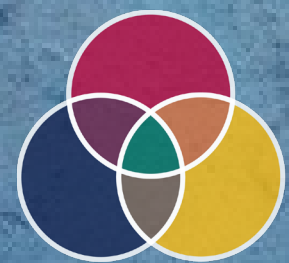


Disclosing and identifying international protection needs in the Middle East and North Africa

Training Module, Part 3:
Trauma-informed, victim-centered approaches



Center for Human Rights,
Gender and Migration

INSTITUTE FOR PUBLIC HEALTH AT WASHINGTON UNIVERSITY



MENA

Community
Protection
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Lesson Objectives

Understand key principles of “trauma-informed” care (including psychological first aid) and “victim-centered” care.

Review “disclosure” of international protection needs in MENA’s mixed movements

Apply: Specific refugee / asylum seeker profiles

Reflect and discuss

Key concepts

Trauma-informed approach

Psychological first aid

Victim-centered approach



First: What is “trauma”?

“Trauma” is often understood to be what happens when an individual is exposed to actual or threatened death, serious injury, or sexual violence and then, as a result, experiences overwhelming stress (eg, fear, hopelessness, helplessness, or horror).

Trauma can have long-term impacts.

It can impair memory, which may include general memory loss or the “dissociation” of specific traumatic memories into incoherent parts. This can greatly affect our assessment of a trauma victim’s credibility.

Victims may also experience vivid and intrusive flashbacks but have difficulty articulating and expressing what they are feeling. This can affect a victim’s ability to provide useful or easily understood information.

A victim can be retraumatized by processes that inquire about past traumatic events, like the refugee status determination process or even counselling.

“Traumatic events” experienced by some persons on the move:

- Forced displacement from home;
- Sexual and gender-based violence;
- Trafficking and severe exploitation, abuse;
- Witnesses violence or death involving others, including loved ones;
- Child abuse (including psychological);
- Emergency situations like armed conflict or shipwreck.
- Note: Special impacts for persons on the move (multiple, compounding stressors can impact mental health).





What is a “trauma-informed” approach?

It is an approach that addresses trauma and the impact it may have on the victim emotionally, psychologically, and socially. It requires awareness about how service provision itself can exacerbate trauma.

Taking a “trauma-informed” approach means that service providers must:

- Understand the nature and impact of trauma, including the relationship between triggers and symptoms, and the way trauma can affect how victims speak and behave.
- Address any trauma-related needs before, during and after interacting with the victim.
- Train staff to understand trauma, detect signs of re-traumatization, and practice interview techniques that can mitigate the possibility of re-traumatization.

Tips for a trauma-informed approach

- Be prepared.
- Be patient.
- Be non-judgmental.
- Be sensitive.
- Be transparent.
- Be grounding.
- Practice self-care and protect your own well-being!





Sometimes needed: Psychological first aid

What is it?

- An evidence-based intervention aimed at psychologically stabilizing individuals exposed to disasters, terrorism, or other emergencies. (Also for first responders.)
- It is an alternative to psychological debriefing that can be offered to people in severe distress after being recently exposed to a traumatic event.
- "PFA" can be administered by non-mental health practitioners.

When to deliver it?

- In the immediate aftermath of disaster, terrorism, or other serious episodes of violence.
- Eg, encountering shipwreck survivors or individuals who have just crossed the border.

Key objectives:

- Establish a human connection in a non-obtrusive, compassionate manner;
- Enhance immediate and ongoing safety, and provide physical and psychological comfort;
- Calm and orient emotionally overwhelmed survivors;
- Help survivors explain their immediate needs and gather information, as appropriate;
- Offer practical assistance and information to help survivors address their own needs;
- Connect survivors as soon as possible to support services and additional information;
- Support survivors' coping efforts and enable them to actively pursue their own recovery.



Psychological first aid: Guidelines

- Politely observe first; don't intrude.
- Ask simple, respectful questions to determine how you may help.
- Initiate contact only after you have observed the situation and the person or family, and are sure that contact is not likely to be intrusive or disruptive.
- Speak calmly and in simple terms. Be patient, responsive, and sensitive. Avoid acronyms.
- If survivors want to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you, and how you can be of help.
- Acknowledge the positive things the survivor has done to keep safe.
- Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate, culturally- and age-appropriate.
- When communicating through an interpreter, look at and talk to the person you are addressing, not at the interpreter.
- Assist with current needs and promote recovery and functioning. Do not try to elicit details of traumatic experiences and losses. Do not pursue disclosure of international protection needs unless clearly invited to do so.

What is a “victim-centered” approach?

One that prioritizes safety, confidentiality, and respect for a victim’s perspectives and wishes.

It addresses the need to provide support and psychosocial services that respond to a victim’s privacy concerns and personal boundaries.

Tips for a victim-centered approach

- Listen to victim's concerns and needs.
- Prioritize victim's safety and well-being over any specific case outcome.
- Use trauma-informed interview practices.
- Inform victim of their role and rights.
- Communicate and gather information respectfully, in culturally and age-appropriate ways.
- Be aware of (and respond to) cultural differences and language / communication barriers.
- Ensure that all interactions are attentive to victim's needs and possible questions.
- Develop and follow confidentiality procedures.
- Give clear and regular updates.
- Share power as much as possible.





**Review: “disclosure” of specific
support and protection needs**

Review: “disclosure”

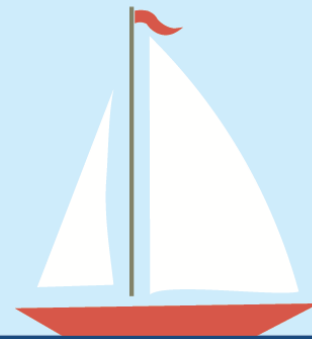
Here: The act of an individual revealing their need for international protection.

It can be facilitated or hindered by individual, structural, or systemic factors.

It can be an ongoing, deepening act.

Disclosure is the key to providing appropriate referral and support.

DISCLOSURE OF PROTECTION NEEDS A deepening process



1

Individual expresses general need for protection or desire to access the asylum process.

- Says, “I am afraid of going home.”
- Says, “I just got here and I need help.”

2

Individual presents information indicating nature of possible asylum claim or protection need.

- Describes past harm in intake interview.
- Shares fears with community-based outreach worker.

3

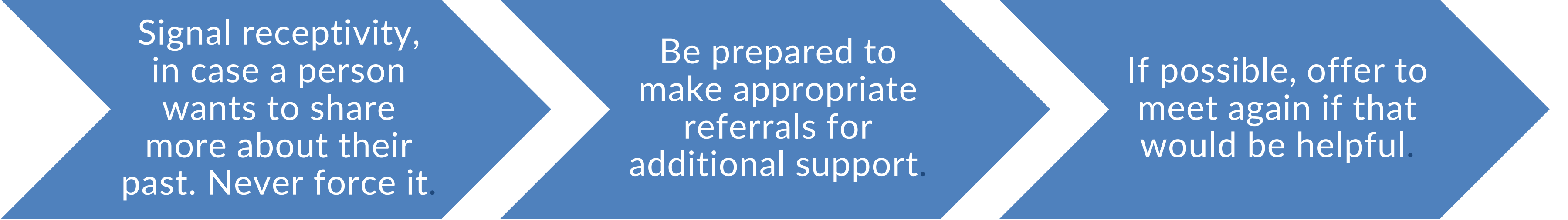
Individual deepens disclosure by offering greater detail about the nature, severity, motives, and impacts of past persecution, current harm, or fear of future harm.

- Narrates history of past persecution in considerable detail at eligibility interview.
- Provides complete and credible responses to direct questioning about experiences of trafficking or specific fear of trafficker.



Alert: Not everyone can or should pursue deep, detailed disclosure of international protection needs.

Service providers working with survivors of trauma should be trained on trauma, its impacts, and how to detect re-traumatization. Once trained, they should still only ask as much as they need to know in order to provide the benefit sought.



Signal receptivity, in case a person wants to share more about their past. Never force it.

Be prepared to make appropriate referrals for additional support.

If possible, offer to meet again if that would be helpful.



Scenarios & discussion



Scenario 1: Hassan

Hassan was just brought to your organization by an international humanitarian agency, whose staff were present when he was rescued from a shipwreck a few days ago. The only things they reported were his age (15) and that he was apparently traveling with his older brother, Yusef (18), who was lost at sea.

You have reviewed the intake notes and have 10 minutes before you meet Hassan.



Scenario 2: Solange

Solange (22) has been brought to your office by a community agent. It is her first visit to your office. The agent has told the receptionist that Solange came to your country a few months ago with her 3-year old daughter, Irene. The agent believes Solange has fled a violent marriage in her homeland and now has other “problems with men” here.

Solange and Irene have been waiting in the reception area for over an hour because you are very busy today. The community agent had to leave for another appointment. When you call Solange into your room, Solange sits down with Irene fidgeting on her lap. Solange remains expressionless; she says nothing and won’t make eye contact with you.



1. What kinds of traumatic events have the people I serve experienced?
2. In what ways do I take a “trauma-informed” and “victim-centered” approach that might promote disclosure of international protection needs?
3. Am I doing anything to discourage disclosure? How can I personally improve?
4. What changes would be helpful at the institutional level?

Small group discussion: Apply to your experience

In small groups, discuss these questions as frankly and thoroughly as you can.

Provide concrete examples if possible.

These thoughts are confidential to the small group. They should not be shared with anyone else.

Closing reflection & resources



Reflect & discuss

Taking a trauma-informed, victim-centered approach can help us support safe disclosure of international protection needs among the most vulnerable individuals we serve.

What (3) things can we each commit to doing more explicitly and consistently in the future to promote safe disclosure for them?



Helpful resources

J. Herman, *Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror*, New York: Basic Books (1992)

C. Wilson *et al*, “Trauma-Informed Care,” *Encyclopedia of Social Work* (2013).
<https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1063?print=pdf>

Brymer M, Jacobs A, Layne C, Pynoos R, Ruzek J, Steinberg A, Vernberg E, Watson P, (National Child Traumatic Stress Network and National Center for PTSD), *Psychological First Aid: Field Operations Guide*, 2nd Edition. July, 2006. www.nctsn.org

WHO, *Psychological First Aid : Guide for Field Workers* (2011),
<https://www.who.int/publications/i/item/9789241548205>

WHO, *Ethical and Safety Recommendations for Interviewing Women Victims of Trafficking* (2003).
https://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf

UNHCR RSD Procedural Standards Unit 2.9: Applicants with Mental Health Conditions or Intellectual Disabilities in UNHCR RSD Procedures, at <https://www.refworld.org/docid/5f3115564.html>

More helpful resources

[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007 | IASC \(interagencystandingcommittee.org\)](https://interagencystandingcommittee.org/) available in english/french/Arabic

UNHCR Operational guidance on MHPSS : [55005b6f9.pdf \(unhcr.org\)](https://55005b6f9.pdf.unhcr.org/) available in English/French

UNHCR RSD Procedural Standards Unit 2.9: Applicants with Mental Health Conditions or Intellectual Disabilities in UNHCR RSD Procedures [Refworld | UNHCR RSD Procedural Standards Unit 2.9: Applicants with Mental Health Conditions or Intellectual Disabilities in UNHCR RSD Procedures](#)

IFRC, Psychological First Aid remote modalities ([IFRC-PS-Centre-Remote-Psychological-First-Aid-during-a-COVID-19-outbreak-Interim-guidance.pdf](https://ifrc-ps-centre-remote-psychological-first-aid-during-a-covid-19-outbreak-interim-guidance.pdf) (reliefweb.int))

Headington Institute, [Understanding and Addressing Vicarious Trauma \(Reading Course\) - Headington Institute \(headington-institute.org\)](https://headington-institute.org/)

Thank you



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