

SISA

# PEER-TO-PEER IDENTIFICATION PROGRAMME

- SISA: STRENGTHENING THE IDENTIFICATION AND  
INTEGRATION OF SURVIVORS OF SEX TRAFFICKING FROM  
WEST AFRICA THROUGH A PEER-TO-PEER APPROACH AND THROUGH  
TRANSNATIONAL DEPORTATION COUNSELLING AND ASSISTANCE.



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**“For so long, I wanted to reach out and help others.  
This programme gave me the confidence to do it!”**

*- P2P programme-participant*

# Introduction

In the context of providing assistance to “TCN SoTs” in EU Member States, early identification and proper reporting of human trafficking cases is essential in obtaining access to State-issued support. Although Frontline workers, such as police and immigration officers, may receive training to identify victims and direct them to relevant support services, cases of Human Trafficking remain highly under reported.<sup>1</sup> An untapped resource in the area of preliminary identification of SoTs is that of other SoTs – namely their peers. This Peer-to-Peer Victim Identification Programme was developed in response to this under-utilized resource.

The concept of this pilot project was created in Germany; however, the contents of this manual can serve as a programme guide for Social Workers serving SoTs in any EU Member State. Modifications for the implementation of this project should be considered as is relevant to the host country in which this programme is delivered.

The manual provides training materials and practical guidelines to empower TCN SoTs who desire to participate in the early identification of other TCN SoTs in their host country. In addition to equipping SoTs with tools and knowledge on how to safely and effectively be a support to unidentified SoTs, the aim of the programme is to grant participating SoTs with an experience of self-efficacy, self-determination, self-competence and provide motivation toward their own process of integration.

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<sup>1</sup> UNODC Toolkit to Combat Trafficking in Persons. Available from: [www.unodc.org/documents/human-trafficking/Toolkit-files/07-89375\\_Ebook%5b1%5d.pdf](http://www.unodc.org/documents/human-trafficking/Toolkit-files/07-89375_Ebook%5b1%5d.pdf) (retrieved 2008)

# Peer Selection & Recruitment

Programme participants should be carefully selected, and a risk assessment should be conducted in the evaluation process. Long standing stable clients which are far along in their own integration are the most ideal candidates. The following criteria can be used when evaluating potential programme participants:

- emotional stability
- motivation toward the integration process
- motivation to reach out to others

For programme participants with young children, it is recommended that childcare be provided to optimize the learning experience and support active participation.

# Peer Identification Programme Overview

This training was designed to be delivered in three parts within the context of a classroom setting. If needed, parts of this programme can be modified for on-line remote learning.

Part 1: Teaching Units - 10 lessons aimed to empower and equip peers in the identification of SoTs. For this segment, you will need the following:

- Meeting room or stable internet connection for remote learning
- Unit Lesson Plans/relevant handouts, writing tools

Part 2: Workshop Units - 4 workshops aimed to develop and implement victim identification initiatives. For this segment, you will need the following:

- Meeting room.
- Workshop materials (whiteboard with markers, note cards, pens)
- (Optional) Funds for SoT-identification outreaches/events.

Part 3: Programme Monitoring/Evaluation. For this segment, you will need the following:

- A brief evaluation of any important issues that came up in each lesson.
- Regularly scheduled group supervision and debriefing sessions.
- Peer Exit Interviews.

# Glossary

**Third country national (TCN):** any person who is not a European Union citizen and is not considered to be a “person enjoying the right of free movement under Union law” [...].<sup>2</sup>

**Survivor of trafficking (SoT):** For the purposes of this handbook, SoT refers to TCN women that have been identified by an NGO or other authority as victim survivors of human trafficking for the purpose of sexual exploitation.

**Peer:** A SoT as defined above which is participating in Peer Identification Training Programme presented in this manual.

**Unidentified SoT:** refers to SoTs who have not officially reported their trafficking situation to authorities or relevant NGOs in the host country.

**Early identification:** refers to the preliminary identification of SoTs. This step being the catalyst for officially reporting the trafficking situation to the proper authorities.

**Self-efficacy:** refers to a person's beliefs about their ability to succeed in a particular situation.<sup>3</sup>

**Self-determination:** freedom to live as one chooses, or to act, or decide without consulting another or others.<sup>4</sup>

**Integration:** Integration means having come to understand and respect the rules and way of life of the host country and feeling part of a community.

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<sup>2</sup> Glossary on Migration, IO, Available from: <https://www.corteidh.or.cr/sitios/observaciones/11/anexo5.pdf> page 100 [retrieved: 2011]

<sup>3</sup> Bandura, Albert, Available from: <https://www.uky.edu/~eushe2/Bandura/BanEncy.html> [retrieved: 1977]

<sup>4</sup> Dictionary, Available from: <https://www.dictionary.com/browse/self-determination> [retrieved: 2021]



# Part 1

## Training Units



# Unit 1

## Introduction /Team Building

### Objectives:

- Understand the objectives of the programme.
- Building trust amongst the participants.

### 1 Welcome & Introduction:

- Introduce yourself as the trainer and introduce all other trainers.
- Have each participant introduce herself.

### 2 Presenting the Programme:

Give an overview of the training:

- Share the topics and objectives of the 15 units.
- Review the goals of the programme to reach out to unidentified SoTs and connect them to a social worker who can help.
- Explain the support your organisation offers to SoTs.

### 3 Confirm training dates.

### 4 Expectations:

- Review attendance expectations.
- Ask for feedback on the programme overview and give plenty of room for questions and discussion.
- Make note of any concerns the participants may have and evaluate specific support measures that can be offered. (Note: topics including deportation and anxiety surrounding the asylum-seeking process are often mentioned.)
- Ask for their expectations of this course.

### 5 Icebreaker/Team Building Activity

See Attachment A: BINGO - Team Building Activity

# Unit 2

## Becoming a Person of Trust: Part I

### Objectives:

- Understand the meaning and importance of confidentiality.
- Sign confidentiality Agreement. See Attachment B.

### Group Discussion: *What is meant by confidentiality?*

→ Show pictures that demonstrate a gossip-setting and a confidential-setting conversation.

1. How many parties can be involved in confidentiality?
2. Different relationships have different roles. Name different relationships and their roles. E.g., you and your neighbour, or you and your sister/mother-in-law, you and your friend, or social worker – client.
3. Why is confidentiality sometimes difficult?

→ Show participants an example of your organisation's Confidentiality Agreement.

*Confidentiality is about private information being kept private. Unless you are given permission to share, something told to you in confidence is meant to be kept to yourself. Asking someone to keep something confidential involves a set of rules or a promise which is sometimes enforced through a Confidentiality Agreement. Certain professionals such as social workers, doctors, lawyers, and pastors are required, by law, to keep information shared by a client private. Without the permission of the client, they are not allowed to share this information. In some countries, that is enforced through a Confidentiality Agreement that both parties sign.*

*As a peer in this programme, you have a responsibility to protect the private information that SoTs share with you. Understanding the importance of confidentiality is the first step toward becoming a person of trust.*

*Unidentified SoTs are especially vulnerable and are often unsure of whom they can trust. As a peer, your role is to become that person of trust and connect them to the professional help that is available to them.*



**Group Discussion:** *What are some characteristics of a confidential person?*

*e.g., trustworthy – listens – cares about the other person – shows respect – keeps promises.)*

→ Write the answers on a whiteboard

*Whilst a close friend is someone to consider as a person of trust, it is possible for someone who is not a close friend to be a person of trust as well. Your role as a peer is to become that person of trust and connect them to the professional help that is available to them.*



**Group Discussion:** *Why would an unidentified SoT share their story with you? What could be the reason why an unidentified SoT should choose to open up to you?*



**Group Task:** *Signing the Confidentiality Agreement.*

*This group needs to be a safe place for every participant and every SoT that is identified through this programme. All personal stories and any confidential information that will be shared during this programme are to be kept private within this group. All information shared by an unidentified SoT is to be kept confidential.*

# Unit 3

## Becoming a Person of Trust: Part II and Outreach Brainstorm Session

### Objectives:

- Exchanging ideas for possible victim identification activities.
- Participants will understand what qualifications are needed for being a peer.
- Understand the impact a person of trust has on the emotional stability of SoTs.
- Understand the important role a person of trust has in helping connect SoTs to professional services.

### Group Task:



Have a 15-minute brainstorm session collecting suggestions and ideas on outreach /activities where peers can connect to unidentified SoTs.

If applicable: Inform the group about the budget & time frame of the activities. Evaluate the ideas based on what your organisation can practically offer and communicate which ideas are not possible for execution.

### Becoming a Person of Trust

*Fear is THE topic in the lives of SoTs. The trafficking experience, trauma, and other added pressures e.g., ritual oaths, make fear a dominant emotion in the lives of SoTs. Fear is also felt in many of the migration processes SoTs are in. The long-time insecurity about their asylum-seeking process, the risk of deportation, meeting new people, navigating life in a new country, and racism can play a role in multiplying feelings of fear.*

*When in fear, people develop coping mechanisms to protect themselves. Due to lack of trust, a SoT may choose to stay silent about their situation and so isolate themselves from people and help services. Isolation is one of the strategies often used as a coping mechanism. The unfortunate consequence is that no one will ever know about their personal situation, and therefore they will not receive the help that is available for them. Research has shown that, for SoTs, the most striking feature of a person of*

*trust is their capacity to connect SoTs to an NGO or other help service. These forms of support provide necessary stability into the lives of SoTs. This programme is training peers to become people of trust.*

*Finding a trustworthy peer to help through the uncertainty can make a world of difference in the life of a SoT. Useful answers come from people who have been through the same process.*

→ Show and explain figure 1, See Attachment C.



**Group Discussion:** *How did you get in contact with a helping NGO? Share your stories.*

*Being around a peer feels comfortable. A peer can make someone feel safe and can offer an essential opportunity to accompany someone through a state of shock to get support, help and safety.*



**Group Discussion:**

**Situation:** *Amanda has just arrived from Italy in a refugee camp in Germany. She is tired from the long trip and pregnant with her first child. Her baby is due in 6 weeks. Amanda does not speak any German and is afraid because she does not know whom to trust. As a result, she decides to be friendly to everybody and smile but not to speak about her fear to anyone.*

*Rose has been in the camp already for 3 months and recently became a new mother. She notices Amanda and immediately remembers how difficult and overwhelming it was when she herself first arrived. After a few weeks, she got to know some of the staff and one social worker, in particular, was always very friendly. Just before the delivery of the baby, Rose felt confident to open up to the social worker about her trafficking experience. With the social worker's help, Rose was introduced to an organisation that could offer individual help for her situation. It brought much relief, and she could finally release some of her stress. Rose gets the idea to introduce Amanda to the friendly social worker, but she is not sure how...*

**Question:**

*Imagine you are Rose, and Amanda is in the room next to yours. Would you consider offering help to Amanda? How would you do it?*

# Unit 4

## Human Trafficking & Help Organisations

### Objectives:

- Understand human trafficking as a global crime.
- Know the support networks available in both host and home countries.

*Human Trafficking<sup>5</sup> is a serious crime, often committed within the framework of organised crime, which violates human rights. Human rights are rights natural to all human beings regardless of gender, race, nationality, ethnicity, religion, or any other status. These include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work, education, and much more. Unfortunately, human trafficking is a highly profitable criminal business. Globally, there is a huge demand for sex workers and a very high financial turnover. It is therefore very difficult to fight this crime.*

*There are three main elements that contribute to Human trafficking: Process, Method, and purpose:*

→ Show the following Diagram

| PROCESS   | + | METHOD   | + | PURPOSE  |
|---|---|--|---|--|
| The process includes:<br>Recruitment<br>Transportation<br>Movement<br>Accommodation<br>and taking in of persons |   | Methods include:<br>violent and threatening<br>tactics used to gain control<br>over people e.g., force,<br>fraud, and coercion |   | Purpose includes:<br>Exploitation of people<br>e.g., labor exploitation,<br>sexual exploitation,<br>domestic servitude |

<sup>5</sup>ICI, Assist. Available from: <https://www.immigrantcouncil.ie/sites/default/files/2021-03/Mentoring-Peer-to-Peer-programme-Immigrant-Council-of-Ireland.pdf> (retrieved 2019)

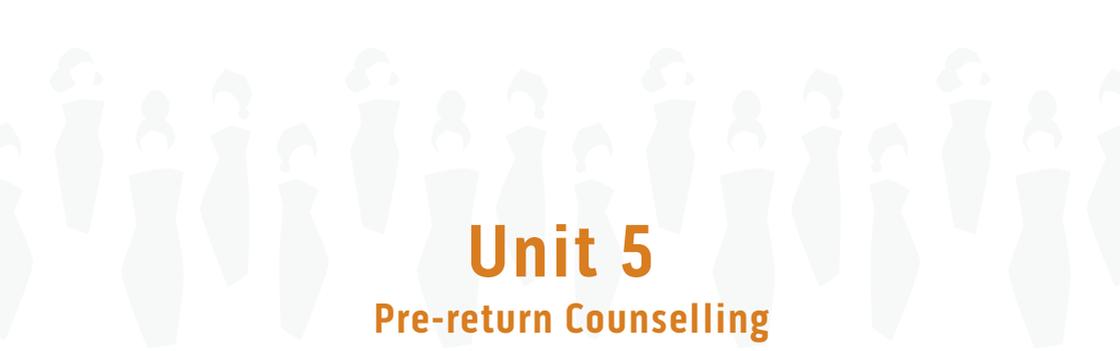
*Trafficking in human beings is a form of gender-based violence as it mainly affects women and children who are more vulnerable. Common reasons for women and children to become victims of human trafficking include:*

- *to escape poverty.*
- *to escape forced marriage.*
- *to support their families.*
- *to get a job.*

*A trafficking experience has a traumatic impact on a person's life. Trafficked women and girls suffer harm that can include physical and psychological consequences resulting from sexual violence and the trauma of being kept in coercion. Some specific effects include depression, anxiety, fear, guilt, stress, memory loss, different infections, sleeplessness, nightmares, headaches, stomach aches, and other forms of mental trauma.*

*To effectively combat human trafficking and provide assistance to survivors, good cooperation between relevant state actors, NGOs, and front-line workers is essential. Examples of state actors include police departments, local government officials, and health organisations. Examples of front-line workers include social workers, medical professionals, language teachers, etc. Each of these actors can play a support role in the life of a SoT.*

**If applicable: give room for discussion and questions.**



# Unit 5

## Pre-return Counselling

### Objectives:

- Equip peers to support others through the return processes.
- Understand the forced return process and voluntary return possibilities.

*Currently, there are 2 possible scenarios involving the relocation of undocumented TCN*

1. Return to one's home or passport country.
2. Dublin Return.

### 1 Return to one's home or passport country

*A return to the home country can either be voluntary (A) or forced (B).*

#### A. Voluntary Return

*If someone wants to voluntarily return to their home/passport country, there are several counselling centres that work directly with organisations in Germany to organise a safe return for individuals. In such cases, it is possible to speak to a return counsellor in the home country and get information anonymously before deciding to proceed. To start the process, one can search for a counselling centre through this website: [www.returningfromgermany.de](http://www.returningfromgermany.de)*

*When connecting with a return counsellor, you can expect to receive updated information on the following:*

- *what a return process to the home/passport country would look like*
- *any financial support the returnee can expect to receive (currently 1000€-3000€)*
- *introduction (via video call) to a counsellor in the home country*
  - » *in this call, information about accommodation, reintegration programmes, school enrolment for children etc. can be provided.*
- *assistance on booking flights for returnees (and accompanying children)*

*If someone decides to move forward with a voluntary return, they can stop the process at any time if they change their mind.*

*After arriving in the home country, returnees can connect to the home country counsellor who will help with first steps toward re-integration.*

## **B. Forced Return**

**Note: the following is based on German regulations pertaining to TCN**

*If the BAMF and the administrative court have rejected the asylum application and the asylum seeker is neither prepared to leave voluntarily or is unable to receive a job training residency permit (Ausbildungsduldung), then the risk of forced return to the home/ passport country is high.*

*Deportations are usually not announced beforehand, and the police normally come between 2:00am – 3:00a.m. to pick up the returnees in their registered accommodation.*

*Upon arrival at the airport in the home country, it is very recommendable to make an appointment with the IOM staff and ask about relevant reintegration programmes. However, since the return was not pre-planned (as in the case of a voluntary return), the entry into a reintegration programme can be very bumpy and requires a lot of self-initiative.*

*To avoid a forced return, some asylum seekers choose to go into hiding and live illegally in Germany or in other EU member states. In such cases, TCN and their children are not entitled to asylum seeker benefits such as financial support, funded health care services, language school and so on.*

2

## **Dublin Return**

**Note:** many survivors of trafficking are still living in complete uncertainty of their own asylum status in their host country. A possible forced return might be a main factor of fear in the lives of the participants and will certainly be a one of the main fear factors of the un-identified survivors of trafficking.

*According to the Dublin-III-Regulation, an asylum application has to be fully processed in the Dublin country where the asylum seeker first lodged an asylum application, or more precisely where an asylum seeker's fingerprints first got transmitted to the Eurodac database. Even in cases where an immediate family member of the asylum seeker was first lodged in another Dublin country, that*

country will accordingly be declared responsible. In cases of high individual vulnerability of an asylum seeker, the Dublin Regulation can be lifted, and the country of temporary residence takes responsibility for the asylum application (Sovereignty Clause). If this is not the case, the asylum seeker is at risk of forced return to the responsible Dublin country after all legal means have been exhausted. If the asylum seeker is not deported within 6 months in spite of known whereabouts (i.e., he/she did not go into hiding), the member state in which the asylum seeker is currently staying will be automatically responsible for his/her asylum application.<sup>6</sup>

Many survivors of trafficking are affected by the Dublin Regulations.

## Question:

are you or someone you know affected by the Dublin regulation? If applicable: Give room for discussion on how this affects their daily lives.

Considering the unique needs of West African survivors of human trafficking for the purpose of sexual exploitation, SISA developed the Dublin-Pre-Return Counselling Manual to equip social workers from anti-trafficking counselling centres in Germany to prepare their clients for a Dublin return to Italy. Even though this Manual is focusing on returning to Italy the information can be very beneficial for forced returns to other European countries.

→ Hand out the SISA Pre-Return Counselling Manual and walk through it with the participants.

## Group Task:

set up a video call between the participants and a receiving organisation in Italy, France, Spain<sup>7</sup> or Nigeria<sup>8</sup> to get familiar with the social workers in these countries and find out the possibilities for support.

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<sup>6</sup> Pre-return Counselling Manual, page 6; Available from : <https://sisa-europe.eu/wp-content/uploads/2021/07/2021.07.22-DUBLIN-PRE-RETURN-COUNSELLING-MANUAL.pdf> (retrieved 2021)

<sup>7</sup> Dublin Return Network; Available from: <https://sisa-europe.eu/network/>

<sup>8</sup> Nigeria Return Network; Available from: <https://pathfindersj.org/>

# Unit 6

## Peer and Social Worker Roles

### Objectives:

- Understand the different roles that peers have versus social workers.
- Practice initiating conversation in peer-to-peer context.

*Unidentified Survivors of Trafficking need assistance. Assistance can come from different groups of front-line workers. In Germany these groups may include police, doctors, nurses, social workers, or volunteers. Peers are important front-line workers.*

*Peers possess unique knowledge which none of the other groups mentioned above have. Peers know the longing for a better future, the recruitment process, the fear, the courage it took to escape and also, peers know the success of pulling through despite all of this.*

*A social worker and a peer fulfil different needs:*

| SOCIAL WORKER ASSETS   | PEER ASSETS  |
|--|--|
| <p>Has a professional network and working relationships with different forms of support e.g., health care, police, lawyers etc.</p> <p>Knowledge about legal rights</p> <p>Case management skills</p> <p>Mobilizes all support</p> <p>Advocacy</p> | <p>Can be a resource for all kinds of questions</p> <p>Understand overcoming fear</p> <p>Know who to trust</p> <p>Initiate contact to social workers</p> <p>Can provide friendship</p> |
| SOCIAL WORKER LIMITATIONS  | PEER LIMITATIONS   |
| <p>Working office hours</p> <p>Cannot replace friendship, shares no personal details</p> <p>Goal oriented: once goal is reached, client will be independent</p>  | <p>Work outside of the office</p> <p>No networking relationship with officials or frontline workers</p> <p>Does not have full overview on case of client</p>                           |

*To become independent, it is important for an unidentified SoT to build trust with a social worker. Once the social worker and the unidentified SoT are in contact, the social worker will take over the responsibility of the well-being of the SoT.*

*The responsibilities of the Peer in this programme are:*

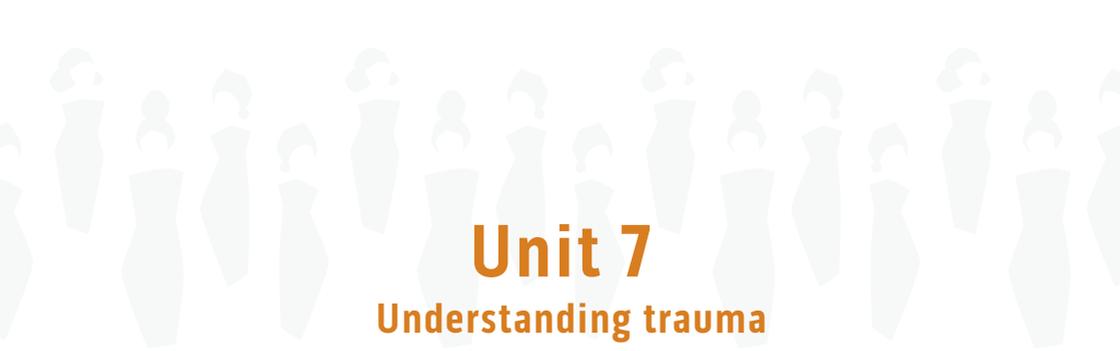
- 1** *Bring unidentified SoTs in contact with the social worker. As a peer, you will meet many unidentified SoTs in private contexts. You will learn how to recognize and identify SoTs during this training. Do not hesitate to initiate a first contact between the social worker and the unidentified SoT. We recommend you to be present at that meeting as well.*
- 2** *Accompany a social worker in a refugee receiving centre and initiate conversations with refugees. Refugees enjoy connecting with other refugees among their peers who have already been in Germany for some time to profit from their knowledge. When possible, the social worker will invite you to accompany her to do outreach work in refugee receiving centres. As a Peer it is your task to actively initiate and participate in conversations with refugees attending these activities. If necessary, initiate a first contact.*

### **Role play:**



*Have the participants take on the role of a peer or a refugee in a camp. Practice initiating conversations. What can you say to start a conversation? How can you introduce your yourself?*

- 3** *Help organise and invite potential SoTs to an event. Hosting an event is a great tool to get in contact with unidentified SoTs. In the workshop segment, strategies for hosting an event will be developed. As a Peer, your input is valuable since you know best what idea would be best received.*



# Unit 7

## Understanding trauma

### Objectives:

- Understand the impact of trauma in the life of a person.
- Understand what kind of support is helpful for trauma survivors.

Note: Despite risk assessments that would have deemed participants suitable for programme participation, make note that the topic of trauma may trigger reactions.

### General Information on Trauma

*What is Trauma?*

*Trauma results from an event or a series of events, or a set of circumstances that is experienced by an individual as either physically or emotionally harmful or life-threatening,*

*Trauma can be physical, e.g., being seriously injured in an accident, and/or trauma can be an emotional response to one or more several threatening events.*

*This lesson focusses on emotional trauma.*

*Traumatic events create extreme stress-reactions and can have prolonged negative effects on the individual's mental, physical, emotional, social, and spiritual wellbeing.*

#### What are examples of Traumatic events?

- Witnessing physical Violence.
- Experiencing physical Violence.
- Experiencing Abuse: Emotional, Sexual.
- Natural Disaster, like hurricane, draught, flooding, or earthquake.

*Traumatic experiences may be one single event, e.g., flooding, while others may be an ongoing situation, e.g., domestic violence. The increase in the number of traumatic experiences may result in an increased risk of mental and physical health.*

## Symptoms of Trauma

*There is a strong connection between the brain and the physical reactions of a human body after a traumatic event. In the case of stress, scientists discovered an over development of the fear response in the brain and an increased release of stress hormones in the body. That leads to observable physical and behavioural reactions.*

### Physical reactions to trauma

*The human body shows the following reactions when in stress:*

- sweating
- muscle tension
- accelerated breathing
- shaking
- blacking out

*The human body is on high alert in these moments.*

*There is more about physical reactions and what to do about this topic in Unit 9: Understanding Stress and Panic Attacks.*

### Behavioural reactions to trauma

*In moments of conflict, we generally respond with either a fight (Rhino) or flight (porcupine) reaction. The Rhino type of person immediately reacts with confrontation. The reaction is more active and direct, not ignoring the threat. The porcupine however immediately turns itself into a ball, trying to "hide" or escape from the threat.*

*Emotional Shock: there are traumatic situations where a person may find themselves in a 'frozen' state of shock, unable to react. In this state of traumatization, the body has reached a permanent level of increased stress. Such intense trauma can lead to long term emotional shock.*

*A traumatized person experiencing emotional shock shows strong behavioural reactions:*

- *Becoming irritable.*
- *Quick to anger.*
- *Aggressive, e.g., ... impulsive behaviour. When asked a question the person will react tensely.*
- *Feelings of anxiety. Fear is always present in thought and discussions.*
- *Depression: not getting out of bed, no motivation to do anything.*
- *Withdrawal / isolation: the person often withdraws in his or her room and avoids social contact.*

- *Sleeping problems, such as nightmares.*
- *Difficulty focusing on a task and easily forgetting things.*

*More about behavioural reactions will be discussed in Unit 8*

## **How trauma recovery works.**

*A traumatized person's life is totally absorbed in coping with the trauma, so much so that there is almost no energy left to invest in self-care. A traumatized person is battling negative feelings:*

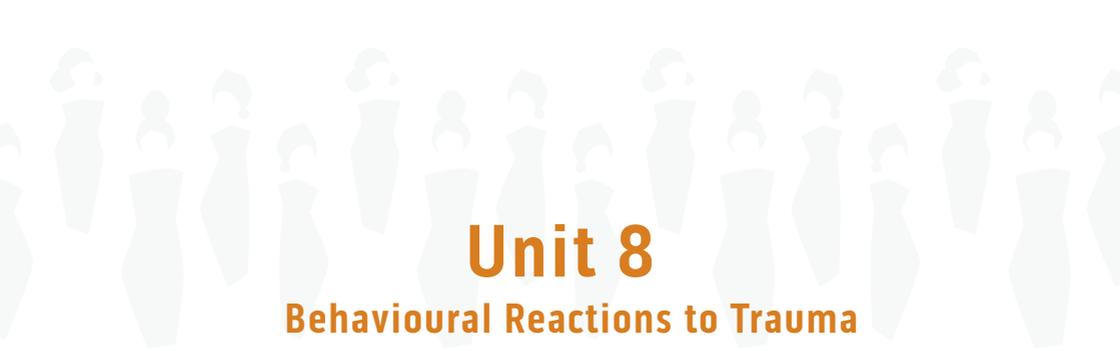
- *feelings of blame.*
- *feelings of disconnection.*
- *negative feelings about oneself or the world.*

*Traumatic experiences cannot be simply removed from lived experiences*

→ **Show glass jar with a few grey stones, explain that it is impossible to remove these memories/stones.**

*A healing process starts with adding a lot of healthy experiences.*

→ **Add colourful marbles to the jar.**



# Unit 8

## Behavioural Reactions to Trauma

### Objectives:

- Understand the impact of trauma in the life of a person.
- Understand what kind of support is helpful for trauma survivors.

Note: If necessary, give a summary of unit 7

### How can I be a support?

*Our goal is to get victims out of emotional shock and receive access to help.*

*The traumatic experiences, and also fear, keep many victims in isolation. Traumatized people tend to keep on carrying the heavy load of the battle in their mind. Often people try to treat the symptoms of trauma but fail to find a long-lasting solution. E.g., treating sleeplessness with sleeping tablets or headaches with pain medication. Although this will relieve the person for a short time, the root of these symptoms does not get addressed.*

*In unit 3 we discovered the importance of being a person of trust.*

*As a trusted peer:*

- *you can play a significant role in the life of a SoT and connect them to proper help.*
- *you are able to understand and can relate to their situation.*
- *you know what a victim might feel and you understand their fears.*

*Remember that traumatic experiences cannot be "removed" from lived experiences.*

*A healing process starts with adding (a lot of) healthy experiences.*

### What are healthy experiences that a peer can offer

*To meet and engage with a person of trust is a healthy experience. To get access to help is a healthy experience, to be validated (to feel cared about) is a healthy experience.*

*Healthy experiences fill a victim's life.*



## Group Task: Creating a Healthy Environment

On a whiteboard, write the list of behavioural reactions to trauma that a SoT might display. In a separate column, list various skills that a peer can use to counteract the negative reactions. In a group discussion, ask the participants to identify which skills would be useful to respond with when confronted by each behavioural reaction.

### POSSIBLE BEHAVIOURAL REACTIONS

1. **Becoming irritable**
2. **Impulsive**
3. **Anxiety, Fear**
4. **Depression**
5. **Withdrawal**
6. **Sleep problems**

### SKILLS OF A PEER

- Encourage
- Show patience
- Assure shared information will be kept confidential
- Show sympathy
- Show respect
- Validate (what you experienced was wrong, you do not deserve that)
- Empower (direct them to available help)

### POSSIBLE SOLUTION:

**1. Becoming irritable**, quick to anger or aggressive, e.g., ...

- Patience
- Encouragement
- ...

**2. Impulsive behaviour**, when asked a question the person will react tensely.

- Patience
- Respect
- ...

**3. Feeling of anxiety**, fear is always present in thought and decisions.

- Empathy, validate
- Empower: What to do in case of panic attack
- ...

**4. Depression**, not coming out of bed, lack of motivation

- Respect
- Encourage
- Be kind
- ...

**5. Withdrawal / isolation**, the person often withdraws in his or her room and avoids social contact

- Empathy
- Patience
- ...

**6. Sleep problems**, such as nightmares, difficulty focusing or easily forgetting things

- Empower: (ideas on ways to relax: warm tea, bath, soft music etc.)
- ...

Discuss if participants understand what these skills mean (especially empowerment) and if they feel confident about their own skills.

## Give a demonstration of what empowerment looks like:

**Situation 1:** *You met Joy at the train station. She has been in Germany for a few weeks now and you have been in regular contact. One day you notice Joy is very tired, and she admits that she has not been sleeping well. What advice can you offer her?*

- *Healthy sleeping habits<sup>9</sup>*

**Situation 2:** *You had a good conversation with someone, but they do not seem ready to talk further. How do you end the conversation?*

- *give her the contact information of the helping organisation*

<sup>9</sup>Sleep Education, Healthy Sleep habits available from: <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>



# Unit 9

## Understanding Stress & Panic Attacks

### Objectives:

- Learn how to recognize stress and panic attacks.
- Learn what methods people can use to regain control over these situations.

Note: Definitions of the medical terms used in this lesson provided in Attachment D.

### The development of stress in our body:

*The body, brain and emotions are connected with each other through the nervous system. The human nervous system contains several parts.*

#### → Show Attachment E

- *The central nervous system, including the brain and spinal cord.*
- *The peripheral nervous system, which includes:*
  - » *The somatic nervous system is responsible for our senses: to feel, move, smell, hear, see, and speak.*
  - » *The autonomic nervous system, which is responsible for internal body processes, like blood pressure or heart rate.*

*We cannot take direct control over our nervous system, but we can by means of exercises influence our nervous system.*

*The central control room for our nervous system is found in a specific part of our brain diencephalon.*

*Emotional feelings have their origin in the amygdala, a part of the diencephalon.*

#### → Show Attachment F

*The amygdala plays a huge role in stabilizing your emotions:*

- *produces the neurotransmitters dopamine and serotonin (a lack of these neurotransmitters have been linked to mental health conditions).*

- The amygdala is always reacting to emotion before you realize what exactly is happening. The amygdala can't think, but it always acts.
- The amygdala memorizes. It will repeat its reaction to certain feelings. The amygdala works pro-actively, it does not reflect the situation, it only reacts. Therefore, its reactions are sometimes incorrect. Example: if a person was bitten by a dog, they might be afraid of every dog they ever meet. This person might be also afraid of dogs that are no danger at all.

Here is a simple example of how body (action), brain (experience) and emotions (feelings) are connected: E.g. we walk along the street (action) and we hear the birds singing (experience) and we feel happy (emotional feeling). Or we walk along the street (action) and it starts raining (experience) and we feel frustrated (emotional feeling).

An example of a stressful experience on how body, brain, and emotions are connected: you walk along a busy street with your friend chatting (action) suddenly there is a loud horn from the tram (experience), the driver felt that you were walking too close to where he was driving. It gives you a huge fright (emotion).

For trauma survivors, the body, brain, and emotions have experienced intense fear, in some cases, repeatedly. This can lead to a general mistrust in people or insecurity about specific situations. As a result, trauma survivors can often feel strong negative emotions when meeting new people or when they find themselves in specific situations.

## **The origin of panic:**

### **Question:**

*who has experienced a panic attack? Are you willing to share your experience with us?*

*The purpose of fear is actually a good and important emotion. It protects us from danger. However, in the case of panic, the activity in the diencephalon is exploding and this explosion is igniting many other neurons to action in the brain. The brain releases a shower of stress hormones and panic comes suddenly. Panic is an intense form of fear.*

*In a split second the whole body starts reacting:*

- Heartbeat raises
- Sweating
- Nauseousness
- Some people faint

- *Shaking*
- *Uncontrolled breathing, sometimes even problems breathing*

*Although very frightening and scary in the moment, the bodily reactions will stop, and the body will eventually calm down. This knowledge is very important when you are witnessing a panic attack. Later we will practice practical ways that you can assist someone who is having a panic attack.*

*Understanding what tools are effective to help in these situations will be a valuable resource for you and your peers. The brain has many good resources which, when we learn to use them, help us to have influence over our body's reactions. For this, we need to use our somatic nervous system. Our somatic nervous system is responsible for transferring movement and sensory information. The somatic nervous system connects to skin and sensory organs. It is what causes us to hear, touch, smell, see and is responsible for nearly all voluntary muscle movement. By intentionally and consciously deploying these functions of our body we can take influence over our bodily reactions.*

*The anxiety grounding technique<sup>10</sup> shows effective exercises that can help defuse a panic attack.*

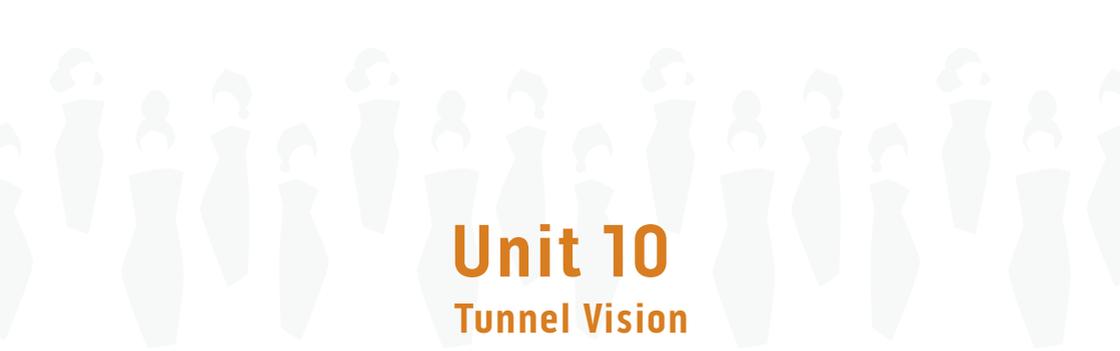
## **Group exercise:**

For this exercise, you need a printout of the document - [First aid kit for survivors of war and violence<sup>11</sup>](#). Display an example of a chain reaction leading to a panic attack. Display the exercises from the first aid kit and have the participants practice each one of them. Encourage the participants to work together.

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<sup>10</sup> Grounding techniques; Available from: <https://data.whicdn.com/images/332231979/original.jpg?t=1562019033>

<sup>11</sup> First aid kit for survivors of war and violence, Available from: [https://traumafirstaid.files.wordpress.com/2016/02/first\\_aid\\_kit\\_trauma\\_english.pdf](https://traumafirstaid.files.wordpress.com/2016/02/first_aid_kit_trauma_english.pdf) (retrieved 2016)



# Unit 10

## Tunnel Vision

### Objectives:

- Understand the concept of tunnel vision.
- Recognize when someone suffers from tunnel vision.
- Tips on how to overcome tunnel vision.

*Tunnel vision can be described as having a tendency to focus so intensely on a specific goal that you ignore other possibilities despite their potential benefits.*

*Many people who are in a long asylum seeker process are at risk of getting stuck in tunnel vision.*

*Examples of tunnel vision:*

- **Wrong expectations:** *this happens when you are looking too far ahead and stop paying attention to the here and now. It stops you from seeing opportunities. Anxiety kicks in and keeps your mind busy.*  
*Example: "I will be at peace when I have my own apartment and a job."*
- **Narrow vision:** *you focus too much on what is known and sounds familiar, and you fail to observe opportunities beyond your comfort zone.*  
*Example: rather than making an effort towards integrating in the host country, you cling to home country friendships and home country lead information.*
- **Excessive introspection:** *too much time spent examining your thoughts and feelings and not enough time invested in learning about yourself, developing your abilities and strengths.*  
*Example: "I need to receive a residency permit here, otherwise I will never be happy."*

*Possible side-effects of tunnel vision:*

- *Evidence or facts are not given enough attention, on the other hand information that influences the hope of reaching the goal is given too much attention.*  
*Example: you receive a discouraging text message confirming negative ideas and you accept it as truth without question. It will be difficult for a social worker to reframe that idea with the right information.*

- *Actual circumstances are not considered in the decision-making process, rather decisions are made too quickly without consideration of alternatives.*

### **Group exercise:**

the asylum-seeking process can take a long time. Discuss how this time is often used and how that contributes toward the future?

- *People sometimes ignore facts when they do not want to deal with issues.*

### **Group exercise:**

have the group share examples (e.g., people do not want to receive information about deportation).

*How to encourage a person who is stuck in the tunnel vision trap:*

- *know and share where to find correct information*
- *recommend good support agencies and reliable information sources*
- *encourage the person to evaluate their goals with new perspectives*
- *give time and room for change to take place*

*Getting out of tunnel vision can be disorienting and it will take time to process new information. You can play a good support role through this process.*



# Part 2

## Workshop Units



# Unit 11

## Workshop- Outreach Event Planning

Create an event that brings peers and potential SoTs together.

- Discuss outreach format options and choose one to focus on for implementation.
- Clarify outreach goals: Identify SoTs and offer to bring them into contact with a help organization.
- Fix dates for outreach events and supervision meetings.
- Set tasks and deadlines.

# Unit 12

## Workshop- Identification Indicators

- Check if all the tasks from Workshop 1 are accomplished and if any further support is needed.
- Equip peers by teaching them about SoT identification indicators which are typically used by front line workers and social workers in your organization.
- Ask the participants how they would identify SoTs. Write down their answers and compare them to standard indicators.
- Discuss the differences and the specific ways in which peers are better positioned to identify SoTs (e.g., ability to connect in their own language).
- Discuss which questions would be good to use when initiating contact.
- Practice role playing different scenarios.



# Unit 13

## Workshop- Interview List

- Check if all tasks from Workshops 1 and 2 are accomplished and if any further support is needed. If applicable, repeat deadlines.
- Ask if the participants have had any conversations already.
- Present the interview list, See Attachment G
- Explain the purpose of the interview list:
  - » to document first contact conversations.
  - » to document any important information that might need follow-up.
- Inform the peers that the questionnaire is not intended to be filled out during the conversation, but soon afterwards and then turned in to the social worker.
- Ask peers to carry out a conversation initiation role play and have the participants practice filling out the interview list according to what they observed during the role play.
- Allow time for questions and group discussion.

# Unit 14

## Workshop- Contact Cards

- Create a handout that peers can give to potential SoTs (e.g., flyer or contact card with your organisation's contact information and what types of services you offer.



# Part 3

## Programme Monitoring/ Evaluation

### **Monitoring**

Each group is unique and has its own dynamics. After each training unit, it is advised to collect important issues that came up during the lesson and needs your specific attention during the rest of the programme.

### **Evaluation**

At the end of the programme, information collected from the monitoring and participant feedback should be reviewed and an overall evaluation should be conducted.

To assist in your evaluation, arrange an exit interview for each programme participant. See Attachment H.



# Unit 15

## Group Supervision

### Goal:

To ensure the healthy development of programme participants and planned activities.

Note: Supervision can be provided through debriefing and evaluation in a group setting throughout this programme. Use the key elements of the supervision framework model to structure the group sessions.

### SUPERVISION FRAMEWORK

| ADMINISTRATIVE   | FORMATIVE   | SUPPORTIVE   |
|--|---|--|
| <ul style="list-style-type: none"><li>▪ Orienting participants</li><li>▪ Planning and delegating assignments</li><li>▪ Coordinating group work</li><li>▪ Sharing practical information</li><li>▪ Explaining administration functions</li><li>▪ Liaising with partners</li><li>▪ Assisting with time management</li></ul> | <ul style="list-style-type: none"><li>▪ Assessing strengths and growth opportunities</li><li>▪ Skill development</li><li>▪ Sharing and reflecting</li></ul> | <ul style="list-style-type: none"><li>▪ Advocating</li><li>▪ Reassuring</li><li>▪ Encouraging</li><li>▪ Facilitating</li></ul> |



# Attachments



# Attachment A

## Team Building Game

| Covid Quarantine BINGO   |                                    |   |                                    |                        |
|--------------------------|------------------------------------|---|------------------------------------|------------------------|
| Slept-in                 | Baked something                    | Finished a puzzle   | watched an entire season in one go | Snacked all day long   |
| Wrote in a journal       | Video-called a friend              | Shopped on-line   | Took a bath                        | Googled Covid symptoms |
| Tried crafting something | Cooked a meal                      |  | Sent a text message                | Cleaned something      |
| Made a tik tok video     | Participated in an on-line workout | Stayed a whole day in PJs   | Watched a movie                    | Meditated              |
| Organized my room        | Listened to a sermon / podcast     | Learned something new   | Read a magazine / book             | Studied German         |



## Attachment B

# Confidentiality Agreement

I, ..... as a participant in the SISA Peer-to-Peer Programme, agree to keep all information that I receive about other programme participants and any peers confidential. I understand that it would be a violation of policy to share confidential information with third parties including family members, friends, acquaintances, or colleagues in the workplace.

.....  
Place, Date

.....  
Signature

## Attachment C

# Person of Trust





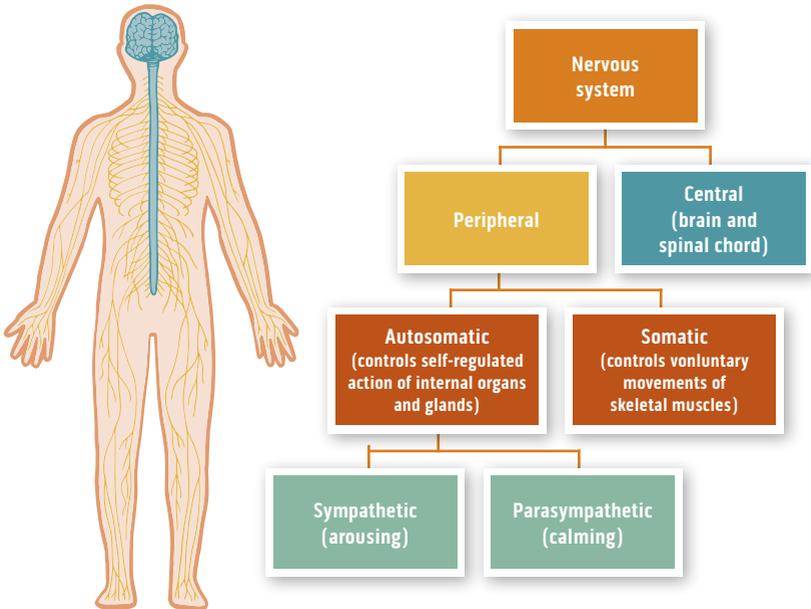
## Attachment D

# Difficult Words

|                  |   |
|------------------|---|
| Endocrine        | An organ that produces hormones.  |
| Dopamine         | Makes you feel motivated, accomplished, and productive.                                 |
| Serotonin        | Helps you feel happier, calmer, and more focussed.                                      |
| Neurotransmitter | A chemical by which a nerve cell communicates with another nerve cell or with a muscle. |
| Somatic          | Bodily  |
| Autonomic        | Acting involuntary, or spontaneously.   |

## Attachment E

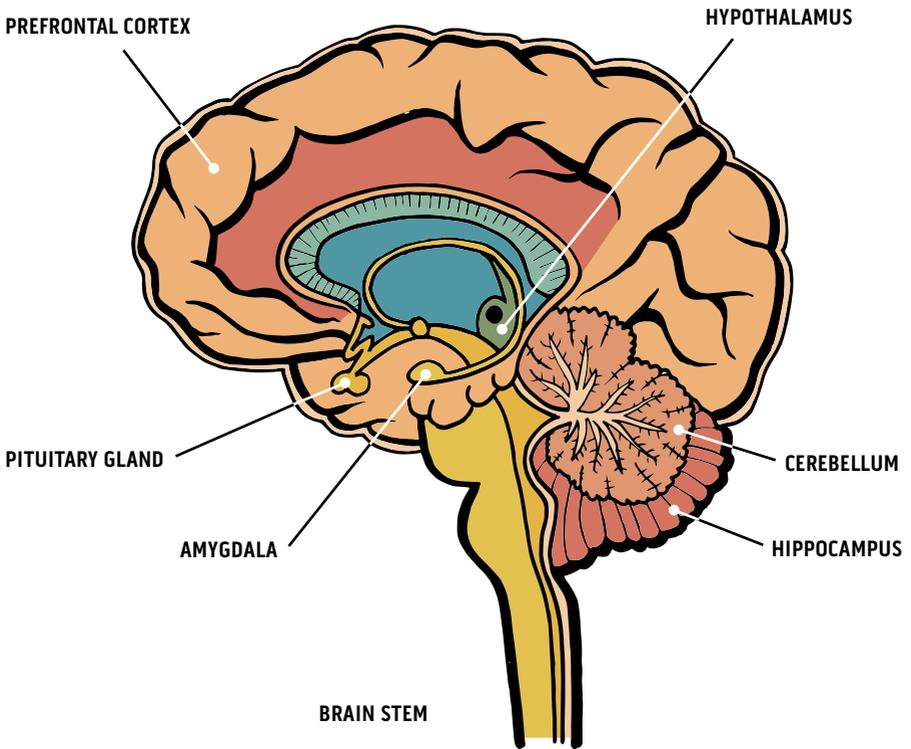
# The Nervous System



| <b>PNS</b><br>(peripheral nervous system)  | <b>CNS</b><br>(central nervous system)   |
|--|--|
| <ul style="list-style-type: none"> <li>made out of a huge network of interconnecting neurons that span across the body.</li> </ul>                                   | <ul style="list-style-type: none"> <li>consists of the brain and the spinal cord.</li> </ul>   |
| <ul style="list-style-type: none"> <li>the main function of the peripheral nervous system is to send the messages from the brain to the rest of the body.</li> </ul> | <ul style="list-style-type: none"> <li>the main function of the central nervous system is to get the information from the body and send out instructions.</li> </ul> |
| <ul style="list-style-type: none"> <li>helps control all the body systems and organs.</li> </ul>   |  |

## Attachment F

# Amygdala





# Attachment G Interview List

## CONVERSATION PROTOCOL

Conversation Date:

Your Initials:

Name:

Date of Birth  
(or age estimate)

Home or  
Passport country

Language used  
in conversation

How long already  
in host country

Reasons for staying  
in host country

Reasons for leaving  
home country

Travel route to get  
to host country

Did they work  
in prostitution?

Is someone depending  
on them to send money?

What signs of trauma  
do you recognize?

Do they want help from  
a social worker?

What else do you know  
about them?

Other important notes

## Attachment H

# Peer Exit Interview

### PART 1: Questions about the Programme

1. How much did you enjoy the programme?



2. Did the training adequately equip you to do your job well?



3. Were you given clear goals and expectations for this role?

YES

NO

If necessary please explain:

4. Have your own expectations of the programme been fulfilled?

YES

NO

If necessary please explain:

5. Was there a topic you wished would have been included? If yes, which one?



6. What was the best part of the programme? What did you enjoy the most?

7. What is something that could have been done better?

## **PART 2: Questions about being a Peer**

1. What was the best part of being a peer?

Please explain:

2. What was difficult about being a peer?

Please explain:

### **PART 3: Self-reflection**

1. Was the programme creating extra stress for you that was hard to manage?

If necessary please explain:

2. How was participating in the programme making you stronger?

If necessary please explain:

3. Did you feel valued and recognized in your role?

**YES**

**NO**

Please explain how we can value you better: