



Protection of vulnerable refugees

Between legal entitlements and reality

Documentation of the online meeting from 3 – 5 May 2021
– English Version



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1. “Setting the basis”: (legal) introduction and terminology

ANNA SUERHOFF, German Institute for Human Rights



The overarching theme of this conference is “vulnerability” (**besondere Schutzbedürftigkeit**). But what is behind this term, where does it lie legally, and what happens if someone is identified as “vulnerable”? To answer these questions I would like to give an initial overview which, as the title already suggests is primarily confined to the asylum law context. In addition to the legal context, there are of course many practical, political, but also fundamental questions that certainly offer enough food for thought and discussion for a three-day conference.

Alongside the term “vulnerability”, terms such as “need for protection” and “people with special needs” are also used. They generally mean the same thing, at least in the refugee law context. Outside of the legal context, we can discuss what the different terms convey or how they influence people’s views and understanding. Several presentations during this conference will also address this, which I am personally looking forward to. My task however is to present the basic legal framework and to set the basis for further discussions on practical implementation and critical analysis. The first question which presents itself is: **Who – in the eyes of the law – is especially vulnerable and what is the point of distinguishing particular groups?**



I will begin at the highest level with the **international treaties and conventions**. These might appear far away from our daily work and not always practicable, but we should not lose sight of them – quite the contrary. In the refugee context, one would firstly think of the Geneva Refugee Convention [Convention Relating to the Status of Refugees], the legal instrument defining international protection for refugees. The idea of protection from persecution in one’s country of origin is the cornerstone of the convention and builds the foundation of international refugee law. Provisions for particular groups, who are ascribed special needs for protection in the asylum application process or in relation to their reception conditions, are not found within the Geneva Refugee Convention.



However, since the beginning of this century a series of overarching international conventions have been created, which place greater requirements upon states with regard to certain groups of people. For example the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, or the UN Convention on the Elimination of All Forms of Discrimination Against Women or also at the level of the European Council the Convention Against Trafficking in Human Beings. These formulate guidelines and rights that ratifying states must ensure. If we take for example Article 3 of the UN Convention on the Rights of the Child, it states: “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

On account of its wide scope, this principle also applies to asylum procedures. In addition, Article 22 requires that a child receives appropriate protection and humanitarian aid in meeting their rights during the asylum process. The UN Committee

on the Rights of the Child, which oversees the implementation of the convention, regularly publishes so-called “General Comments” – a kind of interpretation aid for the quite abstract convention rights in relation to concrete matters. The committee also published General Comments on the rights of children in the context of migration, in which it took a clear position on the controversial subject of age identification. The General Comments are not legally binding, but they must be taken into consideration by states in the interpretation of convention rights. Therefore, we should also keep the international human rights conventions and their treaty bodies in mind for concrete cases in Germany. The international law obligations, which apply for Germany, can also be applied in various situations in the asylum law context. **At the European level, the topic of vulnerability is dealt with more specifically.** Most frequently, the term appears in European secondary law in various directives and regulations, which are part of the common European asylum system and therefore apply to all EU member states – the Reception Conditions Directive, the Qualification Directive, the Dublin III Regulation and the Return Directive. These legal texts refer to different segments during and after the asylum process. They formulate particular obligations of member states in regard to vulnerable groups.



It is the aim of the concept of vulnerability to enact necessary and specific procedural and reception guarantees in order to ensure effective and equal access to the asylum process. It also serves to dismantle hurdles and barriers to access, which some asylum seekers are faced with and to address their special needs. A list of groups of persons who have been considered vulnerable by the EU is found in Article 21 of the Reception Directive. **Those listed are minors, people with disabilities, the elderly, pregnant persons, single parents with minors, victims of human trafficking, persons with severe physical illness or mental disorders and persons who have suffered torture, rape and other forms of severe mental, physical or sexual violence.** As you can see, the groups protected by specific international conventions have found their way into this list. However, the list goes further and also is not exhaustive. For instance LGBTI asylum seekers or illiterate asylum seekers are included, even though they are not named explicitly. It is thus important to not be restricted to the stated categories. The individual and different situations of people can be considered from a combination of different factors, i.e. gender, age, religion, mental or physical condition and other factors such as experiences during the flight or in their country of origin, gender-based violence, or an uncertain residency status.



The list in Article 21 of the Reception Directive creates a good orientation and basis for identifying special vulnerabilities. It is however important to, as jurists like to say, consider the individual circumstances of each single case. It is also important to consider that not all asylum seekers who fall into one of these categories have the same special needs and require support to the same extent. Each individual case must be considered. In practice the question arises: How is a special vulnerability and the needs arising from it identified? On this point, the Reception Directive remains rather vague. Article 22 states that the member states judge if the applicant has special needs of reception. The member states moreover investigate what kind of needs these are. This assessment is initiated within a particular deadline following the application for international protection. Particular vulnerabilities must also be considered if they first come to light in a later stage of the asylum process.

The UN Human Rights Treaties require an identification and assessment of needs for particular groups. The UN Committee on the Elimination of Discrimination

Against Women stresses that processes should be implemented to ensure that female asylum seekers with particular needs are identified early-on. The UN Committee Against Torture also recommended Germany to train staff to identify victims of torture and other grave human rights violations. When it comes to screening for torture, the Istanbul Protocol is often referred to – an internationally recognized manual for the identification of signs of torture and abuse.



In Germany, the federal states are responsible for the accommodation of asylum seekers. Thus, the federal government holds the states responsible for creating procedures and standards for identification, which, as we have already heard, leads to very different situations in the individual states. There are also practical questions concerning identification of special needs. Some factors, such as age or a physical disability, pregnancy or families with small children, are comparably easily identifiable. Other factors that are not immediately visible can be more difficult, such as trauma and mental impairment, victims of torture or human trafficking, or LGBTI persons.

What is most needed here is time and trust so that applicants from these groups can make themselves known. The training of governmental staff also plays a large role. The professionals here will surely be able to report much about these problem areas throughout the conference. When vulnerability is identified, the question is then how these special needs are taken into account concretely. In the reception of asylum seekers this is above all relevant for accommodation, provisions, as well as access to medical and psychological care. For minors and victims of torture, sexual violence and other grave acts of violence some state obligations are more concretely spelled out in the reception directive. One example is the adequate training of personnel. Unaccompanied minors should be accommodated in special reception centers or with foster families.

The further form of support depends upon the creation of processes for identification under the responsibility of the states and local districts. The federal government has pointed out in §42 2a AsylG (Asylum Act) that the states should take appropriate measures to guarantee the protection of women and persons with special needs with regards to accommodation. Through §53 3 AsylG this also applies to collective accommodation. Based on the broad formulation of the appropriate measures, the states and local districts have quite a broad scope for decision-making when it comes to the concrete implementation. Legally binding and uniform regulations are still lacking.



Along with accommodation, access to medical and therapeutic care plays a large role. On the one hand, there is the obligation that access to medical and therapeutic care for asylum seekers should be guaranteed. On the other hand, **asylum seekers in Germany have only limited access to the healthcare system for the first 18 months** of their stay in Germany according to the Asylum Seekers Benefits Act. Because of this limited access to services, asylum-seekers with disabilities and trauma in particular often do not receive necessary treatment. In addition to the regulations in the EU Reception Directive, further guarantees for those with special needs are found in the EU Procedural Directive. Recital 29 of the preamble and Article 24 state that these applicants should receive appropriate support to create suitable conditions, so that they are able to go through the asylum procedure and provide the necessary details in support of their application for international protection.



Part of the **procedural guarantees** are specifically trained special representatives of the Federal Office for Migration and Refugees (Bundesamt für Migration und Flüchtlinge), who conduct the hearings. It is also possible to slow down the process in order to give asylum seekers more time until their hearing. Other special guarantees for vulnerable asylum-seekers are found in the Dublin III Regulation, in the Qualification Directive and the Return Directive. Therefore, states must meet the needs of the particularly vulnerable in the transfer to another EU member state, after the recognition of international protection and during the return of rejected asylum applicants.

When imagining the effects of the identification of vulnerable persons during all phases of the asylum procedure, it becomes clear how important it is to have a comprehensive and early detection of vulnerability. It is the gateway for a range of reception and procedural guarantees. When they are not identified, however, these people risk slipping through the cracks in the asylum procedures, as for them the access to a fair asylum process is made more difficult and in the worst case their right to protection is made invalid.

2. Are we vulnerable or are we made vulnerable?

JENNIFER KAMAU, International Women* Space

In her speech, Jennifer Kamau argues that it is the asylum system and the restrictions related to it (such as the living conditions in refugee camps), which make refugees vulnerable. She asks the audience whether we want to live in a society that systematically excludes refugees and thereby makes them vulnerable.

You can watch her speech here: <https://www.baff-zentren.org/veranstaltungen/baff-tagungen/tagung-besondere-schutzbeduerftigkeit/>



3. From a game of chance to an orderly system. Status quo, models and challenges

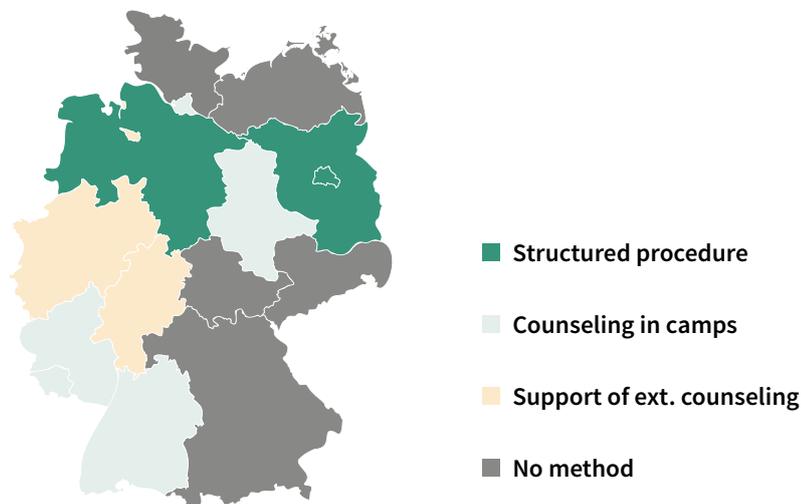
LISA VOM FELDE, BAfF e.V. [German Association of Psychosocial Centers for Refugees and Torture Victims]

Methodology

For the publication „Identifying vulnerability with the example of persons with post-traumatic stress disorders. Status quo in the federal states, models and challenges” data was collected through a Germany-wide survey among refugee councils and psychosocial centres between 2018- June 2020. Building on the survey, interviews were conducted with important actors in the field. This practitioner’s perspective was then complemented with the view of public authorities. For this purpose, parliamentary questions and documents from the state parliaments and the German federal parliament were evaluated, as well as the response to an inquiry to the federal states conducted by the German Society for Social Psychiatry (DGSP e.V.).

Results

In different models were developed in the federal states in order to suit the specific needs of mentally ill asylum seekers according to European legal directives. There exists a large diversity, but also similarities between some approaches. For a better overview, categories were created under which the different federal states were summarized. This categorization presents a simplification, the categories naturally overlap. In three federal states (Berlin, Brandenburg and Lower Saxony, representing one fifth of the German states) structured processes with clear competencies exist for the identification of those with particular vulnerabilities (marked green on



the adjacent map). A third of the federal states (Baden-Württemberg, Hamburg, Rheinland-Palatinate, Saarland, Saxony-Anhalt) rely on psychiatric/psychological consultations in the reception facilities (blue). According to the assessment of the BAfF, in one third of the federal states (Bavaria, Mecklenburg-Westpommern, Saxony, Schleswig-Holstein, Thuringia) was no approach to a systematic identification of those with particular vulnerabilities at the time of data collection (red). It is important to emphasize that even in the federal states with existing approaches only a fraction of those with particular vulnerabilities are identified and even fewer of the identified needs are met.

Structured identification of those in need of special protection for persons with psychological illnesses resulting from trauma

Resulting from the assessment of the existing models and taking professional knowledge on trauma into account, the BAfF suggests the following process for the structured identification of the vulnerability of persons with psychological disorders. The goal is to create a reliable process with as few barriers as possible, which can be adapted to the specific conditions of the federal states.

I. Information and Screening

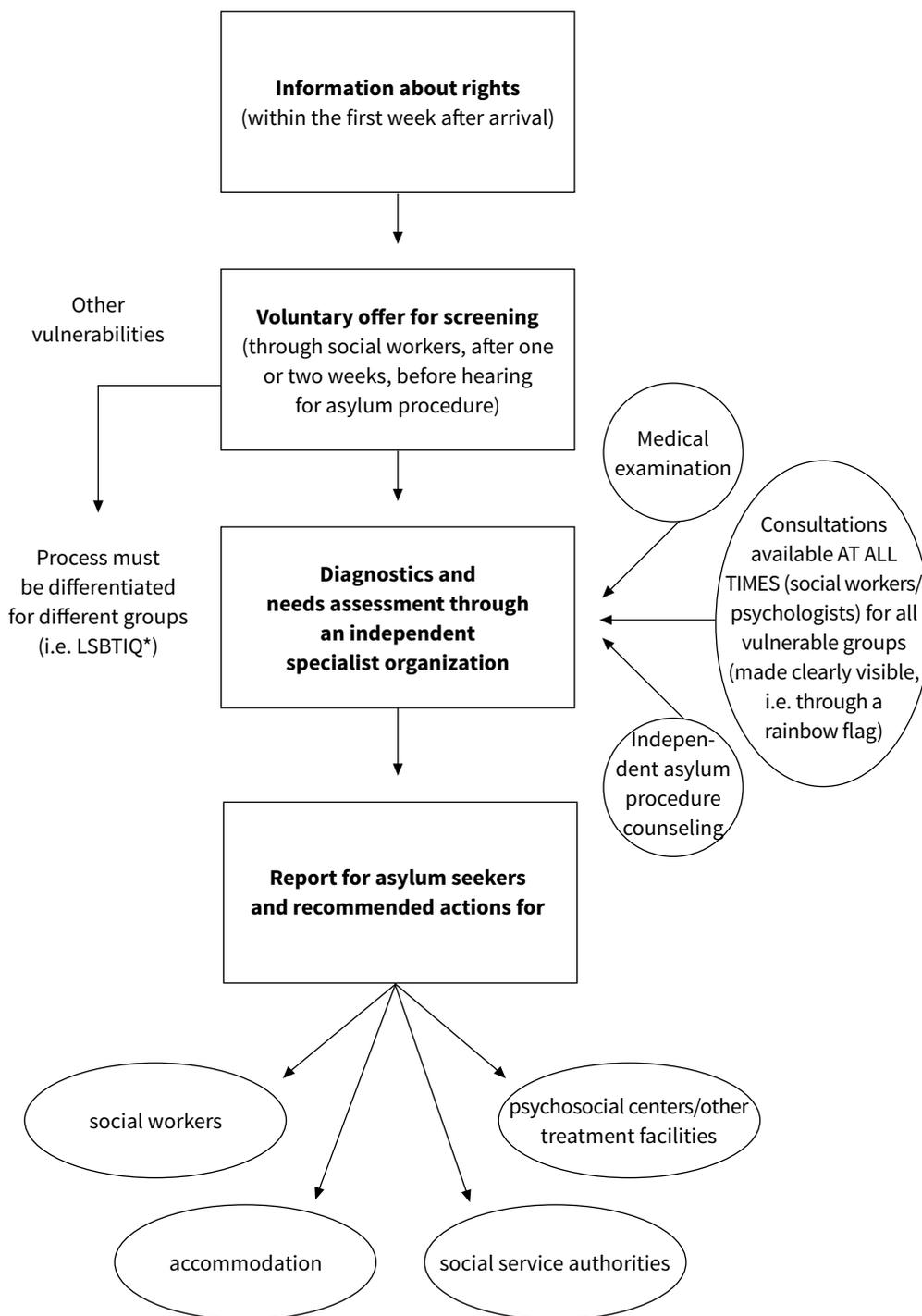
All asylum seekers must receive information on their rights in relation to needs of protection as soon as possible. Following this, an easily accessible, voluntary offer of a verbal consultation (screening) must be available. The correct timing of this, as well as effective accessibility and voluntariness need to be considered. The persons acting as point of contact for vulnerable refugees must be reachable at all times during the asylum procedure for declaring special vulnerabilities. Employees are to receive additional training on the topic of vulnerabilities and information for asylum seekers and employees (guidelines, instructions, checklists) must be available. The sharing of information may only take place after the (written) consent of the affected person.

II. Diagnostics and needs assessment

The needs assessment takes place in an external specialist counseling center, independent of the authorities, where asylum seekers with indications of particular vulnerabilities are referred to. The special needs are determined over multiple meetings and the person is supported in enforcing their special needs.

III. Consequences of identification

In practice, the issue of providing services resulting from needs identification is often the most difficult part. However, it is also the most important aspect, since otherwise, an identification of needs has no purpose. Therefore, there must be clearly defined and implementable claims, which follow an identification of special needs. This requires a collective process between ministries, specialist counseling services and the welfare authorities on the content and the consequences of the issued attestation of vulnerabilities. In order to be able to meet these special needs, the federal states (and districts) must increase their capacities for accommodation meeting special needs and (therapeutic) treatment possibilities. It requires a relocation management to ensure that when moving to local housing the needs continue to be met. Roundtable discussions, at which all participating actors (state, Federal Office for Migration and Refugees (BAMF), welfare authorities, health provision services,



social services, counseling services, psychosocial centers and possibly also clinics) regularly come together, improve cooperation and allow for an ongoing adaption of procedures.

Challenges

When developing a concept for the identification and securing of special protection needs, there are various challenges to be considered. Information for asylum seekers must also address those who cannot read or immediately understand complex issues. At any time, the consent and self-determination of the affected person and, when information is shared with other actors, data privacy is to be considered. The timing of the identification needs to be chosen considering certain points in the asylum process (as early as possible for accommodation-related needs, before the hearing for asylum procedure-related needs, sufficient time for settling in especially when the topics might be sensitive/shameful for the person).

The independence of the counseling service, which also needs to be clear for asylum seekers, is a necessary condition for sufficient trust. It requires sufficient (sensitized) translators, who know and use discrimination-free vocabulary. Frequent changes in personnel in the reception facilities mean that a continuous qualification of personnel is necessary. Many vulnerabilities are based on characteristics that are taboo and evoke shame or fear (of pathologization, stigmatization). Therefore, a sensitive approach and the lowest possible barriers to access of counseling are especially important. As such, the concept should consider different characteristics of discrimination and barriers intersectionally, so that no identities and vulnerabilities are overlooked. In the sense of a “do no harm” approach it is important to consider on an ethical level that needs, which are identified should also be fulfilled, so that persons, for example, do not undergo diagnostics for no purpose or false hopes are raised. For this, the financing of services plays a large role. In practice, we observe that the federal government, the states and local districts frequently attempt to shift responsibility for costs away from themselves.

5. BeSAFE – Recognizing Vulnerabilities during the Reception of Refugees

(Besondere Schutzbedarfe bei der Aufnahme von Geflüchteten Erkennen)

The BAfF, in cooperation with Rosa Strippe e.V., is developing an intersectional concept for the recognition of vulnerabilities for refugees in reception centers. The central aim of the project called BeSAFE (Recognizing Vulnerabilities during the Reception of Refugees) is to identify vulnerabilities as early as possible in the reception process. Within the project, a concept will be developed, piloted in reception facilities and counseling services and evaluated. Following this pilot phase, the concept will be made available to relevant organizations across Germany. The concept will be developed in cooperation with the following organisations and NGOs: BAfF, Bundesweiter Koordinierungskreis gegen Menschenhandel (KOK e.V.), Handicap International e.V., Lesben- und Schwulenverband in Deutschland (LSVD e.V.), Plan International Deutschland e.V., Rosa Strippe e.V.

For more information: BAfF e.V. (2020): „Identifizierung besonderer Schutzbedürftigkeit am Beispiel von Personen mit Traumafolgestörungen. Status quo in den Bundesländern, Modelle und Herausforderungen“ and here <http://www.baff-zentren.org/identifizierung/>



4. Berlin Network for Particularly Vulnerable Refugees (BNS)

ULLIKA BORKAMP, KuB Berlin;
SIMON EBNER, AWO Mitte;
AYLEEN GÜNGOR, BBZ Berlin;
ULRICH HUNDT; BZSL e.V.;
Moderator: **JAN DRUNKENMÖLLE**, Xenion e.V.

JAN R. DRUNKENMÖLLE (XENION)

Our panels topic is the Berlin Network for Vulnerable Refugees. This network was founded in 2008 in cooperation with the Berlin Senate. It consists of a 3-step process to identify, attest and care for vulnerable refugees and is based on the EU Reception Conditions Directive of 2003.

There are 7 specialist counseling centres in Berlin, who are involved in the network and are funded by the city of Berlin. Das Zentrum Überleben, XENION, BZSL, KuB, AWO, BBZ, and the Schwulenberatung, who joined later, as the vulnerability of LGBTI refugees was recognized at a later point of time. There is also a coordination point for political work and data collection, which serves as the foundation of the BNS political work. We have thought it would be a good idea to get a more precise insight into these structures in Berlin, as an example of applying the EU directives and to then draw comparisons, what activities the other federal states are conducting and how we can learn from one another and support each other mutually.

I'm very happy to announce our 4 panelists:

I'll start with **ULLIKA BORKAMP** from KuB. Ullika works for the Kontakt- und Beratungsstelle für Flüchtlinge und Migrant*innen in Berlin [Contact point and counseling for refugees and migrants in Berlin]. This is a specialist service for pregnant women, single mothers and women impacted by violence within the BNS network. Ullika is a political scientist with many years of experience in social work. Welcome.

AYLIN GÜNGOR is also here to discuss with us. She has been working at BBZ – Beratungs- und Betreuungszentrum für junge Geflüchtete und Migrant*innen [Counseling and care centre for young refugees and migrants] since 2008. She studied social work and joined the BNS Network in 2016 and is also a coordinating member. Her counseling work focuses on parents, families, siblings, family reunion and also intersectional vulnerabilities. Welcome, Aylin.

I'm also happy to introduce **SIMON EBNER** from the AWO Kreisverband Berlin-Mitte. The AWO is the first point of contact, so to speak. Refugees are counselled before the clearing process and often before their hearing (Anhörung) before the Federal Office for Migration and Refugees (Bundesamt für Migration und Flüchtlinge, BAMF). They focus on the allocation into accommodation centers. Simon previously worked as a consultant for refugee assistance before switching to direct counseling. He is also a political scientist with many years of counseling experience. Welcome Simon.

As our fourth panelist I'll welcome **ULLRICH HUNDT**. Ullrich, or Ulli, who works at BZSL – Berlin Zentrum für Selbstbestimmtest Leben behinderter Menschen e.V. [Berlin Centre for Self-Determination for disabled people]. Ulli is a social worker and social education worker and counsels refugees with handicaps within the framework of the specialist center BZSL and also brings in his experience as a peer with a disability. Welcome, Ulli.

My first question goes to Simon. Can you tell us the deciding factors as to who ends up at which specialist counseling center and who is responsible?

SIMON (AWO)

Well, as a first point of contact, we are referred uncleared refugees, more or less. They move into our accommodation directly after they come out of the arrival center [Ankunftszentrum]. They are in the arrival center in Berlin from the first day until maybe maximum 14 days after their registration. In exceptional cases, it can also take 3-6 weeks, if there is a lot of congestion or if the authorities work with less capacity, like during the pandemic. Generally, the refugees have been in the city for longer, but only registered as asylum seekers 1–14 days ago.

Our counseling service is in a central reception center, which has places suitable for disabled refugees as well as single rooms. That's why a lot of vulnerable people are referred to us, who fall into different categories in the definition of the reception directive. This includes people with mental handicaps, women who are close to childbirth, women who are pregnant or have recently given birth. We also get a lot of people travelling alone or people with a physical, mental or psychological disability. Effectively we have a one-time 2 hour initial consultation with the person, which is about establishing their needs and seeing if a further referral to another specialist center in the network or another partner in Berlin is necessary. We counsel on questions related to our own specialist area: the current accommodation or needs related to the asylum procedure. Does the person need, for example, a special certificate for their asylum procedure? If needed, we get in touch with the relevant network partner.

JAN (XENION)

I'll jump in with my question to Aylin: What do you and your organization do when someone comes to you for counseling with different intersectional vulnerabilities?

AYLIN (BBZ)

I work at the specialist counseling center for minor refugees and that includes accompanied and unaccompanied minors (that means not accompanied by their guardians), but also families with children. Our target group is quite clearly determined by age under 18, but our counseling center is also responsible for young adults who still need youth social services. That means that we have children with disabilities, children with illness, children who are under mental strain. That is more the rule than the exception. It works quite successfully to refer within the network. Am I dealing with a person who is perhaps a single parent with a child, who is also pregnant? Then I can refer to KuB. Do I have a child or a young adult

with a disability? Then we work closely with BZSL etc. If there are psychological needs, then we can refer them to the other specialist counseling centers. I think that makes the difference with the network, that you can take a few shortcuts. And also that you keep in mind that we aren't the only counseling center, which counsels people with multiple vulnerabilities.

JAN (XENION)

I would like to go to a question that I've seen in the chat and hand it over to you, Ullika. What happens to people who are not identified in reception centers or don't come into contact at all with the BNS Network? Do you have an idea how they find you or don't find you?

ULLIKA (KUB)

I'll start with the second part. It is of course very difficult to say how the coverage works or who doesn't find their way to us. I speak for us as KuB, we have been around since 1983 and we are in the middle of Kreuzberg. Also a large number of the other specialist counseling centers have developed historically and are part of organizations, which have been active in the landscape of Berlin organizations for refugee migrants for years and in some cases decades. And the path directly from the reception centers or from the authorities to us is only one of many. Many probably come via word of mouth or through their communities and of course internet research etc. There is of course the "formal way". There is the hope that the people living in the reception centers get word that there is the opportunity to contact one or more of the BNS specialist counseling centers, but that is certainly not the only way.

To add to what Aylin said: We also have had the experience that the overlapping of different characteristics of vulnerability is not the exception, but the absolute rule. On the one hand, we have a combination of these characteristics like pregnancy, single parents or victim of violence, but also further characteristics. Therefore we have to always work intersectional and it is also not our goal that every person has to be counseled by all these centers. Rather, the idea is that when a person or a family already has a good relationship with a specialist counseling center, that we can, of course with the knowledge and the consent of the person, speak to each other about complex cases. The people don't have to chase down help through all of Berlin or introduce themselves anew at thousands of centers. I would say that actually works quite well.

JAN (XENION)

Ulli, can you maybe jump in and talk a bit about how the cooperation of the different specialist counseling centers looks like? And to add, how did it come about that there are seven governmentally funded specialist counseling centers in Berlin? That is not a given, in contrast to other states, where such a big network has yet to be established.

ULLI (BZSL)

It's already been said that this network was developed around 2008 as a pilot project. For a long time, it was not funded by the Senate, but through other project funds. The Senate funding has grown in the past few years. I might be wrong, but I think we've had proper Senate funding since 2015/16. I've been working in the network since 2012. The idea was based on the Reception Conditions Directive of

2003, which introduced the concept of vulnerabilities. The number of recognised vulnerabilities has also grown, as has already been mentioned, the specialist counseling center for LGBTI refugees was included, because this vulnerability was newly recognized. I think that these vulnerabilities also cover a large number of refugees as many refugees have at least one characteristic, which basically characterises them in particular. I also don't want to call it a vulnerability, but rather make clear that there is a special need that demands special support.

I can remember a situation that a colleague experienced. Back then it was still the case that the AWO ran the sole first reception center, this was 2012/2013. And the then management of the AWO said, "We have accommodation in containers and we have residents in wheelchairs, and the staff always have to carry these people into the accommodation". We found problems in different specialist counseling centers and from this idea it came to be that multiple refugee counseling centers decided to say: "We would like to cooperate and work together on several overarching aspects." And that works very well and we experience a change of perspective, that there is not just one characteristic that distinguishes refugees, but rather many. It also enriches our cooperation, as I also learn something e.g. about unaccompanied minors and vice versa. We build cross-sections and we learn together, that is valuable.

JAN (XENION)

My next question goes to Aylin:

In yesterday's discussion, the term "vulnerability" and its limits were being discussed. One criticism is that through the BNS there are special rights for some, but the rest loses out. Has your organization also had this discussion or have you found a way around this problem?

AYLIN (BBZ)

You also see this in many different areas that special rights are created alongside the standard approach so that a target group can be accommodated – for instance that people can speak their own language. I think it's problematic that we speak of "special rights", when we should really expect that these rights are guaranteed. If I go into a first-grade class, the chairs are also really small because I don't expect that the chairs are for adults. The goal is that we arrive at the point where there is no longer a need for special rights. Unfortunately, that is not our reality. It is difficult – depending on the context you can take up one position and then take up the other position. Of course, you demand special rights in the sense that a particularly vulnerable group doesn't fall further behind or encounter more difficulties with, for example, psychological stress, a physical disability or as a child who is not fit for the asylum process.

ULLI (BZSL)

I followed that discussion yesterday and I have to be honest, I was a bit confused. Our approach is that we want to support all people as much as we can and when they want and need the support. We are not only a specialist counseling center for handicapped refugees, but also for chronically ill and elderly persons, so the network already covers a wide range. I read in the chat: "Human trafficking is missing from these observations". That's true, that's important. But I think it is important that we, and I say this as a person who comes from disability politics and I know that this method or theory has its weak points: talk about inclusion. You have to

include all people and I also think that we should build a bridge to vulnerabilities and say that inclusion, if it works well, can be good for all of society. So all refugees would benefit from better conditions for vulnerable refugees. If, for example, a refugee accommodation is built to be accessible for disabled persons, then all people who live there will benefit. Or if single rooms are integrated as standard, then it is an advantage for all refugees. I approach my work from this perspective too – I don't do it for one group, but rather, I hope that, if a group has a particular need, that advantages arise for all refugees.

JAN (XENION)

Another question about difficulties of the BNS work for Simon: How do you handle proximity and distance to the Senate and to the authorities? On the one hand, you have a certain influence through the fact that the BNS can certify vulnerability, but this also requires cooperation with the authorities, which are often a kind of opponent, when it comes to the enforcement of rights of refugees. How do you position yourselves with regards to this dilemma?

SIMON (AWO)

The BNS Network is a complementary process that does not replace, cannot replace and does not wish to replace state authorities. Implementing the EU reception directive is a state task since 2015. That implies that you need a clearing process and a process for the identification of vulnerabilities provided by the state. In the best case, we can accompany these processes and we have also had successes with this over the years. Here in the state of Berlin, we try to convey a better understanding for this topic in the sense that the administration and politics are aware of the rights of the vulnerable and that they are considered in administrative activities and services. Berlin has achieved a relatively advanced level of formalization. There is an implementation regulation for the State Authority for Refugee Affairs [Landesamt für Flüchtlingsangelegenheiten, LAF] for the special needs of vulnerable refugees. There are guidelines for the identification of special needs for the social services of LAF. There is always cooperation with authorities. However, we always draw a red line when we see that the official process is so disenfranchising or so streamlined that our clients can no longer demand their needs and rights. I observe this in particular since 2016. The constant changes to the law, which have led to the process up until the hearing before the Federal Office for Migration and Refugees [Bundesamt für Migration und Flüchtlinge, BAMF], e.g. the registration, the medical examinations, the referral to the reception centers, taking place within 14 days. This is a big problem where we see that our work has become all the more important in the past few years. It is important to intervene early, that people receive counseling in the best case before the hearing [Anhörung] or even before their asylum application. These are very short time frames we are working in.

And this work unfortunately cannot be in cooperation with the state institutions, because it simply has to be said that in the asylum law the interest in a seamless, fast execution of the asylum procedure outweighs the individual needs of a person. It is important to work very intensively with clients starting from the beginning of the asylum procedure for the recognition of their rights and to accompany them – with applications, with connections to specialised doctors, to crisis interventions and lawyers. That is becoming more important in our work and that's why I would say that our role has taken on greater importance in recent years. We counsel with legal accuracy, we are partial, and we try, where rights are limited through the streamlining of the process, where that there are increasingly higher expectations

for attestations or when clients need to have increasingly more money to be able to demand their rights because then, we can avoid the worst.

AYLIN (BBZ)

I share Simon's opinion and it is also nice when something in our work is reportedly on positively. On the dilemma of special rights that was described before: the problem is that our work is important and that is unfortunate. Because a right actually should be implemented even without specialist expertise and our experience is rather that without us, nothing would happen. Therefore, our specialist expertise is needed so that people receive their basic rights. We would wish that this is no longer necessary, that we should be redundant. That the rights are simply guaranteed and do not depend on chance.

JAN (XENION)

Ullika, what is your impression, where can these basic rights not be implemented despite your support and how limited is the whole issue? Which needs cannot be covered at all despite this recognition of vulnerability?

ULLIKA (KUB)

Unfortunately, very many, although Berlin acts as a best-practice model because of the BNS. We've already heard in some of the presentations this morning that in some states there exists no process at all. But at the same time, despite this process there still exists a range of gaps and basic rights are violated. Our work is a battle and actually against, but also with the authorities, who on the one hand are part of our model project, but on the other do not fulfil the legal requirements from our point of view. I would differentiate between two levels. On the one hand, the question: Who, out of the people that would be described as vulnerable, find these services and are adequately counseled or learn about the services for them? There remain a certain number of unknown cases – who are we actually not reaching at all?

But I would like to concentrate on the question of the people who we have met in a specialist counseling center, spoken with, or have given an attestation to. We have established a vulnerability and presented this in written form. Not only their belonging to a certain group, but also their very concrete needs in each individual case. What happens then? And I have to say that also in Berlin with this very formalized process there remains a lot of obscurity and sometimes conflicts between the participating NGOs like us and the corresponding authorities. This is the case particularly concerning the area of accommodation, I mean decentralized accommodation and access to their own sanitary and cooking facilities or shared with as few people as possible. These belong to the absolute basic needs and basic rights, not only of my target groups, but also of most others. In practice, this is a point of conflict. In Berlin, there is a agreed upon catalogue of services, but unfortunately there is a lack of clarity in it. Often there is no clear right to services, rather it still depends on the availability or limited resources etc. Therefore, my opinion on cooperation with official authorities is somewhat a bit less optimistic.

JAN (XENION)

That actually brings us to the part on suggestions for improvement and wishes. What concrete wishes do you have for the LAF? Ulli, what can you tell us about this? This political lobbying, which is also a part of the BNS Network: How successful is it?

ULLI (BZSL)

When it comes to the LAF, from my perspective the key is above all communication and transparency. I wish that the ways of communicating with the LAF would be clear, meaning, who can we turn to on a daily basis? We have found good access to the management of LAF. But on the lower-levels: How do we achieve good communication concerning individual cases? There is frequent change of staff at LAF and I wish that the communication between NGOs and the authorities would be better. That a better exchange would take place on a working level, that a certain transparency and continuity would develop, to be able to establish contact with the employees in order to discuss individual cases and a better exchange on the guidelines and best practices for employees of LAF.

Then of course what was also addressed here – many needs and also many precarious situations, whether in terms of health or other areas of life, are centrally connected with the type of accommodation. Since there are also special accommodations run by LAF: What is the pathway to get a larger number of handicapped accessible or at least individual accommodation, if I'm speaking now for the group of people with disabilities? And what does the cost coverage look like? The living situation influences so many other problems.

JAN (XENION)

Thank you. I will pass the word to Simon connected to a question from the chat related to one of the first comments from you. Who exactly undertakes the assessment of vulnerability? Perhaps you can answer that, but also related with some ideas for improvement and demands.

SIMON (AWO)

Thank you for the interesting question. In Berlin, we have a reception center [Ankunftszentrum] in Reinickendorf since 2017 or 2018. It's located in Oranienburgerstrasse and is run by the state and Tamaja. All refugees who apply for asylum make their way through this reception center and live there for up to 14 days. There are daily meetings, which have to be undertaken for the asylum application process. A typical day-to-day plan looks like this: In the morning at 6am the people are picked up and brought to Bundesallee. The LAF is located on Bundesallee, together with the federal police. The Federal Office for Migration and Refugees [Bundesamt für Migration und Flüchtlinge, BAMF] is across the street. Basically, the identification of vulnerabilities occurs already in the first 1-3 days within the clearing process at LAF. Imagine it like this: in the former bank building there is a large waiting room. The people sit there in line and wait for their "processing". There are also social workers in this room who approach the people and see if they belong to one of the categories of vulnerability. Then they are invited to individual meetings.

The question is: who is seen in this process and here I would also like to put forward my wishes. We are only one of many primary reception centers [Erstaufnahmeeinrichtung] in Berlin. Of course, not all people come to us. The AWO specialist counseling center also does not see everyone. But when in this process in the first three days signs of vulnerability are recognized, social services contact the accom-

modation. They announce that someone is coming and make it clear that they have, for example, a physical disability. In this process, however, only the most obvious vulnerabilities are recognized. Someone sitting in a wheelchair or someone who is significantly visually impaired. Something like this is immediately recognized. Is someone in a late stage of pregnancy? But what often isn't recognized are for example unaccompanied minors. They could be recognized by comparing the data, just as with the persons who are over 65 years old. But in my experience that is only the tip of the iceberg. By far not everyone is recognized in this process. That's why we offer down the road in our counseling centers in the reception centers or in other accommodations, where there are flyers from us, the possibility to make an appointment with us. In this case the appointments are made through social workers at the accommodation. After this point in the three-tiered process comes the accommodation in shared accommodation [Gemeinschaftsunterkünfte] or in individual apartments. We have received in the last years more and more clients who already live in their own apartment or at least already in a shared accommodation, which is also because at the moment because of the pandemic, the stay in the primary reception centers is very short. For this reason, this year we have also established two counseling centers in shared accommodations. We realized that not everyone is arriving at the primary reception centers, but rather are being directly allocated into the shared accommodations. Among others, language course providers, supporters from mosques, lawyers turn to us and ask for a consultation. What is actually important in the work with clients after contact has been established? It is a matter of relationship building with the clients. In particular people with a physical disability in most cases have not received adequate medical attention in their country of origin and on their journey. When someone brings that kind of experience, they often have great difficulty building relationships with people outside of their core family. It takes a lot of time until people speak about their past. And we come now to my wishes. My wish would be that when it becomes clear in the first days at Bundesallee that someone is in a wheelchair, that this person is taken out of the process. Also in the search for a suitable accommodation that the obvious needs are considered. Does this person need their own bathroom, do they need rest and rehabilitation, meaning a single room? And then being aware down the road, that we have access to this person within 15 days. That is stipulated by the EU Reception Directive and we could definitely do a lot more.

JAN (XENION)

Thank you for your extensive response. We are already transitioning to the discussion. I will pose a question to Aylin, which came from the chat. Which challenges become apparent in the placement of refugees with psychosocial services or psychotherapy? You can also differentiate, as there are other possibilities for youth and minors. What are your experiences here?

AYLIN (BBZ)

The unaccompanied minor refugees who are accommodated by youth services are the ones we worry about the least. It's more problematic with those who drop out of youth services because they have just turned 18, arrived in Germany when they were already 18 or persons who are actually minors, but aren't officially recognised as such. Just because someone has an identification card stating he is a minor doesn't always mean that this is accepted by the authorities. In our team, we also have a psychologist who talks to our clients and also has to support them with psychological attestations [Stellungnahmen]. This is a good example that we always

need extra personnel and extra expertise in order to be able to implement standard care. That is indeed the whole discussion about special rights. It is difficult, when you think about the fact that standard care hasn't really been made possible at all for our target groups. We first have to work on establishing standard care before we can pose this question on so-called special rights.

It is really difficult to get these young adults, who are not recognised by youth services, into standard care. We often hear: "Well, he has a Dublin procedure, he only wants to avoid being deported, so now he's making it up". Instead of thinking that his deportation is a massive psychological burden for this person. These are small paradoxes that leave you desperate in the practical work. Of course our counseling services are always needed when the problems are escalating and when everything goes well that they generally don't come by just for coffee. This explains my perspective a little bit.

JAN (XENION)

Thank you. I will pass along to Ullika. What exactly in your everyday work, but also on the political level should be changed? And from your point of view, how is the language mediation in medical and psychological care working?

ULLIKA (KUB)

I would formulate my demands very clearly at the level of the asylum process and its framework. Who can submit which reasons for protection and where – a lot has to change there. In principle for all refugees, but especially so that those in need of special protection can declare these needs in the process. This fast-track process or generally the way that it works at the moment has to be completely transformed so that it fits the needs or the possibilities of the target group, which then has consequences on all possible levels. In terms of services, the whole area of language mediation and the institutional hurdles at medical services are only a part of the story. Also, in everyday communication with authorities something needs to be done, so that people can formulate their rights at all. And also what is important to me as a central demand, is that there is an understanding on all possible levels: it's not about mercy or an opportunity depending on availability, rather it's about chartered rights declared in European law.

I also often see that the people in the authorities are in a difficult position, as we expect something in the area of accommodation which in current praxis they cannot offer. But the solution cannot be that target groups are played out against each other. For my target groups of pregnant women, single parents, and victims of violence I hear again and again: "There are some high-level needs, there are people sitting in wheelchairs or have to be ventilated or are out of control and we can't find a place for them at all".

Instead of playing groups against each other, let's think of this utopia: a network of NGOs and authorities passing on demands to a higher political level. The number of available, suitable accommodation, as well as psychosocial, medical or other services is absolutely not sufficient. So where do we advocate so that more services are created? We are in 2021, not in 2015, only that some things remain equally bad. We generally promote decentralized accommodation and apartments, but as long as these don't exist, we need accommodation in more apartment-like structures with their own cooking and sanitary facilities. That can't be distributed arbitrarily or according to "what we have today". We need to create an understanding that these are fundamental rights.

JAN (XENION)

Thank you. The podium discussion is unfortunately coming to an end, but I would like to give Simon, Ullrich and Aylin, an opportunity to add something.

SIMON

Berlin has gone a different way than many other states in Germany in order to apply the EU Reception Directive. Many states created a law or regulation at state-level [Landesaufnahmegesetz bzw. Landesdurchführungsverordnung zum Aufnahmegesetz], this creates a high level of regulation. My experience in Berlin is that through funding the BNS Network the informal ways, which are very important in this area, are strengthened. And through cooperative and sometimes not so cooperative work with the authorities we can influence systematic change or a change of attitude. My best practice from Berlin is: It doesn't require just one regulation or law, rather a broad support-network of counseling services. Direct counseling often has most proximity to the people and their problems and needs. Therefore, I would say this is a best practice example from Berlin on the application of the EU Reception Directive.

Also, I find it really important that we see the EU Reception Directive not only as an obligation to support people with psychological impairments or burdens, but rather all groups with vulnerabilities stated in the directive. The states can also go beyond the directive. All groups bring individual counseling topics and individual claims, needs and rights. Ultimately, I wish that in the future we give the highest priority to working directly with refugees. It should also stay that way. The work of the network, the political work is important. But the work with people should be the number one priority.

ULLI (BZSL)

I totally agree with what Simon said. We really experienced this during the last one and half years. We realized that really basic things present problems for many people. Through the Corona measures and through the situation as a whole, language is the key. People need support to take this path through the authorities and with the doctors. I experience my work increasingly as a mediator. In Corona times, face-to-face communication wasn't always available. That's why the counseling centres for refugees are all the more important; they act as a connecting point. That not everything could be reconsidered ad hoc in the Corona crisis, that the communication paths couldn't be immediately transformed, that is understandable. But there have to be clearer support structures, like interpreters for doctors, but also at the authorities. And to come back to the group of people who do not have a visible disability, but who cannot speak or cannot hear or whose cognitive capabilities are limited. These people need much support and here I see the key role for counseling services.

AYLIN (BBZ)

I would also like to stress the importance of our basic counseling work. The BNS Network is important, but we have additional clusters and networks attached to it. I work in a counseling centre, we consider ourselves a migrant self-organization, we have many multilingual colleagues, but also language mediators. We don't just look at vulnerability, but also does this person need a job or further training for instance and then I can directly refer them to my colleagues. I believe that a network benefits when it grows. We don't just operate in Berlin; I have colleagues in

Brandenburg. That is also a part of our resources – a network of people who work at the grass roots. And nevertheless, the political demands are important to keep up with as well. Counseling work is always precarious, there is never enough time and resources. We hope that will improve at some point and that the individual projects don't need to fear the end of their project anymore.

ULLIKA (KUB)

The others already said a lot about the BNS. I think that it is beneficial that not just any kind of center was artificially newly created, but rather that the long-established supporting organizations got together and that there continues to be an institutionalized cooperation between us. I would also like to answer a question which appeared in the chat at the beginning concerning victims of human trafficking, because this group is not included in the BNS. I think this is because the network has grown over the years. In Berlin, there are two or three very good specialist centres for victims of human trafficking. We are in good and close contact with them. In our counseling center we also regularly encounter victims of human trafficking and I know that it is at least the same in the psychosocial centers. We would not call ourselves a specialist center for victims of human trafficking, because those already exist in Berlin. But nevertheless, as a women's specialist center, we have a lot to do with the topic and we are connected to specialised counseling centers for the topic on a regular basis.

JAN (XENION)

Thank you all for your great contributions.

5. Workshop 1:

Power-critical perspectives on (counseling) work on vulnerabilities

RAFIA SHAHNAZ, GLADT – Self-organization of non-white lesbians, gays, bisexuals, trans, intersex and queer people in Berlin

In the workshop, three essential aspects of power-critical consulting work were discussed and worked on:

1. Self-reflection

- Acquiring understanding of one's own position in society and the associated access to resources and opportunities
- Confronting privilege and structural advantages, which enable counsellors to provide support
- Taking responsibility for marginalized people distinct from "helper syndrome" or "do-goodism"
- Not seeing yourself as the center of attention, but rather the realities of those seeking support
- Taking criticism of one's own power seriously, listening, recognizing defensive moves, reflecting and learning

2. Clear Position on Structural Exclusion

- Understanding and critical positioning on structural exclusion in society and systems such as social work, the healthcare system, the labor market, the housing market, immigration and other state systems
- Understanding and having patience for internalized hostilities and phobias from clients, which are often the result of structural disadvantages

3. Distribution of power

- Recognize, name and criticize expressions of power, create consequences and find strategies together with the client to find a power critical handling of the situation
- Constantly exchange positions of power. Allow for new perspectives and changes.
- Re-distribute power in the form of resources – without control or the wish to be acknowledged
- Recognize clients as experts regarding their own lives and offer individually tailored opportunities to achieve self-empowerment

6. Workshop 6: Expanding the lens of vulnerability

DR. ERINN GILSON, Merrimack College, USA

The workshop started off by looking at the participants' perspectives on vulnerability. What are our concepts, how do we think about it theoretically, but also in our everyday work?

Erinn Gilson stressed the significance of concepts: We have to define something in order to be able to use the concept (e.g., be anti-racist). We therefore should make explicit, what is implicit. The language we use contains implicit assumptions, whether we are aware of this or not.



The Significance of Concepts

“Concepts are crucial to cognition: cognitive scientists point out that they help us to categorize, learn, remember, infer, explain, problem-solve, generalize, analogize. Correspondingly, the lack of appropriate concepts can hinder learning, interfere with memory, block inferences, obstruct explanation, and perpetuate problems.”

Charles W. Mills, The Racial Contract

“Definitions anchor us in principles. This is not a light point: If we don't do the basic work of defining the kind of people we want to be in language that is stable and consistent, we can't work toward stable, consistent goals.”

Ibram X. Kendi, How to Be an Antiracist

“A philosophical statement always involves us in some tracking with the meaning of a term or an assertion, pushed to its furthest consequences. It makes explicit what is implicit in our beliefs or denials—that is, what we are assuming, usually without realizing it, when we make what seems like a plausible assertion.”

Susanne Langer, “Why Philosophy?”

I. Overview of the concept of “vulnerability”

Definitions:

1. Vulnerability is susceptibility to harm
2. Vulnerability is openness to being affected

Source of vulnerability: using either definition, people are vulnerable because we are both bodily and social beings.

Extent or Scope: is vulnerability ...

1. Situational: an exceptional condition, experienced only by some people or only occasionally?
2. Ontological: an unavoidable, fundamental part of the human condition?

Basis for attributing:

1. vulnerability is a quality or feature of a person
2. vulnerability is a condition due to status (citizenship, legal status, minority/childhood)
3. vulnerability is a condition due to social-political circumstances
4. vulnerability is the condition of human existence (corporeality, sociality)

Time and vulnerability:

- Vulnerability means being open to something that has not yet occurred. In this way, vulnerability is a condition of potential rather than an actuality.
- But vulnerability also refers to the actual specific experience of being open to something that has not yet occurred.

Ethical Significance:

- When vulnerability is defined as susceptibility to harm, there is a greater responsibility to vulnerable persons.
- This is responsibility to provide care for those who are vulnerable and to prevent harm to them.
- This responsibility may be borne by individuals, institutions, and governments.
- If any of those actors - individuals, institutions, governments – have contributed to the vulnerability of others, then they bear more responsibility.

II. Expanding the lens

Critical analysis:

- A problem: the meaning of “vulnerability” is predominantly negative.
 - only a condition of being passive, less capable, weaker, and dependent
 - so, a condition of being diminished, defective, lessened, and lowered
 - thus, vulnerability is only something to be avoided
- This problem comes from defining vulnerability *only* as susceptibility to harm, an exceptional condition, and a quality or relatively stable status of people.
- This way of thinking about vulnerability is *dualist*: vulnerability is considered incompatible with power, capability, and strength.

Effects of this problem:

- The negative value attached to vulnerability may be transferred to people labeled “vulnerable.”
- A negative concept of vulnerability can produce *stigmatizing*, stereotyping, or *pathologizing reactions* to people’s vulnerability.
- Certain people and groups of people can be automatically assumed to be more vulnerable than others.
- The vulnerability of people who do not belong to those groups can be overlooked.

Responses to the problem:

1. Emphasize the complexity of vulnerability: shared, non dual, unavoidable condition.

A complex concept of “vulnerability”:

- Vulnerability is not *only* vulnerability to harm.
- Defining vulnerability as *openness to being affected* makes it possible to understand vulnerability as being open to many varied effects:
 - not only injury and harm but also affection, care, and support.
- All people share vulnerability as a basic capacity and an unavoidable condition.
- Vulnerability can be thought as ambivalent and ambiguous:
 - **ambivalent** means having the potential for two opposed effects: both care and injury, sustenance and deprivation, affection and neglect.
 - **ambiguous** means non-dual, holding together what seem to be opposites and rejecting simple oppositions.

Responses to the problem:

1. Emphasize that vulnerability is a matter of processes.
2. Work to understand how those processes transform a vulnerability that all people share into a vulnerability to harm that some experience more than others. In other words, work to understand how unequal vulnerability to harm occurs.

A different ethical orientation:

- *Vulnerability itself* is not the ethical problem.
- The main ethical problem is inequality in vulnerability to harm.
 - and that often the attempts of some people and government to make themselves, and their countries, invulnerable increase other people’s vulnerability to harm.
- The injustice is the *division* of vulnerability where some people are protected from harm and, as a consequence, others are more vulnerable to harm.
- Ethical responsibility includes preventing this unjust division of vulnerability and caring for those who are harmed because of it.



After the introduction, we exchanged ideas about how we conceive and create vulnerability in our work. We will give a short insight into the discussion by quoting some statements of participants:

Which of these ways of thinking about vulnerability are most common in your work?



In self-organized counseling, we try to work on eyelevel in an empowering way, avoiding paternalism. I want to see vulnerability as openness, but how to address that? People don't want to think about vulnerability, because it seems like the opposite of strength. I would like to change that way of thinking about vulnerability but also change the way society is structured.



Are people being put in marginalized groups and therefore become vulnerable? Is a child vulnerable or being put in a place and therefore is made vulnerable? Children are very open to being affected, less capable of acting, because of their development but also because of how we create the world around them. How can people be empowered in a world in which people are being held small?



Vulnerability is a label that we have to "search for" to support people asking for their human rights. Do we make people vulnerable through our work?

What, in your view, are the "pros and cons" of any of these different definitions of vulnerability and ways of thinking about aspects of vulnerability?

In your work, what processes are used to observe and document vulnerability?

How do these processes affect how you think about vulnerability? Does your personal perception of what it means for people to be vulnerable align with how the term "vulnerable persons" is used officially?



People who wrote the "Aufnahmerichtlinie" didn't want to smash the patriarchy and other systems of oppression with this document. Why do you build buildings that can't be entered by everyone?



How to determine vulnerability? People don't want to be called vulnerable, in the asylum process it can be helpful but maybe just for that moment, for how long will that be the case?



Can vulnerability be empowering? It depends on the context. In the Black Lives Matter movement for example, showing vulnerability together can be powerful and is slowly changing society.



A legal framework helps us to do our work, but people need more than that.



Am I declaring vulnerability myself or are others doing it? Vulnerability in our field always seems to be depended on the judgement of others.



There is this 10-year-old fight about the concept of vulnerability in our field, I wonder why does it come up more at the moment? And if I say that vulnerability is strength, am I valuing strength more than weakness? I think connecting through vulnerability is powerful, but that's not always possible.



Isn't vulnerability – if you see it as weakness, which is the rather dominant view on vulnerability – in general a problem in societies which favor strength and resilience? Who wants to be vulnerable in this context? How we can shift this perspective?



Vulnerability enables human connection. But there is also an unjust division of vulnerability throughout society.



How can people who are marginalized – whether because they belong to a social group or because they are labeled “vulnerable” – be empowered?



Can people be empowered to self-label as “vulnerable” rather than only be labeled by others to gain access to resources without being stigmatized? How could that be possible?



No one should have to live in camps. Everyone is vulnerable in that situation.



The slogan “Nothing about us without us” is not always easy in our practical work. I was working in a shelter before and I had the assumption: I already know what people need, I don't need to listen to people. That was paternalistic, but we were also always understaffed, there was no time to listen to people, that's where it starts. People in the shelter tried to explain in German what they need, but then staff would respond in another language because it was easier. Empowerment is not going well in that case.



In general, it's a very stressful situation, if you have to expose yourself as vulnerable and ask the environment for a better treatment, it's a dilemma.



It is within our differences that we are both most powerful and most vulnerable, and some of the most difficult tasks of our lives are the claiming of differences and learning to use those differences as bridges rather than barriers between us.
Audre Lorde



Maybe the question „should“ rather be: How can I support people best in this stressful process of being perceived as or labeling themselves as vulnerable?



If we are not in touch with injustice and the resulting vulnerability, because we are not living or working in that context, we can have the delusion that it's not happening. But if you are in touch with it, you also have the strength to fight against it.



Our own display of vulnerability can also be motivating and push ourselves to resist injustice.



I often feel uncomfortable with my power as a psychologist to define another person's vulnerability in the asylum process. I try to give people a voice rather than talking about them. That's a framing which helps me. I try to share my power in the process.



Discrimination against myself makes me connect with other peoples' struggles more. There's a driving part within myself as well, a connecting part, which wants to counteract isolation by sharing and organizing.



As a psychologist or therapist, you're very exposed to what people had to experience, sometimes that feels vulnerable as well, second hand witnessing these experiences.

