapy are statistically significant (PTSD: ANOVA, F-value = 4,394, d.f.= (137,139),  $P < 0.05$ ; depression: ANOVA, F-value = 11,242, d.f.= (135,137),  $P < 0.01$ ; anxiety: ANOVA, F-value = 7,318, d.f.= (135,137),  $P < 0.01$ ; life satisfaction: ANOVA, F-value = 9,359, d.f.= (134,136),  $P < 0.01$ ).

## 6. POST – INTERVENTION CHANGES

To further investigate the nature of changes and contributors to the changes that have occurred, four new variables were calculated to reflect the differences between pre-intervention and post-intervention measures in PTSD symptoms, anxiety and depression symptoms, and self-assessment of the quality of life. Higher results on variables ‘DIFFERENCE IN PTSD SYMPTOMS’, ‘DIFFERENCE IN DEPRESSION SYMPTOMS’ and ‘DIFFERENCE IN ANXIETY SYMPTOMS’ indicate intensity of improvement; lower results on variable ‘DIFFERENCE IN LIFE SATISFACTION’ indicate intensity of improvement.

Table 51. Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction

	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>Min</b>	<b>Max</b>
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	139	1,85	2,12	0,18	-3	9
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	137	1,22	1,95	0,17	-4	7
<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	137	1,01	1,56	0,13	-4	6
<b>DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	132	-0,58	1,87	0,16	-6	6

There are no significant differences between women and men in the intensity of change on all variables.

Participants who are on their own in the reception countries (without family members) show a trend of greater improvement on PTSD symptoms, while those who are with family members show greater improvement on depression symptoms, but those differences are not statistically significant (Table 52.). Differences between the groups regarding family members in anxiety and life satisfaction in the intensity of changes are not consistent.

Table 52. Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to presence of family members

		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error</b>	<b>Min.</b>	<b>Max.</b>
<b>DIF DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	without family members	79	2,01	2,19	0,25	-2	9
	with 1-2 family members	27	1,96	2,23	0,43	-2	7
	with >2 family members	33	1,36	1,82	0,32	-3	7
	Total	139	1,85	2,12	0,18	-3	9
<b>DIF DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	without family members	76	0,97	2,05	0,23	-4	7
	with 1-2 family members	27	1,37	1,50	0,289	0	6
	with >2 family members	34	1,65	2,01	0,35	-4	7
	Total	137	1,22	1,95	0,17	-4	7
<b>DIF DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	without family members	77	0,96	1,75	0,20	-4	6
	with 1-2 family members	27	1,30	1,35348	0,26	-1	4
	with >2 family members	33	0,88	1,21854	0,21	-1	5
	Total	137	1,01	1,56005	0,13	-4	6
<b>DIF DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	without family members	75	-0,53	1,93358	0,22	-6	6
	with 1-2 family members	25	-0,8	1,58114	0,32	-4	3
	with >2 family members	32	-0,5	1,98381	0,35	-5	4
	Total	132	-0,57	1,87438	0,16	-6	6

Regarding the status at the time of post-intervention measurement, participants who have been denied asylum show the least improvements in all four variables, but the differences are not statistically significant. Participants who have been granted asylum show greater improvement in PTSD and depression symptoms than those who are still asylum seekers or those who have been denied protection, even though these differences are not statistically significant, either (Table 53.).

Table 53. Differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to post-intervention status

		N	Mean	Std. Deviation	Std. Error	Minimum	Maximum
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	asylum seeker	60	1,60	1,60	0,21	-2	7
	granted asylum	53	2,25	2,53	0,35	-2	9
	denied asylum	23	1,48	1,75	0,37	-3	4
	Total	136	1,83	2,05	0,18	-3	9
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	asylum seeker	58	1,19	1,66	0,22	-4	6
	granted asylum	52	1,40	2,14	0,30	-4	7
	denied asylum	24	0,83	1,99	0,41	-4	5
	Total	134	1,21	1,92	0,17	-4	7
<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	asylum seeker	58	1,24	1,54	0,20	0	6
	granted asylum	52	0,92	1,69	0,23	-4	6
	denied asylum	24	0,58	1,14	0,23	-1	3
	Total	134	1,00	1,55	0,13	-4	6
<b>DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	asylum seeker	55	-0,58	1,71	0,23	-5	3
	granted asylum	50	-0,60	2,20	0,31	-6	6
	denied asylum	24	-0,38	1,50	0,31	-4	3
	Total	129	-0,55	1,87	0,16	-6	6

When the employment status is considered, three groups are compared: participants who were employed during participation and still worked at phase-out, participants who were employed but stopped working, and those who were not employed at all (Table 54.). Participants employed at phase-out show the greatest improvement in all change variables. Difference between the groups on PTSD symptoms is statistically significant (ANOVA, F-value = 5,767, d.f.= (136,138), P<0.01).

Table 54. Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to employment status

		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error</b>	<b>Min.</b>	<b>Max.</b>
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	employed during participation and still is	26	3,08	2,40	0,47	-1	8
	employed during participation but stopped	14	1,50	2,62	0,70	-2	9
	not employed	99	1,58	1,85	0,19	-3	7
	<b>Total</b>	<b>139</b>	<b>1,85</b>	<b>2,12</b>	<b>0,18</b>	<b>-3</b>	<b>9</b>
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	employed during participation and still is	26	1,58	2,27	0,44	-2	7
	employed during participation but stopped	14	1,07	1,90	0,51	-1	4
	not employed	97	1,14	1,88	0,19	-4	7
	<b>Total</b>	<b>137</b>	<b>1,22</b>	<b>1,95</b>	<b>0,17</b>	<b>-4</b>	<b>7</b>
<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	employed during participation and still is	26	1,38	2,02	0,40	-3	6
	employed during participation but stopped	14	1,29	1,38	0,37	-1	4
	not employed	97	0,87	1,43	0,15	-4	6
	<b>Total</b>	<b>137</b>	<b>1,01</b>	<b>1,56</b>	<b>0,13</b>	<b>-4</b>	<b>6</b>
<b>DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	employed during participation and still is	25	-1,28	2,25	0,45	-6	2
	employed during participation but stopped	13	-0,31	1,49	0,41	-4	2
	not employed	94	-0,43	1,79	0,18	-5	6
	<b>Total</b>	<b>132</b>	<b>-0,58</b>	<b>1,87</b>	<b>0,16</b>	<b>-6</b>	<b>6</b>

A comparison of the groups according to housing at the time of post-intervention measurement shows greater improvement in PTSD, anxiety and depression symptoms in participants who live in reception centres and in government-financed individual or family housing, and lesser in participants who finance housing themselves and those who live in shared housing financed by the government (Table 55.). However, only the differences in PTSD symptom improvement between the groups according to the housing situation are statistically significant (ANOVA, F-value = 5,924, d.f.= (135,138), P<0.01), suggesting that those living in reception centres and in government financed housing for individuals or families show better improvement in PTSD symptoms after the intervention. Participants who finance housing themselves show better improvement in self-assessed quality of life compared to other groups, but the difference is not statistically significant.

Table 55. Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to post-intervention housing situation

		<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>Min.</b>	<b>Max.</b>
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	reception centre	30	2,77	2,84	0,52	-3	8
	shared housing financed by government	61	1,23	0,97	0,12	-1	4
	individual/family housing financed by government	36	2,44	2,58	0,43	-2	9
	self-financed individual/family housing	12	0,92	1,44	0,42	-2	3
	Total	139	1,85	2,12	0,18	-3	9
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	reception centre	30	1,10	2,52	0,46	-4	6
	shared housing financed by government	60	0,97	1,59	0,21	-4	6
	individual/family housing financed by government	35	1,86	2,10	0,36	-1	7
	self-financed individual/family housing	12	0,92	1,08	0,31	-1	3
	Total	137	1,22	1,95	0,17	-4	7

<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	reception centre	31	1,32	2,17	0,39	-4	6
	shared housing financed by government	60	0,78	1,14	0,15	-1	4
	individual/family housing financed by government	35	1,17	1,72	0,29	-3	6
	self-financed individual/family housing	11	0,82	0,75	0,23	0	2
	Total	137	1,01	1,56	0,13	-4	6
<b>DIFFERENCE IN LIFE</b>	reception centre	31	-0,55	2,67	0,48	-5	6
<b>SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	shared housing financed by government	56	-0,52	1,39	0,19	-5	3
	individual/family housing financed by government	36	-0,56	1,90	0,32	-6	4
	self-financed individual/family housing	9	-1,11	1,17	0,39	-3	1
	Total	132	-0,58	1,87	0,16	-6	6

All participants who were without any kind of income at the beginning (N=31) changed their income status, mostly moving to groups with average welfare support (N=22) and those with income from work around average wage (N=9). Participants who had a below-average welfare support at the beginning (N=53) mainly remained in this category at phase-out (N=24), while others changed their income status and had average welfare support (N=11) or some kind of income from work (N=16). The majority of participants with average welfare support at the beginning (N=54) remained in that category, while 9 of them had some kind of income from work at phase-out.

Table 56. shows differences in symptoms for groups of participants depending on their income at the time of post-intervention assessment. It appears that participants living off income from work at least around minimum wage and having a below-minimum welfare support experience fewer PTSD, depression and anxiety symptoms, and greater life satisfaction. However, only between group differences in PTSD, the changes are statistically significant (ANOVA, F-value = 2,194, d.f.= (130,138), P<0.05).

Table 56: Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to post-intervention income status

		<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>Min.</b>	<b>Max.</b>
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>	welfare support below average	23	2,39	2,81	0,59	-3	7
	average welfare support	79	1,42	1,66	0,19	-2	9
	income from work below minimum wage	5	1,20	1,30	0,58	0	3
	income from work at minimum wage	13	3,54	2,63	0,73	0	8
	income from work round average wage	15	2,40	2,16	0,56	-2	6
	Total	135	1,89	2,13	0,18	-3	9
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	welfare support below average	23	0,87	2,51	0,52	-4	5
	average welfare support	77	1,22	1,71	0,20	-4	7
	income from work below minimum wage	5	0,40	0,55	0,24	0	1
	income from work at minimum wage	13	1,31	2,02	0,56	-1	6
	income from work round average wage	15	2,00	2,33	0,60	-1	7
	Total	133	1,23	1,95	0,17	-4	7

<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>	welfare support below average	24	1,00	2,17	0,44	-4	6
	average welfare support	77	0,90	1,19	0,14	-1	4
	income from work below minimum wage	5	0,40	0,55	0,24	0	1
	income from work at minimum wage	13	1,46	2,22	0,62	-3	5
	income from work round average wage	15	1,53	1,73	0,45	0	6
	Total	134	1,02	1,57	0,14	-4	6
<b>DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>	welfare support below average	24	-0,54	2,69	0,55	-5	6
	average welfare support	73	-0,37	1,44	0,17	-5	4
	income from work below minimum wage	4	0,00	0,00	0,00	0	0
	income from work at minimum wage	12	-1,42	2,50	0,72	-5	2
	income from work round average wage	15	-1,07	2,05	0,53	-6	1
	Total	128	-0,57	1,90	0,17	-6	6

A detailed insight into the structure of changes indicates that, after the intervention, the biggest change occurred for those participants whose income changed from the below-minimum welfare support to any kind of income from work (except if they receive a below-minimum wage, but the number in this category is too small to be conclusive) and the improvement is significant regarding PTSD symptoms. After the intervention, the change is significant for participants who received minimum welfare support at both assessment points, as well (ANOVA, F-value = 7,177, d.f.= (115,122), P<0.05).

Table 57: Pre and post intervention differences in PTSD, depression symptoms, anxiety symptoms and life satisfaction in relation to participation in rehabilitation and support activities

	Act. 7			Act. 8-1			Act.8-2			Act.8-3		
	$\bar{z}$	Mean	Std. Dev.									
<b>DIFFERENCE IN PTSD SYMPTOMS - (PRETEST-RETEST) HIGHER RESULTS = IMPROVEMENT</b>												
completed	124	1,90	2,21	116	1,94	2,18	95	1,56	1,74	60	1,43	1,49
dropped out							2	0,50	0,71	4	1,75	3,30
did not participate	11	1,55	1,04	2	6,00	0,00	38	2,82	2,71	75	2,19	2,43
participated irregularly	4	1,00	0,82	21	0,95	1,02	4	0,25	0,96			
Total	139	1,85	2,12	139	1,85	2,12	139	1,85	2,12	139	1,85	2,12
<b>DIFFERENCE IN DEPRESSION SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>												
completed	122	1,34	1,98	114	1,25	2,04	94	1,37	1,95	59	1,61	2,02
dropped out							2	0,00	0,00	4	0,50	0,58
did not participate	11	0,00	1,48	2	4,00	2,83	37	1,00	2,07	74	0,95	1,90
participated irregularly	4	0,75	0,96	21	0,76	1,00	4	0,25	0,50			
Total	137	1,22	1,95	137	1,22	1,95	137	1,22	1,95	137	1,22	1,95
<b>DIFFERENCE IN ANXIETY SYMPTOMS - (PRETEST-RETEST) HIGHER RESULT = IMPROVEMENT</b>												
completed	122	1,06	1,58	114	1,06	1,61	94	0,99	1,50	59	1,12	1,63
dropped out							2	0,50	0,71	4	1,00	1,41
did not participate	11	0,55	1,51	2	3,50	0,71	37	1,14	1,80	74	0,92	1,52
participated irregularly	4	0,75	0,96	21	0,48	0,98	4	0,50	1,00			
Total	137	1,01	1,56	137	1,01	1,56	137	1,01	1,56	137	1,01	1,56
<b>DIFFERENCE IN LIFE SATISFACTION - (PRETEST-RETEST) LOWER RESULT = IMPROVEMENT</b>												
completed	118	-0,58	1,89	109	-0,62	2,01	88	-0,57	1,70	54	-0,56	1,92
dropped out							2	0,00	0,00	4	-0,75	0,96
did not participate	10	-0,80	2,15	2	-1,00	2,83	38	-0,71	2,35	74	-0,58	1,89
participated irregularly	4	0,00	0,00	21	-0,29	0,78	4	0,25	0,50			
Total	132	-0,58	1,87	132	-0,58	1,87	132	-0,58	1,87	132	-0,58	1,87

Table 57. shows differences in the intensity of change (pre-intervention – post-intervention measures) on PTSD, depression, anxiety and life satisfaction with regard to participation in the rehabilitation interventions: short-term SF group intervention (Act. 7), basic orientation and information services (Act. 8-1), psycho-social counselling (Act. 8-2), individual psychotherapy (Act. 8-3). The scores indicate that participants who completed short-term SF group intervention have slightly better improvements on all change variables; however, as almost all participants were included in this activity, the results are not conclusive. The similar can be inferred for participation in basic information and orientation services (Act. 8-1).

Participants who did not take part in individual psycho-social counselling (Act. 8-2) seem to have better improvements on PTSD symptoms than those who completed it and, in particular, those who started with counselling, but then dropped out or received this service irregularly. These differences are statistically significant (ANOVA, F-value = 19,145, d.f.= (138,138),  $P < 0.01$ ). It appears that those who did not participate in counselling have a little better improvement on life satisfaction than those who completed it, while both groups have more positive changes than those who inconsistently participated or dropped out; these differences are not statistically significant. With regard to depression and anxiety symptoms, participants who completed psycho-social counselling have slightly better improvements than those who did not participate at all, or those who did not complete this intervention, but the differences are not statistically significant.

Participants who completed individual psychotherapy seem to have fewer improvements in PTSD symptoms than those who did not participate in this intervention, while the opposite holds for improvements in depression and anxiety. Changes in life satisfaction are similar in those who completed and those who dropped out or did not participate in individual psychotherapy.

For a more detailed insight into differences in pre-intervention – post-intervention changes depending on the type of rehabilitation intervention, participants who only completed short-term SF group intervention (Act. 7) were compared with participants who also completed psycho-social counselling (Act. 8-2) and participants who completed individual psychotherapy (Act. 8-3).

This comparison indicates that greater improvement in PTSD symptoms occurred in the group that completed short-term SF group intervention, but did not participate in psycho-social counselling, and the difference is statistically significant (ANOVA, F-value = 8,838, d.f.= 119),  $P < 0.004$ ). Improvements in depression, anxiety and life satisfaction are similar in these two groups. Looking at the initial levels of symptoms (at pre-intervention assessment), participants who completed both short-term SF group intervention and psycho-social counselling had significantly higher scores than those only completing short-term SF group intervention on depression ANOVA, F-value = 12,294, d.f.= 119),  $P < 0.001$ ) and anxiety (ANOVA, F-value = 8,466, d.f.= 119,  $P < 0.004$ ). Differences in PTSD and life satisfaction were not significantly different in these two groups.

Similarly, there is a significantly better improvement in PTSD symptoms after the intervention in the group that completed short-term SF group intervention, but did not participate in individual psychotherapy (ANOVA, F-value = 4,405, d.f.= 119, P<0,038). In depression symptoms, improvement is better in the group that completed both short-term SF group intervention and individual psychotherapy (ANOVA, F-value = 4,632, d.f.=117, P<0,033). Improvements in anxiety and life satisfaction are similar in these two groups. A comparison of initial levels of symptoms in these two groups indicates that participants who completed both short-term SF group intervention and individual psychotherapy had significantly higher scores on PTSD (ANOVA, F-value = 9,656, d.f.= 120, P<0,002), depression (ANOVA, F-value = 23,026, d.f.= 118, P<0, ,000) and anxiety (ANOVA, F-value = 18,100, d.f.= 118, P<0, 000), and lower scores on life satisfaction (ANOVA, F-value = 18,248, d.f.= 117, P<0, 000).

There is no correlation between the number of interventions and activities in which an individual client participated and the intensity of change on any of the valuables. Also, the duration of participation in months does not correlate with the intensity of changes.

This evaluation research was carried out aimed at establishing whether psycho-social and psychotherapeutic, group and individual interventions, as well as empowerment and socialization intervention, affect psychological distress and self-assessed life quality, coping and adaptation in asylum seekers and refugees who experienced potentially traumatic experiences. The sample consisted of 140 beneficiaries of the project “Rehabilitation, empowerment and integration of asylum seeking torture survivors”. In total, 220 beneficiaries were included in the project activities, but 140 were available for assessment both before and after the interventions.

The results indicate that improvements occurred in almost all selected indicators after the interventions were carried out. The beneficiaries experienced improvement in PTSD symptoms, assessed through the PROTECT questionnaire, on average by reducing 2 symptoms. The participants more frequently reported not having, in the post-intervention assessment, symptoms from the avoidance/numbing and hyper-arousal clusters and, less frequently, symptoms from the re-experiencing and negative thoughts/beliefs clusters.

The participants also reported improvements in health problems: the extent to which health problem(s) had interfered with their daily functioning lessened for 31 clients, even though only 3 underwent medical treatments within the scope of the project.

The post-intervention assessment showed improvements in depression symptoms: 50 and more beneficiaries reported that, after the intervention, they felt less sad or lonely, less hopeless about the future, and less worthless. Thoughts of ending one’s life lessened for 32 beneficiaries, but this symptom was not very frequent at the beginning. Lessening of various anxiety symptoms, after the intervention, was reported by 42 and more beneficiaries. On average, anxiety symptoms decreased for 1 point on the 0-6 scale.

On average, life satisfaction of the beneficiaries increased after the intervention. The participants’ enhanced satisfaction with their mental health and support from family members after the intervention mostly contributed to this improvement. The participants also reported improvement in self-perceived adaptation in the community of reception, and in coping and resilience. The perception of their own impact on events did not change significantly after the intervention.

It was expected that obtaining the refugee status would be strongly connected with improvements on variables of psychological distress and life satisfaction, but that is not conclusive from the results. It is possible that the interventions carried out alleviated the negative effects of prolonged asylum procedures and denied asylum status, as participants whose requests had been denied showed slight improvement or no changes.

Our results show that stable employment is connected with reduced PTSD symptoms after the intervention; the relation of employment to decreased depression anxiety and increased life satisfaction is not significant. The relation with income is not that straightforward: having no income is connected with lower results in all distress variables at the start of the intervention. After the intervention, those who gained income from their own work experienced fewer PTSD symptoms. Unexpectedly, significant improvements in PTSD were also recorded in participants who received below-average welfare support in both assessment points, so these improvements are contributed by other factors. It is possible that this group also benefited from the interventions regardless of the unfavourable living circumstances.

The short-term Solution Focused group intervention, as the innovative and main feature of the rehabilitation and empowerment program in the project, appears to be related to a decrease in PTSD symptoms after the intervention for participants with less severe psychological distress at the beginning of the intervention. Individual psychotherapy is particularly connected with improvements in depression. Severity of symptoms at the beginning seems to be a good predictor of whether a participant will be referred to and consistently participate in individual counselling and psychotherapy, even though these decisions are not made based on results from the pre-interventions questionnaires, but rather based on information and observation during the short-term SF group intervention.

The participants' own evaluation of the interventions and activities offered to them within the project shows that they contributed to a large extent to their level of information, knowledge and skills needed to navigate them through asylum procedures in the reception countries. We can infer from the self-evaluation, as well as from other results, that the interventions carried out contributed to the participants' better handling of difficulties resulting from potentially traumatic experiences, as well as current adversities, and to their better preparedness to continue to deal with the difficulties on their own.

## Limitations

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This research has several limitations. The sample consisted of asylum seekers and refugees randomly screened using PROTECT questionnaire and included accordingly in the rehabilitation and empowerment intervention and activities within this project. Therefore, selection bias may have occurred. Additionally, even though similar criteria should have been applied in the selection and inclusion of beneficiaries in treatment, each rehabilitation centre participating in this project had specific circumstances and challenges, which might have affected the selection of beneficiaries. As a consequence, the beneficiaries are not homogeneous and their entry levels of psychological distress were not controlled. Generalization of the results of this study to the general population of asylum seekers and refugees is therefore uncertain.

Only those beneficiaries who were available for post-intervention assessment were included in the research. Therefore, the analysis does not include the beneficiaries who dropped out and the reasons for that, including possible obstacles coming from traumatization and psychological distress, are not taken into account.

The assessment instruments used are not methodologically robust. With the exception of PROTECT questionnaire, psychological distress and satisfaction with particular aspects of life were assessed with a self-constructed questionnaire not including a Likert scale. Therefore, the results of this study are difficult to compare with others, and the study missed the opportunity to create more difference in nuance of its results.

This evaluation research was carried out on one group, which underwent a complex rehabilitation, empowerment and support program and was assessed before and after these interventions. More reliable and nuanced results would have come from a study which includes control group(s), but such design was beyond the scope of the research and the project it is a part of. Additionally, sustainability of the reported changes was not an object of this research, and future efforts should be made to establish long-term effects of the applied interventions.

The results of this evaluation research show that traumatized asylum seekers and refugees may significantly benefit from timely, focused and quality interventions. The participants in this research reported a significant reduction of post-traumatic, depression and anxiety symptoms, improvement in life satisfaction, self-perceived coping and resilience when the post-intervention assessments are compared with those pre-intervention. This is in line with the participants' own assessment of the effects of the interventions they underwent.

Contrary to expectations, unfavourable post-migration circumstances, such as the unfinished asylum procedure and uncertainty of status, including the refugee status being denied, did not interfere strongly with the changes on psychological variables: even the participants who had been denied status reported improvements, however small. This indicates that it is possible to help traumatized asylum seekers handle their difficulties resulting from possible past traumatic events and current adversities, even though current adversities are still present.

The research results indicate that steady employment plays an important part in the integration and rehabilitation of traumatized refugees, in terms of reduction of PTSD symptoms.

The short-term Solution Focused group intervention, which was developed and tested within the scope of the project, proved its worth in addressing difficulties resulting from exposure to traumatic events, particularly as a preventive intervention. Follow up research is recommended to investigate the sustainability of achieved improvements, as well as assess long-term outcomes of the intervention.

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