

Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)

Causes – Consequences – Assistance



A multilingual guide for migrants and refugees



Das Gesundheitsprojekt
Mit Migranten
für Migranten

**Ethno-
Medizinisches
Zentrum e.V.**



**Traumafolgestörungen und
Posttraumatische Belastungsstörung (PTBS)
Ursachen – Folgen – Hilfen
Mehrsprachiger Wegweiser
für Migranten/-innen und Flüchtlinge**

Auftraggeber:

Niedersächsisches Ministerium für Soziales,
Gesundheit und Gleichstellung
Hinrich-Wilhelm-Kopf-Platz 2, 30159 Hannover
www.ms.niedersachsen.de

Herausgeber, Konzeption, Inhalt und Erstellung:

Ethno-Medizinisches Zentrum e.V.
Königstraße 6
30175 Hannover

Redaktion:

David Brinkmann, Ahmet Kimil, Nadine Norton-Erichsen

Layout und Satz: eindruck.net

Übersetzung:

Dolmetscherdienst – Ethno-Medizinisches Zentrum e.V.

Bildquellen: Fotolia ©

Wenn in diesem Wegweiser Personengruppen benannt sind, wird im Folgenden vorwiegend die männliche Schreibweise verwendet. Es sind aber alle Geschlechter gleichermaßen gemeint. Dies geschieht aus Gründen des besseren Leseflusses und ist nicht als diskriminierend zu verstehen.

Alle Rechte vorbehalten. Das Werk ist urheberrechtlich geschützt. Jede Verwendung in anderen als den gesetzlich zugelassenen Fällen bedarf deshalb der vorherigen schriftlichen Genehmigung durch die Herausgeber.

Dieser Wegweiser ist in folgenden Sprachen erhältlich:
Deutsch, Arabisch, Englisch, Kurdisch

Stand: Oktober 2015 (1. Auflage)

Welcome

Dear reader,

sometimes people experience such terrible and shocking things in their lives that they become mentally ill. When humans are exposed to events where they experience their own or someone else's life as endangered, illness can arise that very negatively impacts day-to-day life.

This guide aims to inform about these illnesses - so-called 'trauma-induced disorders' - in general and 'post-traumatic stress disorder' (PTSD) in particular. It is also designed to offer support in finding treatment and counselling options.

It is of particular importance to us to relieve affected persons of the fear of accessing such assistance. We would like to show you and your loved ones ways of recognising health problems early.

Many people with a migration background live in our society. This brochure is directed in particular (but not exclusively) to this group of people, as they are often affected. Not a small number of migrants who live here have been traumatised by terrible events that occurred on their way to Germany as asylum seekers or refugees, and they need fast and efficient help.

I hope that this guide can be helpful to both those affected and their loved ones and I would like to take this opportunity to thank all who have contributed to the development of this guide.

Yours

A handwritten signature in black ink, appearing to read 'R. Salman', with a long horizontal flourish extending to the right.

Ramazan Salman

Executive Director, Ethno-Medical Centre
and overall leader of the MiMi health project

Contents

Introduction	5
1. What is trauma?	6
2. What are trauma induced disorders?	8
3. What is Post-Traumatic Stress Disorder (PTSD)	10
4. Where can I get assistance?	14
5. How is Post-Traumatic Stress Disorder treated?	16
6. How can friends and relatives provide support?	21
Glossary	22
Contact information	26

Introduction

An accident, experiencing or witnessing violence, sexual harassment or very severe illness are examples of turning-point events that can severely stress a person.

Many people who had to live through these or similar things, find it hard to continue living as usual afterwards. Because of their experiences, they often feel very insecure and they need time to rebuild trust. If they don't manage to do this, trauma induced disorders can develop. These can manifest in the form of various symptoms such as *depression, anxiety or panic disorders*, or as *psychosomatic complaints*.

If assistance is not sought or comes too late, these problems can get worse. Some of the affected persons suffer from intrusive, terrible memories (intrusions), nightmares and so-called flash backs, meaning the constant reliving of the traumatic event in form of images, noises and feelings. Day-to-day situations that trigger the memories of the trauma (cue stimuli) can lead to massive psychological stress in conjunction with psychosomatic reactions, e.g. pain, nausea etc. Affected persons try to avoid thoughts, people or places that could remind them of the trauma. Moreover, they experience a range of negative feelings and are constantly highly agitated. These symptoms point to a particular form of trauma induced disorder, which is called *Post-Traumatic Stress Disorder (PTSD)*. In the case of refugees who have experienced warfare (torture and other severe violence), it is assumed that around 40 -50% will become ill with PTSD. In these cases, the impact on day-to-day activities can be so severe that participation in normal life is not (or no longer) possible. The affected per-

sons isolate themselves from their loved ones and retreat more and more from their social environment. Some of them try to numb their painful experiences with alcohol or medications.

During a traumatic experience, people experience existential fears, loss of control and great despair. For this reason, people who are traumatised often feel helpless even after the events, and suffer from severe fears and negative moods.

However, they are certainly not 'crazy', but have great difficulty coming to terms with their experiences and dealing with their terror. Their friends and relatives also often don't know what to do when they witness how the affected persons change and suffer. In many cases they suffer with them.

This is why this guide is directed on the one hand to the people who are themselves affected. On the other hand it also serves to support their loved ones. It provides information about what trauma is and why trauma induced disorders can develop. Moreover, it explains which symptoms are parts of a trauma induced disorder or of *Post-Traumatic Stress Disorder*. It details the main treatment methods used in Germany to help those affected. Furthermore, this guide offers an address list where contact details for e.g. self-helps groups (for affected persons and their relatives) can be found.

Words shown in italics in the text are explained in more detail in the glossary.

1. What is trauma?

The term “trauma” (plural: traumata) originates in ancient Greek and means “injury” or “wound”. An injury can be physical, but it can also affect a person’s *psyche*. This guide restricts itself to psychological injuries.

We talk about trauma when a sudden, single, repeatedly occurring or long-lasting major event leads or has led to a deep psychological injury. An important marker of trauma is that almost everyone, were they in the same situation, would experience deep despair because it is experienced as an immediate threat to their own life or someone else’s.

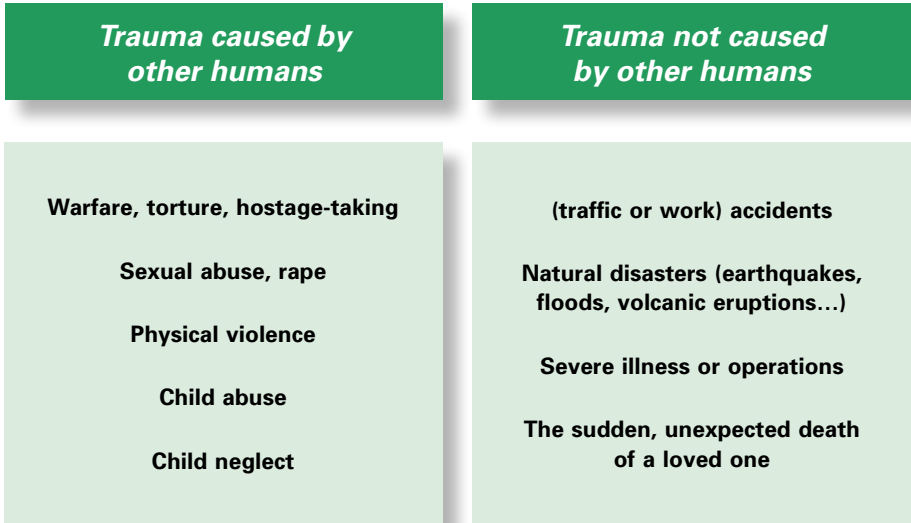
Types of trauma

Several types of trauma are differentiated in medicine. This differentiation can be important for the correct diagnosis and treatment. For example, there are individual events of short duration, such as severe accidents or a single rape. Then there are those that occur repeatedly and persist for longer. Examples are being taken hostage, torture or sexual abuse that takes place over a longer period of time.

Experts also divide trauma into that which is ‘caused by humans’ and that which is ‘not caused by humans’. In general, trauma that is caused by other humans has more severe consequences than trauma that is not caused by other humans. If a person injures, tortures or abuses another, the victim may lose trust in humanity in general (*basic trust*), because, as a rule, we do not expect that people can be so cruel to other people. An earthquake or other natural disasters can traumatise a person, but it can be dealt with differently because no other person is implicated.



The following illustration shows which events belong to which category:



However, not all trauma automatically leads to a mental illness and not every person with traumatic experiences develops a trauma induced disorder such as Post-Traumatic *Stress Disorder* (explained in Chapter 3). Many people who had to experience one of the events listed in the diagram deal with it over time without becoming ill. Others don't succeed in the same way. Basically, every person deals with such a severe and disturbing event in his or her own individual way.

Many different factors play a role. Some of them are described in the next chapter.

2. What are trauma induced disorders?

When people experience life threatening and traumatising events, psychological disorders – trauma induced disorders – can develop or already existing mental illness can be exacerbated.

Trauma induced disorders can manifest in a range of ways. The following complaints often occur:

- Loss of basic trust and great general mistrust in fellow human beings
- Loss of values, beliefs and attitudes
- Feelings of shame and guilt
- Being easily startled
- Feelings of helplessness and deep grief
- Feelings of hopelessness and *disorientation*
- *Social isolation*
- Feeling “different” or “crazy”
- Emotional numbness
- Suicidal ideation
- In case of sexual harassment: loss of female or male identity
- Difficulty falling asleep, interrupted sleep, waking early
- Lack of concentration
- Alcohol and/or drug abuse

Physical complaints and diseases (psychosomatic complaints)

Some people – very often the victims of physical violence - also develop physical complaints (e.g. strong pain) or even diseases after traumatic experiences. When psychological stress affects a person’s body, it is called a psychosomatic complaint. In most cases however, the affected persons are not aware of this connection. The following diagram aims to provide a brief overview over possible diseases that can be part of a trauma induced disorder:

psychological disorders e.g.:

- *Depression*
- *Anxiety*
- *Psychotic disorders*
- Post-Traumatic Stress Disorder
- Acute stress disorder
- *Eating disorders*

physical (psychosomatic) complaints e.g.:

- *Migraines*
- *Stomach ulcers*
- Diseases of the uterus
- *Asthma*
- Sexual disorders

Influencing factors

A range of factors can influence the severity of a trauma induced disorder: among others, the age of the affected person and their previous experiences play a role. However, particularly important is also the living situation after the traumatic event, e.g. whether support from loved ones and a secure environment are present. Negative effects can be, for example, the complete absence of help from other people or when the feelings of the affected person and the illness are not recognised by those around him or her. Additional circumstances, such as separation from people of trust, language problems, social isolation or an uncertain residency status can mean that working through the trauma, and therefore a recovery, can, without professional help, occur only very slowly or not at all. Post-Traumatic Stress Disorder (PTSD) – a particular form of trauma induced disorder – may develop. This particularly common and severe trauma induced disorder is explained in more detail in the next chapter.



3. What is Post-Traumatic Stress Disorder (PTSD)?

The prefix 'post' comes from Latin and means 'behind' or 'after'. We are therefore dealing – as is the case with all other trauma induced disorders – with a disorder that is caused by a traumatic experience.

Types and characteristics of Post-Traumatic Stress Disorder

Normally, the signs of PTSD occur within three months of a traumatic experience. If the problems have disappeared again within a month, it is called an acute stress disorder, which – unlike PTSD – is of rather short duration and does not normally require longer-term treatment. If the complaints persist for longer, this can be an indication of PTSD.

Not all the symptoms of PTSD occur immediately: some people have complaints a short time after the traumatic experience, others some months later and some people only develop complaints many years after the traumatic event (after six months it is called delayed onset PTSD). This sometimes makes it difficult to link the illness back to traumatic events in a person's life. Recognising the illness correctly is therefore not always easy, even for experts. It is also the case that affected persons try to avoid the memory of and conversations about the traumatic experiences, so that those treating them often find out for the first time that the person has experienced something terrible only after a long period

of building trust. A good and stable relationship between the affected person and the therapist is therefore very important so that topics that have feelings of shame attached to them can also be brought up and worked on together.

Even though diagnosis is not easy, there are specific characteristics that can help identify PTSD. If the following signs occur in yourself or a loved one, they can indicate such an illness:

➔ Re-living

Affected persons re-live traumatic situations in a range of ways. This way, memories of the terrible event can force themselves on the person without him or her consciously wanting to remember them (intrusions). Affected persons often have nightmares of their experiences. So-called flashbacks also occur. This means re-living a traumatic event like a movie in front of your inner eye. People experience certain aspects of the event in the form of recurring and realistic images, noises and feelings. Certain external stimuli such as odours (burning, petrol or body odour etc.), noises (gun shots, doors banging) observations and other sensations connected with the trauma can bring up bad memories, stress and physical reactions.

➔ **Avoidance behaviours**

For fear of being swamped by negative feelings and fears, many people try to avoid everything that reminds them of their traumatic experiences. In the moment of remembering they feel threatened and helpless again, although the danger has actually passed. Memories, thoughts and feelings of the experience are avoided, as are people, conversations, places or actions that are connected to the experience.

In treatment, the danger is that – erroneously - only the physical symptoms or the psychological side effects are the focus, not the actual cause, because those affected avoid talking about their mental suffering and what they have lived through. It can also be the case that they themselves don't make the connection between their health complaints and the trauma, meaning that their avoidance is rather subconscious.

➔ **Negative thoughts, moods and feelings**

Negative attitudes, such as 'you just can't trust anyone' or negative feelings such as fear, panic, anger, shame or guilt often gain the upper hand in those affected. They feel estranged from those they are usually close to and retreat from their social environment. They often feel permanently sad, downcast and have a very negative view of their own future. On the other hand, affected persons experience themselves as emotionally cold and numb. Intensely positive feelings such as joy, contentment or tenderness are then lost.

➔ **Agitation**

Signs of agitation belong to the next group of symptoms of Post-Traumatic Stress Disorder. The affected persons are as if on constant alert and have the feeling that something terrible could happen at any moment. They are therefore unable to relax and experience calm. They have difficulty falling asleep, their sleep is disrupted or they wake up very early every morning and tend to worry constantly, which is experienced as very stressful. They are often easily startled, e.g. by banging noises that are reminiscent of combat situations. Insignificant events in their surroundings may cause them to react with choleric rage and aggression towards others, e.g. family members or objects, behaviours they did not know they had before the trauma. Agitation can also lead to a lack in the ability to concentrate.



Co-morbidities

Beyond the symptoms mentioned above, many people with Post-Traumatic Stress Disorder also suffer from so-called co-morbidities (coinciding illnesses or disorders).

→ Panic or anxiety disorders

These can be triggered by something that reminds those affected of the trauma (in case of panic disorder, feelings of panic can also appear without a concrete trigger). At the time, these persons suffer from severe fear without any external reasons observable by others. *Panic attacks* also manifest as physical reactions such as a racing pulse, sweating, trembling, feelings of shortness of breath or asphyxiation, chest pain, nausea, vertigo, cold shivers, hot flushes, dizziness, numbness or pins and needles. In such moments of severe fear it is possible that the person believes he or she is going 'crazy', is dying or is having a heart attack.

→ Depression

Many traumatised people lose interest in things that used to bring them pleasure, feel permanently sad and hopeless. These depressive thoughts and feelings can become so strong that those affected are visited by thoughts of no longer wanting to be alive or even of taking their own life.

→ Alcohol and drug abuse

To relieve their pain and to avoid the terrible images in their head or to be able to sleep at all, it is possible that affected persons consume alcohol excessively or begin to take drugs. Abuse of alcohol, illegal or prescription drugs can mean that treatment is not having the desired effect and, beyond this, the substance abuse further damages mind and body. The effect of these substances always numbs psychological pain only for a short period. Such substance abuse should always be brought up openly with the treating doctor or therapist so that a solution can be found.

➔ **Additional disorders**

Post-Traumatic Stress Disorder can lead to affected persons feeling very alone, despite social support. They are concerned about not being understood, they are suspicious, feel betrayed and, in some cases, have difficulty managing day-to-day life. Lack of concentration at work or at school may occur just as much as a fear about leaving the house after dark. Others may, after a traumatising experience, have problems with being by themselves. *Psychotic symptoms*, which can manifest in the form of *hallucinations* and/or *delusions*, may in very rare cases also be part of Post-Traumatic Stress Disorder.

The post-trauma situation

It is always very important that people with psychological and/or psychosomatic complaints get professional help quickly, so that the disorder does not become worse and so that they have the opportunity to find their way back to ordinary life. If you detect symptoms of Post-Traumatic Stress Disorder in yourself or a loved one, you should urgently seek medical and/or therapeutic assistance. However, as with all trauma induced disorders, this does not mean that every person who has experienced something traumatic automatically requires therapy.

Traumatised children

Children can become ill with trauma induced disorders just as adults can if they have experienced traumatising events such as abuse, warfare, natural disasters, the loss of important relationships etc. They suffer in the same way and their development may be significantly affected by these experiences. However, it is assumed that the signs of illness show somewhat differently in children than in adults. Children that are affected by PTSD generally have symptoms similar to those of adults. Because of their age, they may not be able to express themselves as well as adults and may exhibit symptoms in different ways. Children, for example, often work through traumatic experiences through play, e.g. when they playfully stage scenes of the terrible event. Some children withdraw, lose interest in play and other activities entirely, are hyperactive, tend towards mood swings (tantrums) or no longer show joy. Older children may have difficulties at school, may lose interest in meeting friends or in leisure activities in general.

4. Where can I get assistance?

In the first place, it is important to know that any human being can get such a stress disorder. Feelings of shame and guilt in those affected are an expression of their inability to work through it. Psychological disorders should be taken just as seriously as physical illness and must be treated professionally.

In general, many good options for advice and assistance in case of mental illness are available in Germany. Specific *trauma therapies* are also on offer. For most complaints, the initial access point is usually the *general practitioner*. Depending on the type of symptoms, he or she will then refer to a medical specialist or psychotherapist, i.e. someone who is qualified through their university degree and subsequent training to treat psychological disorders. However, for an initial consultation you can also go directly (by making an appointment) to one of the following types of experts:

- Medical Psychotherapist
- Psychology-based psychotherapist
- Child and adolescent psychotherapist
- Medical specialist for psychiatry and psychotherapy
- Medical specialist for psychosomatic medicine and psychotherapy
- Medical Specialist for child and adolescent psychiatry.

All these professional titles are explained in detail in the glossary. All experts listed have completed special training that enables them to make a diagnosis, recommend suitable therapeutic methods and apply them in collaboration with you. In addition, there are specialists for trauma therapy. They carry the additional title “psycho-trauma therapy specialist”.

Advice and initial orientation

For example, the counselling centres of the *community mental health service* (sozialpsychiatrische Dienste) can assist you in your search for a treatment that is suitable for you. Your general practitioner or a *self-help* group can also assist you and provide good advice. In addition, there are specific internet pages where you can obtain information.

What to do in an emergency

In urgent cases, e.g. when you or a loved one has strong suicidal thoughts or intentions, you can all emergency services by **dialling 112**.

Please note that you, no matter whether you go to your general practitioner, a medical specialist or therapist, must always bring your *health insurance card* with you.

so-called *psychiatric crisis intervention services* (psychiatrische Krisendienste) or go directly to a *psychiatric hospital* (psychiatrische Klinik).

All doctors, therapists and counselling centres are subject to patient confidentiality. This means that no information about you may be passed on to other people.

You can find contact details for all these services in the address list of this guide.

Regarding service provision, regulations applying to asylum seekers differ in some parts. Please ensure you note the information below.

If you are very unwell and you need immediate assistance, you can also turn to

Special information for asylum seekers

Because asylum seekers can't easily obtain statutory insurance during their first 15 months in Germany, they are eligible for services under the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz, AsylbLG).

In contrast to the statutory cover provided by a health insurance provider, restrictions to access to medical services exist for asylum seekers. **Accordingly, eligibility for medical assistance is provided for acute illness or acute pain as well as for chronic diseases that may lead to deterioration in health status if they remain untreated.** Psychological illnesses however, are in general not recognised as 'acute' by the legislative, and treatment is therefore not necessarily covered by the state. Neither can asylum seekers normally 'just turn up' at a medical practice. In case of illness, their initial access point is in most cases their local Office for Social Services (Sozialamt). There, an administration officer must assess whether an illness is present and whether the person is eligible for services. If this is the case, asylum seekers are issued a medical care voucher, which they can then use to go to a doctor.

If a person has been in Germany as an asylum seeker for at least 15 months, or if the person has previously been recognised as entitled to asylum, they are eligible for services according to the Social Law Code (Sozialgesetzbuch, SGB). From this time on, membership in a statutory health insurance fund is possible. While this makes access to psychotherapy easier in general, there are no consistent rules regarding cover for the costs of interpreters. Please also refer to the section titled "interpreters" on page 20).

For urgent questions or advice, you can turn, for example, to the Network for Refugees Who Experienced Trauma (Netzwerk für Traumatisierte Flüchtlinge, NTFN). You can find their contact details in the address list.

5. How is Post-Traumatic Stress Disorder treated?

Both the type of trauma and the accompanying circumstances are significant for determining the correct type of treatment of Post-Traumatic Stress Disorder.

Normally, Post-Traumatic Stress Disorder is treated within the framework of psychotherapy. In most cases, several therapeutic methods are used as described further below. Trauma therapy is very well developed in Germany and can achieve good results, especially if the illness is detected early and the treatment can occur in a secure environment. However, the process of trauma therapy is always tailored to the individual needs and particular difficulties of the affected person.

There is a range of therapeutic methods, all attributing particular significance to talking (talking therapies). Three of them are recognised by statutory health insurers in Germany, i.e. their costs are covered: behavioural therapy, depth psychology based psychotherapy and analytical psychotherapy.

Behavioural therapy

Behavioural therapy aims to recognise and change problematic behaviours (e.g. extreme scepticism or negative thinking), which can contribute to the causes of the illness, through conversations, exercises and new insights and so aims to also allow for new experiences and ways of behaving. Dealing with and changing problematic ways of thinking and supplementing or changing the repertoire of behaviours are important therapeutic goals, while current problems remain the focus.

Depth psychology based psychotherapy

A form of therapy that assumes that conscious as well as subconscious psychological processes impact the mental health of a person. Insights into problematic behaviours and suffering through raising subconscious conflicts or occluded experiences to consciousness are, from this perspective, a sensible starting point for treating mental disorders.

Analytical psychotherapy

This therapeutic approach places past life experiences and the related subconscious conflicts and their resolution at the centre of the therapy. Similar to depth psychology based psychotherapy, its therapeutic conversations are about making the patient aware how unresolved past conflicts are connected to present and current stresses. Recognising these connections makes it possible to learn from past experiences, e.g. to change negative thinking and use these insights to work through the trauma.

Inpatient and outpatient treatment

It is possible to have the treatment, normally once per week for an hour, as an outpatient. This means that the affected person visits a psychotherapeutic practice for a period of time while maintaining their normal daily routine. For so-called day treatment therapies, patients are treated during the day in day clinics, but spend their evenings and weekends at home. Inpatient stays are recommended when, for example, physical as well as mental problems are present or the affected person is so severely ill that



they cannot cope with day-to-day life. In this case, patients are treated in psychiatric and psychotherapeutic hospitals. They stay there overnight and are cared and catered for.

Treatment with medication

In some cases it can be necessary to use medication as part of the therapy, e.g. to reduce anxiety and hyperactivity and for the treatment of other co-morbidities. This can happen as an adjunct to psychotherapy, or if psychotherapy is not yet possible or does not have the desired results. However, medication cannot serve as a substitute for therapy. It is crucially important that you follow the doctor's instructions and never on your own accord increase or decrease the amount of medication to be taken.

Treatment goals and processes

Treatment may be carried out as individual or group therapy. As indicated above, therapeutic concepts are often multidimensional, i.e. doctors and therapists use the approaches of a range of disciplines to offer the best possible assistance.

Many people who have experienced trauma experience their life as if it had 'stopped in its tracks' at the time of the traumatic event. They fear they may never 'get themselves back'. Psychotherapy helps to work through the trauma, to rebuild trust and to begin to participate again – step by step - in ordinary life.

Independent of the therapeutic approach used, important goals are always:

- Reducing the intrusions
- Relieving tension or extreme restlessness/nervousness and sleep disorders
- Reducing the feeling of immediate threat
- Reducing behaviours that stand in the way of working through the trauma (reducing avoidance behaviours)

Therapy is normally divided into three phases and often lasts, depending on the therapeutic approach, around one to two years. Within the context of therapy, the affected person is offered a secure environment that enables communication with the therapist based on mutual trust. Psychotherapy should always take place with mutual respect and trust, so that a good and stable working relationship can develop. By the way, patient confidentiality also applies to psychotherapists! It also applies to interpreters who might be asked to assist where communication is difficult (see also the notes in the text box on "Interpreters" on page 20).

➔ Stabilisation and *psychological education*

It is a very important prerequisite for the successful therapy of Post-Traumatic Stress Disorder that the affected person is safe and not in any danger of living through the traumatising event again. It is important that the patient feels safe during the therapy.

As a first step, the therapist will talk with the affected person about the strongest symptoms and about his or her expectations of the therapy. As part of psychological education, the patient receives an explanation of why he or she is experiencing these symptoms, how they are caused by the disorder and how they can be reduced or completely resolved by the therapy. The therapist will explain that, while certain behaviours and ways of thinking, such as

avoiding particular places or the suppression of thoughts, may be useful natural mechanisms of protection in dealing with the trauma, they may represent barriers to working through the trauma. The therapist will make it clear that positive change can be achieved collaboratively during the course of the therapy. Stabilisation may take a shorter or longer time, depending on how unwell the affected person is.

➔ **Working through the trauma during the therapy**

As soon as the affected person is in a secure environment (and therefore no longer exposed to the trigger of the trauma) and stabilised, it can be useful to talk about the trauma with the therapist. However, it is important to know that nobody is forced to talk about the event unless they want to, as it can be very stressful to cast one's mind back to the traumatic event. The therapy is about remembering and talking about the trauma consciously and in a controlled way in order to integrate the event into one's life story in a useful way through recounting it (also called 'narrative'). Fears etc. can

be reduced through conscious and deliberate reliving of the experience. The feeling of stress is reduced during the course of therapy, as is the fear of dealing with the trauma. However, whether it is even possible or useful to talk about the trauma depends on several factors (among others on the severity of the traumatisation) and is agreed between the therapist and the patient. Because every person is different, every course of psychotherapy is also very individual and personal.

Therapy also includes the learning of techniques for dealing with the symptoms of trauma. In behavioural therapy, for example, the patient sometimes even has 'homework' set by the therapist. He is asked to apply the proposed techniques and assess to what degree they alleviate his symptoms and improve his wellbeing. The results and feelings are then discussed in the subsequent session with the psychotherapist.

EMDR

When fears overwhelm the affected person so as to prevent starting therapy immediately, it is possible for the psychotherapist to use a method called EMDR. Here, feelings perceived to be uncontrollable can be reduced through rapid eye movements, which the affected person performs under the guidance of the therapist. This method may be used throughout the course of therapy.

Always tell your therapist if you do not agree with some part of the therapy or if you would rather not talk about certain things.

➔ **Preparing for life after therapy**

In the last phase of treatment, the patient is being prepared for the time after the therapy. It is an important goal to enable the affected person to return to a normal life and to manage daily activities. As soon as the patient feels secure and stable and when intrusions and uncontrolled stress and anxiety have reduced significantly, the therapy itself can be concluded. Before the conclusion of therapy, however, the affected person discusses once again with the therapist how to deal with symptoms and memories of the trauma, should they recur.

Options for post-treatment care are arranged in conjunction with the therapist. In many cases it is recommended, for example, to join a self-help group or *occupational therapy* services, e.g. to make use of endurance and resilience training beyond psychotherapy. Learning relaxation techniques can also be useful.

Interpreters

Especially for psychotherapeutic treatment, it is very important that therapist and patient understand each other well linguistically. If communication with the therapist is very difficult or impossible and no therapist with the same first language is available, an interpreter may be called in. The affected person themselves or their loved ones can indicate that they would like an interpreter. The Ethno-Medical Centre in Hanover assists with finding interpreters for outpatient as well as inpatient therapy sessions. Where the costs of the psychotherapy are covered by the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz), the costs of interpreting are also covered, but this must be applied for explicitly. If the psychotherapy is paid for by statutory health insurance, the office of social services or the job centre can co-finance the costs of interpreters if eligible. Some treatment centres also pay for the use of interpreters. Please ask your therapist. More detailed information for asylum seekers is available at www.ntfn.de/Infomaterial/Therapie- und Dolmetscherkosten.

6. How can friends and relatives provide support?

It can be very painful for relatives to see loved ones suffer. However, even well meaning, benevolent words can deepen negative feelings such as shame and fear in a person who has been traumatised. It is basically correct to send a signal that it is OK to talk about the experience again and again. This makes the affected person feel understood, less alone with his or her problems and releases them from their feelings of guilt. However, it is important not to pressure him or her because of the danger of *re-traumatisation*. Always take health complaints expressed in your presence seriously (especially suicidal intentions and thoughts) and acknowledge the other person's suffering. Encourage the affected person to seek help and offer your support in this. In Germany, there are counselling centres and self-help groups that also support relatives in such situations. There you will, on the one hand, be shown how to act towards the person who has been traumatised, on the other had you can get assistance if you feel severely stressed yourself. You can find addresses and telephone number in the address list in this guide.

As a relative, acquaintance or friend you can and should always seek assistance from a counselling service if:

- You have the feeling that your loved one has changed since a negative event occurred
- You notice the symptoms described in this guide in someone you are close to, even if you aren't sure that a traumatising event has occurred
- You would like to become informed about the illness or would like assistance in interacting with the affected person

In an emergency, you always have the option of attending a clinic or counselling service together with the affected person.



Glossary

Addiction

Dependency on intoxicating substances such as alcohol, medication, drugs or nicotine, which manifests as a strong desire for the substance. Some behaviours can also become addictive (e.g. gambling or media addiction)

Anxiety disorder

Affected persons experience either un-specific anxiety or they fear something in particular (phobias). One form of anxiety disorder is panic disorder, where those affected experience strong feelings of panic (▶ panic attacks) in the absence of any concrete external trigger. Typical symptoms are e.g. dyspnoea, breaking out in sweats and/or nausea.

Asthma

▶ *Chronic* inflammatory disease of the respiratory system; dyspnoea, shortness of breath, laboured breathing, tight feeling in the chest, palpitations, exhaustion, fear, restlessness

Basic trust

The kind of trust developed in childhood, which creates a very important foundation for the development of self-confidence in life and for entering positive relationships with other people. This basic trust can be shaken or destroyed through neglect or abuse.

Chronic

Long lasting or developing slowly

Community mental health service

A service offering local assistance to people with a mental illness and their relatives. Assistance generally includes advice, care and assistance in severe crises.

Delusions

Thoughts and imaginations that are held onto with conviction although they do not equal reality. Paranoia is one example: a person thinks he or she is being pursued although this is not true.

Depression

A psychological disorder characterised, among others, by a deep sadness, lack of motivation and dejected mood. It is called depression if these symptoms persist for at least two weeks.

Disorientation

Affected persons do, for example, not know who and/or where they are or which day it is, having lost any sense of space and/or time.

Eating disorders

Eating disorders are classified as psychosomatic disorders. Those affected are constantly occupied by 'food'. This can manifest in anorexia (severe underweight), obesity (severe overweight), bulimia (binge and purge addiction) and other pathological ways of dealing with food. All eating disorders listed here have wide-ranging health consequences.

EMDR

Eye Movement Desensitisation and Reprocessing: a psychotherapeutic method that helps to deal with trauma. It uses rhythmic eye movements to reduce fears.

Occupational therapy

Occupational therapy aims to restore perception and psychological sensitivity and is supposed to assist patients regain the ability to cope with everyday life and their social environment. It uses physical exercise to build up endurance, concentration and resilience.

General Practitioner

Practice for internal medicine or general medicine and initial access point for patients with health problems. For asylum seekers, the initial access point is usually the local Department of Social Services (Sozialamt).

Hallucinations

Seeing things, smelling odours or hearing sounds that are physically undetectable.

Insurance card

A plastic chip card that must be carried to appointments with doctors or psychotherapists. It includes a photograph and the name of the insured person. It is necessary for claiming health insurance reimbursements and is scanned at the medical practice. Asylum seekers only receive this card after 15 months of residency.

Migraine

Pulsating, hemispherical headache, often with nausea, vomiting and sensitivity to light and/or noise; sometimes disruption of sensory perception

Panic attacks

► Anxiety disorders

Post-traumatic

Occurring after a traumatic event

Psyche

Entirety of human feeling, sensory perception and thinking

Psychiatric crisis intervention service

Emergency service providing rapid assistance (e.g. in case of strong suicidal ideation), especially at weekends and on public holidays.

Psychiatric hospital

Hospital specialising in the treatment of mental disorders, mostly consisting of several departments.

Psychiatric (and psychotherapeutic) specialists

These professionals can be accessed by those affected by psychological complaints:

Medical specialists in psychiatry and psychotherapy, psychosomatic medicine and psychotherapy as well as medical psychotherapists: these are medical doctors who have completed specialist training on top of their medical degree. They are licensed to prescribe medication. Many of these medical specialists have attended professional development in psychotherapy beyond their medical specialisation, which enables them to also provide their patients with treatment using psychotherapeutic approaches.

Psychologists: have completed a degree in psychology and have been awarded the academic title of Graduate Diploma in Psychology (Grad Dipl.-Psych.)

Psychology-based psychotherapists are not medical doctors and therefore do not prescribe medication. They have completed a degree in psychology as well as several years of professional training in psychotherapy and specialise in e.g. behavioural therapy or depth psychology based psychotherapy.

Psychoanalysts are mostly medical doctors or psychologists who have completed additional training in psychoanalysis.

Natural therapists (Heilpraktiker) for psychotherapy are not medical doctors and therefore not licensed to prescribe medication. However, they have permission to provide psychotherapeutic treatment. They have passed a statutory examination, but their services are not covered by statutory health insurance.

Trauma therapists are psychologists, medical doctors or social workers with additional professional training in trauma therapy.

Medical specialists in child and adolescent psychiatry and psychotherapists for adolescents are specially trained experts for the treatment of children and adolescents up to the age of 21 years.

Psychological education

Disseminating knowledge about the disorder to patients in order to increase their understanding of their own symptoms. This can provide relief and develops self-help capacity.

Psychosomatic

Physical illnesses that can be entirely or partially linked to psychological causes.

Psychotic disorder

(Temporary) illness that includes e.g. ► delusions or perception disorders such as ► hallucinations or illusions

Re-traumatisation

Additional traumatic experience that may cause a worsening of the illness

Self-help group

People who face similarly difficult life problems, such as illness, meet in self-help groups. Exchanging experiences in the group helps to be able to better deal with problems and to encourage each other.

Social isolation

Self-imposed retreat or exclusion by others causing the loss of most or all human relationships.

Stomach ulcers

Inflammations of the mucosal lining of the stomach; stabbing stomach pain, nausea, vomiting. If complications occur, blood may be present in the vomit and/or stools

Stress disorder

Psychological reactions in relation to an event that is experienced as stressful

Trauma therapy

Trauma therapy uses a range of psychotherapeutic methods to treat people with a mental illness that is caused by a traumatic experience.

Contact Information

Institutions and Associations (information, finding therapists etc.)

Niedersächsisches Ministerium für Soziales, Gesundheit und Gleichstellung (Ministry for Social Affairs, Health and Equality of Lower Saxony)

Hinrich-Wilhelm-Kopf-Platz 2
30159 Hannover
Ph.: 0511 120-0
Fax: 0511 120-4298
E-Mail: poststelle@ms.niedersachsen.de
www.ms.niedersachsen.de

The state of Lower Saxony is charged with ensuring local, community-based mental health for its population, in which the community mental health services (Sozialpsychiatrische Dienste) of the shires and town districts play a particular role. As an initial access point they should provide advice about treatment options within their respective jurisdiction. A list of contact information for all community mental health and psychiatric hospitals in Lower Saxony can be downloaded as a PDF file from these web pages:

www.ms.niedersachsen.de/themen/gesundheit/psychiatrie_und_psychologische_hilfen/14025.html

Niedersächsisches Landesamt für Soziales, Jugend und Familie (State Office for Social, Youth and Family Affairs of Lower Saxony), “Lower Saxony Trauma Network” (“Traumanetzwerk Niedersachsen”)

The State Office for Social, Youth and Family Affairs of Lower Saxony has, in collaboration with the psychiatric and adolescent psychiatric hospitals and specialty departments of other hospitals as well as additional institutions from all regions of Lower Saxony, founded a network for the treatment of people who have been traumatised.

This network includes a range of treatment services across Lower Saxony. An information sheet with an address list is available in multiple languages via the web pages of the State Office:
www.soziales.niedersachsen.de/soziales_gesundheit/soziales_entschaedigungsrecht/opfer_von_gewalttaten/schnelle-hilfe-fuer-opfer-von-gewalttaten-90933.html

Bundespsychotherapeutenkammer (Federal Chamber of Psychotherapists)

Klosterstraße 64 · 10179 Berlin
Ph.: 030 27 87 85 0
E-Mail: info@bptk.de
www.bptk.de

Psychotherapeutensuche in Deutschland über:
www.bptk.de/service/therapeutensuche.html

The Federal Chamber of Psychotherapists offers, among other services, information on mental illness as well as on patient rights and health insurance benefits. There is also an online search option to find psychotherapists near you.

**Psychotherapeutenkammer
Niedersachsen (Lower Saxony
Chamber of Psychotherapists)**
Roscherstr. 12 · 30161 Hannover
E-Mail: info@pknds.de

On its web pages, the Lower Saxony Chamber of Psychotherapists provides answers to questions on the topic of psychotherapy. In addition to a search option for finding psychotherapists, a guide on how to start looking for a suitable therapist is also available.

**Deutschsprachige Gesellschaft
für Psychotraumatologie
(Psycho-trauma Association for
the German-speaking Region)**
Am Born 19 · 22765 Hamburg
Ph.: 040 3331 0119
Fax: 040 6966 9938
E-Mail: info@degpt.de
www.degpt.de

On its web pages, the Psycho-trauma Association for the German-speaking Region offers information for affected persons and their relatives as well as a search engine for finding suitable therapists (search by languages spoken is possible).

**Deutsches Institut
für Psychotraumatologie
(German Psycho-trauma
Institute)**
Unter den Ulmen 5
50968 Köln (Marienburg)
Ph.: 0221 390 903 11
www.psychotraumatologie-
aktuell.de

The German Psycho-trauma Institute in Cologne offers tips for self-help, specialist advice, trauma therapy, specialist assistance and rehabilitation. It also offers an insight into current research on trauma.

**Aktionsbündnis Seelische
Gesundheit (Mental Health
Action Coalition)**
Reinhardtstr. 27B · 10117 Berlin
Ph.: 030 240 477 213
Fax: 030 240 477 228
E-Mail: koordination@
seelischegesundheit.net
www.seelischegesundheit.net

On its website, the Mental Health Action Coalition offers information about mental illness and treatment options. The coalition advocates against societal stigma and discrimination targeting people with a mental illness.

**Dachverband der transkul-
turellen Psychiatrie, Psycho-
therapie und Psychosomatik im
deutschsprachigen Raum e.V.
(DTPPP)**

**(Association for Trans-cultural
Psychiatry, Psychotherapy and
Psychosomatic Illness in the
German-speaking Region,
DTPPP)**

Postfach 2622 · 59016 Hamm
E-Mail: sekretariat@dtppp.com
www.transkulturellepsychiatrie.de

The DTPPP Inc. is a not-for-profit umbrella organisation for professionals and institutions active in the area of psychiatry, psychotherapy and psychosomatic illness. It would like to contribute to improved networking among those working in the field. In addition, the association also offers information in a range of languages for those affected as well as others interested in the topic of psychotherapy.

**Gesellschaft für türkischspra-
chige Psychotherapie und psy-
chosoziale Beratung e.V. (GTP)
(Association for Turkish-speak-
ing Psychotherapy and Psycho-
social Counselling Inc., GTP)**

c/o Sanem Aygün
Am Langen Seil 74a
44803 Bochum
E-Mail: GTP@aktpt.de
www.aktpt-online.de

The Association for Turkish-speaking Psychotherapy and Psycho-social Counselling (formerly: Working Group of Turkish-speaking Psychotherapists) is a coalition of Turkish-speaking Psychotherapists and others working in the area of social psychology who want to increase the quality of their professional work with migrants from Turkey through peer networks and professional development. On the GTP home page you can find a Germany-wide contact list of Turkish-speaking psychotherapists.

**Ethno-Medizinisches Zentrum
e.V. (EMZ)
(Ethno-Medical Centre, EMZ)**

Königstr. 6 · 30175 Hannover
Ph.: 0511 16841020
Fax: 0511 457215
E-Mail: ethno@onlinehome.de
www.ethnomed.com

The Ethno-Medical Centre Inc (EMZ) is a nationally as well as internationally active incorporated association with recognised charitable status. The goal of its work is to enable migrants to have equal access to the benefits and services of the local health, social and education systems as well as to the labour market. To this end, the EMZ offers an interpreting service, professional development for professionals as well as first-language health education through peer educators and first-language health education materials on a range of health topics.

Hospitals and outpatient clinics offering trauma therapy in particular (also for children)

Medizinische Hochschule Hannover (Hanover Medical College) Psychiatric, Community Mental Health and Psychotherapeutic Clinic (Klinik für Psychiatrie, Sozialpsychiatrie und Psychotherapie)

Carl-Neuberg-Str. 1
30625 Hannover
Contact: Ms Baltin
Ph.: 0511 5325408
(Coordinating Office for Intake Management)

The Psychiatric, Community Mental Health and Psychotherapeutic Clinic of the Hanover Medical College offers services specialising in the treatment of trauma induced disorders (esp. Post-Traumatic Stress Disorder). Services include a range of therapeutic approaches.

Psychiatrische Klinik Lüneburg (Lüneburg Psychiatric Hospital)

Am Wienebütteler Weg 1
21339 Lüneburg
Ph.: 04131 60 0
Fax 04131 60 2899

The Lüneburg Psychiatric Hospital offers a range of therapeutic services in the Lüneburg and Harburg districts. It supports several institute-based outpatient clinics and offers specialised trauma therapy for adults as well as children.

Mental Health Crisis Intervention Services (in an emergency at the weekend):
Ph.: 04131 / 60 2050
Fri 4.30 pm – Mon 8 am

Klinikum Wahrenndorff (Wahrenndorff Hospital) Trauma- and Psychotherapy Clinic (Klinik für Trauma- und Psychotherapie, KTP) Trauma Centre (Traumazentrum)

Köthenwaldstr. 10
31319 Sehnde-Köthenwald
Ph.: 05132 90 38 38

The Trauma Centre of the Trauma- and Psychotherapy Clinic at the Wahrenndorff Hospital specialises in the treatment of trauma induced disorders after violent experiences or life-changing events. The highly specialised psychotherapeutic services offered are targeted to people with both simple and complex Post-Traumatic Stress Disorders. It offers people who had traumatic experiences rapid assistance, based on the principles of benevolence and appreciation, where the patient remains in charge of the therapeutic process at all times. The Psychiatric Institute's Outpatient Clinic offers special clinic hours for refugees who have been traumatised.

Special clinic hours for refugees in the Outpatient Clinic of the Centre for Trans-cultural Psychiatry and Psychotherapy at Wahrenndorff Hospital in Hanover: Schwarzer Bär 8, 30449 Hannover

Mo morning after prior registration (0511 / 1231079)

Kinder- und Jugendkrankenhaus „Auf der Bult“,
(“Auf der Bult“ Childrens’ and Adolescent Hospital), Department for Child and Adolescent Psychiatry, Psychotherapy and Psychosomatic Illness
(Abteilung für Kinder-und-Jugendpsychiatrie-Psychotherapie-und-Psychosomatik)

Janusz-Korczak-Allee 12
30173 Hannover
Ph.: 0511 8115 0
Fax: 0511 8115 1060

The Centre for Children and Adolescents of the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatic Illness offers (beyond regional boundaries) specialised inpatient trauma therapy for patients with, among others, Post-Traumatic Stress Disorders.

For appointments: Institute Outpatient Clinic (Institutsambulanz):
Ph.: 0511 / 8115 554
Mon-Fri, 9 am until 4 pm

Asklepios Fachklinikum
Göttingen (Asklepios Special Hospital Göttingen)
Psychiatric Institute Outpatient Clinic (Psychiatrische Institutsambulanz)

Rosdorfer Weg 70
37081 Göttingen
Ph.: 0551 402 0
E-Mail (switchboard): poststelle.goettingen@asklepios.com
www.asklepios.com

The Psychiatric Institute Outpatient Clinic of the Asklepios Special Hospital Göttingen offers specialised trauma treatment using a range of recognised approaches.

Clinic hours:
Weekdays between 8 am and 4.30 pm
In urgent emergencies outside clinic hours:
Ph.: 0551 402-0 (duty physician)

Reception: Ph.: 0551 / 402 1650
Fax: 0551 / 402 1655

E-Mail: d.reissenweber@asklepios.com
cl.stueber@asklepios.com
g.nerreter@asklepios.com

Universitätsklinik Hamburg-Eppendorf (Hamburg-Eppendorf University Hospital), Clinic for Child and Adolescent Psychiatry, Psychotherapy and Psychosomatic Illness (Klinik für Kinder-und Jugendpsychiatrie, Psychotherapie und Psychosomatik)

Martinistr. 52 · 20246 Hamburg
Ph.: 040 741052230
E-Mail: t.guggenheimer@uke.de
www.uk.de/kliniken/kinderpsychiatrie

The Clinic for Child and Adolescent Psychiatry, Psychotherapy and Psychosomatic Illness of the Hamburg-Eppendorf University Hospital offers specialised treatment for children who have been traumatised.

Advice for Relatives and Self-Help

**Bundesverband von Angehörigen psychisch Kranker
(Federal Association of the Relatives of People with a Mental Illness, BvApK)**

Geschäftsstelle Bonn
Oppelner Str. 130 · 53119 Bonn
Ph.: 0228 71 00 24 00
Fax: 0228 71 00 24 29
E-Mail: bapk@psychiatrie.de
E-Mail: seelefon@psychiatrie.de
www.bapk.de

The Federal Association of the Relatives of People with a Mental Illness offers a variety of counselling and support services to assist in dealing with the topic of mental illness. From diagnosis and therapy to caring for people with a mental illness, the organisation disseminates contact and access information etc. about support services for those seeking assistance across Germany.

Self-help advice: 0228 / 71002424 or
01805 / 950951 every Mon – Thu 10 am – 12 noon
and
2 pm – 8 pm, Friday 10 am – 12 noon
and 2 pm – 6 pm

Arbeitsgemeinschaft der Angehörigen psychisch Kranker in Niedersachsen und Bremen e.V. (Working Group of Relatives of People with a Mental Illness in Lower Saxony and Bremen, AANB)

Wedekindplatz 3 · 30161 Hannover
Ph.: 0511 62 26 76
Fax: 0511 62 49 77
E-Mail: aanb@aanb.de
www.aanb.de

The Working Group of Relatives of People with a Mental Illness offers assistance in order to promote self-help. Experienced relatives of people with a mental illness support other relatives. Apart from the telephone counselling service, the association also offers a range of discussion groups for relatives.

Opening hours: Mon – Fri 10 am – 1 pm

Selbsthilfe-Büro Niedersachsen (Lower Saxony Self-Help Switchboard)

Gartenstr. 18 · 30161 Hannover
Ph.: 0511 39 19 28
Fax: 0511 39 19 07
E-Mail:
selbsthilfe-buero-nds@gmx.de
www.selbsthilfe-buero.de

On the web pages of the Lower Saxony Self-Help Switchboard, basic information about self-help is available in twelve languages, e.g. about self-help support centres that make referrals to local self-help groups on an range of topics. The topic search function on the website (unfortunately not yet available in translation) also allows self-help groups specialising in trauma to be found in a range of locations across Lower Saxony.

Telephone hours: Monday – Thursday 9 am – 12 noon
In-person contact: by appointment

Counselling and treatment, especially for refugees and people without documentation

Flüchtlingsrat Niedersachsen e.V. (Lower Saxony Refugee Council Inc.)

Langer Garten 23B
31137 Hildesheim
Ph.: 05121 15605
Fax: 05121 31609
E-Mail: nds@nds-fluerat.org
www.nds-fluerat.org

The Lower Saxony Refugee Council provides advice to refugees and their supporters, works on public relations regarding topics relevant to refugees and advocates for refugees on a state-wide basis in Lower Saxony. Its web pages offer a host of information on the topic of refugees and offers information about counselling and assistance services.

Telephone hours: Ph.: 05121 / 15605
Mon, Fri 10 am – 12.30 pm
Tue, Thu 2 pm – 4 pm
Opening times: Every Thu 2 pm – 5 pm

Netzwerk für traumatisierte Flüchtlinge in Niedersachsen e.V. (Lower Saxony Network of Refugees who have been Traumatized Inc.)

Marienstr. 28 · 30171 Hannover
Ph.: 0511 8564450
Fax: 0511 85644515
E-Mail: ntfn-ev@web.de
www.ntfn.de

The NTFN is an association advocating for migrants who have been traumatised through torture, persecution, warfare or displacement. The association seeks, among others, professional levels of care for refugees who have been traumatised, independent of their residency status, improvement of access for refugees to psychotherapeutic assistance and the networking of specialised medical, psychological, community mental health and legal expertise for the support of refugees who have experienced trauma.

Opening hours: Mo 10 am – 2 pm
Psychological practice clinic hours
(no appointment necessary): Fr 10 am – 2 pm
General medical practice clinic hours:
Tue, Wed, Thu (by appointment)
Telephone hours: Mo 10 am – 4 pm
Tue 9 am – 11 am
Wed 9 am – 11 am and 2 pm – 4 pm
Thu 9 am – 11 am
Fri 10 am – 2 pm

kargah e.V./Flüchtlingsbüro (kargah Inc./ Refugee Switchboard)

Zur Bettfedernfabrik 1
30451 Hannover
Ph.: 0511 1260780
Fax: 0511 126078 22
E-Mail: info@kargah.de
www.kargah.de

kargah Inc. is a first contact point and counselling service for migrants and refugees (Refugee Switchboard) and offers guidance on all important topics. All services are multilingual, free and confidential. Information on the association's web pages is also available in several languages.

Opening hours:
Mon, Tue, Thu 10 am – 1 pm and 2 pm – 5 pm
Wed, Fri 10 am – 1 pm
By appointment

**MediNetz Hannover –
Medizinische Flüchtlingsbera-
tung e.V. (MediNet Hanover
– Medical Advice for Refugees
Inc.)**

Zur Bettfedernfabrik 3
30451 Hannover
Ph.: 0511 2153031
Mobile: 0176 / 81119654
(we will return your call)

MediNet (MediNetz) is a collaboration of doctors who offer anonymous and free medical treatment for people without health insurance. A list of MediNet offices in additional cities is available on the www.medibueros.org web pages.

Clinic hours: Mon 5.30 pm – 7 pm

**Malteser Migranten Medizin im
Caritasverband Hannover e.V.**

Leibnizufer 13–15
30169 Hannover
Ph.: 0511 1695430 31
Beratungszeiten:
Di 10.00–12.00 Uhr
Vorsorgesprechstunde für Kinder
im Caritasverband Hannover e.V.
Leibnizufer 13–15
30169 Hannover

At the Maltese Cross Migrant Medical Service (Malteser Migranten Medizin, MMM), people without valid residency status and people without a health insurance can find a doctor who can provide an initial consultation and emergency treatment in case of sudden illness, injury or pregnancy. Consultation and advice are provided anonymously.

Clinic hours: every 2nd and 4th Monday
1.30 pm – 4 pm

**Raphaelswerk-Beratungsstelle
Caritasverband der Diözese
Hildesheim e. V. (St Raphael’s
Counselling Centre, Hildesheim
Diocesan Caritas Association
Inc.)**

Vordere Schönepfuhl 10
30167 Hannover
Ph: 0511 7132 37/ 38
Fax: 0511 7132 39

The St Raphael’s Centre (Raphaelswerk) advises migrants (esp. refugees) who want to travel to their country of origin, want to return there or travel on to another country. This includes medical advice.

Clinic hours: Tue, Thu, Fri 9 am -12 noon,
or call for an appointment

**Deutsches Rotes Kreuz Kre-
isverband Aurich e.V., Migra-
tionsberatung (Aurich District
Red Cross Association Inc.,
Migration Advice Service)**

Schmiedestr. 13 · 26603 Aurich
Ph.: 04941 10535
Fax: 04941 933523
E-Mail: [migrationsarbeit@
drk-kv-aurich.de](mailto:migrationsarbeit@drk-kv-aurich.de)

The Aurich Red Cross District Association offers comprehensive advice on all migrant and refugee-related topics.

**Exil e.V. – Osnabrücker Zentrum
für Flüchtlinge
(Exile Inc. – Osnabrück Centre
for Refugees)**

Rolandsmauer 26
49074 Osnabrück
Ph.: 0541 7602448
E-Mail: kontakt@exilverein.de

The association Exile Inc. offers comprehensive counselling services, also for refugees. Counselling also includes referral to medical practitioners and therapists.

**Malteser Migranten Medizin
Osnabrück
(Maltese Cross Migrant Medi-
cal Service Osnabrück Inc., c/o
Emergency Outpatient Clinic
Osnabrück)**

c/o Notdienstambulanz
Osnabrück e.V.
Detmarstr. 6 · 49074 Osnabrück
Ph.: 0151 53936678

At the Maltese Cross Migrant Medical Service (Malteser Migranten Medizin, MMM), people without valid residency status and people without a health insurance can find a doctor who can provide an initial consultation and emergency treatment in case of sudden illness, injury or pregnancy. Consultation and advice are provided anonymously.

Clinic hours: Tue 10 am –12 noon

**IBIS e.V. Oldenburg
Interkulturelle Arbeitsstelle
für Forschung, Dokumenta-
tion, Bildung und Beratung e.V.
(IBIS Oldenburg Inc., Working
Party for Intercultural Research,
Documentation, Education and
Advice Inc.)**

Klävemannstraße 16
26122 Oldenburg
Ph.: 0441 88 40 16
Fax: 0441 9 84 96 06
E-Mail: info@ibis-ev.de
www.ibis-ev.de

The Working Party for Intercultural Research, Documentation, Education and Advice Inc. offers, among others, refugee counselling and a humanitarian clinic provided by a multidisciplinary medical team, where especially people without papers and migrants without health insurance can obtain assistance.

Clinic hours: Thursdays, 2pm – 4 pm

**Praxis ohne Krankenschein
(Health Care Card-Free
Practice)**

Mehrgenerationenhaus „Allerlud“
Berliner Str. 5 · 29439 Lüchow

At the “Health Care Card-Free Practice”, people without health insurance (e.g. “undocumented migrants”) receive free and anonymous medical care.

Clinic hours: Wed 3 pm – 5 pm
Ph.: 05841 / 9600 (Karlheinz Pralle)

**Medizinische Flüchtlingshilfe
Göttingen e.V. im Migration-
szentrum Göttingen (Göttingen
Refugee Medical Assistance
Inc. at the Göttingen Centre for
Migration)**

Weender Str. 42
37073 Göttingen

Göttingen Refugee Medical Assistance Inc. supports migrants and refugees on medical issues, refers to medical practitioners and, if needed, accompanies people to medical appointments. Services are anonymous and free.

Clinic hours: Thu 4 pm – 5.30 pm
Ph.: 0551 / 557 66 (during clinic hours)

In an emergency: 0170 / 8457583

**Refugium Flüchtlingshilfe e.V. –
Stadt Braunschweig
("The Refuge"
of Braunschweig City
Refugee Assistance Inc.)**

Steinweg 5
38100 Braunschweig
Ph.: 0531 2409800
Fax: 0531 77063
E-Mail:
info@refugium-braunschweig.de
www.refugium-braunschweig.de

At its "The Refuge" office, Braunschweig City Refugee Association Inc. offers a contact point and counselling centre for migrants and, especially, refugees on a number of topics (among others, socio-psychological counselling). Counselling is available in Braunschweig, at a range of locations in the District of Helmstedt and at the State Reception Centre of Lower Saxony (Landesaufnahmebehörde). Exact locations and hours can be obtained on the website or over the phone.

**Arbeiterwohlfahrt Kreisverband
Stade e.V. (Workers' Welfare
Association, Stade District
Association Inc.)**

**Stade City Refuge
(Refugium Stade)
Psychosocial treatment and
counselling centre for victims
of torture and refugees who
have experienced extreme
trauma (Psychosoziales Behan-
dlungs- und Beratungszentrum
für Folteropfer und extrem trau-
matisierte Flüchtlinge)**

Bei der Insel 9 · 21680 Stade
Ph.: 04141 534411
Fax: 04141 534422
E-Mail: siedentopf-awo-
refugiumstade@t-online.de

The Stade City Refuge offers counselling and treatment for migrants who have been persecuted and/ or tortured in their countries of origin and who suffer from mental illness or psychosomatic disorders as a consequence.

Refugio Bremen e.V.
(Bremen City Refuge Inc.)
Parkstr. 2–4 · 28209 Bremen
Ph.: 0421 376 07 49
Fax: 0421 376 07 22
E-Mail: info@refugio-bremen.de

The Bremen City Refuge is a psychosocial treatment and counselling centre for refugees and torture survivors and has its own interpreters.

Useful websites

www.arztauskunft-niedersachsen.de

Lower Saxony Medical Directory is a service of the Hanover Medical Association and the Association of Statutory Insurance-Registered Medical Practitioners of Lower Saxony. This website allows searching for the addresses of medical practitioners by place of residence and medical specialty (and also by first language).

www.psychinfo.de

Psychinfo is a service of the Berlin, Bremen, Hamburg, Lower Saxony and Schleswig-Holstein Chambers of Psychotherapists. The website allows searching for the addresses of registered psychotherapists as well as child and adolescent psychotherapists by place of residence and specialty (and also by first language).

www.gesundheitsinformation.de

This website is provided by the Institute for Quality and Economic Viability in the Health System (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen) and offers independent, validated and reliable information on health issues.

www.neurologen-und-psychiater-im-netz.de

This web portal provided by professional associations for psychiatry, child and adolescent psychiatry, psychotherapy, psychosomatic illness and neurology in Germany, Austria and Switzerland offers comprehensive and expert-backed information on many psychiatric disorders and neurological diseases.

www.trauma-und-sucht.de

A website specialising in the topics of trauma and addiction. Offers information on treatment services and access points across Germany.

We thank the following experts who contributed to compiling this Guide:

Andreas Tänzer

psychiatrist/psychotherapist,
Klinikum Region Hannover, Psychiatrie Wunstorf

Karin Loos

social worker
NTFN e.V. Hannover

Frauke Baller

psychologist/psychotherapist,
NTFN e.V. Hannover

Prof Wielant Machleidt MD

(social) psychiatrist, psychotherapist and psychoanalyst,
Medizinische Hochschule Hannover

Iris Tatjana Graef-Calliess MD

psychiatrist/psychotherapist
Klinikum Wahrenndorff, Zentrum Transkulturelle Psychiatrie & Psychotherapie

Prof Dr Dr Jan Ilhan Kizilhan

psychiatrist/psychotherapist
course coordinator Psychiatry and Addiction Studies,
Duale Hochschule Baden-Württemberg

These following specialists were charged with translating this guide:

Arabisch: **Dr. Abdul Nasser Al-Masri**

Englisch: **Matthias Wentzlaff-Eggebert**

Kurdisch: **Tangazar Khasho**

Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)

Causes – Consequences – Assistance

This guide provides information on psychiatric disorders that can occur as trauma-induced disorders after one or more traumatic events. Trauma-induced disorders are diverse and can manifest as depression, anxiety and/or physical symptoms. Post-traumatic stress disorder is a particular type of trauma-induced disorder, characterised, among others, by the fact that it occurs a significant amount of time after experiencing the traumatic event.

This guide offers answers to questions about the origin and treatment of psychiatric illness following traumatic experiences. It also offers a comprehensive address list that those affected and their loved ones can use to gain an overview of support services available in Lower Saxony.

The guide is produced specifically for migrants and refugees. It has been developed as part of the Health with Migrants for Migrants (MiMi) Three-Generations Project in Lower Saxony.

You can find further information about the MiMi project and other projects of the Ethno-Medical Centre at www.ethnomed.com.

This guide was presented by:

With funding from:



Niedersächsisches Ministerium
für Soziales, Gesundheit
und Gleichstellung