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Abstract

Accounts of non-voluntary deportations of Kosovar adolescents from European countries to Kosovo are increasing, and human rights organizations have condemned deportation practices endorsed by European governments for being violent and detrimental to adolescents' physical and psychosocial health and wellbeing. However, research on the pathways connecting migration, repatriation and reintegration realities with experiences of adolescents' psychosocial health and wellbeing remains scarce. This article aims to provide insight into how adolescent returnees living in Kosovo express their emotional distress, their struggle with negative living conditions, and their exposure to violence. Semi-structured interviews were conducted with 14 adolescents with very high-level post-traumatic stress and depression symptomatology and a General Health Questionnaire score of 40 or higher. Based on the empirical data, in-depth information is provided about the adolescents' narratives of symptoms and illness, causal connections, ongoing stressors and the impacts these have on their health and wellbeing. The study found that suffering and related health problems are associated with a sense of loss and ongoing social isolation, economic problems, precarious living conditions, and discrimination. The adolescents' lack of social and economic capital make accessing appropriate resources and professional help for their health and social problems extremely difficult. In the discussion and conclusion section, recommendations are made for the development of appropriate and holistic psychosocial interventions focusing on wellbeing and human rights.

Keywords: Migration and repatriation, Vulnerability, Psychosoical health, Mental health, Adolescents, Kosovo

Introduction

Children and adolescents constituted 51 percent of the refugee population worldwide in 2014 (UNHCR, 2015). Exposed to poverty, social exclusion, exploitation, forced repatriation and associated health risks, these are vulnerable individuals. Increasingly amongst these vulnerable refugees and migrants are Kosovar adolescents from a range of different ethnic groups (Albanian, Serb, Roma, Ashkali, Egyptian and Gorani) who are often forcibly repatriated to Kosovo. Human rights organizations have condemned deportation practices endorsed by European governments for being violent and detrimental to adolescents' physical and psychosocial health and wellbeing.

There is a continued lack of effective policies to assist deportees, particularly children and adolescents, with their integration back into Kosovar society. Despite this, Kosovo has been pressed by the European Union and its Member States to readmit thousands of migrants. These return policies are enforced notwithstanding the knowledge that returnees face myriad obstacles upon their arrival in Kosovo. Separation of family members, lack of access to personal documents, difficulties repossessing property or obtaining housing, problems accessing education, health, employment and social welfare (HRW, 2010) are just some of the obstacles they face.

Research on the pathways connecting migration, repatriation, and reintegration realities with experiences of adolescents' psychosocial health and wellbeing is conspicuously absent. Hence this article aims to make a contribution to the gap in this field of research by providing initial insights into how these adolescents express the emotional distress arising from their day to day lives; how they are prevented from meeting their basic needs and their struggle with impoverished living conditions, discrimination, racism and social exclusion. Questions that guide this article are: How do adolescents experience forced-returns? How do they describe the ways in which

the reality of reintegration affects their psychosocial health and wellbeing? Additionally, in what help and health seeking do they engage in order to improve their wellbeing? Their stress narratives form part of a larger UNICEF study that assessed the situation of repatriated children's and adolescents' psychosocial health in Kosovo. While the larger mixed-method study aimed to gain insight into the overall situation, the qualitative research component investigates how adolescents with high level post-traumatic stress and depression symptomatology detail the challenging circumstances in their lives. Based on our findings, we advocate for multi-sectorial legal, social and medical interventions based on a social and human rights approach to health and wellbeing.

Background

Kosovar emigration and (forced) repatriation history

Borne out of economic necessity and political persecution, economic migration has, for decades, been a livelihood strategy for Kosovars (Koser, 2000; Vathi & Black, 2007). Emigration pressure increased significantly in 1989, when Serbia revoked the autonomy of Kosovo, created new laws and systematically expelled Kosovar Albanians from all public institutions (Malcolm, 1998; Petritsch & Pichler, 2004). The consequential rise in unemployment and insecurity resulted in around 400,000 Albanians emigrating from Kosovo to Western Europe (Independent International Commission On Kosovo, 2006). The minority Roma, Ashkali and Egyptian (RAE)[1] and Gorani communities were caught between conflicting political pressures and systematically excluded from participation in society, with the majority living in

[1] The Kosovar Romani community comprises Roma, Ashkali and Egyptians; most of them are Moslem and while the Roma speak Romani, Ashkali and Egyptians speak Albanian (Sigona, 2012; Crowe 1996; Duijzings, 2000).

poverty, facing high rates of unemployment and, if employed, occupying lower-level positions (Sigona, 2012).

By the mid-1990s, around half a million Kosovar Albanians were residing abroad, while the number for minority groups such as RAE and Gorani are not known (Knaus et al., 2012; Perič & Demirovski, 2007). The number of asylum seekers and clandestine migrants increased further with the outbreak of the Kosovo War in 1998, during which the Albanian majority sought independence from Serbia. It is estimated that 863,000 civilians were forced into refuge outside Kosovo and 590,000 were internally displaced trying to escape the violence imposed by the Federal Republic of Yugoslavian (FRY)/ Serbian forces and paramilitaries (IICK, 2006). When Yugoslav forces withdrew in June 1999, refugees returned to their homes in Kosovo in great numbers (Bozo, 2001). Yet, their return sparked another wave of violence, this time directed against the Serbian population and other minorities who were considered "Serb collaborators". Over 100,000 Serbians and tens of thousands of RAE fled the systematic violence inflicted on them by the Albanian population (AI, 2009; International Crisis Group, 2000).

Although many Kosovar Albanians returned voluntarily, others began new lives in their respective host-country. Kosovar RAE and Serb families, on the other hand, were discouraged from returning to Kosovo as they were considered vulnerable and at risk of persecution (AI, 2010). UNHCR (2002) explicitly demanded that their return should happen on a strictly voluntary basis and assistance be provided for sustainable reintegration. It was stressed that "minorities should not be forced, compelled or induced to return to Kosovo" (p.3, underlining in original).

Since 2009 European governments considered Kosovo to be a 'safe country' and introduced rigid entry conditions, making it impossible for Kosovars to claim asylum

on humanitarian grounds (HRW, 2010). Equally, refugees were urged and often forced to return to Kosovo to reclaim their property and personal possessions (Kurz, 2010; "Stockholm Programme" (2010) of the European Council). Western European governments are now resorting to different tactics both to frustrate living and work conditions of migrants residing in their respective countries and to discourage and prevent clandestine immigration. Prominent among the techniques used are the introduction of employer sanctions, exclusion from public services, surveillance by police, incarceration, and expulsion (Broeders & Engbersen, 2007; Silove, Steel & Watters, 2000). However, since many migrants, including Kosovars, decide to stay despite this repressive "web of barriers" (Castaneda, 2010), governments increasingly opt to enforce the return through "removal or deportation of those who have been denied refugee and permanent legal status" (Vathi & Black, 2007; UNMIK, 2006).

Germany was the first European country to reach an agreement with the United Nations Interim Administration Mission in Kosovo (UNMIK) to facilitate deportations of individuals and families. The first charter flight, which included members from all ethnic groups, left for Kosovo on 15 September 2009, the second only 18 days later, leading to 541 deportations in that year alone (Duennwald, 2009). Since then, the number of deportations from Germany and other EU member states has continuously increased, partly due to the bilateral agreements signed between Kosovo and host countries such as Germany, Switzerland, Denmark, Austria and Albania (Bundestag, 2010). Involuntary returns have been accompanied by force and sometimes physical brutality by police (Fekete, 2005; Medical Foundation for the Care of Victims of Torture, 2004). These practices contravene Article five of the European Union Return Directive, which instructs member states to consider the "best interest of the child, family life and the state of health of the individual concerned". In

this context, children and adolescents are considered particularly vulnerable with the key principle of respect for family life and unity repeatedly ignored, especially in decisions involving family removal (Knaus et a., 2012).

Psychosocial consequences linked to deportation experiences and living conditions

While scholars, activists, and journalists have discussed deportation processes and related violence widely, less information is available with regards to what actually happens to the deportees, particularly children and adolescents, once they arrive back in their home country. In terms of Kosovo, Thomas Hammarberg, Council of European Commissioner for Human Rights, warned that the country neither has the budget nor the capacity to receive forcibly returned families with dignity and security (Knaus et al., 2012). The available data make this strikingly apparent: Kosovo has the highest poverty and unemployment rates in Europe (World Bank, 2006, 2009; UNDP, 2012), with statistics from the World Bank, UNDP and the Statistics Office of Kosovo estimating the unemployment rate to be between 30 and 50 percent, while the number of job seekers continues to rise. Unemployment among young people (15-24 years) is particularly grave, having risen to 73 percent. The most disadvantaged group of Kosovar youth are RAE with an employment ratio that is six and twelve percentage points lower than that experienced by Kosovo Serbs and Kosovo Albanians respectively. The social protection system provides only limited support to those who depend on it, targeting the poorest by excluding families from crucial benefits when their youngest child turns five years old (UNDP, 2012). Around 45 percent of the population live in poverty and around 15 percent in extreme poverty.

The situation in the education sector is problematic, with schools operating a shift system, due to lack of teachers. RAE receive limited education as 70 percent leave school aged 12 or under. Also, children with special needs are mostly excluded from

receiving a formal education and do not play a decisive role in Kosovo's broader socio-political life (UNDP, 2012). Alongside poverty and problems related to education, health care in Kosovo is equally dire. The infant mortality rate (18-44 per 1,000) is one of the highest in Europe and inadequate nutrition is a persistent problem (UNDP, 2012; World Bank, 2005, 2008). In principle, all Kosovars have access to health care however, as it is mostly unaffordable to them, this does not actually translate into reality.

Families, who are forcibly returned to Kosovo, after having lived for many years abroad, are found to be especially vulnerable due to their lack of social and economic networks and, in the case of RAE and Gorani, to racism, resulting in physical violence, and social exclusion (Duennwald, 2009). Available human rights reports indicate that children and adolescents face precarious conditions upon their return marked by extreme poverty, social deprivation, discrimination, lack of medical care, political instability, and lack of adequate assistance (UNICEF, 2012; Bundestag, 2011; HRW, 2010; Lersner, Elbert, & Neuner, 2008; Shabani, 2005).

Research has shown that socioeconomic inequalities and discrimination negatively impact on the physical, social and mental well-being of individuals and families (Miller & Rasmussen, 2010; Siegrist & Marmot, 2004). Few studies on children and adolescents have examined in differentiated ways the relative impact of area-level, family-level, and individual-level predictors of poor (mental) health (Panter-Brick, Goodman, To, & Eggerman, 2011). However, exceptions exist and the available data indicate that living in precarious and insecure circumstances has damaging effects on children's and adolescents' physical, emotional and social development (Barber, 2008; Giacaman et al., 2005; Kohrt et al., 2010; Zolkoski & Bullock, 2012; among others).

Our recently published UNICEF report (Knaus et al., 2012) confirms this is also the case in Kosovo. We found that their precarious living conditions, their experience of deportation and their distress over relational events, resulted in one in two (44.2%) adolescents suffering from depression, one quarter reported symptoms of hopelessness (25.5%), and one fifth (19.1%) felt life was not worth living. One in four (25.5%) reported suicidal ideation, and it was found that every third child between six and 14 years of age (29%) and one out of three youths (30.4%) suffered from PTSD on a clinical level. The following qualitative data will provide important insights into how repatriated Kosovar adolescents, with high level clinical symptomatology, *themselves* perceive their psychosocial and health situation and the ways in which they conceptualize their wellbeing and distress.

Methodology

This article is based on a larger mixed-method study in Kosovo, commissioned by UNICEF, to assess the psychosocial health of children and adolescents repatriated from Germany and Austria. Our qualitative research component was conducted with a sample of 14 adolescents aged between 15-18 years from different ethnic backgrounds including RAE (6), Albanian (5), Gorani (2) and Serbian (1) who had arrived from Germany (11) and Austria (3). Nine of the adolescents were female and five were male. This gender imbalance results from a selection process designed to include only adolescents with very high level post-traumatic stress and depression symptomatology in order to gain in-depth insight into their suffering, stress related factors and needs for support or treatment. Adolescents included had a General Health Questionnaire (GHQ) score of 40 or higher.

We conducted semi- structured interviews and recorded observation notes concerning family life and living conditions. Specific information was elicited on topics such as living conditions, economic situations, social relationships, education and participation in communal affairs. The questionnaire also included the McGill Illness Narrative Interview (MINI) (Groleau, Young, & Kirmayer, 2006) to gain insight into a basic temporal narrative of symptom and illness experience; salient prototypes related to current health problems; and any explanatory models, including labels, causal attributions and expectations for prognosis. Interviews were conducted by the first author and research assistants who were students in the Department of Psychology at the University of Prishtina. Interviews were conducted in Albanian, Serbian and German.

We used Atlas.ti software to explore, annotate, code, and organize the data and subsequently analysed them with thematic analysis. The analysis began with open coding and once we had categorized the concepts, we linked and organized them by relationship in a process called axial coding. Through a process of comparative analysis, we established links between the categories and defined their properties such as phenomena, causal conditions, context, intervening conditions, action strategies and consequences. Through an interpretative process, we were able to identify the core categories and themes from which we derived our theoretical conclusions.

Ethics approval was acquired from an ethics committee at Pristina University prior to the start of the study and informed consent was sought from the adolescents and at least one parent.

Narratives of symptoms and illness experiences

To develop an understanding of how adolescent deportees perceive their distress and related health problems, we elicited basic temporal narratives of symptoms and illness experiences by asking the following questions: (1) From what kind of emotional or physical health problems do you suffer since you learned that you had to return to Kosovo? (2) When you get stressed out or nervous, how does your body react? (3) What else happens when you experience these [symptoms]? These questions were specifically designed to act as a prompt for further discussion with them concerning the frequency, intensity and location of their symptoms.

Although certain symptoms were experienced more frequently than others, when free listing them, the adolescents generally expressed a wide range of symptoms. The following is an excerpt from an interview with Delvina[i] which illustrates this:

> I: From what kind of emotional or physical health problems do you suffer since you learned that you had to return to Kosovo?
>
> A: When we first received the negative news. This was the biggest shock. We lost hope in everything; we thought that there is nothing left for us. When we were told that we had no chance but to return home [Kosovo], this was another big shock and an even bigger one was when we came to Kosovo. We were more nervous, more stressed, everything.
>
> I: And what happened then?
>
> A: Then we started to get nervous, the whole family (…)
>
> I: And when you become nervous or are under a lot of stress, how does your body react?

A: Body-shakes, headache, I don't have anything under control. I don't know what I am saying and I don't know what I am doing until it goes away.

I: (…) What else happens?

A: To tell you the truth, I don't know, I lose control and feel like it's not my body, like I am another person, it's not me.

Delvina's symptom narrative combines various painful sensations related to both the "shock" of hearing that she and her family would have to leave Germany and the circumstances they encountered in Kosovo upon their return. In this short section she mentioned lost hope, nervousness, stress, body "shakes", headaches, losing control, feelings of estrangement, and isolation. She later referred to feelings of self-hate, guilt and a frequent urge to kill herself.

The symptoms and feelings expressed most frequently by adolescents included nervousness (9), headaches (9), bodily pains (7), fear (6), sleeping problems (6), nightmares (5), anger (5), stress (4), body shakes (4), and problems concentrating (4). Other symptoms that were shared, but mentioned less often, included hopelessness, guilt, suicidal thoughts, crying for several hours, heat, heart palpitations, sadness, stomach pains, thinking too much, avoidance, sweating, unwanted memories, dizziness, and depersonalization. Other symptoms ranged from losing control, isolation, and self-hate, to startle response, allergies, screaming, hearing voices, and feeling depressed.

Our interview process allowed adolescents to name their symptoms without limitation to certain categories or terminologies, therefore a wide range were obtained. Some symptoms were unrelated to the deportation itself and were connected more to their

current living conditions and concerns surrounding the precarious health and wellbeing of family members.

Multiple causal connections

Deportation and arrival in Kosovo

When the adolescents were asked what triggered their symptoms, they all referred to events associated with the deportation and/ or return to Kosovo. They stated that symptoms and pain increase when they recall the deportation or specific events related to the deportation and when they visit places or people whom they connect with their return to Kosovo.

For instance, Marigona was convinced that her health problems were caused by the deportation and related shock. She described the incident as follows: "The police came to our house at six thirty in the morning and gave us thirty minutes to pack our things. They yelled at us and touched us violently. Then they drove us from our home to the airport." Upon her arrival in Kosovo, her family had no place of their own. Initially, they lived with members of their mother's family under impoverished conditions and then moved on to Serbia to reside with relatives of their father. Life in Serbia was too expensive and so they returned to Kosovo to live in a suburb of Prishtina occupying a house that does not belong to them.

Sehare, who was born in Germany and for whom Kosovo had been simply an image evoked during conversations with her parents, felt that her future was violently cut short: "I have left a better future there [Germany] because here [Kosovo] you cannot fulfil your dreams". She remembered how the German police came at "two or three in the middle of the night. They knocked on our door with all the strength they had.

They were just about to break the door". When they finally managed to enter, she witnessed how her father attempted to flee, jumping out of the window and breaking his leg. Sehare was certain that her current health problems were related to her return:

> When I was there [Germany], I never woke up during the night, felt frightened or was nervous inside. When we came here [Kosovo], we were placed in a very bad house full of mice. The environment was very dirty. When I compare my life to how it was in Germany, it's just terrible. This is how my problem was created. Nervousness, trauma, anxiety, they're all together.

Like Sehare, most other adolescents had never been to Kosovo prior to their deportation. They felt like strangers in a foreign land, insecure and disoriented. In their conversations with us, all adolescents drew an imaginary line between "before the deportation" and "after the deportation". Apart from two, they all claimed that, prior to their deportation, they had not suffered from any of the symptoms discussed in the previous section. They contrasted their lives then with their lives now and the conclusion was that they had been economically better off, well integrated, and happy prior to the deportation. Conversely, they described their current situation as hopeless and steadily worsening due to lack of prospects and on-going socioeconomic difficulties.

On-going stressors and their impact on health and wellbeing

Social isolation

Many of the adolescents felt isolated from their social environment. Unable to attend or fully participate in school and unable to speak Albanian or Serbian fluently, they

could not properly communicate with others. As a result their social surroundings appeared threatening to them and often they would stay at home rather than venture out. The reasons that adolescents did not attend or dropped out of school were largely because foreign school certificates required official translation, they struggled with the different school curriculum, and had difficulty understanding the language. The isolation that they experienced from not attending school created feelings of loneliness and emotional despair. Sabina, an Ashkali girl, explained how she missed attending school and spending time with her school friends. "I sometimes dream that we return to Germany and that I go to school and everybody is happy." In her dreams, her friends worry about her loss in weight and offer her food that she would be willing to eat, as it is not Kosovar and not therefore prepared in a "stinking environment". Upon awaking and realizing where she is, stress overruns her: "It is very stressful and I have to get up. I wash my eyes and try to go back to sleep. But I often feel terrible about it and can't sleep".

Parents often described the Kosovar school system as disorganized and, therefore, not conductive to learning. Although siblings Marigona and Sedat had gone to school in Germany, their father refused to send them to school in Kosovo as the teachers "are not well educated and there is only chaos in the schools. The children' won't learn anything". Further conversations revealed that his view of the Kosovar education system was not based on actual experience, but rather reflected his overall frustration and anger as a result of discrimination and lack of support by the Kosovar state and community. His decision to deprive his children from further education significantly affected their wellbeing. His son reflected that going to school in Germany was an important way for him to connect with others, to build friendships, and to plan his

future. He would like to return to school, but, believed that his language skills were not good enough and that others would, therefore, treat him with contempt.

Valdete, on the other hand, attended school but was bullied due to her accent and behaviour, which her classmates considered 'foreign'. To calm herself down, she soliloquizes in German, an invitation for her peers to tease her further. "They tell me, 'don't speak German, you don't have to act high and mighty around here'". She explained that she was sad that she was unable to make friends, frustrated that she could not concentrate in school and worried for her future because of her low grades.

It was evident that adolescents attributed social isolation and withdrawal to multiple, sometimes overlapping factors including poverty, discrimination, psychosocial problems experienced by the parents and bureaucratic hurdles put in place by the Kosovar state. Furthermore, the narratives make apparent that such difficulties were believed to further diminish their health and wellbeing and increased their frustrations with life in Kosovo.

Economic problems and precarious living conditions

Their feelings of social isolation are exacerbated by the unstable economic situation and precarious living conditions. Adolescents from the RAE community have particular difficulty accessing employment and many of them live in poverty. Delvina's living conditions were difficult with no running water and no bathroom in the house. Routine activities such as taking a bath, cleaning up, or cooking have become a burden. Her surroundings made her feel hopeless and without prospects. "There is no way out, I don't have hope, I lost hope for living, I don't have anything. Everything is becoming worse. […] I get terribly nervous these past days". The adolescents' economic worries seemed to mirror the anxiety of the adults. During

informal conversations, the adults frequently talked about their financial problems. For instance, Marigona and Zedan's parents talked to us about their harsh economic situation. Their father exclaimed in desperation, "We live like chicken here. Not like chicken in cages. No, no, like chicken that get to run around in the dirt and hope to find a worm. Yes, we are still hoping to find this worm. If this hope dies, we have nothing left".

None of the families owned or rented the houses they were living in. Those who had previously owned property found it difficult to establish ownership due to missing documentation and new tenants refusing to leave. Those without property did not receive any assistance from the Kosovar authorities in finding a place to live. Most adolescents explained that they and their families either squatted in abandoned houses whose owners were assumed to have left the country or were living in houses owned by family members under crowded living conditions.

Health problems of other family members

Surprisingly, eight out of fourteen adolescents related their distress and symptoms to worries about the poor health of other family members. Health problems of parents and siblings ranged from thyroid problems and diabetes, to heart problems, gallstones, liver problems, and psychological distress. Adolescents perceived the health problems of their parents and siblings as extremely dangerous. They feared that their own symptoms mirrored their family members' health issues and that they would soon suffer in similar terms or that their respective member of the family was on the verge of dying.

Agon stated that his own "stress and spiritual suffering" is partly related to his worries for his parents who suffer from psychological problems related to the Kosovo War.

He explained that he suffers from headaches, cries for hours and becomes nervous when he thinks of the trauma his parents experienced during and following the war. Similarly, when we asked Marigona about what in her opinion causes her distress, apart from the deportation, she referred mainly to the health problems of her family members. “My whole family is sick. My dad has problems with his heart, my mother has heart problems and asthma, and my little sister has heart problems, breathing problems and bronchitis.” She is frequently worried that her parents and sister might die.

The heightened anxiety around others’ health problems might be because parents, particularly those belonging to minority ethnic groups, frequently lamented that doctors treated them disrespectfully, that they could not afford to purchase medications for their health problems, and/ or that medicines available abroad were not available in Kosovo. Data from our research suggests that adolescents have absorbed these perceptions, frustrations and worries and, consequently, viewed others’ and their own health condition as steadily worsening or incurable.

Discrimination and harassment

Adolescents, especially those from RAE and Gorani communities, felt vulnerable facing discrimination and violence and, thus, lived in fear of physical assault, racist persecution, and interpersonal conflict. Most viewed their social environment as inherently violent and were afraid to leave the house. Zedan admitted that he is afraid that someone might follow and attack him. He said: “People here are extremely aggressive, they have knives and many have guns. I avoid them. Therefore, I was only three times in downtown Prishtina since we returned.” It is important to note that the city centre is only a fifteen-minute car ride from where his family lives and the surroundings are considered safe.

While some felt insecure but never actually experienced any direct violence, others had been exposed to harassment and physical assaults. When we met Blendi, he had a bandage around his left hand due to a fight with a group of Albanians who had beaten him up on his way from school. His experience is not an isolated case. Human rights reports have stated that such incidents, often motivated by racism, happen frequently but remain largely underreported out of fear of reprisal and the assumption that the Kosovar police would not take violence experienced by members of the RAE and Gorani communities seriously enough (Duennwald, 2009; HRW, 2010).

Two of the Ashkali girls we interviewed referred to sexual harassment and abuse, which left them feeling distrustful of and disgusted by men. Linda said vaguely: "People here are not nice. They are not like in Germany where people say nice things. Here people are perverse". Her sister picked up her thread explaining: "We walk down the street and young men and even the grandfathers offer us money. They offer the money just to do the one thing, you know…" Consequently, both girls are afraid and isolate themselves at home.

Help- and health-seeking behaviour

It is evident from the data that the adolescent deportees did not have extensive social networks and, consequently, their capability to access resources and professional help for their health and social problems was minimal. In our interviews we asked the adolescents about their coping strategies. While the strategies mentioned were very individualistic (none of them were shared by the majority of interlocutors), they all refer to activities that allow individuals to isolate themselves from others and to internalize their suffering. Specifically, adolescents mentioned avoidance of thoughts

(3), avoidance of people (2), roaming the streets (2), praying to God (2), sleeping a lot (2), isolation from others (1), and listening to loud music (1). For instance, Marigona explained that her main strategy was to avoid people whom she suspected might talk to her about the deportation: “I feel that they just make fun of us. When they come, I leave the room and wait until they are gone. However, it is hard to simply leave as people claim that I don’t honor my family”. Daran, on the other hand, said: “When I get nervous, I go out, just not to stay at home, to calm down”. When asked where he tends to go, he replied: “I walk through the city because I get scared to stay at home and become nervous with myself. Who knows what I would do…” Daran suffered from suicidal ideation and, thus, we suspect that leaving the home and wandering the streets was, not only a survival strategy, but also a vehicle by which to deescalate interpersonal conflict.

Without exception, the adolescents stated that it was their immediate family who provided them with support in times of difficulty. Everyone had at least one or more family member, who encouraged them to socialize, listened to them, calmed them in times of sadness and distress, and/ or tried to provide some comfort when in pain. However, it was disheartening to see that only three adolescents mentioned friends as a source of support while five stated that they did not have any friends. Seven adolescents described people, who could potentially be their friends such as schoolmates, neighbors or cousins, as “useless” and untrustworthy as they do not provide any support, cannot empathize with their pain as they do not understand what it feels like, and ridicule their feelings. In contrast, the same adolescents all referred spontaneously to having had meaningful friendships in Germany, Switzerland or Austria. They often thought about their friends and some were able to remain in contact with them through social media.

Professional support from health providers or social workers was either weak or nonexistent. Half of the adolescents reported that they had seen a general practitioner for their health problems, but felt that they had not received proper advice or treatment. While most clinicians seemed to recognize that the adolescents suffered from emotional distress, only one was referred to a psychiatrist whereas others received aspirin for their headaches and medication for "stress" including vitamins and diazepam.

Six children referred to Kosovar doctors as incompetent characterizing them as unskilled, lazy, and corrupt. Especially, adolescents from RAE and Gorani communities felt discriminated and unequally treated by health providers. They described how clinicians ignored them and spoke to them disrespectfully. Rumors of malpractice directed at minorities in the clinical setting also circulated and further diminished trust in health-care institutions. Without assuming that these stories reflect all or part of the reality, they strongly reflect the distrust adolescents have towards the health system. These findings correspond with results published by the Open Society Foundation in Kosovo (Schaaf, 2009), which indicate that sixteen percent of RAE feel discriminated against or treated unequally by Kosovar health institutions.

Limitations

Our study is limited to a small and select sample of adolescents suffering from high levels of psychological suffering with a background of multiple possible causal factors including deportation experiences, poverty, limited social networks, domestic violence, and structural violence such as ethnic and gendered discrimination and

exclusion. Moreover, their narratives are subject to recall and subjective biases and are shaped by the illness experience itself. The data are not easy to generalize and, therefore, might not reflect the experiences of other adolescent deportees in Kosovo, particularly those with greater resilience or more effective coping strategies. A comparison with more resilient adolescents could have helped to further examine to what extend the exposure to trauma and adversity were the main factors differentiating both groups, and explore the resources and coping mechanism at the heart of the resilience process. An additional limitation is that information derived from caregivers was mostly acquired through observation and informal interviews.

Discussion and recommendations

Our study clearly shows that forced repatriation practices are experienced as disruptive, violent events, depriving the adolescents of a sense of security and "home". Born or raised in Germany and Austria, they experienced the repatriation realities in Kosovo as hostile, characterizing their lives as plagued by poverty, social deprivation and discrimination with a lack of medical care and overall assistance.

The illness narratives of the adolescents make apparent that living under such precarious circumstances is perceived to have a damaging effect on physical, emotional and social development. Most of the adolescents listed a wide range of psychological, psychosomatic and organic symptoms that they connected to the deportation and repatriation experience. There was a related sense of loss and social isolation that emerged from their unstable economic and living conditions. Their lack of social and economic capital made accessing appropriate resources and professional help for their health and social problems difficult, if not impossible. In the absence of

professional help the adolescents turned to their immediate family for protection against an environment that they perceived as hostile and discriminatory. The adolescents were convinced that their health problems were generated and perpetuated partly through social and political practices; a perception that is powerfully mirrored in the social determinants of health approach that has linked health outcomes to social position (Commission on Social Determinants of Health 2008). Consequently, to improve the health and wellbeing of these adolescents requires more than simply providing medical care. A broader set of services or programs are crucial to address political, economic, social and medical factors. More specifically, we advocate for a multi-sectorial legal, social and medical intervention based on a social and human rights approach that is designed to protect and promote the rights and wellbeing of children.

On the legal level, it is essential that prevention measures are established by international and national bodies to protect adolescents' wellbeing. European Member States have to be held accountable for the wellbeing of voluntarily or forcedly repatriated children and adolescents. It is important that they screen all returnees according to the UNHCR guidelines and abide by the European Court of Human Rights (ECHR) framework that is, only return children and adolescents if it is in their best interest while taking their special needs into account (ECHR, 2014). Host countries, in turn, must engage with international human rights standards before deciding on repatriation and, at the same time, independently verify the conditions for reception and reintegration in Kosovo's municipalities. It is partly the host countries' responsibility to ensure that the rights of adolescents are fully respected and that the return is conducted in a safe and dignified manner (OSCE, 2011). Currently, human

rights standards are not fully respected during repatriation processes (National Strategy for Reintegration of Repatriated Persons in Kosovo, 2013).

Receiving countries, in this case Kosovo, must be held liable for the provision of financial and social assistance to returning children and their families. Implementations and repatriation strategies must be agreed upon reintegration and anti-discrimination laws applied. (OSCE, 2011; National Strategy for Reintegration of Repatriated Persons in Kosovo, 2013; HRW, 2010). By following a human rights-based approach, their actions need to be based on an understanding that young people have the right to be included in the decision-making processes that concern them; to receive adequate information to ensure their health and wellbeing; to be protected from any form of violence or harm; to receive special support and care in order to live fulfilling and independent lives; to receive governmental support if they are affected by poverty; to receive quality education; and to have an adequate standard of living (UN Convention on the Rights of the Child).

A human rights based approach to repatriation has to be implemented in such a way as to directly impact on the social determinants that affect the adolescents' health and wellbeing. It is crucial to implement policies that guarantee the provision of adequate housing, education, employment, economic opportunities and healthcare. A particular priority should be the educational sector as education can pave the way forward to a secure future. As the situation currently stands, with adolescents facing insurmountable obstacles in accessing proper schooling, a stronger commitment from the Ministry of Education, Science and Technology (MEST), the municipalities and relevant educational institutions, is crucial.

Additionally, psychosocial interventions should be designed to equip adolescents, parents and communities with resources to change their social environment into one

that is perceived as livable, dignified and future oriented (see for example recommendations by Hobfoll et al., 2007). Panter-Brick and Eggerman (2012) have identified that for adolescents to thrive in precarious situations shaped by traumatic experiences and deep-seated poverty, it is crucial that quality of education is vastly improved and furthermore, structural determinants of risk and resilience are addressed. This could be achieved through strengthening families and by "[severing] the insidious linkages between political insecurity, economic instability, domestic crowding, and domestic violence" that tend to circumvent wellbeing.

This approach accords with recommendations of the WHO (2008), which highlight the importance of tackling the social determinants of poor health and avoidable health inequalities as a priority. This would mean focusing on (1) improving daily living conditions; (2) confronting inequitable distribution of power, money and resources; and (3) measuring and understanding the problem and assessing the impact of action. However, to ensure the implementation of these principles, these approaches must be connected to policies and laws that guarantee core human rights, including the right to health (Venkatapuram, 2014).

Within this framework, specialized psychotherapy and targeted interventions should be reserved for adolescents suffering from trauma-related health problems such as PTSD and depression (Panter-Brick et al., 2011; Tol et al., 2011). It is notable that vital evidence on the effectiveness of common mental health treatment methods in large-scale disasters and crises situations, is lacking. A recent systematic review performed by Tol and colleagues (2011) highlighted that in children, meta-analysis of randomized controlled trials failed to show an effect for PTSD symptomatology, but identified that effects of group psychotherapy, school-based support and other psychosocial support benefitted those who internalized their symptoms. Our research

suggests that the implementation of mental health follow-up procedures alongside effective treatment protocols for adolescent deportees would be a useful strategy in addressing these issues.

Scholars and interventionists largely agree that to improve and sustain adolescents' mental health and psychosocial support, governments must develop and implement multi-sectorial and multidisciplinary policies that integrate services into national and local health, education, and social systems (Panter-Brick et al., 2011; Jordans et al., 2010; Tol et al., 2011). To this, we would add an overhaul of the legal system in order to ensure the implementation of human rights mechanisms. Only through such a holistic approach will it be possible to provide repatriated adolescents with a secure environment and the capability to pursue and develop their lives in meaningful ways.

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References

Amnesty International. (2009). *Kosovo: Burying the past. Impunity for enforced disappearances and abductions in Kosovo*. Retrieved 18.12.2009: http://www.amnestyusa.org/document.php?id=ENGEUR700072009&lang=e

Amnesty International. (2010). Not welcome anywhere. Stop the forced return of Roma to Kosovo. London: Amnesty International.

Barber, B. (2009). *Adolescents and war. How youth deal with political violence*. Oxford: Oxford University Press.

Bozo, A. (2001). Kosovar refugees in Albania: The emergency response. In M. Waller, K. Drezov & B. Gokay (Eds.), *Kosovo: The politics of delusion* (pp. 37-42). London: Frank Cass.

Broeders, D., & Engbersen, G. (2007). The fight against illegal migration identification policies and immigrants' counterstrategies. *American Behavioral Scientist, 50*(12), 1592-1609.

Castañeda, H. (2010). Im/migration and health: Conceptual, methodological, and theoretical propositions for applied anthropology. *Napa Bulletin, 34*(1), 6-27.

Deutscher Bundestag. (2010). Antwort der Bundesregierung - auf die kleine Anfrage der Abgeordneten Ulla Jelpke et al. und der Fraktion DIE LINKE: Aktueller Stand der Abschiebungen von Roma in den Kosovo, Drucksache 17/3328. Berlin: Deutscher Bundestag.

Deutscher Bundestag. (2011). Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Ulla Jelpke, Jan Korte, Petra Pau, weiterer Abgeordneter und der Fraktion DIE LINKE, Stand der Abschiebungen von Roma in den Kosovo zum 31. März 2011, Drucksache 17/5724. Berlin: Deutscher Bundestag.

Duennwald, S. (2009). Kosovo. Bericht zur Lebenssituation von aus Deutschland abgeschobenen Roma, Ashkali und Angehoerigen der Aegypter-Minderheit im Kosovo. Frankfurt: Foerderverein PRO ASYL e.v.

European Council. (2010). The Stockholm Programme. An open and secure Europe serving and protecting citizens. *Official Journal of the European Union C115*, 1-38.

European Court of Human Rights. (2014). Annual report 2013. Strasbourg: Registry of the European Court of Human Rights.

Fekete, L. (2005). The deportation machine: Europe, asylum and human rights. *Race & Class, 47*(1), 64-78.

Giacaman, R., Arya, N., & Summerfield, D. (2005). Establishing a mental health system in the Occupied Palestinian Territories. *International Psychiatry, 9*, 16-18.

Groleau, D., Young, A., & Kirmayer, L. J. (2006). The McGill Illness Narrative Interview (MINI): An interview schedule to elicit meanings and modes of reasoning related to illness experience. *Transcultural Psychiatry, 43*(4), 671-691.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Layne, C. M. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal & Biological Processes, 70*(4), 283-315.

Human Rights Watch. (2010). *Rights displaced. Forced returns of Roma, Ashkali and Egyptians from Western Europe to Kosovo*. New York: Human Rights Watch.

Independent International Commission On Kosovo. (2006). *The Kosovo report: Conflict, international response, lessons learned*. Oxford: Oxford University Press.

International Crisis Group. (2000). *Reality demands. Documenting violations of international humanitarian law in Kosovo 1999*. Brussels: International Crisis Group.

Jordans, M. J., Komproe, I. H., Tol, W. A., Kohrt, B. A., Luitel, N. P., Macy, R. D., & De

Jong, J. T. (2010). Evaluation of a classroom□based psychosocial intervention in conflict□affected Nepal: A cluster randomized controlled trial. *Journal of Child Psychology & Psychiatry*, *51*(7), 818-826.

Knaus, V. et al. (2012). Silent harm - A report assessing the situation of repatriated children's psycho-social health. Prishtina: UNICEF Kosovo in cooperation with Kosovo Health Foundation.

Kohrt, B. A., Jordans, M. J. D., Tol, W. A., Perera, E., Karki, R., Koirala, S., & Upadhaya, N. (2010). Social ecology of child soldiers: Child, family, and community determinants of mental health, psychosocial well-being, and reintegration in Nepal. *Transcultural Psychiatry, 47*(5), 727-753.

Koser, K. (2000). Germany: Protection for refugees or protection from refugees. In J. Van Selm (Ed.), *Kosovo refugees in European Union* (pp. 24-42). London: Pinter.

Kosovo Agency of Statistics. (2014). Results of the Kosovo 2013 labour force survey. Prishtina: Kosovo Agency of Statistics

Kurz, B. (2010). *Freiwillige Rueckkehr und Reintegration in den Kosovo.* Universitaet Wien.

Lersner, U., Elbert, T., & Neuner, F. (2008). Mental health of refugees following state-sponsored repatriation from Germany. *BMC Psychiatry, 8*(1), 88.

Lewis, A., & Silver, C. (2007). *Using software in qualitative research. A step-by-step guide*. London: Sage Publication.

Malcolm, N. (1998). *Kosovo: A short history*. New York: New York University Press.

Medical Foundation for the Care of Victims of Torture. (2004). Harm on removal: Excessive force against failed asylum seekers. London: Medical Foundation.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1), 7-16.

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience, and mental health: The production of hope. In *The social ecology of resilience* (pp. 369-386). Springer New York.

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and childhood adversities: a longitudinal study in Kabul, Afghanistan. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(4), 349-363.

Perič, T., & Demirovski, M. (2000). Unwanted: The exodus of Kosovo Roma (1998□2000). *Cambridge Review of International Affairs, 13*(2), 83-96.

Petritsch, W., & Pichler, R. (2004). *Kosovo, Kosova: Der lange Weg zum Frieden*. Klagenfurt: Wieser.

Reineck, J. (1991). *The past as refuge: Gender, migration and ideology among the Kosova Albanians*. Berkeley: University of California, Berkeley.

Rogers, R. (1985). *Guests come to stay*. Boulder: Westview Press.

Schaaf, M. (2009). Kosovo's Roma: A challenge for public health. Open Society Institute.

Shabani, Y. (2005). National and local responses to poverty and social exclusion in Kosovo. Western Balkans Forum on Social Exclusion and the Millennium Development Goals. Tirana: UNDP.

Siegrist, J., & Marmot, M. (2004). Health inequalities and the psychosocial environment—two scientific challenges. *Social Science & Medicine, 58*(8), 1463-1473.

Silove, D., Steel, Z., & Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers. *Jama, 284*(5), 604-611.

Tol, W.A. et al., 2010. Political violence and mental health: A multi-disciplinary review of the literature on Nepal. *Social Science & Medicine*, 70(1), 35–44.

Tol, W.A. et al., 2011. Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet*, 378(9802), 1581–1591.

UNDP. (2005). Human development report 2004. Prishtina: UNDP Kosovo.

UNDP. (2012). Kosovo human development report 2012. Private sector employment. Prishtina: Swiss Cooperation Office Kosovo.

UNHCR. (2002). UNHCR position on the continued protection needs of individuals from Kosovo. Geneva: UNHCR.

UNHCR. (2015). World at war. Global trends 2014. Forced displacement in 2014. Geneva: UNHCR.

UNMIK. (2006). Background note on repatriation policy: UNMIK.

Vathi, Z., & Black, R. (2007). *Migration and poverty reduction in Kosovo*. Brighton: Development Research Centre on Migration, Globalization and Poverty.

Von Lersner, U., Elbert, T., & Neuner, F. (2008). Mental health of refugees following state-sponsored repatriation from Germany. *BMC Psychiatry, 8*(1), 88.

World Bank. (2006). Kosovo: World Bank launches new strategy Retrieved 20.10, 2014, from http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20869409~pagePK:34370~piPK:34424~theSitePK:4607,00.html

World Bank. (2008). Kosovo Poverty Assessment, Retrieved 20.10., 2014, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/KOSOVOEXTN/0,,contentMDK:21761784~menuPK:297788~pagePK:64027988~piPK:64027986~theSitePK:297770~isCURL:Y,00.html

World Bank. (2009). Kosovo: Country brief 2009. Retrieved 20.10., 2014, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/KOSOVOEXTN/0,,contentMDK:20629286~menuPK:297777~pagePK:141137~piPK:141127~theSitePK:297770,00.html

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review.

Children & Youth Services Review, 34(12), 2295-2303.

[i] All names are anonymized to protect the identity of the study participants