

# Psychiatry and Psychological Disorders

## Review Article

# Interviews with Survivors of Catastrophic Events: Possibilities, Risks, and Culturally Sensitive Perspectives

Jan Ilhan Kizilhan\*<sup>1,2</sup>

<sup>1</sup> Institute of Transcultural Health Science, Baden-Wuerttemberg Cooperative State University- 70178 Stuttgart, Germany

<sup>2</sup> Institute for Psychotherapy and Psychotraumatology, University of Duhok- 42001, Iraq

**\*Corresponding Author:** Jan Ilhan Kizilhan, Institute of Transcultural Health Science, Baden-Wuerttemberg Cooperative State University- 70178 Stuttgart, Germany

**Received Date:** 25 August 2025; **Accepted Date:** 22 September 2025; **Published Date:** 26 September 2025

**Copyright:** © 2025 Jan Ilhan Kizilhan, this is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## Abstract

**Background:** Interviews with survivors of mass violence, genocide, and other catastrophic events are frequently conducted by non-specialists (e.g., NGOs, journalists, police, courts). Such encounters can risk re-traumatization and place interviewers at risk of secondary traumatization, yet—when trauma-informed and culturally sensitive—they may stabilize survivors and support justice processes.

**Method:** We synthesize evidence from psychotraumatology, forensic psychology, and transcultural psychiatry, drawing on peer-reviewed literature and practice-based insights from work with refugees and survivors.

**Results:** Risks of re-traumatization decrease when interviews are preceded by stabilization, clear informed purpose, culturally attuned communication, and access to psychosocial follow-up; interviewers require organizational safeguards against secondary traumatic stress. The Méndez Principles provide human-rights-based standards for non-coercive, respectful interviewing of witnesses and victims.

**Conclusions:** Interviews in crisis contexts must be trauma-informed, culturally sensitive, and ethically grounded. Interdisciplinary collaboration between legal, medical, and psychosocial professionals—and preparedness for both survivor safety and interviewer well-being—are essential for valid, humane, and just documentation.

**Keywords:** Trauma; Re-traumatization; Secondary Traumatization; Eyewitness testimony; Forensic psychology; Transcultural psychiatry

## Introduction

In 2019, the United Nations Refugee Agency (UNHCR, 2023) [1] reported that 70.8 million people worldwide had been forcibly displaced. Among them, 25.9 million were classified as refugees, having fled their homes due to persecution, war, or violence [2]. Prolonged conflict, displacement, and deprivation increase the risk of developing mental disorders [3]. Post-traumatic stress disorder (PTSD) and depression are particularly prevalent, with meta-analyses showing rates exceeding 30% [4]. Reliable data on the prevalence of mental disorders among

populations experiencing long-term displacement, especially in conflict-affected regions of the Middle East, are still scarce [2]. For example, in a study of Syrian-Kurdish refugees in the Kurdistan Region of Iraq, nearly all participants reported at least one traumatic event, while 86.3% had experienced three or more. In this group, the prevalence of both PTSD and depression was approximately 60% [5]. Even higher prevalence rates are found among survivors of rape, military violence, captivity, detention for ethnic or political reasons, or genocide [6]. A random sample of Rwandan

genocide survivors showed a PTSD rate of 58% [7]. Similarly, in women who had suffered sexual violence during the Balkan wars, depression was reported in up to 80% of cases [8]. Among Yazidi women who survived genocide and captivity by the so-called Islamic State, nine years later 58% still presented with PTSD and 55% with depression [9]. Moreover, comorbidity is frequent: approximately 71% of refugees with depression also develop PTSD [10]. These figures highlight how mental health outcomes vary according to the type and extent of trauma exposure.

Violence can cause lasting physical, psychological, and social consequences for survivors and their families, particularly where socio-economic, political, religious, or ethnic discrimination persists and adequate health services are unavailable [11,12]. At the same time, eyewitness testimony is indispensable for justice. Whether provided to police, prosecutors, courts, or journalists, testimonies are crucial to prosecuting perpetrators and securing reparations for survivors [13].

However, interviewing traumatized individuals poses major challenges, as improper handling can provoke re-traumatization [14].

Interviews must not be equated with therapy; their purpose is to reconstruct facts, clarify locations and timelines, and identify possible offenders.

In this context, the recently developed Méndez Principles on Effective Interviewing for Investigations and Information Gathering provide internationally recognized guidance. They emphasize a human-rights-based, non-coercive, and trauma-informed approach to interviewing. Key elements include respect, transparency, open-ended questions, cultural sensitivity, and the avoidance of pressure or intimidation. For survivors of extreme violence, these principles are particularly relevant, as they offer a framework to conduct interviews that are both ethically responsible and legally robust.

This article draws on findings from psychotraumatology, forensic psychology, and transcultural psychiatry to outline guidelines for interviewing traumatized persons in ways that minimize risks, respect human dignity, and strengthen the evidentiary value of testimonies.

## Historical and Transgenerational Traumas

Historical and transgenerational trauma has a profound impact on the psychological well-being of survivors of genocide and other catastrophic events. In many interviews, survivors express the need not only to process their own experiences but also to grapple with the transmitted burdens of previous generations. This results in a form of dual or multiple traumatization, as memories of past massacres or genocides are preserved within collective consciousness and passed on through stories, songs, and prayers [15].

Similar patterns have been observed among Holocaust sur-

vivors. Feelings of powerlessness, helplessness, and deep fear for one's children, as well as profound mistrust toward perpetrator groups, are common responses [16]. Within Yazidi culture, specific concepts such as Ferman, a term for genocide, carry special weight because they not only describe collective suffering but also evoke past massacres, thereby intensifying the current sense of loss and vulnerability.

At the same time, such transmitted experiences, while burdensome, may also foster resilience. Survivors and their communities often rely on shared cultural memories to strengthen mutual support and solidarity. This dual process—whereby historical trauma is reactivated but also contributes to resilience—has important therapeutic implications. It is particularly relevant when survivors are asked to recount their experiences for purposes of documentation or litigation. Under these conditions, transgenerational trauma can be integrated into a narrative that simultaneously validates suffering and enhances coping capacities.

## Psychological Consequences of Catastrophic Events

Untreated psychological trauma often leaves enduring imprints in the form of symptoms that impair health, quality of life, and social relationships. While many individuals demonstrate strong self-healing capacities (resilience) that enable them to cope with extreme stress, responses to trauma vary considerably. Some people endure very severe experiences without developing psychiatric disorders, whereas others show long-term impairments. Ultimately, the severity and persistence of trauma-related symptoms depend on the interaction between the event itself, the individual's psychological disposition, and contextual factors such as risk and protective influences [17].

Post-traumatic stress disorder (PTSD) represents one of the most frequent and debilitating outcomes of trauma. It may develop after exposure to a wide range of events including physical or sexual violence, rape, armed assault, abduction, hostage-taking, terrorism, war, captivity, political imprisonment, torture, concentration camp internment, natural or human-made disasters, accidents, or life-threatening illness. Such events can be experienced directly or indirectly. They often result in feelings of helplessness, a breakdown of trust in other people and in humanity, and a profound disruption of one's worldview and sense of identity [18].

Studies suggest that up to 50% of individuals exposed to severe war-related trauma may develop trauma-related disorders, with approximately one quarter of these cases becoming chronic [19]. Beyond PTSD and depression, additional consequences such as anxiety disorders, psychosomatic complaints, and profound feelings of guilt or shame are common [6,20].

Moreover, PTSD frequently goes undiagnosed [21]. This underlines the importance of careful assessment in contexts where survivors are asked to give testimony. Without adequate recognition and stabilization, the interview process itself may aggravate pre-existing psychological burdens.

### Processes of Re-Traumatization

Re-traumatization refers to the renewed and intense re-experiencing of trauma through flashbacks, strong physical reactions, or overwhelming emotions [22]. Interview situations, especially when insufficiently prepared, can act as powerful triggers and cause significant psychological destabilization. For interviewees, this entails a high risk of symptom exacerbation and, in severe cases, an increase in suicidality [23,17]. If the traumatic event is relatively recent, the likelihood of re-traumatization is particularly high. While it may arise spontaneously, it is more often triggered by specific events or forms of communication [24]. Examples include questioning by expert commissions (e.g., UNITAD or genocide inquiries), police interrogations, court proceedings, official hearings, or journalistic interviews. Even within therapeutic contexts, re-traumatization can occur, although trained clinicians are usually equipped to recognize and manage it. In some instances, recollection of traumatic events leads to lasting deterioration in mental health, whereas in milder cases, a temporary surge in symptoms may subside without external intervention [17].

For many years, law enforcement authorities, interviewers, and healthcare systems underestimated the risk of re-traumatization caused by external questioning. In the case of Rwandan or Bosnian women recounting sexual violence, interviews were sometimes mistakenly regarded as a form of “processing” that could be beneficial [14]. However, more recent findings show that individuals who are not sufficiently stable, and who present with PTSD or comorbid conditions such as suicidality or psychotic symptoms, are especially vulnerable to renewed trauma when interviewed [25].

Consequently, professional support and counseling should be provided before and after testimony, particularly when survivors must appear in court. Experiences such as mass sexual violence against Yazidi women are frequently accompanied by profound shame, guilt, and a sense of lost honor. The interview context may compel survivors to revisit these experiences, reinforcing shame and guilt. Fragmentary recall is often intertwined with such emotions and should not be hastily misinterpreted as evidence of unreliable testimony.

In cases of acute confrontation with traumatic memories, fainting spells or dissociative seizures may occur [21]. These situations require immediate emergency treatment followed by psychiatric or psychotherapeutic support.

It is therefore advisable that interviewers acquire a basic understanding of PTSD and its consequences. Ideally, ex-

pert consultation should be sought, and professional support should be ensured for interviewees both before and after the interview process (see Table 1).

|   |
|---|
| <ul style="list-style-type: none"> <li>• <b>Temporal Proximity to the Trauma</b><br/>Recently experienced traumatic events pose a heightened risk.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• <b>Lack of Stabilization</b><br/>Inadequate coping resources or acute PTSD symptoms (e.g., flashbacks, nightmares, severe anxiety).</li> </ul>               |
| <ul style="list-style-type: none"> <li>• <b>Interview Setting as Stressor</b><br/>Confrontation with stimuli that recall the traumatic event, such as images, odors, or pointed questions.</li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>Insufficient Preparation</b><br/>Lack of psychosocial support or information on the purpose and structure of the interview.</li> </ul>                    |

**Table 1:** Factors that foster re-traumatization

### Secondary Traumatization

Interviewers, whether journalists, police officers, attorneys, or psychosocial workers, are themselves at risk of secondary traumatization when repeatedly exposed to the accounts of severely traumatized survivors [23]. The syndrome is characterized by intrusive re-experiencing of traumatic material, avoidance of trauma-related cues, diminished emotional responsiveness, and heightened arousal, such as sleep and concentration difficulties or irritability. If these symptoms persist for more than one month, a diagnosable disorder may be present. Even milder but enduring forms can resemble post-traumatic stress disorder (PTSD).

Research on comorbidity shows that depression is the most common co-occurring condition alongside PTSD [26,27].

Substance misuse, especially alcohol, is also frequently observed. As such, secondary traumatization not only threatens the mental health of interviewers but can also undermine their professional effectiveness and judgment.

Given these risks, preventive measures are essential. Institutions should provide psychoeducation about secondary traumatization, access to professional supervision, and, where possible, workload rotation to limit repeated exposure. Just as survivors require stabilization and support, interviewers also need protective structures to maintain their psychological resilience and to safeguard the quality of the interview process.

### Memory and Forensic Psychology

#### Fragmented Recollections and False Memories

Recalling traumatic events is far more complex than simply replaying visual data [28]. Memories integrate emotional,

physiological, and contextual components. Traumatic experiences may be stored in nonverbal forms and expressed through physiological reactions such as elevated blood pressure or heart rate [28].

A central task of psychotherapeutic work is therefore to translate these nonverbal memories into verbal form. This process, often described as personification, realization, and “presentification”, enables survivors to assign experiences to the correct temporal and emotional framework, which is especially important in legal contexts [28].

Recent studies indicate that traumatized individuals, including those with PTSD or dissociative disorders, are not automatically more susceptible to memory distortions than non-traumatized people [30]. In general, their accounts can be considered reliable. In legal practice, however, judges often focus narrowly on specific facts and may overlook the psychological complexities of traumatic memory. This can lead to misinterpretation, restriction, or even distortion of testimony [30].

Forensic psychologists therefore differentiate between authentic recollections and “pseudo-memories,” which may arise through suggestive questioning or misinterpretation [31]. Thorough documentation of all conversations with traumatized witnesses is essential, as it helps detect and prevent distortions [30].

An interdisciplinary collaboration between psychologists and legal professionals is indispensable for accurate credibility assessments and for interpreting memory-related phenomena. Adequate diagnostic steps are required to evaluate both the severity of trauma and the risk of re-traumatization. Only by combining psychological expertise with legal procedures can testimonies be both credible and ethically obtained.

## Cultural and Legal Implications

In intercultural contexts, misunderstandings can easily arise when interviewers expect a strictly linear narrative, while survivors recount events in associative or fragmented patterns. This discrepancy complicates legal proceedings, which often demand consistent and detailed substantiation of specific facts [32, 33].

Forensic-psychological methodology seeks to reconcile two requirements: on the one hand, acknowledging trauma and cultural factors; on the other hand, meeting the legal need for reliable assessments of credibility [34]. This balance requires both clinical sensitivity and procedural rigor.

Cultural norms also play a decisive role in the disclosure of sensitive information. In collectivist societies, topics such as sexual violence are often associated with shame and stigma, which may inhibit open reporting. Gender dynamics can further complicate communication, particularly when female survivors are interviewed by male professionals or when interpreters come from the same social environment.

The recently adopted Méndez Principles on Effective Interviewing highlight exactly these challenges. They emphasize respect, trust-building, the use of open-ended questions, and the avoidance of coercion or stereotyping [35]. Their framework aligns with transcultural psychiatry in stressing that interviews must adapt to cultural differences in communication and memory processing, rather than forcing survivors into unfamiliar structures.

Ultimately, both cultural awareness and legal precision are required. Without culturally sensitive interviewing techniques, legal accuracy may be compromised, and survivors may face unnecessary psychological risks. With the proper approach, however, justice and psychological protection can be achieved simultaneously.

## The Interview: Risks and Resources

Contraindications for conducting an interview include severe trauma with acute suicidal risk, pronounced impulsivity or aggression, imminent danger to self or others, and psychotic symptoms. For this reason, the mental state of traumatized individuals should always be assessed—ideally by experts such as psychotherapists or psychiatrists—before any statement or interview is initiated.

Interviews with traumatized survivors can pose a range of difficulties depending on the severity of trauma and the individual’s coping resources:

### Triggers

The interview itself can act as a trigger, leading to emotional breakdowns. Such triggers may include memories of rape, abduction, or executions, as well as sensory cues in the interview setting.

### Mistrust

Many survivors perceive interviews as a kind of “truth test,” which can heighten suspicion and fear. Survivors who recall earlier interrogations by perpetrators may have little confidence in authorities. The power imbalance during questioning can revive feelings of helplessness and reawaken the original traumatic experience.

### Fragmentary Memory

Because trauma is often encoded in fragments, survivors may struggle to provide chronological accounts. Apparent contradictions in testimony often result from incomplete encoding rather than intentional deception.

### Cultural Factors

In many traditional cultures, narratives are not structured linearly. Yazidi survivors, for instance, may recount events according to thematic importance rather than chronological sequence. Interviewers who expect a linear narrative may misinterpret repetitions or digressions as inconsistencies.

**Shame**

Large-scale sexual violence—such as that endured by Yazidi women—is typically associated with shame, guilt, and “loss of honor.” Being forced to revisit these memories during interviews can intensify such emotions. Fragmentary recall in this context should not be mistaken for unreliable testimony.

**Initial Contact with Authorities**

Many survivors have had negative experiences with state institutions. Members of marginalized minorities often harbor deep-seated mistrust. Preliminary discussions that clarify the interviewer’s role, the purpose of the process, and its scope

can help build trust.

**Encounters with the Perpetrator**

Facing a perpetrator during legal proceedings is among the strongest potential triggers. Such encounters can destabilize survivors and jeopardize both their mental health and the quality of their testimony. Thorough preparation and professional support are therefore indispensable.

Re-exposure to traumatic details can also result in fainting spells or dissociative seizures [36]. In such cases, immediate medical assistance and subsequent psychiatric follow-up are necessary.

| Contraindications   | Potential Pitfalls   |
|---|--|
| Acute crisis (suicidality, psychosis, acute risk to self/others)  | <b>Triggers:</b> Specific inquiries, images, or odors may trigger flashbacks.  |
| Marked PTSD symptoms without prior stabilization                  | <b>Mistrust:</b> Negative experiences with authorities can breed profound suspicion.   |
| Lack of informed consent or insufficient explanation of interview | <b>Fragmented Memory:</b> Disorganized accounts need not be “untrue.”  |
|   | <b>Cultural Factors:</b> Non-linear narratives or taboo topics (e.g., sexual violence) shape the interaction.                  |
|   | <b>Shame:</b> Especially severe regarding sexual violence, can exacerbate recall difficulties.                                 |
|   | <b>Perpetrator Confrontation:</b> Legal proceedings forcing direct interaction can escalate stress and risk re-traumatization. |

**Table 2:** Central challenges in interviewing traumatized persons

While interviews carry significant risks, they can also offer survivors validation and stabilization when conducted appropriately. Therapeutic testimony approaches suggest that narrative sharing, including written accounts, can support trauma processing [37]. Furthermore, making survivors’ stories visible to the broader public raises awareness of the consequences of violence and contributes to judicial processes [38].

**Cultural Aspects in Interviewing Traumatized Individuals**

Questioning individuals who have been exposed to potentially traumatic events is common in legal, police, and governmental settings, for example during asylum procedures. Additional challenges arise when interviewer and interviewee come from different cultural backgrounds. Western psychiatric concepts of trauma and post-traumatic stress disorder (PTSD) are not universally shared, and survivors may express distress in other ways [35].

In many non-Western contexts, psychological suffering is often described in terms of physical symptoms or spiritual

disturbances rather than the emotional and cognitive symptoms associated with PTSD in Western diagnostic systems ([32]. Such culture-specific idioms of distress can create misunderstandings when interviewers expect certain symptom patterns that do not appear in the anticipated form.

Social norms and cultural values also strongly influence willingness to disclose sensitive information. In societies where honor and group belonging are central, survivors may regard public discussion of sexual violence as highly shameful or disloyal, making disclosure difficult [31,35]. Gender roles further affect disclosure: female survivors may feel unable to share experiences with male interviewers or may be inhibited if interpreters come from the same social environment.

In many collectivist cultures, honor and shame dynamics strongly shape testimony, particularly concerning sexual violence. In addition, memory processing itself is influenced by cultural norms [39]. While Western investigative practice typically expects a linear, chronological narrative, some cultures favor holistic storytelling with associative links. If interviewers insist on strict chronology, they risk misunderstanding or misinterpreting the survivor’s account.

The recently adopted Méndez Principles explicitly call for hu-

man-rights-based and culturally sensitive interviewing. They emphasize mutual respect, the use of open-ended questions, the avoidance of stereotypes, and the establishment of trust. For interviewers working across cultural boundaries, these principles highlight the necessity of adapting both communication styles and expectations to the cultural backgrounds of survivors.

Taken together, these considerations underline that culturally sensitive interviewing is not optional but essential for both the protection of survivors and the reliability of testimony.

### Procedures for Testimonies from Traumatized Witnesses

Regardless of cultural background, a key requirement is that both interviewers and witnesses understand the nature of trauma, its potential consequences, and the protective measures necessary to minimize harm. Whenever possible, specialists should be involved to (1) prepare survivors for the interview, (2) provide immediate assistance in case of emotional destabilization, and (3) offer follow-up care in the days after testimony.

Explanations about the purpose of the interview—its goals, legal framework, and possible implications—should be tailored to the survivor’s educational level and cultural context. Potential risks and disadvantages must also be addressed openly. When the subject matter involves gender-related issues such as sexual violence, survivors should be given the choice of a same-gender interviewer, which may increase

safety and willingness to disclose.

Before, during, and after the interview, psychosocial first aid is essential. This includes ensuring physical and emotional safety, providing initial support, and recognizing acute risk factors. Screening for trauma severity and associated burdens such as depression and suicidality is strongly recommended. Psychoeducation about common trauma symptoms—such as flashbacks, nightmares, intrusive thoughts, or depression—can help survivors better understand their reactions and prepare for potential stress during the interview. Survivors should also be informed about typical coping strategies, for instance techniques to manage panic attacks that might arise in the course of questioning.

Practical considerations also play a role. Survivors should be informed in advance about the interview setting (e.g., police station, courthouse) to prevent unexpected stressors. The possibility of suicidal thoughts or acute psychological decompensation must be closely monitored. Furthermore, it is essential that mental health professionals remain available to provide follow-up care when needed.

These steps make it possible to balance the legal and evidentiary requirements of testimony with the ethical responsibility to protect survivors’ dignity and mental health. The practical aspects described above are summarized in Table 3, which outlines key measures ranging from psychosocial first aid and diagnostic screening to interview conduct, early interventions, and legal safeguards. In this way, general principles are translated into concrete guidelines for safe and effective interviewing.

| Measure                       | Content   |
|-------------------------------|---|
| Psychosocial First Aid        | Ensuring safety and protection<br>Initial assessment of risk factors, resources, or injuries  |
| Diagnostics & Observation     | Using PTSD, depression, and suicidality screening<br>Interpreting fragmented recollections carefully  |
| Information & Psychoeducation | Explaining typical trauma symptoms, including late-onset manifestations<br>Outlining legal rights, support services, and interview purpose  |
| Conducting the Interview      | Empathetic approach; open-ended questions<br>Sensitivity regarding triggers (individually variable)<br>Providing breaks in case of emotional overload   |
| Early Interventions           | Trauma-focused therapy if indicated by severe symptoms<br>Involving family or community support if culturally suitable  |
| Medication & Special Measures | If needed, short-term psychopharmacological assistance<br>Avoid universal “debriefing” recommendations; tailor to individual needs  |
| Legal Proceedings             | Adhering to human-rights-based principles (Méndez Principles)<br>Protecting witnesses from contact with perpetrators (e.g., spatial separation)<br>Professional guidance without blame-shifting |

Table 3: Interview Guidelines

## Ethical Principles and Justice

Severely traumatized witnesses require a safe and supportive environment in which they can share their experiences freely and without fear of renewed trauma [25]. Professionals must respect their dignity and autonomy, ensuring that survivors retain control over how much they wish to disclose. A culturally sensitive approach is essential, as support programs must be adapted to local customs, norms, and values [25].

Because mass human rights violations affect multiple dimensions of life, an interdisciplinary model is required—integrating legal, medical, psychological, and sociopolitical perspectives. Ideally, interviews should contribute to both survivors' resilience and their pursuit of justice, while at the same time avoiding re-traumatization.

Transparency and ethical responsibility are especially important in contexts where state actors themselves may have been involved in human rights violations. In such cases, collaboration with international organizations and independent institutions helps strengthen credibility and neutrality.

In an interconnected global environment, applying ethical standards across jurisdictions is indispensable. Survivor testimonies often form the basis for legal proceedings that cross national borders and maintaining high ethical and professional standards is therefore both a moral duty and a practical necessity.

## Summary

When interviews are conducted for purposes such as legal documentation or recording genocide, they must not be mistaken for psychotherapy. Interviews are usually limited in duration and primarily focus on clarifying facts. In such situations, preventing re-traumatization is paramount. If survivors are sufficiently stable and supported, however, the process can have positive effects, allowing them to share their story and sometimes even benefiting their psychological well-being. Many survivors, as observed for example among Yazidi women who lived through IS terror, demonstrate a strong intrinsic motivation to testify. This motivation often helps them overcome barriers that might otherwise hinder disclosure.

Whether re-traumatization occurs or can be prevented largely depends on the interviewer's personal approach [40]. Survivors are typically highly sensitive to both verbal and non-verbal cues [41]. Thus, the interviewer's ability to provide empathy, support, and a sense of safety is decisive. Equally important is the survivor's own readiness to revisit traumatic experiences.

It is strongly recommended that interviewers acquire at least a basic understanding of PTSD, consult with experienced professionals, and ensure that survivors have access to specialized support both before and after the interview process.

Given the complexity and potential consequences of interviews with traumatized populations, further research in this field is urgently needed [40]. Future studies might, for instance, develop models that categorize traumatic events by severity, duration, and other relevant factors, thereby predicting the likelihood of re-traumatization or secondary traumatization. In addition, involving psychiatrists and psychotherapists with expertise in trauma is crucial for reducing negative mental health outcomes for both survivors and interviewers.

## References

1. UNHCR. (2023). Global trends report 2023. <https://www.unhcr.org/global-trends-report-2023>
2. Morina, Naser, Aemal Akhtar, Jürgen Barth, and Ulrich Schnyder. "Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review." *Frontiers in psychiatry* 9 (2018): 433.
3. Tay, Alvin Kuowei, Susan Rees, Jack Chen, Moses Kareth, Sylvester Lahe, Russell Kitau, Kura David, Joyce Sonoling, and Derrick Silove. "Associations of conflict-related trauma and ongoing stressors with the mental health and functioning of West Papuan refugees in Port Moresby, Papua New Guinea (PNG)." *PLoS One* 10, no. 4 (2015): e0125178.
4. Steel, Zachary, Tien Chey, Derrick Silove, Claire Marnane, Richard A. Bryant, and Mark Van Ommeren. "Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis." *Jama* 302, no. 5 (2009): 537-549.
5. Mahmood, Harem Nareeman, Hawkar Ibrahim, Katharina Goessmann, Azad Ali Ismail, and Frank Neuner. "Post-traumatic stress disorder and depression among Syrian refugees residing in the Kurdistan region of Iraq." *Conflict and health* 13, no. 1 (2019): 51.
6. EDITION, FIFTH. "Diagnostic and statistical manual of mental disorders." *American Psychiatric Association, Washington, DC* (1980): 205-224.
7. Cohen, Mardge H., Mary Fabri, Xiaotao Cai, Qiuhi Shi, Donald R. Hoover, Agnes Binagwaho, Melissa A. Culhane, Henriette Mukanyonga, Davis Ksahaka Karegeya, and Kathryn Anastos. "Prevalence and predictors of posttraumatic stress disorder and depression in HIV-infected and at-risk Rwandan women." *Journal of women's health* 18, no. 11 (2009): 1783-1791.
8. Lončar, Mladen, Vesna Medved, Nikolina Jovanović, and Ljubomir Hotujac. "Psychological consequences of rape on women in 1991-1995 war in Croatia and Bosnia and Herzegovina." *Croatian medical journal* 47, no. 1 (2006): 67-75.
9. Kizilhan, Jan Ilhan, Thomas Berger, Laura Sennhauser, and Thomas Wenzel. "The psychological impact of genocide on the Yazidis." *Frontiers in psychology* 14 (2023): 1074283.

10. Fazel, Mina, Jeremy Wheeler, and John Danesh. "Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review." *The lancet* 365, no. 9467 (2005): 1309-1314.
11. Ghobarah, Hazem Adam, Paul Huth, and Bruce Russett. "The post-war public health effects of civil conflict." *Social science & medicine* 59, no. 4 (2004): 869-884.
12. McNally, Mary. "Rights access and justice in oral health care: justice toward underserved patient populations--the elderly." *The Journal of the American College of Dentists* 70, no. 4 (2003): 56-60.
13. Mollica, Richard F., Miriam C. Chernoff, S. Megan Berthold, James Lavelle, In Kyoon Lyoo, and Perry Renshaw. "The mental health sequelae of traumatic head injury in South Vietnamese ex-political detainees who survived torture." *Comprehensive Psychiatry* 55, no. 7 (2014): 1626-1638.
14. Neuner, Frank, Patience Lamaro Onyut, Verena Ertl, Michael Odenwald, Elisabeth Schauer, and Thomas Elbert. "Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: a randomized controlled trial." *Journal of consulting and clinical psychology* 76, no. 4 (2008): 686.
15. Kizilhan, Jan Ilhan, and Michael Noll-Hussong. "Individual, collective, and transgenerational traumatization in the Yazidi." *BMC medicine* 15, no. 1 (2017): 198.
16. Bar-Tal, Daniel. *Shared beliefs in a society: Social psychological analysis*. Sage publications, 2000.
17. Maercker, Andreas. "How to deal with the past? How collective and historical trauma psychologically reverberates in Eastern Europe." *Frontiers in Psychiatry* 14 (2023): 1228785.
18. Flatten, G., Hoffmann, A., Wöller, W., Siol, T., & Petzold, E. (2011). *Posttraumatische Belastungsstörung*. Schattauer.
19. Walter-Denec, Juliane, and Waltraud Fellinger-Vols. "Flucht und Trauma aus dem Blickwinkel der Psychiatrie." *psychopraxis. neuropraxis* 20, no. 4 (2017): 165-170.
20. Morina, Nexhmedin, Dean Ajdukovic, Marija Bogic, Tanja Franciskovic, Abdulah Kucukalic, Dusica Lecic-Tosevski, Lendite Morina, Mihajlo Popovski, and Stefan Priebe. "Co-occurrence of major depressive episode and posttraumatic stress disorder among survivors of war: how is it different from either condition alone?." *The Journal of clinical psychiatry* 74, no. 3 (2013): 3751.
21. Kizilhan, Jan Ilhan, Laura Sennhauser, and Thomas Wenzel. "Suicidality after the genocide against the Yazidi in Iraq in 2014." *Psychological trauma: theory, research, practice, and policy* (2024).
22. Ford, Julian D., Christine A. Courtois, Kathy Steele, Onno van der Hart, and Ellert RS Nijenhuis. "Treatment of complex posttraumatic self-dysregulation." *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies* 18, no. 5 (2005): 437-447.
23. Kizilhan, Jan Ilhan, Nadine Friedl, Johanna Neumann, and Leonie Traub. "Potential trauma events and the psychological consequences for Yazidi women after ISIS captivity." *BMC psychiatry* 20, no. 1 (2020): 256.
24. Rosenberg, Jacob. "Sleep disturbances after non-cardiac surgery." *Sleep medicine reviews* 5, no. 2 (2001): 129-137.
25. Kizilhan, Jan Ilhan, and Johanna Neumann. "The significance of justice in the psychotherapeutic treatment of traumatized people after war and crises." *Frontiers in psychiatry* 11 (2020): 540.
26. Breslau, Naomi. "The epidemiology of trauma, PTSD, and other posttrauma disorders." *Trauma, Violence, & Abuse* 10, no. 3 (2009): 198-210.
27. Kessler, Rodger. "The difficulty of making psychology research and clinical practice relevant to medicine: experiences and observations." *Journal of Clinical Psychology in Medical Settings* 15, no. 1 (2008): 65-72.
28. Wade, K. A., Nash, R. A., & Lindsay, D. S. (2021). Reasons to mistrust memory. *Current Directions in Psychological Science*, 30(1), 44–52. <https://doi.org/10.1177/0963721420969402>
29. Memon, Amina A., Aldert Vrij, and Ray Bull. *Psychology and law: Truthfulness, accuracy and credibility*. John Wiley & Sons, 2003.
30. Stone, Charles B., Aurélie van der Haegen, Olivier Luminet, and William Hirst. "Personally relevant vs. nationally relevant memories: An intergenerational examination of World War II memories across and within Belgian French-speaking families." *Journal of Applied Research in Memory and Cognition* 3, no. 4 (2014): 280-286.
31. Kizilhan, Jan Ilhan, Florian Steger, and Michael Noll-Hussong. "Shame, dissociative seizures and their correlation among traumatised female Yazidi with experience of sexual violence." *The British Journal of Psychiatry* 216, no. 3 (2020): 138-143.
32. Kizilhan, Jan Ilhan, and Thomas Wenzel. "Positive psychotherapy in the treatment of traumatised Yezidi survivors of sexualised violence and genocide." *International review of psychiatry* 32, no. 7-8 (2020): 594-605.
33. Pupavac, Vanessa. "Psychosocial interventions and the demoralization of humanitarianism." *Journal of Biosocial Science* 36, no. 4 (2004): 491-504.
34. Steller, M. (2019). *Die Entdeckung der Scheinerinnerung*. In *Die Erhebung und Bewertung von Zeugenaussagen im Strafprozess* (pp. 71–96). Berliner Wissenschafts-Verlag.
35. Vredeveltd, Annelies, Zoe Given-Wilson, and Amina Memon. "Culture, trauma, and memory in investigative interviews." *Psychology, Crime & Law* (2023): 1-21.
36. Kizilhan, Jan Ilhan, and Thomas Wenzel. "Positive psychotherapy in the treatment of traumatised Yezidi survivors of sexualised violence and genocide." *International review of psychiatry* 32, no. 7-8 (2020): 594-605.

37. Neuner, Frank, Margarete Schauer, Christine Klaschik, Unni Karunakara, and Thomas Elbert. "A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an african refugee settlement." *Journal of consulting and clinical psychology* 72, no. 4 (2004): 579.
38. Kizilhan, Jan Ilhan, and Mamou Othman. "Terror und Trauma: Zu den psychischen Auswirkungen von Bombenexplosionen durch Terrororganisationen im Nordirak." *Trauma & Gewalt* 6, no. 1 (2012): 62-71.
39. Nielsen, Tine, Inmaculada Martínez-García, and Enrique Alastor. "Critical thinking of psychology students: A within-and cross-cultural study using Rasch models." *Scandinavian Journal of Psychology* 62, no. 3 (2021): 426-435.
40. Dallam, Stephanie J., Marci A. Hamilton, Sabine A. Glocker, and Andrew J. Ortiz. "Analysis of the written policies of the 32 US archdioceses on the prevention of child sexual abuse." *Journal of child sexual abuse* 30, no. 8 (2021): 891-910.
41. Adonis, Marios, Marina Loucaides, Mark JM Sullman, and Timo Lajunen. "The protective role of self compassion in trauma recovery and its moderating impact on post traumatic symptoms and post traumatic growth." *Scientific Reports* 15, no. 1 (2025): 8145.

**Citation:** Jan Ilhan Kizilhan, Interviews with Survivors of Catastrophic Events: Possibilities, Risks, and Culturally Sensitive Perspectives. *J. Psychiatry. Psychiatr. Disord.* Vol. 4 Iss. 3 (2025). DOI: 10.58489/2836-3558/037