Albanians seeking protection and mental health

January 2025

This briefing provides an overview of the mental health issues faced by people who are seeking protection in the UK, including survivors of trafficking, and their treatment needs. It then looks at the experiences of Helen Bamber Foundation (HBF) clients who are Albanian nationals and the risks they might face if forcibly returned to Albania. It should be read in conjunction with the ongoing work being carried out by Garden Court Chambers, the Migrant and Refugee Children's Legal Unit and Shpresa Programme to review Country Information Notes (CINs) on Albania,[1] examining their sources and identifying areas where sources have been erroneously mischaracterised or misrepresented. In order for fair and lawful decisions to be made on Albanian asylum claims it is vital that CINs are accurate, up to date and include the information necessary to consider the risks on return.

About the Helen Bamber Foundation

HBF is recognised as an expert organisation on the provision of care for survivors of torture,[2] trafficking, and other forms of extreme human cruelty (such as gender-based violence or severe ill-treatment by non-state actors), and most of our clients are people seeking asylum or refugees. HBF predominantly uses the term "trafficking" to align with international law and the Palermo Protocol definition of human trafficking, i.e. the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit).[3] In UK law and

[1] See https://miclu.org/projects/breaking-the-chains/albanian-asylum-claims-toolkit

[2] As defined by Article 1 of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, December 1984

[3] See UN Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children (Palermo Protocol), November 2000, for full definition.

policy, trafficking also falls under the wider term, 'modern slavery' (which includes trafficking, slavery, servitude and forced and compulsory labour).[4]

We approach the care and support of our clients though a holistic approach that we refer to as the 'Model of Integrated Care'. We strive to provide all clients accepted by HBF for treatment and support with access to our full range of services, including therapy, legal protection, housing and welfare support, counter-trafficking support (where relevant), community and integration and medical advice. We have a specialist team working with each client, depending on their particular needs, which includes clinical psychologists, psychotherapists, assistant psychologists, GPs, lawyers.

We also provide Medico-Legal Reports (MLRs) for survivors of torture and trafficking for use in their asylum claims. MLRs are submitted to the Home Office or the First-Tier Tribunal in order to explore, from a clinical perspective, a survivor's testimony of ill-treatment, such as torture or trafficking, as an aspect of their asylum, trafficking, and/or legal protection claim. Each of our MLR writers has been trained in the forensic documentation of the physical and/or psychological and emotional sequelae of torture, ill-treatment and other serious forms of physical, psychological, or sexual violence in accordance with the Istanbul Protocol. Our clinicians' expertise and experience in their field are recognised by the Home Office and the Tribunals. All our clinicians receive ongoing training, mentoring and support to maintain the quality and integrity of our reports. All our MLRs comply with the various standards for expert reports and accounts of torture and ill-treatment are documented according to the Istanbul Protocol.[5]

HBF developed the Trauma-Informed Code of Conduct[6] which the Home Office has accepted as good practice, and which is annexed in their Modern Slavery Act Statutory Guidance.[7] HBF has co-delivered regular training with Freedom from Torture for Home Officer asylum decision-makers on assessing medical evidence, including MLRs.

[4] See, for example, the Home Office's statutory guidance, Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland

[5] The Istanbul Protocol (Manual on the Effective Investigation and Documentation of torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) is the first set of international guidelines for the medical documentation of torture and its consequences

[6] Helen Bamber Foundation, Trauma Informed Code of Conduct (TICC), 24 January 2022

[7] issued under section 49 of the Modern Slavery Act 2015. See Home Office, Modern Slavery: statutory guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and non-statutory guidance for Scotland and Northern Ireland

The mental health vulnerabilities of people seeking asylum and victims of human trafficking

People seeking asylum and survivors of human trafficking are an inherently vulnerable population because of their experiences of war, conflict, torture, human trafficking and abuse. They face significant healthcare challenges and have a high prevalence of trauma symptoms.[8] They have been consistently found to have high rates of Post-Traumatic Stress Disorder (PTSD), Complex PTSD, depression and anxiety disorders. Some people seeking asylum have mental health problems and associated behaviours that can place them at higher risk of suicide or accidental death. These include suicidal behaviours, self-harm and substance dependence. In our collective experience, symptoms of PTSD or Complex PTSD are often comorbid (i.e. occur together) with depressive and/or anxiety disorders. Many of those people seeking asylum who have been able to access a full mental health screening are found to have multiple psychiatric diagnoses. [9]

Survivors of persecution may have pre-flight vulnerabilities (such as being disabled or having a history of interpersonal abuse), which may in turn render them more vulnerable to exploitation and persecution. They may also experience adversity following persecution. These factors add to the mental health consequences of the original persecutory experience itself.

Types of mental health problems experienced

Post-Traumatic Stress Disorder (PTSD) develops following events which are threatening to life or physical integrity. These experiences are far more prevalent amongst people seeking asylum and amongst survivors of human trafficking than they are within the general population. Many survivors of torture or of human trafficking in a captive setting report physical and sexual abuse and basic needs being ignored. People may be subjected to threats of death or of further harm against them and those they care about.

Symptoms of PTSD include re-experiencing of trauma memories in the form of nightmares or flashbacks, which are accompanied by extreme emotional distress and physiological arousal. People will try to avoid thinking or talking about their trauma history, meaning that in some cases they will delay seeking help, or not go for help at all for their difficulties, for fear that this would lead to further questions and discussion about their background that they feel unable to tolerate. Many people report a change in their affect (i.e. emotional state) and in their fundamental beliefs, such as a loss of meaning and purpose in their lives, a sense of being demeaned and damaged, and a loss of trust in those around them. In many cases this can be long-lasting. Some people describe what feels like a change in personality and to their sense of self that endures for years after the traumatic events have ended. It is recognised that the symptoms of PTSD are difficult to feign. As the Istanbul

[8] Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, et al. (2020) The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis, *PLOS Medicine*, and Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children. *Behavioral Medicine*, 44(3), 234–241.

[9] Chesney E, Goodwin GM and Fazel S (2014) Risks of all-cause and suicide mortality in mental illness: a meta-review. *World Psychiatry 13*, 153-160; Bradvik, L. (2018). Suicide Risk and Mental Disorders. *Int J Environ Res Public Health*, 15(9)

Protocol[10] notes: 'The clinician should keep in mind … that such fabrication requires detailed knowledge about trauma-related symptoms that individuals rarely possess.'

Symptoms of PTSD can include 'dissociative' symptoms in which a person experiences temporary loss of, or diminution in their awareness of their surroundings and current context. A person may dissociate when having flashbacks, but dissociation can also involve episodes which the person experiences as a blank, during which time goes by but they have no recollection of what was happening. Some of HBF's clients report finding themselves in places they do not remember travelling to, or of making a journey to the wrong destination without realising. At its most severe, dissociation can be profoundly disabling.

Complex PTSD is particularly associated with long-term periods of trauma, and childhood trauma. It includes PTSD symptoms as described above, alongside long-standing disturbances in relationships, negative self-concept and difficulties in managing their emotions. Disturbances in relationships can take the form of feeling distant and cut-off from people, or of finding it hard to stay emotionally close to others. Survivors of extreme human cruelty have understandable difficulties in trusting others; they may find it hard to build and sustain close relationships in which they feel safe. Some trafficked persons have been trafficked (and therefore betrayed and exploited) by family members or intimate partners. Unsurprisingly, many survivors describe only being able to trust a small number of people. They may develop an intense dependency on a narrow support network and struggle to establish other trusting relationships. Disturbances in relationships can also create ongoing safeguarding issues where survivors of abuse struggle to keep themselves safe from risky situations and cycles of abuse.

Emotional regulation problems can include feeling easily overwhelmed, or of feeling emotionally numb and cut off, or of being uncontrollably angry or tearful.

In our collective professional experience at HBF, depressive disorders are very common among people seeking asylum and among human trafficking survivors and are often seen alongside an anxiety disorder. Depression is commonly associated with loss, particularly with the multiple losses faced by many people seeking asylum and trafficking survivors which can have a significant impact on their lives. These can include loss of family life, education and training, community, and of the opportunities to develop socio-cultural interests to have a fully rounded personal life. Some survivors of long-term abuse suffer depression in response to the loss of time-limited opportunities, such as the loss of opportunity to have a family, or to be with their family over a significant period of time. Depressive disorders can impact on motivation, energy for self-care and can leave people feeling hopeless and exhausted.

Anxiety disorders can include panic disorder, generalised anxiety disorder, social anxiety and obsessive-compulsive disorder. Survivors of persecution and human trafficking often report anxiety related to their difficulty in ever feeling safe. Clients of HBF with an anxiety disorder can seldom

[10] The Istanbul Protocol, June 2022, para 348

tolerate shared accommodation and regularly report the severe impact on their day to day lives caused by anxiety. Some struggle to leave their homes, even to buy food; some cannot sleep without a light on; some move furniture to block access to their home at night; and some cannot cope with close proximity to people who remind them of people who persecuted them without experiencing an aggravation in symptoms.

Many asylum seekers and survivors of human trafficking that HBF clinicians have worked with report having suicidal thoughts and/or having engaged in self-harming behaviours at some point. This can be when under the control of a trafficker/persecutor or afterwards. Some report suicidal behaviour in the form of prior suicide attempts or preparing for a suicide attempt (such as obtaining materials in order to carry out an attempt).

Some survivors have issues with drug and/or alcohol dependence. This can pre-date their trauma history (and may have been a vulnerability factor in their risk of abuse by others), but can also have developed during a period of mistreatment (which is a risk indictor in many human trafficking cases), or in the aftermath of a traumatic experience as a way of managing distress. This may reflect the relative ease with which drugs and alcohol can be accessed in comparison with the difficulties in accessing more appropriate forms of help such as medical and legal support. Where a person with an unmanaged depressive or anxiety disorder experiences crisis, there can be a linked increase in risk of drug and/or alcohol misuse and of the consequences of such misuse resulting in a vicious spiral of further mental deterioration.

Research studies on trauma have found that its impact on mental health varies depending on the type of trauma, numbers of traumas, and their duration.[11] Of particular importance in the development of mental health problems is whether these events are perceived as involving intentional harm from other people, which can lead to a long-lasting disrupting to a person's relationships and sense of safety with other people. For example, 'interpersonal' harm (i.e. harm resulting from the deliberate cruelty of other people (such as that associated with trafficking or torture) has been linked to greater levels of mental health problems than accidents or natural disasters.

Impact of trauma

In HBF's work with people seeking asylum and survivors of human trafficking, we have assessed many people who have lasting mental health difficulties as a result of traumatic experiences. People who have experienced trauma may find it very hard to articulate their difficulties, or the nature and impact of these experiences. As a result of having their needs disregarded during a period of mistreatment, sometimes for prolonged periods of time or on multiple occasions, some survivors may subsequently be unable to attend to their own needs, report their difficulties, and engage fully with the help they are offered. They may minimise their own needs to professionals and may feel extreme

[11] Lee, D., & Young, K. (2001). Post-traumatic stress disorder: Diagnostic issues and epidemiology in adult survivors of traumatic events. *International Review of Psychiatry, 13*(3), 150–158.

fear of the possible consequences of disclosure, particularly at an early point of involvement with professionals.

In HBF's clinical work, not everybody who has experienced trauma will develop severe mental health problems or will have an exceptional level of long-term disability as a result of their mental health problems. However, for those who have experienced severe or prolonged exposure to deliberate harm from others (e.g. torture, rape, being subjected to modern slavery, suffering multiple losses) the level of disability can remain severe.

People seeking asylum who are experiencing mental illness may require multiple courses of treatment and may relapse where new and stressful life events trigger reminders of the past and their mental health deteriorates as a result. It may also be the case that a person has not been able to work through all the problematic traumatic memories and consequential symptoms in previous courses of treatment.

Helen Bamber Foundation's experience with Albanian clients

A quarter of HBF clients who are survivors of trafficking are Albanian and Albanians are 12% of our total number of clients. We see an even larger number referred to us but unfortunately due to our limited capacity we are only able to accept around 15% of referrals received, despite many falling within our remit.

HBF works with young Albanian men and teenagers subjected to criminal and labour exploitation and, in some instances, sexual exploitation. Some are trafficked internally within Albania, and then out of the country to the UK. Others fleeing Albania fall into the control of trafficking gangs who provide the only route they can find out of Albania to safety, or are 'helped' by traffickers later as they travel across Europe to seek asylum. The Albanians we support often have problems linked to 'blood feuds' that result in their need to flee because they have become targets (legitimised in the traditional 'Kanun' law still widely adhered to in rural Albania) in the context of long-standing family disputes.

In HBF's experience of working with Albanian trafficked men, most manifest some or all risk factors for trafficking, including poverty, low education, physical or mental disabilities, or being LGBTQ+. However, many trafficked boys and men do not see themselves as victims or are reluctant to do so because of the shame and stigma associated with doing so. This is particularly often the case where they have been subjected to sexual abuse by their traffickers. As a result, it can take a considerable amount of time for these vulnerable young men to disclose their experiences and understand how identification as survivors of trafficking can take place. The danger of nationality-based accelerated procedures leading to a refusal of an asylum claim (including 'certifying' cases so that their right of appeal is removed) is that they do not allow the time and facilitation necessary for these disclosures to happen or even for clients to understand the implications of their experiences.

HBF also works with Albanian women who have been subjected to sexual exploitation. As with men, most manifest some or all risk factors for trafficking. These are often accompanied by a breakdown in family relationships and a lack of family support, including, but not limited to, family violence. Many of the Albanian women we see who have survived trafficking for sexual exploitation have experienced ill-treatment and lack of agency within overwhelmingly patriarchal family structures. If they attempt to depart from traditional pathways (for example by successfully resisting family pressures to enter forced marriages and going on to higher education) they are vulnerable to men who feign respect and love, offer to 'rescue' them and start a new life with them. When these fake 'boyfriends' reveal their true intentions (to force them into sex work for financial gain) the women frequently experience an overwhelming sense of betrayal and self-blame. These feelings, along with an understanding of the extent of societal condemnation to which the women will be subjected in their home country, can prevent them from seeking to exit their trafficking situation.

As with all our clients, the most commonly occurring mental health difficulties for Albanian survivors of trafficking include PTSD, complex PTSD and depression (described above). In the experience of the HBF therapy team, Albanian survivors of sexual trafficking routinely experience shame as a core component of PTSD, as their trauma routinely involves sexual humiliation and assault. The avoidance of and withdrawal from shame inducing situations becomes core to their lived experience as they internalise their communities' perceptions. Shame is associated with more severe symptoms and constitutes a significant barrier to engagement in therapy.[12]

The fear of shameful exposure poses a challenge to treatment engagement, and requires patient, specialist intervention. To return an individual to a shame-inducing context - and this is any society where sexual assault is perceived as shameful for the victim - is likely to reduce the likelihood that a survivor will be able to effectively participate in specialist therapy, even where this is available.

[12] Saraiya T, Lopez-Castro T. Ashamed and Afraid: A Scoping Review of the Role of Shame in Post-Traumatic Stress Disorder (PTSD). *Journal of Clinical Medicine*. 2016; 5(11):94.

Treatment for mental health issues

Providing clinical care for people seeking asylum and survivors of trafficking, including Albanian nationals, can be particularly complex. Good care depends upon a comprehensive assessment of individual needs, consistent, trauma-informed working, proactive health screening and careful community-based management of psychotherapeutic and pharmacological treatments. Some survivors of abuse will not be willing to take medication: they may lack trust in the process or not feel safe enough to take medication to help with sleep due to feelings of hypervigilance and feeling unsafe when trying to sleep.

People seeking asylum and survivors of human trafficking who are experiencing mental health problems may require a range of treatments. Where therapy is used, it is important that this is 'evidence-based' (i.e. for there to be clear research evidence that the particular treatment is effective). Such evidence-based therapies include cognitive-behavioural therapy (CBT) (for PTSD, depression and anxiety disorders), counselling (for depression) and Narrative Exposure Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) for PTSD. Guidance on evidence-based treatment can be found in the National Institute for Health and Care Excellence (NICE) Guidelines.

Some people with severe symptoms, and with comorbid problems including high suicide risk, self-harm and substance misuse may require multidisciplinary community mental health care (such as a community mental health team (CMHT) or secondary care substance misuse service), through which they can access assistance to managing and reducing their risk as well as interventions to improve their mental state. Clinical care will usually be overseen by the person's GP, who can diagnose and prescribe any needed medication, although in some cases a psychiatric referral may be made.

For PTSD, although antidepressants are effective in the treatment of PTSD and associated depressive symptoms, psychological treatments are crucial components of a comprehensive individual treatment package. The National Institute for Health and Care Excellence (NICE) 2018 emphasises that psychological treatments should be regarded as 'first-line' treatment and medication as second-line treatment.[13]

The NICE guidelines recommend either trauma-focused Cognitive Behavioural Therapy ('TF-CBT') or Eye-Movement Desensitisation and Reprocessing ('EMDR') for the treatment of PTSD. The treatment should be individual, regular, and continuous and delivered by the same therapist. Treatment for PTSD which relates to a single traumatic incident is typically provided over 8-12 sessions, however more sessions should be provided where clinically indicated, such as if a person has experienced multiple traumas.[14] Successive tasks are undertaken within these sessions. Early tasks include establishing trust and a collaborative alliance and increasing feelings of safety and an increased ability to manage distress. These permit the subsequent updating and processing of trauma memories, the integration of traumatic experiences with the individual's life story, and where

[13] National Institute for Health and Care Excellence, Post-traumatic stress disorder - Guidance, December 2018
[14] ibid

relevant, assistance in the process of mourning. This then allows the individual to reconnect with their communities. The length of treatment is variable and depends on response.

Difficulty engaging in psychological therapy in the context of other life 'stressors' (stressful factors in an individual's life) is particularly common amongst people with uncertain immigration status, who are likely to experience chronic instability in their social circumstances. If 'stressors' increase, then their symptoms are likely to worsen. Many survivors need to remain settled and supported in the community for meaningful psychological work to be undertaken. Continuing uncertainty about immigration status and the threat of return to Albania undermines attempts to treat Albanians' mental health problems.

Without a sense of safety and stability, individuals may feel too unsafe to disclose the full details of the events they have experienced, which can, in turn, lead to the individual not receiving the optimal benefit from therapy. Moreover, trauma-focused therapy can be temporarily de-stabilising: symptoms may get worse before they get better. Trauma-focused therapy is therefore more likely to be effective when the person is in a position of relative stability and perceived safety.[15] However, given the high levels of distress and the evidence for the effectiveness of therapy in situations of ongoing threat,[16] the provision of evidence-based therapy should not be delayed due to unsettled immigration status; it should be routinely offered and an informed decision elicited for all individuals experiencing symptoms of PTSD and complex PTSD, regardless of the instability of their circumstances.

Without treatment, there is a low recovery rate for PTSD; where PTSD is first assessed five months after the trauma approximately 36.9% of people recover without treatment.[17] Where PTSD persists beyond six months post-trauma it is unlikely that a person will recover from PTSD without intervention.

Mental health therapy is one of multiple types of support that individuals typically require to help them recover from the traumatic effects of their exploitation. In order to assist their recovery and help them regain their self-confidence, most of HBF's clients benefit from a range of support, including access to education and employment opportunities, attending community support groups, facilitating access to general practitioners, and where, relevant, statutory mental health services.

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[15] ibid

[16] Yim, S. H., Lorenz, H., & Salkovskis, P. (2024). The Effectiveness and Feasibility of Psychological Interventions for Populations Under Ongoing Threat: A Systematic Review. *Trauma, Violence, & Abuse*, *25*(1), 577-592.

[17] Morina N, Wicherts JM, Lobbrecht J, Priebe S. Remission from post-traumatic stress disorder in adults: a systematic review and meta-analysis of long term outcome studies. *Clin Psychol Rev*. 2014 Apr;34(3):249-55

Possible mental health consequences of forced return to Albania

1. Disruption of existing therapy

Many HBF clients, if able to engage and persist with long-term specialist therapy in an environment that they experience as safe in the long-term, will then have good prospects of eventual recovery. If, on the other hand, they find themselves in an environment that they feel was full of threat and danger (as would be the case following forced return to Albania) then their mental conditions are likely to deteriorate significantly.

While HBF does not have expertise concerning the availability of specialist trauma-focussed therapy in Albania, we work with many clients who, even if treatment were available, would in HBF's clinical opinion be unable to engage effectively with it. Reasons for this include stigma and fear that such help-seeking behaviour would increase their risk of being found by their previous exploiters.

Many of the Albanian women we see have further fears related to the stigma of having had a child or children out of wedlock and of having disgraced their families. Kanun law is also relevant here; several women have told their HBF clinician that their fathers have 'disowned' them for bringing shame on the family and have told them that if they return to Albania they will kill them – as sanctioned in Kanun law. Even if such threats are not acted upon, the fear that they might be is likely to prevent the survivor engaging in any available treatment effectively and at the same time increase their stress levels, worsening existing symptoms. Equally, as outlined above, many trafficked males experience great shame and stigma, especially where they have been subjected to sexual abuse. This in turn impacts their preparedness to engage in any therapy that is available and the effectiveness of such engagement.

2. Perceived risk on return

Many Albanian clients believe that, if returned to Albania, they would be found by their traffickers or other criminal gangs and killed or harmed. They do not feel protected by the police in Albania as they have had negative experiences already with the police and have not been kept safe in the past. The police are often perceived as collaborating and working with traffickers. Previous experiences of victimisation and exploitation, and the fear of discovery and further harm is a barrier to seeking, and engaging in, psychological treatment in Albania (if this is available). Whether real or imagined, our clinical experience is that these fears are genuinely held from a psychological perspective. It is important to understand that an individual's subjective perception of their risk of harm upon return, rather than an objective assessment of that risk, is what would be likely to exacerbate their mental ill-health. An ongoing sense of threat, danger and fear of being further harmed will also inevitably have a negative impact on symptoms of PTSD, depression and anxiety. The likely deterioration in mental health, combined with a fear of being killed or harmed, will likely impact on an individual's ability to care for themselves and access further support required.

3. Removal of support network

Many HBF clients have built an informal support network in the UK and have access to specialist support. For a survivor of trafficking, for example, this could include a support worker at the Salvation Army, a therapist, a support worker from HBF and friends. For those with children, it is likely to include the school and other parents. For some, the layers of professional support they receive in the UK ensure that safeguarding issues and risks are managed due to the trust that has been established within these relationships.

Being removed from a supportive network, in some cases for a second time, and from those with whom the individual has built trusting relationships, can be devastating emotionally and is likely to result in significant worsening of mental health conditions and can increase suicide risk.

Although it is outside HBF's field of expertise to know what support is available in Albania, HBF often works with clients who would struggle with service engagement. This is because their relationship to help may be affected by their experiences, they may struggle with new connections, to feel trust in others, or they may distrust state intervention. Some risk being shamed on return – for example, for being a single mother – and/or routinely perceive themselves to be judged by their communications, which acts as a barrier to building a support network in the country.

The perception of an individual having "failed" to get by in another, wealthier country and having been returned against their will also undermines agency, which is strongly anti-therapeutic. More worryingly, it may also signal vulnerability to those individuals seeking to find easy targets for exploitation.

4. Risk of exploitation and (re) trafficking

There are several factors which have been shown to make a person more vulnerable to trafficking and modern slavery. It is important to note that the presence of these factors does not directly result in trafficking, but rather, increases the risk that an individual may be a victim. This includes personal factors, such as gender, age, and ethnicity; situational factors, such as destitution, legal status, and unemployment; and contextual factors, such as discriminatory laws or policies. The intersection of these factors increase one's risk of being a victim.

There is consistent evidence that individuals with abusive histories are vulnerable to future abuse due to complex psychological mechanisms such as behavioural re-enactment, attachment patterns, and negative self-concept.[18] Many HBF clients have been subject to physical abuse and trafficking; are experiencing significant mental health problems; and have low psychological resilience. This can leave them without the problem-solving skills and emotional resources necessary to protect themselves from further abuse and exploitation.

[18] Jaffe AE, DiLillo D, Gratz KL, Messman-Moore TL. Risk for Revictimization Following Interpersonal and Noninterpersonal Trauma: Clarifying the Role of Posttraumatic Stress Symptoms and Trauma-Related Cognitions. J Trauma Stress. 2019 Feb;32(1):42-55.

Without specialist intervention, the larger the number of individual vulnerabilities the more likely that re-exploitation becomes expected by the individual. This expectation of harm - and hence non-engagement with support services - is particularly difficult to combat in a context where distrust of authority figures such as state officials and police is endemic.

An important aspect of therapy for survivors of abuse is to learn self-protective skills and to make conscious choices about not engaging in relationships or behaviours that are harmful.[19] Abuse renders victims more, rather than less, vulnerable to future abuse. The psychological damage caused by severe abuse predisposes traumatised individuals to replicate patterns that they know, leaving them vulnerable to further abuse. There is a risk that survivors forcibly removed to Albania (particularly in the context of constant fear and non-engagement with any therapy that might be available) would be at great risk of further exploitation on return.

Expectations of country information

In light of the concerns above, we would expect country information on mental health to be based on rigorous and robust research and to provide up to date information in answer to the following questions:

- What mental health support services are available in Albania (including those that are evidence-based; trauma-specific; and trafficking specific)?
- How many people can these mental health support services assist and what is their take-up? Can they be accessed within a reasonable timeframe and how can somebody be referred (i.e. is it self-referral or through a doctor or other state service)? Are there waiting lists and/or difficulties in accessing treatment for complex conditions?
- What is the timeframe for available service/treatments (i.e. are they provided for as long as needed or only for a limited time)?
- Are the services distributed throughout the country or limited to urban, high population areas?
- Have those mental health support services been evaluated?
- What evidence on the risk of re-trafficking exists, particularly in the context of mental health vulnerabilities?

This briefing was written by Professor Cornelius Katona, Honorary Medical and Research Director, and Kamena Dorling, Director of Policy.

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[19] Cloitre, Cohen & Koenen (2006). Treating survivors of childhood abuse: psychotherapy for the interrupted life. Guildford: London