PSYCHOLOGICAL WELLBEING OF REFUGEES IN SERBIA

2018 RESEARCH REPORT

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PIN

PSYCHOSOCIAL INNOVATION NETWORK (PIN) IS ENGAGED IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF DIFFERENT PSYCHOSOCIAL INTERVENTIONS AND SUPPORT PROGRAMS FOR REFUGEES THAT AIM TO PROTECT AND ENHANCE THEIR EMOTIONAL, PSYCHOLOGICAL, AND SOCIAL WELL-BEING. PIN PROVIDES PSYCHOSOCIAL SUPPORT, EDUCATIONAL AND COMMUNITY BASED PROGRAMS AND SPECIALIZED MENTAL HEALTH CARE FOR BOTH CHILDREN AND ADULTS, AS WELL AS CONTINUOUS SUPPORT IN ADAPTATION AND INTEGRATION IN LOCAL COMMUNITY.

AS THE IMPLEMENTING PARTNER OF UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) IN SERBIA, PIN CONDUCTS RESEARCH ON REFUGEES' PSYCHOSOCIAL NEEDS AND FACTORS AFFECTING THEIR WELL-BEING IN ORDER TO KEEP TRACK OF TRENDS, EVALUATE AND RE-ADJUST PROGRAMS, ENSURE EVIDENCE-BASED PRACTICE IN REFUGEE PROTECTION AND SUPPORT SYSTEM, AND PROVIDE ACTIONABLE RECOMMENDATIONS FOR DELIVERING WELL-ADJUSTED PSYCHOSOCIAL SUPPORT PROGRAMS.

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#WithRefugees

Note: The primary objective of this report is to provide data on psychological difficulties faced by people who due to different reasons had to flee their home countries. For better readability and simplicity the term refugee will be used throughout the text regardless of persons legal status at the time of this research.

THE SUMMARY

SCREENING SHOWS THAT **86%** OF REFUGEES ARE PSYCHOLOGICALLY VULNERABLE, I.E. COULD BE IN NEED OF SOME PSYCHOLOGICAL ASSISTANCE AND SUPPORT. THEY ARE FACED WITH DIFFERENT DAILY CHALLENGES INCLUDING LANGUAGE BARRIER, UNRESOLVED LEGAL STATUS, NOT HAVING PERMISSION TO WORK, BARRIERS TO ACCESS SOCIAL AND MEDICAL SERVICES ETC. STILL, MANY OF THEM DEMONSTRATE HIGH RESILIENCE AND STRONG COPING CAPACITIES. IN ORDER TO PRESERVE THEIR MENTAL HEALTH AND OVERCOME DAILY CHALLENGES REFUGEES NEED TO BE ABLE TO RELY ON DIFFERENT PILLARS OF SUPPORT THAT NEED TO BE FURTHER STRENGTHENED AND DEVELOPED.

INTRODUCTION

This report is based on data collected in different locations in Serbia, during psychosocial support activities provided regularly by PIN's psychologists and cultural mediators/ interpreters. This report aims to provide empirical data on the most pronounced psychological strengths and difficulties that refugees face, along with factors that affect their overall well-being. Moreover, the data in this report are accompanied by examples and analysis of refugees' experiences, that provide insight into refugees' perspective of their situation and possible solutions. The overall objective of this report is to provide all relevant actors with advanced and timely data which can be employed to develop strategic and systemic solutions for refugees residing in Serbia.

RESEARCH METHODOLOGY

The presented data was collected during the period between January and October 2018 on the locations where refugees are accommodated (including but not restricted to Belgrade, Banja Koviljaca and Bogovadja). The research employed mixed-method approach to data collection. Thus, we collected quantitative data on refugees' mental health, resilience, coping capacities and living difficulties using the standard set of questionnaires, while we also performed qualitative analysis of refugees' stories and experiences (collected during individual interviews and focus groups) in order to obtain deeper understanding of their coping mechanisms, usage of support systems, integration and the role of the local community. Furthermore, in order to keep track of trends and to understand how the contextual changes affect refugees in Serbia, the acquired data were compared to the data collected by the same instruments during 2017.

A total of 320 refugees participated in quantitative part of the research. Majority of the participants were from Afghanistan (42.4%), followed by Iran (33.4%), and Pakistan (16.6%), but also from Iraq, Cuba, Syria, Zimbabwe, Somalia, Ghana, Nepal and Bangladesh. There were more men (81.6%) than women participating in the research and the ages ranged from 12 to 65 years, with majority of respondents being between 18 and 35 years of age.

The data on psychological difficulties was collected using Refugee Health Screener (RHS-15). This assessment tool was used as it provides efficient but at the same time linguistically and culturally adjusted mental health screening for the most commonly experienced psychological difficulties. It is important to note that mental health screening serves solely to identify persons at risk i.e. those who need to be referred to mental health professional for further assessment and diagnostics, and this tool is not intended for diagnostic purposes. RHS-15 was administrated by PIN psychologists with the assistance of interpreters, or self/administrated by refugees when required conditions were met (adequate level of literacy, understanding the language and the instructions for filling the questionnaire, etc.). For identifying individuals at risk, psychologically vulnerable ones, the cut-off score of 12 was used (in accordance with RHS guidelines for administration and interpretation). Moreover, in order to additionally increase the sensitivity of the instrument, the additional cut-off score of 24 (twofold initial cut-off) was used to differentiate highly psychologically vulnerable persons. Introducing this second cut-off proved to be highly useful in populations where many who undergo assessment screen positive in order to be able to prioritize in case of limited resources for provision of psychosocial support.

Resilience was conceptualized as combination of positive aspects of functioning – subjective well-being, satisfaction with life, happiness, optimism and self-confidence. In addition, coping capacities were assessed as a part of RHS-15 questionnaire. Finally, to obtain data on dominant living difficulties during interviews refugees filled Post-Migration Living Difficulties Questionnaire, which is used to determine the exposure to various difficulties such as: discrimination, language barrier, lack of employment, loneliness, etc. In order to acquire valid data this questionnaire was administrated only to those that had been staying in Serbia for six months or more (N = 207).

In addition to that, PIN psychologists conducted 12 focus groups. All the groups had 3 to 8 participants, and were homogeneous in terms of participants' gender and first language. Half of the groups explored their daily life in Serbia, integration potentials and barriers as well as usage of different pillars of support. The second half of the focus groups aimed to provide insight into coping strategies (both adaptive and maladaptive) refugees use to overcome daily challenges. All focus groups were conducted with the assistance of interpreter and a typist (majority of the participants preferred not to be recorded using a voice recorder).

PSYCHOLOGICAL DIFFICULTIES

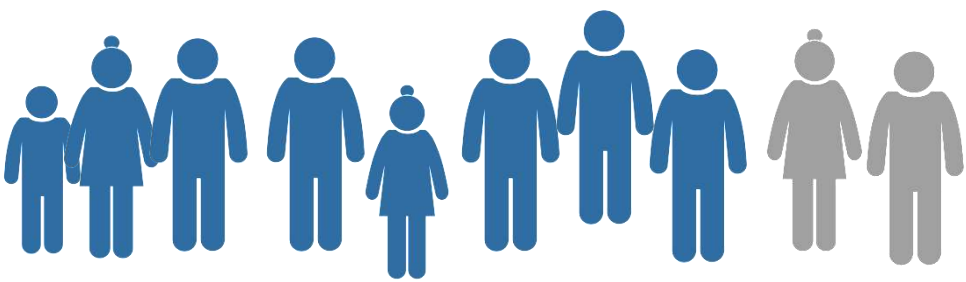
Refugees that are seeking protection in Serbia have survived a large number of traumatic experiences, both in their countries of origin and during the flee. Our data form 2014 (Vukčević, Dobrić, & Purić, 2014) and 2017 (Vukčević Marković, Gašić & Bjekić, 2017), showed that majority of refugees in Serbia were forced to flee their homes, experienced war or many other terrifying events and human rights violations. More than half of them had witnessed destruction, violence, and torture, and more than a third had themselves experienced being seriously injured or tortured. In order to escape the violence refugees take on a long and unsafe journey, during which they experience new traumas. After the *de facto* closing of the so-called Balkan route in March 2016, the number of those whose life was in danger during travel skyrocketed to 80% - as many had no access to food, water, and safe shelter or sustained serious physical injuries. Collective expulsions, unlawful imprisonment, physical violence and seizure of personal belongings are some of the many different traumas that refugees experience during travel. Harsh life conditions and a high number of traumatic experiences, both in the country of origin and during the flight, can have a severe impact on one's mental health and psychological well-being.

Here we present the results of screening for most common psychological difficulties in the refugee population (PTSD, depression, and anxiety), that was conducted during 2018 and compare it to the same data collected during 2017.

PSYCHOLOGICAL VULNERABILITY

Screening for most common mental health difficulties has been established as a good practice to efficiently identify persons that need additional mental health support and care. The results of mental screening showed that 17 out of 20 screen positive (i.e. show RHS-15 score equal or higher than the cut-off score).

86%

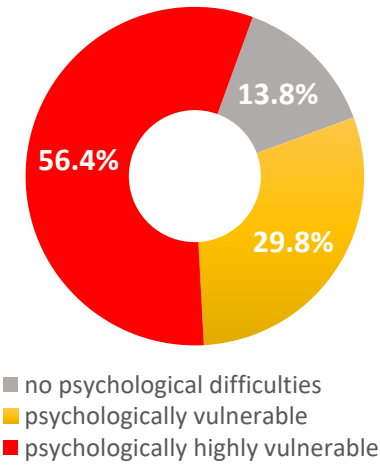


As the Chart 1 shows, one third of the refugees show moderate levels of psychological difficulties, while more than half could be considered highly vulnerable as they exhibit RHS-15 scores that are higher than twofold cut-off .

Further analysis showed absence of gender differences in psychological vulnerability, i.e. the number of men and women experiencing psychological difficulties was proportionally equal. Furthermore, we observed no statistically significant differences between the number of minors and adults that screened positive. These results strongly support the idea that there should be no gender or age bias in provision of psychosocial support and mental health care.

The second criteria for the assessment of need for immediate psychological support is the level of acute distress one experiences. The screening based on the acute distress scale shows that 72.5% of refugees experience acute psychological difficulties, and thus should immediately be provided with psychological first aid. After provision of timely support directed towards resolving acute distress, it is necessary to further follow up on the person's condition and ensure access to continuous psychological support and specialized mental health care (if needed).

Chart 1. Psychological vulnerability of refugees



Data trends (2017 vs 2018)

When the overall psychological vulnerability is compared to the equivalent data collected during 2017, data shows minor differences in the proportion of persons experiencing different levels of psychological difficulties.

Nonetheless, there is a clear positive trend, i.e. slight reduction in number of people experiencing psychological difficulties (88.5% in 2017); or those being under acute distress (77.5% in 2017).

DEPRESSION

The most prominent psychological difficulties in refugee population are negative emotions and cognitions typical for depression. The key indicators of depression are diminished positive mood and/or reduced interest in regular activities. In addition to that, the person exhibits reduced levels of energy, increased fatigue, loss of self-esteem, and the tendency to feel guilt about everything that has happened in the past or will happen in the future. The results of the mental health screening show that four out of ten experience pronounced symptoms of depression.

42%

ANXIETY

29%

Symptoms of anxiety are often experienced alongside depressive moods and cognitions. Anxiety is an umbrella term used to describe psychological difficulties that are characterized by an unpleasant fearful awaiting for negative outcomes of future events and/or intensive fear of the anticipated threat. The most typical indicators of anxiety are physical symptoms such as heavy breathing, sweating, nausea, dizziness, etc. The psychological screening data indicate that three out of ten refugees experience pronounced symptoms of anxiety.

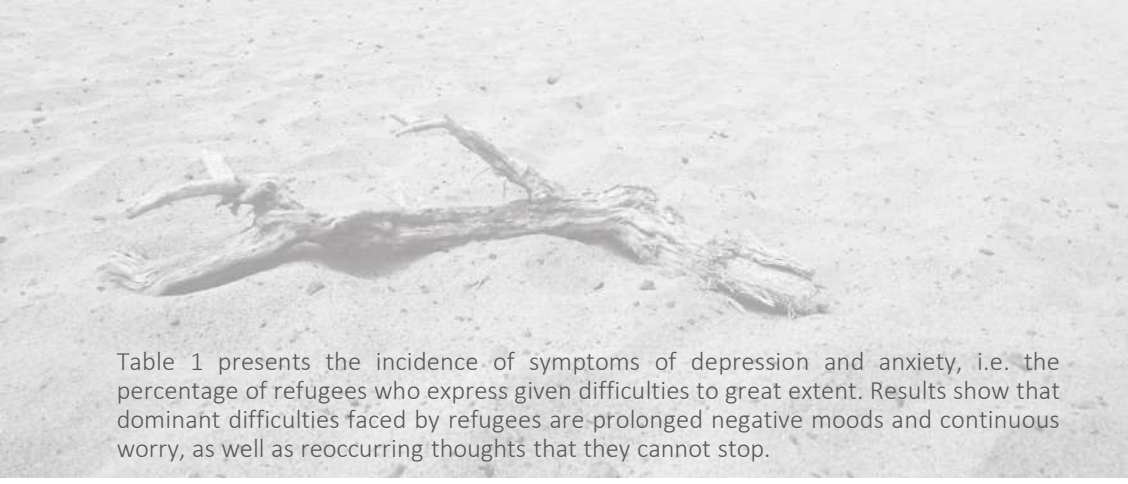


Table 1 presents the incidence of symptoms of depression and anxiety, i.e. the percentage of refugees who express given difficulties to great extent. Results show that dominant difficulties faced by refugees are prolonged negative moods and continuous worry, as well as reoccurring thoughts that they cannot stop.

Table 1. Incidence of psychological difficulties indicated by symptoms of depression and anxiety

Most of the time the person feels sad, gloomy, or blue	**53.2%**
The person feels helpless	**50.9%**
The person feels lack of energy, weakness and dizziness	**36.8%**
The person cries easily or often	**37.9 %**
The person cannot stop thinking - thoughts are always swirling in their head	**69.7%**
The person gets easily scared without any apparent reason	**32.4%**
The person feels nervousness and shakiness inside	**39.1%**
The person cannot stay calm or stay still	**50.7%**
The person experiences pain in muscles, bones and joints	**32.3%**

25%

TRAUMA-RELATED DIFFICULTIES

Post-traumatic stress disorder (PTSD) is a mental health condition which occurs as result of exposure to extreme stress i.e. following one or multiple traumatic events. Responses to trauma vary significantly across survivors and depend on many personal and social factors, thus one cannot expect everybody that went through traumatic experience to develop PTSD. The symptomatology of PTSD includes intrusive and reoccurring involuntary memories of traumatic events, high reactivity to the triggers that are in some way associated with traumatic experience, thus the tendency to avoid places and situations which resemble the context of the traumatic event. In addition to that trauma-related difficulties may include wide range of negative cognitions and emotions, as well as inability to recall and present accurately some segments of the traumatic experience or the events that directly preceded trauma. The results of mental health screening indicate that one quarter of refugees have prominent trauma-related difficulties (Table 2).

Table 2. Incidence of trauma-related psychological difficulties

The person has intrusive memories or a feeling of reliving the trauma	**37.3%**
The person expresses pronounced physical reactions (e.g. sweating, quick heart rate) when faced with or thinking about some aspects of the trauma	**37.9%**
The person has a feeling of emotional emptiness or numbness (e.g. she/he feels sad but cannot cry)	**36.5%**
The person shows increased arousal and reactiveness (i.e. fearfulness, irritability)	**19.7%**

RESILIENCE & POSTIVE ASPECTS OF PSYCHOLOGICAL FUNCTIONING

Despite numerous traumatic experiences and mental health challenges, majority of refugees show a number of positive-functioning indicators, as well as high levels of resilience. Overall, eight out of ten refugees show psychological resilience enabling them to deal with different obstacles and difficulties. Table 3 shows the percent of refugees expressing a high level of optimism, self-respect, satisfaction with life, self-efficiacy and happiness.

Table 3. Prevalence of positive aspects of psychological functioning

Optimism – I am optimistic about the future	**86.5%**
Self-respect – I believe that I have the capacity to achieve great things in life	**91.9%**
Satisfaction with life – I am content with my life and I would not change many things	**21.1%**
Self-efficiacy – I am satisfied with what I have achieved so far in my life	**45.5%**
Happiness – All in all, I see myself as a happy and content person	**46.9%**

79%

Experiencing psychological difficulties and, at the same time showing high levels of resilience may seem contradictory at first. But this can indicate that mental health problems could occur mainly as a result of difficult and challenging living circumstances one is facing, rather then mental health disorders.

Being resilient does not mean that a person does not experience difficulty or distress and in order to achieve and/or maintain resilience and high level of psychological functioning one needs a lot of personal strength, as well as continuous social support.

I do live in a camp right now and I just had to accept this fact. Therefore, I try to think of a camp as my current home and to organize my life in a meaningful way. I do everything I would usually do in my home - I cook, I clean, I take care of my family, I spend time with my friends… My children are going to school, they are constantly learning and are satisfied, and all of that makes me feel good about my life. I do hope for a better future, but I cannot let myself be dysfunctional in the meantime.

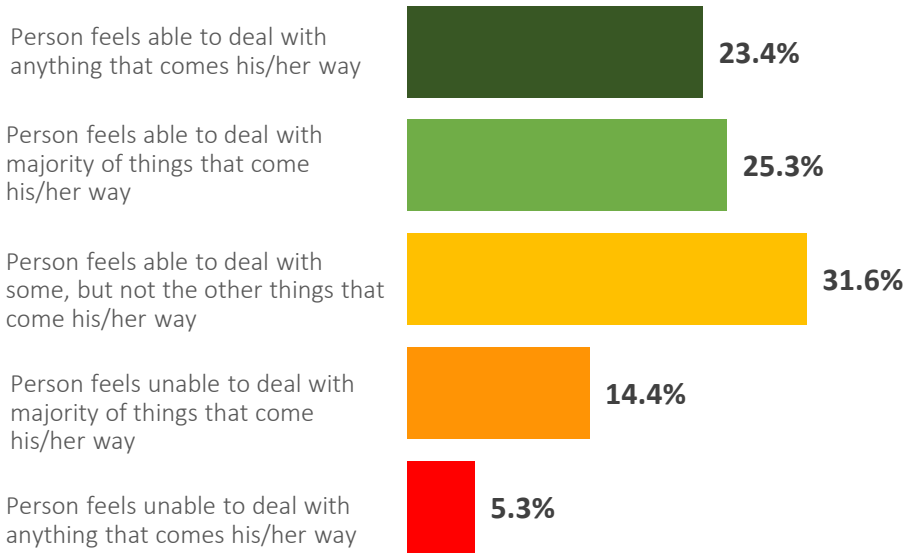
Woman from Iraq

Sometimes, when I get discouraged by my current life situation I look around and I remember that many people, many families have the exact same problems as we do. That gives me the feeling that I'm not alone and that I have someone to share with, which is something that I tend to do in order not to get overwhelmed.

Man from Afghanistan

COPING CAPACITIES AND STRATEGIES

Coping refers to the ability to adaptively use different mechanisms in order to overcome challenges in life. It comprises of different strategies people use in the face of stress and/or trauma in order to manage painful or difficult emotions. Coping strategies or mechanisms can help one overcome stressful events, and help in maintaining one's emotional well-being. The results of the assessment of coping capacities show that 58.7% of refugees feel that they have the capacities to deal with challenges and obstacles. On the other hand, one out of five refugees feels as if he/she is unable to deal with most if not all obstacles in life.



Overall, one's coping capacities depend on personal factors including the coping strategies/mechanisms one uses, but also the challenges and external support systems that can help one overcome those challenges. To understand the complexity of coping in refugee population we here provide the results of qualitative research on coping strategies, followed by quantitative data on living difficulties, as well as the analysis of pillars of support - both the usage and the barriers for their full exercise.

Coping mechanisms are the strategies people use in the face of stress and/or trauma to manage painful or difficult emotions, and maintain health and well-being. Both adaptive and maladaptive coping strategies can reduce stress and symptoms. However, while adaptive coping strategies, in addition to stress reduction, enhance well-being and long-term dealing with stress, maladaptive strategies could just reduce symptoms while maintaining the state of distress, or even causing additional difficulties. Therefore, it is important to raise awareness on these differences, and work towards reduction of maladaptive and strengthening adaptive coping strategies.

In order to gain deeper understanding of these mechanisms, through qualitative analysis of refugees' experiences, we have identified most commonly used adaptive and maladaptive coping strategies. Here we present those strategies, along with typical examples for each of them.

ADAPTIVE COPING MECHANISMS

Use of instrumental social support	*When I'm facing problems it helps me to talk to someone and ask for help and advice, so we can come up to some good solution together.*
Active coping	*When I'm sad, going to school and focusing on studying helps me feel better. This is how I manage to find new strength which I use for facing and solving my problems.*
Planning	*When I have a problem, I tend to analyze it in order to come up with a solution, and I try to carefully, step by step, make plans for solving my problems.*
Religious coping	*When I'm going through difficult times, I turn to my faith. I pray for myself and for people around me. I give thanks for everything I have, I give thanks for the future. That gives me hope since I believe there is someone out there taking care of me.*
Humor	*Sometimes when I'm upset I tend to turn my current emotions into funny drawings, since I'm a graphic designer. Then I share and discuss these drawings with my friends which helps me to cheer up. Otherwise, we just try to find some funny perspective in anything we are facing on a day to day basis.*
Positive reinterpretation and growth	*I am aware that all of these experiences will bring me such a perspective and knowledge that will, for sure, be useful in any other challenge I will face in the future. I try to think this way when I am experiencing difficult times...*

MALADAPTIVE COPING MECHANISMS

Focus on and venting of emotions	*Usually, when I'm under stress I tend to take out my anger and frustration on close people, mostly on my children. I do that because I feel helpless but afterwards I feel ashamed and sorry for not being able to control myself.* *When I feel bad I usually yell, swear, fight with others. Sometimes I even hit objects around me. It makes me feel better.*
Suppression of competing activities	*Being around people doesn't help me when I'm feeling down. I prefer to isolate myself, to put everything aside and focus on my problem...*
Mental disengagement	*When I'm under a lot of stress, I usually try to distract myself. I spend a lot of time on my phone, surfing the internet, watching movies. I'm trying not to think and I act like it is just a normal day during which I have a lot of things to do.*
Substance abuse	*When I'm feeling down I tend to drink, alone or with someone. I also smoke much more than usual.*
Denial	*When I'm facing problems, I tend to sleep a lot. I have a need to somehow switch off as much as possible and pretend nothing is happening.*
Behavioral disengagement	*I know that whatever I do, I can't change anything. So why even trying?*

When providing counseling it is important to understand that even maladaptive coping mechanisms can have instrumental value in dealing with acute distress. Thus it is important not to force immediate cancellation of all maladaptive coping strategies, but rather work towards shifting the maladaptive for adaptive ones in the dynamic that is adjusted to the clients' current capacities.

I used to be quite indifferent, almost without emotions, without empathy. I was in a denial most of the time, not admitting I'm facing problems. I used to push people away, good people who wanted to help me. I didn't share with my family. That jeopardized my relationships with people who are important to me. Today I tend to be more open about my problems, I tend not to pretend, and I allow people to help me. This helps me in a way that I am more aware of myself and my surroundings, I'm more responsible and I'm not alone. All of that helps me to find my peace.

Man from Afghanistan

LIVING DIFFICULTIES & INTEGRATION BARRIERS

In addition to the negative life events that happened to a person in the country of origin, as well as many difficulties one has faced during the flight – the psychological well-being is significantly affected by the living conditions in the receiving country. Regardless of whether the refugees plan on staying in Serbia for limited time (in the search for favorable circumstances for continuing their travel) or seeking asylum, they almost inevitably face a wide range of everyday difficulties. The Table 4 shows the percent of refugees experiencing most common living difficulties.

Table 4. Living difficulties of refugees

Communication difficulties	71.0%
Discrimination	36.6%
Separation from the family	71.6%
Worries about family back home	78.4%
Being unable to return home in case of emergency	64.2%
Not having permission to work	72.6%
Not being able to find a job / get employed	70.6%
Bad conditions at work	19.7%
Being in detention	17.5%
Interviews with police	13.1%
Delays in processing application	60.2%
Conflicts with police	12.2%
Fears of being sent home	65.6%
Worries about not getting treatment for health problems	70.3%
Poor access to emergency medical care	56.5%
Poor access to long term medical care	57.6%
Poor access to dentistry care	62.3%
Poor access to counseling services	49.8%
Little government help with welfare	79.5%
Little help with welfare form charities and humanitarian organizations	70.0%
Poverty	88.1%
Loneliness and boredom	82.3%
Isolation	73.8%
Poor access to food one likes	83.5%

Data trends (2017 vs 2018)

There has been a significant change in the number of refugees experiencing different living difficulties when data form 2017 and 2018 are compared. Namely there is an average increase of **15%** relative to 2017 in the living difficulties reported by refugees. The most pronounced changes are observed in relation to the number of refugees that are troubled by delays in processing their application (relative increase by 46% with the absolute increase of 20%) and little help with welfare form charities (relative increase by 40% with the absolute increase of 20%). On the positive note the number of those experiencing problems with the police continues to decrease from 46% in 2014, with the average decrease of more than 5% annually. This trend seems to reflect continuous efforts to improve the practice of police officials in relationship to refugees and migrants in Serbia.

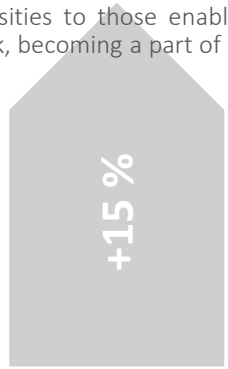
It is important to note that the recorded differences reflect both objective changes in accessibility and quality of different services but also changing needs of refugee population staying in Serbia. In other words, as the number of refugees starting to rebuild their life here increases, it is reasonable to expect their needs to change from satisfying basic necessities to those enabling durable solutions (e.g. learning local language, finding work, becoming a part of local community).

Communication difficulties

Delays in processing the application

Worries about not getting treatment for health problems

Little help with welfare from Charities



Little help with welfare from the government

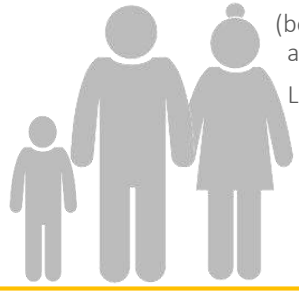
Not being able to find work

Poor access to medical care (both emergency and long term)

Loneliness and boredom

Isolation

Interviews with the police



The story about integration is not that complicated or abstract as it may seem. It is quite simple actually.

Imagine (but really, try to imagine!) yourself moving to the foreign country, where English and Serbian are not common languages. Imagine even that you didn't have any major problems that forced you to move, you just chose to.

So, you arrived, went out of the train station. And then what? What would you do? What would you need? You would need a place to stay. You need some money to buy essential stuff. You need to be able to speak local language – at basic level at least... Language is the first step for everything that follows. Than you would need a job, to be able to live independently. You need at least one person you can have a coffee with, talk, share problems and turn for help, laugh and spend time with.

These are the basics. Later, we can talk about how some of us who went through bad experiences could work through these traumas and get support, some meaningful and creative occupation, etc. But let's for a start go through this short list, check where we are, and hopefully see what can be done next.

Group of females from Afghanistan and Iran, 22 – 35 years old

PILLARS OF SUPPORT & THE ROLE OF COMMUNITY

In everyday life and especially during difficult times, people tend to turn to different sources of informal or formal support, e.g. friends, family, counseling professionals, etc. In the refugee population, due to contextual factors some of these support systems may be less accessible and functional at the time they are needed. Nevertheless in order to overcome psychological difficulties and to successfully integrate into the new society, refugees have to rely on the available support. In order to provide actionable recommendations on how to improve different aspects of social support, we have explored the key pillars of support among refugees in Serbia, as well as main barriers for their efficient usage.

FAMILIES

Talking to loved ones provides one with comfort, feeling of relief and reduces acute stress. Families are recognized as the main pillar of support when dealing with hardships. Even though family is one of the most universal and stable support systems, there are strong barriers to its use – that are specific for the refugee context.

The desire to protect family members from additional stress and worry, as well as the prominent feeling of shame related to the situation one found him/herself in (living in collective accommodation, depending on charity and not being able to work or earn money) are the main barriers for discussing ongoing problems with loved ones.

Unaccompanied children (i.e. children traveling without parents or other guardian), who used to rely on their parents' advice, guidance and monetary support, tend to share only the necessary general information about the circumstances they find themselves in, rather than discussing details and different day-to-day struggles.

Adult refugees avoid talking about their problems and hardships with family members who they left in the country of origin. Instead they focus on discussing ordinary topics (e.g. talk about other family members, discuss movies, ask for recipes etc.)

FRIENDS

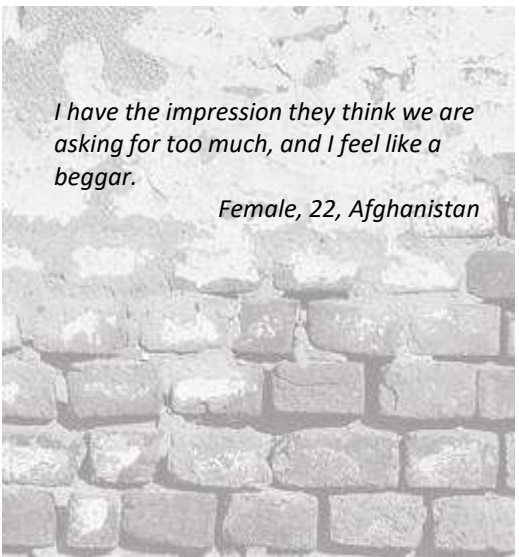
The second most commonly used source of social support are friends – either long time friends from their country of origin, or the newly acquired friends, that they met during the travel. Similarly as with families, the prominent feeling of shame related to the situation one found him/herself in represents the main barrier for discussing difficulties with close friends, especially if they are still living in the country of origin.

> *My friends know me as a different person. I was someone, and I just can't tell that I'm just one wretched guy in some camp now*.
>
> Male, 25, Afghanistan

When it comes to friends and acquaintances refugees have in Serbia, they are willing to share concerns regarding common hardships (e.g. border crossing, dissatisfaction with conditions in the camp, etc.). However, genuine lack of trust and fear that their intimate thoughts and feelings will be shared with others prevent them from confiding in newly acquired friends.

SCRM AND NON-GOVERNMENTAL ORGANIZATIONS

Beside accommodation and food, refugees turn to camp's staff for various necessary items (razors, hygiene products, clothes, etc.) and different day-to-day challenges they encounter (problems with the facilities, wi-fi, conflicts with people in the camp, health problems, etc.). In addition, they turn to NGO's for different non-formal educational activities, medical treatment, psychosocial support, provision of information, etc.



Experience that involves that their needs at some point were unmet or were denied in the unpleasant manner, or experiences that undermine one's dignity result in avoiding asking for help unless necessary. Some of the main reasons for not accessing all available services are lack of information about them - especially about services provided by the NGOs outside of the camp. In addition, many refugees experience lack of motivation to participate in those since they do not directly address some of the main problems refugees face (e.g. employment and monetary problems).

LOCAL COMMUNITY

The least used pillar of support. Small minority of refugees turn to local community searching for the job opportunities, finding the accommodation, or needing help finding certain address or other minor challenge they face. The main reasons for the hesitation when it comes to engaging with local community are the language barrier, not wanting to be the burden to others and lack of trust others would genuinely like to help.

One exception are the schools, where children (especially girls), turn to their teachers and classmates when they need help, but it should be noted that this usually refers to challenges directly related to the school environment which is generally safe, structured and which they already feel being a part of.

Even though local community still represents the least used pillar of support, the results also indicate that there is a great potential and power of local community in process of integration of refugees. A number of examples suggest how big of a difference can small efforts and gestures make.

For me the fact that my child is going to school and that her teacher supports us is the best indicator that we are accepted.

When someone calls me "Neighbor" in the supermarket.

When I go to get drinks after work with my colleagues.

When I host my Serbian friends.

When I can work to provide for myself and my family.

When someone makes an effort to learn several phrases in my language.

When someone is familiar with my culture and the history of my country… or wants me to tell him/her about it.

When a woman asked for the recipe of my cake.

When I am invited to "slava".

When people enjoy our music.

When the whole class surprises you with a birthday cake.

When they ask me to play football in school by saying "Come brother".

PIN

These results were used as a foundation for the design and implementation of joint events and workshops during 2018, which aimed to facilitate and strengthen bounds and understanding between locals and refugees in Serbia.

We asked refugees to tell us what integration means to them

Refugees in Serbia are facing numerous challenges each day. Still, many of them show great resilience and the ability to cope with difficulties. To protect their mental health and support them in rebuilding their lives, we need to ensure wide community support, as well as accessibility to much needed specialized services.

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