

## The 12th annual meeting of the

European Network of Rehabilitation Centres for Survivors of Torture in cooperation with the German Association of Psychosocial Centres for Refugees and Victims of Torture (BAFF e.V.) and the Bavarian Chamber for Psychotherapists

# More Home-Less Treatment

Rehabilitation at Risk in Europe in the "Area of Freedom, Security and Justice"

October 18-20, 2015, Munich, Germany

Venue: Schloss Fürstenried, Exerzitienhaus der Erzdiözese München und Freising  
Forst-Kasten-Allee 103, D – 81475 München, Tel. +49 89 7450 8290, [www.schloss-fuerstenried.de](http://www.schloss-fuerstenried.de)

### Organiser



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UNO-Flüchtlingshilfe



Dieses Projekt wird aus den Mitteln des Asyl-, Migrations- und Integrationsfonds kofinanziert.

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## Programme

### Sunday, October 18<sup>th</sup>

Venue: Schloss Fürstenried, Check-in at Schloss Fürstenried

*The conference is bilingual German (G) and English (E) with simultaneous translation.*

- 17:30 – 17:40 **Opening address**  
» **Jürgen Soyler**  
Director of Refugio München (G)
- 17:40 – 18:00 **Introduction to the topic of the Network Meeting**  
» **Elise Bittenbinder**  
Chair of the European Network (G)
- 18:00 – 18:10 **Welcome address**  
» **Dr. Bruno Waldvogel**  
Vice-President of the Psychotherapeutic Chamber of Bavaria, Munich (G)
- 18:10 – 19:00 **Key Note: „Early identification = access to treatment? Results of a study carried out at the Munich refugee reception centre.“**  
» **Prof. Dr. Markos Maragkos**  
Ludwig-Maximilians-Universität, Munich (G)
- 19:00 – 19:45 **Plenary: „Less detail – less credibility – less protection: Fragmented memory after trauma“**  
» **Dr. Jane Herlihy**  
Director of the Centre for the Study of Emotion and Law, London (E)
- 20:00 Dinner at Schloss Fürstenried

### Monday, October 19<sup>th</sup>

Venue: Schloss Fürstenried

- 09:00 – 09:15 **Plenary: „Human Rights in humanitarian crises in Europe and the role of health professionals“**  
» **Elise Bittenbinder**  
Chair of the European Network (G/E)  
» **Prof. Dr. Nimisha Patel**  
Director of ICHHR, University of East London (E)
- 09:15 – 10:00 **Plenary: „Responsibility sharing in this time of crisis: What should Europe offer?“**  
» **Stefan Kessler**  
Jesuit Refugee Service, Berlin (G)
- 10:00 – 10:45 **Plenary: „Hopes and expectations vs. reality in exile. Therapy as bridge building for unaccompanied minors?“**  
» **Prof. Dr. Philip Anderson**  
Ostbayerische Technische Hochschule Regensburg (E)
- 10:45 – 11:15 Coffee Break
- 11:15 – 12:30 **Plenary: „Facing the refugee exodus: the current situation in four countries and the new challenges“**  
» **Maria Curia**  
EtNos, Italy (E)  
» **Mimoza Dimitrova**  
ACET, Bulgaria (E)  
» **Dr. Camelia Doru**  
ICAR-Foundation, Romania (E)  
» **Prof. Dr. Heinz-Jochen Zenker**  
Vice-President, BAFF, Germany (E/G)

12:30 – 14:00 Lunch

14:00 – 16:00 **Workshops**

- ❶ Early access to treatment: Wishful thinking in Europe? A new approach through group therapy  
» **Dr. Alexandra Liedl**, Refugio München (G/E)
- ❷ Bonganga – secret knowledge and the art of healing. A contribution to the psychotherapeutic treatment of traumatised African refugees  
» **Frederic Lwano**, Refugio München (G)
- ❸ Parent counselling to avoid chronification of transgenerational traumatisation  
» **Sibel Koray**, Jugendpsychologisches Institut (Institute for Youth Psychology), City of Essen (G)
- ❹ Art work with child refugees – visit of a refugee camp (Gemeinschaftsunterkunft in walking distance from event location)  
» **Gabi Schön-Jike**, Refugio München (G/E)
- ❺ Planning intervention in social work with the help of „Inclusion charts“  
» **Ralph Keller**, Refugio Bremen e.V. (G)
- ❻ Working in therapy and consulting service together with interpreters  
» **Melisa Budimlic**, Bayerisches Zentrum für transkulturelle Psychiatrie (Bavarian center for transcultural psychiatry) / Refugio München (G)
- ❼ Facing the refugee exodus and the new challenges (follow-up to the morning session)  
» **Prof. Dr. Heinz-Jochen Zenker**, BAfF, Germany and representatives from Bulgaria, Italy (E)
- ❽ Developing a position paper on the role of European centres in the refugee crisis – part 1  
» **Dr. Camelia Doru**, ICAR-Foundation (part 2: Tuesday afternoon) (E)

16:00 – 16:30 Coffee Break

16:30 – 18:00 **Panel discussion: „Trauma therapy for victims of man-made disasters: Stabilization, exposure or treating it as a problem of recovery?“ A discussion on the discourse about trauma in the light of current developments** (G/E)

- » **Dr. Klaus-Dieter Grothe**  
Psychotherapist and Child and Adolescent Psychiatrist, Gießen  
» **Leonie Teigler**  
Psychologist, University of Osnabrück  
» **Barbara Abdallah-Steinkopff**  
Psychotherapist, Refugio München

**Moderation: Prof. Dr. Nimisha Patel**  
Director of ICHHR, University of East London

19:00 Bavarian dinner at Schloss Fürstenried with barrel-tapping (draught beer; typical event for opening the Oktoberfest in Munich)

## Tuesday, October 20<sup>th</sup>

Venue: Schloss Fürstenried

09:00– 09:45 **Plenary: „Rehabilitation services at risk?“**

- » **Astrid Melchner**  
UN Voluntary Fund for Victims of Torture, OHCHR, Geneva (E)

09:45 – 10:00 **Plenary: „German’s concept of rehabilitation of victims of torture“**

- » **Hilde Mattheis, MP**  
Speaker on health issues for SPD (Social Democratic Party) (G)

10:00 – 10:15 Coffee Break

10:15 – 10:30 **Plenary: „Current issues in refugee policies“**

- » **Barbara Lochbihler, MEP**  
Member of the European Parliament (G)

10:30 – 11:30 **Panel discussion: In dialogue about political perspectives: „Rehabilitation for survivors of torture as a theory - social exclusion as reality?“** (G/E)

- » **Barbara Lochbihler, MEP**  
Member of the European Parliament  
» **Hilde Mattheis, MP**  
Speaker on health issues, SPD (Social Democratic Party)  
» **Dr. Theodor Rathgeber**  
Forum Menschenrechte (Human Rights Forum)  
» **Sibel Agrali**  
Centre Primo Levi, Paris  
» **Elise Bittenbinder**, European Network

**Moderation: Lisa Weiß**  
Bayerischer Rundfunk (Bavarian Broadcast Company)

11:30 – 11:45 Break

11:45 – 12:15 **Presentation of working group topics by the group leaders**, (see afternoon) (E/G)

12:15 – 13:15 Lunch

13:15 – 15:00 **Network working groups**

- Ⓐ **Assessment & Documentation: „Developing a position paper on the role of European centres in the refugee crises“ – part 2** (Dr. Camelia Doru, Romania) (E)
- Ⓑ **Advocacy: Health professionals & Human Rights defenders: What do we campaign for in this new situation?** (David Rhys Jones, UK) (E)
- Ⓒ **Research: Sharing ideas and research in progress/completed** (Prof. Dr. Nimisha Patel, UK) (E)
- Ⓓ **Clinical discussion group on therapy** (Uta Wedam, Austria) (E)
- Ⓔ **Clinical discussion group on therapy** (Dr. Laurent Subilia, Switzerland) (French)
- Ⓕ **Clinical discussion group on therapy** (N.N.) (G)

15:00 – 16:00 **Plenary: Open discussion with the audience and closing of the meeting.** (E/G)

Dear colleagues,

Studies show that 30 percent of the worldwide refugees above the age of 18 are traumatised. In respect of children and adolescents, higher rates are likely to be found. In their everyday working life, the issue for therapists, social workers, other professionals or volunteers is often how to support refugees in an adequate manner and take concrete steps of action.

In the field of psychotherapy, professionals are exceptionally challenged as western concepts of treatment and culturally different perceptions of illness and healing held by refugees need to be reconciled and brought into correspondence with one another. Moreover, it is important to consider other areas of life which are relevant for recovery. The social context, as well as questions concerning the asylum status and work perspective, are fundamental components of an integrative trauma therapy.

Our conference therefore focused on both the scientific and socio-political discourse. Both areas should be considered as a whole to provide support appropriate to the living situation of refugees.

The refugee issue also has a European dimension: The fear of deportation to another European country and the sometimes traumatic experiences refugees encounter along their flight route through Europe play a crucial role also for us in treatment. The participation of many European treatment centres in our conference opened up new horizons and contributed to a lively exchange of experiences and concepts.

With the documentation of our conference, we aim to encourage participants and whoever may be interested to explore the content, to think further in their given field of expertise and maybe even to experiment with new ideas. As experience from many years shows, different ways and approaches can be successful when treating traumatised refugees. Therefore, we do not claim to have found the one and only truth but rather want to encourage you to make your own experiences and to then reintroduce them to the professional discourse.

Our special thanks go to BAFF, the German association of psychosocial centres, the Bavarian chamber of psychotherapists and the European Network of the treatment centres. Without the involvement, cooperation and support of these networks and organisations, the conference would never have been possible. Also, we would like to say thank you to AMIF (EU Asylum-, Migration-, and Integration Fund), the UN Refugee Aid Organisation and the friends' association of Refugio München for the financial support of the conference.

I wish you much success in trying out and experimenting, enhancing the ideas that evolved during the conference, and developing new ideas and concepts.

Yours sincerely,

Jürgen Soyer

Executive Director Refugio München



Dear friends, colleagues and honoured guests,

It is my great honour to welcome you to our conference. Never ever have we gathered so many people at a BAfF conference or a meeting of the European network. Never ever have there been so many requests. We are very happy to reach out to so many people.

This conference is the 19<sup>th</sup> symposium of the *Bundesweite Arbeitsgemeinschaft der Psychosozialen Zentren für Flüchtlinge und Folteropfer e.V.* (BAfF; German association of rehabilitation centres for refugees and survivors of torture) as well as the 12<sup>th</sup> European meeting of the European Network of Rehabilitation Centres for Survivors of Torture. The very fact that these structures are stable and outlasting without much financial support is a massive achievement.

First of all, I want to thank the organizers of the conference in Munich for their wonderful work. A special thank you goes to Refugio München. Due to the challenges of large interest and small difficulties of cross-border communication throughout Europe, cooperation was sometimes intense, but also exciting and unique. Thank you very much.

Also, many thanks to the members of the planning group: Nimisha Patel, Camelia Doru, David Rhys Jones and Maria Książak.

It is splendid that we managed to add the current situation in Europe to the program and to react to the latest challenges. The preparation for such an event takes quite some time. With the preparations for this conference we started two years ago. Who could have thought that the topic suggested back then by Refugio München would be extremely relevant today: "More home – less symptoms – less treatment – less suffering". "More home" is currently put into practice in Germany in form of "*Willkommenskultur*" (welcoming culture towards refugees). Germany is to become "home" for thousands of people. We should never have imagined that possible. We are excited about how this idea will be implemented and which role we can play in it. Today, we have the chance to develop new ideas with 280 colleagues from Germany and Europe.

It is also my pleasure to present Refugio München the sculpture of the Diotima-award. I received this prize in 2011 from the national chamber of psychotherapists as a representative for the outstanding work the centres do in Germany. With this prize, we were admitted more officially to the circle of professional psychotherapists. When receiving the prize, I promised to pass the sculpture and the certificate on like a challenge cup. Now it is Refugio's turn for one year. I am sure that Jürgen Soyer is going to find a nice spot to keep it in his office.

I am excited about whether we will find answers to questions linking into the appropriateness of treatment and the conditions we need to not only welcome people but also provide them with health care and constructive participation in our society. Due to the current situation, it will be a very important conference to all of us: With the German and European perspective we – as volunteers and professionals – can work on a vision of our role, our sphere of influence and our impulses to politics. I wish us all a good conference.

Elise Bittenbinder

Chairwoman of BAfF e.V.

## Introduction to the topic of the Network Meeting

Welcome everybody, dear colleagues, dear friends, to this event, which is more than an academic or clinical conference. It is a meeting of many people from many backgrounds: politicians, funders, practitioners, academics. And we are here today to think together, talk together, plan together.

This meeting is the 13<sup>th</sup> annual meeting of the European network for rehabilitation centres for survivors of torture. For 13 years, we have met once a year not only for exchange and discussions among professionals working with refugees and survivors of torture – but we tried to elaborate also what we can do as health professionals on a European level.

These meetings began as a result of a meeting of professionals in Brussels. That was at a time when people began to talk more loudly about the idea of a “Fortress Europe”. Now, we have the 13<sup>th</sup> meeting in the 13<sup>th</sup> year of this network and we see that this question of “do we need to build borders around Europe?” is again becoming a prominent part of the argument. And when we look back in time and compare it with today, we see that the same issues appear over and over again.

This meeting is organized by REFUGIO München, which is one of the oldest and largest centres of the 30 centres that exist in Germany. We are very proud that we have so many regional centres – and not just a single rehabilitation centre in the middle of Germany or the capital Berlin, centralizing all the knowledge in one place.

And this meeting is also the 19<sup>th</sup> conference of the BAfF e.V., which is the umbrella organisation of the German centres. Together, we have an enormous amount of professional knowledge. We always learn something new here, but certainly some of us think at some point, “we’ve heard that before”. But as we hear it again, we discuss it and see other interpretations, we talk about credibility, about evidence, and so, even though things do come up again, it is always in a different way. I would also like us to stress that we have a really incredibly valuable amount of knowledge and one of the tasks, one of the reasons why we hold these meetings, is to share experience. And to use this knowledge to go forward.

Now I would like to turn our attention to Germany. When we planned this meeting, we did not expect that we would be so much the centre of attention in Europe. All of a sudden and unexpected, we experienced a situation in Germany an incredible situation. Politicians said things that we did not expect in our most daring dreams.

And we could not believe it and not estimate how this setting would develop. Where we felt precaution or even rejection before, we saw ourselves supported by a “welcome culture” – by a broad majority of the society.

Most of us were very surprised by our Chancellor Angela Merkel. The well-known German magazine “Der Spiegel” portrayed her once on the cover picture as “Mother Angela”, dressed in the style of Mother Teresa. At that time, she said we cannot close the borders. She referred to Hungary, where we could observe what happens when a fence is built: people will find other ways. And she said a sentence that translated in English resembles one of another famous politician. She said: “Ja, wir schaffen das”. That sounds a lot like Barack Obama’s “Yes we can!”

Then, the situation changed a bit. And all of a sudden it sounded more like “well, maybe we can’t, after all”. So the “summer fairy tale” turned into something quite different.

Many of us who have been working in this field for many years and have been watching these ups and downs several times – we are getting a bit worried because we are aware that there could be a backlash if other tendencies raise or are getting stronger as a reaction to the number of refugees.

At the moment the debate in Germany is characterized by the idea of so-called transit zones to be set up throughout Europe, to ensure that refugees are still welcome – but only the “right” ones.

For us, this is a difficult situation after we have received so much support. Most of our centres are overwhelmed with requests from organisations, schools and kindergardens. All of a sudden, everybody wants our experience, our expertise about how to deal with traumatized people.

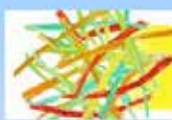
And at the same time, we have seen that the refugees who came to us showed a new self-awareness. They started to call themselves “Geflüchtete” instead of “Flüchtlinge”, an untranslatable change which took them from a term that implied they were victims to one that saw them as actors – people who have fled (and intend to stay).

A German newspaper gave over a whole edition to refugees, artists, journalists, film makers or professors, were asked how they see Germany. And one – film director Richard Dörf – said: “If we look at the way Germany has liberated itself from its past, how it has developed as a place of refugees in Europe, one should think that hope and peace and prosperity should be possible for everybody.” This suggests a different way of looking into “why are we here”, “what do we expect” and also shows a new – and at the same time old – objective: We are part of a movement that shows that things are possible.

## Welcome and Introduction

**Elise Bittenbinder & Nimisha Patel**

## Who are we?



**EUROPEAN NETWORK** OF REHABILITATION CENTRES  
FOR SURVIVORS OF TORTURE



Bundesweite Arbeitsgemeinschaft  
der psychosozialen Zentren  
für Flüchtlinge und Folteropfer





## Why are we all here?

- European Network's annual meeting
- Current context of Europe and Germany

Mother Angela divides  
Europe, but stands firm:  
“Yes we can”



“Maybe we can’t after all”



## To transit zones all around Europe?



## Welcome and Introduction

...continued by Prof. Dr. Nimisha Patel

(excerpt, based on the spoken word)

(...about the situation in Germany compared to United Kingdom...)

We have to remember that there are many people here from many different country contexts, and we really would love to hear your experience and the context you are trying to do this work.

The question for us is: How do we think about Human Rights in humanitarian crises, and what is our role as health or social care professionals? We have to recognize, that the people we are talking about have not just suddenly decided that they are going to run because something has happened just now. Many people have been experiencing historical abuses, and more recent violations. Some are still in the process of fleeing experiencing Human Rights violations. So that is not something in the past, it is very much currently, and we are part of the problem. We have to ask ourselves as health professionals: **What is our role?** We are talking about people who have experienced a whole range of Human Rights violations, including torture, sexual violence, statelessness, they have become homeless, many suffered of exploitation and trafficking, and also on top of it they are having to do with racism and all forms of discriminations. So we are talking again about ongoing violations. And that is something, as health professionals, we have to hold on to when we talk about trauma or distress.

We all know the importance of **security** in any of the work we do. If people do not feel safe, it is really difficult to get beyond a certain point sometimes. So people need security, they need safety, asylum, and they need protection from further exploitation and the risk of further harms. So again I think we have to ask ourselves questions: What is it that we can contribute to that process of facilitating security, of facilitating protection?

The other area we may want to think about is the whole area of **early identification**. And one group we are particularly concerned with obviously in BAFF, in European Network: torture survivors, who are refugees. So the questions we may want to ask ourselves: What do we mean by identification? Are we talking about identifying diagnosis, disorders, psychological problems etc. Are we talking about identifying people who need particular help? Are we talking about identification of people who are torture survivors and are particular vulnerable? Who should do this identification? How should we do it? What tools should we use? When should we do it? When is the best time to do it? All these are questions we could contribute to in our thinking, in our practice.

Another area is the role of health professionals in facilitating **access to quality rehabilitation** and to ensure that people have their basic needs met and having access to justice. So the questions for us are: What does rehabilitation mean for people who have experienced Human Rights violations, who have suffered so much, and are still



suffering? What does a high or good quality service actually mean? What kinds of interventions? How should it be designed? How should the service receive people?

And the last question is about our role in prevention activities. Many of the centres in BAFF and the European Network have decades of experience doing prevention activities. And I think that it is really important that we continue to explore that and learn from each other. How do we address social and political context? How do we facilitate the integration? How do we help people to build resilience and try and rebuild trust in humanity, trust and building social bonds that may actually help them to be able to live on and live in their lives.

Therefore, the question for us is not only: What is our professional responsibility and how to diagnose and best fix symptoms and mental disorders. The question beyond professional responsibility – clearly we have a professional responsibility and an ethical one – is: What is our social responsibility as health and legal professionals in defending the Human Rights of our clients. So I leave you with the last slide: Where are we going? Where do we go from here? What is it that we should be doing in the face of this ongoing crisis?

What I would like to urge you to do is to **think far**. This is not a kind of crisis that is just here and now, these are things that we have to think about also in terms of predicting what is happening next. Where are we going to be able to have a vision in terms where are we developing our services – therefore, I would like to encourage you to **think wide** and not to narrow down our vision to just look on particular issues or problems, or a psychological vision.

And thirdly to **think in all directions**, not to sanitize complexity by looking for quick fixes and simple solutions to what is actually complex, social, political, legal, and economic difficulties that we are all facing. And I think it is really hard to look at complexity in trying to offer some kind of solution.

I am just going to end and say we have two days more of lots of discussions. So make the most of the experience and the ideas and the knowledge that is already here and upstairs in the 'sunshine room'. We wish you a very fruitful two days!





## Germany

- Quota system, press more balanced, more welcome, thousands of volunteers, coverage of anti-refugee riots and violence as well
- Clear distinction between immigration and asylum
- Merkel: “shared European ideals”
- Grassroots organic solidarity movements  
#Standupifyouare human

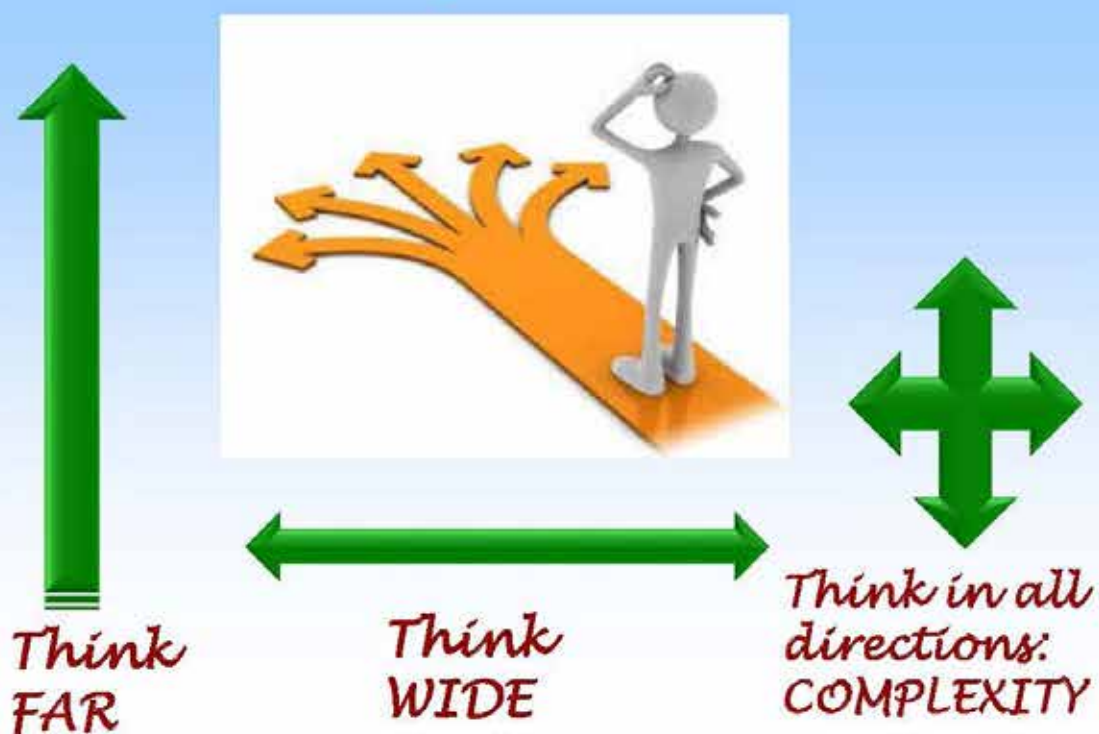
## Britain

- “Events of the summer”
- No use of the words ‘refugee crisis’ by government but “Migration crisis”, “Swarms of people”, “Floods” and “huge tides of people”, “cockroaches crawling across Europe”
- “Bringing down net migration”
- “Many are Syrians, but many are not”
- “Many are African economic migrants”
- “Marauders who would soon hasten the fall of European civilisation”
- “Many of these migrants will now try to sneak into Britain”
- British holidaymakers in Kos found the situation “disgusting” and it “ruined their holidays”

## What do we hope to achieve?

1. Better understanding of what 'refugee crisis' means for those who are particularly vulnerable: torture survivors
2. Better understanding of role of health professionals
  - lessons from the past: early identification, prompt access to services, high quality, specialist rehabilitation for torture survivors, working with individuals, families, communities and wider society, human rights framework not a narrow trauma focus
  - thinking ahead: prevention, xenophobic backlash...
3. A position statement by the European Network on ensuring care and protection of refugee torture survivors

## Where do we go? What should we do?





*Emotion & Law*

# Fragmented memory after trauma: less detail - less credibility – less protection

**Dr Jane Herlihy**

**Clinical and Research Psychologist**

**Director, Centre for the Study of Emotion and Law  
London, UK**



*Emotion & Law*

## Today

- Memory
- Memory & emotion
- Memory & trauma
  
- Non clinicians' decision-making
  
- A way forward for asylum decision-making

## Asylum seeking & Memory



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- Well-founded fear
  - Fear of Future persecution
  - Well-founded
    - country evidence
    - past persecution

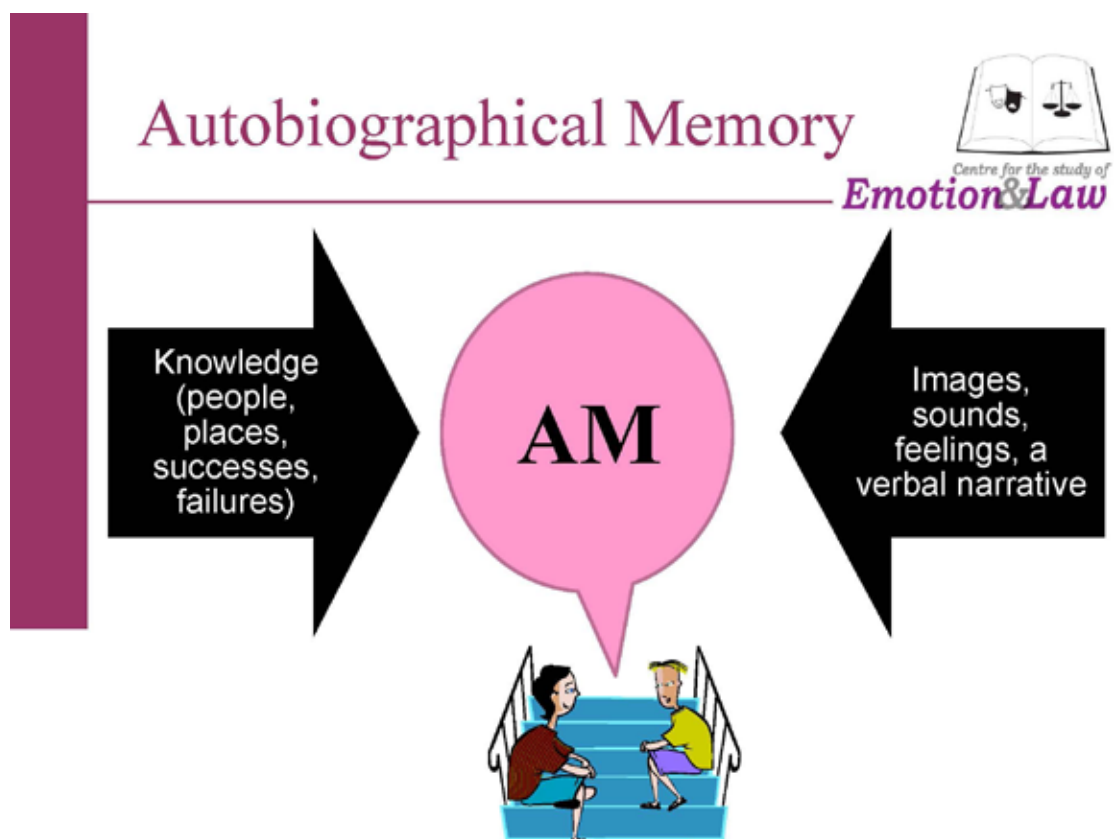
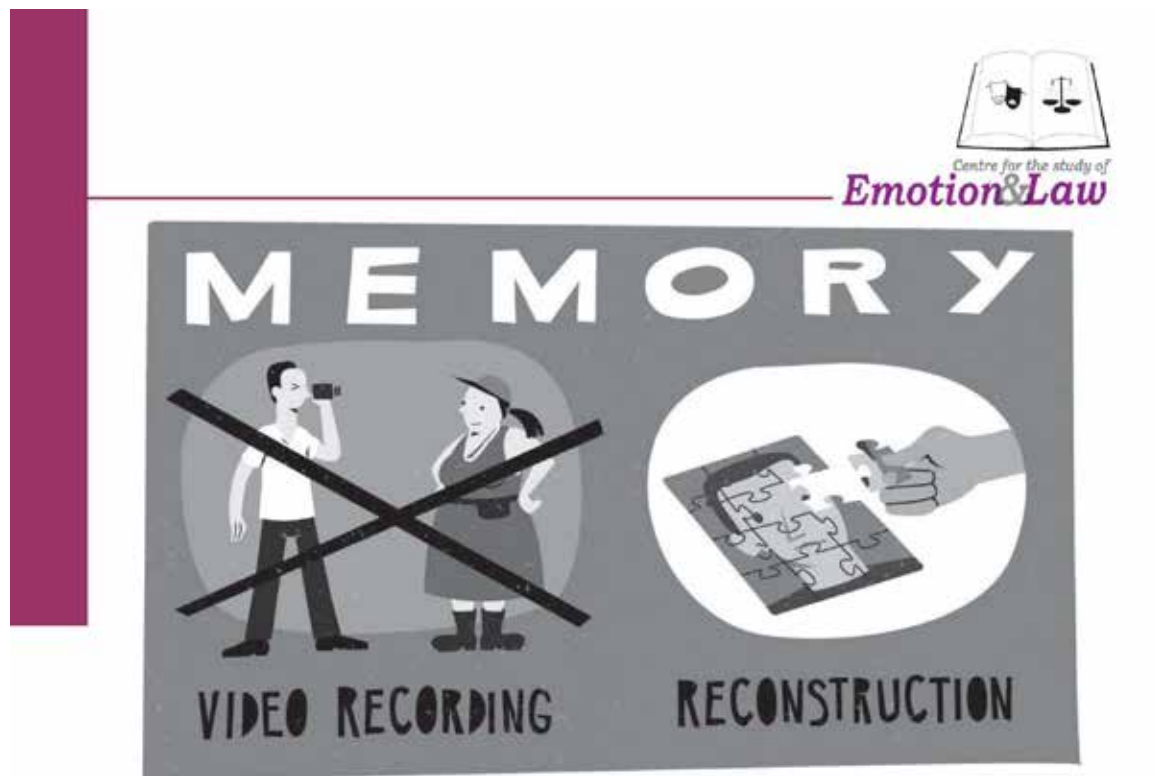


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# AUTOBIOGRAPHICAL MEMORY

Herlihy, Jobson & Turner, 2013

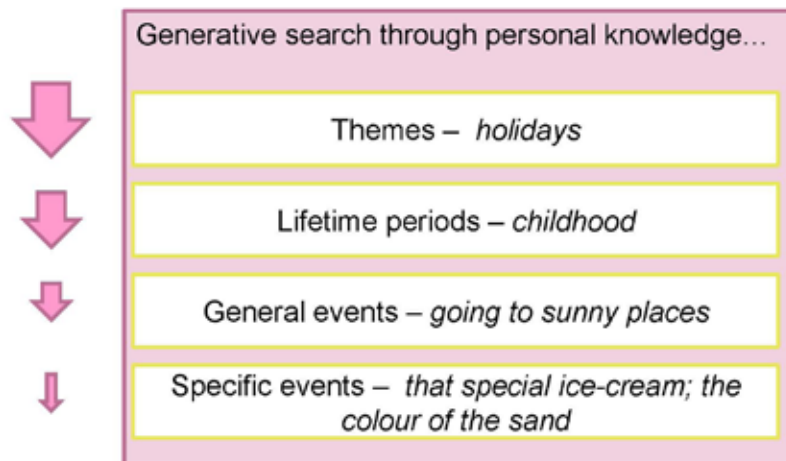






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Self-Memory System (Conway & Pleydell-Pearce, 2000)

## Why do we remember?



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- Memory for events in our lives
  1. Directive function
  2. Self function
  3. Social function

## Why do we remember?



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- Memory for events in our lives
  1. Directive function
  2. Self function
  3. Social function
- So memory has to be...
  - Updateable
  - Selective
  - Adaptable to context

## Implications



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- Forgetting – passive (normal) / motivated
- Context & Language
- Questions
- Suggestibility
- Culture

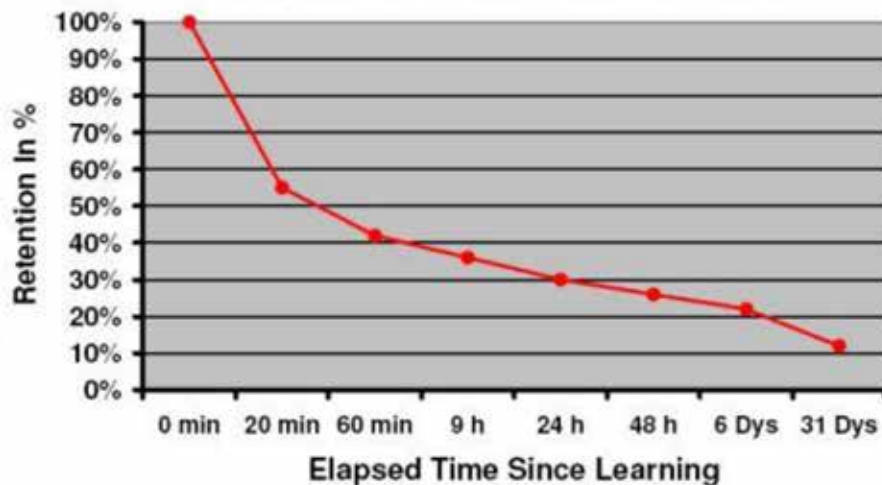


## Normal forgetting



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The Ebbinghaus Forgetting Curve



## The need to forget



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- Fried eggs, crisp bacon and toasted bread
- Scrambled eggs, crisp bacon, fried bread
- Boiled eggs, no bacon, sausages, plain bread

## Context (who's asking?)



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**Emotion & Law**

- Fried chicken breast with mashed potatoes and the tasty, hot tomato sauce (the one you do so well), and also a simple green salad
- A low-fat chicken steak with dairy-free potato garnish and a light tomato sauce accompanied by a big bowl of fresh green salad (bio/organic of course)
- A chicken supreme sauté (well-done), creamy potato purée, salsa arrabiata and a spring salad with vinaigrette spéciale of Dijon mustard, fresh basil, green pepper & aceto balsamico

[Hungarian Helsinki Committee, *Credibility Assessment in Asylum Procedures*  
*A Multidisciplinary Training Manual*, 2013, Vol. 1]

## Questions



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- 'collided' vs. 'smashed'



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- any glass?

## Suggestibility



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### ■ Suggestibility

- Esp. if suicidal, low self-esteem, child, anxious
- Interviewer unfriendly/firm/repeats questions
- Power difference

## Why do we remember?



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### ■ Memory for events in our lives

1. Directive function
2. **Self function**
3. Social function

### ■ So memory has to be...

- Updateable
- Selective
- Adaptable to context



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- individualist, independent / collectivist,  
interdependent [Hofstede 2011]
- Specificity “serve[s] an important means to  
differentiate the self from others, thereby re-  
affirming the self as an autonomous self”  
[Wang and Conway, 2004, p. 912]
- the aim of the relatedness self is to achieve  
interdependence, and the retrieving of  
specific autobiographical memory has the  
potential to undermine this objective  
[Jobson, 2009]

American Mother/Child	Chinese Mother/Child
<p>M: Where did we sleep when we went camping?</p> <p>C: In the tent!</p> <p>M: In a tent. And what did we climb inside?</p> <p>C: Sleeping bags.</p> <p>M: And you have your very own, don't you?</p> <p>Yeah. Is there anything else about camping that you really liked?</p> <p>C: Swimming.</p> <p>M: Swimming. And how about the campfire? Did you like the fire? What did we cook over the fire? Marshmallows, right?</p> <p>C: Marshmallows! Yummy!</p>	<p>M: When we went to the Fandole park, did you ask Mom to carry you on the way?</p> <p>C: I didn't. If I got tired, I would still keep on going ahead bravely.</p> <p>M: Oh, right. When we rode on the bus, what did you see? We saw big wide roads. What else?</p> <p>C: We also saw a big round circle.</p> <p>M: Right. What else did we see on the way there?</p> <p>C: Um.</p> <p>M: Tell Mom, when a Mom takes her child to cross the street, where should they look?</p> <p>C: Look to their left and right. Look at the zebra lines.</p> <p>M: Right. We must walk on the zebra lines. Did you behave well that day?</p> <p>C: Yes.</p>
<p><i>Q. Wang, M. D. Leichtman and K. I. Davies, Sharing memories and telling stories: American and Chinese mothers and their 3-year-olds Memory 8, 2000, pp. 159-178</i></p>	



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# MEMORY & EMOTION

## London Dungeon Study



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- 56 participants
- 7 minutes with scary actor
- physiological anxiety measures



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- Can you identify the actor? (9 photos)
- Median split high/low anxiety
  
- Low anxiety: 75% identified actor
- High anxiety: 17% identified actor



Emotion & Law

# MEMORY & TRAUMA

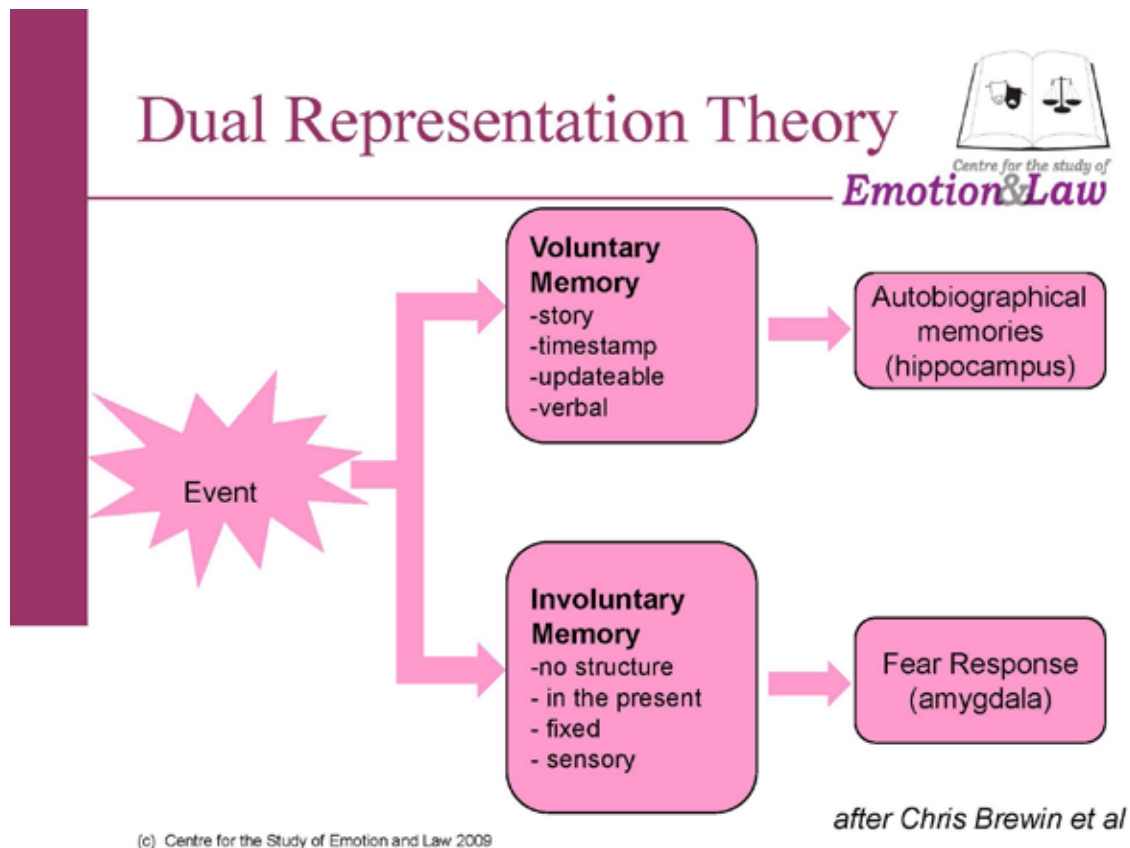


Emotion & Law

## “what happened?”

- *voluntary* ‘normal’ vs. *involuntary* ‘traumatic’ memories
- different types of details (central vs. peripheral)
- managing the emotion (overgeneral memory)





## “what happened?”

- *voluntary* ‘normal’ vs. *involuntary* ‘traumatic’ memories
- different types of details (central vs. peripheral)
- managing the emotion (overgeneral memory)

## How consistent is memory for traumatic experiences?



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- 27 Kosovan & 16 Bosnians UK programme refugees interviewed
- on two occasions
- recall of traumatic and non traumatic event
- series of standard questions about these events
- rate questions – Central/Peripheral

## Detail questions (examples)



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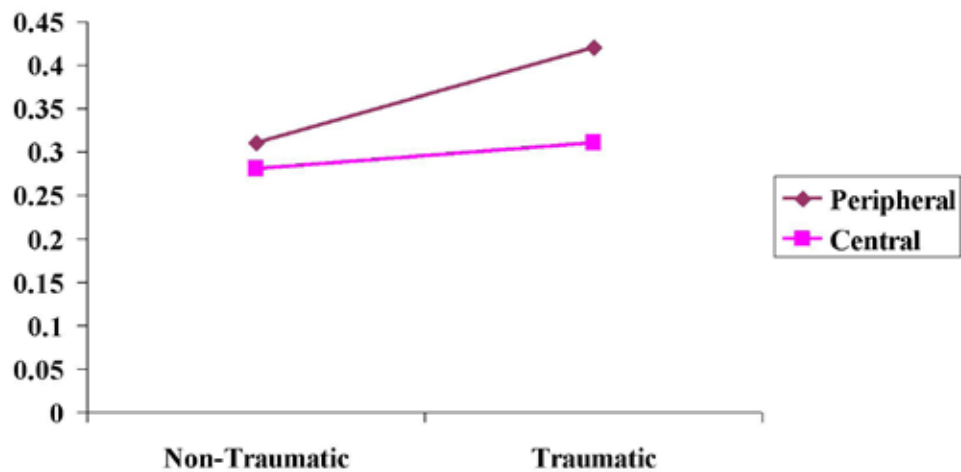
- who was with you?
- what were you wearing?
- what day of the week was it?
- what happened just before / after?

## Discrepant Memories I



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Herlihy, Scragg & Turner (2002)

## “what happened?”



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- *voluntary* ‘normal’ vs. *involuntary* ‘traumatic’ memories
- different types of details (central vs. peripheral)
- managing the emotion (overgeneral memory)
- practical e.g. reporting of sexual violence

**Responsibility sharing in this time of crisis: What should Europe offer?**

Photographs of three-year-old Syrian boy Aylan Kurdi whose body washed up on a Turkish beach in September 2015 has galvanised the debate about Europe's refugee crisis. The corpse of the child, who drowned along with his mother Rehan and his five-year-old brother Ghalib, was washed ashore a beach not far from the Turkish resort town of Bodrum on 2 September 2015. Photographs showed him lying face down in the surf, wearing a bright-red T-shirt and shorts.

According to media reports, the family had fled from Kobani, the scene of fierce fighting between Islamic State insurgents and Kurdish forces. The sole surviving family member, Aylan's father Abdullah Kurdi, was quoted in the British newspaper "The Guardian" as saying that the boat in which the family had been travelling together with 12 other refugees had started taking in water about 500 metres from the shore and that, despite his best efforts, he had not been able to hold on to his wife and two children. "I was holding my wife's hand," he told the Turkish news agency Dogan. "But my children slipped through my hands. It was dark and everyone was screaming."

The tragedy of this Kurdish family brings up the central question: Are Europeans living up to their own core values that they proclaim almost every day? Values like hospitality, protection, solidarity? What are these worth when it comes to the treatment of protection-seekers and other migrants at the European Union's external borders? Almost every week we read about shipwrecks in the Mediterranean involving migrants and refugees. According to the statistics of the International Organisation for Migration (IOM), from January to end of August this year, about 2,600 women, children and men have died in the Mediterranean region alone while trying to cross the sea on overcrowded vessels and reach the European borders.

Due to war, indiscriminate violence, persecution and other human rights violations in countries like Syria, Afghanistan, Eritrea or Somalia, the number of forcibly displaced persons has risen dramatically in recent months. With limited safe and legal ways to reach Europe, migrants are forced to use unseaworthy vessels and the services of smugglers. The vessels are often overcrowded and can easily be overbalanced, especially during difficult weather conditions.

Promotion of human rights and protecting human dignity are among the most important EU's core values. The EU institutions are legally bound by the Charter of Fundamental Rights, where these core values are enshrined. That is why saving and protecting lives of migrants must be the priority for the European Union. Therefore, the EU needs a comprehensive search-and-rescue operation. This operation should act quickly and efficiently in case of emergency. However, despite calls from NGOs to prioritise saving human life, the European Union's answer to the Mediterranean tragedy so far focused more on preventing migrants from coming to Europe rather than saving lives.

Previous years have also shown how important it is to have one comprehensive European approach to the search-and-rescue operation. The accident of the Kurdi family has not been the first time that migrants are drowning just at the European doorstep.

Italy, following two incidents in October 2013, deployed the Mare Nostrum operation which helped to save tens of thousands of lives, while working near the Libyan coast. Unfortunately the operation was shut down in 2014.



It has been replaced by the Frontex Triton operation. Yet, this operation does not cover the same geographical area, has much fewer resources and focuses more on border surveillance than saving lives.

Nowadays, search-and-rescue is mostly provided by the Maltese and Italian navy as well as the commercial ships which regularly answer to the emergency calls of boats in distress. NGOs such as Médecins Sans Frontières, the Migrant Offshore Aid Station or the Norwegian Refugee Council also provide their own boats for search-and-rescue. However, without a structured, European search-and-rescue operation, there is a huge risk that at least some boats in distress will not be helped in time. More and more migrants will lose their lives while crossing the Mediterranean. Instead of deploying the effective search-and-rescue operation, the European leaders focus more on fighting smugglers and on a possible military action at the Mediterranean which would mean destroying unseaworthy vessels. NGOs such as the Jesuit Refugee Service (JRS) Europe are constantly urging the European Union to give priority to setting up an operation that would protect and save human lives. What is needed is a search-and-rescue operation similar to the Italian Mare Nostrum, which would cover a wide geographical area and which would benefit from enough resources.

Moreover, in order to avoid more deaths in the Mediterranean, European leaders need to think about opening more legal and safe routes for legal migration. There are concrete proposals on the table: In November 2014, several faith-based organisations (JRS, the Churches' Commission for Migrants in Europe, Caritas Europa and others) have issued a joint policy paper on safe and legal paths to protection in Europe (viz. [http://jrseurope.org/news\\_detail?TN=NEWS-20141120064619](http://jrseurope.org/news_detail?TN=NEWS-20141120064619)). This paper calls for the development of a 'toolbox' in order to meet the specific needs of the different groups of persons who are forced to flee war, indiscriminate violence, political persecution and other human rights violations.

Among the 'tools' is the resettlement of refugees who have already been recognized by UNHCR. More places could be offered in response to emergencies (like the 100,000 places for Syrian refugees called for by UNHCR) in addition to a minimum annual resettlement quota for the EU (such as 20,000 places per year by the year 2020, as proposed by the Resettlement Saves Lives Campaign). Even these would be very small numbers for the entire European Union. While resettlement and humanitarian admission will remain voluntary activities for Member States, the EU could - in addition to funding - offer expertise and policy coordination to encourage pledging of higher numbers.

Another tool could be an improved facilitation of family reunification. Family life is of utmost importance for the wellbeing of refugees and crucial for their successful integration. The EU Court of Justice has underlined in its jurisprudence that the aim of the relevant EU law is to enable family life and promote the right to it, and that the law must be interpreted and applied in this light. An application of EU law at national level meeting these requirements and refraining from unjustified restrictions would enable a considerable number of persons in need of protection to come to Europe in a safe and organised way and to join their relatives already living here who can provide assistance to set up a new existence. The concept of 'family' should be interpreted more broadly to include not only the nuclear family but other relatives as well, especially where relatives find themselves in emergency situations.

In addition to these measures, for some groups of forced migrants the issuing of humanitarian visa could provide an effective way to protection. Where persons can access an embassy or consulate of a Member State, be it in their countries of origin or in transit countries, they could be provided with a visa authorising them to travel

to this Member State. Upon the applicant's arrival in the country of destination, the usual refugee recognition procedure would follow. The issuing of humanitarian visa under this model should not depend on a definite assessment of the protection request.

We also strongly recommend taking into consideration the temporary lifting of visa requirements for certain groups, especially in cases where greater numbers of persons must flee an individual State in search of protection. This would allow persons seeking protection to travel safely and spend their money on ordinary travel means rather than paying smugglers. Legal foundations for these proposals can already be found in existing European Union legislation. There is no need for a "revolution", instead all existing elements should be further developed and brought together to form a comprehensive set of legal provisions and policies.

This would help many people in urgent need of protection who then would not depend on the 'services' of smugglers. And finally the European Union would live up to their own standards and values.

**Hopes & Expectations vs. Reality in Exile. Therapy as Bridge Building for Unaccompanied Minors?***(German expressions in brackets: translation by the publisher)***Topics***Background and recent developments**Statistics and current developments**Vocational Training Preparatory Classes. The Dual System**Young Refugees' Perspective**The Role of Therapy and Social Support**Barriers and challenges**Holistic approaches to vocational training**To summarise: the way forward***Background and recent developments**

The following article is based on a talk given at the conference of the European Network of Rehabilitation Centres at *Schloß Fürstenried* in Munich on 19th October 2015. It is an attempt to give some insight into the challenges facing therapists, social workers and teachers when supporting unaccompanied minor refugees in the process of social integration into German life.

Against the dramatic background of the huge rise in asylum seekers attempting to access Germany in the summer and autumn of 2015 these issues have acquired a hitherto unknown urgency. The author spent the period 2012-2015 monitoring vocational training preparatory classes (*Berufsvorbereitungsklassen*) in Munich, which are part of a broader programme set up by the Bavarian Ministry of Education from 2011-12 to enable young asylum seekers (independent of their residential status) to gain access to vocational training within the framework of the Dual System of apprenticeships (*Duales Ausbildungssystem*) in Germany.

This paper will focus on the Bavarian context of access to vocational training for those over 16 years of age, because there has been rapid progress in this particular educational field and the Bavarian approach as briefly sketched above has attracted a lot of attention across the republic and has something of a model character.

**Statistics and current developments**

Looking first at the numbers: While in 2014 a large rise in the number of asylum seekers in comparison to the previous year resulted in a year's end total of 202,000 across the Federal Republic, the development in 2015, and especially from the summer onwards, brought a completely new dimension in refugee flows into Germany. Towards the end of the year previous estimates of up to 800,000 new asylum seekers had been discarded as



too low – not least because the machinery was so overloaded that registration of new arrivals was deemed to no longer function in a comprehensive manner. Equally, the estimate of 13.000 unaccompanied minors in Bavaria alone in the first half of 2015 was thought later in the year to no longer be valid by a long way.

The background to this is that there has been something of a sea-change in the attitude of established institutions (politicians, the administrative levels of local authority, government at both *Länder* and the Federal level as well as the business community from the major multinational players to the small and medium-sized enterprises of the German *Mittelstand*) to refugees as a source of potential for the labour market.

Until recently those in the asylum system were not, as it were, on the screen, but of late, fired by the ongoing debate on the German demographic (a rapidly ageing populace) and an increasingly acute skills shortage, it has been widely acknowledged that young asylum seekers could prove a major potential labour reservoir to address these issues.

Nonetheless there still remain large regional disparities when it comes to a cooperative, resources-oriented approach regarding this target group. There are parts of the country, where the local authority offices (Youth Office, Aliens Office [*Ausländeramt*], the Labour Agency), schools, residential projects, medical services and therapists all appear to engage seriously and to work together well. There are others in which certain actors do not understand the rationale or indeed see the need to enable these young people to learn the language, access education and vocational training and to join the labour market. Local authority Aliens offices in particular find it difficult to adjust to a “welcoming” mindset toward this target group, not least because the customary official view has for many years been the exact opposite.

For new arrivals the initial concerns are existential. They need accommodation, and provision of residential projects for unaccompanied minors has been expanding rapidly with the rising numbers. They need appropriate social and psychological care. Therapeutic services have been expanding accordingly, but the waiting lists for therapy of the few but highly respected specialist institutions like *Refugio* are long.

Access to language courses is officially not available for the first three months, but there have been numerous civil society initiatives to provide language facilities from as early as possible for both unaccompanied minors and the young with their families in general in both reception centres and the hostels which they, as a rule, then move on to. The next step in terms of education is for the under-16 s attendance in transitional classes (*Übergangsklassen*), which gives them a grounding in the German language and some essential knowledge of the structures of the German school system.

### **Vocational Training Preparatory Classes. The Dual System**

Vocational training preparatory classes for over-16s were introduced by the Bavarian Ministry of Education via a decree setting up the framework enabling asylum seekers to visit a two-year course which culminates in a school certificate. This is in turn the basis for beginning an apprenticeship. The prerequisite for this innovative programme was the raising of the compulsory (*verpflichtend*) vocational school age from 18 to 21 years (under certain conditions 25 years). This gives teenage asylum seekers the time to “catch up” in terms of learning the essentials in order to become a craftsman. When the course was first set up, it was assumed that the preparatory classes ending with the school certificate analogue to a Middle Secondary School certificate (*Mit-*

*telschulabschluss bzw. Qualifizierender Mittelschulabschluss*) would only last one year. The range of challenges – linguistic, academic, social, therapeutic – which the adolescents face have, however, made it clear that two years are necessary for them to be able to adjust to a (relatively) stable environment, learn the basics of the language and begin to get an idea of the range of options which the Dual System of vocational training offers them.

Originally set up in 2011-2012 the classes began with a couple of hundred pupils in Munich and Nuremberg. It was soon recognised that the model should be applied across the state. Since then the expansion has been dynamic in the extreme and accorded priority by the Vocational Training Department of the Education Ministry. At the beginning of the 2015-2016 school year there were 450 classes in 95 locations across Bavaria with 8,100 pupils. Of the age group concerned, it is estimated that the classes cater for between a third and a half of those who would (theoretically) be eligible.

Even though virtually all the students attend basic language courses before beginning the preparatory vocational classes, the levels of language and academic ability of students in the classes are extremely disparate – and this is a major challenge for the teachers and social workers working closely with school psychologists on an interdisciplinary basis. The disparity is only logical: the (un)accompanied minors are a heterogeneous group in terms of social background, educational knowledge and other skills – from the illiterate former shepherd to the A-level student ready to start university. Teachers and other members of staff must deal with a great range of ambitions, (family) assignments (*Verpflichtungen*), dreams, yearnings (*Sehnsüchte*) and frustrations. This calls for both sensitivity and commitment.

It is a great advantage when there is diversity in the staff room. Under prevailing conditions in Germany on account of the requirement that teachers, as a rule, be state/civil servants this tends, however, to be an exclusionary factor for migrants. Nonetheless if there are members of staff with a minority ethnic background (e.g. social workers) this enhances both the linguistic profile of the classes, as well as providing a deeper pool of intercultural knowledge and experience – to say nothing of the motivating effect for the pupils of experiencing disparate role models as teachers in classes of students from a plethora of countries, cultures and religions.

The diversity profile in the preparatory classes is equally well served when there is a good age mix of younger and more mature colleagues, a range of qualifications, from trained vocational school teachers to German language specialists, higher school teachers and German literature graduates (with language teaching expertise). As the classes are recruited on a voluntary basis, the staff mix tends to be motivational, open-minded and enthusiastic – which in view of the steep (*steil*) learning curve for all involved in the preparatory classes is just as well.

Experience to date has shown that a relatively high percentage complete the two-year course, receiving a school certificate at the end. Whether or not the students are successful in finding an apprenticeship depends on a number of local context factors on the ground: the degree of cooperation with local actors like social workers in the residential groups for the minors, the attitude of local authority administrators as well as the Labour Office, voluntary and individual mentoring structures etc.

### Young Refugees' Perspective

An important dimension of the project was the research into the attitudes of young refugees themselves. Virtually all interviewees, whether within or outside the school context, mentioned the high degree of motivation and willingness to learn on the part of the young asylum seekers. There is a range of factors contributing to this. For one thing, the young people know that they are the "Chosen Ones" in the sense that they have been sent by the family, generally as the only member, to get to Europe, attain an education and ultimately a job with high earning potential. It is fair to say that, regardless of individual experience of persecution, violence or trauma, this is a consistent hope or expectation on the part of relatives in the region of origin. They expect the young member of the family, in material terms, to succeed.

This is intermeshed with a further distinguishing feature in the situation of young refugees compared to, say, 20 years ago. In former times, flight and exile meant cut-off from the old roots, family and friends. Today social media and mobile phone technology mean that young asylum-seekers/refugees can be in more-or-less constant contact with their familiars – and this can be a mixed blessing. On the one hand there is less elemental loneliness than earlier, because there is regular, consoling contact via Skype, Facebook or cell phone. On the other relatives are in a position to apply more immediate pressure: cash is necessary to repay the debts to the human smuggler, other financial demands – or simply the expectation that the young man (80% to 85% of the students in the preparatory classes are male) will be finished soon with language course and training and the cash will begin to flow. In this sense there is the sober expectation of a tangible return on investment in human capital in the short to medium – certainly *not the long* – term.

Then there is the issue of job and career aspirations. These vary, as already indicated, according to social and educational background enormously. This means that many of these young people face a hard landing into central European professional reality: no, a young man with three years of schooling hitherto will not become a pilot with *Lufthansa* within a year or two. There is often a drastic discrepancy between the young person's job dreams on the one hand and their actual skills and knowledge base on the other.

Beyond this there is the shock for many that the work they want to do requires a course of three years' or more training in Germany. This is particularly true of adolescents who have had experience in their families businesses, selling from behind the counter or helping repair cars in the garage. The fact that in Germany apprenticeships are a prerequisite for these activities is an unpleasant surprise and hard to understand. In Germany training takes time! Thus asylum seekers become aware that time frames for earning and paying back debts suddenly shift dramatically.

Some of the students are under immediate pressure to earn, because the human smugglers or "agents" expect them or their families to pay back now. Thus students may be attending the course while working evenings or night shifts to earn ready cash for repayments. This creates the quandary (*Dilemma*) for some, reported by interviewees in the school or residential projects, of either opting to work and earn for now or learn for a better qualification (and higher earnings) later.

Teaching staff or social workers have to come to terms with many students' "double bind". The fact the latter have been independent for some time through the process of migration and having to leave their families behind means they have learned to cope and decide for themselves in many situations. Thus they may chafe (*sich*



*aufreiben*) more than their peers at the restrictions of school and in the residential projects for unaccompanied minors.

But – and this point was made in particular by psychotherapists working with the target group – once they are able to settle down in a more stable environment (a distinct framework with a routine, emotional support and clearly-defined and attainable goals), then the façade comes down and with it the emotional and other needs become evident. Thus the professionals (or volunteers) providing sustaining relationships become figures of trust, indeed role models – even if the adolescents may sometimes seem to signal the opposite.

Furthermore, it was pointed out that asylum seekers often have an ambivalent attitude to being refugees. They yearn to be just the same as other adolescents, in other words they want to be seen as “normal”, just like their peers in central Europe (of whatever background), with all of the attendant concerns and challenges of people of their age.

### **The Role of Therapy and Social Support**

There are a number of factors which therapists have to bear in mind when they treat unaccompanied minors. First the young people have gone through the process of forced migration, that is to say they left their home area, family and friends behind them under compulsion (*Zwang*). They may have suffered traumatic experiences prior to departure or in the course of the migration process. Support and treatment of these young people implies development of culturally sensitive psychotherapeutic techniques, which means applying intercultural skills to interact appropriately with clients of varying ethnic, cultural and religious background.

One of the challenges facing psychotherapists and psychiatrists in Germany and other Central European countries which have received large numbers of refugees in recent times is that many of the professionals have no experience of the specific demands of working with this target group. This can mean that trauma therapists are trained and experienced in dealing with patients whose problems are embedded in a European cultural and experiential context, but are unprepared for the challenges of young asylum seekers traumatised through (civil) war, persecution and flight.

These challenges are increasingly being addressed, however. Centres providing community-based support for people with social and mental health issues at local level, the socio-psychiatric services, are increasingly concentrating on asylum seekers as a vulnerable group in need of immediate support and referral for treatment at local level. The major representative bodies in the psychiatry and psychotherapeutic fields in Germany are organising conferences, training programmes as well as setting up regionally-based collegial networks as a response to what is now recognised to be a major challenge to mental health services in terms of resources and professional skills. Steep learning curves regarding treatment of refugees are the order of the day for therapists in practice as well as in Child and Adolescent Psychiatric units across Germany.

An essential part of this process of skills enhancement is broadening the deployment of language interpreter skills in diagnosis, counselling or therapeutic treatment of those who have gone through the often-traumatising process of forced migration. Existing interpreter services are being expanded, many therapists in practice who have hitherto had no experience of therapy sessions through and with interpreters are facing this

new challenge, but it is one which, when mastered, can mean a considerable enhancing of one's professional skills.

Then there is the issue of intercultural out-patient (*ambulante*) services provided by the major psychiatric hospitals in the regions outside the major cities. Until now the form of emergency service provided by these institutions for those experiencing some form of mental crisis has been resolutely mono-cultural. In the author's view the development of a culturally sensitive approach on the part of such emergency services is an issue which has to be addressed immediately, because there are so many potential situations in which a psychiatric first-port-of-call (*erste Anlaufstelle*) with culture-sensitive skills is required, e.g. dealing with a young asylum-seeker who is in the grip of a psychosis. First steps are being taken in some areas to broaden the language skills pool of these services and provide training for staff on intercultural and flight-related issues.

One innovative option currently being examined in Regensburg for example is an outreach service combining professionals and students of psychiatry who go into the hostels for asylum seekers to offer in-house diagnosis, on-the-spot counselling and, when required, referral for ongoing therapy at a clinic or practice. This kind of service can provide the backbone for a growing network to improve standards of psychiatric intervention for a highly vulnerable, but of necessity mobile (and thus not easily accessible), target group.

One further aspect of the dynamic expansion of demand and provision of therapeutic-psychiatric and social support services is the vital role of those few institutions with long years of experience and expertise in the field like *Refugio e.V.* in Munich. They face not only the challenge of great demand for individual, group and art therapy but also consultation on a wide range of issues, requests for further training, supervision, media interviews etc. On the one hand there is a sense of vindication (*Rechtfertigung*) at long last among experienced professionals in the field at the recognition of the importance of and need for their expertise. On the other these organisations are being pressed to the limit of their resources in trying to meet these demands.

In view of the challenges presented by the sheer numbers of asylum seekers coming to Germany it is of vital importance to coordinate professional and voluntary efforts in a mutually beneficial way. This should entail tandem arrangements between professionals and their volunteer counterparts, when appropriate. The helper networks should be made aware of the professionally-trained contacts from welfare organisations in hostels who provide coordination of activities, information, referral to medical, administrative or other services. There should be regular meetings of all those involved to ensure an up-to-date flow of information and addressing of misunderstandings or conflicts, if and when they arise. Structures for further training courses on legal, educational or therapeutic issues could usefully be installed over the longer term, as well as the availability of supervision and other forms of psychological support for voluntary helpers if requested.

### Barriers and challenges

What are the impediments (*Hindernisse*) to the establishment of a sustainable, high-quality network of support and treatment for unaccompanied minors in Germany in the immediate future?

The first challenge is the question of "atmospherics" at the local level. To what extent are the local authorities and other actors actively refugee-friendly or -hostile in their approach? If an Aliens Office at the town or parish level decides to adopt a less cooperative or conciliatory attitude then all manner of problems can be created

when the asylum-seeker wants an authorisation for a placement or an apprenticeship – or indeed to accept a job offer. The local employment exchange can play an equally important key role in encouraging training and labour market integration – or the opposite.

Practice has shown that ultimately it is of considerable importance that the local institutional representatives meet regularly in the form of working groups or round tables to discuss forms of cooperation, new strategies and initiatives for the overcoming of obstacles to social and economic integration at the local level. Regular exchange of information and views helps overcome the obstacles attendant on different “official” or civil society mentalities and approaches. The challenges presented by the refugee scenario help – when approached collaboratively – to understand “how the other half thinks and acts”.

This of course does not absolve the decision-makers in the political realm at Federal and *Länder* level of their responsibility for setting the framework in order to ease access to the training and labour market, to provide greater long-term security and a basis for life planning for young refugees. There are a number of aspects to this, from statutory permission of access to the labour market as an asylum seeker as soon as possible after entry to the country to provision of financial support during vocational training. Then there is the increasingly vocal demand from employers’ associations in the debate that asylum seekers should have security of residential status at least for the duration of their apprenticeship plus a further two years as a qualified craftsman (3+2). All of these issues and many more are being addressed with an urgency by politicians and other decision-makers which would have been unthinkable just a couple of years ago.

This is a fascinating aspect of recent developments: mass (forced?) migration in to Germany, which is very hard to stop at the borders without resort to military, politically untenable measures in democratic states, is concentrating the mind wonderfully. The intermeshing of large-scale civil society involvement with mass mobilisation of administrative, political, educational, social and economic resources to meet the challenges involved has led, in thousands of locally-based initiatives, to the creation of a “welcoming culture” worthy of the name. This has meant that there are large numbers of people (volunteers at the railway stations, helper groups in the hostels, and many more) who are prepared to provide support in what ever way they can, and many seem to be in for the long haul. In this sense there is a groundswell (*breite Welle*) of support for Chancellor Merkel’s, “we will manage it.”

This is not to ignore the scepticism of some, and outright rejection, anger or hatred toward refugees of a small, potentially violent minority. The situation in Germany is volatile. But, in societal terms “*nobody wants to smash the family china...*” This means that there is a broad consensus across social classes, established institutions and professions as forums of public discourse that Germany must promote integration in the short to medium term. Nobody, in the mainstream and quite a way beyond, wants to be seen as the “Naysayer” who declares this to be undesirable, or indeed unachievable.

This will, however, mean that the procedures for distinguishing between those who have a right to remain and those who are likely to face removal or deportation are likely to become more rather than less rigorous. Legislative and political decisions taken at EU level aim to stem the flows of migrants/refugees more effectively at the point of countries of transit (such as Turkey), if not of origin. The obverse side of the coin is that within Germany local authorities and professional actors will work more hand-in-hand to promote easier access to education, vocational training, the job market and further qualification. This will mean more effective cooperation between



vocational preparatory school classes, social workers, local administration, chambers of commerce and trades, employment exchanges and other relevant institutions.

Beyond this there will potentially be greater engagement on the part of smaller and medium-sized enterprises of the *Mittelstand* as they realise the worth of promoting stay of the highly-motivated target group of young refugees, whether accompanied by family members or not. It will be an important part of the function of teachers and social workers, watchful for the well-being of their charges, to ensure that the migrant-friendly and more open-minded businesses become part of the apprenticeship network, rather than those on the lookout for a cheap labour reserve to exploit – or prone (*empfänglich*) to stereotype in racist terms.

### Holistic approaches to vocational training

In the following chapter there will be a brief summary of some of the most important supportive measures required to enable young refugees to complete an apprenticeship and enter the labour market as qualified workers over the next few years. The remarks are based on the author's recommendations in a report for the City of Munich based on the three-year research project mentioned at the outset, due to be published in 2016.

It is essential that young refugees receive intensive support in learning the specialist language terms they need in their respective vocations. This could be in the form of extra language sessions which begin during the preparatory classes and should be intensified when they start their apprenticeship.

Vocational training should be organised in a culturally-sensitive way, i.e. what aspects of training are harder for these students to comprehend because of the very different cultural and social learning processes that refugees have gone through, not least the fact of growing up in a very different environment to that of central Europe – quite independent of the specific experiences leading to flight from the home area? Many trades and crafts will be unknown to these young people; this diversity of background entails the task of developing an interculturally competent teaching approach.

Many young refugees – especially if they have had little or no schooling – will face the challenge of illiteracy and then the need to “learn how to learn”. The preparatory classes and vocational schools will need to adapt to provide for the needs of these pupils. A number of innovative projects for non-native speakers have been developed of late to address such issues as learning to read texts focusing on key words or developing note-taking skills.

It will be essential to overcome legislative and administrative barriers to funding for vocational trainees on account of their lack of secure residential status as well as access to forms of training support provided by the local labour offices. There has been much debate of the need to reduce or remove these obstacles and the Legislative and Executive at Federal level has been made aware of the need for pragmatic change.

There has to be longer term life and job planning security for young refugees themselves and potential employers in the sense of “3+2” (stay for three years' training followed by at least two years working as a skilled craftsman). This issue, too, is being addressed, not least because many businesses are increasingly aware of the potential of these young asylum seekers and are lobbying accordingly. Parallel to this there also needs to be appropriate provision of psychotherapeutic support for the target group.

An important part of this process of social and psychological support can be provided by mentoring on an individual basis. Advice and accompaniment provided by volunteers over a longer period time can be an essential element, particularly during the transitional phase from preparatory class to apprenticeship, when the differing worlds of vocational school and workplace present special challenges for the unaccompanied asylum seekers. The danger of them giving up and breaking off the vocational training course is greatest at this time. Individual mentors may make the vital difference, encouraging their mentees not to succumb to resignation, but to stick at it through the tough phase. In addition to this, there should be regular educational assessments and monitoring of progress to ensure that the right supportive strategies kick in, if and when required.

It is of the essence to bear in mind that these young asylum seekers are excellent candidates for "life-long learning". That is to say, it should not be regarded as a tragedy if a young person breaks off their vocational training, because of the pressure to earn more cash on account of debts or pressure from relatives, or because the linguistic and training demands are simply too tough. But they should not leave the course with the feeling that they are failures and that the chance to train is gone for ever. They need to be made aware that the door stays open: they can return in a couple of years, when they have acclimatised, seen the value of good qualifications in Germany, speak the language better – and feel mature enough to take on the challenge, not least because of the positive memories of being supported by people who believed in them.

#### **To summarise: the way forward**

Local authority initiatives regarding this area of educational and social support must be systematised. At present there is inconsistency across Bavaria leading to a "postcode-determined" range of vocational training opportunity for unaccompanied minors and young refugees in general. As has been indicated, there needs to be coordination at national level (legislative, administrative & financial) of measures and structures for asylum seekers in particular, as opposed to recognised refugees, to be afforded the chance to get appropriate training.

The watchword (*Kennwort*) should be biographical orientation, i.e. to make the most of people's talents & resources. For therapists this entails the development of intercultural skills, provision of a wide range of further training on the pertinent issues, effective networking at local and supra-regional level as well as growing and mutually beneficial collaboration with interpreters.

The essential key thought underlying these processes should be that nobody gets forgotten in the longer term. There should hence be a constant bolstering of the young people's motivation for „life-long learning“, based on a motto which refugees will understand very well: If at first you don't succeed, then try, try again....

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**More Home - less treatment  
Rehabilitation at Risk in Europe  
In the Area of Freedom, Security, and Justice**

October 18-20, 2015

**Etnopsychiatry Service,  
Niguarda Hospital (Milan), Italy**

Maria Curia, Marzia Marzagalia, Lorenzo Mosca, Valentina Stirone

Who is **EtNos**



**EtNos** is a non profit organization founded in 2013 by a group of psychologists and psychoterapists from the Etnopsychiatry Service of Niguarda Hospital.

The clinical experience gained working with survivors of tortures drove us to create an organization to promote psychosocial projects at a local and national.

**EtNos collaborates with different public and private institutions** (prisons, shelters and reception centres, Niguarda Hospital, Sport clubs, etc) to support integrated rehabilitation projects for migrant people (through training, staff supervision, psychotherapy, art-photo-reading laboratories etc).



## The Ethnopsychiatry Service in Milan

It is a public outpatient service of Niguarda Hospital that provides **psychological, psychiatric and social support** to **migrants, asylum seekers, refugees, victims of torture and extreme violence, homeless people with or without legal document**.

The Ethnopsychiatry Service **aims at ensuring a complete mental health care to people coming from other cultures** through a transcultural approach, using cultural mediators when needed.

### The origins of our service

- The Centre was founded in 2000 in response to increased foreign users coming from the increasingly massive migratory flows that affected the city and needed specialized treatments with a transcultural attention.
- Traditionally, the Mental Health dept. of Niguarda Hospital always had a particular attention to non-resident populations, who initially were represented by homeless people, and later by foreign clients, whose presence has increased four times since 1998. Niguarda was the hospital, in Lombardy Region, where homeless people suffering from mental vulnerabilities were referred to.
- The Etnopsychiatric Service first pilot project targeted young immigrants with mental disorders.

..... inclusion in public health system

The **Etnopsychiatry Service** is integrated in a **public health service**: the **Psycho-Social Centre of Niguarda Hospital** for people with mental disorders resident in its neighbourhood.

BUT

it is not **funded** by the national health system but **by several projects (local and european)** aimed at improving the psychosocial wellbeing of migrants and refugees.

## Italian funds

We are partners in different local projects:

**MIGRANTI Project** – since 2009 funded by the Child Neuropsychiatry Clinic – University Hospital – to support follow-up of migrant youths as they become adults.

**SPRAR project** (Municipality of Milan) - from 2014 to 2016 to provide specialized care to vulnerable asylum seekers and refugees hosted in the city reception centres.

**DIogene Project** (with Caritas) - since 2006 to provide psychological support to homeless people with mental disorders.

**HOMELESS Project** (Municipality of Milan) - since 2013 to provide psychosocial support to homeless people with severe mental disorders.

## European projects

The E.S. participated as partner in some EU projects:

- a) **European Refugee Fund - “ENEA”** projects in 2009 with the Municipality of Milan as leader partner, promoting mental health among asylum seekers and refugees.
- b) **European Refugee Fund – Training on early identification** in 2010 in the most important reception centres in Italy, with the Italian Council for Refugees as leader organization, Save the Children and ASSPI as partners.

## Etnopsychiatry Service Organization

- **2 Medical Psychiatrists (plus 1 in Niguarda Mental Department)**
- **4 Senior Psychologists and Psychotherapists**
- **4 Trainees Psychoterapists**
- **2 Social Workers**
- **A number that varies from 1 to 4 of volunteer psychologists in training**
- **Linguistic and Cultural Mediators**

### Activities:

- Assessment and evaluation
  - Psychiatric treatment (interviews and pharmacology)
  - Psychological and Psychotherapy support
  - Art - Photo therapy groups
  - Social support for social (and economical) autonomy and integration or reintegration
  - Legal Medical Certification
- E. S. collaborate with **public and private networking system for mutual referral of migrants with mental vulnerabilities without any residence documents** ( Mental Departments, Social services for Minors, Family and Refugees, Receptions Centres, Private Social services and Host Centres, Lawyers, Eligibility Commission, University of Milan, etc)

## Working with torture survivors

Over the years, the social and health professionals in our service specialized in the treatment of torture survivors and promoted the cooperation with reception centres in Lombardy region, the Forensic Medicine dept. of Milan's University and some private lawyers.

Since **2009** the **Ethnopsychiatry Service** started to cooperate with local asylum eligibility commissions, through the NIRAST Project, funded by the **Ministry of Interior**, to provide technical (medical and psychological) support to asylum authorities, based in ten cities at that time.

### Identification:

Reception Centres, Refugees Office of Municipality of Milan, SGVB Clinic of Mangiagalli Hospital, Forensic medicine, Eligibility Commission, Private Lawyers refer clients to

- E.S. for Psychiatric and Psychological support

### Assessment, Treatment and social support:

Ethnopsychiatry Service provide psychiatric, psychological and social support to survivors of torture, collaborating with social and medical networking system at public and private level for rehabilitation and integration project.

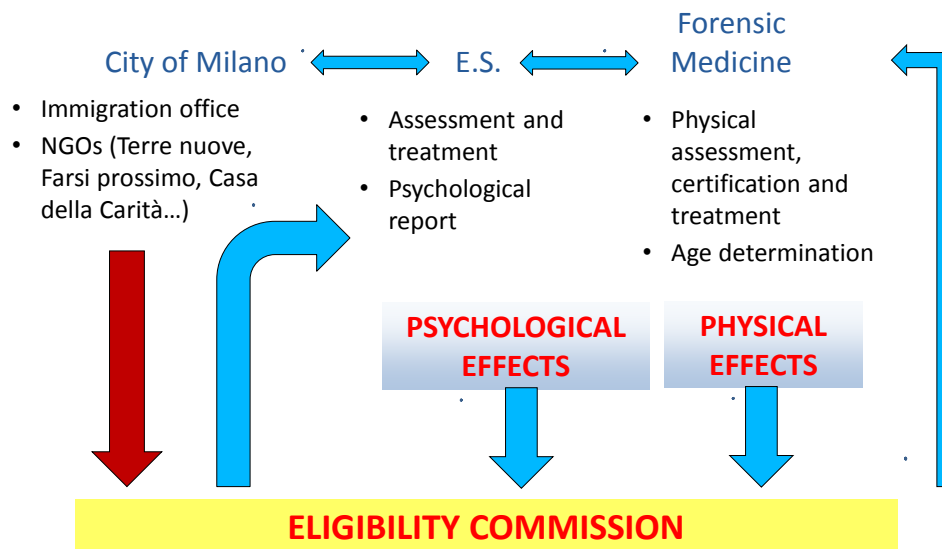
### Legal Medical Certification (psychological and physical examination):

Ethnopsychiatry Service provide to Milan Eligibility Commission official psychological certification and collaborate with Forensic Medicine of University of Milan for physical assessment. This procedure is not required by the authorities but rather by the evidence of the mental and physical suffering of the clients.

We consider such certifications part of the healing process, being aware of risk of instrumentalization but also of the importance of reestablishing a sense of truth and justice.



## The Protocol of Milan



## Main client categories

- Patients with severe psychiatric distresses with no legal document (self-referral/ psychiatric department / other services)
- Youngs referred by the Juvenile Court: minors who have committed crimes or involved in criminal proceedings;
- Parental couples sent by the Social Services for Minors
- Survivors of extreme violence, torture and traumatic experiences

## Patients in 2014

<b>M</b>	139	72,1%
<b>F</b>	54	27,9%
<b>tot active users</b>	193	100%
<b>Refugees or asilyum seekers</b>	95	49,2%
<b>Others</b>	98	50,8%
<b>tot active users</b>	193	100%

## Referrals

Hospitals and Psychiatry Departments	74	38,4%
Municipality and Reception Centres	62	32,1%
Juvenile and Ordinary Court - Penitentiary	12	6,2%
Commission for refugees	5	2,6%
others	40	20,7%
tot	193	100%

## Patients in 2015

<b>M</b>	171	72,2%
<b>F</b>	66	27,8%
<b>tot active users</b>	237	100%
<b>Refugees or asilyum seekers</b>	125	52,74%
<b>Others</b>	112	47,26%
<b>tot active users</b>	237	100%

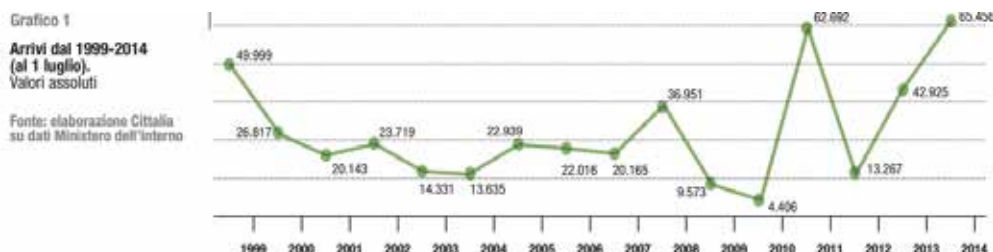
## Referrals

Hospital and Psychiatry Departments	89	37,5%
Municipality and Reception centres for Refugees	83	35%
Juvenile and Ordinary Court; Penitentiary	15	6,5%
Commission for Refugees	7	3%
Other	43	18%
<b>tot</b>	237	100%

## ITALIAN CONTEXT

What it is going on in Italy: from “Rapporto sulla Protezione Internazionale in Italia 2014”(Anci, Caritas, Cittalia, Fondazione Migrantes, Sprar, UNHCR)

### Migrants arrived in Italy from 1999-2014



### Nationality of Migrants arrived in Italy from 2012 to 2014

Nazionalità	2012	Nazionalità	2013	Nazionalità	2014 (al 01/07)
Tunisia	2.268	Siria	11.307	Eritrea	19.329
Somalia	2.179	Eritrea	9.834	Siria	11.236
Afghanistan	1.739	Somalia	3.263	Mali	5.835
Eritrea	1.612	Egitto	2.728	Gambia	3.333
Pakistan	1.247	Nigeria	2.680	Nigeria	3.089
Egitto	1.223	Gambia	2.619	Somalia	2.196
Bangladesh	622	Pakistan	1.753	Senegal	1.791
Siria	582	Mali	1.674	Egitto	1.552
Nigeria	358	Senegal	1.314	Pakistan	1.330
Gambia	348	Tunisia	833	Marocco	917
altre	1.089	altre	4.920	altre*	14.848
<b>Totale</b>	<b>13.267</b>	<b>Totale</b>	<b>42.925</b>	<b>Totale</b>	<b>65.456</b>

Tabella 2

**Nazionalità dei migranti. Anni 2012 – 2014 (al 1 luglio). Valori assoluti.**

Fonte: elaborazione Cittalia su dati Ministero dell'Interno

\* Il dato potrebbe comprendere immigrati per i quali sono ancora in corso le attività di identificazione



## Number of migrants rescued at sea

Tabella 3  
I numeri dell'Operazione  
Mare Nostrum

Mare Nostrum 2013  
(Dal 18 ottobre al 31  
dicembre)

Totale eventi		Totale migranti soccorsi			
34		4.323			
di cui					
Interventi Marina Militare		Interventi misti			
		Primo intervento CP/GDF/Unità SM		Primo intervento MM	
Eventi	Soccorsi	Eventi	Soccorsi	Eventi	Soccorsi
29	3.870	0	0	5	453

Mare Nostrum 2014  
(Dal 1 gennaio al 14  
luglio)

Totale eventi		Totale migranti soccorsi			
259		48.695			
di cui					
Interventi Marina Militare		Interventi misti			
		Primo intervento CP/GDF/Unità SM		Primo intervento MM	
Eventi	Soccorsi	Eventi	Soccorsi	Eventi	Soccorsi
216	41.554	36	5.417	7	1.724

Clinical Forensic Medicine – University of Milan  
Laboratorio Labanof (Dr. Cattaneo)

Isola di Lampedusa  
3 and 11 October 2013

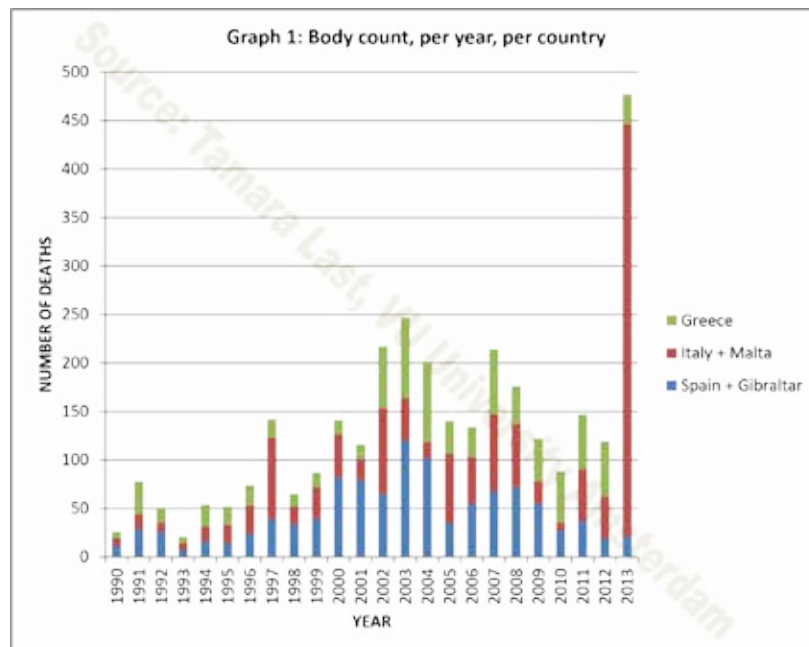


**387 deaths**

285 M

102 F

VU AMSTERDAM UNIVERSITY – 1990-2013



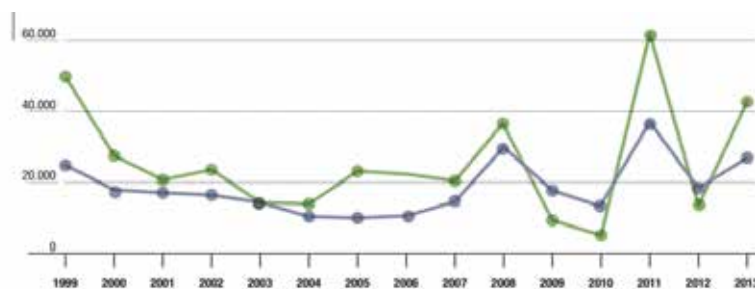
## Applications vs Arrivals

Grafico 3

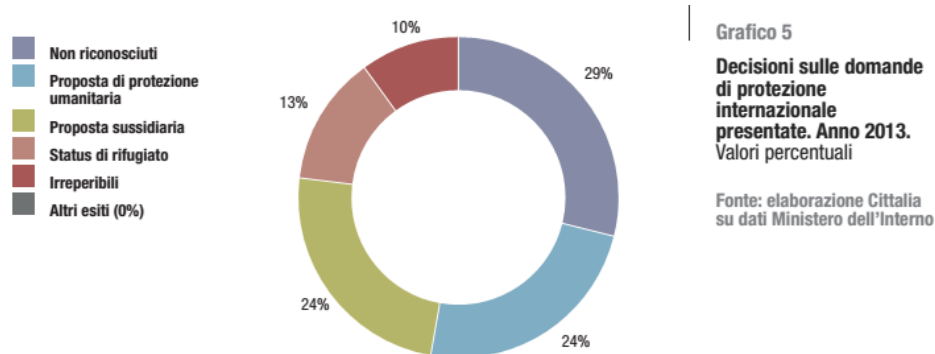
Confronto andamento  
domande protezione  
internazionale presentate  
alle Commissioni  
territoriali e sbarchi.  
Anni 1999-2013.  
Valori assoluti

Fonte: elaborazione Cittalia  
su dati Ministero dell'Interno

Domande pervenute  
Sbarchi



## Asylum decisions in 2013



## Italian Host System: two level system model

**First Host** (CARA; CDA; CPSA)

and

**Second Host** (SPRAR)

The structuring of a single host in Italy – to which tend to, since years, Interior Ministry, ANCI, UNHCR, protection agencies and associations - has to overcome the dichotomy between the first and second reception, that -in operational terms - it is over time developed into different objectives between the one and the other level, as well as in standard intervention differentiated, with a propensity to lower the threshold stage' first reception.

## **Present early reception system: many different centres (CPSA, CARA, CDA) for asylum seekers**

Considering the increasing accommodation needs, specific facilities dedicated to asylum seekers, both in the functions attributed and in capacity provided, they differ a lot between them.

In Italy, 26 August 2014, the total theoretical capacity CPSA (Centres of first aid and reception), CDA (Reception Centres) and CARA (Centres for asylum seekers) is equal to 7,810 places that become 10,331 in the number of admissions of immigrants welcomed and assisted in the centers in addition to over 28,500 migrants hosted in CAS (Extraordinary Reception centers).

The center that receives the greatest number of immigrants is the CDA-CARA Mineo with 3,792 people received (they represent 37% of all attendance at reception centers in Italy).

## **SECOND RECEPTION SYSTEM: who, where and how**

The Protection System for Asylum Seekers and Refugees (SPRAR) is a network of so-called of "second reception" for applicants and holders of international protection.

It is therefore not finalized (such as CDA or CARA) for immediate assistance of the people arriving on Italian territory but, originally, BUT to the social and economic integration of people holding a form of international protection (refugees, holders of subsidiary or humanitarian protection).

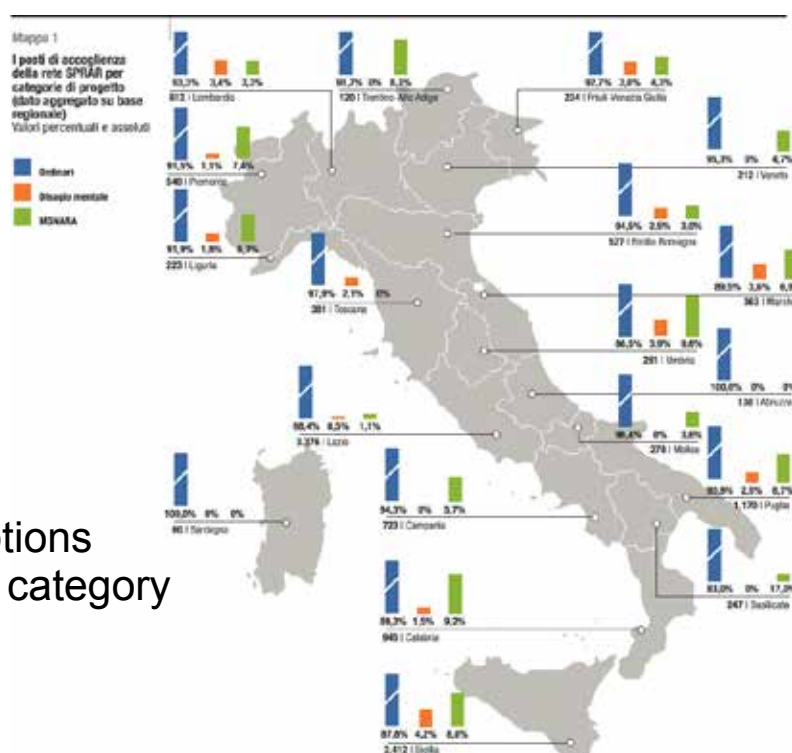
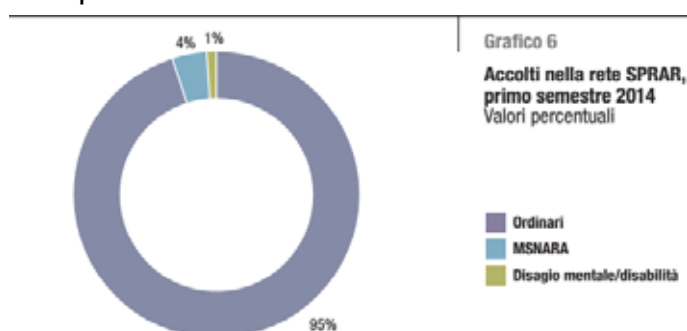
In the early years, however, the SPRAR had to make up for the deficiencies of the "primary" host, with a decreasing share of seats allocated to asylum seekers (down from 80% in 2004 to 28% in 2011).

SPRAR has two main objectives: (a) provide measures of assistance and protection to the single beneficiary (b) facilitate the process of integration through the acquisition of a new-found autonomy.

In 2013, compared with 10,381 posts financed, 12,631 people has been welcomed , 4,808 people more than in 2012.

While in the first half of 2014 10,852 beneficiarie were welcomed, of which:

10,325 ordinary,  
132 beneficiaries  
with mental illness or disabilities and  
395 unaccompanied minors



N. of receptions  
per project category  
SPRAR:  
ordinary,  
minors  
mental distress



With reference to the services provided under the projects of the territorial network SPRAR (2014)

a total of 48,231 beneficiaries were host

Following services mainly covered:

Assistance health (21.2%),

linguistic-cultural mediation (16.5%),

social assistance (15.5%),

multicultural activities (12.1%),

employment (11%)

the legal guidance (8.7%).

**Mimoza Dimitrova**  
Assistance centre for torture survivors ACET  
Sofia, Bulgaria  
19Oct2015

## Psychological counseling and psychotherapy for asylum seekers in Bulgaria

### More *Home-Less* Treatment

*The 12th annual meeting of the European Network of Rehabilitation Centres for Survivors of Torture in cooperation with the German Association of Psychosocial Centres for Refugees and Victims of Torture (BAFPe.V.) and the Bavarian Chamber for Psychotherapists*

## Reception conditions in BG

- ▶ **5 Open Reception and accommodation centres** for app. 4 500 persons managed by State Agency for refugees (Bulgarian asylum authority)
- ▶ **2 Close centres** for about 650 persons under Migration Directorate of the Ministry of interior
- ▶ **2 Transition centres**
- ▶ **Modest up to poor accommodation conditions in the facilities**



## Legal framework

- ▶ **New Asylum and Refugees Act voted in October at the National Assembly, replacing the previous from 2002**
- ▶ **Detention of illegal migrants, including asylum seekers**
- ▶ **Imprisonment – punishment for irregular crossing the border according to Art.279 of the Penal Code**
- ▶ **Legal aid – provided by NGO**
- ▶ **Court practice – need for training of lawyers and judges**



## Health services and public health system

- ▶ **Access to emergency and regular health services during the asylum procedure**
- ▶ **Access to mental health services – only for acute psychotic states**
- ▶ **Absence of psychotherapeutic services in the public health system**
- ▶ **Medications and many medical check-ups must be covered by the patient**
- ▶ **Obstacles to health-care provision for recognized refugees –**  
Refugees are supposed to contribute to the health insurance system by paying monthly premiums → but many of them do not have any income due to the limited job opportunities and the lack of integration programmes. → refugees' access to health care is in practice curtailed in the period after obtaining legal status.



## Obstacles

- ▶ **Limited reception capacity – logistic, administrative, professional;**
- ▶ **Limited scope and low quality of services provided;**
- ▶ **Lack of transparency about the policy and**
- ▶ **Networking and cooperation on basic level**
- ▶ **Lack of integration measures and support in the adaptation period**
- ▶ **Level of media coverage and political debate – positive messages from government and media vs. a negative general attitude**



## ACET rehabilitation programme

- ▶ Treatment programme since 1998 designed to meet the effects of persecutive violence (torture, political persecution, war)
- ▶ Targeting victims of the communist regime (native people), asylum seekers and refugees
- ▶ Focused on long-term effects of political persecution
- ▶ Prevalence of long-term therapeutic interventions
- ▶ Structured programme – type of services, intake procedures, opening and closing the cases, references etc. Keeping the structure aim to create stability and security.

## Early access (EA) programme

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- ▶ Presence of psychotherapists at the open and closed reception centers
- ▶ Access of asylum seekers through identification and self-reference
- ▶ Lack of basic orientation in the new conditions – EA to fulfill the gaps
- ▶ New trait among the asylum seeker population – “We don’t want anything from you. Give us papers as soon as possible. We want to go to the Germany ”- difficulties for interpretation of this new phenomenon – mass/ crowd phenomenon; trauma related interpretations

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▶

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▶



## The content of EA psychological work

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- ▶ The complains concern the cumulative stress effects of exile experience and experience upon the arrival and reception in the host country
  - ▶ Type of requests obtained – 1. to elaborate the loss;2. for children (up to 12 years) suffering long time before the war; for behavioral change after arriving linked with the previous experience in Syria;3. psychological problems in the family relationships on the level of the couple or with parents
  - ▶ Torture survivors are hiding themselves
- 

▶

## Challenges to EA implementation

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- ▶ Limited timeframe – negative impact on clients and staff; the precare interruption of the contact create regression and depressive responses
  - ▶ Need of additional support for interpreters
  - ▶ Lack of basic orientation in the reception period – EA to fulfill the gaps
  - ▶ Difficulties to refer in case of identified medical, social, integration needs
- 

▶

## Main therapeutic principles of EA

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- ▶ Not symptom focused approach
- ▶ Main direction of the treatment- restoring the subjective position towards the traumatic experience
- ▶ Dealing with helplessness and repetition
- ▶ Addressing the counter -transference
- ▶ Dynamics of the parent's involvement in the children therapy – structural element of the children therapy



## The content of EA psychological work

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- ▶ Maintaining the symptoms by the triad fear, shame, guilt
- ▶ Psychological aftereffects and symptoms treated in the frame of EA:1. Grief and mourning; 2. separation anxiety;3. fusional relationships;4. sleep disturbances;5.epileptic and convulsive problematic.





The 12th annual meeting of the  
European Network of Rehabilitation Centres for Survivors of Torture in cooperation with the German Association of Psychosocial Centres  
for Refugees and Victims of Torture (BARF e.V.) and the Bavarian Chamber for Psychotherapists

## **More Home-Less Treatment**

Rehabilitation at Risk in Europe in the "Area of Freedom, Security and Justice"

October 18-20, 2015, Munich, Germany



„Facing the refugee exodus:  
the current situation in four countries  
and the new challenges”

The case of Romania

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ROMANIA

**WHERE IS ROMANIA?  
WHAT IS HAPPENING IN ROMANIA?**

ROMANIA

**Romania is an Eastern European country.**

**The communist regime installed in 1944  
ended in  
1989 after a bloody revolution**

## ROMANIA

Romania became a **NATO** member in 2004 and an EU member in 2007.

Out of the 28 members Romania is the 9th biggest EU country as **territory** 238,391 Km<sup>2</sup> and the 7th as **population** 19.861.000 (by January, 2015)

Romania is not belonging to Schengen Zone.



## ROMANIA

### The Borders of Romania (3149,9km)

**Non EU countries** (*Moldova*- 681,3 km, *Ukraine* -649,4 km, *Serbia*-546,4 km) = **1877 km**

**EU countries** (*Bulgaria* -631,3 km, *Hungary* - 448,0 km) = **1079 km**

**Water frontiers:**  
*Black Sea* - 193,5 km  
*Danube, Prut, Tisa* - 2 064,4 km





“

*Since 2005 Romania has an Asylum law (122/2006), the legal framework for managing the asylum issues*

*Under the authority of Romanian General Inspectorate for Immigration (IGI), there are 6 regional reception and accommodation centers for asylum seekers: in Bucharest, Timisoara, Rădăuți, Somoșuta Mare, Galati and Giurgiu*

*As Andam, so far Romania is mainly a transit country, a stopover for people that choose to continue their way toward wealthier countries of EU*

ROMANIA

**WHY ROMANIA IS NOT ATTRACTIVE FOR  
REFUGEES?**

**WHAT ARE THE CONDITIONS OFFERED BY  
ROMANIA?**

## RECEPTION CONDITIONS offered by the state



### ACCOMMODATION

The 6 centres are opened and asylum seekers are free to move in and out respecting the internal regulations.

They also can leave the centres or the city with prior information of authorities about their new address.

In the accommodation centers they receive hygiene and cleaning products



### ASYLUM PROCEDURES

The average duration of processing a request is 3 months (administrative phase).

Most of the cases takes longer especially if court procedures are necessary



### SERVICES

Emergency medical assistance for adults and complete medical assistance for children is free of charge (Mainly theoretical).

## RECEPTION CONDITIONS offered by NGOs



### SERVICES OFFERED BY ICAR FOUNDATION

Supplementary specialised medical and psychological assistance (targeting mostly vulnerable groups re. victims of torture) is offered by ICAR through projects from various funding sources.

Legal counselling in various languages, social and cultural adaptation activities, diploma recognition etc. - are activities implemented by ICAR along with other NGOs financed through Asylum, Migration and Integration Fund (AMIF).



## WHY SO LITTLE ATTRACTIVITY?



### INDEMNISATION

Daily allowance is **less than 1 euro /day /person.**

The AS don't have the right to work during the procedures, however not earlier than 12 months after the registration of the asylum demand.

### FRONTIERS

In preparation for Schengen zone accession, the **frontiers both on land, water and air are very well sealed.**

### INTEGRATION POLICY



After obtaining the refugee status/ a form of protection refugees benefit of 6 months integration programs that can be extended other 3 months.

They have the right to live in the accommodation centers in the same conditions as the AS for two months.

The elderly people, ill persons and other vulnerable persons among refugees are protected like the local population and get social benefits from the state (very bureaucratic, slow system).

**The integration policy is not well thought, is rather incoherent**

**The NGOs are carrying the heavy load of the weak Romanian integration policy!**

## ROMANIA

## HOW IS ROMANIA REACTING TO THE REFUGEES CRISIS?

## CURRENT SITUATION (ORIENTATION. POLITICAL AGENDA)

The European Commission has started 40 infringement procedures against 19 member states, including Romania, which have incorrectly implemented the EU asylum rules or did not start their implementation.

The 19 countries haven't informed the EC what measures they took at national level to fully transpose the EU Directive on the reception conditions for people who seek asylum. This sets minimum standards for receiving those who ask for international protection.

Respect of current European rules regarding refugees, borders etc will be discussed separately in the workshops.

### Last moment developments in Romania

On October 2<sup>nd</sup> the Romanian PM called for a meeting of GVNМ representatives, local authorities, NGOs working in the refugee field, representatives of foreign communities and media (present at the opening).

It was a short notice meeting, with no agenda, no communicated format.

The expectations were very modest.

### What the Prime Minister had to say?

The objective of the meeting was to find solutions to manage at the national level the flux of refugees that Europe is confronting with (and Romania is waiting for).

Romanians and the Romanian state are for the first time facing this challenge for which the institutional experience is lacking.

The expertise to deal with this problem is at the civil society organisations and the dialog between the central authorities and civil society is aiming to equip Romania with appropriate responses to this challenge.

## CURRENT SITUATION (ORIENTATION. POLITICAL AGENDA)

### What happened during the meeting?

The PM listened to the participants and especially to the NGOs representatives learning about the problems, constraints and about possible solutions.  
– the meeting lasted 3 hours instead of one –

During the discussion the PM was expressing his hope that we, civil society, would influence the media and the public opinion, combating the existing prejudices within our society.

He set the example and during a GVNМ meeting (sent to the TV channels) explained why the refugees are not a danger for Romania and how Romania should be prepared to receive these people fleeing the war.



## CURRENT SITUATION (ORIENTATION. POLITICAL AGENDA)

### Conclusions of the meeting:

- Romania is not going through a refugees crisis like other European countries and should not get excited about this topic.
- Romania has the opportunity to create a better reception/integration system both short and long term.

### Plan of action:

- Continue the dialog in an institutionalised manner, creating mixed working groups(e.g. primary logistics, education, health, work, legislation, integration) to meet monthly and report on progresses within the framework of the "National Coalition for Refugees Integration". The Coalition had on the spot appointed Secretariat ( e.g. Ministries of health, education, public information) .
- All organisation with expertise in these fields are invited to contribute to the effort to create a national functional model in refugees integration.
- The first meeting of the Coalition – with a consolidated agenda will take place during the last week of October.
- This was a good opportunity for ICAR foundation to express its hope to have as soon as possible the legislation modified especially knowing that the recast directives are creating a more solid protection of vulnerable group among which the torture survivors, the group of our organisation first interest.

## CURRENT SITUATION (ORIENTATION. POLITICAL AGENDA)

### The evaluation of the meeting:

The participants from the civil society, traditionally having confrontations with the authorities were very satisfied to be part of an open dialog with the government concretely ready to collaborate and work in partnership with the civil society organisations.

### The risk:

It was too good to be true, the Prime Minister may have a short political life due to its justice files and its approach may be completely replaced by politicians with different views.



## CURRENT SITUATION (ORIENTATION. POLITICAL AGENDA)

### Surprise !

On 14<sup>th</sup> of October the Government approved a draft law to change the asylum conditions in Romania !

- The allowance for As increased from 30 Eur to 300 Eur/month (food, cloth, housing in the reception centers)
- Additional amount for renting a flat in town (when the accommodation capacity of the centres is not enough)
- New reception and accommodation centres will be built
- Obligation to give to all As the identity number in order to allow them exercise their rights (to health, to work, to study etc)
- The rules to exempt vulnerable groups from accelerated procedure will be established
- Closed spaces for As in cases of need to –verify the declared identity, protect against "desappearance", check the risk for national security. The As cannot be kept more then 60 days in such spaces

## ROMANIA

### PUBLIC OPINION ABOUT THE REFUGEES CRISIS IN ROMANIA

## PUBLIC OPINION

In Romania, like in Europe the public is divided, the only pool we have showing almost balanced positions (yes/no)

### Concerns of People AGAINST receiving refugees:

- We have enough assisted people, we don't need more (The unemployment rate in July 2015 was 4.99%, 4 million adult Romanians are not active on the working market and 7 million are receiving a form of social assistance. 16% of young people – up to 24 – do not work, do not study, do not follow qualification trainings).
- They are taking our job.
- The refugees are different from us; as religion, life style and behaviour.
- Why they don't go to other muslim countries?
- They will bring terrorism on our territory.
- We, christians orthodox will become muslims, their natality is too high.
- They will bring (exotic, tropical) diseases.
- Integration failed everywhere.
- They are sent to us according to secret plans of big poweres to distroy our civilisation.

## PUBLIC OPINION

### Arguments of People FOR receiving refugees:

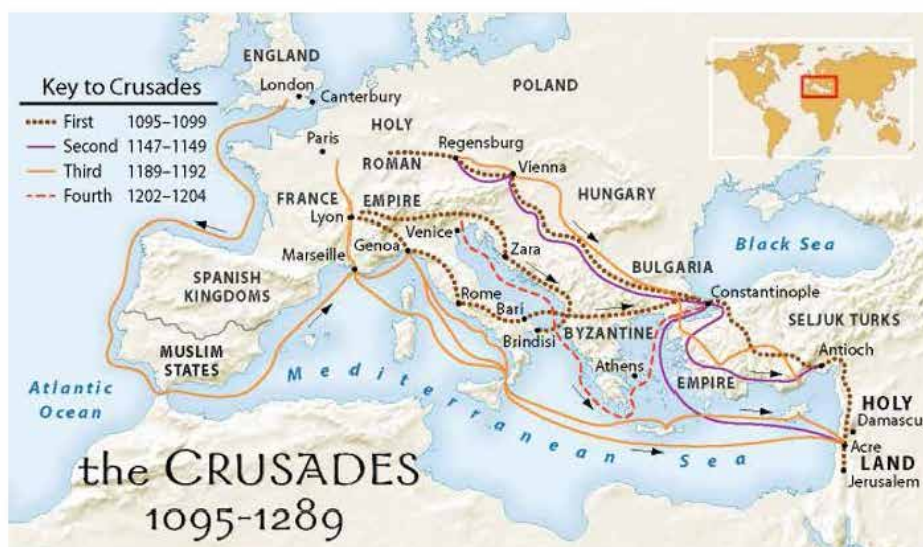
- They are human being suffering, deeply traumatised at their country, during the travel and at arrival.
- The majority of these people are refugees (60% according the UNHCR) running away from war, terrorism and state dissolution to find safety and hope for future on safe ground. They put their life on the hands of smugglers, pay enormous amount of money to get out of their home tragedy. They deserve our hospitality
- Other countries -Lebanon, Turkey, Jordan - have more than 4 million refugees. (To Europe – with 500 million inhabitants – there are a bit over 500.000 so far). Romania has capacity and the need to absorb refugees if well informed.
- Migratory flows - in and out - are not a "premiere" in Europe history

EUROPEANS

# 1000 Years Ago: European Crusaders



1000 years ago



EUROPE

# 2015 Flows of refugees

EUROPE 2015



ROMANIA

**ICAR COMMENTS**  
**regarding the general situation:**  
**prejudices, fears, concerns**

ICAR COMMENTS

The magnitude of the flux of population on move seen every day on TV, without the necessary explanations is generating justified fear – of invasion - at the public opinion

The response of some "European" country (e.g. Hungary): soldier patrols, razor wire fence, tanks, military choppers is inducing unnecessary/damaging public reactions (panic, anger, hate) that must be avoided.





#### ICAR COMMENTS

Regarding the presence of terrorists: their identification should be left in the hands of authorities, we trust that the European Intelligence is up to the expectations and the budgets!



#### ICAR COMMENTS

After 1989 Romanians prefer to live from social benefit which was/is on offer for political/electoral reasons. Accidentally they may work on the black market to supplement the assistance.

Most of them do not in reality qualify for social assistance, there is a whole networking of fraud involved.

The rich mafia heads (owner of enormous palaces and incredible limos) in good understanding with highly educated professionals, are receiving social benefits in spite of their wealth.



## ICAR COMMENTS

The higher current level of Muslim natality (3.7 in Muslim, compared to European 2.1) doesn't say much about child mortality and maternal mortality and even less about the future.

However, statistics are contradicting the "end of the world" conspiracy scenario "Eurabia" – that paranoid theory fuelling the tragedy in Norway 2011

EUROPE  
Fertility Rates for Muslims and Non-Muslims

Country	2005-2010			PROJECTED 2025-2030		
	MUSLIM	NON-MUSLIM	DIFFERENCE	MUSLIM	NON-MUSLIM	DIFFERENCE
Albania*	2.9	1.7	0.2	1.9	1.7	0.1
Austria	2.4	1.3	1.1	2.1	1.4	0.7
Belgium	2.5	1.7	0.9	2.2	1.7	0.5
Bosnia-Herzegovina	1.2	1.2	0.0	1.4	1.4	0.0
Bulgaria	1.8	1.3	0.4	1.7	1.4	0.3
Denmark	2.7	1.8	0.9	2.4	1.8	0.6
Finland	1.2	1.8	1.5	2.8	1.8	0.9
France	2.6	1.9	0.8	2.4	1.9	0.5
Georgia	1.8	1.6	0.2	1.9	1.7	0.1
Germany	1.8	1.3	0.5	1.7	1.4	0.3
Greece	1.8	1.6	0.2	1.9	1.7	0.1
Ireland	3.0	1.9	1.1	2.6	1.9	0.7
Italy	1.9	1.4	0.6	1.8	1.4	0.4
Kosovo*	2.4	1.1	1.3	1.9	1.1	0.8
Montenegro	2.5	1.5	1.0	2.3	1.7	0.6
Netherlands	2.7	1.6	1.0	2.3	1.7	0.6
Norway	3.1	1.8	1.3	2.8	1.8	0.7
Republic of Macedonia	1.7	1.3	0.4	1.8	1.5	0.3
Romania	1.4	1.3	0.0	1.4	1.4	0.0
Serbia	3.1	1.6	1.5	2.7	1.7	1.0
Spain	1.6	1.4	0.2	1.5	1.4	0.1
Sweden	2.5	1.8	0.8	2.3	1.8	0.5
Switzerland	2.4	1.4	0.9	2.2	1.6	0.6
Ukraine	1.9	1.5	0.4	1.9	1.7	0.2
United Kingdom	3.0	1.8	1.2	2.5	1.8	0.8
Avg. for these countries	2.2	1.5	0.7	2.0	1.6	0.4

\* Muslim majority country  
Source: Total Fertility Rate, UNFPA. Averages are weighted by country populations so that more populous countries affect the average more than smaller countries. Figures may not add exactly due to rounding. Countries shown are those for which data is available.  
See Research Center's Forum on Religion & Public Life • The Future of the Global Muslim Population, January 2011

Today Romania has a gap of almost 3 million active people who are working abroad (economic migrants) and do not contribute to the social security fund.



Romanians have a longer life expectancy and the ageing population will need more social services / assistance.

## ICAR COMMENTS

**The cultural differences seen as a threat to our values are coming from political indoctrination and lack of knowledge about own history. In the Romanian Parliament there are representatives of 18 ethnic minorities!**

The communities of Turks, Tatars, Arabs, did not disturb the local population over the centuries of common living. Mosques are all over Dobrogea, responding to the needs of Muslim communities, equal rights, access to education, health services or political life is guaranteed for all.



Palace of the European Commission of the Danube

Strong inter-cultural and integration tradition. Sulina, a city on the Danube was the headquarters of the European Commission of the Danube (1858- 1921) having a tremendous history of multiculturalism. The local population of 5000 people included 27 nationalities, 10 types of worship places, schools in 7 languages (Romanian, French, English, German, Hebrew, Russian, Italian, Greek), a cemetery where all believers whether Orthodox, Catholics, Protestants, Muslims or Jewish were resting in peace side by side.

## ICAR COMMENTS



Local Women



Children



It would be really funny if it wouldn't be dramatic. None of the refugees wants to stay in Hungary or Romania or any other former communist country. There is a "German Dream" that we can understand because a lot of our conational had/have it at one point.

Politicians should learn to see in longer terms than 4 years mandate.

SYRIA

## KEY POINT WHAT IS HAPPENING TO SYRIA?

WHAT IS HAPPENING  
TO SYRIA?





WHAT IS HAPPENING  
TO SYRIA?



WHAT IS HAPPENING  
TO SYRIA?





THE CHALLENGE

THE MANY HUMANITARIAN CRISIS OF THIS AND LAST CENTURY  
BORN FROM GROSS  
VIOLATIONS OF HUMAN RIGHTS UNSOLVED, IGNORED OR  
POSTPONED GENERATED UNBEARABLE CONSEQUENCES WE FACE  
TODAY!

*HOW DO WE, REHABILITATION CENTERS, DEFEND THE RIGHTS OF  
TORTURE VICTIMS WITHIN  
THE MASSIVE INFLUX OF REFUGEES TO EUROPE?*



**Thank you for your attention  
and further reflection!**

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## **Refugees in Greece**

### **Snapshot of the present situation (October 2015)**

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### **Snapshot of situation in GR (up to October 10<sup>th</sup>)**

By October 10th, **450 848** people had arrived in  
the Greek islands in 2015 (vs 43 500 in 2014)

**More than 140** people died in the Aegean in the  
month of September alone, stressing the need  
for increased Search and Rescue efforts

The majority of people arriving in the islands continue  
their journey by crossing from Greece into FYROM.  
In September, an average of **4500** people crossed the  
border every day.

## Snapshot of situation in GR (up to October 10<sup>th</sup>)

66% are men	71% are Syrian
13% are women	18% are Afghani
21% are children	4% are Iraqi

### **The vast majority of illnesses we treat are a direct result of the living conditions for people:**

- irregular access to food and no ensured access to drinkable water
- no access to shelter so people are forced to sleep on the ground at night
- difficult access to hygiene facilities
- change in eating habits

## Response

- Mobilization of local society, volunteers (local and international). *Not everywhere though.*
- Mobilization of civil society (local and international). *Lack of coordination a big problem.*
- State and local authorities response gravely lacking! *Hotspots is the objective now.*

**“Rehabilitation Services at Risk?”**

It is a pleasure and honour for me to be present here today. I would like to thank Refugio München, in particular Ms. Elise Bittenbinder, for her invitation. This meeting of the European Network of Rehabilitation Centers for Survivors of Torture takes place at a critical moment in the history of our continent. While the difficulties are countless to properly meet the needs of the refugees and migrants, it is also an opportunity for the world community to get some things right. One of them, is to properly identify and help those among the refugees who are victims of torture. With the knowledge and expertise accumulated over the past 30 years, we have a chance today to offer adequate rehabilitation assistance and life-saving treatment to the torture survivors. This knowledge simply was not available the last time Europe received so many refugees.

**The Fund**

I work in the team that administers, on behalf of the Secretary-General, the United Nations Fund for Victims of Torture. We are located in Geneva, in the Office of the High Commissioner for Human Rights, in the Division that works also with the Committee against Torture (CAT) – as well as the Committee on Migrant Workers, the Committee on the Rights of the Child, and a few other Committees of independent experts who monitor the implementation of the main human rights treaties. We are proud to be the guardians of the oldest anti-torture UN mechanism. The Fund was established 34 years ago, at a time when no other torture-related mechanism existed, to provide direct assistance to victims of torture and their family members. It continues to do so today by providing annual grants to civil society organizations that in turn provide medical, psychological, legal and social assistance to survivors of torture and their family members.

The original mandate of the Fund is both visionary and squarely victim-centred. Visionary as it expanded the coverage of the former UN Voluntary Fund for Chile to respond to “the plight of victims of torture wherever torture takes places”. Victim-centred as the General Assembly stipulated that victims are to be assisted “in a purely humanitarian spirit” – hence placing the victim and their family members at the centre of intervention.

Despite a funding decline over the last five years, the Fund for Victims of Torture remains amongst the largest ones in the field of human rights. It is estimated that in the course of its existence, the Fund has provided financial assistance for over USD 140 million dollars to more than 600 organizations worldwide, some of which are present here today. Last year, over 50,000 victims of torture throughout the world were assisted directly thanks to the Fund’s support.

### The UN anti-torture architecture

Today, the UN anti-torture architecture is stronger. In 1984, the Convention against torture was adopted, in 1985 the mandate of the Special Rapporteur against torture was established. The Convention provides the most comprehensive and potentially global protection against torture. The principles it contains remain highly relevant today: torture is a crime. It is never allowed nor justified, not even in times of war or in the fight against terrorism; those who commit the crime of torture will be held accountable, anywhere, anytime; and victims of torture have the right to rehabilitation and redress.

We – all of us present in this room and many others – have worked hard in the past 30 years to eradicate torture. We have strengthened the normative framework and the mechanisms to monitor it. However, the implementation gap remains huge. There are constantly more victims of torture; torture takes ever more varied forms; and it takes place in complex contexts, such as migration, which leads to complex traumas.

### Article 14

Since the entry into force in 1987 of the Convention, States Parties have traditionally neglected their obligation to provide redress, compensation and full rehabilitation for victims of torture, which is set in article 14 of the Convention against torture. The implementation gap of this right is particularly worrying. This explains also why the service providers like you, and UN Torture Fund, are over-strained.

I would like to take a few minutes to provide the perspective of the UN human rights mechanisms on the right to redress and rehabilitation for victims of torture. Two recent documents are helpful to unpack the content and scope of the legal obligations of States vis-à-vis victims of torture, notably:

1. The General Comment no. 3 on article 14 of the Convention against Torture adopted by the Committee against Torture (CAT) in November 2012; and
2. The Human Rights Council resolution 22/21 adopted by member states on 22 March 2013 on “Rehabilitation of torture victims”.

#### 1. The General Comment

When considering **who is a victim** of torture, the Committee in its General Comment make a few important points:

1. A victim of torture is a person who has suffered harm, either individually or collectively. Torture can be a physical or mental injury; emotional suffering; economic loss; or a substantial violation of their human rights. Torture can be inflicted through acts and/or omissions that constitute a violation of the Convention against Torture.



2. There is no need for a judicial decision to determine that somebody is a victim of torture (i.e. access to rehabilitation services is not dependant as to whether there is a trial going on, with a perpetrator identified, a victim requesting compensation in court, or a decision by a tribunal attesting that a person is a torture victim).
3. The legal status of the victim is also irrelevant, as long as the victim is under the jurisdiction of the State. Whether the victim is a national of the State party, a non-documented migrant, an asylum seeker or a refugee does not influence his/her right to rehabilitation.
4. The right to rehabilitation is not limited to victims who were harmed in the territory of the State party or by or against nationals of the State party. In other words, persons tortured in their country of origin or in transit have a right to rehabilitation in the country where they are right now.
5. The term "victim" also includes affected immediate family or dependants of the victim.

Furthermore, the General Comment provides important clarifications about the term "**redress**" contained in article 14, which are in line with the practices developed by the Fund over the last three decades:

1. The reparative concept is a comprehensive one, encompassing effective remedy and reparation; this includes restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition.
2. Redress and reparative measures should be victim-tailored and include the victim participation.
3. National services and rehabilitation programmes provided by the State should "take into account a victim's culture, personality, history and background" and be "accessible to all victims without discrimination and regardless of a victims' identity or status within a marginalized or vulnerable group, including asylum seekers and refugees".
4. As full rehabilitation as possible is defined by the Committee as "the restoration of function or the acquisition of new skills required as a result of the changed circumstances of a victim in the aftermath of torture or ill-treatment. Rehabilitation seeks to enable the maximum possible self-sufficiency and function of the individual concerned, and may involve adjustments to the person's physical and social environment".

5. "Full rehabilitation" means that assistance should be holistic and inter-disciplinary as it aims at restoring both the health and the dignity of the victim.
6. Notwithstanding the need for services in the direct aftermath of torture, assistance should have a long-term approach.

According to General Comment no. 3, the obligations of States parties to provide redress under article 14 of the Convention are both procedural and substantive: procedural as States parties shall enact legislation for the establishment of complaint mechanisms and investigation bodies; substantive as they also need to ensure that victims are provided with effective and as full as rehabilitation as possible.

The State can either provide these services directly, or it can support private medical, legal and other facilities, including those administered by civil society organizations. Regrettably, in many States civil society structures and initiatives still carry the main burden with regard to the implementation of the right to redress and rehabilitation of victims of torture.

## 2. The Human Rights Council Resolution

The Human Rights Council, an inter-governmental body made up of member states to discuss human rights issues, adopted a land-mark resolution (A/HRC/RES/22/21) in March 2013, reflecting a renewed political commitment on the issue of rehabilitation of victims of torture. Of important note, the resolution recognizes "the inter-dependence and equal importance" of all forms of effective remedy and reparation, including restitution, compensation and rehabilitation by "recognizing those.

The resolution reiterates the State's obligations towards victims of torture but also acknowledges the role played by rehabilitation centres administered by civil society organizations.

Finally, both the Council's resolution and the Committee's General Comment provide that the right of victims to redress should translate into State actions to assist victims, including by continuing to support the United Nations Voluntary Fund for Victims of Torture.

## Implementation Gap

Despite these clear reiterations of the State's obligations, an implementation gap remains, especially with regard to refugees and asylum seekers. In those few cases where States takes some action to provide redress and rehabilitation, it is seen as charity. This is why there are structures like those you represent who play a critical role in complementing, replacing or coordinating with the state services. In some countries, doing so even puts the service providers themselves at risk.

In 2015, the UN Fund for Victims of Torture is proud to support 184 projects of direct assistance in over 80 countries for a total amount of 6.2 million US\$. In addition, we have been able to respond to 9 emergency applications from Iraq, Ukraine, Jordan, Serbia, Burundi, Hungary and Israel.

This is unfortunately a drop in the ocean. Not only is torture still pervasive in many regions of the world, the magnitude of the needs is compounded by the fact that even States that do not commit or condone torture don't understand article 14 and forget the rights of the victims. Rehabilitation, reintegration, treatment, is more than humanitarian assistance, it is an State's obligation. It is not charity. It is a victim's right.

The advocacy work that you and I do on behalf of the torture survivors is critical. Rehabilitation is vital, but it is costly. We see it as a long-term investment in our shared humanity. A psychiatrist we work with in Iraq once told us "Take one member of society, torture him, send him back to society, it is as if you have tortured the entire society" (it is one of the quotes you can see behind me). Rehabilitation helps individuals regain their dignity. Rehabilitation builds strong communities. Rehabilitation fosters peace.

### **Current asylum seekers influx**

The current influx of asylum seekers from Iraq, Afghanistan, Syria, Eritrea, etc. takes place in a context of an ongoing mixed flow of migrants. All migrants have a right to redress and rehabilitation if they have been tortured. Rehabilitation work is even more important in the current circumstances, since we know that among the asylum seekers, about 1 out of 3 is a victim of torture – not to mention other human rights violations. This number is much higher than for most migration flows and is due to the prevailing circumstances in their countries of origin. It is critical that structures and procedures are strengthened to identify victims of torture among these newcomers and to provide them with specialized assistance for two reasons:

1. Victims of torture are entitled to special protection under international law, including the right to non-refoulement;
2. We know that the earlier the survivors have access to treatment, the higher are their chances of full recovery. Early identification and assistance increases the chances of a refugee to successfully integrate in a new community.

The importance of identifying and assisting victims of torture where the torture takes place as well as when they arrive in a new place, is well recognized by the Fund. Our universal and neutral mandate enables us to work in all the settings. We strive to support organizations in all the regions of the world in order to be present where conflicts and torture take place as well as to support the safe haven that some of them manage to reach.

Having said that – I take the opportunity of having a few Government representatives and powerful lobbyists in the room to talk about money – the UN Fund, which is entirely dependent on contributions from Governments, has seen a decline in its resources over the last 5 years. The decline of contributions from European countries is particularly felt. In 2015, the UN Fund is investing a total of 1.2 million US\$ in 40 centers operating within 16 EU countries. In turn, only 5 EU Member States contributed to the Fund for 2015: Germany, Denmark, Finland, Ireland and Austria. You will notice that, for example, the UK, France, Belgium, Switzerland, Sweden, Spain, new EU members and the EU itself do not contribute to the Fund. The decline of European contributions to the Fund

is compounded by the decline of funds available in the EU for European Centers. There is a sharp contrast between the declining resources allocated to the assistance of victims of torture and the ever growing needs of victims on European soil. Together, we need to reverse this trend !

### **Knowledge sharing**

Going back to the need to identify and assist victims of torture as early as possible upon arrival: The difficulty in implementing these measures to identify and assist torture survivors among the refugees, is that it requires specialized knowledge that many of you in this room possess, but which is in fact quite rare. Those of you who are assisting and treating victims of torture are a professional elite in your area of expertise. Identification of torture survivors, treatment of inter-generational trauma, therapy, legal assistance, etc., are all highly complex and specialized fields of work that have been developed, tested and documented in the last 30 years, but that are still not well-known.

The UN Fund is strongly committed to fostering the exchange of knowledge among practitioners. We hope to be able to partner in this endeavour with the European Union and the experienced Rehabilitation Centers. In February 2015, the Board of Trustees of the Fund hosted an Expert Workshop of practitioners to discuss redress and rehabilitation of victims of torture in emergency contexts and their long-term needs. The Workshop aimed at facilitating the sharing of good practices and lessons learned on redress and rehabilitation of victims of torture in today's complex settings. It also provided an opportunity to compare working methods and to discuss successful approaches and key components in the delivery of assistance. The Workshop brought together 13 professionals with various backgrounds (legal, medical, psychological, social) from projects supported by the Fund. It was intended as a first in a series of yearly discussions to be facilitated by the Fund, with the aim of collecting and disseminating expertise and best practices on redress and rehabilitation of torture survivors and establishing a community of practice. A similar event is planned for 2016.

Knowledge and skills sharing is even more important in today's context. Together, we need to find ways to enhance the transfer of the expertise that is available in this room – and among other rehabilitation practitioners worldwide.

Together, we need to emphasize the plight of torture victims. Their needs have to be recognized and met by adequate responses that empower them. Let us make sure that their rights are not forgotten !



## UN Fund for Victims of Torture

Astrid Melchner

### “REHABILITATION SERVICES AT RISK?”

*More Home – Less Treatment*

*12<sup>th</sup> Annual Meeting of the European Network of Rehabilitation Centers*

*Munich, 20 October 2015*



UNITED NATIONS  
HUMAN RIGHTS  
OFFICE OF THE HIGH COMMISSIONER



Social assistance to reintegrate victims of sexual violence in conflict in DRC  
SYNERGIE, 2014



UNITED NATIONS  
HUMAN RIGHTS  
OFFICE OF THE HIGH COMMISSIONER



## US\$ 168 million awarded to 620 rehabilitation centres worldwide since 1981



Victims of torture from Central Africa Republic who have seek refuge at the rehabilitation  
Centre VIVRE CAPREC, Senegal, 2014



**57,000 victims of torture**  
assisted in 2015 in  
**81 countries** with  
US\$ 7.2 million



Pathologists conducting an exhumation  
IMLU, Kenya 2014



***“Society owes victims the right  
to redress and rehabilitation as  
fellow human beings.”***

*Peter KIAMA, IMLU*



Children in group therapy  
VIVE ZENE, Bosnia & Herzegovina





***“It is crucial to work on  
rehabilitation to prevent the  
transmission of trauma onto the  
younger generation and facilitate  
peaceful reconciliation.”***

*Jasna ZECEVIC, VIVE ZENE*



**Eyewitness recognition: accompanying victims and witnesses at "La Cacha",  
clandestine detention centre  
CODESEDH, Argentina**



***“Uno de los mayores desafíos de la asistencia es precisamente la de establecer una estrategia que aleje definitivamente el riesgo de la revictimización y estigmatización”***

Norberto LIWSKI, CODESEDH



Training of social workers  
WCHAN, Iraq, 2015





***“Take one member of society,  
torture him, send him back to  
society, it is as if you have  
tortured the entire society.”***

*Ahmed Mohammed AMIN, WCHAN*



Social rehabilitation : Patients attending a language class  
Boston Medical Center, USA



***“Rehabilitation and justice for  
all and impunity for none.”***

Suzanne JABBOUR, RESTART



Psychological assistance and trauma counselling to  
torture victims fleeing Syria  
CVT Jordan, 2014



***“What is left is the significant  
challenge of making rehabilitation  
of torture a reality.”***

Victor MADRIGAL –BORLIOZ, IRCT



Eritrean migrants, tortured and trafficked on their migration route through the Sinai desert, assisted by two UNVFVT grantees



***“The support of the UN Fund  
reassures beneficiaries of the  
neutrality of the assistance  
they receive.”***



Securing redress through legal assistance  
BAI/IJD, Haiti 2014



***“Torture aims at destroying the individual’s body and mind, but also the bonds of solidarity and trust in humanity which are pillars of society.”***

*Felicitas Treue, CCTI*



Torture destroys lives.

Help victims  
rebuild theirs.



Graphic: © EPA/WIDEA

[donatenow.ohchr.org/torture](https://donatenow.ohchr.org/torture)  
[www.ohchr.org/torturefund](https://www.ohchr.org/torturefund)





**Art work with child refugees – visit of a refugee camp**

The refugee camp Tischlerstraße was established in 1994. Officially, there are currently 104 people reported. Most come from Afghanistan (33), from Iraq (22), Nigeria (13), further from different African countries and countries such as Armenia, Azerbaijan ... There are 32 children and teenagers under 18 registered. The occupancy limit is set at 180 persons. There is no fixed residence time in the camp. However, people need to live in the allotted accommodation during their asylum procedure. In difficult cases, however, the residence time reached more than ten years.

In 2013 a reconstruction took place into family-friendly housing units. Until the renovation there were only single unconnected rooms at the property. For families with several children, who are entitled to use two rooms, it was a problem, because they had either to lock their children during the night, which is problematic in the case of danger, or they had to leave this rooms unlocked, which made them accessed for any strangers from the corridor rooms. Since the renovation, two rooms are connected with intermediate door.

Social care is regulated in this camp through Caritas with a social worker who supported the residents in Regulatory Affairs, organized the support of volunteers and the allocation of the group space as well as a child care during the German language courses.

The association "Living together in Fürstenried" has founded in 1993 a year before the opening of the camp in order to create acceptance among the population: Volunteers organize German language courses, homework assistance for the children who attend the school and encounters in the tea room, as well as celebrations in the camp, and in the district, too, sewing groups for the women and the current garden project. For two years, some members of the association take care of it, to organize plants, seeds, soil and gardening tools to gardening with the residents. First, simply they wanted to embellish the property. Within a year, they developed small own gardens in front of the windows of the residents, which have since been maintained with love and cherished. This has changed a lot in the living of the inhabitants. Before there was very soon a decrease of neglect and littering in the place noticeable and now the residents began to pay more attention to their surroundings, as they provide well cared for their gardens. The garden project helped the people to escape from the condition of helplessness due to the uncertainty of life in the camp and gave them at least an object and task to let them feel more potency and accountability.

"Refugio" has a presence in the art workshop for children, as well as in other GUs, too. In this camp is given the special situation that the workshop be supervised both by a member of Refugio, and of a volunteer who belong to the association. This increases the possibility of exchanges and cooperation between the institutions helpers. One time a week we open the group for three full hours for children upon three years, with the possibility to offer them to find their creative expression. Smaller children come for short units in the group, to get used to the working group, to be cared for individual and slowly to become familiar with the Group and its rules. With the older children we mostly do very traditional drawing and painting, with simple themes such as animals, experiences, family, landscape, home and portraits, we plasticize with clay or paper-clay and small old pieces of furniture are restored, partly be given to the children, who leave the camp, or to be taken in order also for friends of our work against material donations. Regular exhibitions in the district or for Refugio in larger public context ensure that we can generate interest among the population and the children find recognition.

In the group work, a fixed frame structure has proved very successful, since it provides orientation and safety to children. Small rituals at the beginning and at the end of the group session care for that.

One of the main themes of the children is the artistic composition of the house, tree and man. Again and again the house is presented as "home". Many of the children only know life in the camp, since they were born here. Since the residence time of some families is so high, they have life-circumstances that can lead into deep despair. The children will experience this as a normality that has certainly formative impact. Simultaneously, the company is reflected outside the abnormality of the situation in the camp, being excluded or outcast. With the children one finds a rivalry and competition always in evidence, which is produced by this life. In the group work therefore regulation is frequently required since the children among themselves acting out their negative experiences they've made in Kita and school and pass it on weaker kids.

The theme of "house, tree, person" is also one of the classic themes of art therapy, which includes both diagnostic and self-awareness aspects. The workshop participants had the opportunity to make small drawings that contain those terms and are asked to pay attention to their associations.

In the end there was the possibility of a short reflection.



EUROPEAN NETWORK OF REHABILITATION CENTRES  
FOR SURVIVORS OF TORTURE

## **Research Working Group: An (un)necessary extra?**

**Nimisha Patel**

20th October 2015

### **Aims of Research Working Group**

1. To stimulate a range of research
2. To support and facilitate research
3. To identify areas of good practice, and relevant research activities
4. To explore how to use research outcomes

## **Past activities**

1. Presenting and debating different research methods and findings in our field
2. Supporting each other in our research projects or aspirations
3. Collating relevant publications and ongoing research by European centres and colleagues in our field
4. Developing joint research proposals
5. Establishing research collaborations across centres
6. Sharing outputs from research with colleagues

## **Outline for today: Research Working Group**

- Sharing our research activities, experiences and challenges
- Discussing our ongoing research
- Forum for reflection and new ideas for research collaborations across centres



**Clinical discussion group on therapy (English) with Uta Wedam**

The discussion group was aimed to address different aspects of group therapy, like

- The frame, in which the group is operating (is it a safe country or not?)
- The structures (institution) and setting of the group
- The aim of the group
- The types of group (psychotherapeutic, psychoeducational, creative...)

Dr. Alexandra Liedl (Refugio München) presented an overview of the three types of groups at Refugio München:

(A) *self-report or social support groups*, taking place once per month, without a psychotherapist, but with a translator. Clients of these groups have usually been living in Munich for several years.

(B) *psychoeducational groups*, led by a psychotherapist. Consist of people from different cultures. Focus on how to deal with symptoms (like e.g. sleeping problems). With clients from these groups, who needed more therapy, sometimes psychotherapeutic groups were formed.

(C) *Psychotherapeutic groups*, which sometimes developed out of the psychoeducational groups. Around 6 to 9 participants. Clients provide the topics. Different cultures but same gender (female group and male group). Often three languages in one group (three translators). Led by one psychotherapist and one social worker (who sometimes leaves after the beginning, if there are no more social work issues).

The group shared their experiences around different topics:

**Trust**

- Group of young men of Guinea did not want to work together, because they knew each other, and were afraid of disclosing too much personal details. Also a group of Nigerian women did not trust each other. The question arose how to deal with distrust among people from one country
- Group work with women, who have been raped, is difficult – this was reported by chechen women but also by women from Kosovo
- Gender issue: For men it is often easier to disclose to women than to other men

**Name of the group**

- How to name of the group? Suggestions included "talking groups", "women / men group", rather avoiding "psychotherapeutic" or "psychosocial counseling"

**Aim and positive effects of the group**

- Problem of isolation of men → aim of the group is to get to know others and to find friends.
- General positive effects include sharing experiences, being seen and understood, being mirrored or getting resonance by many rather than one, learning from others. Group can be more powerful than individual therapy, gives strength...



**Types of intervention**

- NET (Narrative Exposure Therapy) in Kosovo and Moldavia, Moldavia also handcrafts and embroidery group (of initially very depressed women), which was very effective, they produced a "national blouse" and presented their costumes at a show
- Low threshold open groups, doing activities, going to the library, to the park, sports group for men, self-defense group for women, art group for children, women's group with exercises for stabilization, relaxation, mindfulness and body work (no interpreter, so more non-verbal techniques used)
- Working with nightmares: inventing a better end for the nightmare
- Advantage of nonverbal interventions: starting off with painting... language is less needed (or clients translate for each other, which can establish better contact) → idea to combine social and creative groups with psychotherapeutic work.
- Poland: Training mentors, sensitive people, who are not professionals; their work with children from Ukraine was very effective. Also in Kosovo a teacher, who was taught in trauma was brought into the project, which worked very well. Supervision and assistance to non-professionals is very important
- Parenting training – successful and not successful experiences

**How to deal with trauma / sensitive topics in the group:**

- Preparation, individually, before group
- Offer individual talks if something arises (if capacity...)
- Therapist has to set borders, no exposure work in group that can trigger something
- Use our psychotherapeutic experience, countertransference etc. to know what are our limits and the groups limits and respect these
- Provide a clear structure, that gives safety
- Important to work with resources !
- Good to be open to taboo topics (like one saw a ghost), group can have a positive effect !

Finally the group discussed possibilities how to continue sharing experiences, like an online platform, where participants can access, read and add comments and questions.

## Clinical discussion group on therapy (in French)

### Summary of the clinical discussion group in French

After a round of introduction we looked at a case study of a young man from Syria. Deducting from his case different phases of therapy and their different needs were named and defined: the intervention needed at the beginning when somebody has just arrived in the country, the phase of stabilisation (contextual support or “palliative” approach) and a curative approach.

Looking at the different situations in the group members’ countries as well as the various professional backgrounds (psychiatrists, social workers, psychotherapists) it was said that in the first phase the therapeutic relation is crucial and treatment of the physiological and psychological components of a stress reaction a priority.

On the basis of the case study the role of psychiatric hospitals and the compulsory hospitalisation was discussed and analysed critically. The main points were: the compulsory hospitalisation might be dangerous in certain cases, e.g. when the client’s feelings of exclusion is strong, when contact with any authority may be felt as the return of the perpetrator, and where the similarity with a prison may be confusing and finally the risk of re-traumatization due to the institutional limits when there is not enough staff nor time to form a proper therapeutic bond with the client. This could influence the symptoms of the client negatively. The importance of some understanding of interculturalism in psychiatric hospitals was also mentioned.

The role of social rehabilitation in treatment was discussed. Many participants said that it is not necessarily the outcome that counts but the effort put into it. For most clients realising that somebody cares and tries to help is already stabilising. At the example of a centre in the UK the effect of social groups, e.g. football groups, was seen.

Due to a lack of time the discussion had to end prematurely with the common belief that holistic treatment (multidisciplinary and coordinated treatment) is necessary in our work with traumatised refugees. Moreover, it was left hanging for further thought how we as professionals could influence the interest of the countries to improve the situation of traumatised and tortured refugees.

**Developing a position paper on the role of European centres in the refugee crisis - common position across the network - drawing on the experience of centres**

There are limits to the level of treatment and retraumatisation prevention which can be provided to arrivals in an acute state, not least because people are in transit and therefore not stabilised.

- They are beginning their journey across Europe (many will already have travelled for months) with no certain end or outcome.
- We should urge States to providing protection to vulnerable persons, but give a balanced message to avoid disadvantage to others
- We must avoid ad hoc and over simplified approaches to working with particularly vulnerable persons (PVPs)

However the identification of and assistance to PVPs - especially torture survivors is essential. Identification is a question of disclosure which is complex - there will always be those who are, and remain, unidentified

Outreach - not training

Centres have limited capacity in any event

Centres can provide information not training? (Depends on audience. It is not wise to provide training for non-professionals, e.g. emigration officers). Psychological education/supportive intervention

Those who interact with refugees - day to day: Identification - support - self care

Capacity building based on the right to rehabilitation

EU Governments must make appropriate strategies

In preparing PVPs pending stability States should take a (moving) public health approach. Recognise that treatment is impractical "en route"

But - Hand held medical record - short form only - with caution and minimum relevant information

Confidentiality: needs consent to obtain more relevant information - with details to obtain more bilateral arrangements between centres

Crisis teams?

Multi-disciplinary - management

Crisis solutions now, then long term solutions post stabilisation.

An administrative approach to rehabilitation is inadequate - requires a human element to the process

For example (discussion possible models):

1. Surveillance early identification of persons who may have problems? Define the problem through a knowledge base - European centres can support this
2. Identify risks and protective factors - What are the causes?
3. Develop and evaluate interventions - What works for whom?
4. Implementation - Scaling up effective policy and programmes

Engage with civil society to provide collective responses

We note the absence of social/human input - States should embrace the 'Refugees Welcome' movement

PVPs must not be allowed to fall into a "sans papiers"/limbo state which is liable to amount to inhuman and degrading treatment

#### Stabilisation

Through translating people who have been constantly on the move towards speedy integration, work and status within the host country.

Maslow's<sup>1</sup> hierarchy of needs applies



#### Contextual support

On arrival - an acute reaction moving to - stability - integration

(There will be a wish to go home when safe)

To achieve stability the EU must suspend Dublin regulations

Unplanned dispersal on arrival - centres not where refugees are?

**Resources and service centres** (Dutch model?) – provision of services must generate the knowledge and be the basis for resource centres

Not becoming trainers rather than practitioners - *not part of the state structures*

<sup>1</sup> Abraham Maslow published a paper in 1943 titled "A Theory of Human Motivation." In this work he established a hierarchy of needs that he argued was fundamental to all humans. The structure of his hierarchy is often portrayed as a pyramid with the more basic needs making up the base and the less essential needs towards the top. The needs in order are: 1. Physiological, 2. Safety, 3. Love/belonging (social), 4. Esteem, and 5. Self-actualization

Involves change/enlarge scope of centres

Over reliance on NGOs - Makes rehabilitation unrealistic

Right to rehabilitation is a priority even if it can only come after stabilisation

Community and refugee self help

#### Working with others

Harness and maintain civil society goodwill - co-ordinate, train and support - further role for centres?

This - needs effort to be put in

- Investment
- Solidarity with other human rights organisations/movements
- Joint campaigns/common actions
- Shared experience of working with volunteers - how to co-ordinate governments strategies to engage with civil society - utilise goodwill in concrete ways
- Interpreters - recruit and educate how to support 'past' refugees as interpreters?
- Newly arrived may have prejudices and biases - awareness necessary
- Professionalise/train; use of interpreters calms
- Engaging with civil society is part of the rehabilitation process

#### Media - public opinion

Can the media/journalists be persuaded to change editorial positions?

Press language should avoid: 'they are not like us', 'other'

#### Media strategy? 'A Message from Munich'(?)

Overlaps with an Open letter to Governments/EU (see below)

Experiences with the media differ between countries (no single/common experience)

Need communication strategies beyond the media - social media

Consensus for press release(s) to describe:

- First do no harm ("*primum non nocere*" - Hippocratic Oath of Medical professionals) - Do nothing = do harm - exacerbate psychological problems
- Somatisation
- The road to rehabilitation:

- UNCAT General Comment no. 3

- Health and marginalisation



- States/EU cannot suspend right to health
- Health rights - need co-ordination

Open letter to Governments/EU -

- In support of others
- Human rights / Humanitarian crisis
- Risk to health
- Need for strategy
- The risk of doing nothing
- Burden vs responsibility
- Cost benefit of health intervention analysis (For the cost effectiveness argument in favour of having specialised clinic for patients with different ethnic background the only existing study can be consulted at <http://www.ouh.dk/dwn428043>)

The study was conducted at the Outpatient Clinic for Migrants (IMK) within the University Hospital in Odense, Denmark, established in 2008

The study was based on the empirical observation that there is a significant group of patients of different ethnic background than Danish, which do not have access to prevention and treatment at the same level as ethnic Danish patients.

That research has primarily been focused on disease patterns and contact patterns of health care for the various immigrant groups, psychological trauma and special diseases and (poor) contact and communication between therapists and patients across differences in language, values and attitudes. There are few evaluations of the impact of health promotion as IMK directed against ethnic minority groups

The results of the registry study suggests, however, that the effort may be associated with economic benefits for municipalities, in particular, a statistically significant decrease in consumption of public benefit).

## Conference Impressions





## Conference Impressions



## **Documentation of the Conference**

### **More Home-Less Treatment**

Rehabilitation at Risk in Europe in the "Area of Freedom, Security and Justice"

18 – 20 October, 2015, Munich, Germany

### **Organiser:**

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www.baff-zentren.org

European Network of Rehabilitation Centres for Survivors of Torture

www.european-network.org

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