

PTSD AND CREDIBILITY ASSESSMENT – SUMMARY

PTSD causes serious memory disturbances. It can lead to partial or full amnesia, but at the same time it can also cause hypermnesia. A number of factors play a role in influencing whether a certain victim reacts to trauma with one or the other.

Even when there is no dissociative amnesia, the symptoms of PTSD seriously limit the victim's capacity to recall and present traumatic memories. These impacts can be summarised as follows:

Asylum-seekers suffering from PTSD often cannot...	RECALL	<i>details of traumatic memories, or not even the entire traumatic memory itself</i>
	FOCUS	<i>their attention on the traumatic memories or the asylum interview</i>
	TALK	<i>about traumatic memories freely and in a coherent manner</i>
	TRUST	<i>the outside world (including the actors of the asylum procedure) and the future</i>
	CONTROL	<i>their emotions, aggressiveness and behaviour</i>

Consequently, asylum-seekers suffering from PTSD often cannot be expected to present a coherent, detailed account of their traumatising experiences. Such cases require special treatment and methods with regard to credibility assessment.

Practices related to the identification and treatment of traumatised asylum-seekers may vary to some extent from country to country; however four important rules should be generally observed:

1	APPROPRIATE TIMING	PTSD should be identified and reported as soon as possible . However, as it may also arise during the asylum procedure (e.g. due to evoking traumatic memories), the different actors of the process should be constantly aware of this possibility, and whenever there are signs indicating the potential presence of PTSD, the processing of the claim may need to be suspended until proper evidence can be obtained regarding this fact.
2	SPECIFIC EXPERTISE	Establishing PTSD, describing its symptoms and exploring its origin are complex tasks that require a set of skills and significant practical experience. Only independent, specifically trained experts (psychologists, psychiatrists) are entitled to provide expert evidence on PTSD, and not general medical practitioners without specific training, for example.
3	HORIZONTAL VIEW	Due to the complexity of PTSD and the effect an asylum procedure may have on dissociated traumatic memories (see earlier), it is important that the expert can have a "horizontal view" of the victim's physiological and psychological state. This may require more sessions with and/or examinations of the victim . While a "vertical view" (a one-off examination) may be sufficient to explore outward signs, it will be more difficult to enable a proper assessment of psychological symptoms and their evolution over time. This has an impact on credibility assessment as well: a medical or psychological expert's opinion often constitutes important evidence in such cases. An expert's opinion based on a horizontal view (repeated encounters/continuous treatment) will in most cases provide more valuable information for credibility assessment, and thus such opinions may – as a general rule – be preferred.
4	PROPER FORMAT	Psychological and/or medical expert opinions should be detailed (not only stating the presence of PTSD, but also elaborating on its gravity, symptoms and potential reasons). These documents should clearly state the specific expertise and affiliation of the author, as well as the examination methods applied. Such expert opinions should refrain from formulating legal positions (e.g. on the victims international protection needs). These requirements need to be fulfilled in order that the decision-maker can consider the expert opinion as one based on sound professional knowledge and methodology, representing important evidence in the credibility assessment process.