D4.1 Research and Mapping Report

Work Package 4 (Capacity building of frontline professionals)

Deliverable D4.1

Version: Final
Date: August, 2026
Lead Organisation: Médecins du Monde Germany (MdM Germany)
Contributing Organisations: Médecins du Monde Greece (MdM Greece), Médecins du Monde Netherlands (MdM Netherlands)

Deliverable Overview

This deliverable presents the research and mapping activities conducted under Work Package 4 to support capacity building of frontline professionals. A common theme across all components is the preparation of evidence-based training for professionals working with refugees and migrants affected by gender-based violence. Through literature review, needs mapping, and service landscape analysis, the consortium partners lay the groundwork for targeted capacity-building interventions that equip frontline workers with practical knowledge, tools, and referral pathways.

The report includes:

1. Literature and Desk Review

Conducted by Médecins du Monde Germany

A review of existing audiovisual and written materials available in German and English for frontline professionals working with refugees and migrants affected by gender-based violence. The review identifies existing resources, approaches, gaps, and good practices relevant to capacity building and service provision.

2. Mapping Report: Greece

Conducted by Médecins du Monde Greece

A mapping of gender-based violence affecting refugee populations in Greece, including an update of the mapping work previously carried out under the EMPOWER_REF project.

Co-funded by
the European Union

The report provides an overview of current trends, challenges, stakeholders, and support mechanisms available to survivors.

3. Mapping of Existing Support Services in Amsterdam

Conducted by Médecins du Monde Netherlands

A mapping of existing services, support structures, and referral pathways within the Amsterdam help system relevant to refugees and migrants affected by gender-based violence, highlighting available resources and opportunities for strengthened coordination.

Consortium Partners

Médecins du Monde Germany
Médecins du Monde Greece
Médecins du Monde Netherlands

Project Acronym: 101194850 – reach.out Plus -CERV-2024-DAPHNE

Submission Date: 28.08.2026

This document was prepared as Deliverable D4.1 under the reach.out Plus project and reflects the research and mapping activities undertaken by the project consortium.

Annex: Literature and Desk Review conducted by Médecins du Monde Germany in German language

Co-funded by
the European Union

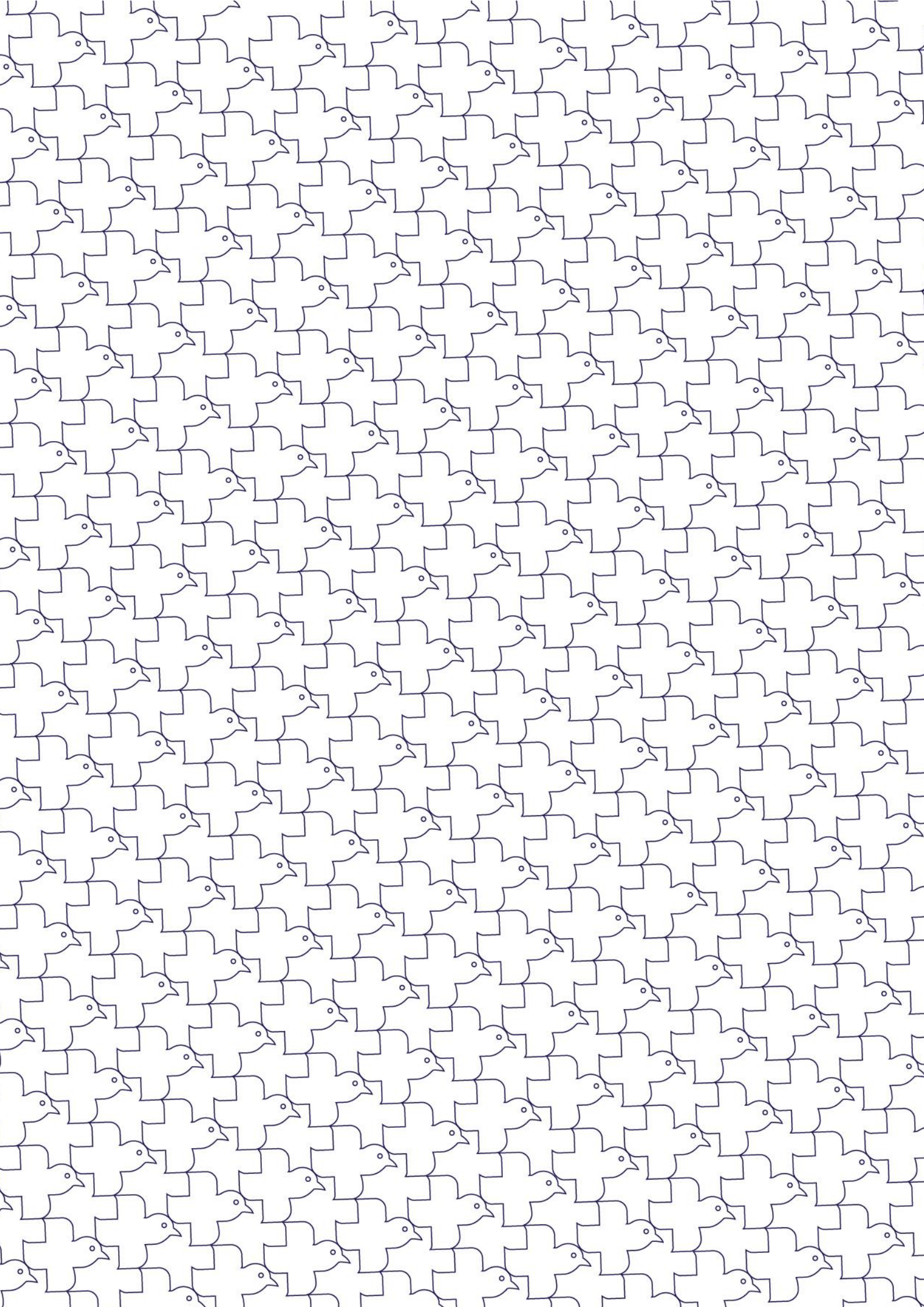
reach.out plus

LITERATURE & DESK-REVIEW

MdM Germany

D4.1

Co-funded by the European Union



INTRODUCTION

This review provides an overview of training and information materials for professionals working with asylum-seeking and refugee populations in Germany. The materials cover the topics of Gender-based Violence (GBV), trauma and psychosocial support, the identification of persons with specific protection needs, as well as GBV prevention and protection. Publications and training resources at the local level – with a focus on Munich and Bavaria – are considered alongside relevant national and international materials.

The compiled resources are aimed at professionals in support services and care structures for refugees, as well as staff of relevant authorities. They convey practice-oriented knowledge and strengthen competencies for action: from raising awareness of gender-based violence and identifying affected and at-risk persons to providing appropriate, affected-person-centred support.

Content

TRAINING MATERIAL ON GENDER-BASED VIOLENCE

„Identifizierung von Betroffenen geschlechtsspezifischer Gewalt“ – Ärzte der Welt e.V. (German)

https://www.fluechtlingsrat-bayern.de/wp-content/uploads/2022/04/Arbeitshilfe_Identifizierung-von-GBV-Betroffenen.pdf

- **Content:** Early detection of GBV, forms of violence (domestic, sexualised violence, FGM/C, human trafficking), indicators and culturally sensitive recommendations
- **Target group:** Social workers, security personnel, medical staff, teachers, volunteer
- **Practical relevance:** indicators for GBV, culturally sensitive principles, legal aspects, referral to offers of help, avoidance of retraumatization

„Verhinderung von Genitalverstümmelung (FGM) bei Mädchen und jungen Frauen in München“ - City of Munich, Social Department / City Youth Welfare Office (German)

https://imma.de/documents/118/Verhinderung_von_Genitalverst%C3%BCmmelung_-_Brosch%C3%BCre_2014.pdf

- **Contents:** Prevention of FGM/C, legal basis (§ 226a StGB), prevalence data, recommendations for action for child protection, local and nationwide resources
- **Target group:** Child and youth welfare professionals, social workers, medical staff, volunteers
- **Practical relevance:** legal grounds, risk assessment, culturally sensitive communication, networking with counselling centres

„Pro familia informiert über weibliche Beschneidung“ – Pro Familia Ingolstadt (German)

https://www.profamilia.de/fileadmin/beratungsstellen/nuernberg/profa_2021_DE.pdf

- **Content:** Psychological, medical and social consequences of FGM/C, the legal situation in Germany and EU, forms of FGM/C, counselling services
- **Target audience:** Social workers, staff at accommodation centres, community leaders, asylum seeker
- **Practical relevance:** Raising awareness of FGM/C, legal framework, recognising protection needs, counselling centres and support option

„Ehrgewalt“ und Zwangsverheiratung – Unterstützung für Frauen“ – SOLWODI Deutschland e. V. (German)

https://daten2.verwaltungsportal.de/dateien/seitengenerator/0832ea4e327556b1629db18c84df6f0f186819/Flyer_Ehrgewalt_Zwangsverheiratung.pdf

- **Content:** Information flyer on honour violence and forced marriage: patriarchal structures, typical signs, consequences for those affected as well as protection and support services offered by SOLWODI (including anonymous shelters, psychosocial, legal and medical help)
- **Target group:** Social workers, professionals in women and girls' counselling centres, volunteers, staff at the relevant authorities
- **Practical relevance:** Sensitization for culture-specific forms of violence, practical information on risk indicators and protective measures, important network information for GBV training

„Gender-Based Violence Prevention and Response – A Methodological Guide“ – Médecins du Monde (English)

https://issuu.com/medecinsdu-monde/docs/guide_vlg_complet_en

- **Content:** Methodological guide to preventing and addressing GBV; definitions, forms of violence, causes and consequences as well as practiceoriented approaches for medical, psychosocial, legal and social support
- **Target group:** medical staff, psychosocial counsellors, legal actors, NGO workers, project coordinators
- **Practical relevance:** awareness of GBV as a human rights and health problem; practical tools for identification and care; overview of legal frameworks; promotion of interdisciplinary, prevention and empowerment

„Triage Tool for identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives“ – Ines Keygnaert, Leni Linthout (English)

https://preprod.victim-support.eu/wp-content/files_mf/1630932290Triage_Tool_KeygnaertLinthout_2021.pdf

- **Content:** Practice-oriented triage tool for the identification, initial response, and referral of survivors of sexualised violence in reception and accommodation centres; including clear response pathways for suspected or disclosed cases, and a checklist for safe accommodation
- **Target group:** staff at accommodation centres, medical staff, case managers, legal actors, interpreters, NGO workers, volunteers, project coordinators
- **Practical relevance:** provides concrete tools and guidance for screening and decision-making, trauma-informed communication, implementing violence prevention and protection concepts, references to relevant EU directives and the Istanbul Convention

„How to Care for Survivors of Gender-Based Violence – A Guide to GBV" – IOM UN Migration (Ukraine Response) (English)

https://germany.iom.int/sites/g/files/tmzbdl806/files/Caring%20for%20survivors%20of%20GBV%20%28EN%29.pdf

- **Content:** Practice-oriented guidelines for dealing with survivors of GBV, definitions, indicators, survivor-centred principles, do's and don'ts of initial approach, conversation skills and referral to health services (including timecritical measures)
- **Target group:** staff at accommodation centres, social workers, case managers, volunteers, medical staff, NGO workers
- **Practical relevance:** Clear, action-oriented steps for initial contact and referral; practical communication tips; raising awareness of diversity and LGBTI-specific needs; suitable for GBV diagnostics and refresher training

„Take Action Against GBV – A UNHCR Video Series" – Protection Learning Unit, UNHCR (English)

https://www.youtube.com/watch?v=DXzP2IqqcdY&list=PLk83Ra7kAz5HQymFMdS7 9dryet14pn8YS&index=2

- **Content:** Video series on causes, contributing factors and consequences of GBV, introduction to the Survivor Centred Approach, prevention approaches, GBV assessment and data collection
- **Target group:** UNHCR staff, staff at the relevant authorities, NGO Workers, project coordinators, social workers
- **Practical Relevance:** insight into the objectives for preventing and reducing GBV in UNHCR programmes, explanations and possible implementation of various theoretical approaches

TRAINING MATERIAL ON IDENTIFICATION & PROTECTION CONCEPTS

„Vulnerable Asylsuchende – Identifizierung und Beratung“ – – IBIS e.V., Intercultural Office for Research, Documentation, Education and Counselling (German)

https://ibis-ev.de/wp-content/uploads/2025/04/AMBA_Broschuere_31.03.25_FINAL.pdf

- **Contents:** Definition of vulnerability, rights and procedural safeguards, trauma-sensitive communication, including a questionnaire
- **ZTarget group:** Social workers, psychosocial counsellors, NGO workers, staff at the relevant authorities
- **Practical relevance:** Guidelines for counselling, screening tools, legal basis, avoidance of retraumatisation

„Gewaltschutz für geflüchtete Menschen in Notunterkünften. Checkliste“ – Federal Initiative for the Protection of Refugees in Refugee Shelters (German)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Checkliste_09102023._Doppelseiten.pdf

- **Content:** Safety plans for emergency accommodation, including guidance on staff management, prevention and monitoring
- **Target group:** Staff at accommodation centres, staff at the relevant authorities, security personnel
- **Practical relevance:** Structured violence protection measures, standards for emergency shelters, prevention and cooperation with specialist agencies

„Umsetzung der Mindeststandards zum Schutz geflüchteter Menschen in Kommunen“ – SPI Foundation (German)

https://www.stiftung-spi.de/fileadmin/user_upload/Dokumente/veroeffentlichungen/fachpublikation_gewaltschutz_in_kommunen_.pdf

- **Content:** Municipal implementation of the standards for protection against violence, legal foundations (§§ 44, 53 AsylG, Istanbul Convention), including challenges in practice, case studies and recommendations
- **Target group:** Staff at accommodation centres, staff at the relevant authorities, NGO Workers
- **Practical relevance:** Conveys structural protection concepts, cooperation between different agencies, practical examples, orientation for the development of local protection strategies

„Gewaltschutzkonzept für die Unterkünfte des Wohnungslosen- und Flüchtlingsbereiches der Landeshauptstadt München“ – City of Munich, Office for Housing and Migration (German)

https://risi.muenchen.de/risi/dokument/v/6482933

- **Content:** Standards and measures for protection against violence in accommodation centres, prevention, training, structural protection standards, monitoring, specialist office for protection against violence
- **Target group:** Staff at accommodation centres, staff at the relevant authorities, NGO Workers, social workers
- **Practical relevance:** Training on prevention, de-escalation, dealing with traumatised people, cooperation with the police and specialist counselling centres

„Leitfaden für die Erkennung besonderer Schutzbedarfe von geflüchteten Menschen“ – BAfF & Rosa Strippe e.V. (German)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Leitfaden_besondere-Schutzbedarfe.pdf

- **Content:** Screening questions, legal basis (EU Reception Directive, AsylG), interview guidelines, needs of different vulnerable groups (children, LGBTI, victims of violence, human trafficking, FGM/C)
- **Target group:** Staff at accommodation centres, staff at the relevant authorities, social workers, volunteers, medical staff
- **Practical relevance:** Practical tools, checklists, interdisciplinary approach, culturally sensitive communication, clear paths of action

„Leitfaden - LSBTI*-sensibler Gewaltschutz für Geflüchtete“ - LSVD / SPI (German)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Leitfaden-Aufl22022_10_24Digital.pdf

- **Content:** specific risks, safe accommodation, do's and don'ts, checklists, internal procedures, training, multilingual conceptual aids
- **Target group:** Staff at accommodation centres (including security personnel), staff at the relevant authorities, social workers, volunteers, medical staff, psychosocial counsellors
- **Practical relevance:** Clear recommendations for action, immediately applicable checklists, formulation modules, sensitization for LGBTI protection needs, support for violence protection concepts

„Die Identifizierung vulnerabler Personen im Asylverfahren“ – BAMF (German)

https://www.bamf.de/SharedDocs/Anlagen/DE/AsylFluechtlingsschutz/konzept-identifizierung-vulnerable-personen.pdf?__blob=publicationFile&v=6

- **Content:** EU and national requirements, vulnerable groups, screening models, country examples, procedural guarantees, training concepts (special representatives), principles of action at hearings
- **Target group:** Staff at the relevant authorities (especially BAMF), staff at accommodation centres, social workers, legal actors
- **Practical relevance:** legal certainty, clear screening criteria, orientation for hearings, practical examples of protection concepts

„Besondere Schutzbedürftigkeit bei Geflüchteten – Was bedeutet das?“ – BAfF e.V. (German)

https://www.baff-zentren.org/themen/versorgung-bedarf/hintergrund-versorgung-bedarf/identifizierung-besonderer-schutzbeduerftigkeit/

- **Content:** Audiovisual explanation of the concept of special protection needs; possible identification and consideration within the German asylum procedure
- **Target group:** Staff at accommodation centres (including security personnel), social workers, volunteers, medical staff, psychosocial counsellors
- **Practical relevance:** Low-threshold, initial introduction, suitable for a wide range of professionals

TRAINING MATERIAL ON TRAUMA-SENSITIVE SUPPORT

„Psychotherapie mit Flüchtlingen - neue Herausforderungen, spezifische Bedürfnisse -Das Praxisbuch für Psychotherapeuten und Ärzte“ – Alexandra Liedl (German)

- **Content:** Practical book on psychotherapeutic work with asylum seekers, psychological consequences of flight and violence, culturally sensitive diagnostics and therapy, post-migration stressors, work with interpreters, asylum reports, acute and long-term care, considering vulnerable groups
- **Target group:** psychotherapists, medical staff, social workers, psychosocial counsellors
- **Practical relevance:** Practical guidelines with an interdisciplinary perspective and culturally sensitive methods, legal guidance in the context of asylum

„Traumasensibler und empowernder Umgang mit Geflüchteten – Ein Praxisleitfaden“ – BafF (German)

PDF

https://www.baff-zentren.org/wp-content/uploads/2022/04/BAfF_Praxisleitfaden_Traumasensibler-Umgang-mit-Gefluechteten.pdf

- **Content:** Practical guide to dealing with asylum seekers in a traumasensitive way, psychological consequences of flight and violence, stabilisation, resource orientation, empowerment and dealing with crises, including incidents of violence
- **Target group:** Staff at accommodation centres, staff at the relevant authorities, psychosocial counsellors, psychotherapists, volunteers, medical sta
- **Practical relevance:** Conveys trauma-sensitive attitudes, practical exercises for stabilisation, clear guidelines for crises and violence, tips on self-care and networking with support services

„Ratgeber für Flüchtlingshelfer – Wie kann ich traumatisierten Flüchtlingen helfen?“ – BPtK (German)

https://api.bptk.de/uploads/20160513_B_Pt_K_Ratgeber_Fluechtlingshelfer_deutsch_539c34c2f0.pdf

- **Content:** Basics of trauma and PTSD among asylum seekers, typical symptoms, effects of flight and accommodation as well as practical tips on how to deal with traumatised adults and children
- **Target group:** Volunteers, NGO workers, social workers, teachers
- **Practical relevance:** Comprehensible basic knowledge, concrete recommendations for action for everyday life, child-specific tips, emphasis on stabilisation and self-care as well as references to specialised support services

„Trauma – What to Do?“ (engl. Ausgabe von „Trauma – was tun?“) – Unfallkasse Berlin (German/English)

https://publikationen.dguv.de/widgets/pdf/download/article/4954

- **Content:** Compact brochure on psychological trauma: development, typical reactions (e.g. intrusions, avoidance, dissociation), physical and psychological stress reactions as well as tips on self-help and support for those affected
- **Target group:** asylum seekers, social workers, volunteers, medical staff, NGO workers, psychosocial counsellors, staff at accommodation centres
- **Practical relevance:** Comprehensible basic knowledge of trauma, practical tips on communication and stabilization, sensitization for normal reactions to extreme events; well suited for psychoeducation and basic training

„Beratung und Therapie mit Geflüchteten. Arbeit mit Sprachmittlung“ – BAfF e.V. (German)

https://www.youtube.com/watch?v=w13uSTCd23A

- **Content:** Audiovisual explanation of principles and standards for interpreting in psychosocial counselling and therapeutic settings
- **Target group:** interpreters, psychosocial counsellors, psychotherapists
- **Practical relevance:** practical framework for applying the principles of interpreting, central to the success of therapy and the professional management of language barriers

TRAINING MATERIAL ON PSYCHOSOCIAL SUPPORT, SELF-CARE & THERAPY

„Für Helfende: Hinweise zur Selbstfürsorge“ – Dr. med. Birgit Kracke (German)

PDF

https://www.refugee-trauma.help/fileadmin/downloads/pdf/de/refugee-trauma-help-hinweise-zur-selbstfuersorge.pdf

- Content: Practical tips on self-care for helpers, touching on risks such as burnout, secondary traumatization and compassion exhaustion, warning signs and prevention strategies
- Target group: volunteers, NGO workers, psychotherapists, psychosocial counsellors, social workers, medical staff
- Practical relevance: Sensitization to psychosocial stress, concrete selfcare strategies, strengthening resilience and long-term ability to act

„Kleines Ressourcenheft – Übungen zur Spannungsregulation“– UKD Dresden (German)

PDF

https://traumanetz-sachsen.de/wp-content/uploads/2023/03/Ressourcenheft_Deutsch_Web.pdf

- Content: Collection of low-threshold exercises for stabilization and tension regulation (breath and mindfulness exercises, imagination, cognitive distraction) for therapy and everyday life
- Target group: volunteers, NGO workers, psychotherapists, psychosocial counsellors, social workers, medical staff
- Practical relevance: Practical, easy-to-communicate tools for self-regulation; can be used well in acute stress situations, groups and individual settings; promotes self-efficacy

„Mein Rückzugsort – Übung zur Selbstberuhigung und Stabilisierung“ – Institut Berlin (German)

https://institut-berlin.de/wp-content/uploads/Mein-R%C3%BCckzugsort.pdf

- **Content:** Resource-oriented exercise for self-soothing: Designing a personal retreat, mindful perception (body, breath, senses) and transferring security into everyday life
- **Target group:** asylum seekers, volunteers, psychotherapists, psychosocial counsellors, social workers, medical staff
- **Practical relevance:** Low-threshold stabilization technique, easy to implement in individual and group settings; promotes mindfulness, safety and self-efficacy; suitable for practical exercises in trainings

„5-4-3-2-1 – Eine Technik zur Reorientierung“ – Institut Berlin (German)

https://institut-berlin.de/wp-content/uploads/5-4-3-2-1-eine-Technik-zur-Reorientierung.pdf

- **Content:** Simple reorientation and calming technique for panic, flashbacks or brooding
- **Target group:** asylum seekers, volunteers, psychotherapists, psychosocial counsellors, social workers, medical staff
- **Practical relevance:** Low-threshold, immediately applicable stabilization technique without aids; suitable for individual and group settings; supports self-regulation, mindfulness and crisis intervention

„Ressourcen-Übung: Butterfly Hug“ – TrauMaTRIX (German)

https://traumafolgenpraevention.com/wp-content/uploads/2024/04/08_ressourcenkarte_Butterfly-Hug_ok.pdf

- **Content:** Simple self-soothing and stabilization exercise based on bilateral stimulation
- **Target group:** asylum seekers, volunteers, psychotherapists, psychosocial counsellors, social workers, medical staff
- **Practical relevance:** Low-threshold, ready-to-use stabilization technique without aids; suitable for individual and group settings; supports safety, self-regulation and resource activation

„STARS - Sleep Training adapted for Refugees” – Refugio München (English)

https://www.refugio-muenchen.de/wp-content/uploads/media/pdf/stars_manual_english.pdf

- **Content:** Culturally sensitive sleep training (CBT-I, Imagery Rehearsal Therapy), 10 sessions of exercises (PMR, breathing techniques, imagination), strategies against nightmares and anxiety
- **Target group:** Psychotherapists, social workers, psychosocial counsellors, medical staff
- **Practical relevance:** Structured modules, culturally sensitive approaches, practical skills, low-threshold implementation for group and individual settings

„Mehr wissen, besser verstehen, bewusster handeln - Information für hauptamtliche und ehrenamtliche Mitarbeitende, die mit traumatisierten Flüchtlingen zusammentreffen“ – Bavarian Red Cross (German)

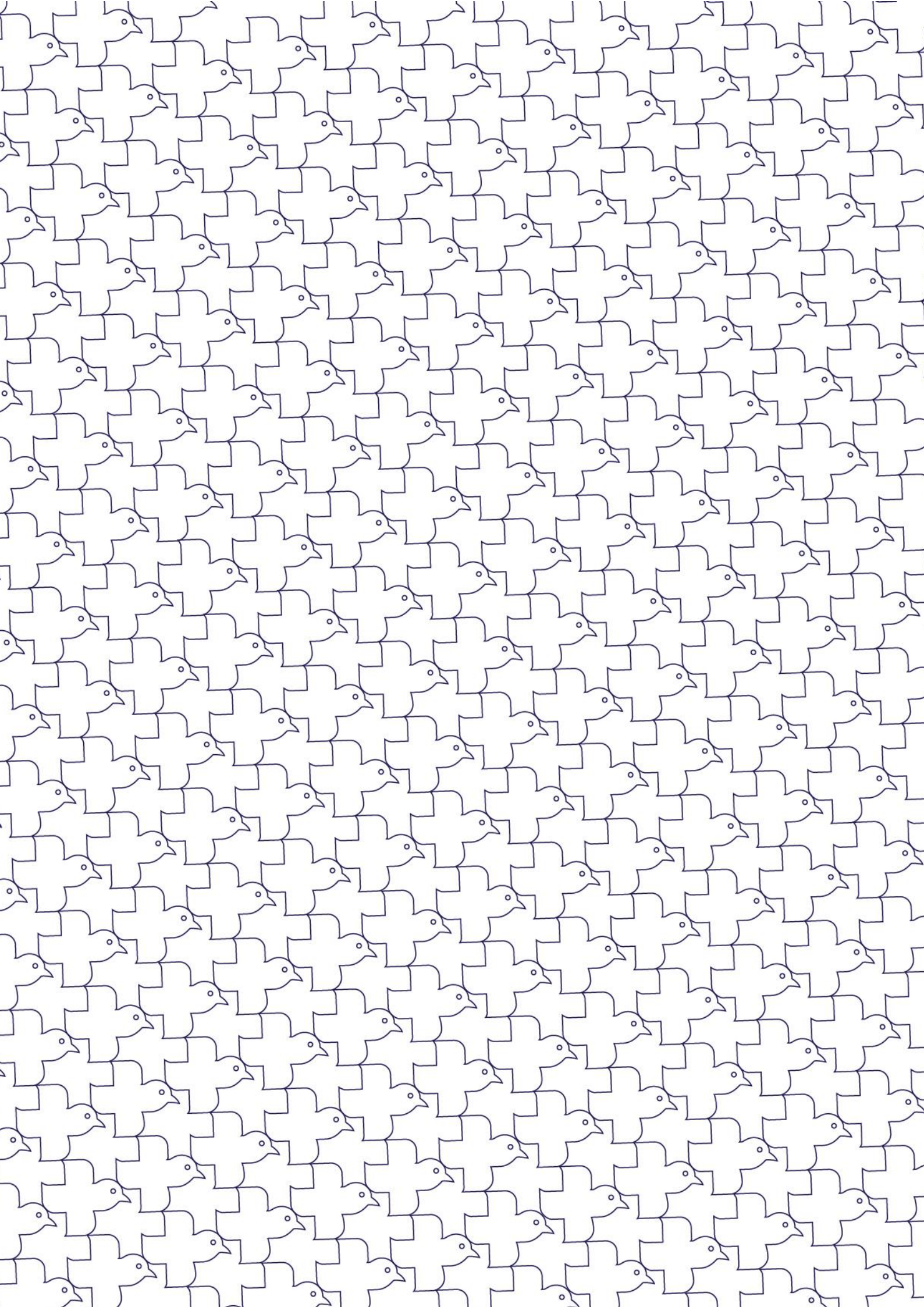
https://www.brk.de/fileadmin/Eigene_Bilder_und_Videos/Angebote/Migration_und_Integration/Broschuere_Mehr_wissen.pdf

- **Content:** Basics of trauma and trauma-related disorders, trauma_sensitive attitude, stabilization, dealing with triggers, self-care for helpers
- **Target group:** Volunteers, psychosocial counsellors, social workers, staff at accommodation centres
- **Practical relevance:** Basic knowledge about trauma, practical recommendations, self-care strategies, case vignettes and everyday tips

„Wie können Helfende Geflüchtete psychosozial unterstützen?“ – Refugio München (German)

https://www.refugio-muenchen.de/ukraine/videohelfende/

- **Content:** Audiovisual overview of the specific circumstances and needs of newly arrived asylum seekers (particularly Ukrainians), practical strategies for volunteers to provide support and create a healing environment
- **Target group:** Volunteers, NGO workers, community leaders
- **Practical relevance:** Low-threshold, easy-to-implement tips, particularly relevant when working with Ukrainians and in the context of accommodation arrangements, many of which are still decentralized



Disclaimer:

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the European Commission can be held responsible for them.

REACH.OUT PLUS – ÄRZTE DER WELT e.V. – MDM GERMANY
Landsberger Straße 428 – 81241 München – Germany

Michelle KERNDL-ÖZCAN, Project Manager reach.out
+49 (0) 157 80 61 13 21 – michelle.kerndl-oezcan@aerztederwelt.org

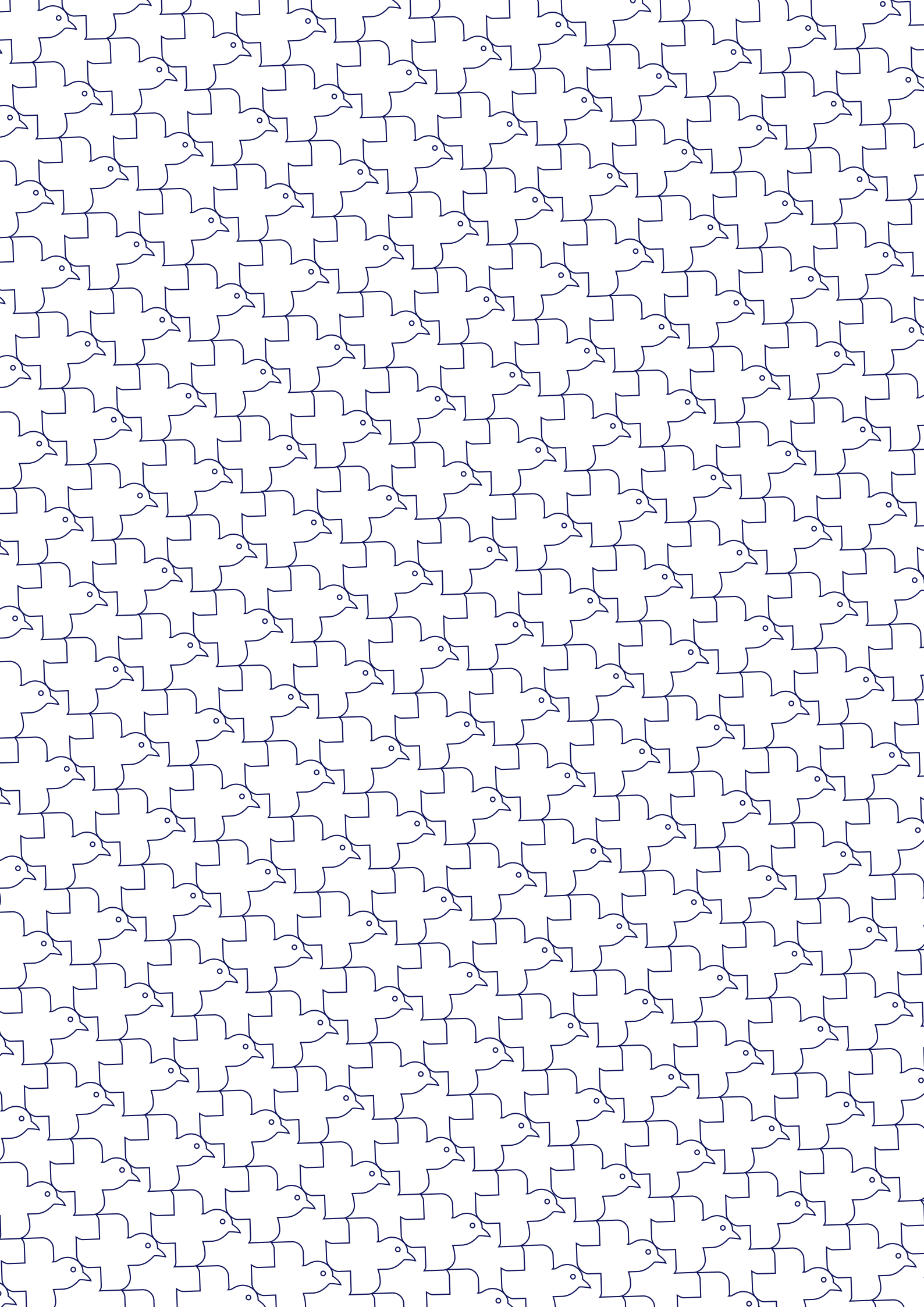
reach.out plus

MÉDECINS DU MONDE

REPORT ON THE MAPPING OF METHODS

for identifying, preventing, and managing gender-based violence among the refugee population by frontline professionals

Co-funded by the European Union



CONTENTS

The study was conducted as part of the European project "REActing to gender-based violence against refugees through Coordinated Help, Advocacy, and OUTreach actions Plus." The Reach.out Plus project is co-funded by the European Union under the CERV (Citizens, Equality, Rights, and Values) and the CERV-2025-DAPHNE call for proposals, with Doctors of the World – Germany (Ärzte der Welt) serving as the coordinating partner.

INTRODUCTION

Migration is an experience in which gender plays a decisive role: women, men, and gender-diverse individuals experience cross-border mobility differently, shaped by gender norms, power relations, and unequal access to protection. These differences are evident at every stage of the migration process: in the reasons that drive people to leave their countries of origin, in their experiences during their journey, and in the conditions, level of protection, and risks they face upon arrival at their destination. Gender-based violence (GBV) is a common feature of migration experiences.

Sexual and gender-based violence (GBV) is one of the most serious human rights violations and a persistent public health issue, with disproportionate impacts on individuals experiencing forced displacement, migration, and social exclusion. Refugees and applicants for international protection often face multiple and overlapping factors of vulnerability, ranging from experiences of persecution and violence in their countries of origin to the risks they face during their migration journey and while residing in host countries. International experience has shown that living conditions in reception and accommodation facilities, uncertainty regarding residence status, limited access to protection services, and dependence on institutional mechanisms may increase the exposure of refugee populations to incidents of gender-based violence, while simultaneously hindering their identification, disclosure, and effective response. The project's methodology highlights that gender-based violence permeates all stages of the migration experience and remains a significant problem both in reception centers and in urban housing programs, while a significant number of incidents remain unreported or are not adequately addressed.

In the Greek context, the issue takes on particular significance due to the country's role as a first point of reception and, at the same time, as a place of long-term residence for a significant number of asylum seekers and recognized refugees. In recent years, the reception system has undergone substantial changes, with a gradual transition from emergency forms of accommodation to more organized community-based housing structures and programs. Despite these institutional developments, international organizations continue to emphasize that women, children, LGBTQI+ individuals, and other vulnerable persons continue to face an increased risk of sexual and gender-based violence, while significant barriers remain regarding access to specialized protection services, psychosocial support, and effective referral mechanisms. The mapping methodology itself, as carried out by Doctors of the World, as part of their services, is based on these findings, incorporating the recommendations of international organizations regarding the need to establish safe mechanisms for identifying, protecting, and supporting survivors of gender-based violence.

This report is prepared within the framework of the European project **REActing to Gender-Based Violence against Refugees through Coordinated Help, Advocacy, and OUTreach Actions Plus (Reach.Out Plus)**, which is co-funded by the **European Union's Citizens, Equality, Rights, and Values (CERV**) program of the European Union and is implemented through a collaboration of organizations from Greece, Germany, and the Netherlands. The project's main objective is to strengthen the protection of refugees and migrants who have experienced or are at risk of gender-based violence through prevention, awareness-raising, support, and improved coordination among the relevant stakeholders.

The research presented in this report aims to contribute to the systematic documentation of the experiences of frontline professionals who work daily in reception facilities, housing programs, and refugee support services in Greece. This approach emphasizes the professionals' experiential knowledge, recognizing that they are the first link in the chain of identifying, protecting, and referring cases of gender-based violence.

This experience is particularly valuable, as professionals are called upon daily to manage cases of varying severity, build relationships of trust with individuals who have experienced multiple

traumas, recognize the multitude of forms that gender-based violence takes, operate in culturally complex environments, and collaborate with various institutional bodies within the framework of established protection procedures. Documenting this experience not only allows for a better understanding of the forms in which gender-based violence manifests itself among the refugee population but also highlights the strengths and limitations of the existing service system.

This report utilizes qualitative research as a tool for gaining an in-depth understanding of the experiences, perceptions, and professional practices that emerge in the field. Through thematic analysis of the interviews, common patterns, recurring challenges, best practices, and identified gaps in the prevention, identification, and management of incidents of sexual and gender-based violence are highlighted.

Purpose and Scope of the Report

Gender-based violence is not an isolated event, but a dynamic experience that may precede forced displacement, intensify during the journey, or resurface in the host and resettlement contexts. Therefore, the effective protection of refugees and applicants for international protection depends not only on addressing individual incidents, but on the system's ability to recognize vulnerability in a timely manner, build relationships of trust, and provide coordinated, multidisciplinary services throughout the migration experience.

This report aims to map the current situation regarding sexual and gender-based violence among the refugee population residing in reception facilities, accommodation centers, and housing programs within Greece. According to the research methodology, the main objective is to collect systematic and reliable data on the forms of gender-based violence, risk factors, available tools for identification, prevention, and management, as well as the needs of professionals working in this field.

The report is based on a qualitative approach, utilizing semi-structured interviews with professionals working in civil society organizations, international organizations, social protection agencies, and services that provide support to asylum seekers and recognized refugees. The choice of this specific method allows for an in-depth exploration of the participants' experiences, professional practices, and perceptions, highlighting issues that are not adequately reflected in administrative data or official statistical records.

The structure of the report follows a step-by-step approach to the issue. First, it presents the institutional and operational framework for the reception and housing of refugees in Greece, as well as the key dimensions of sexual and gender-based violence in this specific context. Next, the findings of the qualitative research are analyzed, with an emphasis on the experiences of professionals regarding the identification, prevention, and management of incidents, the difficulties they face in carrying out their work, as well as their needs for further training and specialization. Finally, conclusions and recommendations are formulated with the aim of improving the functioning of the protection system and enhancing the effectiveness of the services provided to refugee populations.

CHAPTER 1. RECEPTION FACILITIES AND HOUSING CONDITIONS FOR REFUGEES IN GREECE

1.1 The Reception and Accommodation System in Greece

Greece has historically been one of the main entry points into the European Union for individuals seeking international protection, a fact that has substantially influenced the development of the national reception and accommodation system. The increased migration and refugee flows of the past decade have led to the creation of a multi-tiered reception framework, which includes initial reception facilities, controlled closed facilities on the islands of the Eastern Aegean, reception centers on the mainland, as well as community-based housing and support programs for asylum seekers and recognized refugees. Reforms in recent years have led to a significant reorganization of the system, with greater emphasis on state management of facilities, improvement of reception procedures, and the development of more standardized mechanisms for the protection of vulnerable groups.

Despite gradual improvements in infrastructure and administrative procedures, living conditions continue to vary significantly among the different types of facilities. Factors such as geographic isolation, facility capacity, access to health and psychosocial support services, the availability of specialized staff, and the length of stay of residents directly affect the quality of protection that can be provided. International organizations point out that the effective functioning of a reception system is not assessed solely on the basis of material living conditions, but also on its ability to identify individuals in vulnerable situations in a timely manner and to ensure safe protection and referral mechanisms, particularly in cases of sexual and gender-based violence.

In this context, the concept of protection takes on a particularly broad meaning. It concerns not only the physical safety of residents in these facilities but also includes access to specialized services, confidential case management, safeguarding privacy, ensuring that residents are informed of their rights, and fostering relationships of trust between professionals and the populations they serve. International guidelines emphasize that these mechanisms are a fundamental prerequisite for the timely identification of incidents of gender-based violence and the effective mobilization of available protection services.

At the same time, the complexity of the refugee population necessitates the implementation of a cross-sectoral and people-centered approach. Women, unaccompanied minors, single-parent families, people with disabilities, the elderly, survivors of torture, and LGBTQI+ individuals may face varying degrees of vulnerability and require tailored interventions. For this reason, international practice places particular emphasis on the timely assessment of vulnerability from the earliest stages of reception, as well as on the continuous reassessment of protection needs throughout the duration of individuals' stay in the reception system.

Experience in recent years has shown that the effectiveness of reception facilities does not depend solely on the availability of infrastructure or financial resources, but to a large extent on the adequacy of coordination mechanisms among the relevant services, the ongoing training of staff, and the development of clear procedures for identifying, referring, and managing protection cases. These factors take on even greater significance when it comes to cases of sexual and gender-based violence, which are characterized by high rates of underreporting, complex psychosocial impacts, and heightened requirements for confidentiality and multidisciplinary management.

1.2 Vulnerability of Refugees and Applicants for International Protection to Sexual and Gender-Based Violence

Sexual and gender-based violence (Gender-Based Violence – GBV) is internationally recognized as one of the most serious forms of human rights violations and is directly linked to unequal power relations, social perceptions of gender, and the discrimination experienced by specific social groups. In the context of forced population displacement, gender-based violence takes on a particular complexity, as the experiences of displacement, uncertainty, and social isolation act as factors that reinforce pre-existing forms of inequality and create new conditions of vulnerability.

International literature and the guidelines of the United Nations High Commissioner for Refugees (UNHCR) point out that gender-based violence is not an isolated incident that occurs exclusively in the host country. Rather, it is a continuous phenomenon that can accompany an individual throughout their entire migration journey: before departure from the country of origin, during the journey, and after arrival in the host country. This approach is particularly important, as it recognizes that experiences of violence do not cease with migration, but are often transformed, take on different forms, or remain hidden until the individual finds themselves in an environment where they feel safe enough to disclose them.

The reasons leading to forced displacement are often linked to forms of gender-based violence. Women and girls may flee their countries of origin due to domestic violence, forced marriage, female genital mutilation, sexual exploitation, or gender-based persecution. Similarly, men and boys may have experienced sexual violence in the context of armed conflict, detention, or torture, while LGBTQI+ individuals are often forced to flee their countries due to the criminalization of their identity or sexual orientation, social exclusion, or targeted attacks. These experiences have a decisive impact on mental health, trust in institutions, and individuals' ability to seek help even after arriving in a safer environment.

The migration journey itself can create new risks. Dependence on smuggling networks, precarious travel conditions, prolonged stays in transit countries, the lack of safe housing, and limited access to protection mechanisms increase the likelihood of exposure to sexual abuse, human trafficking, economic exploitation, and other forms of gender-based violence. These experiences are often accompanied by severe trauma, which may remain undiagnosed for a long time, particularly when individuals initially focus on meeting basic needs such as housing, food, and completing the asylum process.

Arrival in the host country does not automatically mean that risks have been eliminated. On the contrary, the settlement period is often marked by new challenges, such as uncertainty regarding international protection status, difficulties in accessing the labor market, economic dependence, social isolation, language barriers, and limited knowledge of available services. These factors can act cumulatively, increasing the likelihood of continued or recurring incidents of gender-based violence, particularly when combined with pre-existing trauma or with relationships of dependency within the family or community.

Of particular importance is the fact that vulnerability is neither static nor limited to specific categories of people. Rather, it is a dynamic state shaped by the interaction of individual, social, and institutional factors. Age, gender, disability, marital status, sexual orientation, gender identity, ethnic or religious identity, as well as prior exposure to violence or torture, can significantly influence both the risk of victimization and the ability to access protection services. For this reason, the contemporary approach to addressing gender-based violence emphasizes individualized needs assessments rather than the blanket categorization of individuals as "vulnerable."

At the same time, gender-based violence does not affect only the individual who experiences it, but shapes broader social and family dynamics. Its consequences extend to physical and mental health, social inclusion, access to education and employment, as well as individuals' participation in the communities where they live. In many cases, trauma manifests itself through trust issues, intense fear of the authorities, isolation, or hesitation in seeking help, which makes the role of frontline professionals even more challenging.

In this light, effectively addressing gender-based violence cannot be limited to managing an incident that has already been reported. It requires the creation of a comprehensive protection framework that integrates prevention, early identification, the building of trusting relationships, the provision of specialized services, and effective coordination among all relevant stakeholders. This perspective is now a fundamental principle of international protection standards and constitutes the theoretical framework through which the findings of this study are interpreted.

1.3 The occurrence and forms of sexual and gender-based violence in the context of reception and accommodation

Sexual and gender-based violence among the refugee population is not a uniform or homogeneous phenomenon. On the contrary, it manifests in multiple forms, is influenced by individuals' social and cultural contexts, and often remains invisible due to fear, dependency, trauma, and limited access to protection mechanisms. Within reception and accommodation facilities, gender-based violence should not be viewed solely as an incident occurring within the facility, but as an experience that may precede arrival, continue during the stay, or resurface under the influence of living conditions and prolonged uncertainty.

This approach reflects the contemporary understanding of the "continuum of gender-based violence" (continuum of gender-based violence), according to which experiences of violence are not isolated incidents but are interconnected through social, cultural, and institutional conditions that affect individuals' lives at all stages of the migration journey. For refugees and applicants for international protection, the transition from the country of origin to the host country does not necessarily mark the end of exposure to risks; it often constitutes a new stage, in which previous traumatic experiences coexist with new forms of vulnerability.

In countries of origin, gender-based violence may be the very reason for forced flight. Incidents of domestic violence, sexual abuse, forced or early marriages, crimes related to family "honor," female genital mutilation, persecution based on sexual orientation or gender identity, and sexual violence in the context of armed conflicts are forms of persecution that are internationally recognized as grounds for international protection. These experiences leave a deep psychosocial impact and significantly affect survivors' trust in the authorities and services that are later called upon to support them.

During the migration journey, the risks often intensify. Dependence on smuggling networks, precarious travel conditions, staying in areas without effective protection mechanisms, the lack of safe shelter, and uncertainty regarding the course of the journey create conditions in which sexual exploitation, human trafficking, forced prostitution, the exchange of sexual acts for basic goods or protection, and other forms of coercion occur with increased frequency. In many cases, these incidents are never officially recorded, either because there are no accessible reporting mechanisms or because the victims themselves believe that disclosure would jeopardize the continuation of their journey or their own safety and that of their families.

After arrival in the host country, forms of gender-based violence do not disappear, but they change. International organizations point out that living conditions, economic dependence, uncertainty regarding residency status, social isolation, and the lack of support networks can act as factors that facilitate the continuation or recurrence of violence. Domestic violence is one of the most frequently reported forms, though it is not the only one. Psychological abuse, coercive control, economic violence, restriction of freedom of movement, sexual coercion, and intimidation continue to affect a significant number of people, often without being immediately recognized by those around them.

The conditions prevailing in reception facilities can, under certain circumstances, heighten a sense of insecurity, especially when the facilities do not ensure adequate privacy or when access to basic amenities takes place in an environment that residents do not perceive as safe. At the same time, the coexistence of populations with different cultural characteristics, the lack of social networks, prolonged waiting peri-

ods for the completion of administrative procedures, and limited opportunities for autonomy may exacerbate tensions within families or communities. It is important to emphasize that these factors do not in and of themselves cause gender-based violence; however, they can increase exposure to risks or hinder its timely identification and response.

At the same time, special attention must be paid to understanding the less visible forms of violence. Psychological abuse, coercive control, social isolation, threats, denial of access to financial resources or services, and coercive practices do not leave visible physical marks; however, they have serious consequences for the mental health, autonomy, and decision-making capacity of survivors. International experience shows that these forms of violence are often more difficult to recognize, both by the individuals themselves and by frontline professionals.

Another critical factor concerns the low rate of reporting. Underreporting does not necessarily reflect a smaller scale of the phenomenon, but is linked to a complex web of factors: fear of retaliation, financial or emotional dependence on the perpetrator, lack of trust in the authorities, language barriers, cultural perceptions regarding gender roles, fear of social stigma, as well as concern that disclosure may negatively affect the asylum process or family unity. As a result, the absence of a formal complaint cannot be interpreted as an absence of incidents.

These findings make it clear that protection from gender-based violence cannot be limited to a response after an incident has been disclosed. Rather, it requires the creation of an environment where individuals feel safe to speak out, know their rights, have access to confidential services, and can receive support without fear that seeking help will result in negative consequences for themselves or their families. This rationale forms the basis for the prevention, identification, and management mechanisms discussed in the following sections of the report.

1.4 Institutional Framework, Prevention, and Protection Mechanisms

The prevention and response to sexual and gender-based violence against applicants for international protection and recognized refugees fall within the broader framework of human rights protection and are governed by a set of international, European, and national obligations. Greece, as a member state of the European Union and a party to international human rights treaties, has incorporated into its national reception system procedures aimed at the timely identification of individuals with increased protection needs, to ensure their access to appropriate services, and to activate referral mechanisms when incidents of gender-based violence occur.

The operation of the reception and accommodation system is coordinated by the **Ministry of Migration and Asylum**, while the **Reception and Identification Service** (YPYT) serves as the primary operational mechanism for implementing initial reception procedures. Upon the arrival of applicants for international protection, procedures for information gathering, registration, and medical and psychosocial assessment are carried out, with the aim of promptly identifying potential protection needs and referring individuals to the appropriate services. These procedures are supported by interpretation services and multidisciplinary teams to ensure that the assessment is conducted in a manner that takes into account both the linguistic and cultural characteristics of the populations being served.

Recognizing vulnerability is a key element of the reception process. In accordance with the Ministry of Migration Policy's current operational procedures, special attention is given to identifying survivors of sexual or gender-based violence, torture, human trafficking, or other serious forms of abuse, as well as to individuals who, due to age, disability, family situation, or other characteristics, may face an increased risk of victimization. This assessment is not treated as a one-time procedure upon entry into the country, but as a dynamic process that may be repeated when new information becomes available or when the living conditions of those being hosted change.

These developments take on even greater significance in light of the gradual implementation of the **New European Pact on Migration and Asylum (EU Pact on Migration and Asylum)**, which was adopted at the European Union level in 2024 and is being progressively implemented by member states, including Greece, with full operational implementation expected by 2026. The new framework introduces common procedures upon arrival at the European Union's external borders, strengthening the processes of initial screening, registration, identification, and assessment of protection needs. At the same time, it highlights the need for the timely identification of vulnerable persons, including survivors of sexual and gender-based violence, as early as the initial stages of the reception process, in order to ensure timely access to appropriate protection services, health care, and psychosocial support, as well as the implementation of the necessary safeguards during asylum and reception procedures.

At the same time, in recent years, particular emphasis has been placed on standardizing protection procedures within reception facilities. The Ministry of Migration and Asylum has issued operational guidelines and standard operating procedures (Standard Operating Procedures), which concern, among other things, the management of cases of gender-based and domestic violence, the identification of potential victims of human trafficking, and the operation of referral mechanisms. In this context, the plan also provides for the designation of specialized Focal Points for issues related to protection, child protection, and gender-based violence, with the aim of strengthening coordination among the services operating within these facilities and ensuring the consistent implementation of the prescribed procedures.

The protection of survivors of gender-based violence is based on a multisectoral approach. The procedures in place provide for collaboration among social services, mental health services, medical care, legal support, and, where necessary, the relevant law enforcement and judicial authorities. The operation of these mechanisms is based on the principle of confidentiality, respect for the self-determination of survivors, and the avoidance of practices that could lead to secondary victimization.

Alongside immediate protection measures, in recent years there has been an increased emphasis on preventing gender-based violence through more systematic training of staff at reception and accommodation facilities. The Ministry's operational guidelines call for the development of common operating standards, the ongoing training of professionals on issues of protection, vulnerability, and incident management, as well as enhanced coordination among the relevant public services. This approach reflects the international consensus that effectively addressing gender-based violence does not depend solely on the existence of an appropriate legal framework, but also on the ability of professionals to recognize signs of abuse in a timely manner, to safely handle disclosures by survivors, and to activate available protection mechanisms without delay.

Finally, particular importance is placed on interagency coordination. The protection of individuals who have suffered gender-based violence is not the responsibility of a single entity, but requires the operation of a cohesive system of cooperation among reception services, health care facilities, social protection services, prosecutorial and law enforcement authorities, as well as independent institutions active in the field of human rights protection. The effectiveness of the system depends on a clear division of responsibilities, consistent implementation of protocols, and the ability of the agencies involved to respond in a coordinated manner to the complex needs of survivors.

The gradual adaptation of the Greek system to the requirements of the new European Pact on Migration and Asylum, in combination with existing national protection procedures, creates a more standardized framework for identifying and managing cases of vulnerability. However, as highlighted by the findings of this study, the effectiveness of the envisaged mechanisms does not depend solely on the existence of institutional tools or operational protocols, but primarily on their implementation in daily practice, the adequacy of available resources, and the ongoing support and expertise of the professionals tasked with implementing them.

CHAPTER 2. FINDINGS OF THE QUALITATIVE RESEARCH

2.1 Introduction

This section presents the findings of the qualitative research conducted as part of the Reach.Out Plus, with the aim of exploring the experiences, perceptions, and professional practices of staff working with refugees and applicants for international protection in Greece regarding the prevention, identification, and management of incidents of sexual and gender-based violence.

The analysis is based on semi-structured interviews with professionals from various disciplines who work in services and support structures for refugee populations. The participants have experience in providing social, psychological, legal, health, and other protection services, which allows for the capture of different perspectives on a complex and multidimensional phenomenon.

The presentation of the results follows the methodology of thematic analysis. Instead of presenting responses sequentially by question or by participant, the data were organized into thematic themes that emerged from the analysis of all the interviews. This approach allows for the identification of shared experiences, recurring patterns, points of convergence and divergence, as well as the factors that influence the participants' daily professional practice.

To protect the participants' anonymity, the excerpts presented in this chapter are accompanied solely by the speaker's general professional title (e.g., social worker, psychologist, lawyer), without any reference to details that could lead to their identification or to the organization for which they work.

The findings are organized around three main thematic areas, which reflect the key stages of protection against sexual and gender-based violence in the refugee context:

— **identification of incidents**, which examines procedures for recognizing vulnerability and the difficulties in disclosing violence,
— **prevention**, which analyzes practices for information sharing, awareness-raising, and risk reduction,
— **case management and referral**, which captures professionals' experiences regarding interagency collaboration, available protection services, and the obstacles encountered when providing support.

This framework allows for an understanding not only of how professionals perceive the phenomenon of gender-based violence, but also how the existing protection system functions in practice, highlighting both the factors that contribute to the effective support of survivors and the challenges that continue to be faced.

Several limitations should be taken into account when interpreting the findings. First, the study is based on a qualitative sample of 25 professionals and is therefore not intended to provide statistically representative findings for all professionals working with refugees in Greece. Second, the findings reflect the perspectives of frontline professionals rather than those of survivors themselves, and therefore capture professional observations and experiences rather than first-person accounts of SGBV. Third, the breadth of perspectives is necessarily influenced by the professional roles, organisations and service settings represented in the sample. Finally, the analysis is based on the available interview transcripts, which means that findings should be understood as reflecting the experiences captured through the interviews rather than as an exhaustive account of all practices or incidents in the field.

2.2 Participant Profiles

The participants were selected on the basis of their direct professional involvement with refugee and asylum-seeking populations and their potential exposure to cases or indications of sexual and gender-based violence. Recruitment was conducted through the professional networks of MdM-Greece, namely humanitarian organizations (national/international) who work within the Greek context, institutional carriers and Civil Society actors, with the aim of capturing perspectives from different professional roles and service settings. Interviews were conducted during May and June 2026, using a semi-structured interview guide covering the identification, prevention and management of incidents of sexual and gender-based violence, as well as professionals' training and support needs.

The qualitative study was designed to capture the experiences of professionals who work directly with refugees and applicants for international protection and, as part of their duties, encounter incidents or indications of sexual and gender-based violence.

A total of **25 professionals** from various disciplines participated in the study; they are employed by services and organizations active in the reception, protection, and social integration of refugee populations in Greece. The sample included social workers, psychologists, cultural mediators, staff members of reception facilities, and professionals in other related fields, such as teachers and caregivers, allowing for the documentation of a broad spectrum of experiences and professional approaches.

For the purposes of this report, the available transcribed interviews were utilized, which formed the basis for the thematic analysis that follows. The interpretation of the data is not intended to provide a statistical generalization of the results, but rather to offer an in-depth understanding of the experiences, perceptions, and challenges that emerge from the participants' narratives.

2.3 Identification of Incidents of Sexual and Gender-Based Violence

2.3.1 Identification as a Complex and Dynamic Process

One of the key findings of the study concerns how professionals perceive the identification of incidents of sexual and gender-based violence. The interviews as a whole reveal that the identification of an incident is rarely based on a direct complaint or disclosure by the victim themselves. Instead, participants describe identification as a gradual process, during which the professional is called upon to piece together individual clues, behaviors, and pieces of information that only make sense when considered as a whole.

Most participants emphasized that visible instances of physical violence represent only a small part of the phenomenon. Although physical injuries may serve as a direct indication of abuse, most cases they encounter in their professional practice involve forms of violence that leave no visible marks. As a result, the daily work of these professionals relies primarily on observing psychological, emotional, and social indicators, which often precede the disclosure of an incident.

The participants' accounts reveal that symptoms such as intense fear, increased anxiety, social withdrawal, difficulty forming trusting relationships, sadness, and intense wariness are often the first signs that trigger professional suspicion. However, they point out that none of these characteristics can be considered, on its own, conclusive evidence of abuse. Instead, a careful assessment is required of the individual's overall life context, their behavior over time, and the changes observed during contact with services.

This difficulty is directly linked to the nature of gender-based violence among refugee populations. As several professionals have noted, most beneficiaries have experienced multiple traumatic events even before arriving in Greece, a fact that makes it particularly difficult to distinguish between the consequences of the broader trauma of forced displacement and those specifically related to experiences of gender-based violence. The assessment therefore requires particular care and the avoidance of hasty conclusions.

Another point that emerged strongly is that the disclosure of incidents depends to a large extent on the relationship of trust that develops between the professional and the client. Participants describe that, in most cases, disclosure does not occur during the first contact, but rather after repeated meetings, when the individual feels that they are in a safe environment and that they will not be judged or pressured. Creating an atmosphere of trust and acceptance is considered a prerequisite for any meaningful investigation of potential incidents of abuse.

A telling example is the description by a psychologist on a psychosocial support team, who explains that addressing a potential incident does not begin with direct questions about violence, but rather with the gradual building of a relationship of trust, so that the person feels safe to speak when they are ready. As he points out:

> **"...I would try to approach the incident in a way that makes them feel safe with me... so that they can acknowledge it and discuss it with me."**

The research also revealed that professionals place particular importance on understanding the cultural and social factors that influence both the occurrence and the recognition of gender-based violence. However, participants are particularly careful not to attribute the phenomenon exclusively to the cultural background of the beneficiaries. Instead, they emphasize that cultural perceptions are just one of the factors that interact with living conditions, previous experiences of trauma, power relations, and the social conditions refugees face after their arrival in Greece.

Of particular interest is the participants' broader understanding of what constitutes gender-based violence. Some professionals extend the concept beyond the most common forms of violence against women to include incidents related to sexual orientation, gender expression, or deviation from dominant norms of masculine behavior. The relevant accounts describe incidents of exclusion, verbal harassment, and physical assault against minors who were considered "different" from their peers, highlighting the importance of a broader and more inclusive approach to gender-based violence in the refugee context.

Overall, the findings indicate that identifying incidents of sexual and gender-based violence is not a routine administrative procedure, but a complex professional practice that requires specialized knowledge, experience, empathy, and constant vigilance. the ability to recognize less obvious forms of abuse, an understanding of cultural and social factors, and, above all, the ability to build trusting relationships with service recipients are identified as the key prerequisites for the timely detection and effective management of such cases.

2.3.2 Factors that hinder the identification and detection of incidents

Analysis of the interviews reveals that the limited number of incidents officially recorded does not necessarily reflect the true extent of sexual and gender-based violence among refugee populations. On the contrary, professionals estimate that a significant portion of incidents remains unreported, either because the victims themselves do not recognize them as forms of abuse or because they choose not to speak about them.

One of the most frequently cited factors relates to the normalization of specific forms of violence through past life experiences and sociocultural norms. Participants described cases in which women who had grown up or lived for a long time in environments where control, threats, psychological pressure, or even physical violence were common practices, found it difficult to recognize that they were victims of gender-based violence. As a result, behaviors that professionals assessed as clearly abusive were viewed by the women themselves as "normal" or as an inevitable part of family life.

Participants do not attribute this finding exclusively to the beneficiaries' cultural background. Instead, most emphasize that the understanding of violence is influenced by a broader network of factors, including social perceptions, previous experiences of trauma, power dynamics within the family, and the circumstances that arose during forced displacement. In this sense, the cultural dimension is viewed as an element that must be taken into account when assessing a case, with-

out, however, serving as an explanation or justification for the violence.

Particular emphasis was also placed on the feeling of shame and the fear of the consequences of disclosure. Professionals report that many clients avoid reporting incidents of abuse because they fear social isolation, the loss of family cohesion, or potential repercussions on their standing within the community. At the same time, several participants pointed out that the experience of displacement, uncertainty about the future, and dependence on reception facilities reinforce victims' reluctance to take the risk of filing a complaint.

Another finding concerns the difficulty of distinguishing between the generalized psychological trauma associated with the refugee experience and the more specific consequences of gender-based violence. Most participants described how anxiety, hypervigilance, isolation, or difficulties in interpersonal relationships may be related to experiences of war, displacement, and loss as well as to experiences of abuse. This complexity necessitates a careful and holistic assessment of each case, without hasty interpretations.

Of particular interest is also the reference by several professionals to forms of gender-based violence that occur outside of intimate partner relationships or incidents of domestic violence. The interviews describe incidents of verbal harassment, social exclusion, and intimidation linked to sexual orientation, gender expression, or deviation from dominant norms of masculine behavior. Particularly in reception facilities for unaccompanied minors, professionals reported that children who were considered "different" from the rest of the group were more frequently targeted for ridicule, marginalization, or even physical violence.

Another interesting finding that emerged concerns the fact that incidents of gender-based violence do not occur exclusively among the beneficiaries. Some interviews described instances in which female professionals were treated with overt disrespect or had their roles questioned because of their gender, as some beneficiaries preferred to address only male colleagues or refused to acknowledge their professional status. These experiences highlight that gender-based perceptions can influence the overall functioning of services and the relationships between staff and the populations they serve.

The interviews also point to differences in the ways gender-based violence and barriers to protection may be experienced across groups. Women were described in relation to the normalisation of controlling, threatening or abusive behaviour within some family contexts, which may make recognition and disclosure more difficult. In contrast, interviews concerning LGBTQI+ persons and gender-non-conforming individuals highlighted forms of harassment, exclusion, intimidation and physical violence linked to sexual orientation or gender expression. Among unaccompanied minors, participants described peer-related targeting of children perceived as "different", including ridicule, marginalisation and physical violence. These observations suggest that identification and protection measures need to consider not only gender, but also age, sexual orientation, gender expression, family and social relationships, and the specific environment in which the person is accommodated.

Overall, the findings suggest that underreporting of incidents is not due to a single factor but is the result of the interaction of personal, social, cultural, and institutional factors. The early identification of gender-based violence therefore requires not only appropriate protocols and procedures, but also the development of trusting relationships, cultural competence among professionals, and ongoing awareness of less visible forms of abuse.

2.3.3 The Role of Frontline Professionals in Early Detection

The thematic analysis of the interviews demonstrates that the identification of incidents of sexual and gender-based violence is not the result of following a predetermined procedure, but is directly linked to the active role of the frontline professional. Participants describe that the effective identification of incidents requires constant professional vigilance, systematic observation, and the ability to interpret behaviors that are often not obviously linked to experiences of abuse.

A common theme in nearly all the interviews is the perception that professionals working with refugee populations must remain constantly alert to identify potential signs of violence. This need

is attributed not only to the frequency of such incidents but also to the fact that most beneficiaries do not seek help on their own for issues of gender-based violence. Consequently, the initiative to identify an incident often falls on the professional themselves, who is called upon to detect changes in behavior, inconsistencies in the narrative, or signs of psychological distress that may conceal experiences of abuse.

Beyond technical knowledge, participants place particular importance on the personal and professional skills that facilitate communication with clients. Empathy, composure, active listening, avoiding judgmental attitudes, and the ability to create a safe environment are repeatedly cited as essential prerequisites for the disclosure of incidents. Professionals emphasize that a person who has experienced violence needs to feel that they are believed, that they are treated with respect , and that they retain control over decisions that affect them. Only within such a framework is it possible to develop the necessary relationship of trust that will allow for the gradual disclosure of the experience of abuse.

At the same time, the interviews highlight that a professional's effectiveness does not depend solely on their individual skills, but also on the supportive framework within which they work. Several participants emphasize that managing potential cases requires close collaboration among different disciplines, as well as clear referral and decision-making procedures. The ability to discuss difficult cases within the interdisciplinary team is described as a key mechanism both for more accurate risk assessment and for protecting the professionals themselves from making unilateral decisions in complex cases.

Another finding that consistently emerges from the interviews concerns the need for ongoing professional training. Although most participants state that they possess basic knowledge for identifying and managing incidents of gender-based violence, they express the view that the complexity of the phenomenon requires ongoing training. Particular emphasis is placed on the need for training regarding less visible forms of violence, the cultural dimensions of the phenomenon, communication techniques with traumatized individuals, and the application of practical tools for assessing and managing incidents. Participants believe that systematic training enhances not only professionals' knowledge but also their confidence when making critical decisions.

At the same time, several professionals point out that skill development is not limited to specialized knowledge regarding gender-based violence, but also involves fostering a broader attitude of professional self-reflection. The continuous re-examination of personal perceptions, stereotypes, and biases is considered a necessary prerequisite for the objective assessment of incidents and for avoiding interpretations that may be influenced by cultural or social assumptions. This aspect is particularly important in a multicultural environment, where understanding diversity is an integral part of professional practice.

Overall, the findings indicate that frontline professionals are the central link in the chain of protection for survivors of sexual and gender-based violence. The timely identification of an incident does not depend solely on the existence of institutional protocols or standardized assessment tools, but on a combination of scientific knowledge, professional experience, empathy, interdisciplinary collaboration, and continuous professional development. This finding highlights that strengthening professional skills is a critical prerequisite for improving the early identification and effective protection of refugee populations.

2.4 Prevention of Sexual and Gender-Based Violence

2.4.1 Prevention as an Ongoing Process of Protection and Empowerment

The interviews demonstrate that professionals do not view prevention as a one-off awareness-raising activity, but rather as an ongoing process that permeates all services provided to refugees and applicants for international protection. Prevention is described as a daily practice linked to creating a safe environment, building trust, and empowering beneficiaries to recognize forms of gender-based violence early on and seek support when needed.

Participants emphasize that effective prevention relies primarily on the systematic presence of professionals within the facilities, daily com-

munication with beneficiaries, and the gradual building of trusting relationships. Through this ongoing contact, the conditions are created for beneficiaries to be informed about their rights, to recognize abusive behaviors, and to be aware of the available support services.

2.4.2 Informing and Raising Awareness Among Beneficiaries

Information sharing has emerged as one of the most important prevention strategies. According to the participants, many beneficiaries find it difficult to recognize that certain behaviors—such as psychological abuse, control, economic dependence, or verbal belittlement, are forms of gender-based violence. For this reason, awareness-raising efforts are not limited to presenting available services but focus on understanding the very concept of violence and its various manifestations.

At the same time, professionals believe that awareness-raising must be conducted in a way that is understandable and culturally sensitive, taking into account the diverse experiences, language barriers, and social perceptions of the populations it targets.

A telling example is the perspective of a social worker who works at a facility for unaccompanied minors, who emphasizes that prevention is not limited to responding to an incident but is the most important strategy for reducing gender-based violence. As he points out:

> **"I don't think prevention is just one aspect. If we could ensure proper education and instill in people from a very young age values such as gender equality, dialogue, and freedom of choice, that would be true prevention of the phenomenon (i.e., gender-based violence)."**

2.4.3 Community Participation in Prevention

A recurring theme in the interviews concerns the importance of the active participation of refugee communities themselves in prevention efforts. Professionals believe that awareness-raising is most effective when carried out with the participation of people who come from the same communities and understand the specific social and cultural conditions in which the beneficiaries live.

Several participants emphasize that the personal stories of people who have experienced abuse can serve as a powerful tool for raising awareness and empowering others, helping to break down stereotypes and making it easier to seek help. At the same time, it is noted that active community involvement strengthens the sense of collective responsibility for the prevention and protection of its vulnerable members.

Taken together, the interviews point to a prevention model based on sustained engagement rather than isolated awareness-raising events. Three elements appear particularly promising: maintaining regular contact with beneficiaries, involving community members or cultural mediators in awareness-raising activities, and integrating discussions of gender equality, rights, respect and healthy relationships into everyday educational and support activities. These approaches are described by participants as helping beneficiaries recognise less visible forms of violence and become more aware of where and how to seek support.

2.4.4 Education from an Early Age and Changing Social Attitudes

Most professionals believe that the prevention of gender-based violence cannot be limited to addressing existing incidents but requires long-term interventions aimed at shaping attitudes and behaviors starting in childhood and adolescence. Education on gender equality, mutual respect, human rights, and healthy interpersonal relationships is described as a fundamental prerequisite for reducing gender-based violence over time.

Particularly in facilities housing unaccompanied minors, participants report that daily educational work contributes to the gradual challenging of stereotypes related to gender roles, toxic masculinity, and the acceptance of diversity.

2.4.5 Challenges in Implementing Preventive Interventions

Despite recognizing the importance of prevention, professionals describe significant challenges that hinder its effective implementation. Language barriers, differing cultural perspectives,

the limited length of stay for some beneficiaries in the facilities, and the increased demands of managing daily life often limit the time available for systematic preventive actions.

Furthermore, several participants believe that prevention requires closer collaboration among organizations, public services, and local communities, as well as more systematic training for professionals. They emphasize that prevention cannot rely solely on the individual initiative of each employee but must be integrated into an organized institutional framework with clear procedures and adequate resources.

2.5 Incident Management and Referral Mechanisms

2.5.1 Incident management as an interdisciplinary process

The interviews reveal that the management of cases of sexual and gender-based violence is based on a multifactorial and interdisciplinary approach. Professionals describe that no case is handled in isolation by a single staff member, but is assessed collectively, with the participation of different disciplines and, where necessary, in collaboration with external services.

The professionals described case management not as an individual responsibility, but as a process based on collaboration among different disciplines and collective decision-making with the survivor's safety as the guiding principle. The appointment of a social worker who also serves as a coordinator of psychosocial services is particularly revealing:

> **Often, in cases of active gender-based violence–that is, when a person comes forward and says they're going through this difficult situation and want it all to stop–my work alone isn't enough; we have to work together: a psychologist, a lawyer, and in some cases even doctors. Then, by approaching the issue from all angles, we can take the right steps to protect that person."**

This practice aims both to provide a more comprehensive assessment of the individual's needs and to make decisions that ensure their protection, while minimizing the risk of incorrect or fragmented interventions. Participants describe interdisciplinary collaboration as a necessary prerequisite for the effective management of complex cases, particularly when issues of mental health, minors, domestic violence, or serious risk to the individual's physical integrity coexist.

2.5.2 The victim's safety as the top priority

A common thread in the participants' accounts is that every intervention begins with an assessment of the level of risk and the immediate safeguarding of the victim's safety. Professionals describe that, before taking any further action, they assess whether the individual is still in an abusive environment or if there is an immediate threat to their life and physical integrity.

> **We must ensure that it takes place in a very safe environment where there is trust... If we determine that this is a dangerous situation, reports will be filed with the police... and the District Attorney's Office."**

In cases where an increased risk is identified, the established protection mechanisms are activated, and the necessary referrals are made to the competent authorities and available shelter or protection facilities. Participants emphasize that every intervention must be carried out with respect for confidentiality and with the individual's best interests in mind.

2.5.3 Referrals and Interagency Cooperation

Effective case management is closely linked to the existence of functional cooperation networks among organizations, public services, and specialized agencies. Professionals report that, depending on the severity and characteristics of each case, collaboration may be required with mental health services, hospitals, social services, prosecutorial authorities, police departments, and specialized shelters.

At the same time, several participants point out that the quality of cooperation among the agencies involved has a decisive impact on the effectiveness of protection, as the timely exchange of information and a clear definition of responsibilities reduce delays and the risk of the individual becoming a victim again.

2.5.4 Challenges in Incident Management

Although participants state that basic management protocols and procedures exist, they point out that implementing them in practice involves significant difficulties. Cultural differences, language barriers, the difficulty of identifying cases, and the complexity of the beneficiaries' psychosocial needs complicate decision-making and require a personalized approach.

At the same time, professionals report that effective management requires sufficient time, ongoing collaboration among services, and the availability of appropriate referral structures. The absence of or limited access to specialized services can make it difficult to provide comprehensive support, particularly in complex, high-risk cases.

2.6 Training Needs of Professionals

2.6.1 Continuing Education as a Prerequisite for Quality Services

Analysis of the interviews reveals that participants consider continuing professional development to be a fundamental prerequisite for effectively addressing sexual and gender-based violence. Although most state that they possess basic knowledge for identifying and managing cases, they point out that the complexity of the needs of refugees and applicants for international protection requires continuous updating of knowledge and the development of new skills.

Participants emphasize that training should not be limited to presenting the institutional framework or referral procedures, but should focus on the application of practical tools that can be utilized in daily professional practice.

2.6.2 Training Needs Identified Through the Interviews

Professionals report that there is a particular need for training on the early identification of less obvious forms of gender-based violence, communicating with individuals who have experienced trauma, and assessing the level of risk. At the same time, the importance of developing cultural competence skills is emphasized, so that interventions take into account the diverse social and cultural experiences of service recipients without perpetuating stereotypes.

Equally important is familiarity with available services and referral networks, so that professionals can promptly activate the appropriate protection mechanisms and ensure continuity of support.

> **"Something very important that, unfortunately, is not always provided is the training mentioned above... so that professionals can recognize the situation, prevent it from occurring, and help people."**

2.6.3 Interdisciplinary Learning and Professional Support

Another finding concerns the importance of sharing experiences among different professional groups. Participants believe that training is most effective when conducted in an interdisciplinary setting, allowing social workers, psychologists, interpreters, lawyers, and other professionals to better understand their complementary roles in case management.

At the same time, many professionals highlight the need for regular supervision and professional support. Managing cases of gender-based violence is often associated with a high emotional burden and requires spaces for reflection and discussion of difficult cases, both to improve the quality of services provided and to prevent professional burnout.

2.6.4 Conclusions

The findings demonstrate that professional training is an ongoing need rather than a one-time process. Participants associate the quality of ser-

vices with the opportunity for continuous learning, the exchange of experiences, and the development of practical skills that meet the complex needs of refugee populations.

Training emerges as a cross-cutting factor that influences all stages of addressing sexual and gender-based violence, from prevention and early identification to case management and referral to appropriate protection mechanisms.

2.7 Conclusions

The qualitative analysis of the interviews reveals that sexual and gender-based violence among refugee and international protection-seeking populations is a multidimensional phenomenon, the effective addressing of which requires much more than the existence of formal identification and referral procedures. The findings indicate that the real challenge lies in the timely identification of incidents that often go unnoticed, as individuals who have experienced violence find it difficult to disclose their experiences due to fear, shame, lack of trust, or limited recognition of certain forms of abuse.

A key finding of the research is the importance of the relationship of trust between professionals and service recipients. Participants consistently describe that disclosure rarely occurs during the first contact but is a gradual process that develops through continuous presence, active listening, and the creation of a safe environment for communication. The identification of gender-based violence is not based solely on the existence of obvious evidence, but on the ability of professionals to recognize less obvious signs, assess complex psychosocial situations, and approach each case with sensitivity and respect for the individual's unique experiences.

At the same time, the research highlights that prevention, identification, and case management are interrelated processes rather than distinct stages of intervention. Participants describe daily contact with beneficiaries, ongoing education regarding rights and forms of gender-based violence, as well as collaboration with the communities themselves as key elements of a comprehensive prevention strategy. Similarly, effective case management requires interdisciplinary collaboration, clear referral mechanisms, and coordination among the relevant services to ensure the protection and continuity of support for survivors.

Another important finding concerns the crucial role of frontline professionals. The interviews highlight that the quality of the services provided depends to a large extent on the knowledge, skills, and experience of the professionals, but also on their ability to work within a supportive organizational framework that encourages interdisciplinary collaboration, continuing education, and professional reflection. Investing in the development of professional skills emerges as a critical prerequisite for improving the early identification, effective management, and comprehensive protection of individuals experiencing gender-based violence.

Overall, the study's findings indicate that addressing sexual and gender-based violence among refugee populations requires a holistic, people-centered, and rights-based approach that combines prevention, early identification, immediate protection, and interdisciplinary collaboration. Despite the challenges described by the participants, the interviews also demonstrate the existence of significant professional experience and a strong commitment to providing quality services to refugees and applicants for international protection. These findings can be used to further design interventions that will strengthen both the capacities of professionals and the functioning of protection mechanisms, contributing to the creation of a more effective and accessible system for preventing and addressing sexual and gender-based violence.

CHAPTER 3. POLICY RECOMMENDATIONS AND FINAL REMARKS

3.1 Policy Recommendations

3.1.1 Strengthening the Early Identification of Incidents

The findings of this study revealed that the early identification of incidents of sexual and gender-based violence remains one of the most significant challenges faced by frontline professionals. Participants described that most incidents are not disclosed immediately but are gradually recognized through daily interaction, observation of behavioral changes, the development of a trusting relationship, and careful assessment of indirect cues. This difficulty is compounded by fear, shame, trauma, as well as social and cultural attitudes that prevent the disclosure of violence.

Based on the above, there is a need to strengthen mechanisms for the early identification of incidents through the systematic application of assessment tools, the development of common procedures for identifying risk indicators, and the enhancement of active listening and communication skills. At the same time, it is important for reception and support facilities to create conditions that foster the gradual building of trust between professionals and service recipients, as this relationship was identified by participants as the most critical factor in uncovering incidents.

3.1.2 Strengthening Prevention and Awareness

Professionals view prevention not as a one-time awareness-raising effort, but as an ongoing process that permeates all services provided. Providing information about rights, forms of gender-based violence, and available support services was considered essential from the very first stages of contact with beneficiaries. At the same time, particular emphasis was placed on the participation of the communities themselves and on the need to develop interventions that take into account the cultural and social context of the populations they serve.

These findings suggest that prevention policies should be systematically integrated into the day-to-day operations of these facilities and not limited to isolated awareness-raising activities. The development of accessible and culturally appropriate informational materials, the use of community mediators where feasible, and the strengthening of the beneficiaries' own participation in the design of prevention initiatives can contribute significantly to the early identification and response to gender-based violence.

3.1.3 Improving Case Management and Referral Mechanisms

Analysis of the interviews revealed that effective case management relies on collaboration among different professional disciplines and the existence of functional referral networks. Participants described how the protection of survivors depends to a large extent on coordination among organizations, public services, and specialized agencies, as well as on the ability to access appropriate services immediately.

Based on these findings, it is recommended that cross-sectoral cooperation be further strengthened by updating common protocols, clearly defining roles and responsibilities, and ensuring regular communication among the relevant agencies. At the same time, the systematic evaluation of the effectiveness of referral mechanisms can contribute to the timely identification of gaps and the improvement of continuity of care.

3.1.4 Continuous professional development and support for professionals

The survey revealed that professionals consider continuing education to be an integral part of providing high-quality services. The needs identified relate not only to acquiring specialized knowledge about sexual and gender-based violence, but also to developing communication skills, cultural competence, risk assessment, and the management of complex cases.

In this context, it is advisable to establish continuing professional development programs that combine theoretical training with experiential learning, analysis of real-life cases, and interdisciplinary exchange of experiences. At the same time, strengthening regular oversight and developing support mechanisms for professionals can contribute both to maintaining the quality of services and to preventing professional burnout.

3.1.5 Institutional Strengthening of the Protection System

The findings of this study demonstrate that the effectiveness of interventions does not depend solely on the knowledge and commitment of professionals, but also on the functioning of a coherent and adequately supported protection system. Participants highlighted the need for adequate staffing, the availability of specialized services, and consistent collaboration among the agencies involved—factors that directly influence the quality of support provided to beneficiaries.

For this reason, policies aimed at strengthening the protection system should prioritize ensuring adequate human and material resources, consistent support for frontline services, and the further strengthening of coordination mechanisms among government agencies, international organizations, and civil society organizations. Investing in a comprehensive and functional protection system is a fundamental prerequisite for the effective prevention and response to sexual and gender-based violence.

3.2 Concluding Remarks

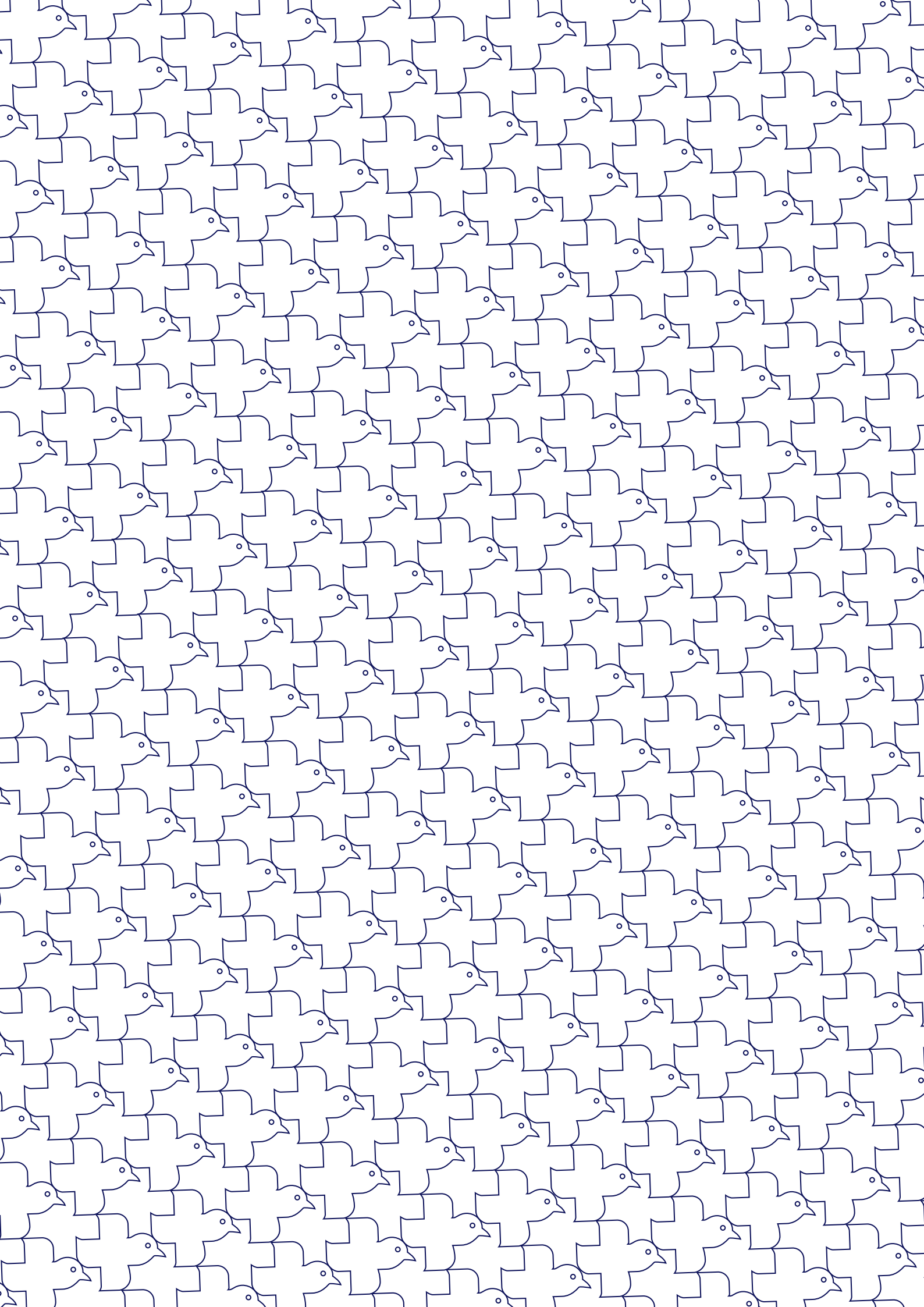
This study sought to explore the experiences and views of professionals working with refugees and applicants for international protection regarding the prevention, identification, and management of incidents of sexual and gender-based violence. The qualitative analysis of the interviews revealed that addressing gender-based violence cannot be limited to the implementation of standard procedures or protocols, but is a complex process rooted in daily professional practice, the development of trusting relationships, and close collaboration among different services and disciplines.

The participants' experiences demonstrated that frontline professionals play a crucial role at all stages of the intervention, from prevention and early detection to case management and referral to appropriate protection mechanisms. At the same time, the research highlighted that the effectiveness of interventions depends to a significant extent on the existence of a supportive institutional framework that provides professionals with the necessary resources, appropriate structures for collaboration, and opportunities for continuous professional development.

The policy recommendations outlined in the previous subsection are a direct result of the research findings and reflect the needs and challenges described by the participants themselves. Strengthening the early identification of cases, systematically investing in prevention, improving referral mechanisms, continuous training of professionals, and further strengthening of the protection system constitute interrelated pillars that can contribute substantially to improving the response to sexual and gender-based violence.

This study also highlights the importance of drawing on the experience of frontline professionals when designing and implementing policies and interventions. The daily challenges they face, as well as the practices they have developed to support survivors, constitute a valuable source of knowledge for improving services and developing more effective protection mechanisms. The systematic integration of this experience into the decision-making process can enhance both the quality of interventions and the system's responsiveness to the actual needs of beneficiaries.

Overall, the research findings confirm that effectively addressing sexual and gender-based violence among refugee and international protection-seeking populations requires a comprehensive, people-centered, and rights-based approach. Strengthening prevention, ensuring the early identification of incidents, guaranteeing effective protection mechanisms, and providing ongoing support to professionals are not separate interventions but rather complementary components of a cohesive protection system. Adopting the recommendations set forth in this report can contribute significantly to further strengthening policies and practices for the prevention and response to sexual and gender-based violence, for the benefit of refugees and applicants for international protection in Greece.



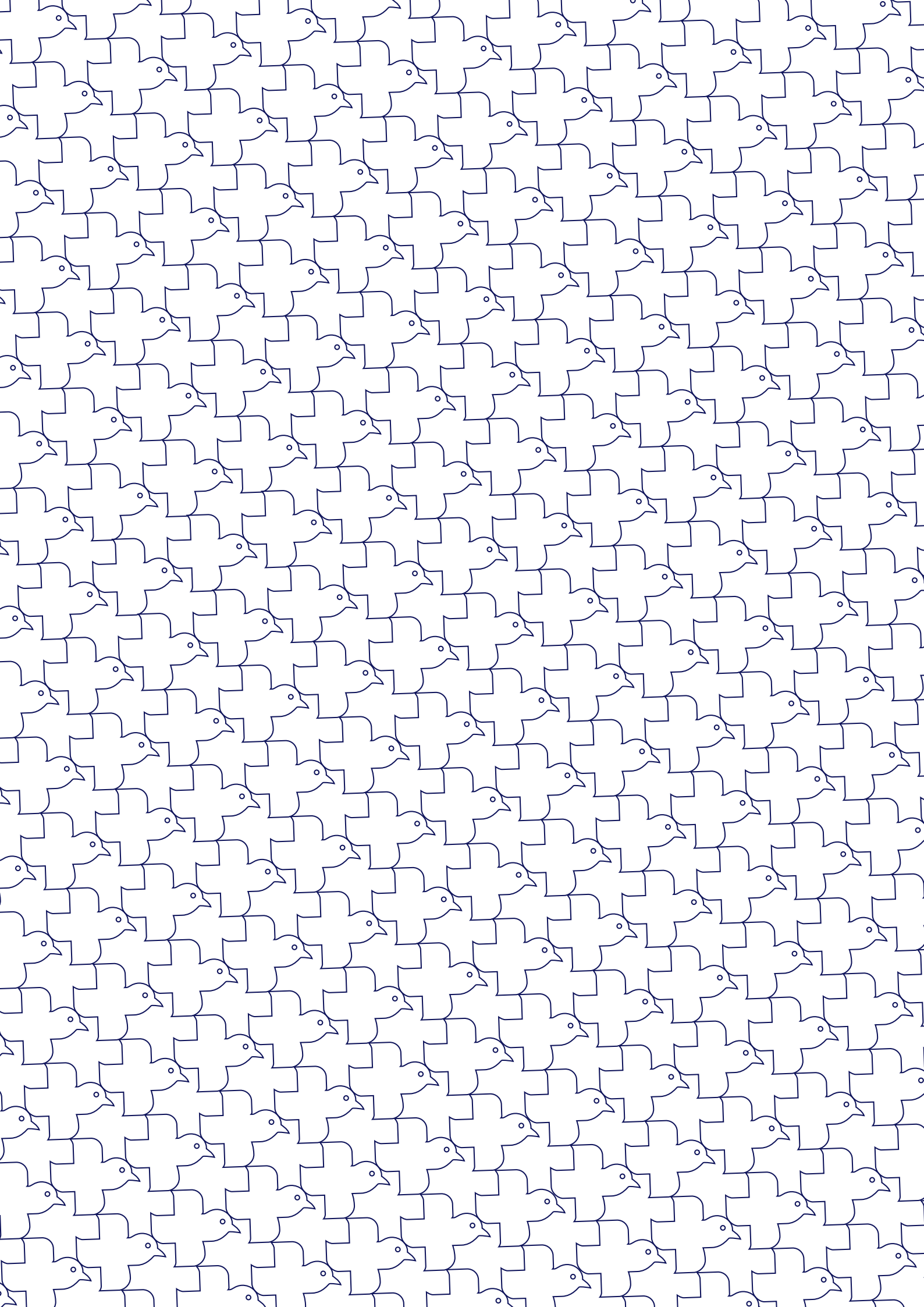

reach.out
plus
MÉDECINS
DU MONDE

reach.out plus

SGBV SERVICES IN AMSTERDAM

Deliverable 4.1

Co-funded by the European Union



CONTENTS

The study was conducted as part of the European project "REActing to gender-based violence against refugees through Coordinated Help, Advocacy, and OUTreach actions Plus." The Reach.out Plus project is co-funded by the European Union under the CERV (Citizens, Equality, Rights, and Values) and the CERV-2025-DAPHNE call for proposals, with Doctors of the World – Germany (Ärzte der Welt) serving as the coordinating partner.

Introduction

Under 'Deliverable 4.5 Referral Overview' Medicins Du Monde (MDM) the Netherlands, conducted a mapping of SGBV services in Amsterdam and national-based services that also cover SGBV related needs within Amsterdam. In addition to the mapping, MDM the Netherlands is happy to provide insights in the process of the creation of the social mapping under this deliverable 4.1. Therefore, and in order to fully appreciate the mapping, insights are provided throughout the consequent subchapters:

1. National Context
2. Mapping Methodology
3. Key Findings from the Mapping
4. Barriers and Challenges
5. Implications for Frontline Volunteers and Professionals
6. Lessons learned and Advocacy Implications

National Context

Health Care in The Netherlands

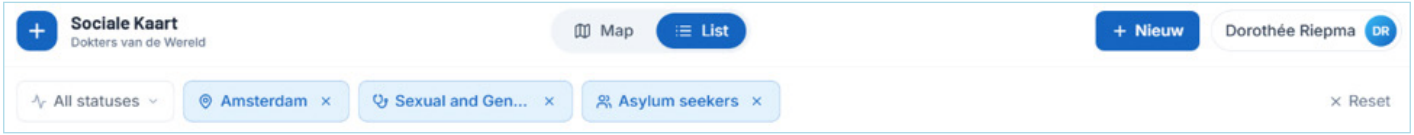
In order to understand the SGBV service mapping in Amsterdam it is of paramount importance to have insights in the Dutch health care system. In the Netherlands, health care is accessible through the general practitioner. In the Netherlands citizens are obliged to register with a general practitioner within 15 minutes reach from their registered address. The general practitioner conducts triage and is the primary entry point and functions therefore not only as a doctor but also as a gatekeeper. The general practitioner is responsible for first-line diagnoses and treatments. Additionally, the general practitioner conducts referrals to medical specialists in the second- or third-line health services. With regard to SGBV services, most of the mapped services are also accessible without an official referral. Nevertheless, for instance for the specialised psychotrauma services provided through 'ARQ the National Psychotrauma Center' a referral by an acknowledged referring party is needed. In the next chapters the differences in access to care for asylum seekers and undocumented people will be described. Therefore, in the mapping a selection in target groups can be made.

Health Care for Asylum Seekers

In the Netherlands the Centraal Orgaan opvang Asielzoekers (COA and in English the Central Agency for the Reception of Asylum Seekers) arranges and finances medical care for asylum seekers. Their first gate keeper to care is the Gezondheidszorg Asielzoekers (GZA and in english Health Care Asylum seekers). Hence, de GZA health practitioners are the obliged care provider for which an asylum seeker cannot prescribe with a general practitioner of their choice. Though a general practitioner is available through the GZA. Asylum seekers fall under the Regeling Medische Zorg Asielzoekers (RMA) for which they do not need an insurance and do therefore not need to pay for this. If medically necessary, most hospital and specialised medical care that is covered under the obliged basic 'medical necessary' insurance package is covered by the RMA.

Health Care for Undocumented People

In the Netherlands, not only insured people and asylum seekers, but everybody is entitled to the basic 'medical necessary' care provided for un-



der the obliged insurance. If somebody is undocumented and in need for this basic care, use can be made of the arrangement 'CAK regeling voor onverzekerbare vreemdelingen' Regeling onverzekerbare vreemdelingen | CAK Zakelijk. A person that is undocumented can be registered with a general practicioner. The lack of a residence permit or insurance cannot be a reason not to treat somebody as a patient. A patient can also be referred, and further medical assistance can fall under the same CAK arrangement. Hence, care providers are supposed to request the CAK arrangement or medically necessary care and certain conditions apply.

Health Care for Residence Permit Holders

As soon as residence permit entitlements applies the situation changes as an insurance is obliged then. This can be requested within 4 months and can be put into place retroactively. This also means; on the one hand a need to pay and on the other hand allowances that can be requested to cover part of the payment.

Barriers and Challenges

Hence, in theory many arrangements make medical care relatively accessible. Precise details can be found in the 'Wegwijzer Zorg aan Onverzekerden' https://straatdokters.nl/wegwijzer-zorg-aan-onverzekerden/. However, the reality on the ground is more challenging. During the daily work MDM the Netherlands observes many situations in which patients and SGBV survivors do not receive medical care; not sufficient care or situations in which the medical care provided was not provided in a culturally sensitive manner.

In a previous EU CERV funded project in which MDM the Netherlands was involved, it was found that people with a refugee background have relatively often experienced SGBV whereas they seek less often help in the Dutch system (as described on page 7 in the Samen Report NL_IOM SAMEN recommendations report_v4.pdf). For now if help is sought for, channels like migrant organisations, Stichting Vluchteling and Medicins du Monde the Netherlands are experienced as a more low-treshold, accessible manner to seek help than government related services. Numerous barriers to formal care services and government related services can be identified such as cultural and language barriers, but also unawareness of rights, accessibility issues and the Dutch demand-driven medical system.

Implications for Frontline Volunteers and Professionals

The main implications, when providing low-threshold services and working in an outreaching manner, concern frontline workers working for NGO's such as MDM that are on a daily basis confronted with complex situations which can cover many areas of expertise from MHPSS to gynaecology to SGBV. Hence, basic training on psychosocial first aid and SGBV is needed. Moreover, frontline workers expressed that accessible information as well as an intuitive tool facilitating who, when, where and how to refer is needed. Hence, a digital social map which can be updated constantly is a basic need.

Mapping Methodology

In order to respond to abovementioned need this mapping was conducted. The mapping methodology was two-sided. On the one hand all SGBV services in Amsterdam were researched and included. On the other hand, through the individual consultations new services are regularly identified and included as soon as identified. For instance, a recommendation was received and incorporated from the Centrum Seksueel Geweld for a psychologist providing support to undocumented SGBV survivors.

In order to identify all SGBV services in Amsterdam, existing partners were requested to provide

more precise details about their services to include in the mapping. They also provided recommendations for other services that MDM should get into contact with to include in the mapping and in future collaborations. Even with a familiar service such as ARQ, new information on the possibility for free consultation was received.

In the mapping no exclusion criteria were used for services itself, though exclusion criteria for clients are mentioned in the comments section of each service if existent.

Key Findings from the Mapping

Throughout the mapping process duration 30 SGBV services were identified. Out of the 30 services 20 are located in Amsterdam and 10 also provide services in Amsterdam as they are nationally based and/ or based close to Amsterdam. For instance, the Federation of Somalian Associations is based in Amstelveen and Psychotrauma Center ARQ is based in Diemen.

Mapped services cover the main SGBV service categories, namely: health and medical services; mental health and psychosocial support; legal and justice assistance; safety and security services as well as livelihood and social reintegration. Services under the latter category are for direct referral for now restricted to empowerment activities.

Starting to work with the mapping it became apparent that even though most SGBV services are in principle accessible, in reality on the ground even with a referral and once accessed, hindrances are faced and not always overcome. For instance, for undocumented people care providers do not want to provide care amongst others because of unawareness that they can invoice this. Another example are the enormous waiting lists for psychological support. Even though there might be an enormous need, this need might not be easily expressed in a different language and therefore not be prioritised. Tolkenvoorziening/ translation services exist but this is not sufficient to guarantee availability of care for all survivors from sexual or gender-based violence. In addition, clear information about rights and available assistance is needed as well as culturally sensitive assistance. Hence, beside a system change in which providers make sure their care is accessible, the care that is provided can be made more culturally sensitive. For example, by making use of translation services; meeting in person instead of on the phone; checking if appointments are understood instead of assuming an appointment is cancelled if there is a no-show; taking into account the cultural and family context of the survivor beyond what is considered in the Netherlands as family and providing time to formulate a help request and if needed to assist SGBV survivors formulating their help request.

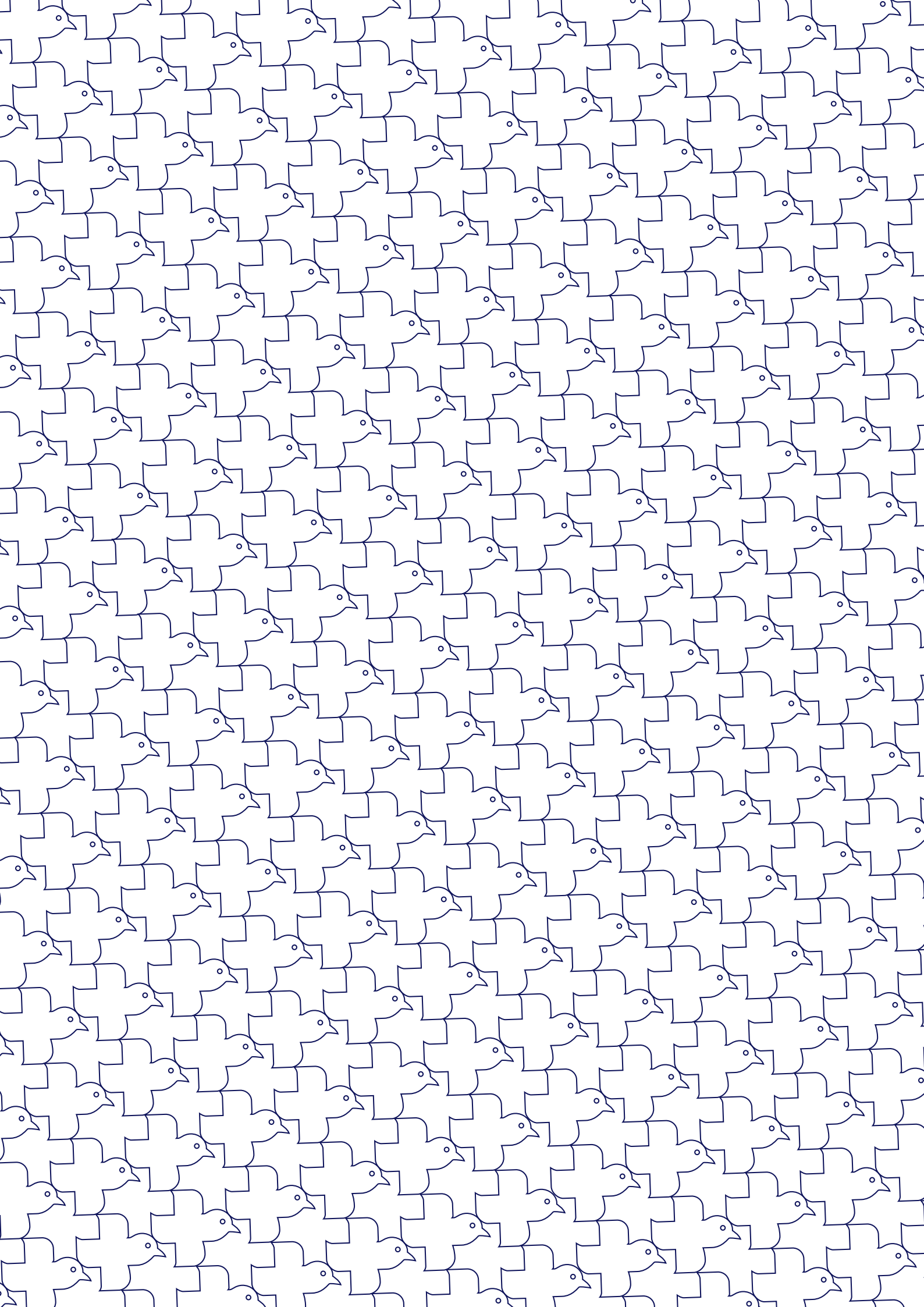
Lessons Learned and Advocacy Implications

The main lesson learned is that MDM the Netherlands is uniquely positioned as it reaches SGBV survivors through its low threshold services; outreach and cultural sensitive ways of working in which violent experiences are regularly disclosed in medical consults amongst others in the mobile clinic. MDM continues to act as a bridge with referrals to formal and government related SGBV services and medical assistance.

Hence, through this mapping and the Reach Out+ project, the need for regular SGBV services to assist more people with a migration background was observed and for this to be happening in a more culturally sensitive manner. Therefore, MDM started and will build on this project to address (government related) SGBV service providers to share cases in bilateral meetings in order to accelerate the care for every SGBV survivor in the Netherlands as a shared responsibility. In addition, at the national level MDM started advocacy efforts to accelerate a system change. For instance, through the provision of input for the Parliamentary Commission Debate on Domestic Violence (Maatschappelijk domein inclusief huiselijk geweld, kindermishandeling en geweld in afhankelijkheidsrelaties). This input was consid-

ered in a resolution in which care and support for all SGBV survivors was requested as well as more culturally sensitive support.

To conclude, all SGBV services available are now easily found in the digital social map for which more adequate referral will be conducted. The mapping will be used to conduct more easily referrals and specifically to conduct more warm referrals. MDM will monitor the progression of the help requests through these referrals and assist if needed in the process. This will facilitate care for all SGBV survivors. Observed hindrances will be discussed in foreseen strategic bilaterals and the overall outcomes of this will be addressed through advocacy. Advocacy efforts will entail concrete examples of positive change as well as illustrated examples of where, when and how significant changes are still needed from specific SGBV services and organisations or within the broader system.




reach.out
plus
MÉDECINS
DU MONDE

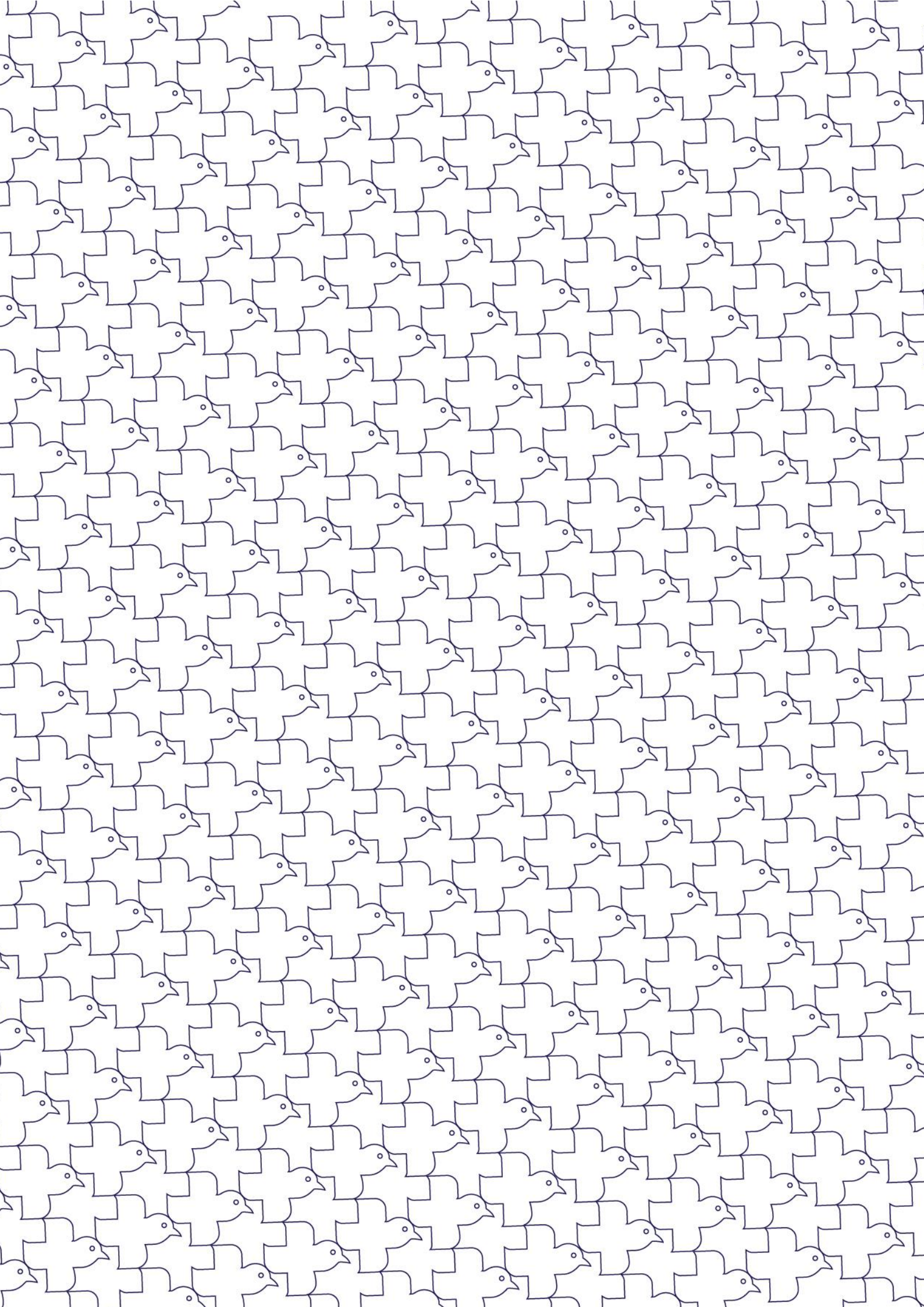
reach.out plus

LITERATUR- UND DESK-REVIEW

MdM Germany

D4.1

Co-funded by the European Union



VORWORT

Dieses Review gibt einen Überblick über Schulungs- und Informationsmaterialien für Fachkräfte, die in Deutschland mit asylsuchenden und geflüchteten Menschen arbeiten. Die Materialien behandeln die Themen Gender-based Violence (GBV), Trauma und psychosoziale Unterstützung, die Identifizierung von Menschen mit besonderen Schutzbedarfen sowie GBV-Prävention und -Schutz. Berücksichtigt werden Publikationen und Schulungsunterlagen auf lokaler Ebene – mit Schwerpunkt München und Bayern – sowie relevante nationale und internationale Ressourcen.

Die zusammengestellten Materialien richten sich an Fachkräfte in Unterstützungsangeboten und Versorgungsstrukturen für Geflüchtete sowie an Mitarbeitende relevanter Behörden. Sie vermitteln praxisbezogenes Wissen und stärken Handlungskompetenzen: von der Sensibilisierung für genderbasierte Gewalt über die Identifizierung von Betroffenen und gefährdeten Personen bis hin zur angemessenen, betroffenenorientierten Unterstützung.

INHALT

SCHULUNGSMATERIALIEN ZU GENDERBASIERTER GEWALT

„Identifizierung von Betroffenen geschlechtsspezifischer Gewalt“ – Ärzte der Welt e.V. (Deutsch)

https://www.fluechtlingsrat-bayern.de/wp-content/uploads/2022/04/Arbeitshilfe_Identifizierung-von-GBV-Betroffenen.pdf

- **Inhalt:** Frühzeitige Erkennung von GBV, Formen von Gewalt (häusliche, sexualisierte Gewalt, FGM/C, Menschenhandel), Indikatoren und kultursensible Empfehlungen
- **Zielgruppe:** Sozialarbeiter*innen, Sicherheitspersonal, medizinisches Fachpersonal, Lehrkräfte, Ehrenamtliche
- **Praxisrelevanz:** Indikatoren für GBV, kultursensible Handlungsprinzipien, rechtliche Aspekte, Verweis an Hilfsangebote, Vermeidung von Retraumatisierung

„Verhinderung von Genitalverstümmelung (FGM) bei Mädchen und jungen Frauen in München“ - Landeshauptstadt München, Sozialreferat / Stadtjugendamt (Deutsch)

https://imma.de/documents/118/Verhinderung_von_Genitalverst%C3%BCmmelung_-_Bro-sch%C3%BCre_2014.pdf

- **Inhalt:** Prävention von FGM/C, rechtliche Grundlagen (§ 226a StGB), Prävalenzdaten, Handlungsempfehlungen für Kinderschutz, lokale und bundesweite Ressourcen
- **Zielgruppe:** Fachkräfte der Kinder- und Jugendhilfe, Sozialarbeiter*innen, medizinisches Personal, Ehrenamtliche
- **Praxisrelevanz:** Rechtsgrundlagen, Risikoeinschätzung, kultursensible Kommunikation, Vernetzung mit Beratungsstellen

„Pro familia informiert über weibliche Beschneidung“ – Pro Familia Ingolstadt (Deutsch)

https://www.profamilia.de/fileadmin/beratungsstellen/nuernberg/profa_2021_DE.pdf

- **Inhalt:** Gesundheitliche, psychische und soziale Folgen von FGM/C, rechtliche Situation in Deutschland/EU, Formen und Risiken von FGM/C, Beratungsangebote
- **Zielgruppe:** Sozialarbeiter*innen, Mitarbeitende in Geflüchtetenunterkünften, Community-Leader, Geflüchtete
- **Praxisrelevanz:** Sensibilisierung für FGM/C, rechtliche Grundlagen, Schutzbedarfe erkennen, Beratungs- und Unterstützungsmöglichkeiten

„Ehrgewalt“ und Zwangsverheiratung – Unterstützung für Frauen“ – SOLWODI Deutschland e. V. (Deutsch)

https://daten2.verwaltungsportal.de/dateien/seitengenerator/0832ea4e327556b1629db18c84df6f0f186819/Flyer_Ehrgewalt_Zwangsverheiratung.pdf

- **Inhalt:** Informationsflyer zu Ehrgewalt und Zwangsverheiratung: patriarchale Strukturen, typische Anzeichen, Folgen für Betroffene sowie Schutz- und Unterstützungsangebote von SOLWODI (u. a. anonyme Schutzwohnungen, psychosoziale, juristische und medizinische Hilfe)
- **Zielgruppe:** Sozialarbeiter*innen, Fachkräfte in Frauen- und Mädchenberatungsstellen, Ehrenamtliche, Mitarbeitende relevanter Behörden
- **Praxisrelevanz:** Sensibilisierung für kulturspezifische Gewaltformen, praxisnahe Hinweise zu Risikoindikatoren und Schutzmaßnahmen, relevanter Netzwerkhinweis für GBV-Trainings

„Gender-Based Violence Prevention and Response – A Methodological Guide“ – Médecins du Monde (Deutsch)

https://issuu.com/medecinsdu-monde/docs/guide_vlg_complet_en

- **Inhalt**: Methodischer Leitfaden zur Prävention und Reaktion auf GBV: Definitionen, Gewaltformen, Ursachen und Folgen sowie praxisorientierte Ansätze für medizinische, psychosoziale, rechtliche und soziale Unterstützung o
- **Zielgruppe:** Medizinisches Personal, psychosoziale Berater*innen, juristische Fachkräfte, NGO-Mitarbeitende, Projektkoordinator*innen
- **Praxisrelevanz:** Fundierte Sensibilisierung für GBV als Menschenrechts- und Gesundheitsproblem; praxisnahe Tools für Identifikation und Versorgung, Überblick über Rechtsrahmen, Förderung interdisziplinärer Zusammenarbeit, Prävention und Empowerment

„Triage Tool for identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives“ – Ines Keygnaert, Leni Linthout (Englisch)

https://preprod.victim-support.eu/wp-content/files_mf/1630932290Triage_Tool_KeygnaertLinthout_2021.pdf

- **Inhalt:** Praxisorientiertes Triage-Tool zur Erkennung, Erstversorgung und Weiterverweisung von Betroffenen von GBV oder sexualisierter Gewalt in (Erst)Aufnahmeunterkünften: Grundlagen zu GBV, Identifikationsbögen, klare Handlungspfade bei Verdacht oder Offenlegung sowie Checkliste zur sicheren Unterbringung
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, medizinisches Personal, Case Manager*innen, juristische Fachkräfte, Dolmetscher*innen, NGO-Mitarbeitende, Ehrenamtliche, Projektkoordinator*innen
- **Praxisrelevanz:** Konkrete Screening- und Entscheidungsinstrumente, traumasensible Kommunikationsleitlinien, praxisnahe Unterstützung für Gewaltschutzkonzepte, Bezug zu EU-Richtlinien und Istanbul-Konvention

„How to Care for Survivors of Gender-Based Violence – A Guide to GBV“ – IOM UN Migration (Ukraine Response) (Deutsch)

https://germany.iom.int/sites/g/files/tmzbdl806/files/Caring%20for%20survivors%20of%20GBV%20%28EN%29.pdf

- **Inhalt:** Praxisorientierte Leitlinien zum Umgang mit Überlebenden von GBV: Definitionen, Indikatoren, betroffenenzentrierte Prinzipien (Respekt, Sicherheit, Vertraulichkeit, Nichtdiskriminierung), Do’s & Don’ts der Erstansprache, Gesprächsführung sowie Weiterverweisung zu Gesundheitsdiensten (inkl. zeitkritischer Maßnahmen
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Sozialarbeiter*innen, Case Manager*innen, Ehrenamtliche, medizinisches Personal, NGO-Mitarbeitende
- **Praxisrelevanz**: Klare, handlungsorientierte Schritte für Erstkontakt und Weiterverweisung; praktische Kommunikationshinweise; Sensibilisierung für Vielfalt und LGBTI-spezifische Bedarfe; geeignet für GBV-Basis- und Auffrischungstrainings

„Take Action Against GBV – A UNHCR Video Series“ – Protection Learning Unit, UNHCR (Englisch)

https://www.youtube.com/watch?v=DXzP2IqqcdY&list=PLk83Ra7kAz5HQymFMdS7 9dryet14pn8YS&index=2

- **Inhalt:** Videoreihe zu Ursachen, begünstigenden Faktoren und Folgen von GBV, Einführung in den Survivor-Centred Approach, Präventionsansätze sowie GBV-Bewertung und Datenerhebung
- **Zielgruppe:** UNHCR-Mitarbeitende, Mitarbeitende relevanter Behörden, NGO-Mitarbeitende, Projektkoordinator*innen, Sozialarbeiter*innen
- **Praxisrelevanz:** Einblick in die Ziele zur Prävention und Reduzierung von GBV in UNHCR-Programmen sowie Erläuterung und mögliche Umsetzung verschiedener theoretischer Ansätze

SCHULUNGSMATERIALIEN ZU IDENTIFIZIERUNG & SCHUTZ-KONZEPTEN

„Vulnerable Asylsuchende – Identifizierung und Beratung" – IBIS e.V. – Interkulturelle Arbeitsstelle für Forschung, Dokumentation, Bildung und Beratung e.V. (Deutsch)

https://ibis-ev.de/wp-content/uploads/2025/04/AMBA_Broschuere_31.03.25_FINAL.pdf

- **Inhalt**: Definition von Vulnerabilität, Rechte und Verfahrensgarantien, traumasensible Kommunikation einschließlich eines Fragebogens
- **Zielgruppe:** Sozialarbeiter*innen, psychosoziale Berater*innen, NGO Mitarbeitende, Mitarbeitende relevanter Behörden
- **Praxisrelevanz:** Leitlinien für Beratung, Screening-Instrumente, rechtliche Grundlagen und Vermeidung von Retraumatisierung

„Gewaltschutz für geflüchtete Menschen in Notunterkünften. Checkliste" – Bundesinitiative zum Schutz geflüchteter Menschen in Flüchtlingsunterkünften (Deutsch)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Checkliste_09102023._Doppelseiten.pdf

- **Inhalt:** Sicherheitspläne für Notunterkünfte einschließlich Empfehlungen zu Personalmanagement, Prävention und Monitoring
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Mitarbeitende relevanter Behörden, Sicherheitspersonal
- **Praxisrelevanz:** Strukturierte Gewaltschutzmaßnahmen, Standards für Notunterkünfte sowie Prävention und Kooperation mit Fachstellen

„Umsetzung der Mindeststandards zum Schutz geflüchteter Menschen in Kommunen“ – Stiftung SPI (Deutsch)

https://www.stiftung-spi.de/fileadmin/user_upload/Dokumente/veroeffentlichungen/fachpublikation_gewaltschutz_in_kommunen_.pdf

- **Inhalt:** Kommunale Umsetzung der Mindeststandards zum Gewaltschutz, rechtliche Grundlagen (§§ 44, 53 AsylG, Istanbul-Konvention), Herausforderungen in der Praxis, Fallbeispiele und Handlungsempfehlungen
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Mitarbeitende relevanter Behörden, NGO-Mitarbeitende
- **Praxisrelevanz:** Vermittelt strukturelle Schutzkonzepte, Zusammenarbeit verschiedener Stellen, Praxisbeispiele, Orientierung für die Entwicklung lokaler Schutzstrategien

„Gewaltschutzkonzept für die Unterkünfte des Wohnungslosen- und Flüchtlingsbereiches der Landeshauptstadt München“ - Landeshauptstadt München, Amt für Wohnen und Migration (Deutsch)

https://risi.muenchen.de/risi/dokument/v/6482933

- **Inhalt:** Standards und Maßnahmen zum Gewaltschutz in Geflüchtetenunterkünften, Prävention, Schulungen, bauliche Schutzstandards, Monitoring sowie Fachstelle Gewaltschutz
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Mitarbeitende relevanter Behörden, NGO-Mitarbeitende, Sozialarbeiter*innen
- **Praxisrelevanz:** Schulungen zu Prävention, Deeskalation, Umgang mit traumatisierten Personen, Zusammenarbeit mit Polizei und Fachberatungsstellen

„Leitfaden für die Erkennung besonderer Schutzbedarfe von geflüchteten Menschen“ – BAfF & Rosa Strippe e.V. (Deutsch)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Leitfaden_besondere-Schutzbedarfe.pdf

- **Inhalt:** Screeningfragen, rechtliche Grundlagen (EU-Aufnahmerichtlinie, AsylG), Leitlinien für Gespräche sowie Bedarfe verschiedener vulnerabler Gruppen (Kinder, LGBTI, Gewaltbetroffene, Betroffene von Menschenhandel, FGM/C-Betroffene)
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Mitarbeitende relevanter Behörden, Sozialarbeiter*innen, Ehrenamtliche, medizinisches Personal
- **Praxisrelevanz:** Praxisnahe Instrumente, Checklisten, interdisziplinärer Ansatz, kultursensible Kommunikation, klare Handlungswege

„Leitfaden - LSBTI*-sensibler Gewaltschutz für Geflüchtete“ - LSVD / SPI (Deutsch)

https://www.gewaltschutz-gu.de/fileadmin/user_upload/PDFs__Publikationen_/Leitfaden-Aufl22022_10_24Digital.pdf

- **Inhalt:** Spezifische Risiken, sichere Unterbringung, Do’s and Don’ts, Checklisten, interne Verfahren, Schulungen sowie mehrsprachige Konzeptionshilfen
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften (einschließlich Sicherheitspersonal), Mitarbeitende relevanter Behörden, Sozialarbeiter*innen, Ehrenamtliche, medizinisches Personal, psychosoziale Berater*innen
- **Praxisrelevanz:** Klare Handlungsempfehlungen, sofort einsetzbare Checklisten, Formulierungshilfen, Sensibilisierung für LGBTI-spezifische Schutzbedarfe, Unterstützung zur Entwicklung von Gewaltschutzkonzepten

„Die Identifizierung vulnerabler Personen im Asylverfahren“ – BAMF (Deutsch)

https://www.bamf.de/SharedDocs/Anlagen/DE/AsylFluechtlingsschutz/konzept-identifizierung-vulnerable-personen.pdf?__blob=publicationFile&v=6

- **Inhalt**: EU- und nationale Vorgaben, vulnerable Gruppen, Screeningmodelle, Länderbeispiele, Verfahrensgarantien, Schulungskonzepte (Sonderbeauftragte) sowie Handlungsgrundsätze für Anhörungen
- **Zielgruppe:** Mitarbeitende relevanter Behörden (insbesondere BAMF), Mitarbeitende in Geflüchtetenunterkünften, Sozialarbeiter*innen, juristische Fachkräfte
- **Praxisrelevanz:** Rechtssicherheit, klare Screeningkriterien, Orientierung für Anhörungen sowie Praxisbeispiele für Schutzkonzepte

„Besondere Schutzbedürftigkeit bei Geflüchteten – Was bedeutet das?“ – BAfF e.V. (Deutsch)

https://www.baff-zentren.org/themen/versorgung-bedarf/hintergrund-versorgung-bedarf/identifizierung-besonderer-schutzbeduerftigkeit/

- **Inhalt:** Audiovisuelle Einführung in das Konzept besonderer Schutzbedarfe sowie deren Identifizierung und Berücksichtigung im deutschen Asylverfahren
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften (einschließlich Sicherheitspersonal), Sozialarbeiter*innen, Ehrenamtliche, medizinisches Personal, psychosoziale Berater*innen
- **Praxisrelevanz:** Niedrigschwellige Einführung, geeignet für ein breites Spektrum an Fachkräften

SCHULUNGSMATERIALIEN FÜR HILFE BEI TRAUMA

„Psychotherapie mit Flüchtlingen - neue Herausforderungen, spezifische Bedürfnisse -Das Praxisbuch für Psychotherapeuten und Ärzte“ – Alexandra Liedl (Deutsch)

- **Inhalt:** Praxisorientiertes Fachbuch zur psychotherapeutischen Arbeit mit Geflüchteten, psychische Folgen von Flucht und Gewalt, kultursensible Diagnostik und Therapie, postmigrationsbezogene Belastungen, Arbeit mit Sprachmittler*innen, Asylgutachten, Akut- und Langzeitversorgung sowie die Berücksichtigung vulnerabler Gruppen
- **Zielgruppe:** Psychotherapeut*innen, medizinisches Personal, Sozialarbeiter*innen, psychosoziale Berater*innen
- **Praxisrelevanz:** Praxisnahe Leitlinien mit interdisziplinärer Perspektive und kultursensiblen Methoden, rechtliche Orientierung im Asylkontext

„Traumasensibler und empowernder Umgang mit Geflüchteten – Ein Praxisleitfaden“ – BafF (Deutsch)

PDF

https://www.baff-zentren.org/wp-content/uploads/2022/04/BAfF_Praxisleitfaden_Traumasensibler-Umgang-mit-Gefluechteten.pdf

- **Inhalt**: Praxisleitfaden für einen traumasensiblen Umgang mit Geflüchteten, psychische Folgen von Flucht und Gewalt, Stabilisierung, Ressourcenorientierung, Empowerment sowie Umgang mit Krisen und Gewaltsituationen
- **Zielgruppe:** Mitarbeitende in Geflüchtetenunterkünften, Mitarbeitende relevanter Behörden, psychosoziale Berater*innen, Psychotherapeut*innen, Ehrenamtliche, medizinisches Personal
- **Praxisrelevanz:** Vermittelt traumasensible Haltung, praktische Übungen zur Stabilisierung, klare Handlungsleitfäden für Krisen und Gewalt, Hinweise zu Selbstfürsorge und Vernetzung mit Hilfsangeboten

„Ratgeber für Flüchtlingshelfer – Wie kann ich traumatisierten Flüchtlingen helfen?“ – BPtK (Deutsch)

https://api.bptk.de/uploads/20160513_B_Pt_K_Ratgeber_Fluechtlingshelfer_deutsch_539c34c2f0.pdf

- **Inhalt:** Grundlagen zu Trauma und PTBS bei Geflüchteten, typische Symptome, Auswirkungen von Flucht und Unterbringung sowie praxisnahe Hinweise zum Umgang mit traumatisierten Erwachsenen und Kindern
- **Zielgruppe**: Ehrenamtliche, NGO-Mitarbeitende, Sozialarbeiter*innen, Lehrkräfte
- **Praxisrelevanz**: Verständliches Basiswissen, konkrete Handlungsempfehlungen für den Alltag, kinderspezifische Hinweise, Betonung von Stabilisierung und Selbstfürsorge sowie Verweise auf spezialisierte Hilfsangebote

„Trauma – What to Do?“ (engl. Ausgabe von „Trauma – was tun?“) – Unfallkasse Berlin (Deutsch/Englisch)

https://publikationen.dguv.de/widgets/pdf/download/article/4954

- **Inhalt:** Kompakte Broschüre zu psychischen Traumata, Entstehung, typische Reaktionen (z. B. Intrusionen, Vermeidung, Dissoziation), körperliche und psychische Belastungsreaktionen sowie Hinweise zur Selbsthilfe und Unterstützung
- **Zielgruppe:** Geflüchtete, Sozialarbeiter*innen, Ehrenamtliche, medizinisches Personal, NGO-Mitarbeitende, psychosoziale Berater*innen, Mitarbeitende in Geflüchtetenunterkünften
- **Praxisrelevanz:** Verständliches Basiswissen über Trauma, praktische Hinweise zu Kommunikation und Stabilisierung, Sensibilisierung für normale Reaktionen auf extreme Ereignisse sowie geeignet für Psychoedukation und Grundlagenschulungen

„Beratung und Therapie mit Geflüchteten. Arbeit mit Sprachmittlung“ – BAfF e.V. (Deutsch)

https://www.youtube.com/watch?v=w13uSTCd23A

- **Inhalt:** Audiovisuelle Einführung in Grundsätze und Standards der Sprachmittlung in psychosozialen Beratungs- und Therapiekontexten
- **Zielgruppe**: Sprachmittlerinnen, psychosoziale Beraterinnen, Psychotherapeut*innen
- **Praxisrelevanz**: Praxisnaher Rahmen für die Umsetzung professioneller Sprachmittlung, zentral für den Therapieerfolg und den professionellen Umgang mit Sprachbarrieren

SCHULUNGSMATERIALIEN ZU PSYCHOSOZIALER UNTERSTÜTZUNG, SELBSTFÜRSORGE UND THERAPIE

„Für Helfende: Hinweise zur Selbstfürsorge“ – Dr. med. Birgit Kracke (Deutsch)

https://www.refugee-trauma.help/fileadmin/downloads/pdf/de/refugee-trauma-help-hinweise-zur-selbstfuersorge.pdf

- Inhalt: Praktische Hinweise zur Selbstfürsorge für Helfende, Risiken wie Burnout, sekundäre Traumatisierung und Mitgefühlserschöpfung, Warnsignale sowie Präventionsstrategien
- Zielgruppe: Ehrenamtliche, NGO-Mitarbeitende, Psychotherapeut*innen, psychosoziale Berater*innen, Sozialarbeiter*innen, medizinisches Personal
- Praxisrelevanz: Sensibilisierung für psychosoziale Belastungen, konkrete Strategien zur Selbstfürsorge sowie Stärkung von Resilienz und langfristiger Handlungsfähigkeit

„Kleines Ressourcenheft – Übungen zur Spannungsregulation“ – UKD Dresden (Deutsch)

https://traumanetz-sachsen.de/wp-content/uploads/2023/03/Ressourcenheft_Deutsch_Web.pdf

- Inhalt: Sammlung niedrigschwelliger Übungen zur Stabilisierung und Spannungsregulation (Atem- und Achtsamkeitsübungen, Imagination, kognitive Ablenkung) für Therapie und Alltag
- Zielgruppe: Ehrenamtliche, NGO-Mitarbeitende, Psychotherapeut*innen, psychosoziale Berater*innen, Sozialarbeiter*innen, medizinisches Personal
- Praxisrelevanz: Praktische und leicht vermittelbare Instrumente zur Selbstregulation, gut einsetzbar in akuten Belastungssituationen sowie in Gruppen- und Einzelsettings, Förderung von Selbstwirksamkeit

„Mein Rückzugsort – Übung zur Selbstberuhigung und Stabilisierung“ – Institut Berlin (Deutsch)

https://institut-berlin.de/wp-content/uploads/Mein-R%C3%BCckzugsort.pdf

- **Inhalt:** Ressourcenorientierte Übung zur Selbstberuhigung, Gestaltung eines persönlichen Rückzugsortes, achtsame Wahrnehmung von Körper, Atmung und Sinnen sowie Übertragung von Sicherheit in den Alltag
- **Zielgruppe**: Geflüchtete, Ehrenamtliche, Psychotherapeutinnen, psychosoziale Beraterinnen, Sozialarbeiter*innen, medizinisches Personal
- **Praxisrelevanz**: Niedrigschwellige Stabilisierungstechnik, leicht in Einzel- und Gruppensettings umsetzbar, Förderung von Achtsamkeit, Sicherheit und Selbstwirksamkeit, geeignet für praktische Übungen in Schulungen

„5-4-3-2-1 – Eine Technik zur Reorientierung“ – Institut Berlin (Deutsch)

https://institut-berlin.de/wp-content/uploads/5-4-3-2-1-eine-Technik-zur-Reorientierung.pdf

- **Inhalt:** Einfache Technik zur Reorientierung und Beruhigung bei Panik, Flashbacks oder Grübel-Prozessen
- **Zielgruppe:** Geflüchtete, Ehrenamtliche, Psychotherapeutinnen, psychosoziale Beraterinnen, Sozialarbeiter*innen, medizinisches Personal
- **Praxisrelevanz:** Niedrigschwellige, sofort anwendbare Stabilisierungstechnik ohne Hilfsmittel, geeignet für Einzel- und Gruppensettings, unterstützt Selbstregulation, Achtsamkeit und Krisenintervention

„Ressourcen-Übung: Butterfly Hug“ – TrauMaTRIX (Deutsch)

https://traumafolgenpraevention.com/wp-content/uploads/2024/04/08_ressourcenkarte_Butterfly-Hug_ok.pdf

- **Inhalt:** Einfache Übung zur Selbstberuhigung und Stabilisierung auf Basis bilateraler Stimulation
- **Zielgruppe**: Geflüchtete, Ehrenamtliche, Psychotherapeutinnen, psychosoziale Beraterinnen, Sozialarbeiter*innen, medizinisches Personal
- **Praxisrelevanz**: Niedrigschwellige Stabilisierungstechnik ohne Hilfsmittel, sofort einsetzbar in Einzel- und Gruppensettings, unterstützt Sicherheit, Selbstregulation und Ressourcenaktivierung

„STARS - Sleep Training adapted for Refugees” – Refugio München (Englisch)

https://www.refugio-muenchen.de/wp-content/uploads/media/pdf/stars_manual_english.pdf

- **Inhalt:** Kultursensibles Schlaftraining (CBT-I, Imagery Rehearsal Therapy), zehn Trainingseinheiten mit Übungen (PMR, Atemtechniken, Imagination) sowie Strategien gegen Albträume und Ängste
- **Zielgruppe:** Psychotherapeut*innen, Sozialarbeiter*innen, psychosoziale Berater*innen, medizinisches Personal
- **Praxisrelevanz:** Strukturierte Module, kultursensible Ansätze, praxisnahe Kompetenzen sowie niedrigschwellige Umsetzung in Gruppen- und Einzelsettings

„Mehr wissen, besser verstehen, bewusster handeln - Information für hauptamtliche und ehrenamtliche Mitarbeitende, die mit traumatisierten Flüchtlingen zusammentreffen“ – Bayrisches Rotes Kreuz (Deutsch)

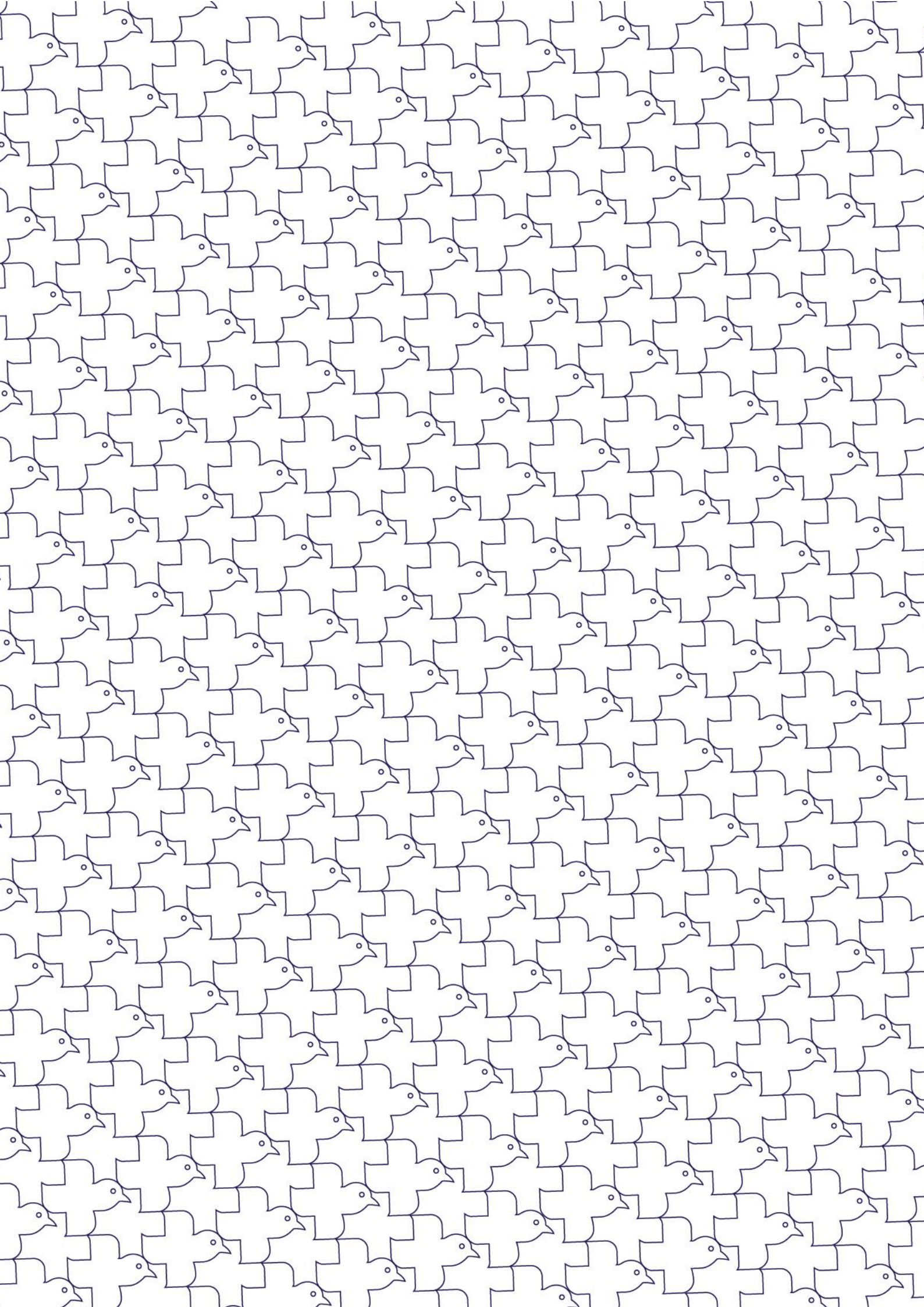
https://www.brk.de/fileadmin/Eigene_Bilder_und_Videos/Angebote/Migration_und_Integration/Broschuere_Mehr_wissen.pdf

- **Inhalt:** Grundlagen zu Trauma und traumabezogenen Störungen, traumasensible Haltung, Stabilisierung, Umgang mit Triggern sowie Selbstfürsorge für Helfende
- **Zielgruppe**: Ehrenamtliche, psychosoziale Beraterinnen, Sozialarbeiterinnen, Mitarbeitende in Geflüchtetenunterkünften
- **Praxisrelevanz**: Grundlagenwissen zu Trauma, praxisorientierte Empfehlungen, Strategien zur Selbstfürsorge sowie Fallbeispiele und Handlungstipps für den Alltag

„Wie können Helfende Geflüchtete psychosozial unterstützen?“ – Refugio München (Deutsch)

https://www.refugio-muenchen.de/ukraine/videohelfende/

- **Inhalt:** Audiovisueller Überblick zu den besonderen Lebensumständen und Bedarfen neu angekommener Geflüchteter (insbesondere aus der Ukraine) sowie praktische Strategien für Ehrenamtliche zur Unterstützung und Gestaltung eines stabilisierenden Umfelds
- **Zielgruppe:** Ehrenamtliche, NGO-Mitarbeitende, Community-Leader
- **Praxisrelevanz:** Niedrigschwellige und leicht umsetzbare Handlungsempfehlungen, besonders relevant für die Arbeit mit Geflüchteten aus der Ukraine



Hinweis:

Von der Europäischen Union finanziert. Die geäußerten Ansichten und Meinungen entsprechen jedoch ausschließlich denen des Autors bzw. der Autoren und spiegeln nicht zwingend die der Europäischen Union oder der Europäischen Exekutivagentur für Bildung und Kultur (EACEA) wider. Weder die Europäische Union noch die EACEA können dafür verantwortlich gemacht werden.

REACH.OUT PLUS – ÄRZTE DER WELT e.V. – MDM GERMANY
Landsberger Straße 428 – 81241 München – Germany

Michelle KERNDL-ÖZCAN, Project Manager reach.out
+49 (0) 157 80 61 13 21 – michelle.kerndl-oezcan@aerztederwelt.org