

Should discrepant accounts given by asylum seekers be taken as proof of deceit?*

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Abstract

Background: In order to recognise a refugee in a receiving state, decision makers have to make a judgment based on background information and the account given by the individual asylum seeker. Whilst recognising that this is a very difficult decision, we examine one of the assumptions made in this process: that an account which is inconsistent is probably fabricated for the purposes of deceitfully gaining asylum status.

We review some of the psychological processes at work when a person applies for asylum, and report a study offering empirical evidence of some of the reasons why accounts of traumatic experiences may be inconsistent.

Methods: In the study reported, 39 Kosovan and Bosnian (UNHCR) program refugees in the UK were interviewed on two occasions about a

traumatic and a non-traumatic event in their past. They were asked specific questions about the events on each occasion.

Findings: All participants changed some responses between the first and second interview. There were more changes between interviews in peripheral detail than in the central gist of the account. Changes in peripheral detail were especially likely for memories of traumatic events. Participants with higher levels of Post Traumatic Stress Disorder (PTSD) were also more inconsistent when there was a longer delay between interviews.

Interpretations: We consider this and similar studies in the light of asylum decision making, proposing that these decisions, often a matter of life and death to the applicant, must be based not on lay assumptions, but on established empirical knowledge.

Keywords: memory, post-traumatic stress disorders, refugees, adult, depressive disorder, law

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1. Introduction – claiming asylum

Each year hundreds of thousands of people come to Western countries to ask for protection from persecution in their own country. They ask to be recognised as refugees, as defined by the 1951 Geneva Convention, which states that a refugee is a person who,

“owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group

or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country."¹

Although this definition is internationally agreed, by the signatories to the convention, each individual state has the freedom to implement its own structures for assessing the validity of requests made for recognition – that is, for the assessment of claims for asylum.

In the UK, the process of claiming asylum consists of attending an interview with a Home Office case worker and, for some, filling out a Statement of Evidence Form. On the basis of the information gathered, the Home Office will then make a decision about the success or failure of the claim. If the decision is negative, the claimant may appeal, in the first instance to the Home Office, and subsequently, through the Courts.

From the point of view of the decision maker the judgment is a very difficult one to make. In other jurisdictions where an individual is presenting a case there can be corroborating evidence, character witnesses, eye witnesses to events, documentary evidence, to name but a few of the sources that may inform a decision. In an asylum claim there is often none of this. Consequently, apart from background information about the claimant's home country, decisions very often turn on the "credibility" of the claimant themselves.

Unfortunately, there are strong reasons to believe that the decision making process may be flawed. UK government statistics show that in 2004, the Immigration Appeals Authority (IAA) overturned 10,845 negative decisions by the Home Office (19% of those heard).² Many of these people would have been given up to possible human rights

atrocities had they not questioned the original decision and taken it through the legal process.

One of the ways in which credibility is judged by decision makers is the assessment of the account given by the claimant of his or her experiences of persecution. This paper will address one area of decision making regarding judgments of credibility which seems not to be based on the best scientific knowledge, but on incorrect lay assumptions about how memory works. We will review the assumption that inconsistency in the claimant's account suggests that the account is false and explore some of the reasons that this may not be the case. We will then report an empirical study which explores one of these areas, traumatic memory, in more detail.

We will be referring to procedures in the United Kingdom for the purposes of illustration. In most of the practices described, the UK is not unusual. Our comments are probably most applicable in the context of first world regions, European countries in particular, whereas in other regions, different rules may apply.³

2. Inconsistency in the asylum process

If an applicant gives different (discrepant) accounts of their experiences in the various forms and interviews involved in applying for asylum and appealing a negative decision, it is easy to assume that they have fabricated a story to try and obtain permission to stay here. Indeed this is one of the planks of evidence often cited by the Home Office in individual refusals and is included in the official guidance to Immigration staff making these decisions, under the section entitled Credibility.⁴ Thus the consistency of an asylum seeker's account has become a central question in determining asylum status. In a report on Home Office decision

making, Amnesty International UK⁵ cite a “reasons for refusal letter” which states

“there are significant differences between your various accounts, and ... these cast doubts on the credibility of your claim. For instance, in your Statement of Evidence Form (SEF) you stated that you were in hiding at your friend’s house for 4 days but in your Asylum interview this was reduced to 3.” (p. 21)

A study in Sweden has shown that, there too, discrepancies and inconsistency are seen as cues to a belief that a person is lying.⁶ Granhag and his colleagues approached members of the Swedish Migration Board, on the assumption that they, like police and judges, are “expert lie detectors”. They were asked about how they made judgments of whether someone is lying or telling the truth, and then the researchers compared their answers to the findings of the psychological literature on cues to detecting deception. Although some of the heuristics these decision makers made did concur with research findings (e.g. “there is no difference in gaze behaviour between liars and truth-tellers”), in both open and closed questions, the belief that inconsistency was an indication of lying was endorsed as “a rule of thumb” by 21% and “the most important factor” by 18% of the group.

However, research evidence increasingly suggests that this underlying assumption is incorrect and inconsistency between accounts in the asylum process cannot be relied on in this way.

There are broadly two reasons why there may be inconsistency. The event may be recalled accurately but there is some *barrier to disclosure*. Alternatively it may arise from a *failure to recall a traumatic event* in the same way on successive occasions. Both are relevant to this discussion.

3. Barriers to disclosure

3.1 The interview

Even if the applicant does generally recall the experience consistently, inconsistencies may be introduced in the interview processes. In order to arrive at information that is both accurate and complete, it is important to understand and implement the principles of interviewing. In the medical field, as one example, an initial open question will be followed up by focused and then closed (not leading) questions to go into more details. However, the clinician will then return to another open question to ask if there is any other problem. We see examples of immigration interviews where details have been elicited about one period of detention, but the individual was not then asked if there were any other detentions. Consequently later interviews would appear to be uncovering further material – thus producing apparent discrepancies or new disclosures – whereas the interviewee may be giving details of a different period of detention to the one first described. This effect may be exacerbated by unprofessional or insufficiently trained interpreters.

In a recent study of disclosure in asylum interviews in the UK, the attitude of the Home Office interviewer was cited by the majority of participants as a factor facilitating disclosure. Indeed, many of the participants interviewed did express a willingness to talk about their experiences, but said that they had not been given the opportunity to do so or had been prevented by the interviewer from discussing their experiences.⁷

There may also be insensitivity to gender and cultural issues. Despite UNHCR guidelines, female claimants continue to be interviewed by male case workers, with male interpreters. In some cases the presence of a female claimant’s husband can inhibit disclosure of rape, due to the cultural im-

peratives placed on the family in such a situation. Men also have to disclose being raped, a matter which also requires a high level of sensitivity.

Amnesty International UK's report states "Many Home Office caseworkers appear to lack basic interviewing techniques", and recommends "long term and continuing training", monitoring and assessment of caseworkers.⁵

3.2 Trust

Refugees, by definition, have a well-founded fear of persecution, persecution that has been allowed, if not sanctioned by the state in which they lived. Whether such tolerance is by weakness or intent on the part of the state, a degree of mistrust of, or at least a marked ambivalence of feeling towards, state officials of whatever origin would be entirely understandable. Guidelines for immigration interviews in the UK recommend that assurance is given that all material disclosed is confidential. Nonetheless, for many people, and understandably given their experience, this is hard to believe completely. This would lead to reluctance to give a complete disclosure and may lead some people to gloss over parts of their story. It is often the experience of clinicians that one meeting is insufficient time for an individual to be able to consider whether s/he can take the risk of trusting his/her interviewer. Where an individual has been submitted to torture, which directly or indirectly targets the breaking down of trust in others, this effect can be significantly stronger.

3.3 Cognitive and emotional difficulties

Refugees have typically had complex experiences including those to do with persecution and trauma. As a consequence, although many escape psychological injury, as a group they are at increased risk of emotional diffi-

culties.⁸ Four common psychological themes have been identified describing these reactions:⁹

- Symptoms of Post Traumatic Stress Disorder (PTSD), related to direct exposure to (often malicious) violence.
- Symptoms of depression, related to bereavement and loss.
- Somatisation, for example where physical violence has been used to force psychological change.
- the "existential dilemma" of the refugee whose core beliefs about the world have been seriously challenged.

Pre- and post-traumatic events are important in this context. For example, the risk of PTSD is affected by the quality of social support and by concurrent life stresses.¹⁰ Similarly, in a group of refugees from Iraq, poor social support was a stronger predictor of depression than past trauma factors.¹¹

What is important to note is that, although categorical diagnoses may apply to some individuals, it is also possible to see a constellation of symptoms which do not meet the diagnostic criteria. One may be experiencing nightmares and having difficulty sleeping, without necessarily having sufficient other symptoms to be diagnosed with PTSD or depression. The absence of a categorical diagnosis should not prevent us from being aware of the impact of the difficulties which people may be having. The following sections should be read in this context.

Avoidance

People have often learned over time to avoid thinking about traumatic events in order to minimise the fear and other emotional responses to what happened to them. Many people report managing to escape their situ-

ations, taking care of children and navigating their migration in to a new country, by deliberately avoiding “thinking about the past”. Avoidance is a central part of the PTSD response (for example, consider the avoidance response of the survivor of a railway crash, now avoiding train travel). The individual has not forgotten the event but because of overwhelming emotions when it is recalled, or when similar triggers are encountered, tries to avoid mentioning it. A study of people diagnosed with PTSD following a history of torture, found that where there is a history of sexual torture, the avoidance symptoms of PTSD¹² (e.g. trying not to think about the event, avoiding triggers, emotional numbing, psychogenic amnesia) are much more prominent than is the case after other forms of torture. This survival strategy has to be suppressed in order to tell all in an asylum interview and this may be very hard, very distressing, and possibly detrimental.

Dissociation

A common correlate of traumatic experiences is the experience of episodes of dissociation. Dissociation is defined as “a disruption in the usually integrated functions of consciousness, identity, memory and perception”.¹³ This is a psychological condition that may be evident during severe stress (perhaps as a psychological protection mechanism) and later there may be a psychogenic amnesia for some, or all, of the trauma. However, it may also recur with memories of the incident, especially at times of high arousal, such as during the retelling of an account. There may be a large impact on performance in spite of the fact that often these phenomena are relatively subtle (unlike the very obvious disturbances of consciousness associated with post-traumatic epilepsy).

Shame

The person being interviewed by the Home Office or appearing in court might be ashamed to disclose some of the worst events in their lives. Typically, experiences of forced betrayal and sexual assault (including rape) are often associated with the dominant emotion of shame rather than fear. There are some experiences that sometimes simply cannot easily be shared with anyone. Bogner’s study on disclosure, as well as replicating the finding that people with a history of sexual violence scored higher on PTSD avoidance symptoms, also found higher levels of shame. Not surprisingly, this group also reported finding it more difficult to disclose sensitive personal information during asylum interviews.⁷

This consideration of barriers that may lie in the way of disclosure to state officials when applying for asylum is not comprehensive. The contexts of asylum interviews are considered in Proof, Evidentiary Assessment and Credibility in Asylum Procedures¹⁴ and other issues including head injury and chronic pain are discussed by Cohen¹⁵ and by Herlihy.¹⁶

4. Memory for trauma

It seems that there a number of barriers to making disclosures in asylum interviews. In addition to these, there may also be general and specific problems of memory itself.

4.1 PTSD and depression symptoms

Both in PTSD and Depression, impairment of concentration is a common symptom. The DSM-IV¹³ diagnostic manual lists “inability to recall an important aspect of the trauma” and “difficulty concentrating” as two of the characteristic elements of PTSD. Similarly, it identifies a “diminished ability to think or concentrate, or indecisiveness” as a characteristic of depression (Major Depressive

Disorder). There is an established literature on the effect of depression on memory – the bias towards recalling events with negative meaning for the self and a difficulty remembering specific events, preferring instead general descriptions of past periods.¹⁷

As noted above, many of these difficulties may be experienced without necessarily reaching the full criteria necessary to receive a psychiatric diagnosis.

4.2 Autobiographical memories – normal and “traumatic” memory

Autobiographical memory, as the name suggests, is the recall of events in one’s personal history. We know that the recall of normal memory involves the relatively easy and elective construction of a verbal narrative – we can, if and when we choose, produce a story of what happened to us yesterday, or last year on holiday; a story with a beginning, a middle and an end. The memory might also be updated by, perhaps, looking at the photos of the holiday. A critical feature of a normal memory is that when we think of it we are aware that it happened in the past.

There is now a substantial body of evidence showing that when we experience something traumatic (threatening to our life or our physical integrity, or that of someone close to us), although there may be some memories of this normal type, there may also be traumatic memories which have a very different nature.¹⁸ The characteristic of traumatic memories is that they are fragments, usually sensory impressions; they may be images, sensations, smells or emotional states.¹⁹ Importantly, probably because of the nature of the memory store in which they are held, they do not seem to carry a “time-stamp” so they are often experienced as if they were not memories of the past at all, but current experiences.²⁰ These types of memories are usually not evoked at will, as

a normal memory can be searched for and produced, but they are provoked by triggers, or reminders of the event. This means that when someone is interviewed and asked about an experience that was traumatic, and has only, or largely, memories of this fragmentary type, they are unlikely to be able to produce a coherent verbal narrative, quite simply because no complete verbal narrative of their experience exists.²¹ Because these memories are triggered, and are not subject to simple conscious control, it is likely that different aspects will be recalled depending on the triggering events in the interview. The interviewee will report only fragments and impressions, which are likely, incidentally, to evoke the feelings that were felt at the time of the original experience – which may be fear, distress, shame, humiliation, guilt or anger.

4.3 Central and peripheral details

Generally, the more detail a memory has, the more believable and convincing the account is. The gist of an autobiographical memory (central information) can be reconstructed from general (historical or schematic) knowledge, whereas details of a specific event (peripheral details) cannot. Recall of peripheral details is thus often seen as a good way of distinguishing between “accurate recollection and plausible reconstruction”.²² This is presumably the principle that, in part, guides state authorities’ reliance on consistent details as an indication of credibility.

However, another aspect of memories for traumatic or distressing events is the automatic focus on the “centrality” of the details recalled. A classic experiment demonstrated how the type of details recalled of an event can depend on how distressing the event is to the witness. Loftus and Burns²³ asked participants in their study to watch

one of two video recordings of a simulated armed bank robbery, at the end of which the robbers run away past a young boy with a rugby shirt with a number on the back. The recordings were identical except that in one version one of the robbers turns and shoots the boy in the face. In the other the robbers merely run away. The experimenters found that the participants who watched the video with the shooting were less likely to be able to recall the number on the boy's back, compared to those who had watched the "non-traumatic" video. This was not a study of people with PTSD and the traumatic event, on the scale of the experiences of many people who have been tortured, was relatively mild. Yet the simulated shooting was sufficient to lead to an automatic focus away from peripheral detail. This effect has been replicated and a distinction is now made when talking about disturbing or distressing memories, between "central" details of a story – that is, what is important to the gist of the narrative or the emotional content of the account – and "peripheral" details, such as the number on a boy's rugby shirt.

5. An Empirical Investigation²⁴

In the light of all of the different possible explanations for discrepancies in an asylum seeker's accounts of their experiences, and in particular the suggestions from the psychological literature on memory, the following study²⁴ was conducted to demonstrate what specifically might be happening in repeated interviews focusing on traumatic memories.

Method

We invited 27 Kosovan Albanians and 16 Bosnians to take part in research about memory. We had contacted them through community groups and reception centres. Twenty-three were men and twenty were women, all aged between 18 and 64 (mean 39.5 (SD 14.5)). All

participants had been granted leave to remain in the United Kingdom under the United Nations High Commissioner for Refugees group programmes – that is, none of the participants had given accounts of their experiences in order to gain their asylum status. We obtained written (translated) informed consent from all participants, explaining that the research had no connection at all with any decision-making state authorities. The research was approved by the Research and Ethics Committee of Camden and Islington Mental Health and Social Care NHS Trust.

We interviewed all participants twice, with the help of interpreters. The time between interviews ranged from three to 32 weeks. At the first interview we used a translated form of the Post-traumatic Diagnostic Scale to assess the level of symptoms of PTSD.²⁵

Participants were asked to recall a traumatic event from their experiences ("I'd like you to think about an event in [your country] when you thought that your life was in danger – preferably a time that you haven't talked about too much, but that wouldn't upset you too much to talk about now."). Fifteen predefined questions were asked about the chosen event – for example, "what was the date?"; "what were you wearing?" Similar questions were asked about a nontraumatic event. After answering each question, participants were asked to rate that particular detail as central or peripheral to their experience. At the second interview participants were prompted about the event reported in the first interview ("do you remember the events you told me about last time"; if they didn't, they were reminded), and asked to recall the same two events. The same 15 questions were repeated. At this second interview we assessed symptoms of depression by using a translated form of the Beck Depression Inventory.²⁶

Both measures in Bosnian and Kosovan Albanian had been translated and back-translated and used in previous studies.

Calculation of discrepancy rates and analysis
Discrepancy rates were calculated by dividing the number of discrepant details between answers at the two interviews (including new information) by the total number of units of information in the first interview. Four separate rates were calculated per participant: central details of traumatic memories, peripheral details of traumatic memories, central details of nontraumatic memories, and peripheral details of nontraumatic memories.

A second rater coded 70% of the transcripts according to written coding procedures. Intraclass correlation estimates for the four rates ranged from 0.65 to 0.81. General linear model univariate analyses and bivariate correlations were used to compare the discrepancy rates of participants who scored high on the Posttraumatic Diagnostic Scale with those of participants who scored low on the scale. General linear model repeated measures tests were used to analyse the interactions between the types of detail (central versus peripheral) and the type of event recalled (traumatic versus nontraumatic). SPSS software was used for all analyses.

Results

All participants reported traumatic experiences. Scores of symptom severity on the Posttraumatic Diagnostic Scale (maximum 51) ranged from 5 to 50 (mean 27.3 (s.d. 10.9)). Participants were divided into high and low PTSD scorers: scores of >26 were categorised as high ($n = 19$); scores of <25 were categorised as low ($n = 21$). The depression scores (maximum 63) ranged from 7 to 52 (mean 24.2 (s.d. 11.6)). Of the 39 scores, 31 indicated probable clinical depression (score > 14); 21 indicated moderate or severe depression (score > 20).

No significant differences in psychopathology between the two groups were found.

Differences between the groups

Four of the Bosnian participants left the study after the first interview.

The mean age of the Bosnian group was greater than that of the Kosovan group (46.2 v 35.5 years; $p < 0.05$) and the average time between interviews was significantly longer for Bosnian refugees than for Kosovan refugees (159 v 29 days; $p < 0.0001$). To reduce the limitations of these differences on interpreting the results, and to take account of the loss of four subjects from the Bosnian group, each of the hypotheses was tested on the whole sample and then on the larger of the two subsets – the 27 Kosovan participants – alone. Only significant findings are reported.

Discrepancies

Discrepancies between the two accounts were found for all participants. The mean (overall) discrepancy rate was 0.32 (s.d. 0.14; range 0.010.65).

Significantly more discrepancies were observed in peripheral details than in the central gist of the account ($p < 0.05$). The type of information (central or peripheral) had a significant effect on the discrepancy rate when memories were traumatic ($F_{1,32} = 4.42$, $p < 0.05$), but not when they were nontraumatic ($F_{1,32} = 1.25$, $p = 0.27$). See Figure 1.

In the Kosovan subsample, more discrepancies were found in peripheral details than in central information. The main effect of type of detail (central or peripheral) was in the same

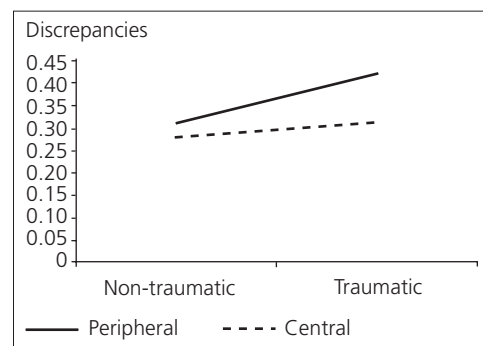


Figure 1. Central and peripheral discrepancies.

direction as the whole sample and marginally significant ($F_{1,24} = 4.25, p = 0.05$).

The length of time between interviews had a significant effect on discrepancy rates. Testing for homogeneity of regression in the two groups (high or low levels of posttraumatic stress symptoms) showed an interaction ($p < 0.05$) between the levels of posttraumatic stress symptoms and length of time between interviews. In the group with high levels of posttraumatic stress there was a positive association between the number of discrepancies and the length of delay ($r = 0.70, p < 0.01$), but this difference was not seen in the group with low levels of posttraumatic stress symptoms ($r = -0.122$) See Figure 2. Delay and discrepancies.

Discussion of the empirical study and its findings This was a research investigation in people who had come to the United Kingdom under a UN sponsored programme. There was no obvious motivation to deceive. Nonetheless discrepancies (including the provision of new information) were shown to occur between autobiographical accounts given by the same individual on two occasions up to seven months apart. For refugees with high PTSD, more discrepancies were found with longer times between interviews. In the UK asylum process, there may be months or years between the original interview and an appeal

hearing. In addition, more discrepancies are found in details rated by participants as peripheral, compared with recollection of the central gist of the event. Discrepancies therefore cannot be taken as automatically implying fabrication.

These findings demonstrate that the assumption that discrepancies necessarily indicate a fabricated story is incorrect. This research cannot provide any causal explanation as to why they do occur, but it can point to some possibilities. A common difficulty reported was related to the experience of repeated events that are similar. This may have led to the recall of an event similar in type but different in detail at the second interview, or to the mixing up of two or more events.

The emotional state of the refugee at the time of the interview may also have affected his or her responses. For example, one participant changed his description of his treatment by military police from "we were slapped around" to "we were badly beaten." In states of depressed mood, recall is biased towards negative memories.¹⁷ This participant may simply have been in a different mood state in each interview, thus giving different evaluations of his experience. Further studies should consider measuring the person's state of mood at each interview.

Reminiscence

Reminiscence is the phenomenon of new information about an event becoming available over repeated recall. It has been shown clearly in the laboratory but has received little interest in applied areas. One explanation for reminiscence is that, once a person has initiated a search in memory, the search continues. Indeed, one participant reported asking her mother about the answers she had given in her first interview. This may lead to the checking of memories with others who were present at the time, or the gradual remembering of more detail. Or this process may happen less consciously. Both of these factors would be associated with discrepancies and may increase in importance over time.

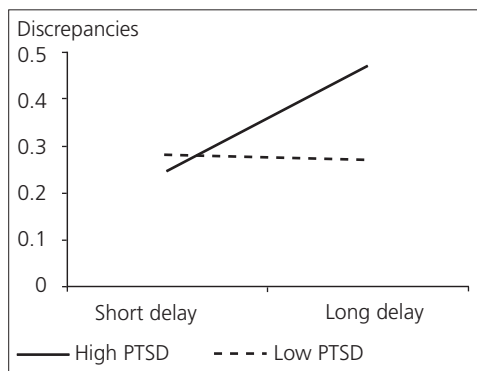


Figure 2. Delay and discrepancies.

Length of time between interviews
Although it was not hypothesised initially, and we must consider the possibility of type I error, the effect of the interaction of posttraumatic stress and length of time between interviews on discrepancies is probably the most important finding in relation to asylum policy. If discrepancies continue to be used as a criterion for regarding a case as lacking credibility, then asylum seekers who have symptoms posttraumatic stress at the time of their interviews are systematically more likely to be rejected the longer their application takes.

As has been discussed above, theory suggests that memories are different when they are “traumatic memories” – particularly seen but possibly not exclusively – with a diagnosis of PTSD²¹ and these certainly merit further exploration in the context of asylum applicants and refugees.

Summary

This study shows the danger of concluding that asylum seekers are fabricating their histories solely on the basis of discrepancies between interviews, even when the interviews are only weeks apart. Discrepancies are common, especially (although not exclusively) when the person has PTSD and has to wait a long time between interviews. Discrepancies are more likely to arise when the details required are peripheral to the interviewee’s experience and when the content is traumatic to the interviewee.

All of these factors are present in many asylum applications, and they may be increasing the risk of incorrect judgments.

6. Other research

This empirical study is supported by some recent experimental work from the USA in which Morgan III and colleagues²⁷ studied over 500 military personnel going through so-called “survival schools” (described as mock prisoner of war (POW) camps run by the US military). These were fit volunteers.

They knew that ultimately they would be safe. They were exposed to a simulation of wilderness evasion, followed by mock captivity in the POW camp. The details of the training are described as “classified” but included interrogations and stressors “modelled from the experience of actual military personnel who have been prisoners of war”. There were high and low stress interrogations starting after 12 hours of captivity. These interrogations involved either one or two people in a well-lit room (different people for the high and low stress conditions). All participants had been exposed to the stress of uniform sleep and food deprivation for about 48 hours prior to being subjected to interrogation stress. Upon release, they were given access to food and rest. Twenty-four hours after release, they were tested for recognition of their interrogator. The best result for recognition of the high stress interrogator (using photographs of interrogators in the identical clothes to improve performance) was a 66% correct positive identification.

If fit young military personnel exposed to much less trauma than many refugees and tested only 24 hours afterwards make mistakes like this, it is certain that very many asylum seekers asked questions months or years later about their traumas will have unreliable memories. The authors of the US study conclude that “all professionals would do well to remember that a large number of healthy individuals may not be able to correctly identify suspects associated with highly stressful, compared to moderately stressful, events. Furthermore, these data raise the possibility that other types of stress-induced memory deficits (such as narrative memory) may also exist in healthy individuals.”

7. Conclusions

We have presented substantial empirically-based reasons for concern in the application

of the naïve assumption that inconsistent accounts of torture or other traumatic experiences should be taken as indicating fabrication or lying. Yet inconsistent accounts have been demonstrated in a Swedish study to be the most important factor in evaluating fabricated stories, used by about 1 in 5 of decision-makers.⁶

We strongly believe that decision making should be informed by empirical scientific evidence (whichever way this appears to point). In this area, studies now exist that have important implications for national and international policy in the assessment of asylum seekers. If the process of recognising refugees is to be a just one, then decisions must be based on sound scientific knowledge. This will go some way to providing consistent and high quality decisions for some of the most crucial (and difficult) judgments that states are called upon to make.

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