



MINIMUM STANDARDS

**for the Protection of Refugees and
Migrants in Refugee Accommodation
Centres**

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In recent years, an increasing number of people have been forced to flee their countries and seek protection in Germany. Owing to the situation in their home country and also as a result of potentially traumatic experiences, they are in need of protection during and after their flight. Our responsibility in Germany is to ensure the rights of all refugees and migrants are respected. This includes supporting them in their search for safe places, ensuring institutional protection in accommodation centres, facilitating their well-being in order to support them in dealing with the effects of war and flight, and integrating them as quickly as possible into our society.

For many asylum seekers arriving in Germany, refugee accommodations are central to their lives. Despite enormous efforts made by politicians, authorities and civil society, consideration for the rights and needs of persons living in such accommodations remains insufficient. Refugees and migrants often live for very long periods of time in an environment that is neither humane nor child- or family-friendly. They often remain exposed to violence, abuse and exploitation, and their participation in society, as well as their opportunities for development and integration are considerably limited or non-existent. In order to ensure that the protection of all asylum seekers becomes an integral part of the wide-ranging support in refugee accommodation centres in Germany, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, abbreviated BMFSFJ), in cooperation with UNICEF, launched a joint initiative in spring 2016 with the following partners:

- German Workers' Welfare Association (federal) [Arbeiterwohlfahrt Bundesverband (AWO) e. V.]
- German NGO Network against Trafficking in Human Beings [Bundesweiter Koordinierungskreis gegen Menschenhandel (KOK) e. V.]
- Der Paritätische Gesamtverband e. V.
- The German Children and Youth Foundation [Deutsche Kinder- und Jugendstiftung gGmbH]
- German Caritas Association [Deutscher Caritasverband e. V.]

- German Institute for Human Rights [Deutsches Institut für Menschenrechte e. V.]
- German Red Cross [Deutsches Rotes Kreuz e. V.]
- Diakonie Germany - [Diakonie Deutschland – Evangelischer Bundesverband e. V.]
- Association of Women's Shelters [Frauenhauskoordinierung e. V.]
- Plan International Germany e. V.
- Save the Children Germany e. V.
- German Forum for Crime Prevention [Stiftung Deutsches Forum für Kriminalprävention]
- Independent Commissioner for Child Sexual Abuse Issues [Unabhängiger Beauftragter für Fragen des sexuellen Kindesmissbrauchs (UBSKM)]

As a result of their work, in July 2016 the members of the initiative published the first nationwide „Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Accommodation Centres“. It was agreed to review these Minimum Standards on a regular basis, so as to include lessons learned from the implementation of the Standards. 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 centres and the residents of refugee accommodation centres. As 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.

Regarding the review, all partners involved made every effort to enhance the focus on groups requiring special protection, such as children, adolescents and women.

For this reason, also two new annexes were developed: one on the implementation of the Minimum Standards for LGBTI* refugees and migrants, and the other on their implementation for refugees and migrants with disabilities. This broadened focus – including groups beyond children, adolescents and women – is reflected in the title of the revised Standards.

The present Minimum Standards for the Protection of Refugees and Migrants in Refugee Accommodation Centres are the result of the collaborative work of the initiative, led by the BMFSFJ and UNICEF, and with the technical contribution of the following members of the initiative:

- German Workers' Welfare Association (federal) [Arbeiterwohlfahrt Bundesverband (AWO) e. V.]
- German National Consortium of Psychosocial Centres for Refugees and Survivors of Torture [Bundesweite Arbeitsgemeinschaft Psychosozialer Zentren für Flüchtlinge und Folteropfer e. V.]
- German NGO Network against Trafficking in Human Beings [Bundesweiter Koordinierungskreis gegen Menschenhandel (KOK) e. V.]
- Der Paritätische Gesamtverband e. V.
- German Children and Youth Foundation [Deutsche Kinder- und Jugendstiftung gGmbH]
- German Caritas Association [Deutscher Caritasverband e. V.]
- German Institute for Human Rights [Deutsches Institut für Menschenrechte e. V.]
- German Red Cross [Deutsches Rotes Kreuz e. V.]
- Diakonie Germany [Diakonie Deutschland – Evangelischer Bundesverband e. V.]
- Association of Women's Shelters [Frauenhauskoordinierung e. V.]
- International Rescue Committee (IRC) Germany gGmbH
- medica mondiale e. V.
- Plan International Germany e. V.
- Save the Children Germany e. V.
- German Forum for Crime Prevention [Stiftung Deutsches Forum für Kriminalprävention]

- TERRE DES FEMMES e. V.
- Independent Commissioner for Child Sexual Abuse Issues [Unabhängiger Beauftragter für Fragen des sexuellen Kindesmissbrauchs (UBSKM)]

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

The annex on the Implementation of the Minimum Standards for LGBTI* Refugees and Migrants is the result of joint work undertaken by the following organisations, led by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth [BMFSFJ]:

- Workers' Samaritan Federation of North Rhine-Westphalia [Arbeiter-Samariter-Bund NRW e. V.]
- German Workers' Welfare Association (federal) [Arbeiterwohlfahrt Bundesverband (AWO) e. V.]
- Der Paritätische Gesamtverband e. V.
- German Children and Youth Foundation [Deutsche Kinder- und Jugendstiftung gGmbH]
- Federal State Capital of Hanover, Department of Human Resources and Organisation, Representative for Sexual and Gender Diversity
- Lesbian and Gay Federation in Germany [Lesben- und Schwulenbundesverband in Deutschland (LSVD) e. V.]
- The Berlin-Brandenburg Migration Council [Migrationsrat Berlin/Brandenburg e. V.]
- Gay Counselling Centre Berlin [Schwulenberatung Berlin gGmbH]

The development of the annex was coordinated by Gay Counselling Centre Berlin [Schwulenberatung Berlin gGmbH]. The annex on the Implementation of the Minimum Standards for Refugees and Migrants with Disabilities is the result of joint work undertaken by the following organisations, led by UNICEF:

- German Workers' Welfare Association (federal) [Arbeiterwohlfahrt Bundesverband (AWO) e. V.]
- German Workers' Welfare Association for the district of Central Berlin [AWO Kreisverband Berlin-Mitte e. V.], the AWO Refugium/Marie-Schlei-Haus - Home for Particularly Vulnerable Refugees
- The Federal Government Commissioner for 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 [Deutscher Caritasverband e. V.]
- German Institute for Human Rights [Deutsches Institut für Menschenrechte e. V.], National Monitoring Mechanism for the UN Convention on the Rights of Persons with Disabilities
- Diakonie Michaelshoven [Diakonie Michaelshoven e. V.], Cologne Network for Refugees with Disabilities
- European Disability Forum
- Handicap International e. V.
- International Rescue Committee (IRC) Germany
- Lebenshilfe Landesverband Hamburg e. V.
- MINA-Leben in Vielfalt e. V.
- Weibernetz e. V. – Nationwide Network of Women-Lesbians and Girls with Disabilities

Additional technical guidance was provided by the Women against Violence - Federal Association of Women's Counselling Centres and Rape Crisis Centres [Frauen gegen Gewalt e. V.] and Prof. Dr. Swantje Köbsell (Alice Salomon University).

Both annexes are an integral part of the Minimum Standards.

The situation of unaccompanied and separated children

seeking refuge is not addressed in these Minimum Standards. These children are taken into the care of child and youth welfare services, since it is the state's duty to protect and ensure their welfare.

The initiative considers the Minimum Standards to be a living document. Members commit to review these Minimum Standards on a regular basis, so as to ensure that practical experience continues to be reflected in the Standards.

Further information and guidance on the practical implementation of these Minimum Standards has been developed by the partners of the initiative and is available on the initiative's website at www.gewaltschutz-gu.de.

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The aim of all endeavours must be to enable people who have fled to Germany to be accommodated in their own apartments. Meanwhile, all efforts must be made to provide persons living in refugee accommodation centres with a safe and supportive environment.

The aim of the Minimum Standards for the Protection of Refugees and Migrants in Refugee Accommodation Centres is to ensure the protection and support of all persons in these centres. All refugees and migrants are entitled to protection with regard to their life, health, personal development and human dignity.

This particularly applies to groups of persons who, on account of their age, sex, sexual orientation or gender identity¹, disability, religious affiliation, ethnic, national or social origin, political convictions, state of health or any other status, require particular protection. Groups of persons in particular need of protection include:

- Women
- Children
- Adolescents
- LGBTI* persons
- Persons with disabilities
- Religious minorities
- Persons affected by human trafficking
- Persons with severe physical disorders or diseases
- Persons who have suffered torture, rape or other serious forms of psychological, physical or sexual violence

Particular regard should be given to the increased risk that may result from the intersection of the aforementioned statuses (for example, gender and age).

The right to humane accommodations and protection against violence derives from the German Constitution, national laws and international agreements, such as the UN Convention on the Rights of the Child,

the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of Persons with Disabilities, the Charter of Fundamental Rights of the European Union, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), the Convention on Action against Trafficking in Human Beings and the EU Reception Directive (2013/33/EU), which makes provision for protection measures for groups of particularly vulnerable persons. These norms require Germany and its individual federal states to apply adequate measures to ensure appropriate and effective protection.

However, the best possible protection against violence can only be achieved if protection is part of a binding set of values in institutions and organisations providing aid to refugees, and if a professional commitment is made. In this respect, the development and implementation of centre-specific protection plans require a quality-development process within both the individual organisation and the overarching organisational structure. Furthermore, the minimum standards required to achieve this quality must be included in legislation if they are to be effectively implemented in practice. The matter of financing the implementation of protection plans also needs to be regulated. In order for the responsibility for protection against violence to be taken seriously, the necessary financial means need to be made available.

The Minimum Standards are to serve as guidelines for the development, implementation and monitoring of protection plans in all refugee accommodations. They may also be used as an orientation for the development of protection plans for specific federal states and municipalities. Overall, the following Minimum Standards should be implemented and observed in ALL refugee accommodation centres in Germany.

1. The term "sex" is understood to mean a person's biological sex. The term "gender" is used to describe the psychological and social sex of the person. This includes both the personal gender with which the person identifies and attributions classified as male or female. From a cultural and social perspective, the biological and social sex are seen as binary constructions, i.e., male or female.

The measures listed cover the protection and social participation as well as the development and integration opportunities of all residents in refugee accommodation centres. It must be emphasized that these measures may not meet the needs of all groups of persons requiring protection. To ensure this protection, a separate and individual assessment may be required, taking account of the respective special protection and support needs. The Minimum Standards should be read and understood in their direct interrelationship and in association with the introduction.

The Minimum Standards refer to all forms of violence, such as physical, sexual and psychological violence, child neglect, domestic violence, gender-based violence, forced marriage, stalking, female genital mutilation, violence amongst children and human trafficking. The individual forms of violence are listed and defined separately in the glossary at the end of this document. To make the following text more reader-friendly, reference is made to "violence" throughout.

Internal protection plan

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

All refugee accommodation centres must have a protection plan developed within each centre.²

The plan should be designed to ensure the protection of all residents living in the accommodation – especially groups of persons requiring particular protection – in ALL areas within the accommodation, through prevention, direct intervention and monitoring.

Some groups of persons are in particular need of protection on account of their age, sex, sexual orientation or gender identity, disability, religious affiliation, ethnic, national or social origin, political convictions, state of health or any other status. Groups of persons requiring particular protection include:

- Women
- Children
- Adolescents
- LGBTI*persons
- Persons with disabilities
- Religious minorities
- Persons affected by human trafficking
- Persons with severe physical disorders or diseases
- Persons who have suffered torture, rape or other serious forms of psychological, physical or sexual violence

Particular regard should be given to the increased risk that may result from the intersection of the aforementioned statuses (for example, sex and age).

Validity and internal obligations

ALL people working in such accommodation are obliged to participate in implementing the protection plan.

This includes, e.g., the following areas of work and personnel:

- Centre management and a specific contact person for the centre's internal protection plan
- Social work and educational care
- Social support workers
- Psychosocial counselling and social counselling
- Medical care
- Asylum procedure counselling
- Interpreters and interpretation services
- Site security, fire protection and security services
- Custodial service
- Cleaning staff, caretaker and catering services
- Volunteers
- Staff from socio-educational organisations providing courses within the organisation

Staff providing other services, who, as a result of their work, have considerable impact on the well-being and sense of safety of the residents, must be informed about the protection plan as well as about their opportunities to engage accordingly in its implementation (e.g., Federal Office for Migration and Refugees, immigration authorities).

Validity and external obligations

The protection plan must also form part of all contracts with external (service) providers and suppliers. External personnel must be contractually obligated to cooperate with and uphold the principles and guidelines specified in the protection plan.

2. A centre-specific protection plan, as presented in the present six Minimum Standards, is a combination of analyses, structural changes, agreements and arrangements, and it reflects the organisational attitude and culture of a centre.

Participatory risk analysis

The protection plan is based on a participatory risk analysis within the accommodation centre. The analysis is compiled at each centre, and it includes risks due to age, sex, gender identity, sexual orientation, disability, religious affiliation, ethnic, national or social origin, political convictions, state of health or any other status. Particular consideration shall be given here to the increased risk that may result from the intersection of the aforementioned statuses (for example, sex and age). The risk analysis also defines factors that may contribute to protection.

The analysis includes risk and protection factors at all levels. However, as a minimum, these are at the levels of

- the centre operator and centre management
- the principal staff and volunteers
- the residents
- the work processes specific to the centre
- the local conditions, which also includes the risk of crimes against refugee accommodation motivated by racism or extreme right-wing views

The risk analysis requires a focal point and should be conducted through a combination of participatory approaches³ with representatives from all areas of work and a representative selection of residents across 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.

Integration

The protection plan must be an integral part of existing procedures at each centre, and thus be part of all ongoing processes and day-to-day work within the centre. This also includes taking account of existing protection plans (against violence) at communal or federal state level.

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 LGBTI* 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, for example, residents' councils, which are reflective of the composition of the centre's residents regarding ethnicity, religion, sex, 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.

The management at each centre must ensure that ALL staff, service providers and volunteers are familiar with the protection plan and are able to implement it in their area of responsibility.

3. Focus-group discussions, bilateral talks, discussions with various persons involved, internal discussions, drawing and painting with children, etc.

To ensure the transparency and accessibility of the protection plan, all residents must be provided with information about its content verbally and in writing, in a language that they understand and in a way that is comprehensible, fully accessible and age-appropriate.

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

The protection plan will build on the basic philosophy of the centre. This includes compliance with humane standards for refugee and migrant accommodation and a clear commitment to respect the fundamental freedoms 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. 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 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“ principle⁴). All measures, actions and attitudes of staff have the potential to positively or negatively affect the (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.

Protecting 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 LGBTI* 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. It should also be noted and communicated that, with respect to the endangerment of child welfare in accordance with § 8a of the German Social Security Code Book VIII (protection mandate regarding the endangerment of child welfare), there is a specified statutory limit to confidentiality. Staff must also be aware that they do not have the right to refuse to give evidence per se, should it come to court/criminal proceedings.

4. See 'The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response', 2011, available for download at: <http://www.sphereproject.org/>.

Personnel and personnel management

Roles and responsibilities

The management at each accommodation centre is responsible for developing, implementing and monitoring 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. These areas of responsibility and competences are presented transparently to all staff and residents.

There should also be a specific contact person for the protection plan who supports management in developing, implementing and monitoring the protection plan.

Code of conduct

All employees, service providers and volunteers within each accommodation centre sign a commitment to adhere to the code of conduct to prevent and protect against, as well as intervene in, any form of violence against residents at the accommodation by staff, service providers, volunteers, other residents, family members or visitors. This signed document represents a clear commitment against all forms of violence at the centre and is an integral part of the protection plan. It specifies the basic approach to be taken and the duty to protect that is held by ALL persons working there, and it holds all parties accountable.

Personnel recruitment and management

When conducting interviews with potential employees and volunteers (and when awarding contracts to external service providers), the code of conduct is specified as being a binding requirement for employment.

Before entering into any employment contract or other contractual relationship, the centre must ensure it provides comprehensive information regarding both the measures to be taken in the event of a violation of the code of conduct by a staff member or an external service provider as well as the resulting consequences for the employment contract or contractual relationship. Particular reference shall be made to the disciplinary consequences following any violation.

The code of conduct and the signed commitment are thus binding elements of all contractual agreements with employees and external service providers.

Management must adhere to quality standards in the selection as well as the supervision of full-time staff and volunteers. Management must also develop and maintain basic staff inductions on how to recognize and interact with persons requiring particular protection.

A further prerequisite for the employment of staff, service providers and volunteers at an accommodation centre is the submission of an extended criminal record certificate. Furthermore, it is important to have an adequate number of female professionals to run the centre. 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, persons with a migrant background, women, persons with disabilities and LGBTI* persons should be encouraged to apply.

Volunteer work in the accommodation centre is managed and supported professionally and should be based on existing standards of work with volunteers. The voluntary engagement of residents at the centre should correspondingly also be managed and supported.

Compliance with the protection plan is part of personnel and quality management. It is a standing agenda item at regular team meetings and when supervising full-time and, to the extent possible, voluntary staff within the centre in all areas and services. The security service is included in the exchange of information and quality development.

Raising awareness and training

The protection plan can only be effectively embedded in the organisational structure of the centre if ALL employees, volunteers and external service providers are adequately sensitized, receive an in-depth induction and continuous training. Additionally, the centre's management also provides for supervision or other formats of exchange.

For this purpose, the accommodation centre's management arranges for or conducts their own regular training sessions, in which the code of conduct and the centre's internal protection plan are introduced. Additionally all staff, volunteers and external service providers (including the security service) are obliged to participate in (target-group-oriented) courses on the prevention of and direct intervention in cases of violence, and thus the implementation of the protection plan. These courses should be conducted in cooperation and with the support of staff from specialist advisory services and other relevant institutions (police, non-governmental organisations, authorities, associations). Depending on the target group, the following content and topics are to be covered:

- respect for human dignity, the principle of non-discrimination and the avoidance of further harm („do no harm“-principle⁵), as well as respect for diversity;
- intercultural and transcultural skills, conflict awareness and conflict management;

- 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;
- the traumatising of refugees and migrants in their home country, 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);
- various forms/manifestations and dynamics of violence⁶ 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 LGBTI* persons, of becoming victims of sexual violence or exploitation;
- effective prevention and early detection of violence and exploitation;
- adequate intervention when violence is suspected or has already occurred (everyone must be aware of the referral procedures and the existing cooperation agreements in various federal states on particularly vulnerable persons and cases of violence) and support opportunities for persons affected by violence and/or exploitation and potential perpetrators;
- dealing with violence among refugee and migrant children and adolescents, as well as in families and long-term relationships;
- designing or planning child-friendly spaces and services;
- supporting and involving parents;
- dealing with residents who have become radicalised and pose a risk to other residents;
- the rights and specific legal situation for refugees and migrants in Germany, especially at-risk group;
- the rights of survivors of violence;
- the help and support system in Germany in general and specifically for refugees and migrants, especially for at-risk groups;
- disciplinary and criminal consequences for perpetrators of violence.

5. See Sphere Manual: Humanitarian Charter and Minimum Standards in Humanitarian Aid, 2011, available for download at: <http://www.sphereproject.org/>.

6. Physical violence, psychological violence, sexual violence and neglect; see glossary.

If applicable, information on federal state-specific standards for the protection of refugees and migrants in refugee accommodation centres should also be provided at each centre.

The aim of these courses is to reinforce the ability of staff, volunteers and service providers, according to their respective area of responsibility, to prevent and directly intervene in cases of violence. They must be familiar with local control structures and points of contact as well as with the accommodation centre's prescribed procedures and contingency plans.

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. Account must also be taken of religious and cultural aspects, as well as of violence issues. This makes it possible to assess whether additional support or care is needed.

Specific medical, legal and psychosocial counselling and support 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 and in how to recognize 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/burdensome situations). The frequency of supervision depends on the amount of time a staff member works at the centre and the individual person's work situation.

Participation in supervision should be mandatory for all employees. Management must also ensure that employees' sense of security is included in the development and implementation of the protection plan.

Internal structures and external cooperation

Structural measures

House rules

House rules, in which clear basic rules for peaceful coexistence and for action against perpetrators of violence are set out, must be translated into the respective languages of the residents; they must be easily understood and available in child-friendly versions and in plain language or with pictograms. They must be displayed in a central location and also be conveyed verbally. The house rules apply to ALL persons at the centre and must be presented to residents, to internal and external staff and to the volunteers. The rules are to be supplemented by a pre-worded written statement (translated by an interpreter, where applicable), which must be signed by all residents. The signatories make a clear commitment against any form of violence and discrimination and promise to actively promote respectful social interaction. Possible sanctions as consequences of a breach of the house rules, such as warnings or bans on entering the centre, must be clearly noted.

Designated contact persons at the accommodation centre

Persons affected by violence need specially trained female and male contact persons who can counsel and support them. The operator of each accommodation centre must ensure that those affected are provided with a permanent contact person at all times as well as independent, qualified interpreters and cultural and language mediators. The respective contact persons must be known to all residents. They are trained and have experience in the appropriate recognition, careful analysis and swift referral of those affected (or they pass on information after being released from their obligation of non-disclosure) to responsible persons or agencies who can provide appropriate and, where

applicable, specialised support in cases of suspected and actual violence and/or exploitation as well as in concrete cases of violence.

They are also able to respond to the needs of groups of persons who require particular protection. In order to further strengthen their ability to act, the contact persons regularly take part in internal or external training and receive collegial advice and supervision.

All staff and volunteers know who the contact persons for those affected by violence are and can refer to them where relevant.

At the same time, the permanent contact persons should also be responsible for other areas of work, since it could otherwise be stigmatising for affected individuals to approach these persons.

Internal complaints body

In light of the diverse problems that refugees and migrants living in refugee accommodation are confronted with on a daily basis, centres must develop, test and establish, together with the residents, suitable low-threshold and accessible complaints procedures. The residents, including children and adolescents, are to be involved in the establishment of an internal complaints body so that the channels and possibilities of the complaints procedures can be easily used by all residents (e.g., in addition to the complaints body, installing boxes or letterboxes in the rooms). The mechanisms and procedures must have a low threshold, they must be transparent and comprehensible, and they must give the residents the confidence that their complaints will not negatively affect their personal situation and prospects of remaining in the country.

Feedback to residents about the progress of the procedures or the internal handling of complaints (if not anonymous) is to be ensured.

In compliance with the principle of confidentiality, complaints shall be systematically documented, evaluated and recorded in the centre's monitoring system (see Minimum Standard 6), as they provide essential data for the monitoring and evaluation of the protection plan.

External complaints and counselling body independent of the centre operator

All residents and staff, irrespective of the type of accommodation (i.e., in public, free or private sponsorship) must have access to an external, neutral complaints and counselling body independent of the centre's operator. 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. The independent complaints body can be sought out by residents and staff at regular hours and has the capacity to receive complaints by telephone, post or email.

It must be possible to make complaints anonymously and in one's own language. It must also be possible for illiterate persons, children and adolescents to submit complaints. The body's staff must have free and unhindered access to the accommodation centre. The composition, staffing and detailed task specifications, the complaint management and their integration into the centre's external and internal network must be discussed and agreed upon in an open dialogue between the sponsoring organisation, the residents, the staff, refugee initiatives, the responsible authorities (e.g., social welfare office, youth welfare office), the schools and day-care centres and the local counselling centres. They are part of the protection plan.

Content-related measures

Actively informing about rights and practical support offers

All residents must be informed about their rights as human beings and as refugees or migrants, 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. They must be told whom they can turn to if they have questions or in case of emergency.

It is particularly important to inform all residents about the staff's obligation to professional secrecy and its legal limits. In doing so, it is to be pointed out that each resident can call upon the designated contact persons within the centre or seek out the internal complaints body and external complaints and counselling body and conduct a personal, confidential discussion with appropriately trained staff. The existing assistance and support systems as well as their specific services and, where applicable, languages, their opening hours and the contact persons available for those affected by violence must be explained to the residents. In addition, the local specialised counselling service must inform them about the possibility of seeking protection in a women's shelter or in other shelters.⁷ Moreover, residents should be made aware of the nation-wide helpline "Violence against Women" ["Gewalt gegen Frauen"].⁸ This information should be provided through reference to external counselling and service offers of the support system in the initial admission interview (upon arriving at the centre), by making flyers available and by staging regular informational events (hosted, for example, by the local youth welfare office or by specialised counselling services). The specialised assistance counsellors at support centres or other counselling services have free access to all centres. In doing so, measures are to be taken that allow those affected by violence to discretely access counselling services. Potential offenders must also be offered counselling services.

7. Every woman in Germany has the right to protection from violence. All women have this right in each phase of the asylum process, including women without a permanent residence permit. It is also irrelevant whether the woman affected by violence lives in a federal state refugee reception centre or in municipal accommodation. Refugee and migrant women affected by violence may have the costs of residence in a women's shelter covered in accordance with the "Asylbewerberleistungsgesetz" [the German social welfare law for asylum seekers] (during the on-going asylum procedure) or SGB II and SGB XII (after the end of the asylum procedure). Moreover, the financing must be settled by the women's shelter or by other sheltering centres and the responsible service providers (generally the municipality) on a case-by-case basis. In order to facilitate the fastest possible and least complicated move into the women's shelter, all parties involved (refugee-accommodation staff and staff at the women's shelters as well as local authorities) should be informed about the local processes and responsibilities.
8. The "Violence against Women" helpline (08000 – 116 016) offers free, anonymous counselling over the phone and online counselling for all nationalities, 24 hours a day and 365 days a year, in 18 languages, in plain language and sign language. More detailed information can be found at www.hilfetelefon.de.

Making information comprehensible and overcoming language and communication barriers

Information about rights, confidentiality, counselling options and further assistance must be communicated in a way that is easily accessible, comprehensible, age-appropriate and gender-specific, and available in all necessary languages as well as in plain language and in pictograms. Sex and gender-specific information directed to residents are to be displayed in safe locations.⁹

Communication problems often contribute to conflicts. Good cooperation with interpreter services is therefore essential. Both female and male interpreters must visit accommodation centres regularly at fixed times – for example, in the form of open consultation hours – in order to enable clear communication. Interpreters (for example sign language interpreters) and language mediators should be provided for all groups of persons in particular need of protection as well as for linguistic minorities. During the complaint body's opening hours, well-qualified, independent, male and female language-mediators must be present so that they may be consulted when needed. In the case of a violent assault, interpreters who are trusted by the affected person must be available for consultation upon short notice. Under no circumstances is security staff to 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

Courses and other event formats 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, equality of women and men, health and access to the health system, specialised, psycho-social care, women's health, non-

violent methods for children's upbringing, preventive work with parents, German culture and the cultures of other groups of residents, the German regulatory, assistance and social system, children's rights, the work and services of the youth welfare office, sexual and gender diversity, and the rights of persons with disabilities – will take place regularly and are open for all residents. Failing that, residents will be referred to appropriate external offers.

Self-defence courses and open counselling hours will be used in order to provide information about legal protection and support centres, and to ensure that all residents are aware of their rights. Offers of this kind can contribute to ensuring that potential perpetrators of violence also have the courage to talk about the violence they experienced and to seek help. Accommodation centres must therefore offer relevant courses (for children and adults) with trained staff, and they must ensure that language and communication barriers do not stand in the way of participation, or, if need be, refer residents to relevant external courses. In order to establish trust, the courses must take place in a safe atmosphere with sufficient time provided. For example, language courses for women only have proven to be very important because such courses are often the first or only place where women gather the courage to express themselves freely. Particularly mothers are frequently unable to benefit from the courses and counselling offers due to a lack of childcare. Childcare should therefore be provided.

Early childhood education (day care) and the school system should be explained to parents, and staff should support parents in availing themselves of these services. The same applies to integration programmes specifically for adolescents.

9. Information about helplines, flyers, brochures and addresses of women's counselling services should for example be posted in women's restrooms, and appropriate information for children should be accessible in rooms reserved for childcare or in other places created for children.

External cooperation

Involving cooperation partners

In order to introduce and ensure individual and needs-based support, affected persons must be supported in finding and contacting competent contact persons and entities. Accommodation centres must - based on an analysis of the resources of the local municipality - have a database and list of addresses of suitable local contact persons, counselling services and institutions that are available to provide further support. This includes, e.g., women's shelters, women's counselling services, women's emergency hotlines, specialised counselling services (such as for those affected by human trafficking), organisations of refugees, organisations of migrants, organisations of persons with disabilities, organisations of LGBTI* persons, refugee counselling services, administrative police and crime investigation departments, centres that work with perpetrators, justice, legal advice, assistance for persons with disabilities, youth welfare office, youth welfare centres, health care (including HIV/Aids and counselling offices for addicts), psycho-social or psycho-therapeutic counselling offices, in this regard experienced specialists (child protection workers), religious and belief societies/communities (e.g., mosque communities), language and culture mediators etc. If necessary, specially trained staff will accompany affected persons to appointments and advise them on the choices of support available.

The address database must be continuously updated and each accommodation centre should actively seek cooperation with local partners. This facilitates the exchange of information and establishes "shortcuts" and direct personal contacts so that residents receive the support they need in case of conflict, suspected violence or actual violence. Staff will thus be able to quickly refer affected persons to the appropriate forms of assistance. As part of this networking, standardized procedures and contact persons at the locally responsible youth welfare office should be determined. In addition, regular network meetings should be convened with the local support structures.¹⁰

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. Within this framework, it can also be determined, where applicable, whether there is a particular need for assistance or support, which the social workers at accommodation centres could apply for. In addition, nursery staff, teachers and social workers are important contact partners whenever the welfare of a child appears threatened.

Proactive engagement with the neighbourhood and public-relations work

Engaging the local population early on in the accommodation process and eventual integration is an important precondition for openly addressing potential fears and insecurities on both sides and therefore avoiding tensions. In this regard, proactively engaging with the neighbourhood and proactive public-relations work by management at each accommodation centre are essential.

10. For example, there could be a local anti-violence working group made up of the following agencies: women's counselling services, women's emergency hotlines, women's shelters, entities working with perpetrators of violence, local police contacts for domestic violence, and authorities responsible for relocation at the relevant immigration authority etc.

Prevention of and dealing with situations of violence and suspected violence / risk management

Prevention

As already mentioned in Minimum Standard 1 (centre-specific protection plan), the objective is to protect, based on a participatory risk analysis, all residents at each centre in all areas, using, among other things, preventive measures. Such preventive measures include sensitizing and training staff to respect diversity and providing psycho-social support to residents (Minimum Standard 2); providing access for all residents affected by violence to permanent contact persons and to internal/external complaints mechanisms; and facilitating their participation in relevant low-threshold courses and counselling services. Moreover, guaranteeing opportunities for residents to withdraw, protecting the residents' private sphere, and providing internal support such as parent liaisons and child-friendly spaces and services, are all important preventative measures (these will be explained in Minimum Standard 5).

Standardized procedures 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 done based on the principle of non-discrimination, since this represents a central prerequisite for freedom from violence and therefore also the prevention of violence.

Every case of suspected violence, and every incidence of violence, is to be taken seriously and investigated. To this end, special procedures specific to the centre are to be developed for analysing and dealing with suspicions and indications of violence perpetrated by the staff (internal and external), by residents and by external third parties.

Standardized procedures in cases of violence

If an act of violence has occurred at an accommodation centre, the persons affected must immediately receive the necessary protection and support they need. When doing so, the provision of medical care for those affected, psycho-social first aid as well as the protection and safeguarding of their rights are to be guaranteed, e.g., by physical separation from the suspected perpetrator. In consultation with the affected person(s), solutions must be found that ensure security and the interests and wishes of the persons affected by violence, e.g., with regard to their remaining at the centre (see also "Assessing the danger after violence has occurred").

The centre's management and all staff must be familiar with the standardized procedures, with the steps to be taken and with the specific persons to be contacted. Residents must be informed about internal procedures and emergency plans, which are to be set out in writing. These should also be available as pictograms and be conveyed verbally.

In addition to the procedures and processes specific to the centre, 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. This can be achieved with the aid of cooperation partners (Minimum Standard 3) and it must take into consideration that reliable and swift accessibility is required whenever intervening in a crisis becomes necessary (thus permanent contact persons and telephone numbers etc.); crisis intervention also calls for a rapidly available support network (pedagogic and psycho-social crisis counselling, medical and psychiatric care for children/adolescents etc.).

Centre management must appoint a child protection specialist who regularly participates in district or regional network meetings on child protection. In the area of women's protection, cooperation with women's shelters, women's counselling services, specialised counselling services, and with the police and administration should be initiated in order to provide immediate assistance in cases of violence and/or exploitation, and with as little bureaucracy as possible. Care must be taken to ensure that all measures are in the best interest of the child and are carried out in consultation with all affected persons over the age of 18; these persons are to be involved and, where relevant, also informed of different options. In case of minors, these measures must also consider the children's rights. In particular they must be carried out with the participation of the children (right to be heard and to participate) and with the involvement of the parents (as appropriate).

The following key points, the details of which are to be specified by each centre, are to be complied with and made known as central elements of an individual procedure and contingency plan. Here the needs of groups of persons in particular need of protection are to be taken into consideration:

- Assess the danger in cooperation with several employees;
- Immediate protection from further violence and support for the affected person, for example through physical separation from the perpetrator;
- Consult independent interpreters;
- Medical care (this includes the possibility of having the injuries verified by a doctor);
- Inform a specially trained contact person at the centre and, in the case of minors, the parents or legal guardians (as appropriate);
- Counsel the person affected by violence in a calm, confidential atmosphere (without the presence of the person(s) threatening or exercising violence or, in the case of parents, without the presence of children); the counsellor should be female or male as desired by the affected person, and, furthermore, the affected person should have access to an interpreter, if requested;
- Information about and clarification of the options and consequences of filing a report with the police for the purposes of criminal prosecution and averting danger/emergency response (e.g., expulsion);
- Violence against children: Procedure according to the cooperation agreement with the youth welfare office pursuant to Section 8a (4) SGB VIII: assess

danger in consultation with the parents and the child, if protection is not compromised as a result of this. Counselling by a specialist with experience in this regard – a so-called “insoweit erfahrene Fachkraft” - (or child protection specialist) pursuant to Section 8a (4) or 8b (1) SGB VIII or Section 4 KKG [the German law on cooperation and information in child protection]. Promoting the use of available assistance. Only if the threat cannot be removed, inform the youth welfare office, whereby child protection remains the joint responsibility of the centre and the youth welfare office.

- Serious violence against adults: If there is an acute and extreme threat to health, life and freedom for the person and/or their children, or if particularly serious offences are imminent, the centre must call the police even without the consent of the person affected. The person affected is to be informed about this.
- Consultation with doctors, lawyers, specialist counsellors, psychologists/psycho-social counsellors, etc.
- Information about regional features of protection against violence, if any, such as information about voluntary confidential securing of evidence in the local hospital without reporting to the police, etc.
- Internal systematic documentation of each violent incident, independent of a criminal charge by the police. This includes a written record of the violent situation and the testimony from all those involved. Moreover, the documentation of the follow-up measures and their impact as well as a regular evaluation and reflection on all violent incidents at the centre within the framework of monitoring and the evaluation of the protection plan (see Minimum Standard 6).
- Psycho-social counselling services for affected persons: If, for example, the person affected by violence remains at the centre, specialist staff must offer the opportunity to talk, counselling and, if available, psychological support.
- Especially in the case of children and adolescents, but also in the case of other persons who witnessed violence within the centre, sufficient and suitable support is to be provided by specialist staff qualified in trauma pedagogy and therapy, and a specialist with experience in this regard – a so-called “insoweit erfahrene Fachkraft” – should be consulted in order to check for possible endangerment to the child.
- Potential perpetrators are to be introduced to assistance/counselling services in order to avoid further acts of violence.

Lists of all relevant contact persons, institutions and support services are to be provided in a systematic, easily visible and regularly updated form.

Assessing danger after violence has occurred

Specialists at each centre who fall under the category of groups of persons pursuant to Section 4 KKG (“Section 4 Counselling and conveyance of information by persons entrusted with confidential information in case of endangerment to a child’s welfare”), pursuant to paragraph 2 are entitled to counselling with a specialist experienced in child protection – a so-called “insoweit erfahrene Fachkraft” – through the local body responsible for youth welfare. Furthermore, all persons who work professionally in immediate contact with children and adolescents have, pursuant to Section 8b (1) SGB VIII, a claim to counselling with a specialist experienced in child protection – a so-called “insoweit erfahrene Fachkraft.” In the case of children and adolescents, such staff should therefore consult a specialist in an advisory capacity in order to assess the risk.

In all other cases, each centre’s management, in consultation with the persons affected and, where applicable, in cooperation with the police, must undertake an assessment of whether there is further danger for the affected person(s), whether other residents are at risk, and what further measures are to be taken.

If the person exercising the violence is a resident at the centre, then, as a rule, and in accordance with applicable law, he or she must leave the centre or at least be housed in a different part of the centre. In the case of an expulsion from the centre, the centre’s management must clarify the opportunities for subsequent accommodation and ensure that the necessary information is passed on (in accordance with data protection regulations).¹¹ If the person affected by the violence should prefer to leave the centre, then this person must be brought to another safe/secure accommodation (e.g., a women’s shelter in the case of women). Testimony by the affected parties can provide an important source of information about the kind, severity and extent of violence as well as the current

dangers. In order to assess the danger and identify risk factors, it can be helpful to use a checklist with relevant risk factors. In cases of violence in close social relationships, the possibilities for protection in accordance with the “Gewaltschutzgesetz” [German law on the protection against violence] (banishing order, protection order, handing over the common living unit according to the “Gewaltschutzgesetz”), but also through police measures, must be explained to the affected spouse or partner in outreach counselling. If remaining at the centre is untenable for those affected by violence due to security concerns, then these persons (upon consultation with them) must be brought to a women’s shelter or other sheltered accommodation.¹² In order to prevent further violence, the person exercising the violence is to be informed about the offers of assistance for counselling in the case of problems with violence.

If the person suspected of exercising violence is an employee, then different employment law measures are to be carried out depending on the level of suspicion. If steps under employment law are considered, legal advice should be obtained from a lawyer. If the perpetrator is external to the centre (neither staff, nor a resident), it must be ensured that he or she may no longer enter the centre. An injunction should be applied in all such cases, a ban on entering the centre pronounced, and this should be enforced by police where necessary.

Involving the police

If the risk of renewed or severe violence cannot be assessed and further acute and imminent danger to the life, limb or freedom of a person is threatened, the police are to be involved in order to increase the security and protection of the affected parties and to reduce or avert the danger of further acts of violence. The police can undertake a sound, systematic risk assessment and initiate further security measures.

It should be noted that the police, due to the principle of legality, will initiate preliminary proceedings irrespective of the wishes of the persons affected as soon as they gain knowledge of criminal offenses. Therefore, joint action procedures should be developed in advance within the framework of the protection plan

11. Where applicable, the necessary steps must be taken here in order to change the residence obligation or fixed abode. In the case of a ban from entering the centre, the centre management must ensure that the perpetrator(s) does/do not become homeless. The management must indicate alternatives for short-term accommodation and notify them to report immediately to the relevant immigration authorities.

12. Where applicable, the steps necessary to change the condition of fixed abode must be taken. In addition, the issue of the coverage of costs must be clarified for the stay at the women’s shelter.

through consultation with the police. In the case of violence against children, the youth welfare office is to be primarily involved.

Asserting rights of survivors of violence

For persons affected by violence, asserting their rights is often very straining. After an act of violence, it is therefore particularly important to refer the affected persons to appropriately trained counsellors and specialised counselling services (or to involve them). The specialised staff can, above all, counsel and support groups of persons who require particular protection with regard to legal protection, survivors' rights, questions about residence and alimony laws, and criminal proceedings when needed, as well as entitlements for compensation, in particular entitlements arising from the "Opferentschädigungsgesetz" [the German law on the compensation of victims, or Victims Compensation Act] (OEG) as well as banishing orders by the police and measures in accordance with the "Gewaltschutzgesetz" [law on the protection against violence, or Protection against Violence Act] (GewSchG).

Spouses must be informed comprehensively about the consequences of a possible separation from their partner and what possibilities there are to make one's own asylum application or, where applicable, to apply for other residence permits, should the asylum status be dependent on the existence of the marriage. Women in particular will be proactively informed about the possibility of gender-specific asylum pursuant to Section 3a (2) No. 6 of the "Asylgesetz" [German law on asylum] (AsylG) upon their arrival at the centre, should they have experienced gender-specific violence in their country of origin or during flight, or should they be at risk of gender-specific violence such as genital mutilation, forced marriage and child marriage, honour killing as well as child- and women-trafficking. Irrespective of the initiation of a criminal procedure, it should be recommended that potential perpetrators take advantage of counselling and assistance services to cope with problems of violence in order to prevent further possible offences.

Humane, protective and enabling conditions

Humane enabling conditions play an important role in the protection of refugees and migrants who live in refugee accommodation because violent situations can be fuelled by the living and housing conditions.

Building safety measures

Minimum standards for building safety measures in refugee accommodation are indispensable for the safety of all residents – above all, groups of persons requiring particular protection. They must be guaranteed through contractual stipulations and controls. These minimum standards range from the design of the living surroundings (e.g., lighting, signposting, fences) to the entrance doors of the building, lockable and secure living units (e.g., doors, windows), service alarms with emergency buttons and well-lit hallways, to the construction of gender-segregated, lockable, well-lit (and clearly demarcated) toilets and showers, which should be located within the accommodation centre.

Implementation of hygiene standards

Existing hygiene standards must be effectively implemented as part of each centre's own protection plan. In order to guarantee this, management must develop, implement and monitor a hygiene plan.

Guaranteeing privacy and private spaces

Cramped conditions can promote or foster acts of violence. One goal must therefore be for residents to be able 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.

In case of placement in collective accommodation, self-contained, lockable and accessible living units must be available. When allocating rooms, family needs are to be considered in exactly the same way as other relevant factors (e.g., gender, origin, cultural or religious backgrounds, state of health and disabilities). Should sanitary facilities have to be used commonly, these must be gender-segregated. They must be lockable, well-lit and accessible. Shower curtains must be put up or other measures taken to safeguard privacy. Gender-sensitive and target-group oriented basic relief items, so-called "non-food items," should also be made accessible, such as, for example, hygiene kits, whistles and torches.

Fundamentally, all women who so wish must be accommodated in the accommodation centre's separate women's areas. These areas are to be monitored by female security staff. There must be self-contained and lockable rooms separate from men for all women and their children who travel alone as well as upon request for other groups of persons requiring particular protection. Persons who have experienced violence, rape or sexual assaults in the past or in their country of origin must 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 persons posing a threat. If this is not possible due to the centre's structural limitations, persons with special protection needs in this sense must be accommodated in suitable apartments or other housing.

Family ties will be considered in the accommodation placement of all residents.

Child-friendly spaces and services must be a fixed component at each centre

Child-friendly spaces and services are aimed at all children in the refugee centre (all age groups - generally up to 18 years old). They offer them a safe and protected area as well as an inspiring and stimulating environment in which they can play and learn. Child-friendly spaces and services are intended to strengthen psycho-social well-being and, in so doing, to help children deal with what they have experienced and to support their resilience. Child-friendly spaces are to be developed based on a participatory-needs assessment.

This assessment is aimed at the centre's management and senior staff as well as at residents (in particular children and adolescents as well as their parents). The community of residents is also closely involved in the implementation of the services. All services must be accessible and sensitive to age, culture and gender.

The concept of child-friendly spaces requires integrated room planning and design allowing for the structured play, learning, recreation, education and psycho-social support of children. The ratio of support staff to children should use the legally established day-care staffing conditions as a benchmark. All staff employed in these spaces (including volunteers) 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 the child-friendly spaces and services lies with qualified specialist staff and employees at the centre. At least one full-time employee at each centre must be designated as responsible for the child-friendly spaces.

Among other things, this employee supports the full-time employees, parents and volunteers who work in this area. This person also ensures the maintenance of the space 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, presence, activities carried out, complaints and incidents, referrals, and the development of the children. These data must be recorded in the centre's quality assurance and monitoring system, evaluated and discussed at regular meetings (e.g., service meetings, staff discussions, supervision meetings, meetings of participatory mechanisms), and then specific needs for action must be derived from this.

Child-friendly spaces do not replace standard services for children, adolescents and families, but rather offer important "bridging services" and interim solutions, so long as children, adolescents and their parents cannot (yet) benefit from relevant standard services (in particular day-care centres and schools) due to administrative/legal circumstances.

Planning and design for children

In general, services will be provided for four age groups at different times: Infants/small children, pre-school children (under six years), children aged between 6 and 12, and adolescents (13 to 18 years).¹³ For some activities, it can be helpful to mix age groups if older children help to take care of and support the younger children ("buddy system"). External services of the community, the municipality and civil society should be used in order to supplement the centre's own services. They also promote integration in the new environment and society. Centres that cannot set up a child-friendly space due to structural limitations must support children and their parents in benefitting from external options (including playgrounds, mobile play and learning opportunities, and outdoor activities, etc.).

13. Examples of services geared towards these age groups are: parent-baby groups, play and learning groups, sports, relaxing/stabilising activities, structured psycho-social activities, cultural and artistic activities, language activities/courses, activities/courses to obtain (life) skills, conflict resolution and peace education, preparation for school enrolment, homework assistance, etc.

Child-friendly spaces offer the possibility to recognize, early-on, children with a particular need for protection through first signs of symptoms - mental, emotional or physical characteristics, behavioural issues and developmental delays, which are indicative, for example, of a trauma, an illness or of disabilities. Referrals will be made to persons or authorities who can provide the appropriate or specialised support and assistance.

Planning and design for parents

Child-friendly spaces offer an important entry-point for cooperation with parents, promoting the exchange of information and integration. First and foremost, the active participation of the 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, childcare should support and relieve parents. Parental counselling in child-friendly spaces must promote the parents' positive, non-violent interaction with children. Furthermore, parent groups and parent meetings should facilitate sensitization and allow an exchange of information. They should be used to inform parents about their rights and the rights of their children, to present available internal and external services, to introduce potential benefits and regulatory structures, and to provide information about important offices and authorities, supporting institutions and organisations. (Internal) barriers that might prevent parents from benefitting from regular offers can be reduced in this way. Cooperation with parents should also contribute to strengthening their self-confidence and to supporting them psycho-socially. Both can have positive effects on child well-being. Child-friendly services should be organised in a way that appeals to both fathers and mothers.

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

Common rooms, especially for adolescents, women and mothers with children, are designed to be age- and gender-sensitive and accessible. 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.

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 psycho-social support for adolescents, women and mothers with children. In addition, information about rights, services and possibilities for support should be provided in the common rooms via pictograms, and be translated into the relevant languages of the respective target group. The rooms should be accessible exclusively to particular groups at fixed times, e.g., in the form of a women's, men's or youth cafe.

A specially protected, accessible area or room where a mother and child can stay shortly after birth is also to be designed and furnished. If the structural/spatial conditions allow, there should also be a generally accessible quiet room for all residents, which can be made accessible at different times. This space can be used, for example, to finish homework or to prepare for German classes. It is also desirable to have a classroom where help with homework and private tutoring can be provided.

Different gender-sensitive and age-appropriate recreational activities should be offered to the residents (children, adolescents, women and men) – e.g., exercise, social activities, gender-homogenous activities for girls and women, etc. In the case of non-gender-homogenous activities, attention is to be paid to the participation of girls and women and reasons for their lack of participation are to be investigated.

Monitoring and evaluating the protection plan

Responsibility

The responsibility and 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 competencies

The relevant supervisory authorities must ensure standardized monitoring (recording of findings and data collection relevant to protection) and make it binding, combined with a regular evaluation of the implementation of the protection plan (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 refugee accommodation, the supervisory authorities, in cooperation with the operators or service providers of the accommodation, should introduce appropriate intervention and support measures in order to remedy the deficiencies and to ensure that the objectives are met. Only in this way can the 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 plan serve as a building block to strengthen existing quality management concepts and systems of the supervisory authorities as well as of the operators or service providers of the accommodation. They should not be a stand-alone solution. When determining binding procedures and tools for M&E, the different conditions at each centre and the different types of accommodation are to be taken into consideration.

Phased development

The development and realisation of the M&E of the protection plan should be carried out gradually. Sufficient resources (human, financial, and technical resources) for the development and implementation of M&E in the accommodation centres should be provided by the authorities responsible for them. The costs for training in M&E of staff and similar capacity development measures are to be considered here. 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 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, specialist counselling services, psycho-social centres, organisations of persons with disabilities, organisations of migrants and LGBTI* and other organisations) in the development and implementation of the 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 obligated to regularly

- a. collect quantitative (e.g., number of complaints per month) and qualitative (e.g., content of the complaints) data and information as agreed upon with the supervisory authorities, which provide information about the extent to which the quality standards, specific requirements and protective measures are complied with and implemented, which measures have proven effective, which are not suitable, where there are still needs (or gaps) and how the changes affect the protection and the safety of the persons living at the centre;
- b. analyse these data and information and present them in a user-friendly way (e.g., in the form of regular monitoring reports);
- c. communicate the results to the groups of persons¹⁴ involved in or affected by the implementation of the protection plan in a way that is generally comprehensible, and to discuss and assess the results together, and then to derive specific action requirements from them. Such a regular exchange can take place, for example, in existing working groups, team meetings, supervision sessions, planning meetings and meetings of participatory mechanisms (e.g., resident councils) as well as with external partners. A detailed log of the results help to document the outcome of the exchange and to inform further planning.

By regularly recording, presenting and communicating the data and information, the process of implementing the protection plans and the results of the protective measures must be 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 centres. This should be ensured in the operator- or service-provider contract or through incidental provisions or the like. Data protection officers and other specialists can advise and support the centres on data protection and the handling of the data where required.

When collecting data on children, but also on other groups of persons who require particular protection, other legal and ethical principles and guidelines, which have been developed particularly for these cases, must be applied.¹⁵

Systematic documentation

Data collection within the framework of the monitoring at accommodation centres requires a comprehensive, systematic and standardized documentation of all incidents relevant to protection, deviations from the agreed quality standards and other relevant observations. 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 doing so it is necessary to link up internal complaint management with external complaints bodies (e.g., an independent ombudsperson), since complaints are a central quality characteristic (see Minimum Standard 3)
- the anonymous documentation of suspected cases and incidents of violence (suicides or attempted suicides) including the results and effects as well as other information and data relevant to protection. This includes 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 assessment (see Minimum Standard 5).

Regular evaluation

The results of monitoring represent an important data source for a regular evaluation of the protection plans. Within the framework of the evaluation, it will not only be assessed to what extent previously determined goals and measures of a protection plan have already taken effect or, where applicable, have to be optimised and changed, but other quality features should also be reviewed, such as the satisfaction and the sense of safety of all those living and working at each centre. At the end of an evaluation, a clear and generally comprehensible evaluation report must be drawn up, which will be used as a basis for the further planning and development of the protection plans.

14. These groups of persons include employees, service providers, volunteers, the residents and external cooperation partners.

15. For example, the UN Convention on the Rights of Persons with Disabilities or the ABC of children's rights of the "Deutsche Institut für Menschenrechte" [German Institute for Human Rights].

Forms of violence¹⁶

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.¹⁷

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.¹⁸ 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.¹⁹

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."²⁰

16. 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.

17. 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.

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

19. 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.

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

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.”²¹ 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 “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.”²² Women, girls and LGBTI* 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.²³

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.²⁴

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.²⁵

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.²⁶

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

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

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

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

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

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

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).²⁷

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.²⁸

27. 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.

28. 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 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.

*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].

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"¹ recognizes 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.

1. Cf. http://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/32/L.2/Rev.1.

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* 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 discreetly 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 centre’s cooperation with the police must also involve the police’s contact person for LGBTI* issues.

MINIMUM STANDARD 4: Prevention, dealing with situations of violence and suspected violence / risk management

Standardized 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.

Standardized 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.¹ 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.

Accommodation centres are also rarely accessible (i.e., equipped to house persons with disabilities) and the

1. 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.
2. Cf. Concluding observations on the initial report of Germany, 13 May 2015, p. 11.

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.^{2,3} 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.⁴

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.

Recognizing 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 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 accommodation⁵). To this end, the management at each centre will make a record of residents with disabilities and their specific needs.

3. 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.

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

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

Furthermore, the centre will ensure that its staff receives additional training to raise their awareness of the means of recognizing 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.⁶

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

6. 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.

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.⁷

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);
- Recognizing 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;
- Recognizing 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 model⁸).

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.

7. 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.

8. 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 sensitized 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.⁹ To this end, appropriate measures should be taken to ensure that not only language barriers but also communication barriers are overcome.¹⁰ 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.¹¹ 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.¹² 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 of and dealing with situations of violence and suspected violence / risk management

Recognizing signs of violence

The staff at each centre must be sensitized 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.

Standardized 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 standardized procedure, and that the affected individuals receive support and/or are referred to counselling or support services. Persons with

9. 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.

10. 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.

11. For further information, see www.weibernetz.de/links.html, www.frauen-gegen-gewalt.de and www.suse-hilft.de.

12. The 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.

disabilities are made aware of their right to protection and counselling services in an appropriate, culturally sensitive and accessible format.

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 recognize, 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 recognize 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 recognized, 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.¹³ 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 disabilities¹⁴ 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 centre's 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.

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

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

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.¹⁵

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.¹⁶

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.¹⁷ 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.¹⁸

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.¹⁹

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.²⁰

Leichte Sprache (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.

15. Cf. Deutsches Institut für Menschenrechte (German Institute for Human Rights), glossary, <http://www.institut-fuer-menschenrechte.de/service/glossar/#c915>, as of 23 May 2017.

16. Cf. Bundesministerium für Arbeit und Soziales (German Federal Ministry of Labour and Social Affairs), glossary, http://www.bmas.de/DE/Service/Glossar/Functions/glossar.html?cms_lv2=75976, as of 23 May 2017.

17. Cf. Bundesministerium für Arbeit und Soziales (German Federal Ministry of Labour and Social Affairs), glossary, http://www.bmas.de/DE/Service/Glossar/Functions/glossar.html?cms_lv2=75820, as of 23 May 2017.

18. 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.

19. Cf. Deutsches Institut für Menschenrechte (German Institute for Human Rights), glossary, http://www.institut-fuer-menschenrechte.de/service/glossar/?tx_contagged%5Bsource%5D=default&tx_contagged%5Buid%5D=593&cHash=54a48f9689ae4b35c2505002764b616d, as of 23 May 2017.

20. Cf. Deutsches Institut für Menschenrechte (German Institute for Human Rights), glossary, <http://www.institut-fuer-menschenrechte.de/service/glossar/#c915>, as of 23 May 2017.

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.²¹

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.²²

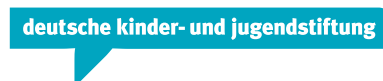
21. Cf. Deutsches Institut für Menschenrechte (German Institute for Human Rights), glossary, <http://www.institut-fuer-menschenrechte.de/service/glossar/#c915>, as of 23 May 2017.

22. See Bundesministerium für Arbeit und Soziales (German Federal Ministry of Labour and Social Affairs), glossary, http://www.bmas.de/DE/Service/Glossar/Functions/glossar.html?cms_lv2=75974, as of 23 May 2017; 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. 10.

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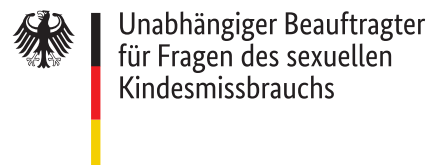
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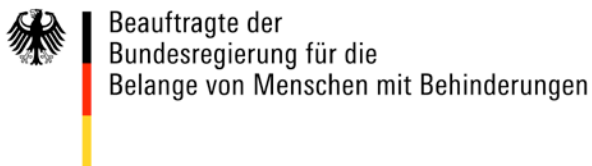


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Annex 2: Implementation of the Minimum Standards for Refugees and Migrants with Disabilities prepared under the leadership of



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MINIMUM STANDARDS

**for the Protection of Refugees and
Migrants in Refugee Accommodation
Centres**