Silent Harm

A report assessing the situation of repatriated children's psycho-social health

UNICEF Kosovo in cooperation with
Kosovo Health Foundation

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Verena Knaus
et al.

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Foreword by Thomas Hammarberg

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List of Acronyms

CAPS	Clinician-Administered PTSD Scale
CBCL	Child Behaviour Checklist
DSM	Diagnostic and Statistical Manual of Mental Disorders
EU	European Union
GHQ	General Health Questionnaire
HTQ	Harvard Trauma Questionnaire
ICD-10	International Classification of Diseases (1990)
IOM	International Organisation for Migration
KFOS	Kosovo Open Society Foundation
MINI	McGill Illness Narrative Interview
NGO	Non-Governmental Organisation
NRW	North Rhine Westphalia
PTSD	Post-Traumatic Stress Syndrome
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URA-2	URA ('BRIDGE), German-funded reintegration programme
WHO	World Health Organisation

Foreword

Thomas Hammarberg

The principle of "the best interest of the child" should guide decisions by politicians whenever children are affected. This is one of the basic ideas in the UN Convention on the Rights of the Child. Decision makers should assess the consequences for children before taking action. Today, this principle is not fully respected in European countries in relation to migrant children.

These children are vulnerable. Some of them have fled persecution or war; others have run away from poverty and destitution. They have already been uprooted one or more times. When pushed to return they are uprooted again. A number of them face a harsh reality when returned.

Several European states have established lists of countries which are presumed to be safe places for returns. Readmission agreements have been signed with countries which in reality are not able to guarantee the returnees their basic human rights, such as adequate health care or education. Kosovo has been pushed to readmit several thousand people from Western European countries in the last few years, many of them children.

Many of the repatriated children in Kosovo find it very difficult to adapt when returned. They were born or have lived in host countries for many years, were well integrated there and considered these countries as their real home. A number of them have had to go through traumatic experiences during the war and while seeking refuge. We know that they are highly vulnerable and have difficulties in coping with new traumas. Some of them experience psychological problems such as depression and anxiety. Others suffer from post-traumatic stress syndrome and other serious mental health conditions. Suicidal tendencies are also increased among this group of children.

A national strategy for the reintegration of repatriated persons in Kosovo foresees measures to enable access to adequate health care. However, implementation of these measures is sporadic or non-existent. Repatriated children who have psychological problems can only rely on their families, as they do not have access to adequate professional help. There is a need for a sustainable plan to systematically tackle these serious problems.

The present report, which explores the impact of repatriation on children's psycho-social health, is extremely timely and valuable. Although it focuses mainly on the situation of repatriated children in Kosovo, it highlights a clear need for European states to overhaul their migration policies and firmly base them on human rights principles.

Determining what is in the best interest of the child should be the starting point for states when deciding on migration measures that apply to children and affect their lives. No child should ever be returned to a country where there is no secure and sustainable social environment safeguarding his or her physical and psychological development.

Thomas Hammarberg
Council of Europe Commissioner for Human Rights

Executive Summary

As signatories of the UN Convention of the Right of the Child, EU member states have long been committed to making the best interests of the child a primary consideration for public authorities. The new Treaty of Lisbon further commits the European Union and its member states to protecting the rights of the child in all internal and external policies. In December 2011, the protection of the rights of the child was declared an explicit priority for EU external action and efforts to promote human rights and democracy in the world.

Migrant children constitute a particularly vulnerable group. As children and as migrants they face poverty, social exclusion, exploitation and multiple risks, including risks to health. How to translate Europe's commitment to protecting the rights of children in the context of migration, irrespective of nationality, legal status or social background, remains a particular challenge. Special attention is required to ensure that the rights and principles laid out in the UN Convention on the Rights of the Child apply to migrant children without conditions.

While respect for the UN Convention on the Rights of the Child is one key component of EU policies on migration, repatriation and a credible threat of forced return are held to be indispensable tools in Europe's fight against illegal migration. Prompted by the lack of child-focused migration research, and concerns about a possible impact of repatriation on children's psychosocial health, UNICEF decided to explore how repatriation and reintegration realities interact with children's mental health. Focusing on children repatriated from Germany and Austria to Kosovo, this study aims to provide empirical evidence to allow for a more informed discussion aimed at protecting the best interests of children. How to make the rights of children an integral part of migration and repatriation policies thus lies at the heart of this research.

The evidence presented indeed points to an alarming situation: one out of two children describe their return as the worst experience of their lives. Especially foreign-born and minority children experience their repatriation as traumatic. Every third repatriated child suffers from post-traumatic stress syndrome; nearly one in two teenagers suffers from depression and one in four reports suicidal ideation. Reintegration realities in Kosovo today are such that key factors that could help these children recover are almost non-existent: many returned children live in abject poverty, 70 percent of minority children drop out of school upon return, and the mental health care system in Kosovo is simply unable to meet the treatment needs identified in repatriated children and parents.

Europe's commitment to act in the child's best interests is put to the test in every return decision taken. The responsibility to protect children rights, however, does not end at a country's border. On the contrary, as this study underlines repatriation practices and reintegration realities greatly impact a child's wellbeing and psychosocial health. As a child's health is a sine qua non for the exercise of all other rights, health considerations must take precedence over legal and political concerns in sending and receiving countries.

1

CHILDREN ON THE MOVE

According to the Global Commission on International Migration, the number of international migrants has tripled over the last three decades, from 75 to 214 million persons.[1] In addition, the UN estimates that worldwide there are another 740 million internal migrants, 44 million forcibly displaced people and an estimated 50 million people living and working abroad with irregular status.[2] In 2008, Europe alone was home to an estimated 2 to 3.8 million migrants in an irregular situation.[3] In 2009, net migration to the EU amounted to 857,000; in addition, EU Member states recorded close to 258,000 asylum applications.[4] In Europe today it is no longer national birth rates, but migration that constitutes the main driver of population change and migration is firmly at the top of the European Union's political agenda.[5]

In the face of these growing numbers, European public became ever more ambivalent about migration. Helped along by political parties gaining votes with promises to 'combat' migration, migrants as a group were increasingly 'criminalized' by a public discourse portraying migration as a 'law and order' and national security issue. In response, governments across Europe resorted to tightening loopholes in immigration laws, placing greater restrictions on access to social services for migrants and stepping up efforts to implement removal orders (officially referred to as 'returns') in an attempt to deter future migrants from arriving. In 2010, 394,000 persons were refused entry at EU external borders. Another half a million (520,000) irregularly staying third-country nationals were apprehended in the EU-27; the same year around 230,000 were 'repatriated' or 'returned' to their country of origin.[6]

The emphasis on returns as a key component in the fight against illegal immigration had been spelled out first in the 2002 *'Comprehensive Plan to combat illegal immigration and trafficking in human beings in the European Union'*.[7] A credible threat of forced return has since been considered as a crucial deterrent to *'safeguard the integrity of the EU immigration and asylum policy'* [8] by sending a clear message *'that illegal entry and residence do not lead to a stable form of residence'.* [9] The *'Stockholm Programme'* adopted by EU heads of state in 2010 reaffirms the importance of returns as a primary migration management tool:

> *'An effective and sustainable return policy is an essential element of a well-managed migration system with the Union. The Union and the Member States should intensify the efforts to return illegally residing third-country nationals. …. Voluntary return should be preferred, while acknowledging the inevitable need for efficient means to enforce returns where necessary'* [10]

The evolution of common European 'repatriation practices' has, since its inception, been accompanied by discussions about legal safeguards and minimum standards in removal procedures.[11] Spurred on by the public concerned by images of migrant children being exploited, trafficked, detained and deported by force, European governments and non-governmental organizations have been at the forefront of an evolving international debate on the question of how the rights enshrined in the Convention on the Rights of the Child can also be applied to children on the move. A flurry of guidelines, instructions and common principles have since been adopted with the aim of introducing minimum safeguards regulating different aspects of the migration process, from asylum to detention and returns.

One such key safeguard concerns the *best interest of a child*. As signatories of the UN Convention on the Rights of the Child, the European Charter on Fundamental Rights and the 2007 Treaty of the European Union (known as the Lisbon Treaty), EU member states have committed themselves repeatedly to protecting *the best interest of a child*, including during forced returns. The first Return Action Programme adopted in 2002 specifically refers: *'in all actions regarding children, the 1989 UN Convention on the Rights of the Child prescribes that the child's best interest must be a primary consideration'*[12] This principle was again confirmed in the 2008 Directive on *'common standards and procedures in Member States for returning illegally staying third-country nationals'*, informally known as the EU Returns Directive:[13] When implementing this directive, *'in line with the 1989 United Nations Convention on the Rights of the Child, the* ***'best interests of the child'*** *should be a primary consideration of Member States'.*[14]

Article 5 of the EU Return Directive further instructs member states to take due account of the *best interests of the child, family life and the state of health of the individual concerned*.[15] Respect for ***family life and family unity*** thus presents another key principle enshrined in all relevant legislation. In practice, however, it proves inherently difficult to consistently reconcile the *'best interests of the child'* with full ***'respect for family life'*** – as foreseen in the EU Return Directive - especially in decisions involving family removal.[16]

In addition to the best interest of the child and family unity, the need for special safeguards for the ***'state of health'*** of returnees has also been recognized at an early stage. In 2002, the Council of Europe in its Recommendation (1547) on *'Expulsion procedures in conformity with human rights and enforced with respect for safety and dignity'* called for the presence of psycho-social professionals to prevent against undue traumatizing treatment, whenever an individual is returned by force.[17] Point VI asked member states to *'ensure that expulsion orders are enforced by specially trained, plain-clothed state representatives and not by private agents, and avoid any traumatizing treatment especially towards vulnerable persons'*.[18] The Recommendation further calls on member states to *'systematically draw up certificates on the physical and mental health of the deportee, on departure and arrival'.*[19]

The *Common Principles on removal of irregular migrants and rejected asylum seekers* adopted in 2005 by leading non-government organizations urges that *'families with children are not to be forcibly removed if it is in the child's best interest to stay, for example if the child has experienced extreme trauma or, has serious health problems'*.[20] The EU Return Directive itself contains a provision in Article 9.2 for postponing a decision on removal on account of a person's *'physical state or mental capacity'*.[21]

From UNICEF's point of view, migrant children - irrespective of what caused or motivated their migration and irrespective of their legal status or nationality – are, first and foremost, children. The rights and principles laid out in the UN Convention on the Rights of the Child thus apply to them with no ifs or buts. As children and as migrants they face serious risks at every stage of the migration process. Oftentimes they face debilitating poverty, discrimination, language barriers and social marginalization. Unaccompanied children in particular are vulnerable to trafficking, abuse and exploitation. Millions live in fear of arrest and deportation. Keeping in mind their multiple vulnerabilities, the needs of migrant

children must be approached first from the perspective of the child. In the context of migration, however, the perceived ***'best interest of the state'*** is often given priority over the best interest of the child and their health-related needs.

As the Council of Europe noted in 2002, it is *'difficult to gather reliable information on expulsion procedures' and 'often only by chance ill-treatment suffered during deportation comes to light'*.[22] Concerned by the absence of child-focused research on return practices and policies, UNICEF embarked on this study to provide new insights and empirical data on a number of pressing questions: how do children experience forced returns? What is the psychosocial impact of returns on children? How do reintegration realities in the receiving country affect repatriated families and interact with children's mental health?

In search of answers, UNICEF Kosovo fielded a team of health care professionals (psychologists, medical doctors, social scientists) working with the Kosovo Health Foundation and Pristina University, under the supervision of the Medical University of Vienna. In addition, the team was supported by researchers from McGill University in Canada, the World Psychiatric Associations Section on Sequels to Torture and Persecution and the Swedish Karolinska Institute. The result of this collaborative effort across borders and disciplines is the following cross-sectional analysis of the situation and experience of children repatriated from Germany and Austria to Kosovo.

Background

In the wake of a 2009 decision by the German government to return close to 12,000 Roma, Ashkali and Egyptians from Germany to Kosovo, Thomas Hammarberg, Council of Europe Commissioner for Human Rights, warned publicly that Kosovo had neither the budget nor the capacity to receive these families with dignity and security. Concerned in particular by the 5 - 6000 children affected by this decision, UNICEF Kosovo and the German National Committee for UNICEF published *'Integration Subject to Conditions: A report on the situation of Kosovan Roma, Ashkali and Egyptian children in Germany and after their repatriation to Kosovo'.*[23]
The report's findings confirmed Hammarberg's concerns: three out of four Roma, Ashkali and Egyptian children repatriated from Germany to Kosovo dropped out of school. The main reasons were language barriers, lack of school certificates, and poverty. Forty percent arrived in Kosovo without the birth certificates required for registration, rendering them de facto 'stateless'. Many ended up living in dismal living conditions; some repatriated children even ended up in camps for internally displaced persons.

In the summer of 2011, UNICEF published a follow-up report titled *'No Place to Call Home: Repatriation from Germany to Kosovo as seen and experienced by*

Roma, Ashkali and Egyptian children'. The report commended German *Länder* for adopting a more child-focused approach in decisions on returns and noted encouraging developments in Kosovo, such as the establishment of a Reintegration Fund to assist repatriated person. In terms of tangible improvements in the lives of repatriated children, however, the overall assessment remained bleak: three out of four school-aged children ceased attending school once they returned to Kosovo. Assistance promised failed to reach those most in need, and the social and material conditions of many repatriated families, including those who had received short-term reintegration assistance, had actually worsened.

Many of the more than 200 repatriated children interviewed for the previous reports seemed to suffer silently from emotional distress and other health-related problems. They described their return experience as deeply traumatic. On the interaction between repatriation and the mental-health situation of repatriated children in Kosovo, however, previous reports lacked empirical evidence. The research resulting in the report herein was primarily motivated by the need to gather such information and hereby contribute to a more evidence-based discussion.

The German situation is unique in Europe; in response to a massive peak in migration - between 1989 and 1993 Germany alone received 7.4 million migrants, refugees and asylum seekers - Germany introduced a special temporary toleration permit - commonly known as '*Duldung*'- allowing refugees to remain in Germany on the condition they were to return home as soon as the situation permitted.[24]

Migration has always been a defining feature of Kosovo society, but in the early 1990s, in the wake of the escalating violence and repression under Slobodan Milosevic's regime, Kosovans fled to Europe as political refugees rather than as migrant workers. By the mid-1990s an estimated half a million Kosovo Albanians – around 25 percent of the total population – were living abroad.[25] During that period, members of the Roma, Ashkali and Egyptian minority also left Kosovo in droves; an estimated 50,000 migrated to Germany and, like most Kosovan refugees, were granted a '*Duldung*' status.

Following NATO's military intervention in the spring of 1999, the *Duldung* of more than 100,000 Kosovo Albanian refugees residing in Germany came to an abrupt end. As soon as the conflict ended Kosovan Albanians were returned from Germany en masse, while the Duldung of most Kosovan Roma, Ashkali and Egyptians continued to be extended in light of the particular vulnerabilities of these ethnic minority communities.[26] As the years went by, the Kosovan Roma, Ashkali and Egyptians affected by the 2009 decision had been living in Germany for an average of 14 years.[27] In fact, two out of three children concerned had been born, raised and schooled in Germany.

Given the specificity of the 'Duldung' status (a status existing only in Germany), and the particular vulnerabilities of Roma, Ashkali and Egyptian children, UNICEF chose to include children repatriated from Austria and to include children from all ethnic groups residing in Kosovo. The decision to include Austria in the study was based on the high number of persons repatriated from Austria. In 2010, in per capita terms, Austria repatriated significantly more persons than did Germany. The precise figures from 2010 showed Germany

repatriated 935 persons, and Austria repatriated 888 persons. More than one third (35 percent) of all persons repatriated to Kosovo in 2010 came from Germany and Austria.

Methodology

The study's findings drew on a mixed method approach combining quantitative and qualitative research. The choice of standard research instruments targeted major indicators of general and psychological health, quality of life and life satisfaction while also taking into account individual social backgrounds and migration histories. All questionnaires selected had been either validated in the region before or validated by translation-retranslation procedures (CAPS). In addition, a Socio-demographic Questionnaire was specifically designed for the study to elicit general social, health care, migration and demographic data.
Due to the wide age range covered, age-relevant questionnaires were used for younger children aged 6-14 years (Group I); adolescents aged 15-18 years or turning 19 during the study (Group II); and one parent or family member identified as primary caregiver for each child (Group III). The Kosovo-specific Socio-demographic Questionnaire was used with all participants.

Prior to starting the field research in the summer of 2011, an ethics committee vote of Pristina University was obtained and each family included had at least one parent or identified primary caregiver able and willing to provide informed consent.[28] All interviewers were health care professionals (psychologists, medical doctors and social scientists) and had been previously trained in sensitive interaction, in the research design and in the instruments used. All interviews were conducted by native speakers in the primary language of the participant (Albanian, Serbian or German).

Group I: Children aged 6-14 years

The **Child Behaviour Checklist (CBCL)** is a commonly used standard instrument to measure mental health and functioning in children. It measures eight key aspects of mental health and distress in children, provides additional overall indicators of psychological health, and includes a child and a parent module[29]. It also contains a PTSD scale.

Group II: Adolescents aged 15-18 years

The **Harvard Trauma Questionnaire (HTQ)** is one of the most commonly used instruments to measure the impact of severe (traumatic) stress to yield data on symptoms and diagnosis of posttraumatic stress disorder, as reflected in disturbed sleep, nightmares, avoidance behavior, and intrusive negative memories. The event list of the HTQ was modified to fit the Kosovan situation, following recommended practice.[30]

The **General Health Questionnaire-28 (GHQ-28)** was used to measure general mental health including general aspects such as depression and special aspects such as suicidal ideation. It is seen as a good unspecific indicator to assess potential need of expert treatment independent of a specific diagnosis. The authors' recommended standard scoring (0-0-1-1) was used to identify children requiring treatment, using a two-step cut-off score (5: mild to moderate symptoms, requires follow up and potentially treatment, 11: severe symptoms or distress, requires treatment).

The **Child Behaviour Checklist (CBCL)** was also used for this group of children as described above.

The **Clinician-Administered PTSD Scale (CAPS)** was used to further explore traumatic stressors and the impact of these stressors in a subgroup identified by high HTQ and GHQ scores. It yields information on the retrospective longitudinal impact of different stressors and the development of symptoms.

The **McGill Illness Narrative Interview (MINI)** was applied to provide additional information on culture specific forms of reaction and perception of health-related issues, adding qualitative data to the set of standardized quantitative instruments.

Group III: Parents/Primary Caregivers

To explore long term stress and coping as a function and factor in the family context, the **Harvard Trauma Questionnaire (HTQ)** was also applied to parents or primary caregivers in every participating family.

Sample

For the selection of our original sample we relied on a database of persons repatriated in 2010, as provided by the Kosovo Ministry of Interior, according to the following inclusion criteria: a) *families with children repatriated from Germany or Austria and b) children between 6 and 18 years of age (or turning 19 in the course of the study).* In the result, 198 individuals (out of 432 individuals included in the original dataset provided by the Ministry) could not be traced. It is presumed that some individuals may have left Kosovo, while others may have relocated internally, or indeed may never have actually been returned. It was decided to substitute the missing individuals with an additional 25 repatriated families (97 participants) from the same communities, as identified with the help of key informants.

The final sample consisted of 295 individuals: 131 parents or adult caregivers and 164 children aged between 6 and 18 years (or turning 19 during the course of the study). The sample of children was almost evenly split along gender lines with 83 boys and 81 girls. Male adult parents represented 46.6 percent and adult females represented 53.4 percent. The majority of respondents had been repatriated to Kosovo during 2010.

Table 1: Age-breakdown of correspondents

Parents*	131	44 %
Children (6-18 years) **	164	56%
Children (15-18 years)	52	31,7%***
Children (6-14 years)	112	68,3%
	295	100%

**Parents or adult caregivers.*

*** Percentage of all children 6-19 years.*

****Adolescents turning 19 during the course of the study were also included.*

The sample includes repatriated children from six different ethnic groups, including Albanian, Roma, Ashkali and Egyptian children, as well as Serbian-speaking Gorani and Serbian children. Around one third of respondents declared themselves as Albanians and two thirds as members of a minority community (the ratio being the same for individuals and families); Roma, Ashkali and Egyptians combined constitute the largest group with 177 individuals.

This ratio reflects general repatriation patterns reflected in the Ministry of Interior database, whereby 78 percent out of 5,198 persons repatriated in 2010 were single adult males (mainly Albanians), while the share of families with children was much higher among Roma, Ashkali and Egyptian returnees than Albanian returnees. A close look at the 935 persons repatriated from Germany in 2010 reveals the share of children aged 0-18 years among ethnic Albanian returnees was 7 percent, compared to 41 percent among Roma, Ashkali and Egyptian ethnic communities.[31]

Table 2: Children by ethnicity

	6-14 years	15-18 years	Total
	N (%)	N (%)	N (%)
Albanian	36 (32,1%)	16 (30,8%)	52 (31,7%)
Ashkali	18 (16,1%)	20 (38,5%)	38 (23,2%)
Roma	48 (42,9%)	9 (17,3%)	57 (34,8%)
Egyptian	6 (5,4%)	4 (7,7%)	10 (6%)
Gorani	3 (2,7%)	3 (5,8%)	6 (4%)
Serb	1 (0,9%)	0 (0%)	1 (0,1%)
	112 (100%)	52 (100%)	164 (100%)

Table 3: Families and individuals by ethnicity

Ethnicity	# of families	# of individuals	% of total
Albanian	49	101	34,2%
Roma	43	100	33,9%
Ashkali	24	62	21%
Egyptian	5	15	5,1%
Gorani	8	14	4,7%
Serbian	2	3	1%
	131	295	100%

Table 4: Families by ethnicity

	# of families	# of individuals	%
Albanian majority	49	101	34,2%
Minorities*	82	194	65,8%
	131	295	100%

**Minorities included are Roma, Ashkali, Egyptians, Gorani and Kosovo Serbs as above.*

The sample covers all five regions of Kosovo and 15 out of 38 municipalities. The high concentration of respondents in West and Southwest Kosovo, including Peja, Gjakova and Prizren municipalities, and in the vicinity of the capital city Pristina reflects earlier migration patterns, and by consequence current repatriation patterns as per the dataset provided by the Kosovo Ministry of Interior.

Table 5: Geographic distribution of individual respondents

Region	#	%
Peja (incl.Gjakova)	132	44,7
Pristina	77	26,1
Prizren	38	12,9
Gjilan	24	8,1
Mitrovica	24	8,1
	295	100%

Table 6: Age-breakdown of Austrian & German sub- sample

	#	%
Austrian	71	24%
Children (6-18)	37	22,6%
German	224	76%
Children (6-18)	127	77,4%
Total sample size	295	100%

Our sample reveals noticeable differences in migration and repatriation patterns between Germany and Austria. Of particular note is the time period of departure from Kosovo: 76 percent of families in our sample returning from Germany had left Kosovo in the early 1990s or during the war. By contrast, the majority (92 percent) of families returning from Austria had left Kosovo in the years following the war.

A second and related difference concerns the ethnic composition of the German and Austrian sample: almost all minority respondents in our sample had been repatriated from Germany (90.2%) whereas one out of two Albanians included in the study had lived in Austria (53.1%). Third, there are differences in the average duration of stay abroad between the various ethnic communities: whereas most minority returnees (87 percent) had lived abroad for more than 12 years, Albanians on average had lived abroad for fewer years: 51 percent between 0-3 years and two-thirds between 4-8 years. Only 13 percent of Albanians had lived abroad for more than 12 years.

Due to the shortcomings of the original dataset provided by the Kosovo Ministry of Interior and additional limitations due to the lack of data about prevalence in the general population; the absence of comparative data from samples of Kosovans still living in Germany or Austria; as well as samples from other countries in the region, the findings presented herein may not fully reflect prevalence among Kosovo's repatriated population in general. Yet even in the absence of a reliable dataset and such comparison data, the findings based on our sample indicate significant concerns with regard to the psychological health of repatriated children.

Table 7: Ethnic Breakdown of German Sample

	Parents	Children	% of children
Albanian	23	23	18,1%
Roma	41	53	41,7%
Ashkali	24	38	29,9%
Egyptian	5	10	7,9%
Gorani	2	2	1,6%
Serbian	2	1	0,8%
	97	127	100%

Table 8: Ethnic Breakdown of Austrian Sample

	Parents	Children	% of children
Albanian	26	29	78,4%
Roma	2	4	10,8%
Gorani	6	4	10,8%
	34	37	100%

2

AS SEEN AS TOLD: CHILDREN'S PERSPECTIVES ON RETURNS

On 21 October 2010 at 4.30 in the afternoon, an Austrian Airlines flight originating from Pristina landed at Vienna airport. On board, were 8-year old twin girls who had been repatriated to Kosovo two weeks prior. Awaiting them on the tarmac were police officers tasked with finalizing the bureaucratic formalities for their legal return to Austria, and about 40 cameramen. At the time, the girls' mother was being treated in a nearby hospital for psychiatric problems. The media flurry on the day of the girls' return marked the end of a media campaign triggered by strong public reactions to video footage showing the girls being forcibly removed from their home by heavily armed Austrian police.

As it happened, the disturbing images of the girls' forced return hit the news just days before an important election in Vienna, dominated by anti-immigrant discourse. Within days, the then-Minister of Interior retracted her initial statements in defense of the girls' forced return, and ordered a review resulting in their right to stay based on humanitarian grounds. Most forced returns do not have a "happy ending" such as this. Every day of 2010, an average of 614 individuals across Europe have been returned following an order to leave, without anyone taking note, yielding a grand total of 224,350 returns throughout the year.[32]

For any return to be truly 'voluntary' a person must be offered a genuine choice between freely returning home and staying legally in their current country.[33] As this is rarely the case, most returns are in fact involuntary or forced. While 84 percent of those interviewed for this study initially left Kosovo voluntarily[34], more than two-thirds (65.4%) said they were forced to return to Kosovo by the German or Austrian authorities. (This closely reflects 2011 data provided by the Kosovo Reintegration Fund according to which 67 percent of repatriated persons landing at Pristina airport had been returned by force.[35]) A further 14 percent had been 'induced' to return by financial incentives. A mere 7.5 percent said they returned voluntarily to reunite with families and friends.

Conversely, forced returns are difficult and costly to execute. Recent figures from Germany show that one out of two persons registered for a chartered return flight to Kosovo in 2011 did not actually board the plane. According to Aliens Authorities in Germany, of those deemed "missing", roughly 75 percent of persons had absconded and 25 percent could not be returned due to ongoing asylum procedures or other legal obstacles such as missing travel certificates.[36] To minimize the risk of absconding, most returns therefore take place without prior notice and in the dead of night. Families and children usually end up with less than an hour to pack their entire livelihoods. Best friends and personal relations, favorite toys, football trophies, documents and other personal belongings are left behind.

On a spring morning, the family of Marigona and Sedat were picked up by German police and returned to Kosovo by force.[37] In perfect German, Marigona describes her return as follows: *'The police came to our house at 6:30 am and gave us 30 minutes to pack our things. They yelled at us and touched us violently. Then they drove us from our home to the airport.*' Her brother Sedat remembers with anger how *'the police treated us like animals; they put my sister in handcuffs.'*

Dren, who grew up in Germany, remembers how *'at 4 or 5 am in the morning, [the] police came and arrested us. My father was in the second floor of the house while I was on the first. My father and I were beaten by [the] police. …One police officer was holding my hands while the other one was on top of me, pushing me with his knee and kicking me.'* (Many respondents participating in this study and previous UNICEF studies on repatriation recounted similar forced return experiences involving physical resistance and violence at the hands of police, parents or elder siblings.)

Marigona was just about to complete her vocational nursing training; a few weeks more in Germany and she would have obtained her degree. The timing of the return was equally unfortunate for her brother Sedat. After a long search, he had finally found a car mechanic willing to offer him an apprenticeship; but, *'on my first day of work, the police came to tell us that we had to leave. They forced us to pack our things fast. Then, we were driven to the airport in Duesseldorf. … In Germany, when the police came to us, there was a young police officer who did this kind of work for the first time. He started crying with us when he saw my mom and my sisters crying. I couldn't cry. I felt that I had to console him at the moment as he was only doing his job".*

The only bag Sedat was able to take with him was in fact stolen en route. When he arrived in Kosovo, he had no money and no clothes. The family also had no place to live. They stayed briefly with the mother's sister in Kosovo, then moved to Serbia to live with relatives of the father. Eventually, the family ended up in a small town in central Kosovo.

About an hour's drive away in western Kosovo, Edita's family is also trying to reassemble their lives, having been returned to Kosovo in 2010 after 17 years in Germany. Seven-year old Edita was repatriated just days before her enrolment in first grade of primary school. In her words, *'our return was a forced return. Because they should have understood that we didn't want to go back [to Kosovo]. They were coming at night around 1 or 2 am; they were knocking at the door. Their knocking was so strong that I had the feeling that they want to break the door. This was the persistent fear I had during the sleep! .... They didn't ask us why we don't want to return, they just made us return.'*

Edita actually experienced the trauma of her forced return more than once. By police error, her family's surname was confused with that of other families, the police came more than once in the middle of the night to execute a removal order: *'They confused us many times with other families. They came at 2 or 3 in the night, knocked on our door with all the strength they had. They were just about to break the door. So this didn't happen only on the night of return, but it happened often because the German authorities confused our surname with other families' surnames. It's not only me who is affected by this situation, my entire family was.'* On the actual night of her return, Edita witnessed her father jumping out of the window; he survived with broken legs and a back injury.

Calling Edita's repatriation 'return' is somewhat cynical; like Edita, 56 percent of the children included in our sample were born and raised mainly in their adoptive country.[38] A little over 50 percent had spent their entire lives in Austria or Germany and an additional 10 percent had spent between 50 and 75 percent of their lifetime abroad. These children

experienced their repatriation more akin to a deportation than a return home.[39] *'I didn't know where I would go'*, Edita explained during her interview, *'I didn't know the place where I would arrive. I heard of the word "Kosovo" but I never knew what kind of place it was. I didn't know where we were heading. I just knew the word "Kosovo" nothing more.'*

Soon after arriving in Kosovo, Edita experienced for the first time what she describes in her own words as 'fatigue', 'nervousness' or 'lack of mood'. Every time she is reminded of Germany her body is gripped by a reaction beyond her control: *'whenever we discuss what we used to do in Germany and how happy our life was there, and when I compare it with my life in Kosovo which is terrible, then this nervousness begins and my body gets fatigued. ... I cannot even walk. My whole body, but especially my limbs, my hands and legs get fatigued. I just feel weakness in them. I don't know how to explain it. It's nervousness inside me. In those moments I sleep. ... I am not in the mood for anything. I don't want to speak to anyone, I just prefer to sleep.'*

Children often attempt to forget their negative and distressing experiences. Sedat says during the interview, *'I want to forget how it was in Germany and about the deportation. I try very hard to avoid these thoughts, but I don't manage very well because of the way we were treated'.* Also Marigona tries to forget, but memories keep haunting her; *'I get upset when people come to our house and say: 'how could this happen to you after having lived for 20 years in Germany?' They know exactly why it happened, but they ask anyway. Then all the thoughts come back. ...I become extremely emotional when I remember these things. I am also sad, but mostly furious. The fury lasts all day and I can't do anything'.*

Each time Marigona is reminded of her repatriation, she describes, *'I have headaches, dizziness, and stomachache. I tremble and I black out. When I black out, I don't see anything, I just see black in front of me. This happens when I think about the deportation and it lasts for about half an hour.'* Regularly she re-experiences her return in the form of *'unwanted memories about when the police came to our house and forced us to leave. .... These thoughts don't go away. When I have these thoughts, I start crying. I think about killing, killing, killing myself. I would like to open up my head and throw the thought out. But you can't do this'.* While talking, she makes an expressive hand gesture to show how she would open her skull to take out her painful memories. Adding to her grief, Marigona is also ridden with strong feelings of guilt; *'I feel guilty that I couldn't stop the deportation'.*

Her brother Sedat replays his return in the form of nightmares: *'I dreamt very realistically and started to get up from fear. ... In my dream I had returned to Germany. I was in an airplane and when it started to land, the ground disappeared and the airplane exploded. Everyone died.'* Recently, Sedat is gripped by visions of *'policemen who had come to take us. They told me that I would be deported to a country where it would be even worse than in Kosovo. I was thinking, 'what is this? Not again!' When I went out of the room, these men disappeared.'*

Thirteen-year old Amir was repatriated from Austria in 2001 and now lives with his mother and siblings in a village in Southwest Kosovo. He goes to bed every night with fear 'when they will come'. Whenever he gets reminded of his return, Amir explains, *'I start shaking, and I get sweaty', and 'I just start screaming. I go out just not to stay home and to calm down somewhere....I walk to the city because I get scared to stay at home ... who knows what I will do'.*

3

MENTAL HEALTH PROBLEMS IN REPATRIATED CHILDREN – A SNAPSHOT

Symptoms such as recurrent nightmares, suicidal thoughts, persistent sadness, guilty feelings, blackouts, disturbed sleep, fatigue or anger as described by Edita, Marigona and Sedat point to a wide range of psychological and mental health problems. Depressed mood, social withdrawal, and loss of previously acquired developmental skills, as well as aggression, separation anxiety and recurrent fears were widespread among repatriated children.

Almost one in two (44.2%) teenagers suffered 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 - a striking finding in a region traditionally low on suicide rates. Forty percent of girls between 6 and 14 years had major social problems; one third (33 percent) showed symptoms of clinical level depression and 35.2 percent suffered from anxiety.

Our data also confirmed high rates of post-traumatic stress disorder in repatriated children (and in parents, as we will discuss in chapter 4). Every third child between 6 and 14 years of age (29 %) and one out of three youths (30.4%) suffered from PTSD on a clinical level. By comparison, in the UK 0.4% of children aged 11-15 were diagnosed with PTSD and among under-10-year olds PTSD was scarcely registered (Meltzer et al, 2000).

'Typical features' of post-traumatic stress disorder (PTSD) in the International Classification of Diseases (ICD-10) published by the World Health Organisation (WHO) include symptoms such as 'repeated reliving of a trauma in intrusive memories (flashbacks), dreams or nightmares', 'a sense of numbness', 'detachment from other people, unresponsiveness to surroundings' as well as 'avoidance of activities and situations reminiscent of the trauma'.[40]

PTSD, according to the WHO, 'arises as a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.'[41] Living through war atrocities or seeing a parent being killed triggers PTSD in most children, but in addition to such extreme life-or-death experiences, any event that puts the individual in an extreme state of helplessness or fear may be a potential contributive factor.

While most people experiencing traumatic events show some symptoms at the outset, the development of PTSD and comorbid problems such as depression as well as the possibility of remission, depend on many variables. These include the intensity of the trauma (whether the traumatic event involved loss of life or physical injury), the degree and frequency of a person's exposure (whether a person directly experienced, witnessed or only heard about the event), a person's resilience, predisposition and reaction at the time of the event, as well as the environmental context after the event.[42]

While nearly everyone will, at least transiently, suffer from symptoms of psychological stress (such as insomnia, withdrawal, agitation or other behavioural changes) or PTSD after severe stress exposure in conflict or war zones, some groups are considered more likely to develop chronic PTSD. Such high-risk groups include women and minorities, people who are less educated and had experienced earlier life-threatening events, and people who themselves or others in the family have had mental health problems.

Edita, for example, clearly qualifies as one of the high-risk groups more likely to develop PTSD. She is female, belongs to a minority community, her parents are barely literate and left Kosovo to escape discrimination and conflict. She has no friends or social network in Kosovo and has experienced bullying at school. The same holds true for other children included in our sample: two out of three (68%) belong to a minority community, the educational background of families is generally low (every second child in our sample is raised by an illiterate mother (47%) and 28 percent of minority fathers declared being illiterate.)[43]

Children and parents alike have been exposed to earlier life-threatening and potentially traumatic events. Some of the children mentioned traumatic experiences en route to Germany or Austria, in particular among those who crossed borders illegally with the help of traffikkers. Thirteen-year old Amir, for example, experienced his first nightmares and nervousness soon after being trafficked to Austria. For many, discrimination on ethnic grounds continued after leaving Kosovo. While living an irregular migrant's life and witnessing their parents' anxiety preceding the return, many children were also exposed to prolonged periods of elevated stress and fear before repatriation. Not all previous traumatic experiences were necessarily migration-related. On two separate occasions, Marigona personally witnessed the resuscitation of her little sister due to a congenital heart condition. Emotionally scarred, Marigona's return experience reopened these old wounds and pains.

Given the complex vulnerabilities of these children, it is a serious challenge within the scope of an epidemiological study to identify whether 'repatriation' (including the 'return experience' itself and the 'resettlement' or 'reintegration experience' upon return in Kosovo) is the decisive trigger leading to such high rates of PTSD. With the aim of exploring a possible interaction between return and reintegration experiences, PTSD and other mental health problems in children, we carefully integrated data from our study-specific Socio-demographic Questionnaire together with findings from standard screening instruments including the CBCL and the Harvard Trauma Questionnaire, as well as the CAPS and qualitative MINI interviews.[44]

For Sedat, Marigona, Amir or Edita the answer is straightforward; they all attributed their symptoms to their return experience. *'I noticed it for the first time after the return. When I came here I saw how life is here, and I did not have any motivation to live my life….. When I was there it never happened that I would wake up during the night, to be frightened or to have this nervousness inside myself',* Edita explained. For Amir also the symptoms first appeared *'in those days when we were returned',* and in Marigona's case *'this all started when we came to this house'.*

These experiences are not unique. In this sample, every second child recalled their 'return experience' as a frightening event involving fear and helplessness, dislocation and drastic life changes. When asked, one in two children and teenagers described their return as the worst experience of their lives (54.9%), another quarter described it as "very bad" (27.2%).[45] Among the children and adults alike who were returned by force (65.4%), two out of three experienced their return as the worst moment in their lifetime (63.7%).[46]

Table 9: Repatriation as subjectively experienced (Socio-demographic Questionnaire):

	Frequency	Valid Percent
The worst experience in my life	89	54,9
Very bad	44	27,2
I am not sure	9	5,6
Not so bad	11	6,8
Not bad at all	9	5,6
Total	162	100%
Missing	2	
Total	164	

Forced returns seem to play an important role in the development and course of some of the present severe mental health problems. The statistical evidence indicates that post-traumatic stress disorder was more frequent in children who had experienced a forced return (35.9 percent), compared to 18.9 percent among whose return experience was not forced.[47] Forced return was also associated with a three-fold excess of anxiety (35% vs. 11.3%) and a two-fold excess of withdrawal and depression symptoms (41.7% vs. 18.9%).[48] The prevalence of somatic or psychosomatic complaints frequently seen as stress associated (including headaches, or gastrointestinal complaints) was six times higher in the group of children reporting traumatic return experiences, affecting more than one fifth of respondents (22.3% vs. 3.8%).[49] More than 40 percent of children returned by force had social difficulties (41.7% vs. 13.2%).[50] However, as traumatic events for many children are not limited only to repatriation, further research is needed to identify the precise relationship between the psychological development of children and different stressors experienced prior, during and after repatriation.

When trying to assess the impact of 'repatriation' on children's mental health, it is important to distinguish between the 'act of return' itself – the hours it takes to be physically removed from one country and taken to another country - and the time it takes to 'reintegrate' or rather 'resettle', as is the case with foreign-born children forced to adjust to an entirely new and alien environment. 'Repatriation' as a process may thus take days, months or years. To understand its real impact, one must look beyond traumatic return experiences, and observe how children cope in the weeks and months after return.

4

THE ELUSIVE PROMISE OF A 'NEW BEGINNING': REINTEGRATION REALITIES IN KOSOVO

The promise of *'return is a new beginning' ('Rueckkehr ist gleichzeitig ein Neuanfang')* as displayed on a promotional flyer of the German-funded reintegration programme URA-2 seems overly optimistic given the bitter reintegration experience of many families in our sample.[51] Instead of a 'second chance' or a 'new beginning', the material and social conditions for many repatriated families are harsh. As described in UNICEF's previous reports, many families find themselves without sustainable housing or in homes lacking basic amenities, such as heating, running water or electricity.[52] Unemployment and income poverty are rife, especially among vulnerable families with children and minorities. An unemployment rate of 70 percent among repatriated Roma and Ashkali men exceeds even the already high unemployment rate among Kosovo's Roma, Ashkali and Egyptian communities, estimated at around 58 percent.[53]

To this day, the assistance foreseen by the Kosovo Reintegration Fund remains a promise only seen on paper. In our sample, nearly half (48.9%) of the respondents reported they received no help at all while those who did, received mainly rent subsidies (22.9%) or some other form of short-term cash assistance (16%) from various donor-funded programmes. In 2011 the Kosovo Reintegration Fund spent under 9.3 percent of its allocated annual budget of 3.4 million Euros. As of December 2011, not a single house had yet been built for a repatriated family in need. Out of 440,000 Euros earmarked to improve access to health services for repatriated persons, the Government spent a negligible 119 Euros. Not a single cent had been spent on language courses to facilitate school enrolment or on teacher trainings to assist with the psychosocial reintegration of children.

Table 10: Overview of reintegration assistance actually provided in 2011

Achievement of sustainable reintegration	Allocated	Spent (31.12.2011)
5.2: Facilitating access to health care services	€ 440.000,00	€ 119,00
5.4: Developing curricula for language training for students in need	€ 15.000,00	€ 0,00
5.5: Training for teachers to facilitate psychosocial and acclimatization assistance to repatriated children	€ 66.150,00	€ 0,00
5.6: Organisation of language courses for repatriated children	€ 100.000,00	€ 0,00
All other items (housing, employment, food parcels, training, et al)	€ 2.799.000,00	€ 318.014,35
Total Budget of Reintegration Fund	€ 3.420.150,00	€ 318.133,35

Sources: Action Implementing the Strategy for the Reintegration of Repatriated Person (October 2011) & UNICEF Report 'No Place to Call Home' footnote 34 & Internal Report of Reintegration Fund, 31 December 2011

Bilateral reintegration programs, such as URA-2, also offer precious little child-focused reintegration assistance. In the first ten months of 2011, URA distributed 3 school-starter kits and offered language classes to 15 children. Since most assistance provided by URA consisted of counseling services, one-off cash payments and six-months employment and rent subsidies, the overall result was little more than the 'bridging support' its name implies ("ura" in Albanian means "bridge").[54]

For many families, the 'trauma' of repatriation lasts well beyond their arrival at Pristina airport, abandoned as they are without sustainable housing, without income and without support. Existentialist worries concerning housing, food and warmth would be stressful for anyone; let alone for parents and children suffering from PTSD, depression or anxiety in a country they perceive as alien and hostile. The important relationship between external stressors and trauma recovery is well documented. Recent research among war-traumatised Croats confirmed the positive impact of a solution to sustainable housing on trauma recovery (Franciskovic T, Z Tovilevic et al., 2008). A previous study confirmed a connection between PTSD, unemployment as a major social stressor, and suicidal ideation (Wenzel, T.F.Rushiti, et al., 2009).

5
RECOVERY IN KOSOVO?

Access to social support

Another key environmental factor considered crucial for mental health and post-traumatic recovery is the availability of strong social support from family and friends.[55] Positive social support within a close network of friends, as well as acceptance and respect in one's community are seen as a major predictor for recovery from post-traumatic stress – a prevalent mental health condition affecting children repatriated to Kosovo. (Ahern et al., 2004).

'My friends are in Germany, here I don't have friends. In Kosovo it's very difficult to make friends', explained Agron who was two months old when his family migrated to Germany and was in his teens when he was forced to return to Kosovo. Like Agron, many repatriated children find themselves socially isolated without any support from friends, family or the community. One in four children reported having no friends at all (23.2%), and 40 percent found making friends in Kosovo difficult or very difficult (40.1%). Every second child in our sample actually spent little to no time with friends after school (45.9%). In contrast, when the same children were asked about their time in Germany and Austria, 40 percent reported that making friends abroad was easy.

'When I came back from Germany and went here for school enrollment, my classmates said to me: "What do you want here in Kosovo? You are born and raised in Germany; your place is there not here', remembers Valbona. *'No one wants to be friends with me. I don't have any friends. They all tell me that I have to go back to Germany because there is no place for me here',* Valbona described her school experience upon return. *'Then I started crying and went to the teachers to complain about my problem but they just didn't care. I told my family that I am not going to continue school anymore. They said I have to, because I have to learn the language (at that time I didn't speak Albanian)'.* Her ordeal lasted for several weeks, as she explained,*' every time I went to school they teased me, they bullied me. I was told I have to give money to them then they would leave me in peace. ….. When I get nervous I do speak with myself in German, and then they would tell me; 'Do not speak German here, you don't have to act high and mighty here.'*

While Valbona persisted with her education, one out of two repatriated children was not attending school at the time of our interviews. Foreign-born children and minority children drop out of school in alarmingly high numbers: 70 percent of minority children were no longer attending school after repatriation, evidence of the high rate of school-drop outs among repatriated minority children cited in previous UNICEF reports.[56] By contrast, the share of minority children attending school in Germany and Austria was the opposite: 67 percent of minority children confirmed they attended school prior to repatriation.

These high drop-out rates can therefore not be attributed simply to a lack of interest in education by minority parents or children. According to our findings, the main factors behind children dropping out of school are financial, language, and bullying.[57]

Some foreign-born children do not speak any Albanian or Serbian, and many do not speak enough to follow teaching in one of the official languages. When asked about their native language, 14 percent of minority children declared German as their first language, and more than a quarter (26.8%) of Roma children listed Romani as their first language. A recent study on PTSD in Bosnian refugees resettled in the US found that refugees with a poor level of English were more susceptible to persistent psychological effects of trauma than those with a good command of English (Vojvoda & Weine, 2008). Language barriers thus further exacerbate post-traumatic recovery.

In addition to language barriers, minority children also reported being victims of bullying, discrimination and social exclusion. They also reported having even fewer or no friends.[58] This dangerous combination of bullying, discrimination, poverty and language barriers not only results in extremely high drop-out rates, but further leads to additional health risks. Our findings confirmed that children out of school showed even greater symptoms of psychosocial problems such as internalization problems, anxiety and depression.

'I am fading away here in Kosovo', is how German-born Emin describes his state of mind. Sedat also captures the mood of many when he describes how *'there is no work, no school… This makes me depressed…now I stay all day without doing anything, neither going to school, neither working nor having a profession. This is very bad. In Germany I had a future but here I can't plan anything. If you try to imagine a future here, you just have to laugh about it. Sometimes it feels like my life was stolen from my body'.*

Strangers 'at home'

One aspect affecting foreign-born children like Emin or Sedat even more than Kosovo-born children concerns the acculturation stress they face following their forced return to a country foreign to them. Far from experiencing their return as 'repatriation' – implying a 'return home' – most children born and raised abroad experience their repatriation as particularly disorienting and more like a 'deportation' than a 'return'.

The percentage of children experiencing repatriation as the single worst event in their lifetime was much higher among foreign-born children (63%), compared to children born in Kosovo (30.2%).[59] Nearly all foreign-born children (90.8%) evaluated their present living conditions as bad or very bad – compared to 84 percent of all repatriated children. Our findings confirmed that children born and raised abroad had more psychosomatic complaints.[60] Recent research in the region also identified additional acculturation stress experienced by children born and raised abroad as a further negative predictor in PTSD (Knipscheer & Kleber, 2006).

Only one other subgroup fares worse than foreign-born children: minority returnees (while noting that in our sample there is of course significant overlap between foreign-born and minority children). Nearly all (95.9 percent) minority returnees described their present living conditions as bad or very bad compared to 53 percent among Albanian respondents. In addition to greater incidences of poverty and unemployment, minority returnees are also

more exposed to discrimination upon return. Sixteen-year old Lendita speaks for many when she says: *'There is no future. Nobody is interested in us and people don't listen. They discriminate us because we are Ashkali'.*

The family factor

Socially isolated, without friends, these children have little more than their own families to whom to turn. The importance of family as a key factor in coping with trauma is well known. A family's response to a traumatic event and the child's perception of the parents' reaction are highly important factors in understanding the psychological effects of disasters on children. A 1991 study suggested that a 'family's reaction to and integration after the stressful event are better predictors of PTSD symptoms in the child than the child's exposure level'.[61] However, as our data revealed, in two out of three cases at least one parent (64.5%) also suffers from clinical level PTSD. Far from being able to provide help to their children, parents require help and support for themselves.

The PTSD rates are not only significantly higher than in general population samples in stable countries, but are also much higher than in earlier studies in Kosovo where high rates of chronic PTSD ranging between 17 and 30 percent in adults were confirmed shortly after the war (Lopes Cardozo, Vergara, Agani, & Gotway, 2000), with a slow decrease over the last 5 years. By comparison, in safe and stable communities chronic PTSD is rare (Spitzer et al., 2008; Wittchen, Gloster, Beesdo, Schonfeld, & Perkonigg, 2009) or nearly absent, as in the case of a recent Swiss study (Hepp et al., 2006).

Most parents, in their 40's at the time of interview, look back on a near-continuous exposure to severe stressful events lasting most of their adult lives. Already before the war, more than 40 percent of parents experienced discrimination on grounds of language or ethnicity. During the war, fear for their own life and loss of a close friend was nearly universal. More than half lost their homes. One in six personally experienced or witnessed physical attack(s). More than a quarter of respondents lost a member of their family and 19 percent experienced forced separation from other family members. Some were even exposed to extreme events such as kidnapping or rape. As with children, discrimination against these parents along ethnic or language lines increased again upon return to Kosovo: one in five experienced discrimination (19.3%) and six percent experienced a physical attack after repatriation to Kosovo.

Table 11: Frequencies of stressful & traumatic events, experienced and/or directly witnessed by parents, irrespective of age or gender [62]

Event	Before leaving Kosovo N (%)	During the war N (%)	While in Austria or Germany N (%)	After returning to Kosovo N (%)
Treated unfriendly because of language or ethnicity	50 (42,4)	35 (30,2)	14 (11,9)	24 (21,1)
Discriminated because of language or ethnicity	55 (49,5)	40 (38,1)	19 (16,7)	22 (19,3)
Physically attacked	29 (26,1)	20 (18)	7 (6,6)	6 (5,8)
Sick without access to good healthcare	50 (49)	43 (43,4)	16 (19,8)	55 (53,4)
Death of family member	32 (34)	28 (27,2)	19 (21,1)	19 (21,6)
Loss of friend	74 (98,7)	77 (98,7)	74 (98,7)	70 (98,6)
Loss or destruction of home	33 (41,3)	67 (58,8)	25 (28,7)	37 (45,7)
Fear for one's life	113 (99,1)	121 (99,2)	106 (99,1)	98 (99)
Kidnapped or disappeared	7 (6,5)	7 (6,2)	4 (3,6)	3 (3,2)
Forcefully separated from family members	14 (13,7)	20 (19,2)	14 (13,2)	10 (10)

This unusually high rate of PTSD in parents poses an additional risk for the children: secondary or indirect traumatisation. Such risk has been observed in children of holocaust survivors and in children of former East German political detainees.[63] Findings from the region, including post-war Bosnia confirmed the existence of 'indirect or secondary traumatisation' between husbands and wives as well as between parents with PTSD and their children (Zalihic & Zahilic et al., 2008). Children of war veterans with PTSD, as one study found, reported significantly more developmental, behavioral and emotional problems (Klaric & Franciskovic et al., 2008). Any treatment provided to the children identified in this report should, ideally, also address the traumatisation of their parents and other family members.

Access to mental health care

The American National Center for PTSD strongly advises anyone experiencing common symptoms such as anxiety, re-experiencing of a traumatic event, numbness, tiredness, guilt feelings or anger for a period longer than 3 months, to seek professional help. 'The important thing to remember,' according to the American National Center for PTSD, *'is that effective treatment is available. You don't have to live with your symptoms forever'.*[64]

What may be true for the US, Germany or Austria is unfortunately not true for the repatriated children suffering from PTSD and other psychological problems portrayed in this study. The General Health Questionnaire, when applied to the group of 15-18 year olds, confirmed treatment needs that far exceeds the capacity of Kosovo's health care system: 42 percent of teenage boys and girls suffer from distress indicating a need for follow-up and possibly treatment. Nearly a quarter (23 percent) suffer from severe symptoms (identified by a cut-off score), indicating immediate treatment needs.[65] Close to half the children aged between 6 and 14 meet criteria for at least one diagnosis of psychiatric illness, such as affective disorder (62.5%), PTSD (62.5%), anxiety disorders (45.8%) or slow cognitive processing (45.8%), as per the CBCL.[66] Trauma treatment and child-adequate mental health care, however, is largely non-existent in Kosovo. Where it is available, access is limited.

Table 12: In need of follow up or treatment according to General Health Questionnaire (GHQ 28)

	Frequency	Valid Percent
No distress	30	57,7
Distress	22	42,3
Total	52	100 %

GHQ score (Goldberg standard scoring[67]) > 5 = Mild to Moderate Psychological Distress

Table 13: High distress or acute treatment needs according to GHQ 28

	Frequency	Valid Percent
No distress	40	76,9
Distress	12	23,1
Total	52	100 %

GHQ score (Goldberg standard scoring) > 11 = Severe Psychological Distress

The dire state of Kosovo's mental health sector is well known to the Kosovo Ministry of Health (and should thus also be known to the German and Austrian authorities taking return decisions).[68] In its 2008-2013 Mental Health Strategy the Kosovo Ministry of Health provides a somber description of the status quo: *'at present trauma-related illnesses and mental disorders present a problem that the Public Health Care System cannot adequately address'.* With regard to child-focused mental health services, the Strategy notes bluntly; *'considering the demographic structure of Kosovo, mental health care services for children and adolescents are very underdeveloped'.*[69]

From the past Kosovo had inherited a 'communist psychiatry model', whereby people with mental disorders were highly stigmatized and locked away in centralized, prison-like institutions, where they received minimal treatment with little empathy. This legacy is changing at a slow pace. In comparison to other sectors, donor funding to rebuild Kosovo's scattered public health care system in the post-war period has been minimal at best. Health has always been a low priority for donors; and is a non-existent priority for the government of Kosovo.[70]

In 2011 the Kosovo health budget stood at 79 million Euros, equivalent to 1.7 percent of GDP or 46 Euros in public health spending per capita per annum.[71] While the health budget is expected to increase to 92 million Euros by 2014, health spending will remain stagnant at 1.7 percent as a percentage of GDP - by far the lowest in Europe. By comparison, OECD countries spend an average of 9.5 percent of GDP on health. Low spending on public health care takes its toll: life expectancy in Austria is 80.4 years, or an average of 79.5 in OECD countries. The average life expectancy in Kosovo today is 69.6 years.[72]

Table 14: Overview of public health spending as a percentage of GDP

	2009	2010	2011	2014
Total health budget	74.095.483	72.840.796	79.079.239	91.678.895
GDP	3.912.000.000	4.289.000.000	4.649.000.000	5.501.000.000
% share of health budget/GDP	1,9%	1,7%	1,7%	1,7%

Source: Mid-Term Expenditure Framework, Ministry of Finance, Kosovo

As an already low priority within a neglected sector, mental health in Kosovo suffers from an acute lack of financial and human resources. According to the Mental Health Strategy *'the budget for the mental health sector in 2007 is two times smaller than it used to be in 2004; at less than 3 percent of the overall health budget it is half of what the World Health Organisation recommends.' As a result, 'many of the capacities that have been built in the mental health sector cannot actually be put to use for lack of professionally trained staff.'*[73]

Mental health care is generally provided by a variety of professions including general practitioners, psychiatrists, psychologists, psychotherapists and specialist nurses. Kosovo lags far behind in the number of trained mental health professionals. In 2007, 40 psychiatrists were available for 1.7 million living in Kosovo; equivalent to one psychiatrist for every 43,350 inhabitants, a dramatic ratio compared to other European countries.[74] In most OECD countries the ratio is between 5,000 and 10,000 inhabitants per psychiatrist.[75]

The situation is even more dramatic when it comes to paediatric mental health care: currently, only two certified child psychiatrists are based in Pristina, and one each in Ferizaj, Prizren, Gjilan and Gjakova (another four are currently enrolled in a residency program). In addition, there is only one child psychologist. With close to 600,000 under 18 year-olds (about 34 percent of the overall population), this yields a ratio of 100,000 children per child psychiatrist (or 60,000 if one includes the four currently in residency).[76]

The 2005 Common Principles on removal of irregular migrants and rejected asylum seekers included the following provision: *'no action should be taken to remove any person who suffers from serious illness, unless it can be established that he/she has real access to appropriate treatment and medical care in his/her country of origin upon return'.*[77] By 'real access' the Common Principles refer to 'accessibility' as defined by the UN Committee on Economic, Social and Cultural Rights in terms of non-discrimination, physical accessibility, economic accessibility (affordability) and information accessibility.[78]

Discrimination and trust in the health-sector is difficult to measure. According to a 2009 survey published by the Open Society Foundation in Kosovo, 16 percent of Roma, Ashkali and Egyptians feel discriminated or treated unequally by health-care institutions.[79] As expressed during the interviews, the level of trust in the health care system among repatriated children is very low. Rumors and stories of malpractice as well as parents' accounts of discriminatory treatment at the hands of doctors or hospital staff further reinforce prevailing high levels of mistrust.

'I don't want to see a doctor..... It's very bad here, just now a child at school died. ... Even if I have really bad pains, I don't want to see a doctor', explains Lendita. When asked what treatment would help her, Edita responds that she only wants to *'see my place of birth in Germany .... Maybe all this can be a cure for me, in fact not a cure, but maybe it will make me forget all I have gone through in my life.'* Also 15-year old Valbona replies without hesitation that the only cure for her would be *'going back to Germany, nothing else. That would make me healthy again'.*

Kosovo's public health care system is also acutely lacking physical accessibility. Existing resources are not only scarce, but also geographically unevenly distributed. The only (out-patient) center for Child Psychiatry and the only child psychologist are located in Pristina. In Mitrovica region, for example, there is neither a mental health institute nor a child psychiatrist, yet Mitrovica ranked second in 2011 for receiving repatriated persons registered by the Pristina airport office.[80]

As a practicing child psychiatrists confided; *'usually children come once and then never come back'*, for reasons not only of physical accessibility but also financial affordability.[81] Simply 'getting to a doctor' can be prohibitively expensive, especially for families dependent on social welfare or families without any income. *'I don't have money. I don't have anything to pay the doctor. What can I do?',* asks Senad who now lives in Western Kosovo after having been returned from Germany in early 2010.

In theory, social welfare recipients and children under the age of 18 are entitled to health care 'free of charge'. In practice, however, three out of four children living in poverty are excluded from Kosovo's limited social assistance scheme and essential medication is provided 'cost-free' only in hospitals and in-patient facilities.[82] State-of-the-art, low side-effect drugs are hardly affordable in the current system.

Some repatriated persons are obliged to cease their treatment prematurely as they can no longer afford to obtain the medication prescribed by their previous doctors in Austria or Germany.

A joint assessment by the European Commission and the World Bank estimated that government spending covers only about half of total health expenditures, while patients contribute the remaining half with out-of-pocket payments.[83] Added to this, many families are unaware of their rights and are not in a position to claim their rights. Accessibility to information and awareness of their rights is also poor. On all accounts, the most vulnerable families and children are effectively excluded from the limited care available.

The lack of accessible treatment presents an additional external stressor for families with mental health needs. Every second person (51.4%) experienced poor access to health care services as a major reason for psychological distress after repatriation, even greater than recalled during times of war, confirming results from the region that access to health care is a major factor in PTSD development and chronicity after stressful events (Eytan, Guthmiller, Durieux-Paillard, Loutan, & Gex-Fabry, 2011)

The situation is unlikely to improve in the near future. With the exception of the residency program for psychiatrists, no specialist education for mental health nursing, clinical psychology or psychotherapy is currently available. Recent initiatives such as the new residency program in clinical psychology providing training to 40 doctors, ongoing family therapy training, plans to implement community-based resilience building measures (Agani, Landau, & Agani, 2010), psychodynamic and cognitive behavioural therapy training, are important but insufficient to address the deep-rooted and systemic bottlenecks. The funds actually allocated to develop mental health professionals and to expand the network of mental health institutions barely cover 20 percent of the needs identified in the Action Plan for the Health Sector Strategy (2010-2014). While the public health sector currently employs 7,265 professionals, the government pledged to keep staff level unchanged until 2014.[84] Even if one were to invest additional funds in professional capacities now, it would take years before today's repatriated children would receive suitable treatment.

PTSD in itself can be difficult to treat and its long-term impact severe. It constitutes a high risk factor for a range of mental health problems in addition to adversely affecting a child's physical, cognitive, social and emotional development (Loeb, Stettler et al., 2011). International best practice and evidence-based common guidelines issued by the UK's National Institute for Health and Clinical Excellence recommend non-pharmacological treatments, such as psychotherapy and stress the importance of a supportive environment. In the absence of psychotherapy and other interventions, however, psychopharmaca are often the only treatment provided to children in Kosovo, if treatment is given at all. Numerous reviews and treatment guidelines have underlined the risks associated with psychopharmaca prescribed to children with PTSD and other stress-related problems. In many countries the use of psychopharmaca in children in this situation has been partly or entirely prohibited.

While some can recover from PTSD and related disorders, without special treatment reflecting individual resilience and favorable circumstances, those who receive no treatment

are at higher risk of continued suffering a decade after the traumatic event (Priebe S.A. Matanov, et al., 2009), of developing additional complications such as alcohol and drug abuse (Vujanovic, Bonn-Miller, & Marlatt, 2011), and of undergoing persistent personality change.[85] Untreated PTSD thus presents an additional burden on any public health system (Eytan A.L Toscani, et al., 2006). The same is true for untreated depression, hopelessness, suicidal ideation, or other symptoms like sleep disorders, which are considered possible predictors of physical health problems like cardiac health. Apart from individual suffering, untreated mental health problems carry high risks and long-term social costs.

Kosovo's health care system can barely address the prevailing caseload of mental and behavioural disorders, let alone cope with an additional burden of severely traumatized children and adults in need of psycho-social care. As long as repatriated children have no access to social support or child-adequate treatment and continue to be exposed to severe outside stressors, the dramatic situation with regard to children's mental health may radically deteriorate in the coming years.

6
RECOMMENDATIONS

Ensure the best interests of the child are the primary consideration for public authorities

The European Union and its member states have committed themselves to promoting and respecting the rights of the child in all internal and external policies. This implies that the best interest of the child must be a primary consideration in all repatriation decisions involving children.

The needs of each child are unique. Children need to be treated as individuals in their own right and not as 'belongings'.

A determination of what constitutes a child's best interests can only be reached by reviewing the personal circumstances of each child individually on a case-by-case basis, and by respecting a child's views, identity and sense of belonging. Whether a child's right to education, health care, and adequate living conditions can be upheld in any given sending or receiving countries must also be considered when deciding on returns.

Pay attention to the health needs of children affected by migration policies

No child should be returned as long as child-friendly health services and social support cannot be assured.

Making a child's best interest the primary consideration implies that every return decision must pay attention to a child's health and psychosocial needs. As health is a sine qua non for the exercise of all other rights, health considerations must take precedence over migration-related, legal and other concerns.

Return decisions and repatriation practices involving migrant children must be evaluated in terms of their potential impact on a child's mental health and personal development. Repatriation decisions should only be taken following an independent and comprehensive expert assessment taking into account a child's mental health status, its family and environmental context and individual risk factors. Return decisions must also consider whether child-focused health care and social support are available and 'accessible' in a receiving country.

Ensure unrestricted access to child-friendly mental health care

Repatriation, often a highly traumatic process for children and parents, constitutes a very real risk factor for psychopathology in children; at times it may also trigger a rapid deterioration of an already existing condition.

The responsible Kosovo authorities need to ensure that repatriated children and parents have uncomplicated and unrestricted access to available mental health care by removing any real and perceived barriers preventing access to care, including unofficial out-of-pocket payments and discrimination. Outreach and targeted measures are needed to overcome stigma and low levels of awareness preventing children and parents from accessing help.

Kosovo's mental health care system can barely cope with its existing caseload. The provisions and funds allocated to providing health services to repatriated persons and the measures foreseen by the Ministry of Health to expand mental health care for children and adults need to be prioritized and implemented. Kosovo's mental health care system must be expanded to provide treatment in a clinic setting but also in family, multi-family, school and community settings.

Addressing the specific needs of children with mental health problems will also require targeted and sustained donor support. Developing the needed institutional and professional capacities of Kosovo's mental health care system takes time, funding and expertise.

Focus on the reintegration needs of children

Repatriated children are in need of easily accessible and trauma-informed mental health services as well as social, legal and other services. Reintegration programs must pay greater attention to child-specific reintegration needs and social support systems.

A comprehensive and inter-disciplinary approach is needed to limit the negative impact of outside stressors on children's psychosocial well-being; the Kosovo Reintegration Fund and the responsible authorities must do more at the central and local level to address problems related to housing, income and schooling.

A modern case management system capable of identifying the needs of returnees, coordinating service delivery across agencies and monitoring progress would be integral to effectively manage such a child-focused support system.

Invest in a more child-focused migration debate

Due to the growing number of children on the move, the striking absence of child-focused migration data and the alarming findings presented in this study, additional research on the interaction between migration policies, repatriation practices and children's well-being is clearly needed.

Greater attention must also be paid to the UN Convention on the Rights of the Child when debating the impact, risks and opportunities of migration.

Designing country-specific and globally relevant recommendations and support systems for repatriated children requires more empirical evidence, comparative data and more evidence-based dialogue between sending and receiving countries. In the absence of a regular information exchange between sending and receiving countries repatriated children and families often do not receive the help they need with regard to health, education, housing and social integration, at times with irreversible and lasting consequences.

The Team

Thomas Wenzel is Professor of Psychiatry and Psychotherapist at the Department of Social Psychiatry at the Medical University of Vienna. He also co-chairs the section on Psychological Aspects of Torture and Persecution of the World Psychiatric Association. Other relevant experiences include his work as former medical director for the International Rehabilitation Council for Torture Survivors (IRCT), and former secretary general for the International Academy of Law and Mental Health and coordinator for the EU ARTIP project. He has been actively involved in various support and research projects focusing on public health in post-conflict zones with a special focus on Kosovo.

Verena Knaus is a founding member of the European Stability Initiative (ESI). Between 2001 and 2004 she headed the Lessons Learned and Analysis Unit within the UN Administration in Kosovo. From 2004 to 2007, she managed ESI's Turkey project and supported think tanks in Kosovo, Macedonia and Albania. Verena was also part of the team producing the award-winning documentary film series titled 'Return to Europe-Balkan Express'. A graduate of Oxford and Johns Hopkins University, she is a Yale World Fellow, a Young Global Leader and co-author of the 'Kosovo Bradt Guide', Kosovo's first English-language guidebook. In 2010, she co-authored UNICEF's report on the situation of repatriated Roma, Ashkali and Egyptian children titled *'Subject to Integration'* followed by *'No Place to Call Home' in* 2011. In early 2012 she joined UNICEF as a Senior Policy Advisor based in Brussels.

Fried Didden heads the Kosovo Health Foundation based in Pristina. For the past eleven years he has been working on enhancing Kosovo's public health system, with a specific interest in the mental health sector. A nurse teacher and registered mental health nurse by training, he completed his Master of Social Sciences at the University of Amsterdam in the Netherlands.

Mirjam Palsma completed her Masters of Science in International Primary Health Care at the University College of London in the UK. Originally from the Netherlands, Mirjam has been working on health-sector reforms in Kosovo for more than a decade. As part of the Kosovo Health Foundation, her work has focused in particular on reforming and enhancing the mental health sector. She is a qualified nurse teacher and registered nurse by profession.

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Mimoza Shahini has studied medicine at the University of Tirana. She holds a master in child health of the University of Pristina and a PHD in behavioral science of the Medical University of Vienna. She is currently working as a child psychiatrist in Pristina. She is participating in several international research projects. Amongst others, she is involved in a research project on suicidal behavior and PTSD in war veterans in collaboration with the Medical University of Rijeka and Medical University of Vienna. In addition, she has been engaged in research about mental health problems in children with parents suffering from schizophrenia, investigating life satisfaction and quality of life of those families.

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Endnotes

1 Global Commission on International Migration, http://www.gcim.org/
2 The Global Approach to Migration and Mobility, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions (COM (2011) 743), 18 November 2011, http://ec.europa.eu/home-affairs/news/intro/docs/1_EN_ACT_part1_v9.pdf
3 The numbers are estimates according to the EU-funded project Clandestino quoted in Fundamental Rights of migrants in an irregular situation in the European Union, European Union Agency for Fundamental Rights, 2011, ISBN 978-92-9192-706-7
4 Key EU Migratory Statistics, European Migration Network & The Global Approach to Migration and Mobility, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions (COM (2011) 743), 18 November
5 Key EU Migratory Statistics, European Migration Network, 2010
6 Key EU Migratory Statistics, European Migration Network (EMN), July 2011. In 2010, of the total 501 million population of the EU-27 some 20.1 million citizens (4 percent of the total population) were of a non-EU country. In the European context, Germany ranked 6th place and Austria 9th in terms of the total number of persons returned following an order to leave. Out of 224,350 persons returned Europe-wide, Germany returned 13,895 (6 percent of the total) and Austria 6,335 persons (3 percent). The countries with the highest number of enforced returns were the UK, Greece and Spain.
7 OJ C 142 of 14.06.2002, p. 23, quoted in Council of the European Union, 14673/02, Proposal for a Return Action Programme, Brussels, 25 November 2002
8 Council of the European Union, Proposal for a Return Action Programme, 14673/02, Brussels, November 2002
9 In the same vein, the Commission's Communication (2002)564 on a Community Return Policy on Illegal Residents stressed that 'the possibility of forced return is essential to ensure that admission policy is not undermined and to enforce the rule of law'. Commission Communication COM (2002)564 On A Community Return Policy on Illegal Residents, 14 October 2002
10 The Stockholm Programme – An open and secure Europe serving and protecting citizens, C 115/1, Official Journal of the European Union, 4.5.2010, p.30
11 'It is recalled that return of third country nationals must of course be performed in accordance with all relevant international obligations and human rights instruments'. Other legal instruments mentioned include the 1950 European Convention for the Protection of Human Rights and Fundamental Freedoms, the 1951 Geneva Convention on the Status of Refugees as well as the Charter of Fundamental Rights of the European Union. Commission Communication COM (2002)564 On A Community Return Policy on Illegal Residents, 14 October 2002
12 Council of the European Union, Proposal for a Return Action Programme, 14673/02, Brussels, November 2002
13 Directive 2008/115/EC of the European Parliament and the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals
14 Directive 2008/115/EC of the European Parliament and the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals
15 Article 5 of the EU Returns Directive on 'Non-refoulement, best interests of the child, family life and state of health' states explicitly that when implementing this Directive, Member States shall take due account of the best interest of the child; family life; the state of health of the third-country national concerned; and respect the principle of non-refoulement. Directive 2008/115/EC of the European Parliament and the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals
16 The Council of Europe calls on Council of Europe member states to ensure that 'the principle of the unity of the family must be respected in all circumstances', 'parents and their children should never be separated' and 'a family should not be returned to the country of origin if not all members can return; See Common Principles on removal of irregular migrants and rejected asylum seekers, p.4
17 'The Assembly is concerned at the predominant, or indeed exclusive, role of the police and security forces, which are often poorly trained, in enforcing expulsion orders. It can only deplore the fact that the involvement, at all stages of the procedure, of professionals in both psycho-social support and humanitarian aid on the one hand, and of lawyers, judges and doctors on the other, remains limited', see PACE, Recommendation 1547 on 'Expulsion procedures in conformity with human rights and enforced with respect for safety and dignity', point 4, 2002
18 PACE, Recommendation 1547 on 'Expulsion procedures in conformity with human rights and enforced with respect for safety and dignity', point vi (h), 2002
19 PACE, Recommendation 1547 on 'Expulsion procedures in conformity with human rights and enforced with respect for safety and dignity', point vii (f), 2002
20 Signatories of the 2005 Common principles include Amnesty International, Caritas Europe, Churches' Commission for Migrants in Europe, European Council for Refugees and Exiles, Human Rights Watch, Jesuit Refugee Service-Europe, Platform for International Cooperation on Undocumented Migrants, Quaker Council for European Affairs, Save the Children, Cimade (France), Iglesia Evangelica Espanola, Federazione

delle Chiese Evangeliche in Italia, Sensoa (Belgium). Common Principles on removal of irregular migrants and rejected asylum seekers.

21 Article 9.2 states specifically that Member States may postpone removal for an appropriate period taking into account the specific circumstances of the individual case. Member States shall in particular take into account. Directive 2008/115/EC of the European Parliament and the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals, (art. 9)

22 PACE, Recommendation 1547 on 'Expulsion procedures in conformity with human rights and enforced with respect for safety and dignity', point 5, 2002

23 Integration Subject to Conditions: A report on the situation of Kosovan Roma, Ashkali and Egyptian children in Germany and after their repatriation to Kosovo, 2010, UNICEF Kosovo and the German Committee for UNICEF, Verena Knaus, Peter Widman et al

24 Reintegration in Deutschland, Politische Entscheidungstraeger, Programme, Akteure, AGEF

25 Cutting the lifeline: Migration, Families and the Future of Kosovo, European Stability Initiative, 2006

26 Toleration is the temporary suspension of deportation acc. § 60a of the Law on Residence of Foreigners from either certain countries or for certain groups of foreigners under an order of the supreme state authority for reasons of international law or on humanitarian grounds or to safeguard political interests of the Federal Republic of Germany'. With 87,194 migrants living on a so-called 'Duldung'- whose deportation has been temporarily suspended - Germany is one of the countries with the largest number of 'non-removables' in Europe today.

27 Integration Subject to Conditions: A report on the situation of Kosovan Roma, Ashkali and Egyptian children in Germany and after their repatriation to Kosovo, 2010, UNICEF Kosovo and the German Committee for UNICEF, Verena Knaus, Peter Widman et al

28 Only one family refused to be involved in the course of the interview due to feeling distress.

29 Due to the good agreement between the parents' and the children's scales, the parents version was used for final analysis.

30 A cut-off score of 2.06 recently validated in the region was used to reach a diagnosis, identifying those with a higher score as suffering from clinical posttraumatic stress disorder.

31 'No Place to Call Home: Repatriation from Germany to Kosovo as seen and experienced by Roma, Ashkali and Egyptian children', UNICEF, 2011

32 The rounded total of 224,350 divided by 365 days yields 614 returns per day in 2010. See Eurostats on 'Third Country Nationals returned following an order to leave'

33 One may thus only distinguish between involuntary returnees who were forcibly pushed out on removal orders and those who were pressured to return by authorities or did not see a legal possibility to stay, see

34 Towards a better embeddedness? Monitoring assistance to involuntary returning migrants from Western countries, Center for International Development Issues Nijmegen (CIDIN), a report prepared for the Mediation Agency for return by Marieke van Houte and Mireille de Koning, January 2008

35 In the course of the study we asked total of four questions on the issue of voluntary travel: 1) what were the reasons for leaving Kosovo, 2) whether this was voluntary; 3) what were the reasons to go back and 4) whether this, in turn, was of the subject's will: 51 percent declared leaving Kosovo because of poverty and unemployment, 19 percent to escape war and 15 percent on grounds of ethnic discrimination.

36 Ministry of Interior, Reintegration Fund, Annual Report 2011

37 Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Ulla Jelpke, Dr. Lukrezia Jochimsen, Petra Pau, weiterer Abgeordneter und der Fraktion DIE LINKE – Drucksache 17/8049, 19 December 2011. Between January and 31 October 2011 the German Aliens Authorities in Karlsruhe and Bielefeld registered 842 persons for return flights, but only 415 person were actually returned (49%).

38 The names of all children, individuals and places portrayed in this report are known to the authors but have been changed deliberately to protect their privacy.

39 93.5 percent of the 91 foreign-born children included in the sample were born in Germany.

40 Out of 164 children (6-18 years) included in the sample roughly half were already born at the time their families had left Kosovo (n = 72, 43.9%), while the other half are first generation immigrants and as such emigrated back to Kosovo sometime after birth. An association was noted, where foreign -born children were largely from Germany (93.5% vs. 56.9% Austria, $\chi 2 = 30.86$, df = 1, p = 0.000), and of non-Albanian ethnic background (78.3% vs. 55.6%, $\chi 2 = 9.6$, df = 1, p = 0.002). Of children born in either Austria or Germany almost three quarters had spent more than 12 years in their country of birth (n = 68, 74.7%)

41 A first edition, known as the International List of Causes of Death, was adopted by the International Statistical Institute in 1893. In 1948 the newly created World Health Organisation took over responsibility for the ICD. The current International Statistical Classification of Diseases and Related Health Problems (ICD-10) was endorsed by the 43rd World Health Assembly in May 1990 and came into use in WHO Member States as from 1994.

42 Online version of the World Health Organisation's International Classification of Diseases and Related Health Problems on http://apps.who.int/classifications/icd10/browse/2010/en#/F40-F48.

43 http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

44 Education in itself has proven to be a strong predictor of PTSD symptom severity, as shown in a recent study on displaced Bosnian women (Schmidt M, N, Kravic, et al (2008).

45 The study-specific Socio-demographic Questionnaire provided us with a subjective evaluation of events including return experiences and an indication of the respective impact of return and reintegration experiences. The standard screening instruments (CBCL and Harvard Trauma Questionnaire) were used to explore links between frequency of events, PTSD and other psychiatric symptoms, but they cannot sufficiently and with certainty assess the respective importance of multiple individual events. The quantitative CAPS and qualitative MINI were therefore applied in a subsample of youth identified by high cut-off scores in the Harvard Trauma Questionnaire and the General Health Questionnaire to further explore the interaction between return and reintegration experiences, PTSD and family contexts. Given the small size of the CAPS subsample we actually do not use the results, yet the findings do indicate a concrete contribution of traumatic return experiences to high rates of PTSD.

46 Children were asked to evaluate their return experience on a Likert-type scale from "worst event of their life", through " very bad", " not so bad" and "an okay experience".

47 Respondents were asked to place their subjective recall of the experience on a Likert-type scale ranging from "worst event of their life", through " very bad", " not so bad" and – finally – "an okay experience". Two strategies were employed, by comparing the " worst event" group to all the rest (I) and (II) also comparing the left-side of the Likert (very bad or worst) to the right side (not so bad or okay). Analyses of variance were employed, taking repatriation as main predictor, on various outcomes such as state of mental health (depression, anxiety, psychosomatic complaints) or clinical entities such as PTSD. The rationale for doing so departed from powerful, individual testimonies that generated a hypothesis driven approach.

48 $\chi 2 = 4.8$, df = 1, p = 0.03.

49 Chi-square analyses, with Fisher's exact, further showed that forced return was associated with a 3-fold excess of anxiety (35% vs. 11.3%, $\chi 2 = 9.9$, df = 1, p = 0.002) and two-fold excess of withdrawal/ depression symptoms (41.7% vs. 18.9%, $\chi 2 = 8.2$, df = 1, p = 0.004).

50 22.3% vs. 3.8%, $\chi 2 = 8.9$, df = 1, p = 0.002

51 41.7% vs. 13.2%, $\chi 2 = 13.1$, df = 1, p = 0.002. Of note, this was not found to be in the form of aggressive behavior ($\chi 2 = 2.6$, df = 1, p = 0.2, NS) or rule-breaking ($\chi 2 = 2.2$, df = 1, p = 0.2, NS).

52 Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Ulla Jelpke, Dr. Lukrezia Jochimsen, Petra Pau, weiterer Abgeordneter und der Fraktion DIE LINKE – Drucksache 17/8224, 19 December 2011, Deutscher Bundestag

53 One in four returnees in our sample ended up living in a house without running water (23%) and without basic furnishing; 53% of homes had no heating and 7% were without electricity. Forty percent of homes had no boiler for hot water. For lack of housing, families ended up staying with relatives or extended family; every second person lived in overcrowded housing with up to 8 family members.

54 Strategy for the Integration of Roma, Ashkali and Egyptian Communities in the Republic of Kosovo, 2009-2015, December 2008, p.13, quoted in 'Integration Subject to Conditions', UNICEF 2010

55 Between January and October 2011, URA-2 assisted 276 returnees, including 171 who had been returned by force. Its portfolio of reintegration assistance includes counseling services, one-off cash payments of 50 Euros, one-off subsidies for medication up to 75 Euros, transportation costs, payment of a rent subsidy of 100 Euros up to six months, one-off cash assistance to purchase furniture between 300 and 600 Euros, an employment subsidy payable up to six months between 100 and 150 Euros and in exceptional cases also one-off start-up or training costs. By design URA-2 like most reintegration programs has a strong parent-bias. Source: Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Ulla Jelpke, Dr. Lukrezia Jochimsen, Petra Pau, weiterer Abgeordneter und der Fraktion DIE LINKE – Drucksache 17/8224, 19 December 2011, Deutscher Bundestag, p.32

56 The important link between trauma-recovery and the absence of outside or social stressors has been confirmed in several recent studies. A study on war trauma and social stressors in Bosnia concluded that while post-war stressors did not influence the prevalence of PTSD, they did contribute to the intensity and number of post-traumatic symptoms. (Klaric M, B Klaric et.al (2007)) A different study noted in addition to stressful experiences in the past, a close association between suicidal ideation and social stressors in the present (Wenzel, T.F.Rushiti, et.al (2009)).

57 Integration Subject to Conditions: A report on the situation of Kosovan Roma, Ashkali and Egyptian children in Germany and after their repatriation to Kosovo, 2010, UNICEF Kosovo and the German Committee for UNICEF, Verena Knaus, Peter Widman et al

58 By contrast, roughly 60 percent had attended school (n = 99, 60.4%) while in Germany or Austria.

59 One third of foreign-born children had no friend of the same gender to discuss any problems and almost 60 percent had no friend of the opposite gender.

60 For Kosovar children not born in Kosovo, but in their host countries, the repatriation experiences was, in 63% cases, the worst experience of their lives, compared to a proportion of just 30.2% in the matched group ($\chi 2 = 15.2\%$, df = 2, p = 0.001).

61 Children born abroad or mostly raised abroad had more psychosomatic complaints as evaluated by the CBCL DSM section (t = -2.4, df = 96, p = 0.02).

62 Sayil, Canat, Akdur, et al,(2001), The Psychological Effects of Parental Mental Health on Children Experiencing Disaster: the experience of Bolu Earthquake in Turkey

63 Responses ranged from experiencing, to witnessing, to hearing about it or just hearing about that. A decision was made by the team during early phases of statistical analysis, to lump together experiencing and witnessing such events in one category, vs. other, less stressful, variants such as hearing somebody talk about it or rumoring.

64 Klinitzke, G., Bohm, M., Brahler, E., & Weissflog, G. (2012). [Anxiety, Depression, Somatoform Symptoms and Posttraumatic Stress in the Offspring of Political Detainees in Eastern Germany (1945-1989).]. Psychotherapie, Psychosomatik, medizinische Psychologie, 62(1), 18-24.

65 http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

66 The General Health Questionnaire (GHQ 28) is a standard screening instrument to identify those in treatment needs in a population, independent from specific disorders such as PTSD.

67 When parent-version CBCL diagnoses were looked at in children aged 14 or less, close to half of them (n = 52, 46.8%) met criteria for at least one DSM-derived diagnosis of psychiatric illness, mainly affective disorder (n = 30, 62.5%), PTSD (n = 30, 62.5%) or other anxiety disorder (n = 22, 45.8%), slow cognitive tempo (n = 22, 45.8%), OCD (n = 15, 31.3%), conduct disorder (n = 14, 19.2%), psychosomatic disorders (n = 9, 18.8%), or ADHD (n = 8, 16.7%).

68 Note: This original scoring was used, as scoring based on Likert scale cut-off scores validated in other regions did not yield coherence of scales.

69 Strategjia e Shendetit Mendor te Kosoves 2008-2013', Ministry of Health, Kosovo, December 2007

70 Strategjia e Shendetit Mendor te Kosoves 2008-2013', Ministry of Health, Kosovo, December 2007
71 Prospectus Kosovo, Donors Conference Brussels, Belgium, 11 July 2008, European Commission/World Bank
72 OECD Health Data 2011, June 2011, www.oecd.org .
73 OECD Health Data, see www.oecd.or/health/healthdata & World Bank World Development Indicators, last updated February 16, 2012.
74 Strategjia e Shendetit Mendor te Kosoves 2008-2013', Ministry of Health, Kosovo, December 2007
75 The population data is based on the preliminary results of the 2011 Population Census of the Statistical Office of Kosovo and information provided by the Kosovo Health Foundation.
76 Health at a glance, 2009 OECD indicators.
77 According to the 2011 census data, the ratio of under 15 year olds is 28 percent and the share of the under 18- year olds is around 34 percent. With a resident population of 1,733,872, there are around 600,000 under 18-year olds in Kosovo today.
78 Common Principles on removal of irregular migrants and rejected asylum seekers, p.2
79 Committee on Economic, Social and Cultural Rights, 22nd session, 2000, General Comment No 14: The right to the highest attainable standard of health.
80 Baseline Survey 'Roma, Ashkali and Egyptians in Kosovo', Kosovo Foundation for Open Society (KFOS), 2009
81 Out of 1,587 repatriated persons registered by the Reintegration Office working at Prishtina Airport Office, the top five municipalities were Prishtina, Mitrovica, Peja, Gjilan and Ferizaj. Source: Ministry of Interior, Reintegration Office.
82 Interview with Child Psychiatrist Dr. Mimoza Shahini.
83 Impact of Social Assistance Cash Benefit Scheme on Children in Kosovo, Report to UNICEF, Maastricht Graduate School of Governance, Franziska Gassmann and Keetie Roelen, July 2009. p.2.
84 Prospectus Kosovo, Donors Conference Brussels, Belgium, 11 July 2008, European Commission/World Bank
85 Mid-term Expenditure Framework 2012-2014, Ministry of Finance, Kosovo
86 International Statistical Classification of Diseases and Related Health Problems (ICD-10)

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