

**A review of Asylum Seekers and Refugees in Italy:  
Where is the psychological research going?**

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**Abstract**

According to the United Nations High Commissioner for Refugees (UNHCR), nowadays, 65,3 million individuals have been forcibly displaced worldwide. In Europe, Italy is one of the countries with the highest number of asylum seeker arrivals per year and the emergency nature of the present-day migratory flows are increasingly involving researchers and clinicians to come up with and develop new models of research and interventions. This article aims to conduct a review of the Italian psychological research in the field of forced migration in order to systematise the Italian studies, to compare the Italian situation with the international one and to define limits, resources and future directions of current Italian research. A literature review in the databases Scopus, PubMed and Web of Knowledge for documents published from 2012 to 2017 was conducted. From the analysis, twelve articles emerged

principally following two main trajectories of investigation: a clinical and mental health-related trajectory and a psychosocial and community-based one. Compared with the wider international field of research, a general underdevelopment of Italian research emerged. Research into protective factors with regard to the development of psychopathological outcomes and on interventions is highly recommended. Results highlighted support for future research on the theme of asylum seekers and refugees. Some cause for reflection as regards levels of criticality, the direction of future research and specific links between research and Italian social policies were given.

Key words: Asylum Seekers, Refugees, Review, Italian Research

## Introduction

### The present-day migration phenomenon

According to the United Nations High Commissioner for Refugees (UNHCR), nowadays, 65,3 million individuals have been forcibly displaced worldwide (UNHCR, 2017). A refugee, as established by the Geneva Convention (1951), is a person who has been forced to flee his or her country for reasons of well-founded fear experiences and has achieved international protection by a host country. Before achieving international protection status, we usually define this person as an asylum seeker, i.e. someone who has entered a host country to seek protection and who is awaiting preparation, submission or adjudication. Europe represents one of the favourite destinations for asylum seekers with a number of arrivals of 200.000 people per year. Germany, Hungary, Sweden, Austria and Italy are the European countries with the highest number of asylum requests (UNHCR, 2016).

Nationalities of migrants entering Europe principally are African (mainly Nigerian, Gambian, Senegalese, Eritrean) and Pakistani.

Regarding Italy, during 2016, around 170.000 people arrived through the main migratory route across the Mediterranean Sea from Libya (Fondazione Ismu, 2016).

Migrants landing in Italy decide to stay and request asylum in Italy itself, thereby entering into the Italian immigration system which is rather fragmented since the government has outsourced the service delivery to private organizations (Ministry of Interior, 2015). Nowadays, 137.555 asylum seekers are hosted in the Extraordinary Reception Centres (CAS) (centres managed by private organizations), only 13.963 are hosted in the primary governmental reception centres (Reception Centres -CDA- which offer a primary accommodation to migrants; Asylum Seekers Reception Centres -CARA- reserved to asylum seekers), 23.061 in the SPRAR circuit (centres which hosted refugees and aimed at a secondary reception <sup>1</sup>).

(<sup>1</sup> According to the Ministry of the Interior, during 2016 in Italy, a total of 123.600 individuals requested international protection: 105.006 men, 18.594 women, 5.984 unaccompanied minors and 5.639 accompanied minors. Regarding the asylum requests results, during 2016, out of a total of 91.102 people examined, only 5% had asylum status, 14% of them achieved the subsidiary protection, 21% humanitarian protection and 60% of requests were denied). The increasing number of displaced people worldwide is increasingly involving researchers and clinicians to understand the forced migration experience, its impact on well-being and mental health and to develop new models of research and interventions which could be helpful in the primary as well as in the secondary reception in order to improve the health protection policies. In this sense, the vastness of the phenomenon, especially in Europe, has led the World Health Organization (2016) to elaborate a strategic plan aimed at improving the asylum seekers and refugees' health through the inclusion of migrants' needs in the European priority agenda. From a psychological point of view, this humanitarian concern required to support and encourage

the understanding of this social phenomenon considering that part of humanity which often seems to be lost in the encounter with the human suffering (Settineri, 2014).

A panoramic of the international literature on the theme of asylum seekers and refugees. The wider field of international psychological research into asylum seekers and refugees is focused on mental health. In terms of risk factors, the research in the field of asylum seekers and refugee mental health indicates that prevalence rates of psychological disorders in refugee groups are elevated compared to the general population (Tempany, 2009; Fazel, Wheeler & Danesh, 2005; Porter & Haslam, 2005). Evidence from international research suggests that asylum seekers and displaced persons worldwide report high rates of pre-migration trauma and therefore of trauma-related mental health problems.

The risk of developing a mental health problem could be the result of the amount of pre-migration experiences of physical and psychological violence, the loss of home and effects, stress factors linked to forced migration and stressors linked to post-migration experience, including difficult living conditions, unemployment, financial and legal uncertainty, discrimination and integration difficulties, refugee determination process (Li, Liddell & Nickerson, 2016; Bogic, Njoku & Priebe, 2015; Chu, Keller & Rasmussen, 2013; Knipscheer & Kleber, 2006; Silove et al., 1998).

In general, mental health outcomes included post-traumatic stress disorders (PTSD), depression, anxiety, psychological distress, psychosis and dissociation (Ryan, Kelly & Kelly, 2009; Steel et al., 2009; Karunakara et al., 2004; Carlson & Rosser-Hogan, 1991) with high rates of comorbidity between PTSD and depression (Mormartin et al., 2004). Lindert et al. (2009) in their meta-analysis show that higher levels of anxiety and depression are likely in refugees compared with labor migrants and that the economic conditions of the host country, which generally affected mental health in labor migrants, are not related to mental health outcomes in refugees.

Furthermore, a recent systematic review of the literature on the long-term mental health of adult refugees shows that in this population the higher risk of mental health problems persists, even after several years' post-resettlement (Bogic, Njoku & Priebe, 2015). In their review on the instruments used to measure refugee trauma and health status, Hollifield et al. (2002) show a low number of instruments specifically tested on refugee samples. They report also the lack of theory-based construct definitions to guide the development and design of instruments specifically for a refugee population, stressing the importance of further study to understand what constitutes refugee trauma because no empirically developed instruments assess the complete range of trauma experiences in refugees. According to them, measurement constructs of health status are better developed than are those for trauma but instruments developed in community refugee populations using empirical approaches have to combine qualitative and quantitative methods in order to create more valid measures for representing the experiences of refugees. In terms of protective factors, international research is focused on different factors: intra-psychic as well as contextual. Regarding individual factors, resilience is the most common variable considered. Resilience is usually defined as the capacity to face safety-threatening events and still perform adequately (Charney, 2004) and it explains how a victim of violence can deal positively with past traumatic experiences (Lee et al., 2008; Sossou et al., 2008). An interesting research among refugees shows how resilience is a significant inverse predictor of psychological distress, but not of PTSD symptoms (Arnetz et al., 2013). In some studies, the construct of resilience spreads from an individual dimension to an ecological one: some studies, in fact, examine resilient characteristics through different constructs as the sense of coherence and the absence of mental symptoms (Ghazinour, 2003; Turner et al., 2003; Aroian et al., 2000), or the social support and the sense of control over one's life (Hooberman et al., 2010; Sundquist et al., 2000).

In relation to protective factors, Papadopoulos (2004) distinguished between negatives, positives and neutral reactions to traumatic events.

According to him, suffering, distress or psychopathological reactions are representative of a negative response to traumatic events; resilience is a typical neutral effect, while an Adversity-Activated Development (AAD), as a natural reaction of “rebirth”, is a positive response. Although in the literature no difference exists between AAD and resilience, Papadopoulos (2004) highlights that while resilience, as a response to adverse conditions, allows for an activation of pre-existent resources, AAD is a reaction which introduces new resources and characteristics that the individual did not have before the traumatic experience. Furthermore, it seems that an important mediator of the relationship between trauma, post-migration difficulties and psychological outcomes could be the different degree of emotion regulation (Nickerson et al., 2015). In terms of contextual protective factors, Ryan et al. (2009) considering asylum procedures the most damaging factor for mental health distress, highlight the need to reduce the stress of legal status insecurity through speedier decision-making for asylum applications. Another developing field of research sees looks at treatments and interventions and their outcomes. It seems that the trauma-focused approach to treating post-traumatic stress in refugees is principally grounded in contemporary cognitive behavioural frameworks. Trauma-focused cognitive-behavioural therapy (CBT) (Hinton et al., 2009; Hinton et al., 2005; Hinton et al., 2004) and narrative exposure therapy (NET) (Schauer et al., 2011) are the most supported interventions for adult refugees (Nosè et al., 2017; Lambert & Alhassoon, 2015; Slobodin & de Jong, 2015; Palic & Elklit, 2011; Nickerson et al., 2011; Crumlish & O’rourke, 2010; Ehnholt, Smith, & Yule, 2005; Başoğlu et al., 2004; Paunovic & Öst, 2001). Stenmark et al. (2013) confirmed the effectiveness of NET in reducing PTSD and depression scores both for asylum seekers and refugees. The most recent review in this field (Tribe, Sendt & Tracy, 2017) shows that, even if less robustly supported, also culturally sensitive CBT results in symptom relief.

In terms of critical aspects, the literature highlights the use of small sample sizes and the lack of long-term follow-up (Tribe, Sendt & Tracy, 2017) as well as the need to extend interventions to a wide consideration of

contextual factors (Lambert & Alhassoon, 2015; Miller & Rasmussen, 2010; Murray, Davidson & Schweitzer, 2010). Another critical aspect underlined is how the use of interpreters potentially influences the therapeutic process, in particular for the quality of therapeutic alliance (d'Ardenne et al., 2007; Miller et al., 2005) which is particularly important for establishing security with traumatized individuals (Briere & Scott, 2013). Moreover, Droždek (2015) suggested the need to combine multimodal work with the best evidence-based trauma focused interventions. Multimodal interventions aim, in fact, to concurrently address issues of psychological functioning, social and cultural adaptation, physical health and ongoing psychosocial difficulties.

#### A focus on vulnerable populations

According to the UNHCR, among the generable category of asylum seekers and refugees, accompanied or unaccompanied children and women have to be considered as vulnerable populations by virtue of specific needs and susceptibility. Although the displacement phenomenon, in its current serious state, is relatively recent and the international literature on asylum seekers and refugees is wide and continually developing, research and reviews on vulnerable populations is rather disorganized (Kalt et al., 2013). Research into the mental health of refugee and asylum-seeking children showed high levels of psychological disturbance and many experiences of mental health difficulties, including PTSD, depression, anxiety and grief (Fazel et al., 2012; Ehntholt & Yule, 2006; Fazel & Stein, 2002). In their review, Lustig et al. (2003) show that child and adolescent refugees suffer from significant conflict-related exposures and that children's ability to self-regulate depends in large part upon the emotional state of their caretakers; thus, refugee youths without caretakers may be at an even greater risk of psychiatric symptoms following trauma. Regarding treatments, in their review Tyrer & Fazel (2014) showed the effectiveness

of both verbal processing therapies and creative art-based interventions in reducing symptoms of depression, anxiety, PTSD, functional impairment and peer problems. Ehntholt & Yule (2006) suggested the importance of improving the knowledge of the particular needs of unaccompanied asylum seeking children (UASC) by working with interpreters and taking care of cross-cultural differences. On the basis of our research, there are no reviews specifically focused on mental health outcomes and effectiveness of treatments on women. Where studies have focused on women as forced migrants, they have often looked at their higher exposure to sexual violence (Bradley & Tawfiq, 2006; Rogstad & Dale, 2004; Boersma, 2003), their experiences of persecution (Crawley, 2001), or their unequal access to the asylum determination process (Asgary & Segar, 2011; Crawley, 2001). There have also been a number of studies focusing on specific aspects of the exile experience; for example, pregnancy (Maternity Alliance, 2002a, 2002b), employment (Sergeant, Damachi & Long, 1999; Dumper, 2002), and, more recently, the need for a 'woman-centred' asylum support system (Refugee Council, 2005). As suggested by Kalt et al. (2013) in their systematic review on asylum seekers, violence and health, more than 75% of studies did not disaggregate any prevalence data by gender, limiting the evidence available to inform policies that might be more sensitive to women's distinctive experience and vulnerabilities in the asylum process. Against a background of such a varied field of international research, we noticed a lack of reviews regarding Italian research on the theme of forced migration. Indeed, the aim of the present study is to fill this gap in order to systematise Italian studies and to compare the Italian situation with the international one in order to define limits, resources and future directions of Italian studies and research. Considering the emergency dimension which the migratory flows have acquired in recent years, we have chosen to conduct a review of the last 5 years of Italian research into asylum seekers and refugees.

## Materials and Methods

A literature review in the databases Scopus, PubMed and Web of Knowledge for documents published from 2012 to 2017 was conducted. We combined the following keywords: \*asylum seekers, \*refugee, \*Italy AND \*health OR \*mental health OR \*well-being. The keywords were inserted in the databases both in English and in Italian.

Inclusion criteria were:

- Psychological and psychiatric original articles and reviews conducted in Italy in regard to the theme of asylum seeking and refugee status of adults, adolescents or children;
- comparative studies which included Italy as a country of comparison;
- articles written in English and Italian;
- articles published from 2012 to 2017.

Exclusion criteria were:

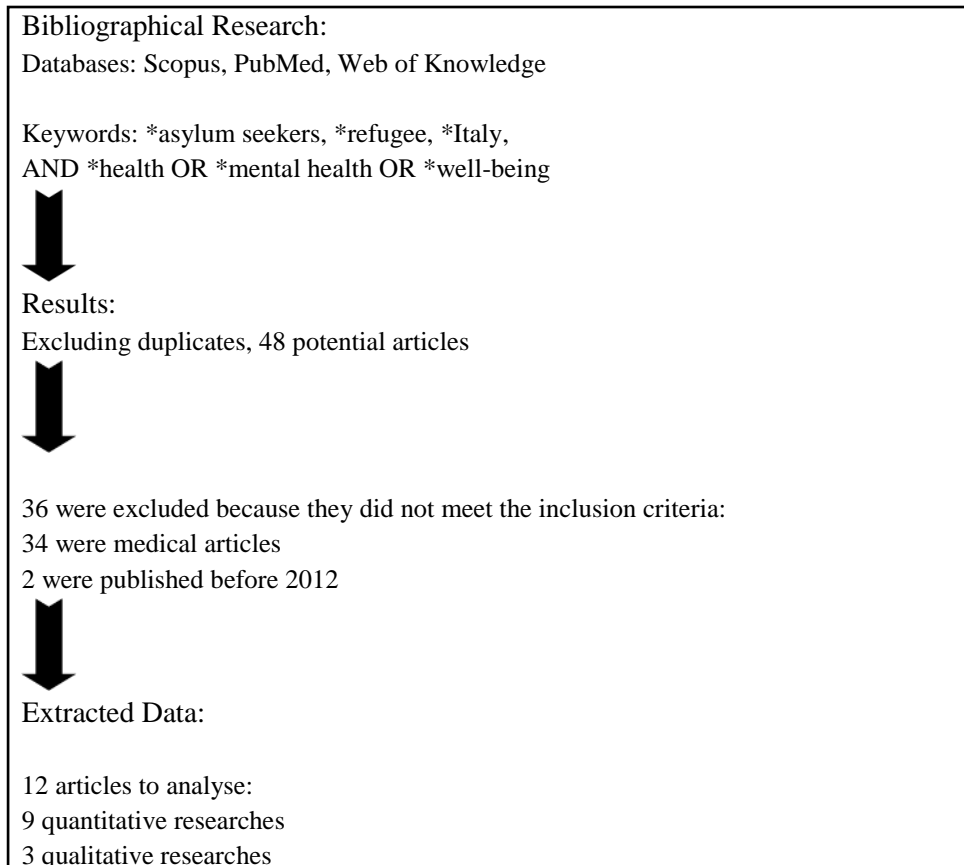
- Medical, juridical or bio-political articles;
- conference abstracts, letters or editorials;
- doctoral or magisterial dissertations;

## Data analysis

From the process of data extraction (Tab. 1), excluding duplicates, a total of 48 potential articles were found, 36 of these were eliminated because

they did not meet the inclusion criteria. Thus, a total of 12 articles were retrieved for this study.

Tab. 1 Process of Data Extraction



## Results

Out of a total of 12 articles, only one was written in Italian. No review articles focused on Italian researches were found and only one comparative study emerged. In terms of type of studies, 9 of them were quantitative research (2 cross-sectional studies, 2 experimental studies, 5 descriptive

studies), whereas 3 were qualitative research (1 model of intervention, 2 ethnographic studies). In terms of population, 5 examined asylum seekers, 2 refugees, 2 both asylum seekers and refugees, 3 the operators (Table 2).

Tab.2 Characteristics of the articles

	References	Type of studies	Language	Objectives	Population	Instruments	Main results
1	Bianco et al. (2016). Utilization of health-care services among immigrants recruited through non-profit organizations in southern Italy. <i>Journal of Public Health</i> , 61, 673-682.	Quantitative research - Descriptive study	En	Acquire information about access to health-care services and investigate the potential barriers affecting full access to health-care services in refugees and migrants.	ASYLUM SEEKERS - 961 immigrants (856 migrants and 5 asylum seekers)	Structured <i>ad hoc</i> questionnaire	One third of participants was dissatisfied with the health-care services used, especially for the long waiting time and the discrimination perceived. The role played by the non-profit organisation emerged as fundamental in facilitate the health-care access.
2	Bogic et al. (2012). Factors associated with mental disorders in long-settled war refugees: refugees from the former Yugoslavia in Germany, Italy and the UK. <i>The British Journal of Psychiatry</i> , 1-18.	Quantitative research - Descriptive study	En	Test whether the same socio-demographic characteristics, war experiences and post-migration stressors are associated with mental disorders.	REFUGEES - 854 refugees from the former Yugoslavia who lived in Germany, Italy and UK.	Structured questionnaire to collect demographic data. Face to face interview 24-Item Life Stressor Checklist Revised Mini International Neuropsychiatric Interview.	Prevalence rates of mental disorders varied across country (high rates in Germany and low rates in Italy). PTSD and depression independently associated with lower educational levels. War experiences and post-migration

							stressors. Risk factors vary for different disorders but are consistent across countries for the same disorders.
3	Caroppo et al. (2014). Health care for immigrant women in Italy: are we really ready? A survey on knowledge about female genital mutilation. <i>Annali dell'Istituto superiore di sanita</i> , 50(1), 49-53	Quantitative research - Descriptive study	En	Estimate the knowledge about FGM among social and health care assistants working with asylum seekers from October to December 2012	OPERATORS - 41 operators working in CARA	Self-report <i>ad hoc</i> questionnaire	Only 7.3% of participants states to know well FGM. 4.9% do not know it at all. 70.7% declare to have never met or assisted a woman with FGM, nevertheless all respondents work with asylum seekers from countries where FGM are performed.
4	Crepet et al. (2017). Mental health and trauma in asylum seekers landing in Sicily in 2015: a descriptive study of neglected invisible wounds. <i>Conflict and Health</i> , 11, 1-11.	Quantitative research - Descriptive study	En	Describe mental health conditions, potentially traumatic events and post-migratory living difficulties experienced by asylum seekers in the MSF programme in 2014-2015.	ASYLUM SEEKERS - 385 asylum seekers	Clinical assessment for the main and secondary MH condition according to the DSM-5 Manual	PTSD and depression as the most common disease. Main pre-migration traumas experienced in the home country and during migration. Main traumas: war, having witnessed violence or death, detention. Main post-migration experiences: lack of activities, worries about home, fear to be

							sent at home.
5	Firenze et al. (2016). The occurrence of disease and related factors in a center for asylum seekers in Italy. <i>Zdrav Var</i> , 55(1), 21-28.	Quantitative research - Cross-sectional study	En	Analyse demographic and clinical data in an Acceptance Centres for Asylum Seekers from February 2012 to May 2013.	ASYLUM SEEKERS AND REFUGEES - 598 asylum seekers and refugees	Clinical assessment according with APA guidelines and DSM-IV	PTSD and Major Depression as the most common disease. Factor associated with PTSD: Pakistan origin and refugee status. Factor associated with depression: suffering from PTSD, Pakistan origin.
6	Gatta & Segneri (2016). Biographies of Asylum in Italy: Body, Illness and Rights. <i>Dialogues in Philosophy, Mental and Neuro Sciences</i> , 9(2), 43-51.	Qualitative research - Ethnographic study	En	Shed light on clinical-anthropological experience gained at Rome's INMP during the treatment of forced migrants.	ASYLUM SEEKERS - Three asylum seekers	Clinical-anthropological conversations	Clinical setting is the space which can recognise the subjectivity missed by asylum seekers.
7	Harney (2013). Precarity, Affect and Problem Solving with Mobile Phones by Asylum Seekers, Refugees and Migrants in Naples. <i>Journal of Refugee Studies</i> , 1-17.	Qualitative research - Ethnographic study	En	Examine mobile phone use among asylum seekers and refugees in Naples to examine the role of mediated technology for them.	ASYLUM SEEKERS - 3 asylum seekers	Ethnographic examples	Mobile phones as objects able to mitigate the uncertainties of their life and to facilitate the affective capacities of migrants
8	Nante et al. (2016). Quality of life in refugees and asylum seekers in Italy: a pilot study. <i>Ann Ist Super Sanità</i> , 52(3), 424-427.	Quantitative research - Cross-sectional study	En	Evaluate the perception of the Health Related Quality of Life (HRQoL) of refugees welcomed in Tuscany.	ASYLUM SEEKERS AND REFUGEES 114 refugees and asylum seekers (98 males and 16 females)	36-Item Short-Form Questionnaire (SF-36 Italian version)	Gender, length of stay and educational qualification are not associated with a poorer HRQoL. Refugees from African region reported a better

							HRQoL.
9	Pascucci et al. (2014). The role of torture in asylum seekers: preliminary data. <i>European Psychiatry</i> , 29(1), 1.	Quantitative research - Experimental study	En	Investigate mental health disorder among asylum seekers and study the importance of torture in the development of the symptoms.	ASYLUM SEEKERS - 45 asylum seekers	Mini International Neuropsychiatric Interview (MINI) SCL-90-R Davidson Trauma Scale (DTS) Self-administered Scale to evaluate pre- and post-migration stressors.	Depressive and anxious symptoms, followed by PTSD were the major diseases. Torture seems to play a major role in developing PTSD.
10	Sagone & De Caroli (2012). Portrait values, Similarity in aspects of everyday life, Self and Group representation in refugee asylum seekers. <i>Social and Behavioural Science</i> , 46, 5463-5469.	Quantitative research - Descriptive study	En	Explore value priorities, perceive similarity in various aspects of everyday life, the Self-Group representation in refugees seeking asylum in Italy.	REFUGEES - 60 refugees (34 men, 26 women) visiting in Sicilian reception centres.	Demographic Schedule Portrait Value Questionnaire Perceived Similarity Scale Semantic Differential Technique	Value of security, tradition and benevolence have been considered highly importance. High levels of similarity between Italians and their own people in occupational and cultural aspects emerged. Good representation of Future Self and a more positive representation of their own people than that of the Italians also emerged.
11	Tarricone et al. (2013). Work of the Bologna Transcultural Psychiatric Team (BoTPT) with refugees and asylum seekers: when	Qualitative research - Model of intervention	Ita	Develop an operational plan aimed at improving care of asylum seekers and refugees through the cooperation	OPERATORS - Social workers working with asylum seekers and refugees	Psycho-educational sessions and self-help/mutual-aid group guided by a mental health professional	Improvement in asocial workers' ability to cope with the stress of refugee and their needs.

	remembering helps. <i>Journal of psychopathology</i> , 19, 234-241.			with social workers			
12	Thommesenn et al. (2013). Internalizing and externalizing symptoms among unaccompanied refugee and Italian adolescents. <i>Children and Youth Services Review</i> , 35, 7-10.	Quantitative research - Experimental study	English	Investigate the prevalence of emotional and behavioural symptoms in unaccompanied refugee adolescents living in Italy compared with native adolescents.	OPERATORS - 60 social workers with function of caregivers for each unaccompanied adolescents and 60 parents for each Italian adolescents.	<i>Child Behaviour Checklist (CBCL)</i>	Unaccompanied refugee adolescents reported significantly more internalizing and externalizing symptoms compared with the Italian group.

Considering the focus of each article that emerged from the analysis, it could be possible distinguish between two main trajectories of study of the current Italian research:

- a clinical and health-related trajectory specifically focused on mental health, distress, psychopathology and general well-being of asylum seekers and refugees;
- a social and community-based trajectory interested in the processes of integration and access to the community and health care services by asylum seekers and refugees.

Tab. 3 Main trajectories emerged from the analysis

<p><b>Clinical and health-related trajectory</b></p> <p>Focus on: Mental health, distress, psychopathology and general well-being of asylum seekers and refugees</p> <ul style="list-style-type: none"> <li>• Bogic et al. (2012). Factors associated with mental disorders in long-settled war refugees: refugees from the former Yugoslavia in Germany, Italy and the UK. <i>The British Journal of Psychiatry</i>, 1-18.</li> <li>• Caroppo et al. (2014). Health care for immigrant women in Italy: are we really ready? A survey on knowledge about female genital mutilation. <i>Annali dell'Istituto superiore di sanita</i>, 50(1), 49-53</li> <li>• Crepet et al. (2017). Mental health and trauma in asylum seekers landing in Sicily in 2015: a descriptive study of neglected invisible wounds. <i>Conflict and Health</i>, 11, 1-11.</li> <li>• Firenze et al. (2016). The occurrence of disease and related factors in a centre for asylum seekers in Italy. <i>Zdrav Var</i>, 55(1), 21-28.</li> <li>• Gatta &amp; Segneri (2016). Biographies of Asylum in Italy: Body, Illness and Rights. <i>Dialogues in Philosophy, Mental and Neuro Sciences</i>, 9(2), 43-51.</li> <li>• Pascucci et al. (2014). The role of torture in asylum seekers: preliminary data. <i>European Psychiatry</i>, 29(1), 1</li> <li>• Tarricone et al. (2013). Work of the Bologna Transcultural Psychiatric Team (BoTPT) with refugees and asylum seekers: when remembering helps. <i>Journal of psychopathology</i>, 19, 234-241.</li> <li>• Thommesenn et al. (2013). Internalizing and externalizing symptoms among</li> </ul>	<p><b>Psychosocial and community-based trajectory</b></p> <p>Focus on: relationship between psychological aspects and process of reception and integration</p> <ul style="list-style-type: none"> <li>• Bianco et al. (2016). Utilization of health-care services among immigrants recruited through non-profit organizations in southern Italy. <i>Journal of Public Health</i>, 61, 673-682.</li> <li>• Nante et al. (2016). Quality of life in refugees and asylum seekers in Italy: a pilot study. <i>Ann Ist Super Sanità</i>, 52(3), 424-427.</li> <li>• Harney (2013). Precarity, Affect and Problem Solving with Mobile Phones by Asylum Seekers, Refugees and Migrants in Naples. <i>Journal of Refugee Studies</i>, 1-17.</li> <li>• Sagone &amp; De Caroli (2012). Portrait values, Similarity in aspects of everyday life, Self and Group representation in refugee asylum seekers. <i>Social and Behavioural Science</i>, 46, 5463-5469.</li> </ul>
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unaccompanied refugee and Italian adolescents. <i>Children and Youth Services Review</i> , 35, 7-10.	
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### The clinical and health-related trajectory

In this section we have assembled articles which are specifically focused on the themes of mental health and well-being of asylum seekers and refugees. In particular, among 8 articles which composed this section, 5 have asylum seekers and refugees as the examined population, whereas 3 focus on the operators.

Regarding articles which have asylum seekers and refugees as the investigated population, the main research area regards the psychopathological outcomes of traumatic experiences.

In terms of mental conditions, according to the international literature, the research that investigated the mental health outcomes of asylum seekers and refugees in Italy showed high rates of mental distress in this population. Firenze et al. (2016) conducted the first cross-sectional study to analyse and describe demographic and clinical data of 598 asylum seekers and refugees hosted in a Sicilian CARA from February 2012 to May 2013.

Mental disease, especially PTSD and depression emerged as the most common disease, both associated with origin from Pakistan. Moreover, PTSD symptoms were more likely in individuals who have already obtained the status of refugee suggesting to the authors that refugee status may play a crucial role in the lives of forced migrants, as it determines the presence of many other resettlement stressors and provides testimony to the complete unawareness of the asylum seekers with regard to the post-migratory stressors that they have to face.

Similarly, Crepet et al. (2017) conducted the first descriptive study focused entirely on recently-arrived asylum seekers. A total of 232 patients were screened with mental health symptoms by the *Médecine sans Frontières* staff; of them, only 193 patients accepted to be taken into care from October 2015 to December 2015.

As the previous one, this study gives testimony of a high burden of reactive mental health conditions among asylum seekers assessed, including, in particular, PTSD and depression. Moreover, Pascucci et al. (2014), in terms of risk factors, showed the risky role of torture in the development of PTSD symptoms. Mental health symptoms seem to characterize also the resettlement period, as demonstrated by Bogic et al. (2012) who explored the factors associated with mental disorders in long-settled war refugees from the former Yugoslavia and who lived, at the moment of the research, in Germany, Italy and UK (the countries with the highest number of immigrants in Western Europe in 1990's). High rates of mental health symptoms, in particular, of PTSD and depression emerged, associated with some socio-demographic characteristics and the experiences lived before, during and after the war, such as lower levels of education, higher number of traumatic experiences during and after war, more migration-related stressors. The addition to these characteristics of older age and of a temporary residency permit are linked specifically to higher rates of PTSD.

The authors found a substantial variation in prevalence rates of mental disorders across countries: most prevalence rates were highest in Germany and lowest in Italy and linked these findings to the reception policies of each host country.

In addition to this, our results showed also a more idiographic approach to the research, principally clinical case oriented, aimed at giving importance to the subjective experience of asylum seekers and refugees. Gatta & Segneri (2016), in their original article, reported three clinical-anthropological studies to reflect on the relevance and function of the clinical setting as a space in which the experience of transition could be recognized, starting from the body experience, in which all the human suffering is visible and tangible and in which the awareness of the different degree of trauma could be recognized by both users and operators.

According to our research, no articles exploring mental health outcomes of children or women asylum seekers or refugees in Italy have been found.

The only research which investigated the prevalence of emotional and behavioural symptoms in 60 unaccompanied refugee adolescents compared with 60 male native Italians, took as its examined population respectively social workers (with their function of caregiving for unaccompanied adolescents) and parents for each adolescent (Thommensen et al., 2013).

The results showed that, according to social workers and parents, unaccompanied refugees were more likely to be classified with internalizing and externalizing problems than native Italian adolescents (81,5% compared to 18,5%). Another article which focused on health care workers was written by Tarricone et al. (2013). They provide an account of operational strategy by looking at the work carried out at the Bologna BoTPT (Bologna Transcultural Psychiatric Team) Study and Research Centre, which aimed to improve care for asylum seekers and refugees.

The experience of the BoTPT Centre sheds light on some crucial questions of working with asylum seekers and refugees, such as the need to establish a secure relationship with these individuals, often invalidated by the traumatic background which induces defence behaviours and the need for collaboration between all health care workers involved. In conclusion, Caroppo et al. (2014) conducted a survey in order to estimate knowledge about Female Genital Mutilation among social and health care assistants working with asylum seekers in CARA centres. The authors report a lack of knowledge and awareness in regard to the practice of FGM and the need to deal with the health problems affecting immigrant women which represents the major challenge for the health care system and for the professionals working within it. In terms of implications, all these studies highlighted the need to conduct a mental health screening during the asylum procedure period, to give more attention to the well-being of asylum seekers in order to develop interventions which could be helpful to prevent the consolidation of psychiatric morbidity, to improve cultural awareness of the degree of trauma experienced and, finally, to take care of secondary reception.

Moreover, all the articles reported a lack of coordination between the various non-governmental organizations, UN agencies and local health authorities, which could be very helpful to develop new intervention models for taking care of asylum seekers' and refugees' health.

#### The psychosocial and community-based trajectory

This field of research is especially focused on a psychosocial and community-based area of studies which is interested in practices, social representations, reception and integration policies as well as in health care access in regards to the theme of forced migration. The wider field of research aimed to improve our knowledge of asylum seekers' and refugees in regard to their values, social attitudes and representations.

Sagone & De Caroli (2012) conducted a study aimed to explore values, perceived similarity in various aspects of every day life between the in-group and the Italians, the representations of the Self-Group and the Italians of a sample of 60 asylum seekers (34 men and 26 women) living in Sicily. Security, tradition and benevolence are the most important values for asylum seekers. High levels of similarity between the in-group and the Italians were perceived especially in occupational and cultural aspects. Good representation of Future Self also emerged. In terms of perceptions, Nante et al. (2016) conducted a cross-sectional study from July to February 2015 to evaluate the perception of the health of 114 asylum seekers and refugees. They found out that health-related quality of life among refugees is not associated with gender, length of stay and educational qualifications. Elderly refugees had the lowest scores regarding the perception of their health conditions, and the specific internal organization of each structure where the participants were received was one of the most influential factors. Moreover, Harney (2012) published an article which explored, through three ethnographic examples of asylum seekers living in Naples, the everyday importance of mobile phones as objects able to mitigate the uncertainties of their life, to facilitate the affective capacities of migrants to resolve the precariousness of their everyday experiences and, finally, to

manage problem-solving sociality. In conclusion, the last article is focused on the relationship between psychological aspects and the reception and integration policies. Bianco et al. (2016) from May 2012 until April 2013 conducted a study aimed at acquiring information about access to health-care services among 961 immigrants and refugees recruited through non-profit organisations in southern Italy. Although the authors found that the non-profit organisation played a fundamental role in facilitating access to health-care access for migrants, one-third of the participants were dissatisfied with the health-care services used, especially because of the long waiting times and the discrimination perceived. Unfortunately, the lack of specific information or comparison between beneficiaries of internal protection and non-refugee migrants and the wide imbalance between regular or irregular migrants and asylum seekers (respectively 856 vs 5), doesn't permit a clear comprehension of the phenomenon of health-care access experienced by asylum seekers and refugees, who need to be considered as a particular type of population with specific material and psychic needs.

## Discussion

The present study aimed to compile a review of the last five years of Italian research on the theme of seeking asylum and refuge. First of all, according to our research, we would like to highlight that this is the first review of current Italian psychological research on the theme of forced migration.

From our research only 12 articles emerged and this low number of Italian studies highlights the need for researchers to improve investigation into this field. We would like to suggest that this underdevelopment is surely linked to the emergency nature that the migratory phenomenon has reached since 2015 and which the Italian government has had to deal with, trying to re-think reception policies which are still, even now, in an embryonic and experimental phase.

Moreover, we are strongly convinced that the fleeing nature of migrations (Raison, 1980), in their being for excellence spaces/times of transformations and transits (De Micco, 2014), makes the study and the approach to this phenomenon more and more difficult on different levels.

Although there were not so many articles to analyse, we would like to propose some brief reflections on what emerged. As in the international literature, so also in Italy, the most common topics are linked to the investigation of traumatic experience and its impact on mental health. The clinical and mental health trajectory emerging from our results, is, in fact, explored in more depth than the psychosocial and community-based one and it seems principally guided by a psychiatric-oriented model that aims to identify the risk factors linked to the psychopathological outcomes, and to screen for possible diseases. PTSD and depression, in line with the international literature, result as the most common diseases emerging from traumatic experiences. The Italian research on protective and supportive factors seems to be still underdeveloped. In terms of the populations that are investigated in the literature, our research showed that no Italian study focused on the vulnerable populations. In gender terms, although the current data shows that the forced migration phenomenon is principally male-oriented, extending the research to understanding the needs, risks as well as the supportive factors of vulnerable people could be very helpful to promote and develop more appropriate support interventions and policies. Regarding the underdevelopment of research on children, we wish to point out that in May 2017 a new law on unaccompanied minors was introduced in Italy; surely, this opens a series of wider considerations about the delicate relationship between research and social policies.

From our results, an interesting point of view is the focus on the people working with asylum seekers and refugees, in so far as we consider them an important, dynamic part of the meeting with asylum seekers and refugees. We believe, in fact, that this focus offers some important repercussions not only for clinical intervention but also for research.

In this field, researchers and clinicians, just like the asylum seekers themselves, seem to be in a state of suspension, waiting for answers. Models and guidelines are needed but in order to formulate these, we need

to uproot the gaze (Margherita, 2016; Tessitore et al., 2016) and create new models of understanding in the encounter with a different biographical, social and cultural background (Eisold, 2016; Varvin, 2016).

Moreover, clinicians and researchers, and more in general anyone who works with migrants, carry out an important function of incubation (De Micco, in press), i.e. a function which provides, first of all, the primary conditions for survival and, then, helps to incubate a traumatic dimension which can, in the initial stages, be hosted in the health worker's mind.

In general, our results seem to indicate that, compared to international research on the theme of forced migration, research in Italy is currently still underdeveloped.

Trying to shed light on the current situation of Italian psychological research, we believe that the present study provides some cause for reflection in order to understand the Italian scenario and to outline possible levels of criticality and directions for future research. To summarize, the need to increase research in terms of protective factors, of qualitative research, of integrated interventions, seems to highlight a need to go beyond an understanding of health problems affecting asylum seekers and refugees and to look at their needs in terms of prevention and support.

In conclusion, our study is not free of limitations. First of all, we only conducted the research in certain databases, thus, the studies published in non-indexed journals might have been omitted. Moreover, we have chosen to include articles published only in English and Italian so probably many articles written in other languages might have been missed. Furthermore, in the attempt to analyse such a wide thematic area, we used as keywords both \*asylum seekers and \*refugees although we are aware of the need to distinguish these populations who have different needs and levels of criticality. Therefore, for further research we would like to limit our investigation to separate populations. In conclusion, we could hypothesise that the emerged trajectories were probably influenced by the chosen databases. For this reason, in our future work we would like to enlarge our databases and to systemize our work with a more complex analysis.

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