



**MINIMUM STANDARDS**  
for the Protection of Refugees in  
Refugee Accommodation Centres

April 2021

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# **MINIMUM STANDARDS**

for the Protection of Refugees  
in Refugee Accommodation  
Centres

# Developing Minimum Standards for the Protection of Refugees in Refugee Accommodation Centres

**The worldwide number of refugees has significantly increased in recent years.<sup>1</sup> Due to crises, conflicts, violence or poverty, an increasing number of people have had to flee their home countries. Many have had traumatic experiences both in their country of origin and before, during or after their flight and therefore need special protection and support. Contrary to the global trend, the number of asylum applications in Germany has decreased in recent years. For many asylum seekers in Germany, refugee accommodation centres are initially, or in some cases for longer, the central place where their lives take place. At the same time, there are still challenges to ensure humane living conditions for their accommodation and to guarantee comprehensive protection, especially for particularly vulnerable persons. In many places, the opportunities for social participation and integration are considerably limited.**

All those who are affected by this, need support and must be enabled to exercise their rights. Further political efforts but also efforts from authorities and civil society are necessary to fully meet their needs and guarantee their rights and to ensure their protection while they live in accommodation centres. This includes creating a framework from which measures can be derived that lead to a comprehensive and an effective protection from violence, exploitation and abuse and within which refugees receive the support they need for a positive new start.

## Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Accommodation Centres (2016)

In order to make the protection of refugees an integral part of the wide-ranging tasks of accommodation centres in Germany, the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, abbreviated BMFSFJ) is cooperating with UNICEF. In spring 2016, they launched a joint initiative with the following partners:

- German Workers' Welfare Association (AWO)
- German NGO Network Against Trafficking in Human Beings (KOK)
- Der Paritätische Gesamtverband e. V.
- German Children and Youth Foundation (DKJS)
- German Caritas Association
- German Institute for Human Rights (DIMR)
- German Red Cross (DRK)
- Diakonie Germany
- Association of Women's Shelters
- Plan International Germany
- Save the Children Germany
- German Forum for Crime Prevention (DFK)
- Independent Commissioner for Child Sexual Abuse
- Issues (UBSKM)

As the result of their work, the members of the initiative published a uniform, nationwide "Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Accommodation Centres" for the first time

1. UNHCR report on global figures at [www.unhcr.org/globalreport2019](http://www.unhcr.org/globalreport2019), [www.unhcr.org/5fc504d44.pdf](http://www.unhcr.org/5fc504d44.pdf) and [www.unhcr.org/news/press/2020/6/5ee9db2e4/1-cent-humanity-displaced-unhcr-global-trends-report.html](http://www.unhcr.org/news/press/2020/6/5ee9db2e4/1-cent-humanity-displaced-unhcr-global-trends-report.html)

in July 2016. It was agreed to review these Minimum Standards on a regular basis to incorporate practical experience.

## Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Accommodation Centres (2018)

In early 2017, the focus of the initiative was broadened as a result of the inclusion of a number of new partners and further consultations on these Minimum Standards. The Minimum Standards underwent a general review, which resulted in the inclusion of the experiences of the members, protection coordinators in refugee centers and residents of refugee accommodation centers. As a part of these consultations on the Minimum Standards, Plan International Germany held a number of focus-group discussions and workshops in refugee centres to involve residents in the review process. With particular regard to the issue of monitoring and evaluating centre-specific protection plans, extensive consultations took place with various federal states, centre operators, accommodation managers, protection coordinators and ombudsperson offices for refugees.

The revision also focused on particularly vulnerable groups of people. With regard to this, the title of the Minimum Standards has been adjusted accordingly. In this context, an annex on the Implementation of the Minimum Standards for LGBTIQ<sup>2</sup> Refugees and the Implementation of Minimum Standards for Refugees with Disabilities were newly developed.

The Minimum Standards for the Protection of Refugees in Refugee Accommodation Centres in the version of 2018 is a result of the collaborative work of the initiative led by the BMFSFJ and UNICEF with technical contributions of the following members of the initiative:

- German Workers' Welfare Association (AWO)
- German National Consortium of Psychosocial Centres for Refugees and Survivors of Torture (BAfF)
- German NGO Network Against Trafficking in Human Beings (KOK)
- Der Paritätische Gesamtverband e. V.
- German Children and Youth Foundation (DKJS)
- German Caritas Association

- German Institute for Human Rights (DIMR)
- German Red Cross (DRK)
- Diakonie Germany
- Association of Women's Shelters
- International Rescue Committee, Germany (IRC)
- medica mondiale e. V.
- Plan International Germany
- Save the Children Germany
- German Forum for Crime Prevention (DFK)
- TERRE DES FEMMES
- Independent Commissioner for Child Sexual Abuse Issues (UBSKM)

Additional technical guidance was provided by the German Child Protection Association, the Gay Counselling Centre Berlin (Schwulenberatung Berlin gGmbH) and Prof. Dr. Swantje Köbsell (Alice Salomon University).

## Extension and differentiation through annexes

The annex for the Implementation of the Minimum Standards for LGBTIQ refugees is the result of a joint work undertaken by the following organisations, led by the BMFSFJ, coordinated and editorially supported by Gay Counselling Centre Berlin:

- Workers' Samaritan Foundation (ASB) North Rhine-Westphalia
- German Workers' Welfare Association (AWO)
- Der Paritätische Gesamtverband e.V.
- German Children and Youth Foundation (DKJS)
- Federal State Capital of Hanover, Department of Human Resources and Organisation, Representative for Sexual and Gender Diversity
- Lesbian and Gay Federation in Germany (LSVD)
- The Berlin-Brandenburg Migration Council
- Gay Counselling Centre Berlin

The annex for the Implementation of the Minimum Standards for Refugees with Disabilities is the result of a joint work undertaken by the following organisations, led by UNICEF:

- Workers' Samaritan Foundation (ASB) North Rhine-Westphalia
- German Workers' Welfare Association ( for the district of Central Berlin, the AWO Refugium/ Marie-Schlei-Haus: Home for Particularly Vulnerable Refugees

2. LGBTIQ stands for lesbian, gay, bisexual, transgender, intersex and queer people

- The Federal Government Commissioner for the Matters Relating to Persons with Disabilities
- The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ)
- Der Paritätische Gesamtverband e. V.
- German Caritas Association
- German Institute for Human Rights, Monitoring Mechanism for the UN Convention on the Rights of Persons with Disabilities
- Diakonie Michaelshoven e. V., Network for Refugees with Disabilities, Cologne
- European Disability Forum
- Handicap International e. V.
- International Rescue Committee (IRC) Germany
- Lebenshilfe Hamburg, Regional Association
- MINA-Leben in Vielfalt e. V.
- Weibernetz e. V., Nationwide Network of Women Lesbians and Girls with Disabilities

Additional technical guidance is provided by the Women against Violence - Federal Association of Rape Crisis Centres and Women's Counselling Centres and Prof. Dr. Swantje Köbsell.

In 2018, a third annex was added to the Minimum Standards. The annex for the Implementation of the Minimum Standards for Refugees with Post-Traumatic Stress Disorders (PTSD) is the result of a joint work undertaken by the following organisations, led by the German National Consortium of Psychosocial Centres for Refugees and Survivors of Torture (BafF):

- Working Group on Women's Health in Medicine, Psychotherapy and Society (AKF)
- Federal Association of Rape Crisis Centres and Women's Counselling Centres (bff) / Women against Violence
- medica mondiale e. V.
- Save the Children Germany
- Association of German-Syrian Aid Organisations (VDSH)

All three annexes are integral parts of the Minimum Standards.

## Minimum Standards for the Protection of Refugees in Refugee Accommodation Centres (2021)

In 2021, the Minimum Standards were updated based on new legal regulations and actual political developments. The "Second Act to Improve the Enforcement of the Obligation to Leave the Country", which came into force in August 2019, includes for the first time a nationwide obligation for the Protection from Violence in Refugee Accommodation Centres. In accordance with section 44 (2a) Asylum Act (AsylG), the federal states shall "take suitable measures to ensure the protection of women and vulnerable persons when accommodating asylum seekers (...)." In accordance with section 53 (3) AsylG, this also applies to residents of communal accommodation.

In 2020, the Minimum Standards were revised and updated in a multi-stage process with the participation of the partner organisations, representatives from state ministries, state and municipal authorities as well as violence prevention coordinators and multipliers.

The initiative continues to see the Minimum Standards as a living document. The members undertake to regularly revise the Minimum Standards so that practical experience as well as new legal and political developments can continue to be incorporated and given appropriate consideration.

## Instructions for implementing the Minimum Standards in practice

Further information and guidelines for the practical implementation of the Minimum Standards have been developed by the partner organisations and are available on the initiative's website at: <https://www.gewaltschutz-gu.de/>.

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The main concern of all responsible parties must be to ensure the fastest and best possible normalisation process with regard to the housing of refugees. After their arrival in Germany, accommodation centres are a central living and reference place for refugees. Therefore, the aim of the Minimum Standards for the Protection of Refugees and Migrants in Refugee Accommodation Centres is to ensure protection and support for all refugees in different types of accommodation centres. Everything must be done to provide the residents of refugee accommodation centres with a protective and supportive environment, as all people are entitled to protection with regard to their life, health, personal development and human dignity. The Minimum Standards are aimed at the administrative level as well as internal and external service providers' level and all persons involved in the set-up and operation of refugee accommodation centres.

The best possible protection from violence, however, can only be achieved, if the Minimum Standards are structurally anchored as an integral part of the set of values in accommodation centres and organisations working for refugees and if all actions are guided by them. This means that all staff, including external service providers as well as residents and volunteers in accommodation centres are informed about the violence protection and its corresponding measures and contribute to their implementation. It should therefore be essential to involve them when developing the violence protection plans. After all, the introduction and implementation of individual protection plans require a quality development process within the individual accommodation centre and within higher-level organisational structures. In addition, the Minimum Standards required to achieve this quality must be reflected in law, if they are really to be implemented in practice and followed up. Furthermore, it is indispensable to evaluate and review the protection plans on a regular basis. If the mandate to protect against violence is taken seriously, the necessary financial means must be made available.

### Target group of the Minimum Standards

The Minimum Standards are guidelines for the development, implementation and monitoring of individual protection plans for all refugee accommodation centres. They can also serve as an orientation for the (further) development of individual protection plans within the various federal states and municipalities. Overall, the following Minimum Standards should be implemented and complied within all refugee accommodation centres in Germany.

The measures mentioned include the protection and social participation of as well as development and integration opportunities for all residents of refugee accommodation centres. It should be emphasised, however, that these measures are not always sufficient for all groups of persons in need of protection. In order to ensure protection and participation, a separate and individual assessment and consideration of the respective special protection and support needs may be required. The Minimum Standards are to be read and understood in connection with one another as well as the preface.

### Legal basis

The right to humane accommodation and protection from violence derives from the German Constitution, national laws and international treaties:

- Sections 44 (2a) and 53 (3) Asylum Act (AsylG)
- Federal Child Protection Act (BKISchG)
- Social Code VIII (SGB)
- Act on Protection against Violence (GewSchG)
- Section 203 Criminal Code (StGB): Violation of Private Secrets
- Charter of Fundamental Rights of the European Union
- European Convention on Human Rights
- The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (so-called Istanbul Convention)
- Council of Europe Convention on Action against Trafficking in Human Beings, the Directive of the European Parliament and of the Council on preventing and combating trafficking in human beings and protecting its victims (2011/36/EU), the EU Reception Directive (2013/33/EU) for protective measures for particularly vulnerable groups of people

- International treaties such as the UN Convention on the Rights of the Child (applies in Germany like a simple federal law) and EU regulations
- UN Convention on the Elimination of All Forms of Discrimination against Women CEDAW
- UN Convention on the Rights of Persons with Disabilities
- Protocol to prevent, combat and punish trafficking in human beings, especially trafficking in women and children, to the UN Convention against Transnational Organised Crime

With the “Second Act to Improve the Enforcement of the Obligation to Leave the Country”, federal law regulations on the protection of vulnerable groups of people in reception and communal accommodation centres came into force on August 21, 2019 with section 44 (2a), section 53 (3) Asylum Act (AsylG). In accordance with section 44 (2a) Asylum Act (AsylG), the federal states should “take suitable measures to ensure the protection of women and vulnerable persons when accommodating asylum seekers in accordance with paragraph 1”. In accordance with section 53 (3) AsylG, this applies accordingly to accommodation in communal centres. The BMFSFJ as well as members of the initiative and other civil society actors have been advocating for corresponding regulations since the establishment of the Initiative.

The situation of unaccompanied and separated children seeking refuge is not addressed in the Minimum Standards. They must be accommodated within the framework of child and youth welfare (in accordance with section 42 Social Code VIII) services and not like children in a family within the scope of the Asylum Act in communal accommodation centres.

## Heterogeneous landscape of refugee accommodation centres

There are various types of accommodation centres in Germany. Some of them are in urban areas whereas others in rural areas. There are different structural and physical conditions as well as staffing ratios. Some of the accommodation centres are run by an independent body, others are municipally managed.

Arrival, decision-making and return facilities (so-called AnkER facilities), initial reception and accommodation in communal centres etc. have different requirements for the accommodation in the federal states, municipalities, districts and cities and sometimes require very different measures. In addition, the phases of accommodation differ: in initial reception centres, for example, the needs differ from those in communal accommodation centres.

However, it is important that the defined Minimum Standards are equally valid and relevant for the different accommodation formats. Nevertheless, the specific legal requirements, local conditions and possibilities must be taken into account with regard to implementation and lead to individual protection plans in each facility. All administrative levels, internal and external services, full-time, part-time and voluntary services entrusted with the set-up and operation of the accommodation centres are responsible for this.

## Special protection needs

This applies above all to groups of people who are in particular need of protection due to their age, gender, sexual orientation or gender identity<sup>3</sup>, disabilities, religion or belief, ethnic, national or social origin, political convictions, state of health, experiences of violence and/or abuse or any other status. With reference to Article 21 of the EU Reception Directive (2013/33/EU) and according to the explanatory memorandum related to section 44 (2a) Asylum Act (AsylG), these groups of people who are in particular need of protection include, among others

- women
- children
- adolescents
- lesbian, gay, bisexual, transgender, intersexual and queer people (LGBTIQ)
- people with disabilities
- religious minorities
- victims of human trafficking
- people with severe physical illnesses
- people with mental disorders
- elderly people
- pregnant women

3. “Gender” should be understood here as the biological gender, although in Germany the term is generally interpreted very openly and can mean both sex and gender. In Germany, on the other hand, “gender” is used to describe psychological and social gender. This includes both personal gender identification and attributes that are rated as male or female

- single parents with underage children as well as
- people who have suffered torture, rape or other severe forms of psychological, physical or sexualised violence.<sup>4</sup>

Particular attention should be paid to the increased vulnerability that arises when different protection needs overlap (e.g., gender and disability). The options for implementing the Minimum Standards with regard to three of these particularly vulnerable groups of people (LGBTIQ, people with disabilities and people with Traumatic Disorders) are described in greater detail in the annexes.

The Minimum Standards apply to all forms of violence: physical, sexual and psychological violence, child neglect, intimate partner violence, gender-based violence, forced marriage, harassment/stalking, female genital mutilation, violence among children and human trafficking. The individual forms of violence are named and defined separately in the glossary in the annex. To ensure terminological coherence, in the following text the term “violence” is used throughout.

4. According to the explanatory memorandum relating to section 44 (2a) Asylum Act (AsylG), these include victims of gender-based violence, female genital mutilation, forced marriage, victims of human trafficking or victims of violence based on sexual, gender-related, racist or religious motives

# Individual protection concept for accommodation centres

**An internal protection plan for accommodation centres, as presented in these six Minimum Standards, is an intersection of analysis, structural changes, agreements and arrangements. It reflects the values and culture of the refugee accommodation centre. Such a protection plan includes prevention, intervention and monitoring/evaluation, is valid for everyone working in the accommodation centre and for all residents, and is developed and evaluated in a participatory manner in interaction between all involved parties. Opportunities to participate in the context of the protection plan and the accommodation centre itself should be actively offered to refugees. The protection plan describes a process that varies depending on the accommodation centre. It is a process that will never be finally completed for the purpose of continuous quality improvement. Instead, within the framework of this process, there is a continuous response to needs for adaptation. However, the respective process results are binding regardless of further development processes. It is also important that protection plans are designed in such a way that they are applicable under crisis and emergency circumstances.**

## Protection and support for all residents, especially groups of persons requiring particular protection

All refugee accommodation centres must have an internally developed protection plan. This must ensure that the protection of all refugees who live in the accommodation centre – most of all groups of persons that are particularly vulnerable – is safeguarded in all areas through prevention, direct intervention and monitoring/evaluation.

Some groups of people are in need of particular protection, e.g., due to their age, gender, sexual orientation or gender identity, disabilities, religion or belief, ethnic, national or social origin, political convictions or state of health. With reference to Article 21 of the EU Reception Directive (2013/33/EU) and according to the explanatory memorandum related to section 44 (2a) Asylum Act (AsylG), these groups of people who are in particular need of protection include, among others:

- women
- children
- adolescents
- lesbian, gay, bisexual, transgender, intersexual and queer people (LGBTIQ)
- people with disabilities
- religious minorities
- victims of human trafficking
- people with severe physical illnesses
- people with mental disorders
- elderly people
- pregnant women
- single parents with underage children as well as people who have suffered torture, rape or other severe forms of psychological, physical or sexualised violence<sup>5</sup>

Particular attention should be paid to the increased vulnerability that arises when different protection needs overlap (e.g., gender and disability).

The protection plan includes, among others, the following areas:

- **Avoidance/prevention of violence and strengthening of protective factors:** Every person working at an accommodation centre is obliged to make all necessary efforts to prevent residents from suffering

5. According to the explanatory memorandum relating to section 44 (2a) Asylum Act (AsylG), these include victims of gender-based violence, female genital mutilation, forced marriage, victims of human trafficking or victims of violence based on sexual, gender-related, racist or religious motives

further harm occurring in the centre's service areas or resulting from the specific behaviour of staff or from actions or persons outside the centre ("do no harm"<sup>6</sup> principle). Various forms of engagement, empowerment and participation are essential protective factors. They are strongly supported and encouraged.

- **Direct intervention:** This includes active intervention in case of violent incidents, defined standard operating procedures and responsibilities as well as support for survivors of violence and discrimination. The special protection of children and adolescents exceeds the protection against acts of violence and includes protection against all forms of risks such as inadequate support, neglect and failure of parents or legal guardians through no fault of their own.
- **Monitoring and evaluation:** The protection plan, current and future (potential) risk situations and the specific situation at the refugee centre must be continuously checked and further developed in order to reduce risks and identify needs.

## Validity and internal participation

The accommodation centre's management is responsible for ensuring that a protection plan is developed and implemented. For this purpose, a person responsible for the process should be named (e.g., a violence prevention coordinator) who coordinates the entire process. As regards the development of the protection plan, the residents and all groups of persons who thereafter will also participate in the implementation are to be involved as comprehensively as possible. This also includes the following work areas and staff:

- social and educational care
- social workers
- psychosocial counselling and social counselling
- medical care
- asylum procedure counselling
- interpreters and interpreting services
- site security, fire protection and security services
- caretaker service
- cleaning staff, supply and catering service
- volunteer supporters
- staff of socio-educational organisations who offer courses on site

The staff of other services who, through their work, have a significant influence on the well-being and safety of the refugees in the accommodation centre must also be informed about the protection plan and how to participate in its implementation according to their capabilities and within the scope of their responsibilities (e.g., police, Federal Office for Migration and Refugees, immigration authorities).

## Validity and external obligations

The protection plan must also be part of the contracts with external service providers and suppliers. These must be contractually obliged to cooperate and to abide by the principles and guidelines set out in the protection plan.

## Participatory risk analysis

The protection plan is based on a participatory risk analysis for each accommodation centre that is developed by the respective centre and includes the risks that are due to, e.g., age, gender, gender identity, sexual orientation, disabilities, religion or belief, ethnic, national or social origin, political conviction and state of health or any other status. Particular attention should be paid to the increased risk that the overlap of individual discrimination features (e.g., gender and disability) may imply. The risk analysis also identifies circumstances that can contribute to protection.<sup>7</sup>

Risk and protective factors are analysed at all levels, but at least at the levels of the:

- responsible body and the accommodation centre management
- full-time and voluntary staff
- residents
- individual work processes on site and of the local circumstances, which also include the risk of racist and right-wing extremist crimes against refugee accommodation centres

The risk analysis requires a responsible person and should be carried out by applying various participatory

6. See "The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Aid", 2018. Available in German language as an interactive PDF at <https://handbook.spherestandards.org/de/sphere/#ch001>, as a standard PDF at <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-German.pdf>

7. Guidance for drawing up a participatory risk analysis: <https://www.gewaltschutz-gu.de/fuer-die-praxis/toolbox-schutzkonzepte>

approaches<sup>8</sup> with representatives from all work areas and a representative selection of residents of all age groups. Based on the risk analysis, specific actions to minimise risk, reinforce protection factors and manage risk must be developed – concretely, this means: for prevention and direct intervention, but also to support persons affected by violence and discrimination. The aim is to reduce existing risks for residents in refugee accommodation centres and to increase their protection.

The protection plan must be an integral part of existing individual concepts of the accommodation centres, ongoing processes and daily work. Existing protection plans (against violence) of the municipality and the respective federal state must be taken into account.

### **Participatory, transparent and openly accessible**

Refugees and migrants have the right to participate in all decisions concerning them.

To ensure this right, and to increase the sustainability of the protection plan, it is essential to include staff and representatives of all residents in the risk analysis, in the development of the protection plan and in the monitoring and evaluation of the implementation of the protection plan. For groups of persons requiring particular protection, who are unable or do not wish to represent themselves – due, for example, to the potential risk involved or to communication barriers at the centre-specialised local counselling and support structures for these groups of persons must be made available to represent them. This particularly applies to LGBTIQ persons who do not wish to come out, to residents who may (potentially) be affected by, or threatened by, gender-specific violence, and to persons with disabilities and members of religious minorities.

Existing participation mechanisms at each centre, such as, residents' councils, which are reflective of the composition of the centre's residents regarding ethnicity, religion, gender, disability or family status, shall participate in the development, implementation, monitoring and evaluation of the protection plan. In this respect, it must be ensured that no more than half of the participants are male. An independent women's

council, with the relevant competencies, may also be considered. Opportunities must also be considered for the age-appropriate participation of children and adolescents. It is important that these opportunities to participate are also incorporated in the overall structure of the centre. If a participation mechanism has not yet been established within a centre, appropriate procedures and mechanisms, in cooperation with the persons concerned, should be developed, tested and established as part of the development of the protection plan.

Based on the participation of residents in the development of the protection plan, all residents must also be informed about the content of the protection plan in a language they understand, barrier-free and age-appropriate both in written and oral form in order to ensure the transparency and accessibility of the protection plan.

### **Commitment to social interaction that respects boundaries and non-violence as a guiding principle**

The protection plan is based on a mission statement drawn up by the refugee accommodation centre. It includes compliance to humane standards for accommodation centres and a clear commitment to respect the fundamental and human rights of all residents. A respectful, boundary-conscious and appreciative approach at all levels is an essential requirement for peaceful coexistence and an inherent part of the staff's work ethic towards residents. This principle applies regardless of the crisis and emergency situations. Respect for diversity as well as the principle of conflict sensitivity are essential to provide residents with a respectful and protective environment. This can counteract prejudices, discrimination and stigmatisation and thus minimise potential conflict.

Every person working at an accommodation centre is obliged to make all reasonable efforts to prevent residents from suffering further harm in the centre's service areas or resulting from the specific behaviour of staff or from actions or persons outside the centre. All measures, actions and attitudes of staff have the potential to positively or negatively affect the

8. e.g., focus group discussions, bilateral talks, discussions with various actors, internal discussions, painting and drawing with children

(psychosocial) well-being of residents. The aim must be that all actions performed by staff reinforce the (psychosocial) well-being and resilience (resistance) of residents, especially groups who require particular protection. An awareness of this potential must be created at each centre. Suitable methods should be developed to assess the positive or negative effects of individual actions.

## **Protection of confidentiality and privacy**

The protection plan is based on the principle of confidentiality. Any suspicious facts and incidents are dealt with confidentially and the professional duty of confidentiality (pursuant to §203 of the German Criminal Code) is upheld. Personal information that staff, volunteers or external service providers become aware of is not disclosed.

It is imperative to always protect the dignity and privacy of all parties concerned, and to share information pertaining to personal data, suspicious facts and incidents only with responsible staff and authorities, and only with the approval of the parties concerned. The principles of data protection must be upheld. This also applies to sexual orientation and gender identity. Outings without the explicit consent of the concerned LGBTIQ persons must be precluded. Confidentiality and data protection must also be upheld with regard to health-related data, and stigmatisation as a result of negligent disclosure of diagnoses must likewise be avoided. However, it must be noted and communicated that parties who are subject to professional secrecy are authorized to inform the Youth Welfare Office if there are substantial indications that the well-being of a child or adolescent is at risk within the framework of section 4 of the Act on Cooperation and Information in Child Protection (KKG) and to transmit necessary data in order to avert the risk. Absolute confidentiality cannot be guaranteed in the context of court hearings/criminal proceedings either, since staff do not per se have the right to refuse to testify.

# Personnel and personnel management

**Careful personnel recruitment and a functioning, conflict and violence-sensitive human resource management are central to a successful implementation of the protection plan. Normative instruments such as a code of conduct and a declaration of self-commitment for volunteers are fundamental for the activities of the personnel and for cooperation with external service providers and volunteers. These prove to be particularly effective when they are drawn up in a participatory process. In addition, to support staff, human resource management distributes roles, mandates and responsibilities in a transparent and binding manner. This contributes to a better protection of the residents, as on the one hand it makes clear to whom they can refer with different concerns and on the other hand, the staff are strengthened in their actions. The creation of an employee-friendly working environment includes the support of multi-professional cooperation, needs-based binding awareness-raising and further training measures as well as opportunities of support by colleagues and external supervision by the management.**

## Roles and responsibilities

A protection plan can only be effective through the joint efforts of the management and all staff including volunteers. The management bears the main responsibility for the development, implementation and monitoring of the protection plan. It defines the roles and fixed areas of responsibility for all staff, volunteers and service providers within the framework of implementing the protection plan, either through descriptions of tasks and jobs or through contracts, among other things. The responsibilities and competencies are communicated transparently amongst all staff and residents. In addition, there should be a designated contact person for the protection plan in the accommodation centre, who supports management with regard to the development,

implementation and monitoring of the protection plan. This has proven to be extremely effective in the previous practice of implementing protection plans.

## Exchange within multi-professional teams

In order to put protection plans into practice, they must be integrated into the processes of everyday (work) life. This can be achieved, among other things, through a binding regular exchange in multi-professional teams, obligatory trainings and an employee-friendly working environment.

A regular, structured and interdisciplinary exchange is essential for a cooperative, respectful and fruitful interaction. It is useful to differentiate between a core team and an extended team, in which also the security staff and external service providers are represented. The various teams meet on a regular basis for fixed and recurring key topics. It is recommended that multi-professional team meetings also include specific case discussions and analyses with all stakeholder groups involved, thus also, for example, asylum seeker counsellors and site security.

Development, implementation and monitoring of the protection plan must be a fixed item on the agenda at the regular team meetings. In addition, management must make it possible for all staff including volunteers to reflect on the implementation of the protection plan in a form of supervision or other exchange formats. Supervision sessions as well as other exchange formats should be accessible to all staff and volunteers.

## Code of conduct

Integral components of the individual protection plan of each accommodation centre are a code of conduct for the prevention of, the protection from



and intervention in all forms of violence, as well as a self-commitment by all staff and volunteers working in the accommodation centre to adhere to the code of conduct. All staff, service providers and volunteers of the refugee accommodation centre are contractually bound to adhere to the protection plan as well as the code of conduct and the declaration of self-commitment contained therein, which they confirm with their signature. These instruments for protection from violence are developed in a participatory process. They are communicated transparently and comprehensibly to all those involved, so that this is specifically reflected in their actions and behaviour.

All staff, service providers and volunteers of the accommodation centre sign the self-commitment to adhere to the code of conduct. The self-commitment represents a clear commitment against any form of violence within the accommodation centre and is an integral part of the protection plan. It defines and at the same time demands from all persons working in the accommodation centre the fundamental attitude and task of protection.

## Personnel recruitment and management

When conducting interviews with potential employees and volunteers the code of conduct and self-commitment declaration are specified as being binding requirements for employment. The same applies when contracts are awarded to external service providers.

A comprehensive explanation of what measures are taken in case of violations of the rules for staff or external service providers and the consequences of such violations in terms of employment or service relationship must be provided by the accommodation centre before the beginning of a contractual relationship. Particular reference shall be made to the disciplinary consequences following any violation.

Thus the code of conduct and the declaration of self-commitment are binding and transparent components of contractual agreements with employees and external service providers. The residents are informed about this contractual obligation of all those involved

including external parties to adhere to the code of conduct and declaration of self-commitment and about possible consequences in case of violations.

Management must adhere to quality standards in the selection as well as the supervision of staff and volunteers. To ensure this, it enables and supports, among other things, a comprehensive on-the-job training to identify heightened vulnerability and to deal with persons in need of particular protection and, if necessary, enables the participation in specific training courses.

Security staff are regularly approached by residents on site, mostly in conflict situations. Therefore, their skills in dealing with refugees must be particularly enhanced, especially with regard to intercultural differences and diversity. Corresponding skills both in dealing with and protecting refugees who are particularly vulnerable are essential. For example, in order to ensure an appropriate and quality-based security service, it is necessary that quality criteria for the provision of the security service are already taken into account in public tenders and in all contractual relationships.<sup>9</sup>

Another basic requirement for the work of all staff, service providers and volunteers in the accommodation centre is the provision of an extended criminal record certificate, initially upon being hired and later again at appropriate work-specific intervals. Statutory time limits for resubmission must be taken into account. In addition, security service employees must always be screened by the Federal Office for the Protection of the Constitution (BfV).<sup>10</sup> In order to meet the needs of girls and women for same-sex contact persons, ensuring an adequate number of female professionals in the accommodation centre is important. A corresponding number of female staff should work in the centre's security service so as to ensure that at least one female security staff member is on duty at the centre at all times. Overall, refugees, migrants, women, persons with disabilities and LGBTIQ persons should be encouraged to apply.

Volunteer work in the refugee accommodation centre is professionally coordinated and supported by a staff

9. Criteria for this can be found in the German language guideline "Protection of Refugee Facilities or Accommodation Centres for Public Clients" by the Federal Association of the Security Industry (BDSW) and in DIN 77200-2: 2020-07, see <https://www.din.de/de/mitwirken/normenausschuesse/nadl/veroeffentlichungen/wdc-beuth:din21:321300564>

10. Section 44 (3) Asylum Act (AsylG) in conjunction with section 34a(1), sentence 5, no. 3 f. Trade Regulation Act (GewO)

member who is equipped resources (time and material). This task should be based on existing standards in working with volunteers, for example in the form of internal agency coordination. In addition, voluntary engagement of residents at the centre should also be managed and encouraged.

## Raising awareness and training

The protection plan can only be effectively embedded in the organisational structure of the centre if all staff, volunteers as well as internal and external service providers are adequately sensitized, receive an in-depth induction and continuous training.

For this purpose, training courses are held on a regular basis, in which the individual protection plan is introduced in a practical manner. In addition, everyone is obliged to participate in (target group-oriented) training courses that strengthen the individual ability to take action.

The training courses should be carried out and evaluated in cooperation with specialised counselling centres and other institutions involved in the field (police, NGOs, authorities, associations). Staff, volunteers as well as internal and external service providers are to be involved in the selection of specific training topics.

Depending on the target group, the following content and topics are to be covered:

### Aspects of attitude

- respect for human dignity
- the principle of non-discrimination and the avoidance of further harm ("do no harm" principle<sup>11</sup>) as well as respect for diversity
- anti-discrimination, intersection of different forms of discrimination (intersectionality) such as racism and sexism, diversity and human rights as well as anti-racist workshops: reflection on one's own personal conditioning with regard to race
- inter- and transcultural skills, conflict sensitivity and conflict management
- international legal provisions, asylum law and aspects relevant to asylum issues

- the rights and the specific legal situation of refugees in Germany, especially with regard to particularly vulnerable groups of persons
- the aid and support system in Germany in general and specifically for refugees, especially for particularly vulnerable groups of persons
- information on the human rights situation in the countries of origin, especially that of particularly vulnerable groups of persons
- the specific background, living conditions and sex/ gender-specific reasons for flight as well as risks and potential experiences of violence while fleeing their home country or at the refugee accommodation centre

### Dealing with traumatisation and other specific health restrictions

- the traumatisation of refugees and migrants in the country of origin, during flight or during their stay in Germany, and the risk of reliving traumatic experiences
- context-related/inclusive/holistic work approaches to a trauma- and stress-sensitive method for interacting with refugees and migrants (e.g., how staff can provide psychosocial support to refugees and migrants)
- dealing with the effects of addictive behaviour (alcohol, cannabis, gambling addiction, etc.) and information about offers of addiction assistance in the neighbourhood (local/regional)

### Dealing with violence

- various forms/manifestations and dynamics of violence<sup>12</sup> and the consequences of violence, especially the specific risks for particularly vulnerable groups of persons;
- the specific risks for women and children, women and children with disabilities and LGBTIQ persons, of becoming victims of sexual violence or exploitation
- child protection: recognising neglect, mistreatment or abuse of children and certainty of action when dealing with suspicions (e.g., section 4 of the Act on Cooperation and Information in Child Protection (KKG)), identification of physical, psychological or mental impairments or needs of children, child-friendly spaces

11. see the German-language handbook "Humanitarian Charter and Minimum Standards in Humanitarian Aid", 2018. Available as an interactive PDF at <https://handbook.spherestandards.org/de/sphere/#ch001>, as a standard PDF at <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-German.pdf>.

12. Physical violence, psychological violence, sexualised violence and neglect: see glossary

- effective prevention and early detection of violence and exploitation
- dealing with residents who have become radicalised and pose a risk to other residents
- support options for survivors of violence and/or exploited persons and potential perpetrators as well as adequate intervention in case of suspicion of violence and actually committed violence: in particular, referrals and cooperation agreements that exist in some of the federal states for those in need of particular protection and for cases of violence must be known to everyone
- the rights of survivors of violence, dealing with violence among refugee and migrant children and adolescents, as well as in families and long-term relationships
- disciplinary and criminal consequences for perpetrators of violence
- possibilities of structural and educational interventions against perpetrators within the accommodation centre

### **Child friendly spaces**

- Design and planning of child-friendly spaces and offers including support and involvement of parents

### **State-specific standards for the protection of refugees**

- In addition, knowledge about state-specific standards for the protection of refugees in refugee accommodation centres should be shared in the centre

The aim of the trainings is to strengthen the ability of staff, volunteers and service providers to take action according to their respective area of responsibility to prevent and directly intervene in cases of violence. They must be well informed about local intervention structures, contact persons in case of violence/ violent incidents and external cooperation partners, and be familiar with the pre-defined procedures and contingency plans of the accommodation centre.

Medical care personnel at each centre require particular sensitization. This sensitization must be mindful of the specific needs and difficult situations of at-risk groups. Religious and cultural aspects, as well as of violence issues must be taken into account. This makes it possible to assess whether additional support or care is needed.

Specific medical, legal and psychosocial counselling and support services must be easy to access for pregnant women, persons who have experienced sexual violence, torture and other serious human rights violations, women and girls who are experiencing impairments due to the damage caused by genital mutilation, cases of human trafficking, as well as chronically ill and trans\* or inter\* persons. The deployed medical staff should be trained accordingly such as on how to recognise physical abuse and/or to identify physical, emotional or mental impairments or needs of children.

### **Well-being of personnel**

The centre management is responsible for developing a non-discriminatory and inclusive working environment where diversity is welcomed. It must proactively take steps to prevent a potential work overload or exhaustion of staff (for example, through regular external supervision and peer mentoring, especially following particularly difficult/ sensitive situations) in order to (preventively) protect their mental health. It should be noted that direct witnessing of violence or (potentially) dangerous situations as well as listening to the experiences of survivors of violence can lead to psychological stress. The frequency of supervision or other supportive offers depends on the amount of time a staff member works at the centre and the individual person's work situation. Supervision and other psychologically relieving offers should be binding for all staff. In addition, management must also ensure that employees' sense of security is included in the development and implementation of the protection plan. It takes account of structural aspects of occupational safety, for example in the form of area-specific safety concepts.

Supervision and other psychologically relieving offers must always be accessible to all those involved in the work with the residents, including volunteers and members of internal and external service providers. When setting up cooperation agreements, it must be taken into account in which formats and which group of people can participate in such offers (within the accommodation centre, through offers of service providers, at the volunteers' supporting associations, etc.).

# Internal structures and external cooperation

**Clear structural specifications such as house rules or a defined complaint procedure are essential components of a protection plan. With binding and transparent concepts and procedures, they empower residents to adequately express their complaints and actively participate in conflict resolution. Further content-related measures with regard to information, counselling and support services without any communication barriers are indispensable to make use of these structures. External cooperation, for example with schools/day-care facilities or in the neighbourhood are an important aspect in addition to the measures within the accommodation centre, through which the protection of refugees in the centre can be improved.**

## Structural measures

### House rules

Each accommodation centre has house rules specifying clear basic rules for peaceful coexistence and for action against perpetrators of violence. Possible sanctions as consequences of a breach of the house rules, such as warnings and bans on entering the house, are clearly and transparently mentioned therein.

The house rules are available in the most common languages of the residents and are written in plain language. Furthermore, there is a simple-language version with pictograms that summarises the main contents which can also be understood by children and illiterate people. The house rules will be handed out and explained to all residents when they move in and then signed by them. In addition, they are visible in central locations and also available digitally. The house rules apply to all persons at the accommodation centre. For the centres staff, they are part of their hiring contract as well as the contracts with external service providers. As a result, everyone involved make a clear

commitment against any forms of violence and discrimination and promise to actively promote respective social interaction.

### Designated contact persons at the accommodation centres

Persons affected by violence need specially trained female and male contact persons who can counsel and support them. The operator of the accommodation centre must ensure that those affected are provided with a permanent contact person at all times as well as independent, qualified interpreters, cultural and language mediators. These permanent contact persons on the subject of violence must be known to all residents. They are trained with regard to the standardised procedures in case of suspected violence or actual violence. In addition, they have experience in appropriate (initial) care and with the referral of affected people (or they pass on information after being released from their obligation of non-disclosure) to responsible persons or authorities that can provide appropriate and, if necessary, specialised support in cases of suspected and actual violence and/or exploitation. They are also able to respond to the needs of persons or groups who require particular protection. In order to strengthen their ability to act, they regularly participate in internal and/or external trainings, peer mentoring and supervision.

All staff and volunteers are informed about these permanent contact persons for those affected by violence and can refer people to them if necessary. At the same time, the permanent contact persons should also be responsible for other areas of work, as it could otherwise be stigmatising for those affected to approach them.

### Internal and external complaints bodies

In the light of diverse problems that refugees and migrants are confronted on a daily basis in

accommodation centres, suitable low-threshold and barrier-free complaints procedures must be developed, tested and established in close cooperation with the residents.<sup>13</sup>

### **Internal complaints body**

When setting up an internal complaints body, the residents, including children and adolescents, are to be involved so that uncomplicated complaint procedures can be established that can be used by all residents (e.g., in addition to a complaints body also letter boxes or cases that are installed in the rooms). The mechanisms and procedures must be low threshold, transparent and comprehensive to all and give residents the confidence that their complaint will not negatively affect their personal situation or their prospects of being allowed to stay in Germany.

Feedback to the residents about the progress of the procedures or the internal handling of their complaints (if not made anonymously) must be ensured. In compliance with the principle of confidentiality, all complaints received shall be systematically documented, evaluated and recorded in the accommodation centres monitoring system (see Minimum Standard 6) as they provide essential data for monitoring and evaluation of the protection plan.

### **External complaints body and counselling centre independent of the operator**

All residents and staff, regardless of the type of accommodation centre (whether run by a public body or an independent or private service provider), must have knowledge of and access to an external, neutral complaints and counselling body independent of the operator in addition to the complaints procedure within the accommodation centre. The purpose is to take account of particular inhibitions or possible conflicts of loyalties, for example in case of complaints about the behaviour of a staff member. It is not the external complaints bodies operated by the supervisory authorities that are being referred to here, but rather an external complaints body that is professionally independent from both operators as well as from supervisory authorities. This operator-independent complaints body can be visited at regular hours by

residents and staff and additionally offers the option of filing complaints by phone, letter or email. It must be possible to make complaints anonymously and in the complainant's own language. There must also be opportunities for illiterate persons to make complaints, as well as for children and adolescents. The external complaints body has knowledge of contact points and procedures in this regard and also is a contact point for complaints from the neighbourhood. It should therefore be known outside the accommodation centre as well.

The staff of the external complaints body must have free and unhindered access to the accommodation centre. The composition, staffing, responsibilities, complaints management as well as their integration into the refugee accommodation centres external and internal network are discussed and agreed in an open dialogue with the management, the residents, staff, refugee initiatives, the responsible authorities (e.g., social welfare office, youth welfare office), the schools, day-care centres and local counselling services. They are part of the protection plan.

## **Content-related measures**

### **Informing actively about rights and practical support offers**

All residents must be informed by internal and external experts about their rights as (refugee and/or migrant) human beings and as asylum seekers, as well as about the rights of groups of persons who require particular protection in general and specifically in cases of violence and/or exploitation. The residents must be told whom they can turn to if they have any questions or in case of an emergency.

It is particularly important to inform all residents about the staff's obligation to professional secrecy and its legal limits. In this context, it should be pointed out that each resident can call upon the permanent contact persons of the centre and access the internal complaints body as well as external complaints and counselling body (depending on the situation and needs, these can also be contacted anonymously and in any case free of charge) to have a confidential face-to-face

13. The Association of Women's Shelters (Berlin) provides a very practical German-language guide in this respect: [https://www.frauenhauskoordination.de/fileadmin/redakteure/Publikationen/Handreichung\\_BM/FHK\\_Handreichung\\_BM\\_fuer\\_gefuechtete\\_Menschen\\_web.pdf](https://www.frauenhauskoordination.de/fileadmin/redakteure/Publikationen/Handreichung_BM/FHK_Handreichung_BM_fuer_gefuechtete_Menschen_web.pdf)

talk with appropriately trained staff – and that this has no impact on the asylum procedure. Besides that, the residents must have independent access to further counselling services and information. To ensure this, unrestricted internet access for all residents via WLAN is necessary. In addition, residents without a smartphone must be given the opportunity to use computers with internet access and printers in a protected room. Management must ensure that the existing help and support system as well as its specific services and, if necessary, language offers, opening times and contact options for survivors of violence are explained to the residents.

Furthermore, they must be informed about specialised counselling centres in their neighbourhood and about the possibility of finding protection in a women's shelter or other safe houses.<sup>14</sup> In addition, attention should be drawn to the nationwide emergency hotline "Gewalt gegen Frauen" (violence against women).<sup>15</sup>

This information should be provided during the initial admission interview by referring to external counselling services and services offered by the support system, through the distribution of flyers and brochures and through regular information events (e.g., by the local youth welfare office and/or specialised counselling centres). For example, information on emergency hotlines and addresses of women's counselling centres should be placed on the wall in the washrooms and sanitary facilities; corresponding information for children should be available in the care rooms or in other places created for children.<sup>16</sup> When providing information on counselling services for LGBTIQ refugees<sup>17</sup>, it is important that the refugees can discreetly access this knowledge in order to avoid any unpleasant situation. This can be accomplished by materials or information in which the focus is not on LGBTIQ topics, but in which they are dealt with together with other topics, or else through publicly visible materials such as posters in waiting rooms and

in sanitary rooms. Reference should be made once again to the professional secrecy obligation.

The specialised counselling at support centres or other counselling services have free access to the accommodation centre.

Measures must be taken to enable persons affected by violence to discretely access counselling services. It is necessary that potential perpetrators also offered counselling services.

### **Making information about rights and confidentiality clear and overcoming language and communication barriers**

Information about rights, confidentiality/ professional secrecy obligation, counselling services and further assistance must be communicated in an easily accessible, understandable, age-appropriate and gender-specific manner as well as barrier-free in all required languages and in plain language in addition to pictograms. Gender-specific information addressed to the residents must be made visible in safe locations.

In order to facilitate communication and to reduce misunderstandings or even conflicts, good cooperation with providers of interpreting services is essential. Interpreters of different genders must visit the accommodation centres regularly at fixed hours, for example in the form of open consultation hours, in order to enable clear communication. Interpreters (for example sign language interpreters) should be provided mediators for all groups of persons in particular need of protection as well as for linguistic minorities. Additionally they should have knowledge of particularly relevant topics such as specialised counselling, support on formal procedures and the provision of information. During the complaint body's consultation hours, well-qualified, independent female and male language mediators are generally present who can be

14. Every woman in Germany has the right to protection from violence. All women have this right in every phase of the asylum procedure. This also applies to women without a permanent residence permit. It is irrelevant whether the woman lives in a state reception centre or in a municipal accommodation centre. When seeking refuge in a women's shelter, the woman is not automatically sanctioned for violating the assignment of residence. For refugee women affected by violence, there is, during the ongoing asylum procedure in accordance with the Asylum Seekers Benefits Act (AsylbLG) or after the asylum procedure in accordance with Social Code (SGB) Book II and XII, the possibility of assumption of costs for a stay in a women's shelter. In addition, the financing is clarified on a case-by-case basis by the women's shelter or another special shelter and the responsible service provider (usually the municipality). In order to enable a quick and uncomplicated move into the women's shelter, all those involved (staff in the accommodation facilities and women's shelters as well as local authorities) should be informed about the processes and responsibilities on site

15. The helpline "Gewalt gegen Frauen" (violence against women), phone no. 08000 116 016, offers free, anonymous phone and online counselling for all nationalities: in 18 languages, in plain language and sign language, 24/7, all year round, see <https://www.hilfetelefon.de/>

16. e.g., nationwide helpline "Nummer gegen Kummer" (number against sorrow): <https://www.nummergegenkummer.de/>

17. Further information at <https://www.regenbogenportal.de/>

consulted when needed. In case of a violent assault, interpreters who are trusted by the affected person(s) must be available for consultation upon short notice.

Under no circumstances shall security staff be entrusted with language mediation, as this is a task for which they are not trained.

### **Availability of a basic package of courses and counselling services**

The organisation of low-threshold and openly accessible courses and counselling services is a central component of effective protection against violence. The refugee accommodation centre must therefore offer appropriate courses (for children and adults) with trained experts or arrange appropriate external offers. Language and communication barriers must not be an obstacle for participation. To build trust, it is elementary to offer the courses in a safe atmosphere by allocating sufficient time.

Courses and other service offers for residents that cover a range of topics- such as forms of violence and exploitation, counselling in case of problems with violence and the consequences of violence, legal information, women's rights, gender equality, health and access to the health system, specialised psychosocial care, women's health, non-violent methods for children's upbringing, preventive working with parents, dealing with differences, mutual tolerance and respect, the German regulatory and social security system, children's rights, the work and services of the youth welfare office, sexual and gender diversity, the rights of persons with disabilities, etc.- will take place regularly and are accessible to all residents, or provided by appropriate external experts.

Open counselling hours are used to inform residents about legal protection and support facilities and to ensure all residents are aware of their rights. Offers of this kind can contribute potential perpetrators to take courage to talk about the violence they may have experienced and to seek help. For example, language courses only for women have proven to be very important, as they are often the first or only place where women have the courage to express themselves freely. Self-defence courses for women/girls also serve as good starting points. In order to enable particularly mothers to attend courses and make use of counselling services, childcare should be provided. Since certain groups of people have

only restricted access to social space (due to physical impairments or involvement in care work), offers in the accommodation centres must also be made possible. For LGBTIQ people, on the other hand, it is often necessary to participate in courses outside the accommodation centre.

Offers of early childhood education (nurseries, day-care centres) and the school system should be explained to parents in informational discussions and making use thereof should be supported by the accommodation centres staff. The same applies to specific and integrative offers for adolescents.

## **External cooperation**

### **Involving cooperation partners**

In order to introduce and ensure individual and needs-based support, persons affected must be supported in the search for and the establishing of contact with competent cooperation partners. The accommodation centre must – based on an analysis of the resources of the local municipality – have a database and an address list of suitable local contact persons, counselling services and institutions that are available for further support.

Addresses, information and contact persons should be available in particular from the following institutions and organisations:

- refugee organisations, migrant organisations, counselling centres for refugees
- (asylum-related) legal advice
- social facilities on site, e.g., youth or community centres
- organisations of particularly vulnerable persons, e.g., persons with disabilities, LGBTIQ
- women's shelters, women's counselling centres, women's emergency hotlines
- specialised counselling centres (e.g., for victims of human trafficking, services for persons with disabilities)
- administrative police and federal criminal police, judicial institutions, institutions for victim protection and work with perpetrators
- youth welfare office, youth welfare institutions, child and youth protection experts
- health care (also counselling centres for addictive disorders and HIV/AIDS), psychosocial and psychotherapeutic counselling centres

- religious and belief communities (e.g., mosque communities)
- language and cultural mediators

The address database is continuously updated. The refugee accommodation centre actively develops its cooperation with local partners. This facilitates the exchange of information as well as establish a 'direct link' and personal contacts in order to receive tailored support in case of a conflict, suspected violence or actual violence and to be able to quickly refer offers of help to those affected. As part of the networking, standardised procedures and contact persons at the locally responsible youth welfare office should be determined (Minimum Standard 4). In addition, active and regular networking meetings with local support structures should be convened.<sup>18</sup>

### **Cooperation with schools and day care centres**

Cooperation with nurseries and child day-care centres and schools (including educators, teachers, social workers) is also essential in order to facilitate rapid enrolment and good integration in early childhood care as well as in day-to-day school life. For example, by introducing the respective institutions in the accommodation centre or by providing homework support, special forms of parental participation and the development and consideration of specific support needs.

In addition, nursery staff, teachers and social workers are important specialists to be contacted whenever the welfare of a child appears threatened.

### **Proactive neighbourhood and public relations work**

Engaging the local population, especially of local residents, is an important prerequisite for being able to address any fears and uncertainties, create a variety of contact options and thus to avoid tensions among all parties involved. Additional support could be provided by an external complaints body, which also takes responsibility for complaints that are brought to the accommodation centre from outside. In this respect, proactive neighbourhood and public relations work on behalf of the management is essential. It is important to create a new position for the establishment and maintenance of external cooperation and also proactive networking, neighbourhood and public relations work and the coordination of volunteers.

<sup>18</sup> For example, there could be a local anti-violence working group consisting of the following parties and services: women's counselling centres, women's emergency hotlines, women's shelters, work with perpetrators, contact person at the police responsible for domestic violence, contact person at the immigration authorities for the redistribution of refugees, etc.



# Prevention and dealing with violent and dangerous situations / risk management

**To provide protection from violence, in addition to standardised operating procedures, prevention measures are vital in specific individual cases – regardless of whether it is a suspicion or whether there are clear indications. These measures can be found in a varied range in all standards; cooperations with the police, the youth welfare office and providers of psychosocial support offers are of particular importance. Case-specific risk analyses after actual incidents can clarify the need for further preventive measures.**

## Prevention

As already mentioned in Minimum Standard 1 (Internal protection plan for accommodation centres), the objective is to protect, based on a participatory risk analysis, all residents at each accommodation centre in all areas, among other things by preventive measures. Such preventive measures include sensitising and further training of staff to respect diversity and providing psychosocial support to residents (Minimum Standard 2); providing access for all residents affected by violence to permanent contact persons as well as to internal/external complaints mechanisms; and facilitating their participation in relevant, low-threshold courses and counselling services (Minimum Standard 3). Moreover, guaranteeing opportunities for retreat and protecting the residents' private sphere and providing internal offers such as working with parents and offering child-friendly spaces and services (Minimum Standard 5). Prevention is therefore not only effective through practical measures, but also a fundamental attitude with the perspective of safety for all persons involved.

## Standardised procedure in cases of suspected violence

As a matter of principle, residents potentially affected by violence need to be adequately protected and supported in the best way possible. This should be ensured based on the principle of non-discrimination, since this represents a central prerequisite for non-violence and therefore also the prevention of violence.

Every case of suspected violence must be taken seriously and clarified so that a risk can either be ruled out or effectively be averted. To this end, individual procedures specific to the centre are to be developed for analyzing and dealing with suspicions or indications of violence perpetrated by the staff (internal and external), by residents and by external third parties.

## Standardised procedure in cases of violence

If an act of violence has occurred in an accommodation centre, affected persons must immediately receive the protection and support they need. In this context, the provision of medical care for those affected, psychosocial stabilisation as well as the protection and preservation of their rights must be ensured, for example by physical separation from the suspected perpetrator. In consultation with the affected persons, solutions must be found, security effectively (re) established and the interests and wishes of those persons taken into consideration, for example with regard to their staying at the accommodation centre.

The management and all staff must be familiar with the standardised procedures, with the steps to be taken and the designated contact persons to be contacted. Residents must be informed about their

rights and the contact information of the designated persons for violence cases.

In addition to the accommodation centres specific procedures and processes, a cooperation agreement on child protection should be developed between the responsible youth welfare office and the centre pursuant to section 8a (4) SGB VIII to accommodate the special protection needs of children and adolescents (child welfare).

The special protection of children and adolescents goes beyond the protection against acts of violence and includes protection against all forms of danger such as insufficient support, neglect and failure of no fault of their own of legal guardians. In these risk situations, the standardised procedure agreed with the responsible youth welfare office on welfare also applies.

The cooperation with the responsible youth welfare office can take place through involving cooperation partners (Minimum Standard 3). In this respect, the obligatory and quick accessibility is required whenever intervening in a crisis becomes necessary (Who is responsible and how can the person(s) be contacted?) and crisis intervention also calls for a rapidly accessible support network (pedagogic and psychosocial crisis counselling, medical and psychiatric care for children/ adolescents etc.) must be considered.

Regular participation in district or regional network meetings on child protection must be ensured by the centres management. In the area of women's protection, a cooperation with women's shelters, women's counselling centres, specialised counselling centres, and with the police and the administration must be initiated in order to be able to provide immediate assistance in case of violence and/ or exploitation, and with as little bureaucracy as possible.

It must be ensured that all measures are taken for the best interest of the child and are carried out in consultation with all affected persons of legal age, meaning that they are involved or informed about the various options. In the case of minors, the measures taken must respect children's rights, in particular by involving children (right of being heard and of participation) and also the parents must be involved.

The following key points that are to be formulated in more detail must be complied with as central

elements of an individual process and contingency plan in each centre and made known to all staff, including external service providers. In this context, the needs of groups of persons in particular need of protection are to be taken into consideration. Such as:

- Immediate protection from further violence and support for the affected person, for example through physical separation from the perpetrator
- Assessing the risk in cooperation with several staff (staff of the accommodation centre or other parties such as involved external service providers, the management or external specialists who are experienced in this respect)
- Involving independent interpreters
- Medical care: this includes the possibility of having injuries medically verified
- Informing a permanent contact person on violence (see Minimum Standard 3) and, in case of minors, their parents or legal guardians
- Counselling the person affected by violence in a calm and confidential atmosphere (without the presence of the person(s) threatening or exercising violence); on request of the person affected, specialised counsellors can also be called in or referred to, or in the case of parents without the presence of the children); by the affected person's request, the counsellors should be female or male, and the person affected should have access to interpreters if needed
- Information about and clarification of the options and consequences of filing a report with the police and on further steps for the purposes of criminal prosecution and averting danger/emergency response (e.g., restraining orders)
- In the case of violence against children: Procedure according to the cooperation agreement with the youth welfare office pursuant to Section 8a (4) Social Code (SGB) VIII:
  - Assessing the danger in consultation with the parents and the child, if this does not jeopardise the protection of the child
  - Counselling through an experienced specialist in this respect pursuant to 8a (4), section 8b (1) Social Code (SGB) VIII or section 4 of the Law on Cooperation and Information in Child Protection (KKG)
  - Promoting the use of available assistance to avert the risks
  - Informing the youth welfare office if protection of the child cannot be ensured otherwise, whereby child protection remains the joint responsibility of the accommodation centre and the youth welfare office

- Serious violence against adults: if there is an acute and extreme threat to life, health and/or her/his children or if particularly serious criminal offences are imminent of which the accommodation centre becomes aware, the centre's staff must call the police even without the consent of the person affected. The affected person must be notified accordingly.
- Consulting with doctors, lawyers, specialist counsellors, psychologists/psychosocial counsellors, etc.
- Information about regional features of protection against violence, if any, e.g., information about voluntary confidential securing of evidence in the local hospital without reporting to the police, etc.
- Internal systematic documentation of each incidents of violence, regardless of reporting an offence to the police; this includes a written record of the violent situation including the testimony from all those involved. Moreover, the documentation of further follow-up measures and their impact as well as a regular evaluation and reflection on all violent incidents at the refugee accommodation centre within the scope of monitoring and evaluation of the protection plan (see Minimum Standard 6).
- Psychosocial counselling services for affected persons: If, for example, the person affected by violence remains at the accommodation centre, specialised staff offer opportunities to talk and arrange further counselling/therapy offers.
- Especially when children and adolescents
- are concerned, but also when other persons have witnessed violence within the refugee accommodation centre, an experienced specialist must be called in to check for possible child welfare risks and, if necessary, to provide sufficient and suitable support by a specialized staff qualified in trauma pedagogy and therapy.
- (Potential) perpetrators are to be introduced support/counselling services in order to avoid further acts of violence.

Lists of all relevant and cooperating institutions (with responsibilities and phone numbers) and support offers are available in a systematic, easily accessible and regularly updated form.

## Assessing danger in cases of suspected violence and after violence has occurred

For the purpose of assessing the danger, all persons who are in contact with children and adolescents on a professional basis are entitled to counselling from an experienced specialist in this respect in accordance with section 8b (1) Social Code (SGB) VIII. Within the scope of section 4 of the Act on Cooperation and Information in Child Protection (KKG), this also applies to persons subject to professional secrecy (e.g., doctors, psychologists, teachers).

In all other cases in which persons over the age of 18 are affected, the management must, in consultation with the person(s) affected and, if necessary, in cooperation with the police, make an assessment of whether there is still a risk for the person(s) affected, whether other residents are at risk and what further measures are to be taken.

If the perpetrator is a resident, he/she must as a rule and within the scope of applicable law leave the accommodation centre or at least be accommodated in a different part of the centre. In case of being sent from the accommodation centre, management must clarify the options for subsequent accommodation and ensure that the necessary information is passed on (in accordance with data protection guidelines).<sup>19</sup> If the survivor of the violence should prefer to leave the accommodation centre, he/she must be transferred to another protected accommodation (e.g., a women's shelter for affected women).

Testimony by the affected parties can provide important source of information with regard to type, severity and extent of violence as well as current dangers. For assessing the danger and identifying risk factors, it may be helpful to use a checklist with relevant risk factors. In case of intimate partner violence, the spouse/partner affected must be informed about the possibilities for protection according to the Protection against Violence Act (GewSchG) (restraining order, protection order, handing over of the common living unit), but also through police measures, must be explained to the affected spouse or partner to access counselling. If remaining

19. If needed, the necessary steps must be taken to continue to meet the residence requirement or to change the residence requirement. In case of a ban on entering the house, centre management must make sure that the perpetrator(s) don't become homeless. Management must provide the perpetrator(s) with information about alternative short-term accommodation and point out that they must contact the responsible immigration authorities immediately

in the centre is untenable due to security concerns, the survivor(s) of violence must upon consultation be transferred to a women's shelter or another protected accommodation.<sup>20</sup> In order to prevent further violence, the perpetrator must be informed about the offers of assistance for counselling in order to prevent a relapse.

If the perpetrator is presumably a staff member, different kinds of measures under labour law must be taken depending on the level of suspicion. If steps under labour law are considered, legal advice should be received from a lawyer. If the perpetrator is external to the accommodation centre, it must be ensured that he/she is no longer allowed to enter the centre. An injunction should be applied in all such cases; a ban on approaching the centre, a ban on entering the house should be issued and, if necessary, enforced by the police.

## Involving the police

If the risk of renewed or severe violence cannot be assessed and further acute and imminent threats to life, limb or freedom of a person continue to exist, the police are to be involved to increase security and ensure the protection of the affected parties and to reduce or avert the danger of further acts of violence. The police may carry out a sound, systematic risk assessment and initiate further security measures.

In this regard, it has to be taken into account that due to the principle of legality (compulsory prosecution), the police will initiate preliminary proceedings irrespective of the will of the affected persons, as soon as they become aware of the criminal offences. Therefore, joint action procedures should be developed in advance within the framework of the protection plan through consultation with the police. In case of violence against children, the youth welfare office is to be primarily involved.

## Asserting the rights of survivors of violence

For survivors of violence, asserting their rights is often very straining. Therefore, after an act of violence, it is therefore particularly important to refer those affected persons to appropriately trained counsellors and specialised counselling services (or to involve them). Above all, the specialist staff can counsel and support groups of persons who require particular protection with regard to legal protection, survivors' rights, questions about residence and alimony laws, and when needed, as well as entitlements for compensation, in particular entitlements arising from the German Law on the Compensation of Victims (Victims Compensation Act (OEG)), as well as on restraining orders by the police, and measures under the Protection against Violence Act (GewSchG). Spouses and partners will be fully informed about the consequences of a possible separation from the partner and what possibilities exist to make individual asylum application or, where applicable, to apply for other residence permits, should the asylum status depend on the existence of the marriage. In addition, particularly women are proactively informed on their arrival at the accommodation centre about the possibility of gender-specific asylum in accordance with section 3a (2) no. 6 Asylum Act (AsylG), should they have experienced gender-specific violence in their country of origin or while they were fleeing, or should they be threatened by gender-specific violence such as genital mutilation, forced and child marriages, "honour killings" and the trafficking of girls and women. Irrespective of the initiation of criminal proceedings, it should be recommended that potential perpetrators take advantage of counselling and assistance services to cope with problems of violence in order to prevent possible further offences.

20. If necessary, the steps necessary to change the residence requirement must be taken. In addition, the question of the assumption of costs for the stay in a women's shelter must be clarified

# Humane, protective and enabling conditions

**A humane, protective and supportive environment is indispensable for the protection of refugees in accommodation centres. It helps to avoid situations that could lead to violence in an accommodation centre through preventive measures. This includes both structural elements in the form of building (constructional) safety measures and proper accommodation of the residents within the centre as well as actively designing a supportive environment through participatory age and gender-specific offers.**

## Building safety measures

Minimum Standards for building safety measures in accommodation centres are indispensable for the safety of all residents, especially for particularly vulnerable groups of people. These standards must be guaranteed by contractual specifications and controls. These range from the design of the living environment (e.g., lighting, sign posting, fences) to the entrance doors, lockable and secure living units (e.g., doors, windows), service alarms with emergency buttons and bright hallways to the construction of gender-segregated, lockable, well-lit toilets and showers (also clearly demarcated ways), which should be located within the accommodation centre.

## Enforcement of hygiene standards

Hygiene standards must be effectively implemented as part of each centre's protection plan. To ensure this, management must, among other things, develop, implement and monitor a hygiene plan. If there is no professional cleaning by an internal or an external service provider, a plan for the cleaning of the centre by the residents must be developed together.

## Guaranteeing privacy and private spaces

Confined physical conditions prevent necessary possibilities to retreat and the maintenance of privacy. They can also foster or at least trigger acts of violence. The aim must therefore be to enable residents to live in a manner that is as self-reliant and self-determined as possible and to provide them with a sufficient degree of privacy. For accommodation in communal accommodation centres, self-contained, lockable and barrier-free living units must be available.

When allocating rooms for the residents within the accommodation centre, family needs and friendships relations must be considered along with other relevant factors that can give rise to a particular vulnerability (e.g., gender, belonging to a religious minority, state of health and disabilities, being the survivor of severe forms of violence and human trafficking). If sanitary facilities need to be commonly used, they must be strictly gender-segregated. They must be lockable, well-lit and barrier-free. If due to the centres' constructional conditions it is not also possible to provide additional unisex sanitary facilities, an individual solution should be found. Showers have to be located in places where fully surrounded by walls. If this cannot be implemented for structural reasons, shower curtains or other suitable measures for sight protection must be ensured for safeguarding protection. In addition, gender-sensitive and target group-related basic relief items ("non-food items") should be made available, for example women's hygiene kits, whistles and flashlights.

All women who ask for must be accommodated in the accommodation centres separate women's areas. These areas are to be monitored by female security staff. There must be spaces separated from male residents, self-contained, lockable rooms for women travelling alone and their children and, if requested, for other particularly vulnerable groups of people. Persons who have experienced violence, rape or sexual

assaults in the past or in their country of origin shall be provided with the necessary protective space. In order to prevent revictimisation, it is particularly important to allocate apartments or residential units so that there is a physical separation from potential perpetrators. If this is not possible due to the centres structural limitations, affected persons with special protection needs must be accommodated in suitable apartments or other housing.

## Shared facilities

In addition to the provision of sufficient space for privacy, possibilities to retreat and for the exchange and discussion in a partnership or family setting, shared facilities used for mutual exchange, recreation, education, health matters and psychosocial support which are essential for the beneficial coexistence in a refugee accommodation centre. It is crucial to provide different rooms which are age-appropriate, barrier-free and gender-sensitive, as each group has its own needs and usage and furnishing vary accordingly.

Common rooms, especially for adolescents, women and mothers with children, are designed to be age and gender-sensitive manner, and are barrier-free. The concept of age and gender-sensitive common rooms calls for an integrated room plan and a design that takes into account recreation, education, health and psychosocial support for adolescents, women and mothers with children. As protected common spaces, they are open to adolescents, women and mothers with children at different times for use. The common rooms should be available exclusively to women and girls at particular times. Wherever possible, the self-administration of the residents should be supported when developing a room concept in a joint participatory process.

If due to the centres structural or physical conditions it is not possible to set up rooms for specific target groups, then the different needs can also be met by fixed utilisation times allocated for children, adolescents, girls, women and parents with small children, etc., which to be agreed together with the residents. It should be noted, however, that the furnishing elements of the room must be variable and easily adjustable (toddler play area, tables for homework, etc.) based on the target group using the room.

In these shared facilities, information about rights, services and possibilities for support should be provided via pictograms as well as be translated into the relevant languages of the respective target group.

A specially protected, accessible area or room where a mother and a child can stay shortly after the birth, must also be designed and furnished in a barrier-free manner. If structural/spatial conditions allow it, there should also be a generally accessible quiet room for all residents, which can be made available at different opening times. This space can be used, for example, to do homework or to prepare for German classes. Furthermore, it is also desirable to have a classroom where help with homework and private tutoring can be provided. When designing the premises, options for the utilisation volume of the internet must be taken into account (private Laptops, Smartphones, Printers etc.).

For the residents (children, adolescents, women and men), different age and gender-sensitive recreational activities should be offered (e.g., physical exercise, recreation and social offers, gender segregated activities for girls and women). Particularly in the case of non-gender-homogenous activities, attention must be paid to the participation of girls and women and the reasons for their lack of participation are to be investigated.

## Children and families

For children and families, it is a particular challenge to have everyday family life, the associated processes and the very different situation and age-specific needs within the context of being accommodated in a refugee accommodation centre. Therefore, an awareness and sensitivity for the particular support needs of families are required. This can be seen, among other things, in the active promotion of child-friendly spaces and offers for different age (and other) groups within the families.

## Set up for children

In general, services for children are provided for four different age groups at different times:

- infants/toddlers
- pre-school children (under 6 years)

- children aged 6 to 12
- children (13 to 18 years)<sup>21</sup>

For some activities, it can be helpful to mix age groups when older children support the care and promotion of the younger children (“buddy system”). External services from municipalities and civil society should be used in addition to supplement the centres own services. They also promote integration in the new environment and society. Especially in accommodation centres which, due to structural restrictions, do not offer the possibility of setting up a child-friendly space, children and their parents must be encouraged to benefit from external offers (including playgrounds, mobile play and learning opportunities, outdoor activities, holiday games, etc.).

### **Child-friendly spaces and services as an integral part of the accommodation centre**

Child-friendly spaces and offers are aimed at all children in the accommodation centre (all age groups, usually up to 18 years old). They offer them a safe and protected place as well as an inspiring and stimulating environment in which they can play and learn. Child-friendly spaces and services are intended to strengthen psychosocial well-being and, in doing so, to help children deal with what they have experienced and to support their resilience.

Child-friendly spaces offer the possibility to recognise, early-on, children with a particular need for protection through first signs of symptoms - mental, emotional or physical characteristics, behavioural problems and developmental delays, which are indicate, for example, of a trauma, an illness or disabilities. In these cases, referrals will be made to persons or authorities who can provide appropriate or specialised support and assistance after discusses jointly with the parents.

Child-friendly spaces are to be developed based on a participatory needs analysis. This analysis is aimed at the centres management and senior staff as well as at residents (especially the children and their parents).

The community of residents is also strongly involved in the implementation of the services. All services must

be designed in a barrier-free, age-, culture- and gender-sensitive manner.

The concept of child-friendly spaces requires integrated room planning and design, enabling structured play and learning opportunities, recreation, education and psychosocial support for children. The ratio of support staff to children should use the legally established day-care staffing conditions as a benchmark. All staff (including volunteers) employed for these spaces should possess appropriate (social) pedagogical qualifications and knowledge in the areas of child protection, psychological first aid and child development. Volunteers should only ever work alongside full-time staff.

Primary responsibility for child-friendly spaces and services lies with qualified specialists/staff and employees of the accommodation centre. There must be at least one person mainly responsible for child-friendly spaces within the accommodation centre. Among other things, this employee supports the full-time staff and volunteers working in the area as well as the parents. This person also ensures the provision of staff and volunteers with target group-specific information about the distribution of roles and responsibilities within the accommodation centre and makes sure that childcare is taken into account when planning mandatory further training offers and staff support options (e.g., supervision), as well as the maintenance of the accommodation centre and the availability of necessary materials. In order to ensure that the child-friendly spaces and services are implemented as planned and that they are needs-based and contribute to the reduction of protection risks, the implementation process and data relevant to protection must be regularly recorded. This includes data on registration and attendance, activities carried out, complaints and incidents, referrals and the development of the children. These data must be recorded into the centres quality assurance and monitoring system, evaluated and discussed at regular meetings (e.g., briefings, staff meetings, supervision sessions, meetings of participatory mechanisms) and then specific needs for action must be derived from it (Minimum Standard 6: Monitoring and evaluation of the protection concept).

21. Offers for the different age groups are, for example, parent-baby groups, play and learning groups, sports, recreational/stabilising activities, structured psychosocial activities, cultural and artistic activities, activities/courses for language acquisition, for the acquisition of (everyday) skills, conflict management and peace education, preparation for school enrolment, help with homework

Child-friendly spaces do not replace the standard services for children, adolescents and families but rather provide important bridging services and interim solutions as long as children, adolescents and their parents cannot (yet) benefit from relevant standard services (particularly day-care centres and schools) due to administrative or legal issues.

## Set up for parents

Child-friendly spaces offer an important entry point for the cooperation with parents, promoting the exchange of information and integration. First and foremost, the active participation of parents in child-friendly spaces serves the purpose of strengthening the bond between parents and their children and of supporting parents in their parental role. On the other hand, professional childcare should support and relieve parents. Parental counselling in child-friendly spaces must promote the parents' positive, non-violent interaction between parents and their children.

Furthermore, parent groups and parent meetings should facilitate sensitization and enable an exchange information. They should be used to:

- inform parents about their rights and the rights of their children
- introduce available internal and external services as well as to
- make services and regulatory structures known and to inform about important offices and authorities, supporting institutions and organisations

This way, (internal) barriers that may prevent parents from benefitting from regular offers for their children can be removed. The cooperation with parents also aims to strengthen their self-confidence and to provide them psychosocial support. Both can have positive effects on the child well-being. The child-friendly services should be designed in such a way that appeals to both fathers and mothers.



# Monitoring and evaluating the protection plan

**In order to implement the protection plan, every accommodation centre needs continuous monitoring as the basis for a meaningful evaluation. Only in this way, the implementation of goals and effectiveness of measures can be checked and controlled, and general changes, recurrent risks and special needs can be responded to. Participatory processes and perspectives must be taken into account with regard to both monitoring and evaluation.**

## Responsibility

The responsibility and the duty to support and protect refugees and migrants living in refugee accommodation centres is held by all who are responsible for their reception and registration, accommodation, care, safety and distribution. They all have a duty to continuously check to what extent the protection, support and safety of the refugees and migrants is ensured in the accommodation, and to review whether appropriate quality standards, protective measures and procedures are being observed and implemented effectively, and where they must be updated and optimised.

## Scope and responsibilities

In order to know whether the Minimum Standards and protection plans are being effectively implemented, their implementation must be regularly recorded, documented and evaluated. The responsible supervisory authorities must ensure standardised monitoring (recording of findings and data collection relevant to protection) and make it mandatory, combined with a regular evaluation of the implementation of the protection plans (assessment of the findings and data) in all refugee accommodation centres for which they are responsible.

If deficiencies in the implementation of the protective measures are determined and the agreed quality objectives are not met in the accommodation centre, the supervisory authorities, together with the operators or service providers of the accommodation, should introduce appropriate intervention and support measures in order to remedy the deficiencies and ensure that the objectives are met. Only in this way can agreed quality standards be successfully implemented, their sustainability ensured and a comparable database created for all accommodation centres. This database serves as the basis for the further development of the quality standards and protection plans and can continuously contribute to the achievement of comparable quality standards in all centres.

The monitoring and evaluation (M&E) of the implementation of the protection plans serve as a building block to strengthen existing quality management concepts and systems of the supervisory authorities as well as the operators or service providers of the accommodation centre. They must not be a stand-alone solution. When defining mandatory procedures and tools for M&E, the different conditions at each centre and the different types of accommodation centres are to be taken into consideration.

## Gradual development

The development and realisation of the M&E of the protection concepts should be carried out gradually. Sufficient resources (personnel, financial, technical) for the development and implementation of M&E in the refugee accommodation centres should be provided by the responsible authorities. In this respect, the costs for M&E training for staff, suitable monitoring instruments (technical tools and assistance) and other development measures must also be taken into account.<sup>22</sup>

22. For this purpose, the German Centre for Integration and Migration Research (DeZIM) offers a free digital violence protection monitor for refugee accommodation centres with the aim of a long-term nationwide institutionalisation of monitoring in these centres

If needed, the accommodation centres should be supported technically by their operators, by specialised advisory services, by the supervisory authorities or by other relevant organisations in the development and implementation of the M&E of the protection plans.

## Participatory monitoring

It is imperative that the supervisory authorities and the accommodation centres involve staff, service providers, volunteers and the residents (including children and adolescents) as well as external cooperation partners (e.g., the youth welfare office, special counselling services, centres for psychosocial support, organisations of persons with disabilities, organisations of migrants and LGBTIQ organisations) in the development and implementation of M&E of the protection plans (see Minimum Standard 1).

## Data collection, analysis, use and data protection

Within the framework of M&E of the protection plans, the refugee accommodation centres are obliged to regularly:

- collect quantitative and qualitative data and information as agreed upon with the supervisory authorities, which provide information about the extent to which the agreed quality standards, specific requirements and protective measures are compiled with and implemented, which measures have proven effective, which are not suitable, which further needs exist and how the changes affect the protection and the safety of the persons living at the accommodation centre
- analyse these data and information and present them in a user-friendly manner (e.g., in the form of regular monitoring reports)

- communicate the results in a generally understandable way to the groups of persons<sup>23</sup> involved in or affected by the implementation of the protection plan, and to discuss and assess the results together and subsequently derive specific needs for action from them. Such a regular exchange can take place in existing working groups, at team meetings, in supervision sessions, at planning meetings and also meetings of participatory mechanisms (e.g., resident councils) as well as external partners. A detailed log of the results help to document the processes and further planning steps can be communicated transparently

In addition to data collection by the refugee accommodation centre, the competent authority regularly carries out official controls in the accommodation centre in order to check and document compliance with the Minimum Standards and the protection plan. By regularly recording, presenting and communicating the data and information, the process of implementing the protection plans and the results of the protection measures are made transparent for all groups of persons involved and affected.

The protection of personal data must be guaranteed for data collection, storage, transfer and use at the accommodation centres. This should be ensured in the operator or service contract or by incidental provisions or the like. Data protection officers and other specialists can advise and support the accommodation centres on data protection and the handling of data when required. When collecting data on children, but also on other particularly vulnerable groups of people, further legal and ethical principles and guidelines are applied which have been specifically developed for this purpose.<sup>24</sup>

23. These groups of people include staff, service providers, volunteers, residents and external cooperation partners

24. For example, the UN Convention on the Rights of Persons with Disabilities (CRPD) or the German-language "ABC of Children's Rights # 6: Collection of Children's Data" by the German Institute for Human Rights, see [https://www.institut-fuer-menschenrechte.de/fileadmin/user\\_upload/Publikationen/ABC\\_Kinderrechte/abc\\_kinderrechte\\_e\\_wie\\_erhebungen\\_mit\\_kindern.pdf](https://www.institut-fuer-menschenrechte.de/fileadmin/user_upload/Publikationen/ABC_Kinderrechte/abc_kinderrechte_e_wie_erhebungen_mit_kindern.pdf)

## Systematic documentation

For the data collection within the scope of monitoring at accommodation centres, a comprehensible, systematic and standardised documentation of all incidents relevant to protection relevant, deviations from the agreed quality standards and other relevant observations is required. The core elements of such documentation are:

- the documentation of the planning, development and implementation of the agreed protective measures (processes, current results, costs)
- the anonymous documentation of complaints relevant to protection including the results and effects. In this respect, it is necessary to link up the internal complaint management with external complaints bodies (e.g., an independent ombudsman) so that a perspective can be taken into account that is as comprehensive as possible (see Minimum Standard 3)
- the anonymous documentation of suspected cases and incidents of violence (suicide or attempted suicide) including risk assessments and protective measures taken as well as other information and data relevant to protection. These include, in particular, the risk factors and the needs that are recorded within the scope of the participatory risk analysis (see Minimum Standard 1) and the needs analysis (see Minimum Standard 5)
- the documentation of internal training measures carried out as well as further quality criteria such as the satisfaction levels and the feeling of security of all people living and working in the accommodation centre

## Regular evaluation

The results of the monitoring represent an important data source for a regular evaluation of the protection plans. At the end of an evaluation, a clear and generally understandable evaluation report must be created, which is then used as a basis for the further planning and development of the protection plans.

# Forms of violence<sup>25</sup>

**Physical violence** – any deliberate perpetration of physical violence to an affected person which may or does actually result in damage, injury, disability or death. Pushing, hitting, punching, slapping, shaking, prodding, throwing, beating with the fist, scratching, hair pulling, kicking, grabbing, biting, burning, choking, poisoning and using items as weapons are all forms of physical violence.<sup>26</sup>

**Sexual violence** – all acts of a sexual nature directed at or committed in the presence of an individual (regardless of his or her gender and age) without the latter's consent or where the latter is not in a position to give his or her consent (e.g., in the case of individuals who are under the age of consent, who are mentally or physically unable to consensually engage in sexual activity, or who are intoxicated or under the influence of drugs). Sexual violence takes on various forms. These include, for example, rape, attempted rape, non-consensual sexual contact, the making of salacious remarks, sexual harassment, the showing of pornographic films or images, masturbation in the presence of a child or other individual not in a position to intervene, forced prostitution, human trafficking for the purposes of sexual exploitation, and sexual abuse and exploitation via the Internet.<sup>27</sup> The term "sexual" violence in this sense implies the instrumentalisation of sexual acts to perpetrate violence and wield power.

**Psychological violence** – any form of non-physical violence having a damaging impact on the emotional health and development of an individual. This includes verbal expressions of violence, humiliation, rejecting or disregarding an individual, isolating an individual from his or her friends and family, making an individual feel worthless and unloved, making threats, blackmailing,

deliberately putting an individual in an embarrassing position, unsettling or bullying him or her.<sup>28</sup>

**Neglect of children** – "a sustained or repeated failure on the part of individuals who are responsible for caring for a child (parents or other guardians appointed by the latter) to provide that child with the care he or she requires for his or her physical and emotional development and well-being". Such failure may be of an active or a passive (unconscious) nature due to insufficient understanding or knowledge. "The chronic insufficiency of the care provided to children suffering from neglect in the form of a sustained lack of consideration of, disregard of or withholding of their basic needs effectively inhibit, undermine or impair his or her physical, mental and emotional development, and may cause serious permanent damage to, or even result in the death of, the child in question."<sup>29</sup>

**Intimate partner violence** – refers to "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim"<sup>30</sup> Synonymous or overlapping terms are domestic violence and violence against a partner, among others.

**Gender-based violence** – a general term used to describe any act of violence that is directed at an individual on grounds of his or her perceived gender and/or sexual orientation, or acts of violence that disproportionately affect a particular gender group. Sexual violence, domestic violence and abuse are forms of gender-based violence. The United Nations Economic and Social Council defines gender-based violence as

25. This is not an exhaustive list of all of the different forms which violence may take. It is also the case that there will often be some overlap between the different forms of violence, which do not always occur on an isolated basis

26. World report on violence and health, World Health Organization, 2002; Committee on the Rights of the Child, General comment No. 13 (2011), The right of the child to freedom from all forms of violence, paragraph 22, 2011

27. Cf. World report on violence and health, World Health Organization, 2002

28. Cf. <https://www.frauenrechte.de/online/index.php/themen-und-aktionen/haeusliche-und-sexualisierte-gewalt/262-lieber-ohne-gewalt/1207-unterschiedliche-arten-der-gewalt>, as of: 22 May 2017; Committee on the Rights of the Child, General comment No. 13 (2011), The right of the child to freedom from all forms of violence, paragraph 21, 2011

29. Schone et al: Kinder in Not. Vernachlässigung im frühen Kindesalter und Perspektiven sozialer Arbeit. Münster, 1997, p. 21

30. Council of Europe Convention on preventing and combating violence against women and domestic violence, adopted in 2011, in force as of 2014

“any harmful act that is perpetrated against a person’s will and that is based on socially associated differences between males and females. As such violence is based on socially ascribed differences ... but it is not limited to sexual violence.”<sup>31</sup> Women, girls and LGBTIQ individuals are disproportionately affected by gender-based violence; however, it is also experienced by men and boys. Violence against transgender\* individuals is also often gender-based, in that the individual in question experiences violence based on his or her transgender\* status or as a man or a woman.<sup>32</sup>

**Forced marriage** – forced marriage is when violence or threats are used to force at least one of the spouses to enter into a formal or informal (i.e., by way of a religious or social ceremony) marriage. The refusal of one spouse was either not heard or the affected individual was too fearful to resist. Forced marriage may also be achieved by threatening those affected with existential financial consequences or with immigration-law consequences.<sup>33</sup>

**Stalking** – this term describes the intentional and persistent pursuit and harassment of another individual in a manner that encroaches upon the latter’s way of life to a serious degree. Stalkers attempt to establish contact with their victims, often over a long period of time, even where those attempts are persistently and explicitly rejected. Affected parties are subjected to harassment, persecution, threats, duress and even blackmail. Types of harassing behaviour include following the victim, permanent presence near the victim (for example, at his or her home or place of work), calling the victim at all hours of the day, sending copious letters, text messages, e-mails, posting in online forums, publicizing private information relating to the individual, forcefully entering his or her place of residence, damaging his or her property, leaving behind repulsive bodily fluids or waste, making threats and physically attacking the individual in question.<sup>34</sup>

**Female genital mutilation** – all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs, for cultural or other non-medical reasons.<sup>35</sup>

### **Violence perpetrated by children against children**

– this includes the perpetration by children or groups of children of physical, psychological (often in the form of mobbing) and sexual violence against other children. Such violence not only represents a momentary violation of the physical and emotional integrity and an impairment of the well-being of the victimised child; it will often also have an adverse impact on the personal development, formation and degree of social integration of that child over the medium or even long term. The perpetration of acts of violence by youth gangs equally takes a major toll on the children involved, on the side of both the victims and the perpetrators.

In the case of violence perpetrated by children against children, it is children who are the perpetrators; however, the adults who are responsible for them have a significant role to play in the context of efforts to ensure that such acts of violence are handled in an appropriate manner, that future acts of violence are prevented, and that any follow-up measures taken do not result in any escalation of the violence (for example, where a punitive approach is taken or violence is used in response to violence).<sup>36</sup>

**Trafficking** – refers to the recruitment, transportation, transfer, harbouring or receipt of persons for the purpose of exploitation. According to the definition, there must be an element of coercion involved. This will comprise, for example, the threat or use of force or other forms of coercion. Other cases will involve putting the affected individuals into a position in which they can be exploited by means of abduction, fraud, deception, the abuse of power or through exploitation of their particularly vulnerable position. The use of coercion is not a necessary element in the case of individuals under the age of 18.

Exploitation includes the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery-like practices, begging as well as the coerced commitment of crimes, servitude or the removal of organs.<sup>37</sup>

31. Cf. United Nations Economic and Social Council, Humanitarian Affairs Segment 2006 – Gender-based violence in humanitarian emergencies

32. Cf. <http://transrespect.org/en/research/trans-murder-monitoring/>, as of 29 May 2017

33. Cf. <http://www.frauenrechte.de/online/index.php/themen-und-aktionen/gewalt-im-namen-der-ehre/begriffsdefinition>, as of 22 May 2017

34. Cf. <http://www.frauenhauskoordination.de/gewalt-an-frauen/stalking.html>, as of 22 May 2017

35. WHO, UNICEF, UNFPA (1997). Female genital mutilation: a joint WHO/UNICEF/UNFPA statement Geneva, World Health Organization

36. Committee on the Rights of the Child, General comment No. 13 (2011), The right of the child to freedom from all forms of violence, paragraph 27, 2011

37. Cf. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol), Article 3, adopted in 2000, in force as of 2003

# Implementation of the Minimum Standards for LGBTI\* refugees and migrants

## Introduction

LGBTI\* refers to lesbian, gay, bisexual, transsexual/transgender and intersexual individuals. The asterisk references the diversity of the many expressions of gender identification and sexual orientation, i.e., for those individuals who do not fall into these categories but also do not (wish to) conform to heteronormative perception. In some cases additional categories are used for the group of individuals this annex focuses on, especially a "Q" for "queer".

LGBTI\* individuals generally, and thus also LGBTI\* refugees and migrants, do not form a homogeneous group. The needs of lesbian, gay, bisexual, trans\* and intersexual\* refugees and migrants may differ significantly from each other. One thing that LGBTI\* refugees and migrants do have in common is that they are to be considered vulnerable persons particularly in need of protection. The term „vulnerable person“ originated in the EU Reception Conditions Directive (Directive 2013/33/EU), which does not provide an exhaustive list of those groups of individuals who are deemed to be vulnerable, and thus does not explicitly mention LGBTI\* persons. Due to the heightened vulnerability of LGBTI\* refugees and migrants, there are strong reasons for considering them to be just as vulnerable as the groups of individuals specified in the text of the Directive.

LGBTI\* refugees and migrants experience discrimination and violence in their country of origin, while fleeing from persecution, and in their destination country, and thus also in the accommodation centres. However, they should not be defined by their sexual orientation or gender identity alone.

Discrimination is often experienced due to an overlapping of certain attributes (intersectionality). By way of example, an individual may be persecuted in her country of origin because she is lesbian, a woman and politically active. In addition, the discrimination and violence experienced by LGBTI\* refugees and migrants does not necessarily have a homophobic or transphobic background. Often the specific stress situations they experience during their flight or in the accommodation centres themselves will favour the perpetration of discrimination and violence by other residents at the accommodation centres.

The EU Reception Conditions Directive obligates EU Member States to take appropriate measures to identify particularly vulnerable persons and to provide for their special needs. This requirement has, to date, been complied with only regionally in Germany and to varying degrees according to the Standards. It is the case even here that, where refugees and migrants do not actively identify themselves as LGBTI\*, identifying them as such is difficult, if not impossible. This is due not only to the fact that stereotypical perceptions of LGBTI\* individuals often have little to do with reality, but also to the fact that LGBTI\* refugees and migrants will often have internalised to a considerable degree the need to keep their sexual orientation or gender identity secret. To meet their particular needs, it is crucial that various means be employed and a differentiated approach be taken to create an environment of mutual trust in which LGBTI\* refugees and migrants are given the chance to identify themselves as such.

This is particularly relevant for adolescent and young adult LGBTI\* refugees and migrants who may still be

38. This annex has not been aligned with the overall initiative. It does not in all respects reflect the views or positions of the German Caritas Association [Deutscher Caritasverband]

going through a stage of self-discovery, for those who have entered the country together with their parents and siblings, and for LGBTI\* refugees and migrants living in heterosexual marriages.

The right to live one's life free from discrimination arises from a number of legal sources. The United Nations Human Rights Council has adopted three resolutions on the subject of sexual orientation and gender identity, most recently in the summer of 2016. The "Resolution on protection against violence and discrimination based on sexual orientation and gender identity"<sup>39</sup> recognises sexual orientation and gender identity as a human right. The Federal Republic of Germany voted in favour of the adoption of these resolutions. The stated goal of the "Allgemeines Gleichbehandlungsgesetz" (AGG, the German General Act on Equal Treatment) is the prevention or elimination of discrimination on grounds of gender or sexual identity. The term "sexual orientation," according to the official preamble to the Act, refers to both sexual orientation and gender identity.

## **Minimum Standard 1: Internal protection plan**

### **Specific target groups and risk awareness**

The risk analysis outlined in the Minimum Standards, which forms the basis for the development of the protection plan at each accommodation centre, will only be meaningful if LGBTI\* individuals have previously been identified (see the introductory statement of this annex regarding the complexities involved therein) or if LGBTI\* persons are at least taken into consideration in abstract terms. In this regard, particular attention should be paid to the fact that the violence experienced by LGBTI\* individuals differs greatly from one person to the next, requiring a differentiated analysis. At the same time, care must be taken to ensure that any measures taken on the basis of the findings of the risk analysis do not result in the stigmatisation of the affected individuals and thus potentially further increase the risk of those individuals being subjected to violence.

### **Participatory, transparent and openly accessible**

Residents should be involved in the development of the protection plan at each accommodation centre.

However, their involvement could reveal the status of LGBTI\* persons to individuals living or working at the accommodation centre – and possibly also to their own families. An involvement of residents who are LGBTI\* persons is therefore only possible and desirable if these individuals are already openly living as LGBTI\* individuals or wish to out themselves in the context of their participation in the protection plan. Alternatively, local LGBTI\* advisory structures should be consulted in connection with the development of the protection plan.

### **Commitment to social interaction that respects boundaries and non-violence as a guiding principle**

Respectful interaction with LGBTI\* residents requires that the individuals working in and for the accommodation centre refrain from expressing themselves, verbally and non-verbally, in a homophobic, a trans\*phobic or an inter\*phobic manner, and that they make clear that they will provide active support to anyone experiencing homophobic, trans\*phobic or inter\*phobic discrimination or assaults.

### **Protecting confidentiality and privacy**

Many LGBTI\* refugees and migrants are afraid to come out as a result of having experienced homophobic, trans\*phobic or inter\*phobic persecution in their country of origin, and possibly additional discrimination in Germany. It is therefore important to communicate, in a transparent and comprehensible manner, that all information, including information regarding sexual orientation and gender identity, is treated confidentially. It must expressly be emphasized that interpreters are also obliged to maintain the confidentiality of such information.

## **Minimum Standard 2: Personnel and personnel management**

### **Code of conduct and self-commitment**

The self-commitment document to be signed by all staff must contain a passage of text on the subject of LGBTI\* persons. Herein, the staff, volunteers and service providers at the centre in question undertake to conduct themselves in a gender-sensitive manner (above all in their interaction with trans\* and inter\*

39. Cf. [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/HRC/32/L.2/Rev.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/32/L.2/Rev.1)

individuals, for example, by using the correct pronoun, i.e., that preferred by the individual in question when referring to the latter) and to commit themselves to non-discrimination against LGBTI\* individuals. This includes an explicit obligation to express themselves verbally in a non-discriminatory manner, and to refrain from making judgments on the basis of stereotypes and from making other pejorative verbal remarks or non-verbal expressions.

This self-commitment also gives rise to an obligation to take action in response to violations of the code of conduct, even where the individual affected does not himself or herself want to actively pursue the matter or to see that the perpetrators are punished.

### **Raising awareness and training**

All individuals working at an accommodation centre – from the managerial staff to interpreters and volunteers to the security personnel – should be made aware of the needs of LGBTI\* refugees and migrants. Particular attention should be paid in this regard to the fact that many LGBTI\* refugees and migrants will have kept their sexual orientation or gender identity secret their whole lives out of shame or fear. Their fear of repression, degradation and humiliation is deeply-rooted. It will therefore not be sufficient to merely impart theoretical knowledge of the living circumstances of LGBTI\* refugees and migrants in their countries of origin. The individuals working at the accommodation centre will need to acquire an awareness of the particularly fragile and critical nature of the living conditions experienced by many LGBTI\* refugees and migrants.

## **Minimum Standard 3: Internal structures and external cooperation**

### **House rules**

The house rules must contain a passage of text explicitly prohibiting all homophobic, trans\*phobic and inter\*phobic remarks and conduct. Care should be taken to avoid the adoption of a didactic tone in this regard.

### **Designated contact persons at the accommodation centre**

A permanent staff member should be appointed at each centre to deal with the needs of LGBTI\* residents. Ideally, but not necessarily, this should be an individual who identifies him- or herself as

a member of the LGBTI\* community. It must be possible to discretely approach this contact person. There are a number of options that can help facilitate this: Perhaps the layout of the accommodation centre will offer space for unobtrusive conversations, or perhaps the contact person is also responsible for handling other matters, such that the reason for the establishment of contact will not be immediately apparent.

The contact person will be able to attend regular training and engage in professional exchanges with his or her colleagues.

### **Independent complaints body**

It must be made clear that the complaints body may be approached on an anonymous basis, in the interests of allaying fears of outing LGBTI\* residents. The complaints body must in any case be so readily accessible as to allay any fears that LGBTI\* residents may have as to the possible negative consequences of contacting it.

### **Informing actively about rights and practical support offers**

It is important that LGBTI\* persons are able to discretely obtain information on the counselling options available to them. As a general rule, subject-specific flyers will not be a suitable means of communication in this regard, given that the reading/ accessing of such material may have the effect of outing the individual in question. Therefore, one should opt for material in which the focus is not on the offers directed at LGBTI\* refugees and migrants, but rather those where these are presented as one of many different counselling options available, i.e., alongside other offerings.

### **Making information comprehensible and overcoming language barriers**

Many LGBTI\* refugees and migrants fear being discriminated against or outed by interpreters. Furthermore, even interpreters endeavouring to conduct themselves in a non-discriminatory manner will often experience translation difficulties where the individuals in question are not familiar with certain core terminology. This may result in incorrect or imprecise translations, and it may also leave the LGBTI\* persons concerned feeling so insecure that they become unable to express themselves freely. Particular care should therefore be taken in selecting and training interpreters. One must be able to assure



credibly and bindingly that the interpreters must also comply with the confidentiality obligation. Moreover, it must be ensured that the interpreters are able to effortlessly translate terminology used in the LGBTI\* community. Interpreters who themselves identify as LGBTI\* will be particularly suited to this task. Where no such individuals are available, care should be taken to ensure that, ideally, the interpreters used are not from the same country/community as the refugees and migrants seeking counselling.

#### **Availability of a basic package of courses and counselling services**

In many cases, LGBTI\* residents will not “take the first step”; rather attempts will have to be made to reach out to them via the provision of low-threshold opportunities. One possibility is to offer low-threshold courses and counselling options along the lines of the formulations contained in the general Minimum Standards but tailored to the needs of LGBTI\* persons. In the interest of offering the necessary expertise in this regard, external counselling bodies carrying out outreach work at the accommodation centres should be approached as potential cooperation partners. Given that a resident’s participation in courses and counselling sessions held at his or her own accommodation centre may have the effect of outing him or her, a focus should also be placed on ensuring the availability of external options (see below).

#### **Involving cooperation partners**

Counselling bodies for LGBTI\* persons must form part of the cooperation network of the accommodation centre and must be included in the address database accordingly. The accommodation centre must actively establish contact with suitable organisations. Where there is a lack of knowledge about local structures, organisations operating at the national level should be consulted. Priority should be accorded to establishing contact with organisations which have their own projects supporting LGBTI\* refugees and migrants in place, as these will have expertise in multiple forms of discrimination. Such counselling services will also often have contact to interpreters who are sensitive to LGBTI\* issues.

Particularly in more rural areas, LGBTI\* refugees and migrants require assistance, in the form of individually tailored solutions, when availing themselves of external counselling services provided by LGBTI\* organisations. These also include low-threshold options such as coffee mornings or mentoring programmes

for LGBTI\* refugees and migrants. Moreover, the possibility of a change of accommodation for residents experiencing discrimination or violence must be discussed with the authorities responsible for the allocation of those refugees to accommodation centres. The centres cooperation with the police must also involve the polices contact person for LGBTI\* issues.

### **Minimum Standard 4: Prevention and dealing with violent and dangerous situations / risk management**

#### **Standardised procedures in cases of suspected violence**

LGBTI\* residents may experience non-physical violence due to discrimination, pejorative remarks or nonverbal conduct (mobbing) or sexual advances. Acts of exclusion may also be experienced as a form of violence. This will particularly be the case where the refugees or migrants in question previously experienced homophobic, trans\*phobic or inter\*phobic violence in their country of origin or during their flight.

All individuals employed at the accommodation centre must be made aware of the fact that individuals’ sexual orientation or gender identity may expose them to sexual harassment, sexual assault and rape. Specifically, lesbian women may experience what is euphemistically termed “corrective rape;” while gay men and trans\* individuals are at risk of rape motivated by a desire to humiliate and dominate.

#### **Standardised procedures in case of violence**

In addition to the aspects of an emergency plan specified in the general Minimum Standards, physically separating LGBTI\* persons who have experienced violence at an accommodation centre from the perpetrator(s) of violence is crucial. These LGBTI\* persons should immediately be offered a room with single occupancy. Moreover, the individual in question must be able to use the sanitary facilities, kitchens and common spaces safely and without fear.

#### **Assessing danger after violence has occurred**

Should the individual in question wish to move to a different accommodation centre, an attempt should be made to comply with this request without delay. Any possibility of moving the individual to a centre that is equipped to offer special protection to LGBTI\*

refugees and migrants should be considered. The individual in question should in any case be informed of the rights of LGBTI\* persons and of the counselling services available to LGBTI\* persons.

### **Involving the police**

Due to the fact that some residents will previously have had traumatic experiences with the police, the latter should only be involved with the consent of the individual in question, wherever circumstances allow. However, one must first examine whether the legal grounds underlying the statutory powers of disclosure, formulated in Minimum Standard 4, or any particular obligations with regard to the reporting of a criminal offence apply (for example, Sections 34, 138 and 286 of the "Strafgesetzbuch" [the German Criminal Code]). Notwithstanding any further measures which may be taken, each incident must be documented on an anonymous basis internally and reported to the management. When the police is contacted, the centre must request consultation with an individual who is responsible for, or has been trained in, handling LGBTI\* matters.

## **Minimum Standard 5: A humane, protective and enabling environment**

### **Guaranteeing the possibility of privacy and private spaces**

In order to ensure that LGBTI\* residents are afforded the highest degree of safety in their accommodations, particular attention must be paid to the sanitary facilities. In addition to the specifications formulated in the general Minimum Standards, above all with regard to the provision of doors that lock, staff should be aware that strictly gender-segregated sanitary facilities are problematic for trans\*, inter\* or queer individuals. If the building layout does not enable the provision of unisex facilities, a solution must be found on a case-by-case basis.

As stated in the general Minimum Standards, the needs of families must be considered in the allocation of accommodation. Same-sex couples are also to be viewed as constituting a family unit in this regard, and the allocation of their accommodation must make allowance for their need for family life and privacy.

# Implementation of the Minimum Standards for refugees and migrants with disabilities

## Introduction

According to Article 1 of the United Nations Convention on the Rights of Persons with Disabilities, which has been ratified by all of the EU Member States, persons with disabilities include those “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. It should be noted in this regard that persons with disabilities do not form a homogeneous group. Like all other individuals, they have different abilities and needs, and contribute to society in different ways. What they do have in common is that they are exposed to a greater risk of discrimination, exploitation and violence, particularly in crisis situations. A lack of access to sources of information, to counselling services, to protection systems and the lack of accessibility of counselling sessions themselves makes it more difficult for them to access available forms of support and assistance.

The humanitarian principle of impartiality – according to which support and assistance is to be provided solely on the basis of the recipient’s needs and without any discrimination – requires reducing barriers in crisis situations so as to prevent persons with disabilities from being intentionally or inadvertently excluded from the provision of humanitarian aid.<sup>40</sup> It should be emphasized that Article 21 of the EU-Directive 2013/33/EU expressly mentions persons with disabilities in the list of groups of persons requiring particular protection. The EU Reception Conditions Directive obligates the EU Member States

to take appropriate measures to identify particularly vulnerable persons and provide for their specific needs (Article 22). However, in Germany, in the context of applications for asylum, no enquiries are made into or records made of refugees or migrants with disabilities. The result is that it is not always possible to provide refugees and migrants with disabilities with needs-based accommodation in emergency centres or initial reception centres, and thereafter in municipal shared accommodation or on a decentralised basis in the municipalities. This renders refugees and migrants with disabilities somewhat “invisible” in many respects. In most cases, the refugee accommodation centres do not provide them with a needs-based protective and supportive environment, nor do they receive needs-based care due to the lack of any record of their needs – a situation that may violate their human rights and can lead to isolation.

There is also a need to train and raise the awareness of personnel who interact with refugees and migrants with disabilities, and also for the early identification of potential or actual acts of violence or discrimination against persons with disabilities.

In particular, there is often a lack of knowledge as to the increased risk of being subjected to violence when a number of factors such as gender, age and disability overlap (intersectional forms of discrimination). For example, women and girls with disabilities are at greater risk of becoming victims of sexual violence. Women, children, unaccompanied children and elderly individuals with disabilities are also exposed to a greater risk of discrimination or exclusion.

40. Cf. Minimum Standards for Age and Disability Inclusion in Humanitarian Action, HelpAge International 2015 on behalf of the Age and Disability Consortium, London, p. 3

Accommodation centres are also rarely accessible (i.e., equipped to house persons with disabilities) and the waiting periods for the allocation of accommodation for particularly vulnerable individuals are usually very long as there are limited spaces available. Language and communications barriers present an additional obstacle, largely due to the insufficient numbers of available qualified interpreters. Refugees and migrants with disabilities are thus inadequately informed of their rights and of the support services available to them. With regard to the provision of remedies and aids in accordance with Section 6 of the "Asylbewerberleistungsgesetz" (the German Act on Benefits for Asylum Seekers), the provision for the exercise of discretion contained therein leads to local authorities exercising their discretionary powers in different ways, with the result that refugees and migrants with disabilities are not being provided with the support they require. This also affects children with disabilities.

It should be noted in this regard that, already in the spring of 2015, the United Nations Committee on the Rights of Persons with Disabilities, which reviewed the implementation of the United Nations Convention on the Rights of Persons with Disabilities in Germany, expressed its concern about the often inadequate medical and social assistance as well as the inadequate supply with the necessary aids to asylum seekers and refugees with disabilities.<sup>41 42</sup> The Committee additionally commented on the issue of the multiple forms of discrimination experienced by refugee women and girls with disabilities, and it criticised the inequality of access to treatment and opportunities granted to children with disabilities whose parents are refugees.<sup>43</sup>

In order to ensure, that the protection of refugees and migrants with disabilities and the creation of a supportive environment for such individuals becomes a central element of the responsibilities of refugee accommodation centres in Germany, these centres should implement a two-part strategy. On the one hand, the rights and needs of persons with disabilities must be continuously taken into account in the context of the development, implementation and

monitoring of protection plans in accommodation centres; on the other hand, however, specific measures of intervention must be taken with a view to safeguarding the rights of persons with disabilities and to meeting their particular needs ("reasonable accommodation" in line with the United Nations Convention on the Rights of Persons with Disabilities).

This annex provides an overview of the concrete measures for the implementation of this strategy and thus the implementation of the general Minimum Standards for refugees and migrants with disabilities. Each of the general Minimum Standards is examined from the standpoint of the rights and needs of refugees and migrants with disabilities.

### **Minimum Standard 1: Internal protection plan**

The internal protection plan presented in the general Minimum Standards must throughout consider the accommodation of and provision for support to refugees and migrants with disabilities. Existing protection concepts of the organisation operating the centres in the area of social inclusion (facilities for persons with disabilities) must be used as a basis for the internal protection plan to be implemented by the individual accommodation centres.

In addition, the protection plan should be discussed with local self-help and self-representation organisations as well as with local networks of persons with disabilities – together with the centre's residents with disabilities, all of whom should be involved in the development of the plan. A strategy for the participation of persons with disabilities and organisations of persons with disabilities in the development, implementation and monitoring of the protection plan should be drawn up in consultation with the representative organisations.

#### **Recognising refugee residents who have disabilities and identifying their support needs**

As is stated in the general Minimum Standards, each accommodation centre is obligated to observe

41. Cf. Concluding observations on the initial report of Germany, 13 May 2015, p. 11

42. Cf. Joint Statement by the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families (CMW) and the Committee on the Rights of Persons with Disabilities addressing disabilities in large-scale movements of refugees and migrants, 2017, <http://www.ohchr.org/en/hrbodies/crpd/pages/crpdindex.aspx>, as of 26 May 2017

43. Cf. Concluding observations on the initial report of Germany, 13 May 2015, pp. 4-5

humane standards with regard to the accommodation granted to and the fundamental human rights of all residents (these include the prohibition of discrimination and the right to reasonable accommodation<sup>44</sup>). To this end, the management at each centre will make a record of residents with disabilities and their specific needs.

Furthermore, the centre will ensure that its staff receives additional training to raise their awareness of the means of recognising and interacting in a culturally sensitive way with persons with disabilities. The centre will also ensure that personnel are familiar with the initial steps to be taken in providing support and assistance to persons with disabilities in Germany.

### **Participatory risk analysis**

The participatory risk analysis to be carried out by the individual accommodation centre, which is described in the general Minimum Standards and on which the protection plan is to be based, will only be of significance if persons with disabilities have been previously identified and the protection plan includes measures for their protection, as well as reasonable accommodation and the provision of support services. Given that persons with disabilities do not form a homogeneous group, a differentiated analysis and various types of support services are required. A risk analysis focusing on residents with disabilities may also be carried out, where appropriate. In both cases, it should be considered that persons (especially girls and women) experiencing cognitive impairments and mental health issues, as well as blind and deaf girls and women, are particularly exposed to the risk of sexual harassment or abuse. At the same time, care must be taken to ensure that any measures taken on the basis of the findings of the risk analysis do not result in the stigmatisation of the affected individuals and thus potentially further increase the risk of those individuals being subjected to violence. A record should be kept of any measures designed to encourage self-determination on the part of residents with disabilities.

### **Participatory, transparent and openly accessible**

Persons with disabilities must be actively involved in the risk analysis process as well as in the implementation and monitoring of the protection

plan. They are to be consulted in a culturally sensitive manner on their needs for protection and support, as well as their personal preferences. It is only in this manner that specific risks and barriers but also the potential of persons with disabilities to participate in the implementation and monitoring of the protection plan can be identified.

The services of an interpreter, for example of sign language, spoken language, or a cultural interpreter, should be available, where necessary. It is particularly important in the case of children with disabilities that child-friendly, creative media (art) and playful means (which are accessible to children with different forms of disability) are used to help them express their views as to their needs and preferences. Moreover, it is essential that the affected individuals and their families become acquainted with the German welfare system and the concept of support for persons with disabilities. Aspects such as participation in society and extensive self-determination in spite of disability should be conveyed in a culturally sensitive manner.

The protection plan must be formulated in a manner accessible for persons with disabilities (for example, in plain language, in the form of pictographs, using sign language or Braille). It must also be communicated verbally.<sup>45</sup>

## **Minimum Standard 2: Personnel and personnel management**

### **Code of conduct**

The self-commitment document to be signed by the centre staff with regard to their compliance with the code of conduct – which is aimed at preventing and protecting against violence while also providing for intervention in the case of all forms of violence – contains a passage of text on the rights of persons with disabilities, according to which the centre staff, volunteers and service providers working at the accommodation centre in question undertake to uphold the UN Convention on the Rights of Persons with Disabilities and the guiding principles of inclusion, accessibility, participation and non-discrimination. In addition, explicit mention must be made of the right

44. Article 2 of the United Nations Convention on the Rights of Persons with Disabilities

45. Such verbal communication of the plan will enable its dissemination to all residents, i.e., also to individuals with impaired sight and individuals who have difficulty dealing with official documents. In addition, explaining the protection plan orally will also give individuals the opportunity to ask questions and resolve any uncertainties. However, it must be noted that, if someone is deaf, this may not be useful

of persons with disabilities to participate in all matters concerning them.

### **Personnel recruitment and management**

Management at each centre must ensure that the working environment at the centre is non-discriminatory and inclusive. In selecting new employees, service providers and volunteers, management must communicate that non-discriminatory and respectful conduct is a pre-condition for employment at the centre. Management must ensure that persons with disabilities are given equal opportunities to apply for employment and volunteer work at the accommodation centre. Where the possibility of residents obtaining employment at their accommodation centre exists, this should also extend to residents with disabilities. Management should identify staff members who have prior experience in working with persons with disabilities.<sup>46</sup> The appointment of one staff member to function as a permanent contact person for residents with disabilities should also be considered. However, the main priority is to ensure that the entire staff receive training in order to raise their awareness of the rights and needs of refugees and migrants with disabilities. Where appropriate, a qualified full-time employee or volunteer should be assigned the role of “representative for persons with disabilities”; and persons with disabilities should be encouraged to apply for this position.

### **Raising awareness and training**

The management at each centre must raise awareness and offer training measures for working with and for involving refugees and migrants with disabilities at all levels and with regard to all areas. Subjects to be addressed include:

- Refugees and migrants with disabilities (in particular, the multiple forms of discrimination experienced by refugee and migrant girls and women with disabilities)
- Recognising disabilities and initial steps to be taken in providing support and assistance to persons with disabilities in Germany (in particular, the concept of supported decision-making), respectful and culturally sensitive interaction and communication with, and provision of support to, refugees and migrants with different types of disabilities

- Recognising cases of abuse, mistreatment and neglect of persons with disabilities
- Power structures and the risk of abuse of power; United Nations Convention on the Rights of Persons with Disabilities, in particular the definition of disability (human rights model<sup>47</sup>)

## **Minimum Standard 3: Internal structures and external cooperation**

### **House rules**

The house rules place great emphasis on the prohibition of discrimination and violence and are formulated in such a manner (for example, in plain language, in the form of pictographs or in Braille) as to make the information contained therein accessible to persons with different types of disabilities. The house rules, and the consequences of any infringement thereof (warnings, ban on entering the centre, etc.), must also be communicated orally and by way of the relevant sign language to all residents.

### **Designated contact persons at the accommodation centre**

Residents with disabilities must be made aware of the permanent contact persons for individuals affected by violence specified in the general Minimum Standards. Residents with disabilities will be able to approach and access these persons, who will address their particular needs. The services of an interpreter of sign language and spoken language or a cultural interpreter should be made available, where needed.

### **Internal complaints body and external complaints and counselling body**

The internal complaints body and the external complaints and counselling body, independent of the centre-operator, are to be readily accessible to residents with disabilities. Various language and communication channels, such as sign language, are to be used in order to ensure that all residents are aware of the existence of these bodies and are able to make effective use of their available mechanisms.

46. Desirable qualifications include expertise/competence in the fields of remedial therapy, rehabilitation therapy, physiotherapy, speech therapy, psychotherapy, nursing or medicine, or experience in the provision of assistance or support to persons with disabilities

47. Cf. <http://www.inklusion-als-menschenrecht.de/gegenwart/zusatzinformationen/die-un-behindertenrechtskonvention-als-inklusionsmotor/>

### **Informing actively about rights and practical support – overcoming language and communications barriers**

All residents are sensitised to identify signs of abuse, mistreatment and neglect. Residents with disabilities, in particular, are informed of the participation options and support services that are available to persons with disabilities in Germany, and of the criteria for eligibility for such benefits and/or aid.

General information on the rights of persons with disabilities must also be communicated.<sup>48</sup> To this end, appropriate measures should be taken to ensure that not only language barriers but also communication barriers are overcome.<sup>49</sup> For example, qualified sign language, spoken language or cultural interpreters are to be made available to translate for persons with disabilities.

### **Involving cooperation partners**

Co-operation with self-help and self-representation organisations, as well as government or other institutional services and supports specifically provided to support persons with disabilities in fully participating in society and community life, is crucial. Corresponding organisations of persons with disabilities, providers offering services to persons with disabilities, healthcare professionals, rehabilitation and medical technicians, and other expert contact persons and bodies are identified and entered into the address database provided for in the general Minimum Standards. Co-operative endeavours are to be actively organised. Specialist counselling bodies for survivors of violence and networks of women with disabilities should be involved.<sup>50</sup> Self-help organisations of migrants, expert lawyers and the police should also be involved. Management should also seek out qualified social workers, teachers and psychologists who would be able to provide refugees and migrants with disabilities with psychosocial support.

Furthermore, accessible and inclusive integration courses and self-help groups for persons with disabilities must be sought out and made readily available. Should no such options be available where the centre is located, corresponding arrangements should be made with an agency able to provide such courses on location.<sup>51</sup> Cooperation with the day-care centres and schools attended by the children with disabilities living at the centre is also of crucial importance. In addition, the involvement of cooperation partners should serve as a means of actively supporting residents with disabilities to participate in society, for example, in the context of recreational activities or at community centres. The municipal commissioners responsible for matters relating to persons with disabilities are to be regularly informed of the progress made by the accommodation centres in this regard.

## **Minimum Standard 4: Prevention and dealing with violent and dangerous situations / risk management**

### **Recognising signs of violence**

The staff at each centre must be sensitised to the particular vulnerability of refugees and migrants with disabilities. They will also receive training in how to identify cases of heightened risk resulting from the intersection of factors such as sex, age and disability. For example, women and girls with disabilities are at greater risk of becoming victims of sexual violence.

### **Standardised procedures in cases of violence**

Each centre must ensure that cases of violence against or abuse of persons with disabilities are identified and reported according to a standardised procedure, and that the affected individuals receive support and/or are referred to counselling or support services. Persons with disabilities are made aware of their right to protection and counselling services in an appropriate, culturally sensitive and accessible format.

48. With regard to the United Nations Convention on the Rights of Persons with Disabilities, the National Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities ("der Nationale Aktionsplan der Bundesregierung zur Umsetzung der UN-Behindertenrechtskonvention"), relevant sections of the Sozialgesetzbuch (the German Social Code), the EU Reception Conditions Directive and the "Asylbewerberleistungsgesetz" (the German Act on Benefits for Asylum Seekers), etc.

49. For example, information should be presented in plain language, in sign language, in the form of images and pictographs, in large fonts or in Braille, and in the form of acoustic signals for individuals with impaired sensory perception

50. For further information, see <https://www.weibernetz.de/startseite.html>, <https://www.frauen-gegen-gewalt.de/de/aktuelles.html> and <https://www.suse-hilft.de/de/>

51. Das Bundesamt für Migration und Flüchtlinge (BAMF, the German Federal Office for Migration and Refugees) has published basic conditions for the provision of integration courses to persons with disabilities. Should any difficulties arise locally in connection with obtaining approval in this regard, the recommended course of action is to inform BAMF accordingly. [http://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/Integrationskurse/Kurstraeger/Traegerrundschreiben/2016/traegerrundschreiben-18\\_20160908.html](http://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/Integrationskurse/Kurstraeger/Traegerrundschreiben/2016/traegerrundschreiben-18_20160908.html)

Relatives of refugees and migrants with disabilities and other residents shall be informed of and sensitized to the particular risk, for persons with disabilities, of being affected by violence, with a view to enabling them to more rapidly and better recognise, and take action in response to, signs of such violence having occurred.

### **Providing support to survivors of violence and asserting their rights**

Persons with disabilities who are affected by violence must receive psychosocial and, if needed, therapeutic, culturally sensitive support; they must be provided with sensitive and appropriate support and/or referred to counselling or support services. When referring residents with disabilities to external providers of counselling and support services (specialist counselling services, women's shelters, sheltered housing, etc.), attention should be paid to the accessibility of those services and to the specific needs of the residents with disabilities.

The empowerment of persons with disabilities is crucial to enabling them to exercise their right to self-determination and to defend themselves against sexual and other forms of violence.

## **Minimum Standard 5: Humane, protective and enabling conditions**

### **Accessible accommodation**

Refugees and migrants with disabilities must be provided with comprehensive, accessible accommodation, having regard to the different types of disabilities. All important areas within the accommodation – for example, the sanitary facilities, cafeteria/dining room, kitchen, counselling services, protected/safe spaces, child-friendly spaces, infirmary and communal areas – must be readily accessible. Escape routes must be accessible. In order to ensure the accessibility of the accommodation, residents with disabilities and, where appropriate, their relatives and/or caregivers should be involved in accessibility checks to be carried out throughout the centre, as a means of identifying barriers and obtaining suggestions for their removal. Regard must be given to the needs of persons with disabilities and their relatives and/or caregivers when allocating units of accommodation. For example, care will be taken to ensure that families with children or adolescents with disabilities are allocated accommodation in

the vicinity of accessible sanitary facilities. The wishes and choices of the persons with disabilities and their relatives are decisive in allocating family accommodation. Families may not be separated against their will.

If a centre is not accessible, efforts must be made to ensure that refugees and migrants with disabilities, in consideration of their particular needs, are either provided with an accessible apartment, which is available on the regular housing market, or, should this not be possible, are transferred as quickly as possible to a centre that is accessible.

In the latter case, the need for accessible follow-up accommodation must be taken into account.

### **Child-friendly spaces and services**

Children with disabilities often have limited access to psychosocial services, including child-friendly spaces and services. Frequently staff, families of children with disabilities and other children assume that children with disabilities require separate or specialised programmes or activities. The management of the centre and staff in the centre's child-friendly spaces must therefore make clear that such spaces and services are geared towards all children at the centre.

Child-friendly spaces must be designed and located so as to ensure that they are readily accessible to and usable by all children, including those with disabilities. In order to ensure the accessibility of the child-friendly spaces, accessibility checks should be carried out specifically on the locations in question as part of a needs assessment with regard to child-friendly spaces. Children and adolescents with disabilities, as well as any relatives and/or caregivers where appropriate, should be involved in these checks. To this end, a joint walk-through of the centre is to be conducted together with the children so as to identify any barriers and obtain suggestions from the children themselves as to how these barriers could be removed.

Children with disabilities and their parents are made aware of the existence of these spaces. The services will be organised and conducted in an inclusive manner. The playing of games, singing of songs and other activities are to be carried out in such a way that they are accessible to all children. Furthermore, child-friendly spaces should be equipped with toys and other playthings that stimulate all five senses.



Staff (and also volunteers) who work in child-friendly spaces must be sensitized to identify and interact with children with disabilities in a culturally sensitive way, as well as to recognise signs of violence or neglect in children with disabilities. Staff must also be informed about the individuals or bodies responsible for ensuring the provision of appropriate and/or specialised support and assistance.

Parents of children with disabilities are to be provided with various forms of support, such as access to self-help groups for parents and other groups and clubs. They should be informed of any external activities and support services that may be of relevance. Efforts must be undertaken to ensure that the specific needs of mothers and fathers of children with disabilities are recognised, and that they are provided with the necessary support in every case. Parents of children with disabilities should be actively consulted and provided with support in line with their needs – for example, parenting assistance.

#### **Safe common areas, mother-and-child spaces and generally accessible quiet areas**

Given that persons with disabilities can be particularly vulnerable to exclusion, safe common areas – as well as mother-and-child spaces for new mothers immediately after the birth of a child – must be accessible to persons with disabilities and they must be informed of their existence. In addition, it is particularly important that individuals with mental health issues be given the opportunity to retreat and to interact with others.

## **Minimum Standard 6: Monitoring and evaluating the protection plan**

### **Systematic inclusion of the situation of persons with disabilities**

The regular monitoring and evaluation of the implementation of the protection plan systematically includes the situation of persons with disabilities.<sup>52</sup> Data is collected and disaggregated according to type of disability, age and sex, having regard to the applicable provisions of data protection legislation at the national and the state level. Care is taken to ensure that the situation of groups of individuals who

are regularly overlooked in the context of routine monitoring and evaluation – for example, the situation of persons with multiple disabilities and individuals experiencing cognitive impairments and mental health issues – is taken into account.

Through the monitoring and evaluation, information is collected on which barriers exist for residents with disabilities<sup>53</sup> and to what extent measures taken to reduce these barriers are indeed effective. The successful identification and meeting of the protection needs of residents with disabilities are documented.

### **Participation of residents with disabilities and organisations of persons with disabilities**

Residents with disabilities must be directly involved in the monitoring and evaluation of the implementation of the protection plan. Furthermore, organisations of persons with disabilities must be consulted in the development and implementation of the centres monitoring and evaluation plan. These organisations will additionally be given the opportunity to carry out regular, independent, participatory checks of their own. Via feedback mechanisms, which are accessible to persons with disabilities, the findings of these checks should be taken into account in the further development of the protection plan of the accommodation centre.

52. This is in line with Article 31 (“Statistics and data collection”) of the United Nations Convention on the Rights of Persons with Disabilities

53. Communication barriers when reporting abuse, discriminatory conduct on the part of personnel, lack of access to child-friendly spaces, etc.

# Implementation of the Minimum Standards for refugees and migrants suffering from traumatic disorders

## Introduction

Refugees and migrants have been persecuted or displaced, in many cases enduring grave human-rights violations, such as torture, war, human trafficking and sexualised violence. The traumatic experiences suffered by a large proportion of refugees and migrants have a severe impact on their mental and physical health. The more often people are exposed to life-threatening incidents prior to or during their flight, the greater the probability that they will develop post-traumatic stress disorders or other forms of mental suffering. Traumatic encounters, coupled with the experience of fear, helplessness and disempowerment, are harrowing situations and frequently affect not only the respective individuals but, for example, also their families or relatives. Although these people often need guidance and support, one often-ignored fact is that the survivors of human-rights violations are also individuals who have actively championed and will continue to champion justice or social change.

The individual's reactions to traumatic experiences, such as torture or human-rights violations, are "normal" reactions to "abnormal" situations taking place in a social context that frequently offers no protection whatsoever. A one-dimensional view of the post-traumatic conditions that focuses on the individual and either does not account for or neglects the context or the psychosocial parameters as well as the resources of the people affected therefore does not go far enough. With regard to protection plans it is important that the social environment facilitate the establishment of constructive relationships and positive experiences and aid the existing self-healing powers and thus the self-healing process of the individuals concerned. The term "man-made disaster" refers to suffering that is consciously inflicted by fellow human beings (and the

resulting post-traumatic stress disorders). In contrast to natural disasters, this form of suffering is always a particularly grave mental experience that often, and understandably, shatters any sense of safety in social relationships and shakes human existence to the core. A large proportion of victims of violence require easy access to support and guidance and/or must be actively and quickly incorporated into social networks so as to enable them to cope with and overcome their traumatic experiences or to prevent them from "constantly dwelling" on burdensome memories.

People who have suffered traumatic experiences tend to react very differently to mental stress. On many occasions, though not always, those who have been subjected to traumatic situations develop various forms of post-traumatic stress. A number of diagnoses fall under the general term post-traumatic stress disorder (PTSD), which can include depression, anxiety, addictive disorders and physical reactions to mental stress. Moreover, children and adolescents are prone to experiencing extreme separation anxiety and can even unlearn skills they had previously learned: e.g. it is not uncommon for children to revert back to speaking in a more infantile manner or to start wetting themselves again.

Most frequently, the people affected develop a number of associated illnesses, known as comorbidities. Post-traumatic disorders, such as PTSD, are characterised by the following symptoms:

- A constant reliving of the traumatic event (inadvertent "flashbacks," nightmares)
- Avoidance behavior (avoidance of feelings, thoughts, people, places that hark back to traumatic events)
- Hyperarousal (sleep disorder and attention deficit, exaggerated startle response, irritability).

- Post-traumatic stress disorders can arise within a few weeks of the traumatic event or be delayed and only emerge several years later, and can endure for a long time. The risk of post-traumatic stress disorder is significantly higher among refugees and migrants. Studies have found that between 16% and 55% of refugees living in Germany suffer from PTSD<sup>54</sup> – compared to 2.3% of the general population<sup>55</sup>

Mental stress impacts not only the health of the people affected but also the mental well-being of the people close to them, especially that of their own children<sup>56</sup>. A parent suffering from a post-traumatic stress disorder often has a hard time giving their children the attention and devotion they need. Just like children of non-refugee/non-migrant parents suffering from mental stress, refugee or migrant children experience extreme emotional volatility in their parents over extended periods of time or recurrently, which can confuse or scare them. Children are often either drawn into these emotional states or completely shut out. Not wanting to burden their children, these parents often do not talk about the extreme or life-threatening situations they have faced. Children stop asking questions because they see that their parents become sad or grow silent. Issues are treated as taboo (“family secrets”), which impacts the mental development of children. When children feel that they are guilty for what has happened, developmental disorders or crises within the family cannot be ruled out: e.g. the family’s protective function begins to crack. Children who arrive without their families frequently suffer immensely from being separated from their family members. Others experience intense feelings of guilt and are under pressure to fulfil the expectations of their family, e.g. to support them.

Refugees and migrants suffering from post-traumatic stress disorders do not constitute a homogenous group. Individual needs often vary immensely. However, all of them are at greater risk of falling victim to physical or mental abuse, especially in crisis situations<sup>57</sup>. An increased risk can result from the coexistence of multiple grounds of discrimination

(e.g. gender, political or religious attitudes). The development of post-traumatic stress disorders depends not only on the type, severity and frequency of traumatic experiences, but also – and especially – on the time period afterwards, during which the processing of the traumatic experiences could actually begin. However, this processing is often impossible owing to the experience of further violent incidents (flight) or chronic insecurity (uncertain residency status). The witnessing of violence can also have traumatic ramifications. Against this backdrop, there are several factors that are of critical importance with respect to how well an individual will cope with and process post-traumatic stress: these include a safe environment and the psychosocial and psychotherapeutic support that is offered, which provides stability and helps the individual build new, safe and trusting social relationships.

#### **Psychosocial conditions and stress factors**

Even after fleeing, stress factors can continue to impact the people affected, and can be further heightened, for example, in cases when individuals do not know whether they have any prospects of remaining in the country and whether they will be given protection from further threats or uprooting. Among refugees and migrants, multiple factors can lead to chronic stress and heighten the risk of developing mental disorders, or exacerbate their symptoms. These factors can include:

- fears for family members left behind in their country of origin
- the challenges associated with learning a new language and coming to grips with new education, social and employment systems
- a feeling of not fitting in or even of being treated differently, as alien and/or as not belonging in their own surroundings
- a lack of self-determination and the means to structure their everyday lives
- and a lack of meaningful activities and appreciation

It is therefore of particular importance that their mental stress and post-traumatic stress disorders, as well

54. Bozorgmehr et al. (2016). Systematische Übersicht und “Mapping” empirischer Studien des Gesundheitszustands und der medizinischen Versorgung von Flüchtlingen und Asylsuchenden in Deutschland (1990–2014). Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 59(5), 599–620

55. Jacobi et al. (2011). Zum Behandlungsbedarf an klinisch-psychologischen Interventionen. Report Psychologie, 36(3), 111–113

56. Keilson, H. (2005). Sequentielle Traumatisierung bei Kindern: Untersuchung zum Schicksal jüdischer Kriegswaisen. Psychosozial-Verlag

57. Various forms of violence are outlined in greater detail in the Glossary of Minimum Standards. To make the text more reader-friendly, the term “violence” is used to describe all forms of violence

as risk factors, are identified in the accommodation centres. Individuals who have experienced (sexualised) violence or abuse need protected spaces for their own stabilisation where their privacy is guaranteed. Building empowering structures supports them in counteracting further experiences of helplessness and violence and strengthens their sense of security and control, which is needed in order to process traumatic experiences<sup>58</sup>.

### **Legal obligations**

Under Art. 21 of the EU Reception Conditions Directive (2013/33/EU), particularly vulnerable groups include people with mental disorders and people who have suffered torture, rape or other serious forms of mental abuse or physical violence, e.g. female genital mutilation.

Based on the EU Reception Conditions Directive, both the federal government and the federal states are obliged to assess and correspondingly cater to the special needs of particularly vulnerable groups. These include providing the requisite medical aid or, where applicable, offering appropriate psychological/ psychosocial services. Compliance with these requirements and standards varies from one region to the other. The Directive is currently undergoing review. The nature and extent of the healthcare services to be provided to asylum seekers in Germany are specified in the German Act on Benefits for Asylum Seekers (Sections 4 and 6 AsylbLG)<sup>59</sup>.

### **How can a post-traumatic stress disorder be identified?**

Individuals who experience traumatic events react very differently to the resulting stress. Therefore, it is not always easy to identify post-traumatic stress disorders. Some of these individuals will tend to be more irritable and, at times, aggressive towards themselves and others, and will potentially be more frequently involved in conflicts at their accommodation centres.

However, withdrawal and isolation are also common reactions. In these cases, the need for support often goes unrecognised by the staff of accommodation centres or is not recognised in time.

Mental disorders and experiences with violence or torture often go unregistered during the admission

interview and the initial examination and are frequently not reported by the individual due to a feeling of shame or lack of trust. To ensure that refugees and migrants suffering from post-traumatic stress are afforded protection, it is imperative to look out for signs in day-to-day contact in order to identify needs at an early stage and ensure that needs-based interventions can be provided.

### **Access to support offers**

Equal access to psychosocial and/or psycho-therapeutic care is not guaranteed, irrespective of the refugee's or migrant's residency status or duration of residence. There is confusion as to what services or drop-in centres exist, and there is frequently little knowledge of their availability. It is therefore important that the accommodation centre staff as well as the refugees and migrants be well-informed about what support and counselling services are in place for refugees and migrants suffering from post-traumatic stress disorders. To date, the existing support services<sup>60</sup> have been unable to cover the demand for psychosocial counselling, social and everyday practical support and psycho-therapeutic care, which often require the help of a language mediator. For this reason, it is important for staff to be aware of the obstacles to needs-based care (e.g. language barriers, long waiting periods, long journey times etc.) in order to avoid any false hopes being raised among those affected and to develop strategies in order to jointly overcome such barriers.

### **Raising awareness**

There is thus a need for the training and sensitisation of accommodation centre staff to enable them to deal with affected individuals in a culturally and trauma-sensitive manner. This way, they learn how to identify early warning signs in order to avoid potential risks to the refugees or migrants themselves or to others<sup>61</sup>.

### **Awareness-raising efforts should include**

- measures for educating refugees and migrants with post-traumatic stress disorders, as well as their support network (family, friends, volunteers etc.) about their rights, available services and potential means of support

58. For further information, see: Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V.

59. Who is eligible for what services and when, and what services are (not) included is explained in the Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V. (p. 33ff.)

60. An overview of nationwide support offers and contact persons can be found in Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V. (p. 78ff.)

61. For further information, see: Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V. (p. 11ff.)

- a needs-based, protective environment at the accommodation centres for people with post-traumatic stress disorders and
- last but not least, special accommodation centres for particularly vulnerable groups.

This annex seeks to broaden each Minimum Standard to cover the requirements and specifics for dealing with traumatised refugees and migrants.

## Minimum Standard 1: Internal protection plan

The internal protection plan defined in the Minimum Standards must take into account the mental and physical stress experienced by traumatised refugees and migrants and consider their needs and requirements. Potential signs and symptoms must be identified and recorded by staff members. For the determination of specific needs and requirements for support, the centres should liaise with specialised structures (see below) within the healthcare sector. In every accommodation centre, all staff – or at least one staff member – should be available as a point of contact with special training for the identification and recording of potential indicators of risk.

### **Recognising refugee and migrant residents with post-traumatic stress disorders and identifying their support needs**

In order to fulfil their duty to establish humane standards for refugee and migrant accommodation, accommodation centres must record and assess the specific needs of individuals in the initial days following their admission, and no later than 14 days after their admission, e.g. during a face-to-face meeting or, where applicable, a psychosocial consultation. For the staff members tasked with conducting risk analyses and identifying risk and protection factors, institutions and accommodation centres should provide specific training on the signs and symptoms of post-traumatic stress disorder. These include reports on experiences involving torture, sexualised violence, rape and other serious forms of violence, as well as manifestations of mental stress and mental disorders. The process of assessing specific needs is not something that can be conducted once and is

then finished. For this reason, opportunities should be sought to continue the assessment in the future. Moreover, communication should be established in a way that facilitates the detection of potential indicators of risk: i.e. by indicating openness and a willingness to communicate, where necessary, incorporating language mediators or, in the case of gender-specific violence, providing a female counsellor. It is also important to ensure that the basic principles of culturally sensitive communication are observed and that crisis situations are handled appropriately.<sup>62</sup> Accordingly, communication standards must be observed and complied with, which includes avoiding any reactivation of traumatic recollections. Any language mediator employed in this context should be trained in trauma-sensitive interaction and selected carefully in keeping with the needs of the individual concerned. In case of women who have experienced rape, for example, it can be imperative that the interpreter be female for them to be able to recount the incident.

The objective is not only to identify and record potential indicators of risk, but also to ensure that the individual is provided with qualified information, counselling and – if requested by the traumatised person – referrals to the appropriate authorities and services. The counsellor's role is therefore one of guidance and coordination. Where required, external support can also be brought in when initially identifying potential indicators of risk.

Following the recording of potential indicators of risk, a professional diagnosis of mental disorders and other support needs must be made by the respective specialist departments/specialists (psychosocial treatment centres, outpatient clinics, clinics, office-based psycho-therapists and doctors, or specialised counselling services, e.g. for gender-specific violence or for victims of human trafficking) who are suitably qualified and equipped to determine the needs of particularly vulnerable refugees and migrants.

### **Participatory, transparent and openly accessible**

Refugees and migrants suffering from post-traumatic stress disorders have the right to participate and have a say in all decisions concerning them. Interaction with refugees and migrants suffering

62. "Those working with victims of torture, rape or other serious acts of violence shall have had and shall continue to receive appropriate training concerning their needs." (Art. 25(2) EU Reception Conditions Directive)

from post-traumatic stress disorders is frequently deficit-based. When conducting a risk analysis, however, it is essential to inquire about and record the resources of the affected persons. To counteract any feelings of helplessness and powerlessness, high priority is given to fostering self-determination among refugees and migrants with post-traumatic stress disorders. People who are close to them and very familiar with the circumstances caused by the mental disorder, can be brought into the risk-analysis process as representatives/agents. Careful assessment should be exercised here to ensure that perpetrators do not take on the role of agents (see Minimum Standard 4). As a further measure, specialised local centres and networks can be consulted on the protection plan.

### **Protecting confidentiality and privacy**

Mental disorders and the commonly used term “insanity” often have extremely negative or shaming connotations. Victims often keep their experiences of violence secret and see them as a sign of weakness. Accordingly, they may have a strong fear of discussing mental stress, even with family and friends. It is important to ensure that the attributes and needs for protection identified through risk analysis do not result in further stigmatisation or exclusion. Confidentiality must be guaranteed. In doing so, care should be taken at the beginning to provide those affected with clear information on the confidentiality rules and ensure them that all information concerning traumatic experiences, violence and mental stress will be kept confidential<sup>63</sup>, also by the language mediator.

## **Minimum Standard 2: Personnel and personnel management**

### **Code of conduct and self-commitment**

The code of conduct forbids all persons working in accommodation centres from making any stereotypical assumptions or derogatory verbal and/or non-verbal statements about or to persons suffering from post-traumatic stress disorders or mental stress (see Minimum Standards).

### **Awareness raising and training**

All staff should receive awareness training on the needs of refugees and migrants with post-traumatic stress disorders and have a sound knowledge of the fears and sense of shame that can be experienced by these individuals. Staff should report all identified cases of mental illness or experiences of violence and request support. Furthermore, staff should be trained in and adept at de-escalation strategies for dealing with refugees and migrants with post-traumatic stress disorders who are aggressive towards them and/or others. In addition, they should be familiar with the early-warning signs of post-traumatic stress disorders, have a good knowledge of counselling and stabilisation techniques and be confident in dealing with crisis situations and mental breakdowns<sup>64</sup>.

### **Well-being of personnel**

Hearing about traumatic experiences, losses and violence can be very stressful for accommodation centre staff and poses additional challenges. Counsellors who are repeatedly confronted with details concerning traumatic experiences could potentially develop symptoms of post-traumatic stress. Appropriate, supportive work structures help to prevent manifestations of trauma-specific burnout. To reduce stress levels, staff members should therefore be encouraged to attend supervisions at regular intervals, be given self-care assistance and be motivated to seek support from outside.

## **Minimum Standard 3: Internal structures and external cooperation**

### **Designated contact persons at the accommodation centre**

A permanent contact person at the accommodation centre should be appointed to cater specifically to the needs of refugees and migrants suffering from post-traumatic stress disorders, as well as their relatives. This contact person should be known to all residents at the centre. Consultations should offer the opportunity for those concerned to talk about their experiences of violence.

63. “Persons working in accommodation centres shall be adequately trained and shall be bound by the confidentiality rules provided for in national law in relation to any information they obtain in the course of their work.” (Art. 18(7) EU Reception Conditions Directive)

64. For further details, see: Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V.

Ideally, the consultation should be low-threshold, readily available and discreet. If necessary, the person conducting the consultation (as well as the language mediator) should be of the same gender as the refugee or migrant. In particular, the centres contact person, who may potentially hear reports of violent experiences from the residents, should be trained to identify and respond in a stabilising manner to potential triggers in the course of the discussion that could cause refugees or migrants to relive traumatic experiences<sup>65</sup>.

### **Actively providing information on rights and practical support services**

All staff members and residents should be made aware of the rights of particularly vulnerable persons, including their rights to medical care: i.e. what forms of medical and psychotherapeutic care are available to which individuals based on their status and what specific help and protection systems can be considered. Moreover, it should be brought to the attention of the people affected that they will need perseverance in order to enforce their claims before the healthcare bodies.

### **Availability of a basic package of courses and counselling services**

A trauma-sensitive and gender-sensitive approach should be adopted when providing counselling services. The staff members involved in the counselling must have not only a sufficient level of basic knowledge to enable them to deal with potential mental breakdowns when these occur but also an emergency plan at their disposal so as to initiate whatever counselling steps are necessary and/or to implement a crisis intervention plan.

### **Involving cooperation partners**

It is vital for accommodation centres to work hand in hand with psychosocial counselling centres and psycho-therapeutic treatment centres (including psychosocial centres for refugees and survivors of torture or specialist advisory services)<sup>66</sup>. The cooperation partners concerned should be recorded in a database. Contact to these organisations and networks is to be initiated and maintained by the accommodation centre. The expertise of such

organisations should be drawn on when conducting risk analyses or in the event of an assault. Moreover, residents can be referred to these bodies for receiving adequate treatment or counselling. Most of these organisations also have a pool of trauma-sensitive language mediators who may also be consulted as and when the need arises. In order to establish suitable networks, the number of trauma-sensitive language mediators, available therapy slots and appropriate counselling services should be permanently expanded.

### **Establishment and use of social networks**

Social relations are an extremely important stabilising factor and foster the ability of survivors to overcome or come to terms with their traumatic experiences. They can also provide support during treatment or bridge gaps in waiting times by offering needs-based assistance. To this end, it is important to establish or use volunteer structures and refugee and migrant organisations that offer peer counselling, for example. Practical experience has shown that such structures are all the more stable the more professional support or the greater the supervisory assistance they receive. The support network can cater to the individual needs and requirements of the people affected but cannot replace professional counselling or therapies. Aside from supporting individual refugees and migrants, group offerings can also aid empowerment<sup>67</sup>.

### **Cooperation with schools and day-care centres**

As early-childhood facilities, day-care centres provide not only vital opportunities for offering parents relief from care burdens, but also a safe environment for affected children and their stressed parents. The ability to attend school also offers young children an opportunity to become more mentally and socially stable by experiencing the normalities of life and structures in everyday life, as well as the prospects of equal integration. To this end, staff should work towards enabling children and adolescents to attend day-care centres and schools.

65. For further information, see: Praxisleitfaden zum traumasensiblen und empowernden Umgang mit Geflüchteten der BAfF e.V. (p.42ff.)

66. Regional drop-in centres can be found at: <https://www.baff-zentren.org/>; <https://www.frauen-gegen-gewalt.de/de/aktuelles.html>; <https://www.kok-gegen-menschenhandel.de/startseite>; <https://www.telefonseelsorge.de/>; <https://www.hilfetelefon.de/>; <https://verband-brg.de/>; <https://b-umf.de/>; <https://www.damigra.de/>; <https://www.queer-refugees.de/>

67. For further information, see: [https://www.medicamondiale.org/fileadmin/redaktion/5\\_Service/Mediathek/Dokumente/Deutsch/Handbuecher/medica\\_mondiale\\_Handreichung\\_Peer\\_to\\_Peer\\_Groupen\\_3.pdf](https://www.medicamondiale.org/fileadmin/redaktion/5_Service/Mediathek/Dokumente/Deutsch/Handbuecher/medica_mondiale_Handreichung_Peer_to_Peer_Groupen_3.pdf)

## Minimum Standard 4: Prevention and dealing with violent and dangerous situations / risk management

### Standardised procedures in cases of suspected violence

It is especially important for affected people to be given information about the meaning of professional secrecy and informed that they have a right to confidential counselling, which can also be sought anonymously. Many refugees and migrants are not familiar with the notion of professional secrecy. It needs to be emphasised that the people who provide translation support should also undergo special training and adhere to the principles of professional secrecy to ensure that an atmosphere of trust can be established.

For people who have experienced or perpetrated violence, the threshold for becoming violent or once again experiencing various forms of violence may be lower in individual cases. Staff must be aware of this fact so that they can take suitable preventive action if necessary. The staff must also be informed that people suffering from mental stress or disorders are also at risk of committing acts of violence on themselves (of developing auto-aggressive behaviour). This behaviour can go as far as attempted suicide and suicide. Accordingly, any expression of intended suicide should always be taken seriously and treated as a matter of priority. Staff must be capable of assessing such situations as well as seeking help in assessing the risks. In such cases, a psychiatric outpatient clinic, a psychosocial centre for refugees, migrants and survivors of torture or the nearest psychiatric clinic should be contacted, and the individual concerned accompanied to the respective facility.

Should the accommodation centre be unable to offer sufficient protection for someone suffering from a severe mental disorder or should a situation become dangerous, efforts must be made to move the individual to a different accommodation (e.g. private accommodation) in order to reduce the stress levels of everybody who could potentially be affected.

### Standardised procedures in cases of violence

Following incidents of violence, a safe environment must be restored without any delays, and the

individual in question must be able to move around the accommodation centre without fear. If the alleged perpetrator is a fellow resident, then this individual must be made to leave the centre immediately. The perpetrator must be informed using understandable language about what alternative options for short-term or long-term accommodation exist. If necessary, the immigration authorities and/or social security offices must change the fixed abode or assign new accommodation. If the perpetrator is a member of the accommodation centre's staff, the employment contract must be immediately terminated. In the event that it is unreasonable for the individual affected to remain at the centre, a safe alternative must be found without delay (another refugee/migrant accommodation centre, a women's shelter or a children's emergency service). In such cases, established cooperation structures that provide regional protection against violence, plus specific points of contact, are indispensable.

Wherever needed, therapeutic support and needs-based counselling should be enabled, and the individuals concerned referred to the corresponding centres. A forensic pathological examination and documentation of the injuries that would be admissible in a court of law should be initiated immediately so that the individual concerned can decide whether to press criminal charges at a later juncture. Cooperation with outpatient clinics for protection against violence is important in this context.

For individuals who are suffering from post-traumatic stress disorders, it is important to notify their relatives or caregivers of the increased risk of violence so that, in future, outsiders can identify risk situations and take preventive action more swiftly. To ensure that relatives and caregivers are provided with the necessary information, it is advisable to work in cooperation with expert agencies.

### Assessing danger after violence has occurred

In order to protect the people affected, a safety/risk-management system should be introduced. To determine the current level of risk among the people affected, an initial risk assessment should be conducted as soon as possible. To this end, the centre must develop standardised operating procedures that also take the specific needs and requirements into account<sup>68</sup>.

68. In line with standardised procedures, such as those prescribed by Campbell, J.: *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*, Newbury Park, CA: Sage Publications, 1995. In the case of domestic violence, the Düsseldorf danger assessment procedure for cases of domestic violence ("Gefährdungseinschätzungsverfahren bei häuslicher Gewalt" (D-GEV)) can be used when conducting a detailed investigation



In addition, a risk analysis should always take into consideration what steps are required in order to safeguard the life and health of the individual concerned. To some extent, an assessment of the risks should be performed in close consultation with the police as a means of securing the type of protection needed for the individuals in question. However, the police should only be involved after consulting with the individual concerned.

### **Involving the police**

Refugees and migrants who have experienced torture or persecution by the military, militias or security agencies may react sensitively to people in uniform. Due to the fact that some residents will previously have had traumatic experiences, the police should only be involved with the consent of the individual in question, wherever circumstances allow. However, one must first examine whether the legal grounds underlying the statutory powers of disclosure formulated in Minimum Standard 4 or any particular obligations with regard to the reporting of a criminal offence apply (for example, Sections 34, 138 and 286 of the "Strafgesetzbuch" [German Criminal Code]). Individuals affected by violence should be urgently advised in advance of the consequences of reporting a criminal offence. Despite any further measures which may be taken, each incident must be internally documented on an anonymous basis and reported to the management. When the police is contacted, an individual who is responsible for and has been trained in handling traumatised individuals must be brought in. In the case of physical or sexualised violence, specially trained personnel, e.g. in criminal proceedings, can have a stabilising effect. For these situations, it is helpful to have a strong network of proven specialist advisory services and lawyers.

### **Asserting the rights of survivors of violence**

Survivors of violence are reliant on support. This support can help prevent the individual from developing chronic feelings of helplessness. A variety of tried-and-tested empowerment services that have been developed in conjunction with refugees and migrants are available<sup>69</sup>. These can promote exchange and solidarity, and create a space for addressing experiences of discrimination, e.g. in the accommodation centre, at school or at government agencies. They also allow the people concerned to

understand that negative states of affairs are not a specific problem of the individual in question or a personal failure on their part but a problem within the social setting. These services can help to stabilise, strengthen and restore courage among people who have fallen victim to violence.

## **Minimum Standard 5: Humane, protective and enabling conditions**

### **Guaranteeing the possibility of privacy and private spaces**

Confined spaces and a lack of privacy can intensify the symptoms of post-traumatic stress disorders. Being able to lead a self-determined life is crucial to regaining a feeling of self-control following traumatic experiences and re-gaining self-confidence. Accommodation centres must be made available in keeping with the needs of the refugees and migrants. As a matter of principle, individual accommodation should be guaranteed.

## **Minimum Standard 6: Monitoring and evaluating the protection plan**

### **Systematic documentation**

The people affected must be involved in the monitoring and evaluation of the accommodation centre's protection plan to understand their specific risks and needs, along with the effectiveness of the protection and support measures of relevance to the specific target group. These can also include best-practice examples which work particularly well in the accommodation situation with/for people who have suffered traumatic experiences. At the same time, applicable federal and regional data-protection regulations must be complied with – e.g. guaranteed confidentiality and anonymity – and the individuals themselves must consent to the collection of their personal data. Any successful action in detecting potential risks and identifying vulnerable persons (in this context, mental diseases or torture) should be recorded as part of the monitoring and evaluation process and taken into consideration in the further development of the protection plan.

69. For example, anti-racism/anti-discrimination activities, networking and alliance building, resource-oriented activities, theatre work ("Theatre of the Oppressed"); further information available at: [https://www.der-paritaetische.de/fileadmin/user\\_upload/Publikationen/doc/perspektivwechsel-empowerment-2016\\_web.pdf](https://www.der-paritaetische.de/fileadmin/user_upload/Publikationen/doc/perspektivwechsel-empowerment-2016_web.pdf)

**Reasonable accommodation** – reasonable accommodation is defined in Article 2 of the United Nations Convention on the Rights of Persons with Disabilities as “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”. This may entail the provision of support in day-to-day situations, such as the supply of drinking straws, or the carrying out of more extensive structural modifications. In particular, this also comprises adjustments to work and organisational schedules, for example, by offering options for part-time work or holding meetings at times that are convenient for the person concerned.<sup>70</sup>

**Accessibility** – This refers to complete access to and unlimited opportunity to use the physical, social, economic and cultural environment, to health and education, and to information and communication. This includes all areas designed by people, including buildings, means of public transport and surfaced pathways, as well as information communicated, for example, in text form, on signs or on websites. People must be able to live their lives without any particular difficulty and, as a general rule, live their everyday life without external assistance.<sup>71</sup>

**Inclusion** – The term inclusion refers to the equal participation of all individuals in society. Unlike integration, where people are divided into groups based on their differences, inclusion considers all forms of human diversity to be normal. Inclusion can entail, for example, children and adolescents with disabilities being educated in regular schools.

Inclusion is an important element of the United Nations Convention on the Rights of Persons with Disabilities, which has been signed by all EU (“European Union”) member nations.<sup>72</sup> Inclusion means that both persons with and without disabilities are, from the outset, able to live their lives together in all areas of life in a self-determined manner and as part of a community.<sup>73</sup>

**Empowerment** – (Attainment of) self-determination or enabling of autonomy. This term originated in the fields of psychology and social pedagogy and the English word is generally left untranslated in German. Empowerment refers to people’s ability to put themselves in a position – or, through implementing measures, to be put in a position – to live autonomous, self-determined lives and to articulate and represent their own interests in both the personal and the political context, the central focus here being the strengthening of each individual’s existing potential.<sup>74</sup>

**United Nations Convention on the Rights of Persons with Disabilities (CRPD)** – The CRPD was adopted on 13 December 2006 and entered into force on 3 May 2008 (treaty body: United Nations Committee on the Rights of Persons with Disabilities). CRPD States parties have the duty to, among other things, prohibit discrimination on the basis of disability and to afford legal protection against discrimination to persons with disabilities.<sup>75</sup>

**Plain language** – plain language is an established term. Mensch zuerst – Netzwerk People First Deutschland e. V., an association of persons with learning difficulties, began using plain language in its work more than ten years ago, and advocates for the right to use plain language.

70. Cf. Deutsches Institut für Menschenrechte (German Institute for Human Rights), glossary, <https://www.institut-fuer-menschenrechte.de/themen/menschenrechtsbildung/bildungsmaterialien>, as of 23 May 2017

71. Cf. Bundesministerium für Arbeit und Soziales (German Federal Ministry of Labour and Social Affairs), glossary, <https://www.bmas.de/DE/Startseite/start.html;jsessionid=CEA4D47AEF9FF210CC4D2C763CE484C9.delivery1-replication>, as of 23 May 2017

72. Cf. The UN Convention on the Rights of Persons with Disabilities (UNCRPD), <https://ec.europa.eu/social/main.jsp?langld=en&catId=1138>, as of 23 May 2017

73. Unser Weg in eine inklusive Gesellschaft, Der Nationale Aktionsplan der Bundesregierung zur Umsetzung der UN-Behindertenrechtskonvention Bundesministerium für Arbeit und Soziales (German Federal Ministry of Labour and Social Affairs), September 2011, p. 24

74. Cf. United Nations Social Development Network, empowerment: what does it mean to you? <https://www.un.org/esa/socdev/ngo/outreachmaterials/empowerment-booklet.pdf>, as of 30 August 2021

75. Cf. UN Convention on the Rights of Persons with Disabilities, <https://www2.ohchr.org/english/law/pdf/disabilities-convention.pdf>, as of 30 August 2021

The use of plain language is governed by established rules: Use of short, commonly used words, hyphenation of long words, explanation of difficult words; use of the active rather than the passive voice; use of verbs and positive language; avoidance of the use of the genitive, the subjunctive, technical terms, foreign language words, abbreviations and questions in text; and making only one statement per sentence. A text may be changed when being translated into plain language (for example, explanations may be provided, examples supplemented and insignificant sections of text omitted). It is often the case that a summary of the most important content of a text is translated. The text will usually be supplemented with illustrative images and a large font size will be used. For further information on plain language see the website of Mensch zuerst – Netzwerk People First Deutschland e. V.: [www.people1.de/was\\_halt.html](http://www.people1.de/was_halt.html).<sup>76</sup>

**Persons with disabilities** – According to Article 1 of the United Nations Convention on the Rights of Persons with Disabilities, persons with disabilities include those “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”

**Participation** – is one of the guiding principles of the United Nations Convention on the Rights of Persons with Disabilities and relates to the participation of individuals on an equal basis with others in public, political, economic and cultural life, as well as equality of opportunity in the context of education and vocational integration. The expectation is that persons with disabilities, on the basis of the principle of equal participation, have the same quality and standard of experience in all areas of life as persons without disabilities.<sup>77</sup>

76. Committee on the Rights of the Child, General comment No. 13 (2011), The right of the child to freedom from all forms of violence, paragraph 27, 2011

77. Cf. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol), Article 3, adopted in 2000, in force as of 2003

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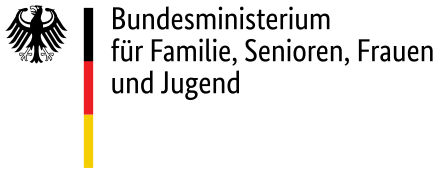


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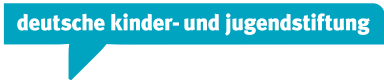
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## **MINIMUM STANDARDS**

for the Protection of Refugees in  
Refugee Accommodation Centres