

# Connected in Transit

Western Balkan and German Professionals  
Share Knowledge and Experience of Holistic  
Support for Survivors of Human Rights  
Violations among Migrants and Refugees

PRACTITIONERS' PERSPECTIVES





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Prepared by BAfF, the German Association of Psychosocial Centres for Refugees and Victims of Torture, within the frame of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Regional Project on Preventing and Combatting Trafficking in Human Beings in the Western Balkans – “PaCT”, commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ).

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This report portrays findings, insights and questions that arose during the transnational exchanges. It is a jointly drafted document by a group of individuals from diverse professional backgrounds – including social work, psychotherapy, clinical work, legal advice, research, and advocacy. We thank them for their openness, trust, and dedication.

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## BAfF – German Association of Psychosocial Centres for Refugees and Victims of Torture

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# Introduction

## A plea for more transnational exchange of practitioners

Few areas embody a cross-professional, cross-nationality and cross-policy approach more strongly than the area of refugee and asylum policy. International and national law sometimes clash with the needs of asylum seekers and refugees. This conflict of values is often a significant factor for those working in the health care of such marginalised individuals who are having to deal with the aftermath of loss and cruel human rights violations. In psychosocial work, professional standards can be set under great tension by such issues, and therefore professional and ethical predicaments are part of the daily routine. For practitioners working in this demanding and complex field, international exchange is of particular importance. It is a crucial aid not only in assessing transnational dynamics, but also in developing the ability of actors to intervene in political processes when human rights are threatened. In addition, international exchange also provides a learning platform to allow for personal and professional growth, self-care and peer support.

How do we measure the importance and success of a one-year exchange project? What is the impact of transnational exchange amongst professionals working in psychosocial support in the context of human rights violations? There are different angles from which one can look at these questions.

First, there are the stories of how the exchange led to direct changes in the practical work of participating professionals, e.g., about how contacts between organisations across countries helped to improve the situation for a specific client. These small success stories run like a common thread through this publication.

*“The circumstances on the refugee route of many of my clients became more tangible for me through the trip – I can now understand even better what they have to endure, sometimes for years, in order to maintain their hope.”* — PARTICIPANT FROM PSZ DÜSSELDORF

*“Even though our contexts of work are quite different, I have in mind a lot of ideas that could be replicated in our context, mainly focused on a variety of services provided to refugees using the shapes of art and culture, such as German organisations are using.”* — PARTICIPANT FROM

CPPSD, BELGRADE

Second, the success of the project becomes evident when you assemble all the knowledge generated and the insights gained and realise that there is much potential for deepening the dialogue. In this regard, this publication can only constitute a starting point, opening up topics that we consider relevant for further exploration and elaboration in a transnational setting. The authors share their insights and their good practices in order to make them accessible for other professionals in psychosocial care, as well as for a broader interested audience. This publication is therefore also a plea for more exchange.

*“The nature of our work is such that connecting, sharing experiences, broadening our knowledge and advocating for human rights protection of those who are underprivileged in our societies are immensely important, hence the value of this trip is awe-inspiring.”* — PARTICIPANT FROM

PIN, BELGRADE

*“At the same time, we have to be careful not to make any hasty generalisations now. We have only gained small insights into a very complex context. The exchange with our partners on the ground should now be deepened and continued, also in order to be able to better classify and differentiate our own perceptions.”* — PARTICIPANT FROM REFUGIO MUNICH

Hence, this is a professional publication which is also based on deeply personal insights and perspectives on the value of transnational exchange. It will go beyond a mere description of the situation of psychosocial care in Bosnia and Herzegovina, Germany, and Serbia. It adds value to the assessment by asking critical questions about how to locate oneself in the political realm and how to improve the situation of people on the move or seeking asylum, trying to escape violence and human rights abuse, often suffering from the aftermath of discrimination and, possibly, extreme traumatic experience.

## Background to this project

**1** The term survivor and victim are used interchangeably throughout this publication, in recognition of the fact that victims have been subjected to a human rights violation, but also survived.

This publication is based on an international exchange project, coordinated by BAfF, the German Association of Psychosocial Centres for Refugees and Victims of Torture, and conducted by ten institutions working with refugee survivors<sup>1</sup> of torture and human rights abuses. It was funded by a grant agreement in the framework of the regional programme “Preventing and Combating of Human Trafficking in the Western Balkans” implemented by GIZ and on behalf of BMZ. Our project “Sharing Knowledge and Practices – Professionals from the Western Balkans and Germany on holistic support for refugees and survivors of human rights violations among migrant and refugee populations” aimed to strengthen and improve the quality and sustainability of psychological and psychosocial support services for survivors of human rights violations (for example., survivors of trafficking or torture) in the Western Balkans and Germany. The long-term goal is to create a network of like-minded experts who have been linking health policy and human rights in the Western Balkans and in Germany.

In 2021 and 2022, the project brought 20 professionals into close exchange. They came from five non-governmental organisations in the Western Balkans and from five German BAfF member organisations, the so-called Psychosocial Centres (PSCs). The group met regularly online and carried out two in-depth study trips in Germany and Serbia and Bosnia and Herzegovina (BiH). The focus was on capacity building, not only regarding theoretical knowledge but especially on practical approaches to psychosocial care and treatment of refugee survivors of human rights violations. BAfF acted as coordinator for this exchange programme and ensured process orientation and the quality of the capacity building measures.

### Framework and Methodology

The first step was to establish the specific needs and wishes of all the partners and to develop a practical roadmap through a series of online meetings. The web-exchanges then focused on the four topics that are also reflected in the structure of this publication:

- Establishing and sustaining supportive professional networks in the context of migration and human rights violations
- Staff support and self-care
- Interdisciplinary documentation of rights violation of people on the move, in flight or seeking refuge<sup>2</sup>
- Good practices and specific approaches in the care of refugees and survivors of torture in the fields of law, social work, psychotherapy, medicine, and activism

In May 2022, BAfF welcomed the participants from Serbia and Bosnia and Herzegovina in Berlin and Leipzig. The delegation was able to get to know the many facets of psychosocial support for refugees in Germany and to engage in an exchange of experiences and perspectives. They met colleagues from further PSCs, initiatives, and NGOs, gaining an insight into the range and diversity of support and services in Germany. A special highlight was the participation in the annual conference of the BAfF on the topic “Posttraumatic Growth? – Supporting transformation processes after trauma and crises“. The participants gave a workshop in which they shared successful examples of practice in their countries.

In July 2022, experts from the five PSCs and BAfF visited project partners and initiatives in Serbia and BiH. Personal interaction on site enabled a deep exchange at working level with the teams of the partner organisations. They had the opportunity to gain direct insights into the practical work of reception centres near Belgrade and Sarajevo, where people seeking protection find their first shelter. Here they could directly experience the diversity of support mechanisms and support structures available on site. Meetings with the Commissariat for Refugees in Serbia, the GIZ office in Belgrade, the Centre for Social Welfare of the Municipality of Hadžići (BiH) and further NGOs working for the improvement of rights and protection of refugees and other vulnerable groups in the complex administrative and political environment of BiH and Serbia complemented these impressions.

Joint de-briefing and evaluations seminars took place following the study-trips and led, among other results, to the creation of this publication.

## 2

In practice, definitions of different types of people on the move are not always consistently deployed, so that precise distinctions between migrants, refugees, asylum seekers, forced migrants, those forcibly deported and people on the move may well overlap. In this publication we tend to use the terms as they are used by the practitioners of the participating organisations.

## Structure of the publication

The publication starts with so-called “knowledge maps” of the situations in the countries with which we were dealing. Too often, there is a lack of basic understanding of the other context even among professionals working in the same field. This meta-level description is then followed by more personal accounts reflecting on how the structural factors reflect on the practical daily work with refugee survivors.

As these parts mainly portray the challenges, we decided it is important to create room for personal voices of motivation and what keeps us running, despite the hardship. This is followed by chapters outlining the main insights from the exchanges on the four focus topics outlined above. We have elaborated on two of the web seminars in more detail by providing an insight into the topics that were discussed and the methodology which was used for the exchange. Finally, against the background of an overall impression, we finish with a non-exclusive list of recommendations and conclusions.

At the end, we conclude with a portrayal of the participating organisations in order to emphasise the diverse and multidisciplinary and multi-professional background of the contributions and authors.

## Glossary

- BAfF** Federal Association of Psychosocial Centers for Refugees and Survivors of Torture
- BAMF** Federal Office for Migration and Refugees
- BiH** Bosnia and Herzegovina
- CSO** Civil Society Organisation
- NGO** Non-governmental organisation
- FBiH** Federation of Bosnia and Herzegovina (part of BiH)
- GBV** Gender-based violence
- GIZ** Deutsche Gesellschaft für Internationale Zusammenarbeit / German Agency for International Cooperation
- ICD** International Classification of Diseases

- IOM** International Organisation for Migration
- MHPSS** Mental Health and Psychosocial Support
- RS** Republica Srpska (part of BiH)
- TRC** Temporary Reception Centre
- PFA** Psychological First Aid
- PSC** Psychosocial Centre
- PTSD** Post Traumatic Stress Disorder
- PSC** Psychosocial Centers for Refugees and Survivors of Torture
- UAM** Unaccompanied Minors
- UASC** Unaccompanied and separated children
- WHO** World Health Organisation

The distinction between the terms *refugees*, *migrants* and *people on the move* in this publication is not always according to international definitions regarding legal status. There may be some overlap between the terms on occasions.

The distinction between human trafficking and smuggling in this publication is according to IOM's following definition<sup>3</sup>: *Trafficking in persons* involves the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. *Human smuggling* involves the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident. Smuggling contrary to trafficking does not require an element of exploitation, coercion, or violation of human rights.

# “Knowledge map” Western Balkan

<sup>3</sup> See International Organisation for Migration (2004): Glossary on Migration. International Migration Law 71/04.

## Serbia

### Introduction and status quo

Serbia is considered to be a transit country for refugees and migrants. There is a big fluctuation of people coming mainly from the Middle East and Africa continuing on their way to Western Europe. Refugees usually enter Serbia across the southern borders with North Macedonia and Bulgaria, and they try to continue their journey mainly through Croatia, Romania, Bosnia and Herzegovina, and Hungary. Refugees stay in Serbia from a few days to up to three years. Currently, their average stay in the country is around three weeks, but this period varies throughout the year because of the weather, as well as because of different border policies and practices. Furthermore, single men tend to stay in Serbia for shorter periods of time than do families.

In 2022 so far, the approximate number of refugees in Serbia ranged from 4,900 in January to 7,300 in August<sup>4</sup>. The number of those saying they intended to seek asylum, and thus qualifying for accommodation in a governmental facility, varies over the last ten years, from a low point of 2.723 (in 2012) to a high point of 577.975 (in 2015). Meanwhile, the number of refugees actually entering the asylum procedure is much lower – 144 in 2020 and 252 in 2021<sup>5</sup>. The Asylum Office in Serbia has annually granted between 0 and 41 positive asylum decisions in the last ten years, making Serbia a country with relatively low rates of providing international protection.

Following the onset of the Ukrainian crisis in February, there were 6,000 Ukrainian refugees registered in Serbia in April 2022<sup>6</sup>, and their number has not increased greatly since. The vast majority of the refugees are privately accommodated, while there are less than 100 persons accommodated in the one asylum centre designated for Ukrainian refugees. On March 18th, 2022, the Republic of Serbia activated the Mechanism of Temporary Protection for Ukrainian refugees which grants them international protection in the country for one year<sup>7</sup>.

Refugees are currently accommodated in six asylum centres and eight reception centres, in addition to four accommodation facilities special-

<sup>4</sup> <https://www.unhcr.org/rs/en/country-reports>

<sup>5</sup> Beogradski centar za ljudska prava. (2022). Right to asylum in the Republic of Serbia 2021. (available online: <http://www.bgcentar.org.rs/bgcentar/eng-lat/wp-content/uploads/2014/01/Right-to-Asylum-in-the-Republic-of-Serbia-2021.pdf>)

<sup>6</sup> <https://kirs.gov.rs/lat/svet/dnevnik-ukrajinske-krize>

<sup>7</sup> <https://help.unhcr.org/serbia/temporary-protection-in-serbia/>

<sup>8</sup> <https://kirs.gov.rs/cir/azil/centri-za-azil-i-prihvatni-centri>

<sup>9</sup> Law on Asylum and Temporary Protection, Republic of Serbia, 24/2018. (available online: [https://kirs.gov.rs/media/uploads/Law\\_on\\_asylum\\_and\\_temporary\\_prot.pdf](https://kirs.gov.rs/media/uploads/Law_on_asylum_and_temporary_prot.pdf))

<sup>10</sup> Article 2, Ibid.

<sup>11</sup> For more detailed information on the asylum procedure in Serbia visit: <https://asylumineurope.org/reports/country/serbia/>

ising in unaccompanied and separated children (UASC)<sup>8</sup>. Psychological support is provided by the Ministry of Health which employs three to five full-time psychologists. Remaining centres have psychological support delivered by CSOs whose psychologists are usually not engaged full-time and whose services are project-funded with limited sustainability.

### Asylum procedure in Serbia



The Law on Asylum and Temporary Protection of the Republic of Serbia<sup>9</sup> recognises several means of international protection: refugee status, subsidiary protection and temporary protection. After entering Serbian territory, a refugee can express an intention to submit an asylum application, after which they are officially registered by state officials and can receive accommodation in one of the asylum centres. The next step is to submit the asylum application which can be done by the asylum seeker themselves, or with the aid of a legal representative. They are then considered officially asylum seekers – “a foreigner who has filed an application for asylum in the territory of the Republic of Serbia, and where no final decision has yet been taken”<sup>10</sup>. Afterwards, the Asylum Office conducts the first asylum hearing. The duration of the decision process is three months but can be extended to up to nine months. In total, the maximum duration of the asylum procedure should be no longer than one year, but the practice shows that it can last significantly longer. If the asylum seeker receives a negative decision, an appeal can be filed to the Asylum Commission. If that is rejected, an appeal can be submitted to the Administrative Court. The final instance for appeal is the Constitutional Court<sup>11</sup>.

# Bosnia and Herzegovina

## Introduction and status quo

Bosnia and Herzegovina is one of the poorest countries in South-Eastern Europe. The GDP per capita was 5,703 USD in 2018<sup>12</sup> and 15% of the population lived below the poverty line in 2017<sup>13</sup>. BiH is characterised by a complex constitutional framework. It consists of two entities and one district – the Federation of Bosnia and Herzegovina (FBiH), Republika Srpska (RS) and Brčko District. The entity of FBiH consists of ten cantons, each with its own Government and Parliamentary Body, while the RS is a centralised entity.

Due to this complex structure, the management of the refugee crisis, starting from 2018, has been characterised by a lack of coordination and cooperation between the various levels of Government, and by challenges in decision making between the national and local levels. The situation is aggravated by the persistent opposition of the authorities of RS and a few cantons of the FBiH to hosting migrants. Therefore, all asylum and refugee facilities are located on the territory of the FBiH, only the immigration detention centre is in East Sarajevo (RS).

It is estimated (according to the data of SFA) that around 90,000 migrants have entered BiH since 2018, almost all of them intending to move on elsewhere. Initially, the priority was on establishing camps, so-called Temporary Reception Centres (TRC), getting people off the streets and accommodating them in collective shelters where they would have access to food, sanitation facilities etc. The provision of Psychological First Aid (PFA), especially to those remaining outside of TRCs, is mostly not happening. The existing system of support lacks resources to ensure all in need of MHPSS are identified and assisted.

## Asylum procedure in BiH

Most people on the move consider BiH a transit country. In 2021, only 167 individual asylum claims were registered, and the numbers have been decreasing constantly in the last years. Most asylum seekers in 2021 came from Turkey, Afghanistan and Iran<sup>14</sup>.

<sup>12</sup> International Monetary Fund, 2019

<sup>13</sup> World Bank, 2019

<sup>14</sup> <https://www.unhcr.org/bosnia-and-herzegovina.html>, accessed 02.10.2022

<sup>15</sup> <https://help.unhcr.org/bosniaandherzegovina/applying-for-asylum/>, accessed 02.10.2022

Applying for asylum in BiH is a process that consists of a series of steps<sup>15</sup>. The first step is the expression of intent to seek asylum which can happen directly at the first contact with the Border Police or with the Service for Foreigners' Affairs. The latter will issue an "Attestation of Expressed Intent to Seek Asylum" (also known as the 'white paper') that is valid for up to 14 days. If people do not have a registered address in private accommodation, they stay at reception centres near Sarajevo or in Una-Sana Cantons.

The second step is the first registration interview with the Asylum Sector of the Ministry of Security. After filling in the asylum application form for formal submission, the Ministry will issue an Asylum-Seeker's Card (the 'yellow card') that is valid for three months.

The third step is the second interview with the Sector for Asylum of the Ministry of Security that will determine the refugee status within a period ranging from six to 18 months.

# “Knowledge map” Germany

## Introduction and status quo

Germany is the only country worldwide with a constitutional guaranteed right of asylum which was implemented after World War II. The number of asylum seekers remained low for many years but rose significantly at the beginning of the 90s due to the fall of the Iron Curtain and wars, e.g., in former Yugoslavia. An amendment to the Constitution in 1993 and the introduction of strict asylum regulations resulted in declining asylum applications. Since 2000 laws slowly improved for asylum seekers: a more secure status was introduced after four years of residence for those under 21 or for the completion of vocational training. Asylum seekers also received better financial support. Since 2015, when a large number of refugees arrived in Germany, asylum laws were tightened again, with regard to financial support, housing, family reunification, and deportation.

Asylum seekers are distributed throughout Germany and are obliged to live first in reception centres with communal catering and then in hostels. Most hostels have security staff, communal rooms, shared bathrooms and kitchens. There are special accommodation centres for (single) women and their children, while single men are housed together with families. Social workers from NGOs provide social counselling, but the services are mostly understaffed and without official interpreters. German language courses are only available for asylum seekers from certain countries who have a high probability of gaining long-term residence. Unaccompanied minors get special accommodation in the youth welfare system and are taken care of by educational staff. Asylum seekers receive only 80% of the standard welfare allowance which is considered to be the minimum amount to live a “reasonable” life in Germany. Access to health and social care for refugees and asylum seekers is regulated by the Asylum Seekers Benefits Act (AsylbLG). The type of care provided depends on a person’s legal status and how long they have continuously been living in Germany. Asylum seekers who have been living in Germany *less than* 18 months and persons without legal residence status are only entitled to medical care in cases of acute illness and persistent pain. Further benefits might be granted on a discretionary basis. Treatment of psychological problems is often not financed.

After 18 months, asylum seekers receive a health insurance card which facilitates access to health care, but the public health system does not usually include interpreters. It was also largely because of the lack of interpreters that NGOs founded psycho-social centres offering psycho-therapy and social counselling with professional interpreters for traumatised asylum seekers and refugees. Today there are 47 such centres throughout Germany.

Between February and May 2022, 802,500 refugees from Ukraine were registered in Germany. 84% of them were women.<sup>16</sup> They were granted residence for three years with the right to work without going through the asylum procedure. However, education, adequate housing and integration remain challenges.

### Asylum procedure in Germany

In 2021, 148,233 persons applied for asylum in Germany. The vast majority came from Syria (37%), followed by Afghanistan (15.7%), Iraq (10.5%) and Turkey (4.8%). 63.1% of the applicants received the right to stay. In the first half of 2022 there were 97,249 applications for asylum, around 20% more than in the first half of 2021.

In their first interview, asylum seekers are questioned about their travel route, as well as about fingerprints taken and asylum applications made in transit countries, as the officials want to determine which country within the Dublin III-System<sup>17</sup> is in charge of the asylum procedure: In 2021 Germany sent 42,300 Dublin requests to other EU member states. In that year 2,700 persons were deported from Germany into another EU country and 4,300 persons were sent from other European countries to Germany.<sup>18</sup>

In their second interview (“Anhörung”) at the Federal Office for Migration (“Bundesamt für Migration und Flüchtlinge”) asylum seekers must state in detail the reasons why they left their country and why they cannot return to their country of origin. In case of a rejection it is possible to appeal at an administrative court within two weeks.

For more detailed information, please also see the flowchart ‘stages of the German Asylum procedure’ in the appendix.

<sup>16</sup> <https://mediendienst-integration.de/english/facts-figures.html>

<sup>17</sup> For further information, please see: [https://home-affairs.ec.europa.eu/policies/migration-and-asylum\\_en](https://home-affairs.ec.europa.eu/policies/migration-and-asylum_en)

<sup>18</sup> <https://mediendienst-integration.de/migration/flucht-asyl/abschiebungen.html>

# Bridging the contexts between transit and receiving countries – insights into the work of practitioners

“I can tell you how much it costs to go on ‘the game’”, said the young man, using the term which everyone, including officials, use to describe trying to cross the border into the EU. “We have to find 200 € each time. We have done it once and we will go again. The whole hope in our life is that we will make it – and we will!” His eyes were shining with hope. He was maybe 20 years old and travelling with his young wife. We were visiting a group activity in a well organised reception centre in BiH, and we were repeatedly asked about the situation for refugees in Germany. Soon the main topic was how to get there and what they could expect from life in Germany. It became clear to us that whatever we said about the problems they might face in Germany we would not stop them from trying “the game” because that was the hope they were living for. A journalist in another centre in Serbia expressed it this way: “You know that there is no way that I can go back to Afghanistan in the current situation. I've seen my best colleague and friend being killed in front of me. I have to go on to a place where I can find a way to support my family at home. That is the least I can do. I cannot give up.”

Those examples clearly show the differences of the contexts we work in, but it also shows that we have to use our professional skills and approaches in different ways when we talk about documentation of violence and care or rehabilitation for survivors. Psychosocial work aims to support and empower the clients. In theory, this unifies the professional field, and one might expect the work to be the same everywhere – however, there are still differences when it comes to working in transit and in destination countries, such as the role of International Organisations and international funding, the function and immediate purpose of documentation of violence and the importance of diagnosis, influenced by the client’s goals with regard to permanent residence.

Hence, during our exchanges, we asked what practitioners in both contexts should know about the practical differences in the daily work of the other and how cooperation and exchange could be used to enhance psychosocial support. Without any ambition to capture the entire complexity of the picture, we want to shed light on the realities of work from our different angles.

### **A perspective from Bosnia and Herzegovina**

Many migrants and refugees stranded in BiH have been travelling often for years and have left their homes seeking a better life. The journey itself is almost always a stressful and unpredictable experience, and it mostly starts after previous experiences with different forms of insecurity and often violence. People on the move trying to reach the EU are often returned from Croatia or Slovenia several times, but they do not give up and remain determined to try again. All this creates additional pressure and insecurity for most migrants and only those with strong self-confidence remain calm enough to focus on continuing the journey. Of course, staying outdoors, in makeshift camps, forests or ruins, without any hygienic facilities, without health care, food and clothing, significantly affects the health of migrants, including their mental health. This often results in an increased level of anxiety, but also in an increased level of aggression.

On their journey to and through BiH towards the Croatian border, many minors of both sexes as well as women will have suffered various kinds of violence and violations of human rights. Women and girls – especially when travelling alone or unaccompanied – face higher risks of gender-based violence (GBV), while male minors often face physical violence. In general, women travelling alone or with children, pregnant and lactating women, adolescent girls, and UASC are the most exposed to risks concerning their health and safety. Those risks, in combination with a lack of access to the health system in BiH, have a negative effect on their mental health and social well-being. So far, the issue of GBV has not been prioritised by the BiH authorities in dealing with people on the move. Unfortunately, women and girls who have experienced GBV do not get the necessary support and protection from their families or surroundings. In many cases they are left alone, they do not report these crimes and, hence, cannot get the support they need: basic protection, psychosocial support, referrals to shelter and reproductive health care, as well as free legal services and information about human rights and gender equality.

## A perspective from Serbia

Providing psychosocial support in transit countries should not be much different from providing it in the countries of destination since the main goal, which is the wellbeing of the client, is the same. We approach our clients in the context of their needs and the period of their stay in Serbia. The identification of their specific needs affects how those needs will be addressed, on which level and how we will succeed in responding to them. Sometimes this kind of approach might also be the harder way because it could happen that clients are more likely to say that they will work on some issues when they reach their destination, even though it may be obvious that some interventions are necessary during transit. Also, addressing a specific need might be challenging with regard to the resources needed to respond to it. It may mean that you will need to involve some other relevant stakeholders and that you will need more time to resolve the issue. And you might not have that time. And it happens that all of the resources you have used are left without any compensation or sense of purpose when clients decide to leave, sometimes even without notice because they do not have much time to think when the smuggler contacts them. Yet it is not always the case, and we do also get information about the departure of our clients, and we hear their responses even after we stop working directly with them. But, from this perspective, we could say that this is one of the most challenging issues in the transit context – the result of one’s work disappears, and that increases the uncertainty of the process and directly affects the helper’s motivation.

The fact that clients are more likely to say that they will work on some issue when they reach the country of destination very often means they lack motivation since their focus is on their goal, which is to continue their journey, rather than on themselves and their internal processes. That often gives them a strong sense of hopelessness and uncertainty, as well as unrealistic expectations of the services that will be provided for them in the country of destination, but also while they are in Serbia. This leads our clients to be passive, unable to take any action to change their state or to do something for their situation, so that they are usually just the recipients of various forms of support and assistance.

Applying that to everyday life, e.g., enrolling children in the educational system, solving some health issues, psychological counselling, etc., each of these steps requires the involvement of not only one, but many other services (schools, health institutions, social welfare institutions, etc.). Meanwhile, after a short period of time, maybe in a few days, it often happens that they leave, and it becomes difficult to get to some further goals and to have a sense of accomplishment.

That is why, regarding the “transit” context of our work, we look for our accomplishment through the achieving of some smaller and concrete goals that have a sense for our clients, but also ourselves. Because if we start thinking like our clients – “Anyway they will leave soon” – then we will find ourselves in the same position as our clients – hopeless and avoiding responsibility for our actions. From this position we cannot be useful to anyone, neither our clients nor ourselves.

## A case example from Serbia

We remember one family with whom we worked with at the beginning of our professional career in migration. We worked with them for a few months on different issues they had. This family came from Afghanistan and consisted of parents and two daughters, 7 and 13. It was really challenging for the parents to let them into school, and they were quite anxious about how other children would accept them, especially the older daughter, who was a teenager, where they had difficulties accepting that she would have boys in the class. The parents were putting a lot of pressure on her, and we tried to ease that pressure and reassure them and explain the context and how schools in Serbia function. We were regularly in contact, especially after the girls started school and it was noticeable that everything was going well. That lasted for two months. One day we agreed with the parents that we would accompany the older girl to school, which we already did from time to time in order to do the follow-up and to get the information about the girl’s impressions. In a conversation we had that day, the girl shared that she could “finally feel like a normal teenager”, that she liked the school where she had a few friends. She was also really proud of how her friends noticed that she speaks English very well, so before she knew any Serbian, they

had found their own model of communication – she was helping them to learn English, and they were helping her with Serbian. She seemed very satisfied. Her phone rang as we were approaching the school, and after she finished the conversation, she started crying. Her father had told her that the people-smuggler had called, and that they needed to leave as soon as possible. She was really upset and anxious, and said that she would stay here, that she does not want to leave, and that she hates the fact that nobody asks her if she wants to move, not even if she wanted to leave Afghanistan. She had a sense that things were finally becoming normal for her, and she did not want to leave. We spent some time together, until she calmed a bit. We remember, there was nothing to say, she only needed to accept the fact that she had no power in making these kinds of decisions and to deal somehow with her feeling of hopelessness. This unpredictability is something that affects the clients as well as the professionals in the transit context.

Today, this girl lives in Germany, she is a good student in high school, and she likes her life there. We hope it will stay like that and that she will not have to move anymore.

THIS EXAMPLE WAS SHARED BY OLIVERA BOJOVIĆ AND GORDANA VUKAŠIN,  
GROUP 484, SERBIA

This example shows us a different side of the medal we wear as helpers who are working in the transit context, a side that is not always bright; but it also shows children and their needs in this context. These are needs that are not answered adequately and that depend on adults who manage their lives. We would say that teenagers are most vulnerable because they can see what is going on, they have quite a good understanding of the whole picture, but most of the time they are not asked for their opinion and are not provided with enough information from their parents.

Looking from this angle, the bridges between the psychosocial support in receiving and transit countries can be found in the relations that we create and in a specific model of work that is adjusted to the person we

work with. We try to see our clients – not only their problem – and we try to support their needs, avoiding assumptions as to how long they will stay. If what we can achieve during transit can then be continued in the countries they choose for their destination, then we have indeed achieved something.

19  
Keilson, H. Sequential  
Traumatization in  
Children. Jerusalem:  
Magnes Press, Hebrew  
University, 1992.

20  
Also see GIZ (2018):  
Guidance Framework  
for MHPSS in Devel-  
opment Cooperation  
(available online:  
<https://www.giz.de/de/downloads/giz2022-en-Guiding-Framework-MHPSS.pdf>)

### Overcoming the dichotomy in the perception of separate transit and receiving contexts

Clinical diagnoses in the context of complex and systemic violence quickly reach their limits and show the need for a more political understanding of trauma and psychosocial burden. Trauma needs to be understood as a chronological sequence of phases, as opposed to focusing on a single incident of violence, so that traumatisation is seen as a long-term process and multi-layered experience. In this regard, Hans Keilson's model of sequential traumatisation<sup>19</sup> has become a well-established concept in assessing the relevance of different phases in processes of flight and forced displacement<sup>20</sup>. By distinguishing between different phases, from the beginning of persecution and displacement to flight, transition, and ending up with traumatisation possibly becoming chronic, the model sheds light on the fact that trauma does not lie solely in the past but is also shaped by the current societal, political and support context. In this sense, it also emphasises the responsibility of societies and support actors in transit as well as receiving contexts and places them on a continuum of factors that shape the need and wellbeing of affected people.

During our exchanges, it became clear that being in a transit context and being in a country of destination are not two hermetically sealed stages in the life journey of refugee survivors – and that it is important to grasp the interconnectedness of the two contexts more precisely. The experiences the clients have in the transit context impact their wellbeing and their perspectives even if they reach their destination – while that destination will have been the orientation point for their hopes, ambitions, and behaviour while in transit. How is this reflected in the direct work with clients?

### A case example from Germany

Navid (name changed) was an unaccompanied minor and had been in Germany for five months. He was accommodated in a reception centre for UASC. His goal was to come to Germany to work here so he could support his mother, who had a serious heart condition. Her medical care in his country of origin was very expensive, and her condition was deteriorating.

Navid came to Germany via the Balkan route. His parents paid a smuggling network by giving part of their land to a trafficker. In Serbia, he was taken to a camp near the border. He attempted to cross the border several times but failed on every occasion. He reported that the traffickers organised almost everything in the camp and had a lot to say there. Some even had their own huts. One morning he was picked up by a trafficker. He was told to call his parents to send money, but they had no further money. Navid was taken to a hut in the forest where he was badly mistreated. He was told to call his parents again. When there was another negative response, he was locked in a hole in the ground. There he squatted for a very long time. He was allowed out once a day but was given only water and bread and forced to call his parents again and again. After a few days, he was told that his mother had died. That was a big shock for Navid, but he was alert enough to take advantage of the men's discussion and was able to escape from his captivity.

He arrived in Belgrade and was taken to a reception centre with other young people. At this point, he had no contact with his family anymore, because his cell phone remained with the traffickers. After a few days, a man approached him, saying that Navid owed money to a trafficker and that he had a photo of him and knew his name. In great fear, Navid left the camp during the night and had to flee again. He joined a questionable man who offered to help him to get further. His motives were evidently ignoble. Navid would not talk about the encounter with this man during our counselling sessions. He only reported that he did not care about anything the man said or did to him, because his mother was dead anyway and he was mentally tired at this point. In our sessions, Navid expressed great

fear of being in the dark, he trusts no one and grieves very much for his mother. He blames himself for her death and says that the process of fleeing has broken him. His family does not understand him. They say he is now in Germany and has a good life. The only positive contact he has now is his cousin who lives in the Western part of Germany and shares a similar past.

THIS EXAMPLE WAS SHARED BY SABINE HANCKE, LICHTPUNKT, HAMBURG

The tragic case of Navid sheds light on the necessity to understand the challenges people face in the transit context. The main traumatic events affecting him did not happen at his place of origin, but during the flight. Knowledge of the support structures – including the exploitative and violent dynamics established by smugglers – can strengthen the base for the psychosocial support offered in Germany, e.g., by helping clients to put their individual story into a broader perspective of severe human rights abuses, placing also a focus on responsibilities on actors that had more power than the client at a given moment. This is especially relevant in the case of UASC.

Knowledge about the structural injustice that clients faced before coming to Germany might also deepen the understanding of their efforts to keep up their hopes and ambitions amidst adversity – and to act with compassion when these hopes are shattered even after achieving the alleged goal of arriving in Germany.

### A case from Bosnia and Herzegovina

N.N., 26 years old, is a migrant from Pakistan currently resident in a camp in Bosnia. In conversations with the World Vision (WV) staff, he often looks back on all the hardships in his life and his escape from Pakistan, with the goal of a better and worthy life, regardless of his religious and national affiliation. As a Catholic, he explains sadly that being a follower of Christ in the officially Islamic state of Pakistan means a life full of uncertainty: *“Such is the case with us Christians in the Islamic Republic of Pakistan who are in constant fear of false accusations, persecution, imprisonment and even death. Frequent accusations of insulting Islamic holy places and blasphemy are often*

*accompanied by threats of the death penalty, and the elimination and displacement of Christians leads many to hide and leave the country.”*

As in a conversation with WV N.N. says that seven Catholic families lived in his place of birth, and they went through what he called, referring to the place in which Jesus was crucified, “Calvary” and oppression every day. He did hard physical work on the farms, but he wasn’t paid enough and was unable to meet his household’s and family’s needs. When he lost his brother, who was killed by the local Muslim population for fishing in the local river, NN firmly decided to leave Pakistan.

This is where the difficult path to a better life began. He officially became a migrant. He found a smuggler who brought him to Iran in five days, on foot, because it was a much safer way to hide, not realising that the smuggler would become more and more cruel as the journey went on. The journey through Iran to Turkey took another forty days, also on foot, and there were smugglers and local criminals to be paid for their “wholehearted help”. In all the suffering and difficulty of the journey, what kept him alert and focused was the fact that one day he would be able to help his family – his father, mother, six brothers and four sisters, who remained at home worrying about his fate.

He spent one year in Turkey. He found a job as a tailor and received training in a Turkish company which offered him the opportunity to earn money and learn a trade at the same time which could be useful to him in the future. Once he felt mentally and physically ready, he started his journey from Turkey to Greece, where he arrived after fifteen days, crossing the border on the first attempt. He spent some time in Athens doing illegal jobs in local markets and shops. After six months, he left Greece and arrived in Serbia via North Macedonia, where he stayed for about two months, collecting information from other more experienced migrants about safe passages. With the help of smugglers, he arrived in Bosnia, in a reception centre, and officially became an asylum seeker. The reason for seeking

asylum in Bosnia was for him primarily the friendliness of the people and the beautiful environment and natural surroundings. He is now staying in the camp and waiting for information about the asylum procedure, but he misses his family a lot. He misses the food his mother prepared. He realises that other migrants also miss the smell of their home kitchen. In the camp's kitchen, together with several other migrants, he has started cooking his own meals. The outdoor kitchen soon became a place where people gather and socialise, and N.N. has become well-known among the other migrants.

N.N. is grateful for the support he receives at the camp and is happy to finally be able to rest, but he is still far from his goal of creating a good life for himself and his family.

THIS EXAMPLE WAS SHARED BY JOVANKA BAJRAMOVIĆ, WORLD VISION, BIH

This case shows us that the main driver, the hope for a better life which allows one to provide for one’s family, is often perceived as depending on being in a different (national) environment. Even though he has found some rest, due to the support structures in BiH, his ambitions lie elsewhere, where he thinks he has better chances of prosperity. This case reminds us that each person’s ambitions and hopes are their own and that support structures should focus on improving their wellbeing to whatever extent possible. This extent is shaped by the person’s willingness to assist in the process. Knowledge about the asylum system in the countries of destination can help support staff in the transit context to share more realistic information. The focus should be on helping to make an informed and self-owned decision.

# What keeps us going – a personal portrayal by practitioners

Professionals working in the field of psychosocial support for refugee survivors of human rights violations are faced with a variety of structural, ethical and political challenges – making their field of work very demanding and difficult to navigate. We therefore asked some of our authors to outline what actually led them to become active in this field and what keeps them motivated, proud and ready to keep going despite the hardship. Their answers reveal a very personal level of their engagement in the field.



## A PERSONAL PERSPECTIVE FROM GERMANY

### Why do I do this work and which role does my personal background play?

I have been working at XENION for 20 years now. Every five years I check myself whether I still want and am able to continue this work.

The trigger for working at XENION was my studies in intercultural education in Oldenburg. I did my internship in a refugee reception centre and at the same time I was involved in an anti-racist initiative. Working in a Psychosocial Centre is basically the continuation of my politically activist and professional social work.

I am Bio-German<sup>21</sup> and there is no flight or migration history in my family. The Second World War divided my family. My paternal grandfather was in the SS and survived the war without consequences, my maternal grandfather was a communist and died early on the Eastern Front. Talking about war and politics was taboo in our family.

The suffering that Germany brought upon many people in both world wars, and the political role that Germany is currently assigned in EU policy, force us to take a stand. The policy of military insulation of the EU's external border is a war against refugees. 1,301 people have already died fleeing across the Mediterranean in 2022. Since 2014, more than 24,650 refugees have drowned in the Mediterranean.

### What keeps me going despite the hardship?

XENION is committed to the guidelines of the Psychosocial Centres,

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Bio-German is a term used to describe the absence of a migration background in a person's family history at least dating back some generations in Germany.

which provide a framework for the implementation of the human rights approach in psychosocial work with refugees. It combines legal assistance during the asylum procedure, psychiatric/psychotherapeutic support, documentation of torture, recognition of the suffering experienced in the country of origin and during the flight, as well as support for a “smoother arrival” into German society. This also implies the need to sensitise German society to the situation of refugees.

There are few organisations that offer this holistic care approach to concrete support for refugees. The Psychosocial Centres have a clear human rights mandate, i.e. to take a partisan stand on the side of the refugees, through lobbying, exerting political influence on legislation, and supporting refugees. Having such a clear code of values in my work that I can personally identify with gives me orientation and support in my everyday challenges. Transnational networking helps me to regularly rethink and reflect on my own attitude with regard to the Eurocentric focus of our work.

The complexity and liveliness of this field of work is what makes it so appealing: I never stop learning due to the close interdisciplinary cooperation with psychiatrists, psychotherapists, social workers and lawyers. The combination of client-centred work in a dynamic organisational and political environment keeps me fit and challenges me to continuously develop my understanding of historical and social events.

### **What does “success” mean for me in my work?**

From my point of view, success is a term that exists more in individual case work: It can mean obtaining a residence permit, successfully reuniting a family, giving people the courage to face life, showing them ways to think about a future and trying to create a perspective for themselves, etc.

But working with refugees is not only about “success” in individual cases – it is about helping to shape a society in which people of different nationalities – my friends and I – want to live as equals. This can be fun, but it takes a lot of patience, creativity and strength.

BY DOROTHEE BRUCH, XENION BERLIN, GERMANY



## A PERSONAL PERSPECTIVE FROM SERBIA

### **Why do I do this work and which role does my personal background play?**

I have worked at this job for seven years now. During my studies in social work I did a lot of voluntary work in different non-governmental organisations, mostly working with children, and that is how I started my first job as a facilitator for workshops with children. From that time till now, I have been working in the field of direct support for refugees, but in different roles, as I have been promoted a few times. Although I do not have personal refugee experience, there are different personal reasons I am still working in this field, and I would say that the curiosity I have about different cultures is one of them, maybe even the main one.

### **What keeps me going despite the hardship?**

I think the main thing that keeps me going is the people I work with and the responsibilities I have to them. I deeply understand the needs that our clients have, and I know how support provided to them is important for them.

### **What does “success” mean for me in my work?**

Success for me is any service provided to my clients that my clients recognize as beneficial for them. Anybody who works with people knows that it is hard to say what success is, because for every person it is different- sometimes success is to provide medical help when there is no none in the asylum centre, sometimes success is school integration, sometimes it is psychological counselling that was helpful for clients.

BY OLIVERA BOJOVIĆ, GROUP 484, SERBIA



## PERSONAL PERSPECTIVE FROM BIH

### **Why do I do this work and which role does my personal background play?**

I came to World Vision accidentally. On the last day of application, I applied for the role of Logistics Officer, because I already had a lot of

experience in that field. I was second on the list. They called me and asked me if I would accept a different position for a short-term contract of three months. All that happened seven years ago. Since the beginning of my journey with World Vision I have had the opportunity to discover how many people still are internally displaced, how many live in really bad conditions – even for Bosnia – and need help in all aspects of their life. That takes me back to my early teenage years; the war in Bosnia started when I was 14 and I found myself a refugee in a foreign country. I remember the faces of people waiting in lines in front of the Red Cross to receive aid, food, clothes, pencils for school and notebooks with UN logos. I was so proud because I was the only boy in the class who had a blue notebook. I remember what that aid meant to me and my mom. We did not have money to buy anything, but someone was helping us. It is also important to mention that in the 90s there were no active support systems as there are now, but those people who were there gave their best to understand us and provide support. This and some other memories drive me to help others, in the ways which are available at the moment. Sometimes I find myself thinking that maybe it's time to find some other job, but I am still here. For how long I do not know, but until my last day I will do my best to provide support to those who need it.

### **What keeps me going despite the hardship?**

World Vision and most of its core values (we value people, we are partners, we are stewards, we are committed to the poor, we are responsive), as well as my colleagues who are always near and ready to listen to the problems we share, are some of the reasons why I do what I do. World Vision gives me an opportunity to learn and practice new skills, most of which you can use in a world different from the one which is present in camps. Yes, sometimes all of us say it's enough: I am giving all of my best and I need a break, but one phone call changes everything. We find strength to go above and beyond for the sake of our beneficiaries.

### **What does “success” mean for me in my work?**

It's difficult to say what success is in our job as humanitarian workers. One of my colleagues said, every night when I come home, I have in mind that my work has put a smile on someone's face today. I know that I work well. Every day is a story. Sometimes you meet 3 years old children and

when you can see hope in their eyes, smiles on their faces, and they run to you just to give you a high five or small hug, at that moment I am sure that I do the right job.

BY DARKO ARSENOVSKI, WORLD VISION, BIH

# Focus topics: Good practices and recommendations

## 1 — Establishing and developing supportive professional networks

Working in networks, exchanging ideas with colleagues – no one will doubt that these are useful and helpful components of effective work in any field. If you look back at the development of psychosocial centres for refugees and victims of torture in Germany over the last three to four decades, it was obvious for those of us involved in the 80s and 90s that there was little knowledge of how to provide help and support. The fact that the very process of surviving life-threatening situations can lead to mental disorders had only been discussed in a small circle of specialists. It was not until the adoption of ICD 10 by the WHO in 1990 that “post-traumatic stress disorder” was recognised as a diagnosis.

However, from the start it was clear to us that adequate psychosocial care goes far beyond psychotherapeutic treatment of PTSD and must reflect the social and political situation of the refugees much more comprehensively. The exchange among colleagues, and the lessons we learn from each other, were and are essential; without this constant and intensive exchange of experience and knowledge, we would not be where we are today: a movement that is qualified to take a well-founded position on the questions of psychosocial care for refugees and is increasingly being heard in public and in the world of politics. We have learned not only from each other on a national scale, but also internationally – from our South and Central American colleagues in the early years, for example, or more recently in exchange with centres throughout Europe.

This exchange of experience must continue – especially because we are constantly confronted with new external conditions. We can only do our work meaningfully if, in addition to the individual situation of our clients and their personal history of persecution, we include in our work the social and political situation, including the human rights situation, in their countries of origin, in the countries through which they have fled, and in their countries of exile. We have to align our concepts accordingly. “Nobody can treat trauma alone” – the psychiatrist and trauma researcher Judith Herman coined this sentence to point out the impor-

tance of peer reflection for the effective individual treatment of traumatised people. But it can be applied just as well to the situation of the organisations and their employees who work in the psychosocial care of refugees: without national and international cooperation and reflection and the joint further development of concepts and ideas we cannot meaningfully meet the challenges we face in this area of work. This is the sense in which the project “Sharing Knowledge and Practices” was designed. We exchanged ideas for “good practice”. We learned a lot about the social and political circumstances in each other’s countries – and this was all the more relevant as the refugees in the Western Balkans (mostly) want to go to Germany, and many of the refugees in Germany have spent time in the Western Balkans.

*“When I look back on our meetings now, a good eight months after the start of the project – online and in person in Germany, Serbia, and Bosnia-Herzegovina – I am convinced that we have learned a lot from each other. Beyond the transfer of knowledge, which will hopefully be continued and deepened, however, I have taken something else with me, which I feel is very important: the meetings with colleagues from other countries have strengthened my own commitment to my work. I was very impressed to learn under what challenging conditions they stand up for the interests of the refugees and by their tenacity in doing so.”*

— BARBARA WOLFF, FATRA, GERMANY

We all work in an area where “successes” are rare and difficult to measure, or even to recognize. The fact that our work is nevertheless necessary and meaningful sometimes threatens to be lost from sight. To experience the fact that colleagues in other countries are committed to helping people who have to leave their homeland and have to face so many obstacles and adversities in search of a new better life helps us to continue with a sense of solidarity across borders.

To find out what the other participants thought about the importance of transnational exchange and networking, we sent out a questionnaire<sup>22</sup>. The large majority of respondents felt that it was important to meet colleagues from other countries, and especially to do so face-to-face and not just digitally. They learnt a lot and were inspired by their

<sup>22</sup> Details of the survey can be found on the BAF website at [www.baff-zentren.org/projekte/sharing-knowledge-and-practices/](http://www.baff-zentren.org/projekte/sharing-knowledge-and-practices/)

colleagues, and also felt that the meetings helped them deal better with the challenges they faced themselves. They wanted such meetings to continue, but they also felt that networks for knowledge transfer as well as for the prevention of professional burnout should be set up on a more permanent basis.

For future projects of this kind, these findings and impressions should be taken into account. It is not only important to increase knowledge about other projects. Ensuring a learning environment of solidarity through learning with and from each other is surely a helpful means of self-care and it helps those that work in this difficult field to keep their motivation.

## 2 — Interdisciplinary documentation of human rights violations and torture of people on the move

During this exchange it soon became clear that documentation of violence does not only reflect different contexts but also depends on those contexts. Is there a political willingness to listen to the refugees? What effect might it have on decision makers? What purpose does it serve within the legal system?

The examples given in the previous chapter “Bridging the contexts between the transit and receiving countries – insights into the work of practitioners” show this rather clearly but they also show that we have to use our professional skills and approaches in a different way when we talk about documentation of violence in the context of care or rehabilitation for survivors.

The violence which is commonly talked about is quite different in the transit context – which is what Serbia and BiH feels like for most of the refugees – and in arrival countries like Germany. It became clear that in the transit context border violence is the main topic, with injuries after push backs having to be cared for, while in the arrival context all sorts of past violence in home countries and on route is relevant for the asylum

procedure and therefore actively explored by professional caregivers. In addition, violence in reception centres is important to both contexts.

### Use and acceptance of psychological medico-legal documentation within the asylum procedure

German NGOs focus on exploring, understanding, and documenting violence in the context of torture and inhuman treatment. This is important because torture survivors have certain rights under the EU Reception and Procedures Directive in terms of procedures, accommodation, etc. Such evidence may convince officials in charge of asylum decisions that there is a risk of further persecution and so help ensure further protection.

In order to enable refugees to claim their rights, German NGOs recommend an active exploration of the violence experienced and – in case of past torture and severe violence – an interdisciplinary documentation. In the centres in Germany, those professional reports are generally done by qualified psychotherapists and can, if necessary, include a forensic medical examination of torture sequelae as well as a psychological assessment of psychopathological consequences of torture. A psychologically informed process is needed for protection against possible undue stress and the worsening of trauma related processes as well as identifying specific psychotherapeutic or psychosocial needs<sup>23</sup>.

In Germany this kind of psychological or medico-legal documentation can be used in the asylum procedure to give evidence and is often initiated or recommended by the legal representatives of the clients. This documentation is helpful at different stages – it can support the first submission concerning reasons to flee in the interview at the BAMF (Federal Office for Migration and Refugees). Following a rejection, it can be used in court proceedings to support the appeal. And even when proceedings have been legally concluded, new asylum proceedings can be opened with the help of such documentation as new evidence.

In general, two questions are of interest in the documentation:

1. Can the documentation (e.g., according to the Istanbul Protocol)<sup>24</sup> provide evidence that the applicant most likely experienced severe

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T. Baykal, C. Schlar, E. Kapkin (2004): International Training Manual on Psychological Evidence of Torture, HRFT/Ankara. (available online: <http://empathy.ge/wp-content/uploads/2014/12/International-Training-Manual-on-Psychological-Evidence-of-Torture.pdf>, accessed 10.10.2022)

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Istanbul Protocol (available online: <https://www.ohchr.org/sites/default/files/documents/publications/training/8revisen.pdf>)

violence or torture in their country of origin prior to the flight and thus substantiate the reasons for the flight? and/or

2. Does the documentation provide evidence that the applicant is seriously ill (due to the violence experienced) and therefore risks severe danger to life before, during or following a deportation?

It is problematic with regard to the documentation of torture and human rights violations that many applicants do not report these events directly at the initial opportunity, which is during the hearing at the BAMF. This is due to a lack of knowledge concerning the importance of this information. Moreover, procedural guarantees offered by the EU Directives, such as the presence of a trained special hearing officer for survivors of human rights violations, are often not granted and refugees do not know that they even have these rights. Finally, as many survivors are affected by the psychological aftereffects of trauma, they are unable to present these incidents immediately in detail and in an orderly manner.

### How we investigated the subject of documentation while also including care and treatment options for the survivors

In the preparation for our digital workshop it became already clear that the focus would be on human rights violence and how to document it, and if so, with what aim. While some of the participants had detailed knowledge of professional documentation and were happy to exchange different methodologies, others were confronted daily with the stories of their clients while having only few prospects for reparation now or in the near future. To them documentation seemed like a luxury: they live with the stories in their heads and not on paper. The question was: what to do with this knowledge? Whom to address – and could documentation be a part of change? We tried to address the different needs. We shared how documentation is done in Germany and how psychological assessment is done in Serbia – this, by the way, led to a first positive decision in Serbia to take into account the psychological state of an applicant in granting international protection. In mixed group sessions we discussed the options for care and treatment given the different living conditions and mindsets of the clients in transit and arrival contexts as well as the challenges for the carers of having to deal with extreme suffering on a daily basis. The participants found the time spent with participants from

other countries in the mixed groups extremely valuable and expressed surprise how easily they could relate to each other.

### Key learnings

Documentation of violence can have twofold positive effects: Clients feel their suffering is seen by the world, and for helpers this might be a way to externalise the suffering they face on a daily basis. That might also counteract the feeling of some helpers that they are part of the system that denies refugees their rights.

We discussed the extreme violence that refugees are confronted with during transit. It became clear that documentation of severe violence is not only necessary within asylum procedures – but also to document human rights abuse at the borders. How can the established system for documentation of sequelae of torture and severe violence by health professionals within asylum procedures in Germany be a template to establish a system to document such violence at the borders through pushbacks and push-ins? This documentation should indeed be done on a regular basis. It might be very helpful for health professionals to have a short and structured format available.

Furthermore, in the transit context there is also a need to screen for violence in countries of origin and during flight, and possibly also the need for a short documentation of these incidents: These would be helpful evidence for refugees, who could then demand procedural guarantees in the countries of arrival and directly draw attention to the violence they have experienced and its sequelae in the hearings.

These documents should at least contain the information that the person reported severe violence or torture in countries of origin and suffers from psychological and/or medical sequelae, and it should list the main reported symptoms. It should state that the person is therefore a highly vulnerable refugee and should specify special needs concerning asylum procedure and placement.

Since documents can get lost during flight, it has proven useful to additionally send scanned documents to an email address of the refugees,

so that they can access them at any time. This very private information is thereby also protected from access by third parties.

Raising awareness in transit countries about actions which could lead to special procedural guarantees in countries of arrival and could be relevant in the asylum procedure will be a significant way of protecting refugees and their fundamental rights.

### Good practice: Holistic approaches to torture rehabilitation using the Istanbul Protocol (Germany)

#### A practice example by PSZ Düsseldorf

In recent years we have established a regional network structure to support torture survivors. It starts with the identification of those who experienced torture, continues with the documentation of the violence and the sequelae, and then offers rehabilitation.

“Rehabilitation helps victims rebuild their life after torture through a combination of services including medical, psychological, legal and social support. It is a process that recognises the victims’ agency and empowerment and takes into account their individual needs as well as the cultural, social and political background and environment in which they live.”<sup>25</sup>

We are committed to this holistic approach towards documentation and rehabilitation. The network we established consists of rehabilitation centres like ours, forensic institutes at university clinics and a clinic for psychosomatic medicine and psychotherapy. It’s also connected to several other institutions in the region, both state and non-state.

Effective documentation of torture is key to supporting torture survivors in their struggle to gain the right to stay in Germany. We were able to support many asylum seekers with medico-legal reports, using our knowledge of the Istanbul Protocol. We worked together as health professionals, legal advisers and social workers from different institutions, and learnt about our different ways of working.

25  
See IRCT (2017):  
Ensuring torture  
victim’s right to the  
global compact.  
Thematic briefing note.  
(available online:  
<https://www.unhcr.org/5a0ac2a47.pdf>,  
accessed 10.10.22)

This meant us overcoming professional boundaries and made the support more effective. We established a workflow – from first contact, through the support of asylum cases, up until the decision by the authorities; and, as the legal procedures were taking place, we were also focussing on rehabilitation, therapy, and medical needs. Our group has written a guideline for the process which is due to be published in a journal for forensic medicine.

In order to offer rehabilitation, we address psychological and physical problems, whether or not they are the result of torture. In our network we have good structures and capacities for psychological support and therapy, even if the provision of physical treatment (i.e., for orthopaedic, gynaecological, urological problems) is not yet adequate. The issue of living conditions is also very important, and advocacy as well as individual support is needed here. Accommodation is offered without sufficient regard to the needs of torture survivors, people in psychological distress, people suffering from discrimination due to their gender, sexual identity or gender-based violence and other especially vulnerable populations.

### 3 — The importance of staff support and self-care

“A day more in a transit country is a day less in the European Union.” This was a striking statement during the exchange regarding the expectations that determine the working conditions in the so-called transit countries in the West Balkans. It became obvious that it is not possible to talk about staff support and self-care without elaborating on working conditions, individual expectations, and structural dependencies. The countries of the European Union support financially many activities for refugees in Serbia and Bosnia and Herzegovina – not only the accommodation centres, but also the psycho-social counselling. The aims and wishes of the refugees however are completely contrary to what the EU wants. This became evident during a visit to a reception centre in Serbia when we talked to Afghan refugees who had mostly only been there a few weeks, although there were some who had been in the country for

years. When asked, they did not know the requirements for getting a work permit. It became obvious that most refugees are not interested in the working conditions of the transit countries, they do not want to learn the language and do not want to apply for asylum. Their aim is to move on to the European Union, most of them to Germany.

NGO staff in Serbia confirmed that most refugees only stay two to three weeks in the country. In most contexts, it can already be seen as a success when you see a refugee a second time. In a Bosnian reception centre, we were told that families move on in the middle of the night without giving notice. The children sometimes leave goodbye notes underneath the stones next to the office. These reports clearly illustrate the difficulties in working with refugees in a transit country, with limited time available for psychological support. This presents a challenge as to how to define working conditions which will lead to a feeling of success and effectiveness on the part of the professional staff.

In Germany, refugees are mostly motivated to stay and integrate, but are frustrated by unfulfilled expectations, legal restrictions, the fear of deportation and a tedious bureaucracy. Living conditions in the accommodation centres are often devastating, and for most asylum seekers it takes years to achieve a legal entitlement to stay. The feeling of insecurity that most asylum seekers have to face in Germany makes it very difficult to address their psychological problems within a therapy or in social counselling.

As the work with refugees is challenging for professional staff in both transit as well as receiving countries, we reflected on the issues of self-care and staff support in our respective settings: there are some differences, but also many similarities.

**Self-care:** The issue of refugees in society is one which is politically problematic, leading to lack of support both for the refugees and for the institutions which care for them. Funding for NGOs is usually project-based and thus unstable, putting pressure on staff working there. Apart from the refugee-related challenges, the pace of work life in general has become very fast, technology has speeded things up and

Corona restrictions since 2020, with home working or restrictive rules on such opportunities to meet as office lunch, have led to less recreational exchange among team members. Additionally, since March 2022, the war in Ukraine with its millions of refugees has become a new stressor on both a personal and professional level, both in Germany and in the West Balkan countries.

**Staff support:** The management and the structures of the NGOs play a major role in the well-being of their staff. Luckily most institutions working with severely traumatised persons nowadays are aware that action needs to be taken to promote the well-being of their staff. Most important – but as we found out not so easily put into reality – are well-defined role descriptions for every staff member (what are my tasks? what am I in charge of?), a clear structure of leadership including accountability and responsibility and finally a culture of recognition and appreciation.

### **How we investigated self-care and staff-care in this project**

At our digital workshop on the topic, we did not focus on theories on self-care but explored how it is achieved practically in our organisations and by us personally. Most of the participants were not only aware of recent literature but have held workshops on the subject themselves – but still we all know how difficult it is to “practice what we preach”. And we all know paradoxically that the staff members with the most dedication and commitment are most at risk of losing sight of their own limits and of working themselves to exhaustion. Most of us consider ourselves to be very committed to this work and have chosen it consciously. Even though we know we are at risk, we easily lose sight of the need to do something about it in time.

The aim of this web seminar was to get into practical exchange as fast as possible and we did this by choosing a self-awareness exercise that would help us reflect on how we deal with stress situations and tell us something about our own self-care management. Each participant was asked to reflect on whether energy input and energy output were balanced or not. Examples for stressors were problems with clients, problems with working conditions (laws, finances, etc.), problems with colleagues or employers, Corona restrictions, the war in Ukraine, as well

as private problems. Participants suggested that factors which might lead to a gain in energy might be the gratitude of clients, the significance of the task, success in work, appreciation shown by colleagues and employer, private hobbies, enough sleep, family and friends or new experiences.

We discussed why and when we exploit ourselves, how often it happens, how we notice when it happens and what we need to define our boundaries. We agreed that there were both internal factors (ability to recognize one’s needs; to take a step back; to pause; to take a day off; structure in daily life; separation of working life and private life) and external factors (a trustful and confidential atmosphere and time to reflect on stressful situations; a supportive environment; discussions and agreements regarding boundaries within the team and acceptance of boundaries by the management; colleagues that care and support; supervision; personal therapy; older staff members and management as good role models).

### **How to clarify expectations, tasks and boundaries**

Many methods were described, for example, some people introduced a rule that it was not allowed to talk about work during lunch, in order to have “a real break”. Another participant argued that expectations regarding working attitudes were often implicit within an organisation. His team had introduced “anti-rules” that were written down and hung up on the wall to release pressure from every team member, for example: Weakness is allowed. We do not have to save everybody. We are allowed to say “no”.

### **Key learning**

The exchange with colleagues from other organisations working with refugees in different countries brings new perspectives on the topics of self-care and staff support, helps to reflect one's own work and motivates to implement good practice examples.

Several NGOS that participated in the exchange programme combine research projects and psychological/psychosocial interventions. The research usually focuses on the needs of the asylum seekers or the effi-

ciency of interventions. It would be interesting to reflect what effect this combination has on the work of the professionals regarding the measuring of success and effectiveness and whether this is again related to the topics of self-care and staff support.

### Good practice: How to include and protect volunteers through professional coordinators (Germany)

#### A practice example by Xenion Berlin

Volunteers especially need clear boundaries because practice shows that they easily overload themselves and as a result feel frustrated and disengage. Professional guidance and coordination can provide a stable framework and takes the form of a written contract at XENION's Network for volunteers. In this contract, the exact definition of their task is stated (e.g., support in learning the German language), a concrete day and a certain time period is agreed on and stated. The contract is valid for six months and can be prolonged if required. Furthermore, the contact details of the responsible social worker and the psychotherapist are noted, so that relevant issues can be raised with the professional staff. For all questions related to the volunteer programme a coordinator is responsible who introduces the volunteers to the programme, organises monthly meetings as well as a training and an excursion per year. As the topics of concern are clearly divided between the persons involved in a case, responsibilities are clear and as a result the collaboration with the volunteers is very successful. This network for volunteers is at the same time an important bridge for the refugees to the local communities and towards inclusion in society.

## 4 — Psychosocial support in the context of human rights violations

There is a wide spectrum of successful instruments, structures and methods at hand that has proved fruitful when it comes to supporting clients on their difficult journey of psychosocial wellbeing and mental health. By sharing these skills, they can be a source of inspiration, moti-

vation, and creativity for others. Where do we see the key issues that we need to address in our work? What lessons did we learn? Which initiatives did we start which proved successful? These and more questions accompany the following “success stories” of different organisations.

### SPOTLIGHT I: Government and civil society cooperation

#### Good practice: Identifying and addressing special needs for protection (Germany)

##### A practice example by XENION: History of a long but successful struggle

BNS: Berliner Netzwerk zur Feststellung der besonderen Schutzbedürftigkeit geflüchteter Menschen / Berlin Network for the Identification of Special Vulnerability among Refugees: <https://bns.berlin/en/>.

XENION is one of the co-founders of the Berlin Network (BNS), which is the result of a more than five-year struggle to implement the EU Reception Directive in Berlin.

##### What are we doing in the BNS Network?

We are counselling refugees who have recently arrived and have already been registered in Berlin. We determine their vulnerability in a clearing process involving social workers, psychologists, and psychiatrists, we document it, and we give recommendations on what the client needs. If necessary, we try to link our clients to other social services. We also provide training to staff at shelters, teachers, and other social workers on trauma-sensitive work, the asylum procedure, and the complex German health care system. Another task is political lobbying, bringing issues from our clients to the local government and administration. We aim to work closely and collaboratively within the system and thereby minimise gaps in supporting newcomers and asylum seekers. The organisations in the BNS are committed to people who, according to section 21 of the EU Reception Directive 2013/33/EU, are considered people

with special needs. Our consultations, which are free, are available in several languages.

### **How did we get there?**

The EU Reception Directive guideline provided a legal framework for the need to identify vulnerable refugees such as victims of torture and human rights abuse in order to be able to ensure their rights and the provision of their special needs, but not much had been done to implement measures by the administration. So, it was up to the NGOs to set up structures. In 2003 we started with three other counselling centres to negotiate with the government and other NGOs on a federal level to come up with procedures for systematically identifying vulnerable groups and their specific needs.

It took several years for local and national governments to recognise the need for early identification. Finally, in 2007, the network was officially acknowledged as a specialist network for the identification of the special need for protection for refugees and it received funds from the Berlin Senate. The network consists of seven centres with different specialities, for example, housing issues, minors, handicapped groups, LGBTQI, psychosocial needs and psychological or psychiatric disorders. The integration of an expert centre for human trafficking is planned.

### **Good practice: Building up trust and protection for victims of human trafficking (BiH)**

#### **A practice example by World Vision Bosnia and Herzegovina**

World Vision is the first organisation in Bosnia and Herzegovina to identify and help protect victims and prosecute criminals when it comes to human trafficking. All World Vision employees have had training in identifying potential victims of trafficking through regular activities and this was, in fact, the first and the most important step. Once they identified victims, they followed the steps of the referral mechanism by helping police conduct interviews with them, building a relationship of trust to establish their confidence in the system.

Guardians, psychologists and cultural mediators provided support throughout the process, so that the victims were finally placed in safe houses, and the perpetrators of these crimes were arrested and prosecuted.

There have been five such cases so far in 2022. Three of them are still in the safe house. Two left the safe house and returned to the camp after a failed attempt to cross the border. They asked for help because they started receiving threats over the phone, and they were placed in the safe house once again. After a couple of days, they disappeared from the safe house and we have had no contact with them since.

### **Good practice: Building up effective national MHPSS services (Serbia)**

#### **A practice example by Psychosocial Innovation Network (PIN)**

A coordination mechanism in Serbia called “The Working Group for protection and improvement of mental health of refugees, asylum seekers and migrants” was established in 2019 in collaboration between a civil society organisation (PIN), a state institution (Serbian Commissariat for Refugees and Migration) and an international agency (World Health Organisation). The Working Group gathers representatives from state bodies, international agencies, and Civil Society Organisations (CSOs) who meet on a bimonthly level and coordinate the provision of mental health and psychosocial support services to refugees. After more than two years of successful work, the Working Group was adopted as an official coordination mechanism by the Serbian Ministry of Health in 2022. The Working Group has continued to be an effective national mechanism for coordinating mental health and psychosocial support services, bringing together all relevant actors and facilitating cooperation and sustainable planning of services.

Aspiring to expand the network of actors working in the field of refugee mental health, PIN founded the Consortium on Refugees’

and Migrants' Mental Health (CoReMH) in 2020 with the goal of improving mental health practices and policies for refugees, asylum seekers and migrants in the transit context. CoReMH gathers experts in mental health protection of refugees who are working throughout South East Europe and focuses its work on identifying and addressing prominent issues in mental health protection for refugees through capacity building, evidence-based practice, research and advocacy work.

## **SPOTLIGHT II: Multidisciplinary approaches to protection and care for children and adolescents on the move and in exile**

### **Good practice: Trainings on trauma-informed parenting (Germany)**

#### **A practice example by Refugio Munich**

In psychotherapy with traumatised people, therapists noticed that many parents needed more support with the upbringing of their children. This had two main reasons. Firstly, due to traumatisation the parents might lose patience more easily or else they might not have the energy to focus on the needs of their children. Secondly, being brought up in a different cultural setting, there was a lack of knowledge about the values and the education system in Germany. Refugio Munich adapted an existing parents' training programme to the intercultural background of the clients. The parents' training is taught by a native from the relevant cultural background in the mother tongue and is offered in a group or in an individual setting (for families with many young children who cannot participate in a group). An important teaching element is learning to oscillate between the different cultures: What does it mean to be a good parent in my home country? What does it mean to be a good parent in Germany? What does the school expect from parents in my home country? What does the school expect from parents in Germany?

#### **The training includes the following:**

- Integration (the concept of education and upbringing in comparison with the mother country, information about the school system, expectations of the kindergarten and school towards the parents)
- Pedagogical topics (media education, child development, ideas for leisure time, values in intercultural comparison)
- Communication (dealing with acute conflicts and chronic problems)
- Bonding (to give attention and praise correctly, to set limits in a loving way)
- Knowledge about traumatisation of children (bedwetting, nightmares, etc.)

The parents' training has become very successful; it is offered in 30 different languages, not only for refugees, but also migrant families. It is financed by the Munich city government.

### **Good practice: Multidisciplinary approaches to child protection (BiH)**

#### **Practice example by World Vision Bosnia and Herzegovina**

##### **Legal guardianships and educational continuity for children on the move**

Unaccompanied and separated children are provided with legal guardians by World Vision while they are still in reception centres. Through the guardianship system, children are provided with 24/7 care; guardians take care of their needs or refer them to partnering organisations if necessary.

Although the right to education is a basic children's right, migrant children in Bosnia and Herzegovina couldn't exercise that right until two years ago. In order to provide these vulnerable children with continuity of education, acquisition of work habits, learning and basic life skills, informal education was organised at the reception centres. Workshops in Bosnian and English, mathematics and cre-

ative activities were held to develop children's imagination. The workshops included four basic mathematical operations: addition, subtraction, multiplication and division. Mathematics as a science has a great influence on the cognitive development of children, developing their logical thinking and is considered food for the brain.

With support from the cantonal Ministry for Education, formal education was organised in two public schools. About 250 children have already been included in formal education, but very few have managed to stay for more than two months due to the short period for which families stay in reception centres. Regardless of the length of stay, we insist that children receive formal education. High school children, especially unaccompanied children, had already been provided with two cycles of two-month vocational training at a local high school where 50 children were trained for the professions of hairdresser and chef.

### **Multidisciplinary approaches to identifying unaccompanied and separated children (UASC)**

An example of good practice is the multidisciplinary team consisting of a psychologist, a social worker, and a cultural mediator. The task of this team is to determine whether migrants are members of one family or not when they arrive at a camp, and also to determine whether they are children or adults. This is very important, because further action depends on these issues. It is often possible to detect children accompanied by unrelated adults and this can help prevent human trafficking.

Several sets of questions have been developed. The questions have to be regularly changed because it was noticed after a few months that the migrants share the questions they were asked with those following them. After determining family status, the MD team makes a recommendation to the Service for Foreigners, which acts in accordance with these recommendations<sup>26</sup>.

**26** More detailed information can be found in the Protocol on treatment of unaccompanied and separated children (UASC) in reception centre Ušivak that can be provided by World Vision Bosnia and Herzegovina: [wvi.org/bosnia-and-herzegovina](http://wvi.org/bosnia-and-herzegovina)

## **SPOTLIGHT III: Creation of safety in the context of vulnerability, insecurity, discrimination and isolation**

### **Good practice: Empowering young people to create collective safe spaces (Serbia)**

#### **A practice example by Group 484**

A member from an NGO in Serbia reported about a workshop they held with young refugees who arrived as unaccompanied minors, during which they realised that the youngsters had faced many risky and dangerous situations on their way to Serbia: communication with smugglers, sleeping in the woods, moving with a lot of people who they were not familiar with. Hence the NGO decided to make the feeling of security into a topic. As the youngsters were aged 15-17, they assumed that it would be difficult for them to listen to any instructions by NGO staff who had not also gone through those experiences. The best counsellors for these topics would be the youngsters themselves. A workshop was designed in which a facilitator would only moderate, but the youngsters themselves would share the situations that felt risky, situations that made them feel insecure and/or scared, whom they would trust on the way and whom they would not trust. What advice would they give to others in the same situations? At the end of the workshop the facilitator summarised the answers and asked them about other security issues that might not have been mentioned so far. This workshop was important for two reasons. The youngsters could learn from the others' experiences and the workshop provided a safe space to reflect on the dangerous situations. The sharing of experiences would bring psychological relief to the youngsters without them even realising. In a classic psychological group setting most youngsters would probably not have opened up that easily to this topic, but in the workshop, it put them into the position of being able to help others with their knowledge and experience.

Listening to the youngsters explain how they managed to take care of themselves, stay secure and survive, the focus would shift from the threats and problems to the strengths and resources that the

youngsters bring with them. The ability to contribute to a change of perspective in their clients is also an important skill to help professional staff to stay healthy and motivated at work.

### **Good practice: “Common Threads” as a culturally sensitive approach to social connection and emotional security (BiH)**

#### **A practice example by Žene sa Une**

Our best practice activity is our trauma recovery programme “Common Threads”. The activities are intended for refugees and migrants who need psychological recovery and social integration. The project is inspired by ancient cultural practices and validated neuroscientific research. In many cultures, when people face unspeakable difficulties, they meet together to share their experiences and support each other. The project uses a model of working that is a combination of trauma therapy, psycho-social education, and mind and body exercises. The project aims to connect migrants and refugees and restore their lost trust and security. People in a state of trauma caused by displacement and long journeys long to be understood, and verbal expression is often not enough if there are language barriers. Depicting their story graphically on clothes or other material allows them to weave their story at their own pace and initiative. By using this nonverbal method to process traumatic memories, they gain a sense of emotional security and are allowed to discuss experiences at a time when they are ready for them. This also becomes an opportunity for them to express their needs and to be referred to professional support services. The expression on fabric differs from traditional psychotherapy in that sewing is perceived as safe, familiar, and non-threatening. It is concrete, tangible, and has positive, reparative associations. Sometimes it evokes images of the mother or other family members and their protective, nurturing qualities. It therefore provides the optimal context for processing the emotions that people feel when they are most vulnerable. On the other hand, and very importantly, working in groups compensates for social isolation, feelings of betrayal and lack of trust, and provides an opportunity for voices to be heard outside their immediate environment. As migrants and refugees often suffer from intense anxiety and look

for ways to calm their nervous system that has been functioning at high alert for a long time, textile expression is a very acceptable way for them to reduce their tension, because sewing is a very natural and pleasant way to reduce stress.

In addition, the creation of textiles and life stories in this way contributes to the affirmation of refugees' cultural identity. Many communities have a long tradition of sewing and embroidery with special techniques and styles unique to their culture. Preserving these traditions is also an important element, which gains added significance in situations of displacement.

### **Good practice: E-counselling platform as a tool for improvement of mental health of refugees and migrants (Serbia)**

#### **A practice example by the Centre for Population Policies and Sustainable Development (CPPSD)**

During the COVID-19 pandemic in Serbia, the need for online mental health care services increased, especially for underserved individuals such as refugee women and girls', who need rapid professional advice and referral to relevant state institutions. Among the challenges that we faced in the provision of mental health services in reception centres were the limited time we had for work with refugees and migrants, the lack of private space for individual counselling sessions, people moving from one camp to another, and language barriers. During the lockdown, reception centres were closed for visits. CPPSD developed an e-counselling platform that enabled, free of charge, medical, psychological, legal and peer counselling, information sharing, and referral to relevant institutions. The platform uses two-way interactive audio-video technology to connect beneficiaries when a live, face-to-face interaction is necessary, available on a mobile or computer. The platform enabled remote mental health assessment, live remote mental health counselling, remote monitoring of the beneficiary, and data collection and evaluation. Through a system of scheduling sessions as well as emergency online conversations, the E-counselling platform enabled quick, accurate, and professional expert advice and support. Beneficiaries were able to choose channels for counselling sessions such as Skype,

Zoom, Viber or WhatsApp. The service was also provided via phone for clients who did not have an internet connection. Translators are available for all clients (with their agreement). The e-counselling platform enables the decentralisation of services, with access to specialised services regardless of location; availability, with care when and where is needed; and affordability, with reduced travel time and expenses. It also provided privacy and the opportunity for refugees to report cases of violence to our counsellors and to receive support if they wanted to proceed further with the case.

# Recommendations / Conclusions for an effective transfer into practice

During this exchange we were able to observe an **increasing need for efficient formats for transnational exchange**. People were very eager to share their experience and to hear the experience of others. While it was very surprising how well the web-seminars functioned as an exchange tool and how easy it was to work together in nationally mixed groups, it was very obvious that nothing can replace personal meetings.

- We recommend international exchanges as a tool for knowledge transfer and ongoing professional learning but also as a space for recreation of one's own capacity for empathy, as a means of burn-out prophylaxis, self-care, and a space for thinking "out of the box".
- We recommend well designed field-based preparation sessions involving all partners followed by focused web-seminars in combination with personal meetings in the different countries in order to learn from each other, while also experiencing the social and political context.
- We emphasise the importance of transnational exchanges to mutually work on a joint understanding of multi-modal, holistic approaches in the care for refugee survivors of human rights violations.

More specifically, **deepened transnational exchange is particularly important on specific topics** in order to generate differentiated perspectives for mutual learning and real understanding. Although all the participants were working in the field of psychosocial care and could to a great extent share the same theories it became clear that the different working conditions and immediate goals of their clients demanded rather different approaches in care and treatment.

- We recommend further international exchange on best practices and the role of identification of the need for special protection.
- We recommend the further development of orientation guidelines specifically designed for social workers who do not work in therapeutic settings but have the most regular and in-depth contact with vulnerable potentially traumatised people.
- We recommend an exchange on how to reach and how to create options to provide psychosocial care to people outside the official camp systems.

### **Transnational synergies regarding the documentation of violence need to be further assessed from transit and receiving contexts**

- We strongly recommend raising awareness in transit countries about actions which could lead to special procedural guarantees in countries of arrival and that could be relevant in the asylum procedure. This will be a significant way of protecting refugees and their fundamental rights.
- We recommend the development of an easy tool to document human rights violations – including do's and don'ts – for care personnel (including social workers or volunteers).
- We recommend a field-based evaluation to produce proposals for action. Such an evaluation process should include those who are actually working in the field and not just be an academic exercise.
- We emphasise that pushbacks and push-ins go hand in hand with human rights violations and need to be documented and addressed publicly.

### **Multimodal and sustainable structures allowing for professional peer support and context related approach to care and rehabilitation**

- We recommend the issues of trauma, the identification of vulnerabilities and the consequences for care and/or treatment are looked at in a more differentiated way between the transit and arrival countries. Specifically, we question the purpose of identifying vulnerabilities or violence and trauma related problems if the process does not put the needs of the survivors first, so that identification is followed by a need assessment and a care and treatment plan or by facilities for offering the relevant services.
- We recommend a multimodal team with a human rights focus including social workers, psychologists, psychotherapists, and lawyers, with good access to a local or national and international network.
- We emphasize the importance of a more nuanced understanding of rehabilitation of survivors of human rights violations and torture. Rehabilitation measures and goals need to be sensitive to the context in which clients find themselves.

Many psychosocial care staff are likely to find it difficult to join in transnational exchange. Funding insecurity is a problem in all the countries involved but in very different ways. External and political pressure in the environment we work in, marginalisation of our clients and our high workload, plus the feeling of being overwhelmed, can however be counterbalanced by a good functioning team.

- We recommend a focus on staff support and self-care in all exchange programmes amongst practitioners in order to foster sustainable peer support across national borders.
- We recommend international exchange as an important aid to assessing the transnational background of clients, but also – as we have learned in this exchange – to provide a learning platform for personal growth and self-care.

# Participating organisations

in alphabetical order

## BAfF – German Association of Psychosocial Centres for Refugees and Victims of Torture



The Federal Association of Psychosocial Centres for Refugees and Torture Victims (BAfF) is the umbrella organisation of treatment centres for victims of human rights violations and political persecution in Germany. We promote networking and cooperation, in Germany and internationally, between actors and organisations which provide psychosocial support to survivors of human rights violations. In doing so, we strengthen the capacities of NGOs using a human rights approach.

There are currently 47 psychosocial centres in the BAfF that are committed to the medical, psychotherapeutic, and psychosocial care and rehabilitation of victims of torture and other serious violations of human rights. The BAfF represents the general concerns of the treatment centres at the local, regional, nationwide, and international level vis-à-vis the public and political decision-makers. With this lobbying, we also try to achieve legal improvements in living conditions for refugees and argue for the increasing need for treatment in psychosocial centres. In addition, we develop ethical and professional standards for the appropriate treatment of traumatised refugees.

CONTACT: [info@baff-zentren.org](mailto:info@baff-zentren.org)

## Centre for population policies and sustainable development (CPPSD)



Founded in 2002, the Center for Population Policies and Sustainable Development (CPPSD)<sup>27</sup> aims to improve the quality of life of individuals by providing and campaigning for Sexual and Reproductive Health and Rights through advocacy and services, especially for poor and vulnerable people.

<sup>27</sup> The organisation was recently renamed from "SRH – Serbian Association for Sexual and Reproductive Health and Rights"

We are committed to working in partnership with communities, governments and other organisations and donors towards the achievement of social, educational and reproductive rights, as well as the improvement of services on local and national levels. As part of the international environment, CPPSD is also devoted to the aligning of national legislation with international documents ratified by our country. CPPSD is a Member Association of the International Planned Parenthood Federation (IPPF.org), the largest globally connected network in the sphere of reproductive health and rights.

CPPSD, as a leading non-governmental organisation (NGO) in the field of reproductive health and rights, social rights and education has, in over 14 years, initiated and launched various long-lasting programmes of preventive, educational and social activities, and has ensured access to a wide spectrum of services, some of them running for 10 years now, including outreach activities for young people in general, refugees, migrants, returnees and persons with disabilities. We have also enabled peer education in schools, among Roma social and educational mediators, and Roma young women. We have carried out numerous advocacy programmes in both international and domestic frameworks, while giving special attention to networking among NGOs working on the same or similar topics.

CPPSD's offices are in Belgrade and our activities are run by a Programme and Administrative staff as well as an Executive director. Our work is overseen by an Executive Board, composed of five devoted individuals, eager to get involved in the sphere of human rights with respect to reproductive rights and freedoms. The ultimate decision-making body is the General Assembly, which meets once a year and is composed of members of the organisation and volunteers who contribute to the overall performance of our organisation.

CONTACT: [contactus@srh.rs](mailto:contactus@srh.rs)

## FATRA Frankfurt



FATRA e.V. (Frankfurter Arbeitskreis Trauma und Exil – Frankfurt Working Group on Trauma and Exile) was founded as an independent, charitable organisation in 1994 to provide psycho-social and mental health services for traumatised refugees in Frankfurt am Main, Germany. Our refugee clients are adults, families, adolescents and unaccompanied minor refugees of different ethnic, religious, political backgrounds and sexual orientation. Our staff is multidisciplinary and multi-ethnic, consisting of a psychotherapist for children and youth and a psychological psychotherapist for adults, psychologists (most of them in training to become psychotherapists or psychoanalysts), sociologists, social workers, an art therapist as well as an administrator. There are ten employees, all part time, one regular weekly freelancer as well as interpreters and psychiatrists as freelancers on demand.

As we are a rather small organisation, we put a lot of emphasis on networking, not only to provide tailored support for individual refugees, but also to improve access to the standard health care system for refugees. That is why we founded a treatment network almost 20 years ago to motivate psychotherapists and psychiatrists who work in their own practices or in hospitals to provide treatment for refugees, if necessary, using interpreters. FATRA for its part supports the therapists by advising them if there are problems in dealing with the requirements of the asylum procedures, and by organising regular training events, including a room for intercollegiate exchange. In this way, we have been able to increase our own reception capacities, as we can refer people who need long-term therapy. But it also has the positive effect that more people learn about the fate of the refugees and get involved in their concerns. However, there are still many structural obstacles to accessing the standard health care system.

CONTACT: [info@fatra-ev.de](mailto:info@fatra-ev.de)



## Group 484

Group 484 is a non-governmental organisation founded in 1995 with the aim of supporting the self-organisation of 484 refugee families who had found refuge in Serbia after fleeing Krajina and the Croatian Army's "Operation Storm". Group 484's founder was Jelena Šantić, a prima ballerina, a writer and a humanist who was awarded the Pax Christi International Annual Peace Prize in 1996. The organisation developed under Jelena's leadership until her premature death in 2000. In the following years, the organisation kept developing, always in line with the basic intention and ideals of Jelena Šantić. Group 484's vision remains a "world of equal opportunities for people to realise their rights and potentials, wherever they wish to do so, living their ethical and cultural diversities", and its mission is to "jointly with refugees, local population, particularly with the youth – in cooperation with organisations and individuals of similar values – build a society where differences and the rights of all are respected; operating in Serbia and in South-East Europe". Currently Group 484 has three programmes – the Programme of Direct Support; We and the Others, a programme for intercultural education; and The Centre for Migration (CEMI), a programme that focuses on research, monitoring, and education in the field of migration.

The Programme of Direct Support provides psychosocial, educational, and integrative support to migrants and asylum seekers in reception and asylum centres across our country. We strive to provide them with encouragement and support in coping with the difficulties they have brought with them and in embracing the new life circumstances they find themselves in. We introduce them to the rights and obligations they have in Serbia regarding their specific position and status and explain the social and cultural context of the local environment. The Programme also supports the development of resources for the provision of social and communal services in towns that receive migrants and asylum seekers. In addition, through financial and mentoring support of other organisations, we seek to strengthen and expand the network

of support for both migrants and refugees, as well as for representatives of local communities.

Although in the early years most of our activities were focused on direct humanitarian assistance to refugees and displaced persons from the former Yugoslavia, even then we started developing comprehensive support for integration into local communities. Over time, the activities of Group 484 have been given a strategic framework. We are increasingly starting to insist on the developmental character of our activities, with particular emphasis on issues such as the development of social housing and support for employment and social entrepreneurship.

While the focus of our work has been on supporting migrants and asylum seekers, including strong support for the inclusion of children in local schools, equally important for us is our support for local communities involved in their care. This has involved a variety of psychosocial, educational, recreational, and integrative activities, as well as the renovation and equipping of kindergartens and schools, health centres and hospitals, and other major local institutions and facilities.

Over the last five years, projects from the Programme of Direct Support have been implemented in Bogovađa, Belgrade, Preševo, Vranje, Šid, Dimitrograd, Subotica, Sombor, Sremska Mitrovica, Sjenica, Obrenovac, Bosilegrad, and in North Macedonia.

CONTACT: [office@grupa484.org.rs](mailto:office@grupa484.org.rs)



Lichtpunkt

## Lichtpunkt Hamburg

The non-profit association Lichtpunkt | Trauma Therapy and Psychosocial Centre, was founded in 2018 by a committed circle of friends who were all therapists and who joined forces to counteract the gap in the supply of long-term psychotherapy in Hamburg, especially for adult traumatised refugees. In February 2019, we were able to open our psychosocial centre Lichtpunkt near Altona train station, in the middle of

one of the most diverse and culturally colourful districts of Hamburg. Lichtpunkt is a member of the nationwide Association of Psychosocial Centers for Refugees and Torture Victims (BAfF e.V.) and a member of the welfare services network Paritätischer Wohlfahrtsverband e.V.

In our Centre we help in a culturally sensitive, mindful, and respectful way to help people out of their traumatic paralysis and to activate them for everyday life in Germany. We provide high-quality and consistent trauma therapy, psychosocial support for traumatised asylum seekers who are in special need of protection. In the future, we also intend to provide psychiatric care. In this way, we make an important contribution to the realisation of the human right to health, because asylum seekers are still clearly disadvantaged in terms of access to health and psychosocial care in Germany.

Our centre's approach is multimodal and holistic. This is because a comprehensive approach is required to provide traumatised refugees in urgent need of treatment with pathways to recovery and back to a self-determined and fear-free life. Different professional orientations of our psychotherapists enable us to offer a wide range of therapies.

We work with different psychotherapeutic approaches such as behavioural therapy, psychodynamic therapy, Gestalt therapy, systemic therapy and client-centred psychotherapy.

The core of our work is culturally sensitive trauma treatment. With the individual needs of our target group, our therapists can address a variety of needs. If necessary, we also offer family therapy, as two of our therapists are systemic family therapists and another is a child and adolescent therapist. In trauma-focused therapy, techniques such as EMDR, TRIMB, Somatic Experience, screen technique or ego-state therapy are used. We work together with specialised, experienced translators who have knowledge of the structure and experience in the therapy setting, so that they interpret in a trauma-sensitive way and have an understanding of the therapy process. Interpreters are not only language mediators for us, they are often also cultural mediators and an important, trust-building part of the therapy or counselling.

#### **Funding:**

- 18% Public funds
- 82% Private donations

**Our services currently include** psychological counselling and stabilisation for adult refugees, psychotherapy and trauma therapy for adults, person-centred play therapy for children and adolescents, social work and social counselling, therapy groups and comprehensive care together with steady network partners.

#### **Staff Members:**

- 3 Social Workers (part time)
- 6 Psychotherapists (4 part time, 2 freelance)
- 1 Managing Director (the only full-time post)
- 1 Financial Manager (part time 50%)
- 1 Office Manager (part time 50%)

CONTACT: [info@lichtpunkt.org](mailto:info@lichtpunkt.org)



#### **Psychosocial Innovation Network (PIN)**

PIN – Psychosocial Innovation Network – is a non-governmental, non-political, and non-profit organisation working in Serbia. PIN was founded in 2015 with the goal of gathering psychologists engaged in research as well as in provision of direct services, to form a team of experts to work together on the development and implementation of comprehensive and evidence-based models of psychosocial support. The aim is to engage beneficiaries, service providers, local communities, and policy makers in the creation of systemic and sustainable solutions for mental health protection.

#### **PIN's main activities are divided into four programme areas:**

- 1) Provision of direct mental health and psychosocial support;
- 2) Research;
- 3) Advocacy;
- 4) Capacity building

#### **PIN currently employs a total of 13 staff members:**

- 1 director that works alongside an advisory board (financial supervisor, financial manager and programme manager)
- 2 members of the administration and finance team
- 5 senior psychologists / project coordinators
- 4 psychologists

PIN is recognised as one of the leading actors in this field in Serbia. As a partner of UNHCR, IOM, UNFPA, EU, OXFAM, IRC, DFID and Kahane foundation, PIN has been providing culturally sensitive psychological support and counselling in asylum/reception centres and shelters for unaccompanied minors (UAMs), acting as a focal point for multisectoral collaboration in the mental health protection of refugees. PIN, in collaboration with CSOs and the Asylum Office, regularly conducts psychological assessment for the asylum procedure. This has led to a first positive decision on granting international protection in Serbia taking into account the psychological state of the applicant. Since 2016, PIN has been conducting annual research on the mental health of refugees in Serbia, following trends as well as risk and protective factors for psychological vulnerability and resilience.

Over the past year, PIN has been engaged in developing community-based psychosocial support programmes for vulnerable groups in eight local communities in Serbia. Based on research of needs and available support services on the local level, PIN has developed three programmes of psychosocial support – support programmes for youth, elderly persons, and persons in crisis. The programmes were delivered in local communities by local service providers over the course of five months. PIN's goal is to advocate for sustainable delivery of the programmes in local communities all over the country and raise awareness on the importance of community-based support available to all.

CONTACT: [office@psychosocialinnovation.net](mailto:office@psychosocialinnovation.net)

## PSZ Düsseldorf



Psychosoziales Zentrum für Flüchtlinge Düsseldorf e.V. (engl. PSC Düsseldorf) is a non-governmental, non-profit organisation. It's a member of the regional welfare provider of the German Protestant Church, Diakonisches Werk Rheinland-Westfalen-Lippe. PSC Düsseldorf was established in the summer of 1986 at the initiative of refugee consultants, clergymen, and volunteer workers with a view to improving care for mentally and psychologically disturbed refugees in the Düsseldorf catchment area. It started with 3 full time workers, now it has 27 full time workers and several freelancers, volunteers and cooperation partners.

The work of PSC Düsseldorf is financed by federal, state and local government funding, through project subsidies from the EU, the UN and various foundations and private donations, membership contributions and collections. PSC is also a recognised sponsor of youth welfare of the municipality of Düsseldorf.

PSC Düsseldorf orients its work for refugees towards healing, rehabilitation and social security and welfare for members of vulnerable groups with a special need for protection: people who have experienced torture, rape or some other severe form of mental, physical or sexual violence, underage refugees (whether accompanied or unaccompanied), single parents, and refugees with complex mental and psychological disorders.

Special attention is given in this regard to the living situation of members of minorities at high risk of being exposed to experiences of discrimination (e.g., members of the LGBTQI community, people facing racist discrimination, members of communities particularly subject to discrimination, such as Roma and Yazidis). The services offered by PSC are directed primarily at vulnerable refugees with an uncertain residence status in Germany, with little knowledge of German or English, and with a first or second language which is not frequently encountered in Germany.

CONTACT: [info@psz-duesseldorf.de](mailto:info@psz-duesseldorf.de)

## Refugio Munich



As a response to a lack of adequate treatment facilities at a time when many refugees were arriving in Munich traumatised by war, persecution, and torture, Refugio Munich was founded in 1994 as a counselling and treatment centre. In the beginning it was mostly refugees from Bosnia who were being treated.

### Our areas of involvement:

- psychotherapy and social counselling for children, youngsters, and adults (individual psychotherapy and group therapy)
- early psychiatric diagnosis and social counselling in reception centres
- first psychological aid for refugees from Ukraine
- psychiatric reports for the asylum procedure
- migration counselling
- parents' training in more than 30 languages
- art groups for children and youngsters
- advanced training for professionals
- research

“Initiative für Flüchtlinge-Refugio Munich e.V.” (Initiative for Refugees) is the charitable organisation which runs Refugio Munich. Its main location is Munich and there are branch offices in Augsburg (2 employees) and Landshut (7 employees). Altogether Refugio Munich has 75 employees, 125 freelancers and around 60 volunteers.

The “Förderverein Refugio Munich e.V.” is a friends' association which raises funds and advertises our work; the charitable foundation “ChancenReich” collects money for our long-term financing.

CONTACT: [info@refugio-muenchen.de](mailto:info@refugio-muenchen.de)

World Vision has been in Bosnia and Herzegovina (BiH) since 1994, implementing relief, development and advocacy for the well-being of children and their families, especially the most vulnerable. World Vision works in more than 35 municipalities in both entities of Bosnia and Herzegovina. It also operates in six Area Development Programmes (ADPs) encompassing 19 municipalities. Supported by World Vision Taiwan and World Vision Korea, each ADP focuses on a distinct geographical area and partners local stakeholders to improve the well-being of children. When Bosnia and Herzegovina was hit by record-breaking floods in May 2014, World Vision responded within 24 hours, expanding its scope from its ADPs to 11 neighbouring municipalities.

Since 2015, through a range of targeted interventions, WV has actively responded to the migrant crisis in the Western Balkans and raised awareness about protection and mental health of the migrant population and especially of UASCs. Through WV's comprehensive Migrant Response Programme, implemented from December 2018 to October 2022, more than 40,000 migrants, refugees and asylum seekers benefited from Child Friendly Spaces, Mother and Baby Units, 24/7 provision for UASC, informal education, sport/recreational activities and occupational therapy.

World Vision currently employs 95 full time staff in four offices across the country: Sarajevo, Banja Luka, Zenica and Tuzla, and in the reception centres in Blažuj, Ušivak and Borići.

### **WV BiH Response Programme**

The migrant crisis in Bosnia and Herzegovina began in 2018 with the emergence of an increasing number of migrants in towns. The first reception centre was opened near Mostar. World Vision, with the support of UNICEF, has launched the Child Friendly Space for children aged 5 to 15 and the Mother and Baby Unit for mothers and babies aged 0 to 4. In 2019, with the opening of Camp Ušivak, World Vision provided legal

guardians for unaccompanied children. Since then, World Vision has expanded its activities to all camps in Bosnia and Herzegovina, and our approaches have changed over time in order to respond to the needs of migrants in the most efficient way. All our projects are funded by GIZ, World Vision Germany and UNICEF.

Since the beginning of the new migrants' route through BiH, WV has been actively involved through the first assessment conducted in Bosnia and Herzegovina in March 2018 in order to support elementary Child Protection. 93,341 arrivals were recorded before the end of May 2022, with numbers still rising.

WV implements various projects funded by different donors, but mental and psychological support runs through all projects as the backbone of all our interventions.

During the implementation of the project "Enhancing identification and resilience of (potential) victims of trafficking in persons in the Western Balkans" in partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), World Vision developed work models that include activities that contribute to improving the mental health of reception centre beneficiaries.

### **World Vision Mental health and Psychosocial approach is:**

- Comprehensive and far reaching: utilising a wide range of interventions tailored to address specific needs of vulnerable individuals and groups, such as children and unaccompanied children, mothers and families with children, adults.
- Multilevel: utilising a wide range of interventions targeting individual, group and community levels
- Synergy driven: designed to achieve best results while working through well planned, mutually upgrading interventions within World Vision International's MHPSS programme
- Partnership based: mobilising and optimising a wide range of partnerships with INGOs, NGOs and state institutions mandated with assistance to the migrant population in BiH and the Region.

**The Mental Health and Psycho-Social Support Model consists of different activities that each has an impact on mental health**

- 1 Info desk and referral of individual cases to existing service providers
- 2 Sports/creative/social/musical activities
- 3 IT and language courses
- 4 Occupational therapy (like sewing and gardening)

CONTACT INFORMATION IS AVAILABLE ONLINE:  
[www.wvi.org/bosnia-and-herzegovina](http://www.wvi.org/bosnia-and-herzegovina)



**XENION**

Psychosoziale Hilfen für  
politisch Verfolgte e.V.

**XENION Berlin**

XENION is a member of Germany's nation-wide umbrella organisation for psychosocial centers for refugees and victims of torture, BAfF.

We offer a safe space of protection to victims of torture, war, and other serious violations of human rights as well as their families. We provide them with professional psychosocial and psychotherapeutic counselling (for both adults and children). XENION aims at filling the gap between mental health and human rights.

**Clinical psychological treatment and psychotherapy:**

**(7 psychotherapists, 1 psychiatric doctor for adults, 3 psychotherapists for minors, and 1 psychiatrist for minors)**

Our psychotherapists provide crisis intervention, as well as short and long-term psychotherapy (both in individual as well as group settings). Furthermore, XENION writes clinical medical reports as needed for the Federal Office for Migration and Refugees (BAMF) and the courts.

**Psychosocial work (5 social workers)**

We offer individual social and legal counselling, training & workshops,

empowerment groups, both in our offices and in refugee accommodation.

We provide information concerning the asylum procedure in Germany, including preparing our clients for the asylum interview. Depending on the individual's needs we will also work together with lawyers. XENION is able to leverage its network with other specialist counselling centres to support our clients throughout the whole process, i.e., getting in contact with the immigration office, the Federal Office of Migration and Refugees (BAMF), or other stakeholders who are a crucial part of the asylum process.

**Mentoring & Guardianship, volunteer programme (15 staff members)**

Since 2004 volunteers are trained by our staff to support refugees in daily life (how to find a language course, etc.). There's also a specialised programme (established in 2004) for volunteers who take legal responsibility for unaccompanied minors.

**Working with translators**

Without translators, we could never do this kind of work. XENION has 2 coordinators for translation issues, we offer training for over 22 translators who are currently collaborating with XENION on a regular basis. XENION's main client groups are refugees from Iraq, Afghanistan, Syria, Turkey as well as several African countries.

In 2021 XENION supported more than 520 newcomers/asylum seekers with psychosocial support. Of these fewer than 200 were able to benefit from XENION's psychotherapy service due to high demand and limited staff capacity. The main psychological themes XENION's psychotherapists support are PTSD, depression, anxiety, suicidality, psychosis, psychosomatic and somatic disorders.

**Funding:**

- 22% District funds
- 4% Federal funds
- 45% State funds
- Rest: private funding donations

Nearly all of our clients are asylum seekers who have recently arrived in Germany and are unlikely to receive residency rights. At least half of them are “Dublin cases” who, according to EU rules, should be deported to the EU country in which they registered on arriving in the EU on their way to Germany.

XENION aims at providing holistic support for its clients through providing (psycho-)social, psychotherapeutic and psychiatric services, making the situation as straightforward as possible at a time when clients are experiencing immense stress and uncertainty.

This entails seeing their situation as a whole: biography, family background, experiences during their escape, current residency status, psychological and somatic disease, etc. Our aim is that XENION's clients get the support they need to feel as safe and secure as possible while ensuring they receive clinical and social support to improve their wellbeing.

Holistic treatment for us at XENION also means political work, such as lobbying. We do this through statements for umbrella organisations, public relations efforts, and support of public campaigns. Additionally, XENION is a member of different associations on regional and state-wide levels.

CONTACT: [info@xenion.org](mailto:info@xenion.org)



## Žene sa Une

Žene sa Une was established in 1992 during the war in Bosnia and was officially registered in September 1994. To achieve our statutory objectives and obligations within the Association following departments exist:

- 1 Safe House
- 2 Centre for Free Legal Advice
- 3 Local volunteer service (LVS)
- 4 Day Care Centre for Children at Risk
- 5 Family Strengthening Programme

## 6 Department for Project Implementation and International Cooperation.

The association has 21 full-time employees and more than 300 volunteers.

Žene sa Une's mission is to contribute to economic, social, cultural, and political empowerment in society, regardless of gender, profession, nationality, religion, and geographic location. Among the association's objectives are the education of citizens about democracy, helping and caring for vulnerable populations, the fight against domestic violence, the organisation and development of volunteer work and volunteer programmes, acting as a corrective towards the legislative and executive authorities as well as providing activities aimed at protecting children's rights. The association has good cooperation with local and national governmental institutions and non-governmental organisations. We are members of different networks on national and regional levels.

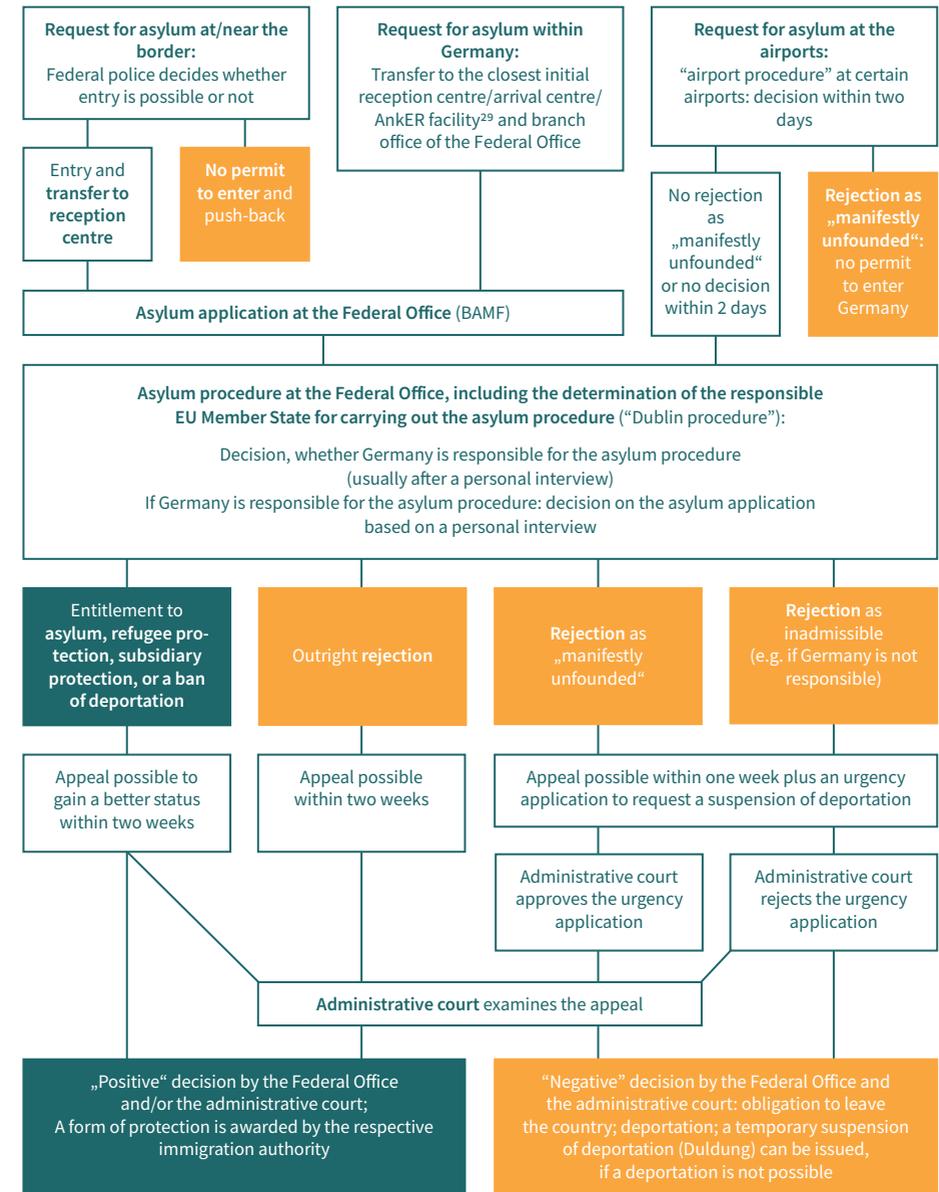
In the area of psychosocial support, we provide individual and group support for vulnerable beneficiaries. Workshops are organised in order to reduce the symptoms of depression, anxiety, and to help beneficiaries identify their specific needs. During the workshops migrants and refugees make “story cloths” to describe memories, express hopes, and share their experiences of violence, displacement, and survival. We use art therapy to improve cognitive and sensory motor functions, foster self-esteem and self-awareness. We work on developing creativity and encouraging strengths that can help people cope with the difficulties they face. MHPSS is also organised through individual and group work using the tool “Point of You”. Our experience has shown that in individual and group work, this tool enables faster discovery of the essence of the problem and encourages more creative and often bolder solutions, supported by more sustainable action plans. We use the Points of You tool to create a warm place and to help with self-expression. This type of activity also provides space for gatherings and socialising and creates new social support networks. Finally, one of the more important goals of these activities, in addition to reducing psychological stress, is to identify potential victims of trafficking.

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# Appendix

## Flowchart: The stages of the German Asylum procedure

### The stages of the German Asylum procedure<sup>28</sup>



<sup>28</sup> Translated from Pro Asyl (2016): Schema des Asylverfahrens in Deutschland. (available online: <https://www.proasyl.de/hintergrund/was-im-asylverfahren-passiert-und-was-dabei-alles-falsch-laeuft/> accessed on 10.10.2022)

<sup>29</sup> The so-called ANKER centres (arrival – decision – repatriation) was initiated in 2018 with the so-called "Master Plan for Migration" of the Federal Government. These controversial special camps mainly deal with the asylum procedure for persons from "safe countries of origin" who have little chance of receiving a legal right to remain.

## Further Ressources

### Further information in English:

- Website of the NGO Pro Asyl:  
<https://www.proasyl.de/en/>
- The Federal Office for Migration:  
<https://www.bamf.de/EN/Themen/AsylFluechtlingsschutz/asylfluechtlingsschutz-node.html;jsessionid=0DB4E28E6126262F65DD77C442DB722C.intranet251>
- Information on asylum laws and regulations in Germany:  
<https://handbookgermany.de/en/asylum>
- BAfF Website:  
[https://www.baff-zentren.org/wp-content/uploads/2021/02/BAfF\\_Rehabilitation-for-refugee-survivors\\_2020.pdf](https://www.baff-zentren.org/wp-content/uploads/2021/02/BAfF_Rehabilitation-for-refugee-survivors_2020.pdf)

### Further Information on German legislation and the asylum system:

- Informationsverbund Asyl & Migration  
<https://www.asyl.net/start>
- Mediendienst: Wöchentlicher Rundbrief deutsch/englisch  
<https://mediendienst-integration.de/>
- Landesflüchtlingsräte  
<https://www.fluechtlingsrat.de/>

### EU Lobby Organisations on the topics flight/asylum/borders:

- Ecre  
<https://ecre.org/>
- Bordermonitoring EU  
<https://bordermonitoring.eu/>
- Balkanbrücke  
<https://balkanbruecke.org/>
- Borderline-europe, Menschenrechte ohne Grenzen e.V.  
<https://www.borderline-europe.de/>



## BAfF e.V. – Bundesweite Arbeitsgemeinschaft der Psychosozialen Zentren für Flüchtlinge und Folteropfer

Project “Sharing Knowledge and Practices – Professionals from the Western Balkans and Germany on holistic support for refugees and survivors of human rights violations among migrant and refugee populations”

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## GIZ North Macedonia

Regional Project on Preventing and Combatting Trafficking in Human Beings in the Western Balkan

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