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PRACTICE INSIGHTS

Psychosocial peer mediation as sustainable method for conflict prevention and management among refugee communities in Germany

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Abstract

Following the arrival of over 1.2 million refugees and asylum seekers since the 2015 European refugee crisis, Germany has faced enormous humanitarian and societal challenges, with direct implications for participatory peace-building efforts at the local community level. A multitude of postmigration stressors and high prevalence of mental health conditions among refugees contribute to the substantial burden of daily conflicts in refugee shelters and communities. Ongoing exposure to a conflict-prone environment, psychological distress and stigmatization among community members can severely impair the quality of life and aggravate existing health-related, socio-economic and integrational challenges. Previous research has demonstrated the feasibility of individual alternative dispute resolution (ADR) and mental health literacy (MHL) interventions in refugee settings. As interpersonal conflict and psychological well-being constitute mutually interdependent phenomena, integrated methodologies

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combining ADR with MHL may offer unique value to affected vulnerable populations. However, systemic implementation of such mechanisms in refugee shelters has remained largely unexplored. In recognition of this unmet need and as part of the nonprofit organization *R3SOLUTE*, we have developed a tailored educational curriculum directed at equipping refugees in shelters and their local neighbor citizens with peer mediation-based ADR and MHL skills. In this multidisciplinary bottom-up approach, termed *psychosocial peer mediation* (PPM), participants learn to effectively manage and prevent conflicts in their own communities. Based on our field experience with implementing PPM in numerous refugee shelters across Germany between 2018 and 2021, we here provide relevant practical insights and discuss best practices, with a focus on addressing existing challenges and opportunities in the field.

KEYWORDS
alternative dispute resolution, conflict management, mental health literacy, peer mediation, refugees

1 | INTRODUCTION

Following the arrival of over 1.2 million refugees since 2015 (Bundeszentrale für politische Bildung, n.d.-a), Germany still faces considerable humanitarian and societal challenges. Approximately two-thirds of refugees and asylum seekers who arrived in Germany between 2015 and 2021 come from Syria, Afghanistan, and Iraq and a majority are under the age of 30 (Bundeszentrale für politische Bildung, n.d.-b). Many have a history of exposure to violent, traumatic, and inhumane circumstances, oftentimes with detrimental and lasting effects on physical and/or mental health and quality of life (Nesterko et al., 2019). These repercussions add significantly to existing socioeconomic challenges associated with resettlement and successful integration into the host country. Besides extensive political ramifications, the "European refugee crisis" is fundamentally a humanitarian crisis with a multitude of hitherto unresolved societal and public health issues. The ethical imperative to ensure human dignity and safeguard the unconditional worth of every human being constitutes an important ethical *leitmotiv* in German policy-making (Winter & Winter, 2018). From a humanitarian standpoint, a dignified living environment and improved access to professional health care services are pivotal, inter alia, to address the substantial burden of conflict and psychological trauma among refugee populations (Hajak et al., 2021). Following arrival to an initial refugee reception center, mid- to long-term accommodation occurs in refugee shelters. A refugee shelter constitutes a decentralized accommodation administered, in most instances, by the respective authorities of

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the German Federal States (*Bundesländer*) in collaboration with public or private carriers. Origin and cultural background are typically mixed, and refugees may stay in these shelters for up to 6 years.

Individuals living in refugee shelters are frequently confronted with an environment that constitutes a breeding ground for interpersonal conflict. Factors such as cramped living conditions, shared resources for people from different backgrounds, language barriers, psychological trauma, lack of daily structure and insufficient growth perspectives, cultural unfamiliarity, different religions, existential fears, and pre-existing ethnic tensions mutually reinforce and sustain a diverse range of conflicts (Plich, 2016a). Consequently, daily disputes among the residents themselves or with citizens from local neighboring communities are the norm (Bauer, 2017). Conflicts within shelters commonly revolve around issues including non-compliance with rules, alcohol and drug use, food and eating habits, hygiene, noise, and the use of common areas. By virtue of a high potential for ethnicization and escalation, these seemingly trivial disputes frequently result in complex and oftentimes violent conflicts that can differ uniquely from *conflicts of daily life* encountered in any other shared accommodation or social context (Plich, 2016b). At the same time, ongoing exposure to conflict-prone environments may erode quality of life and aggravate existing mental health conditions (Nickerson et al., 2015), adding further to integrational challenges. Despite the scope and severity of this largely unaddressed issue, systemic implementation of sustainable intercultural conflict resolution mechanisms within refugee shelters and their neighborhoods has remained mostly underexplored.

R3SOLUTE is a nonprofit organization based in Berlin, Germany, that equips refugees in shelters and their local neighbors with peer mediation-based alternative dispute resolution (ADR) and mental health literacy (MHL) skills, to effectively manage and prevent disputes as psychosocial peer mediators in their own communities (R3SOLUTE, 2018). In a participatory bottom-up approach, participants are enabled to jointly learn with and from one another in a setting that fosters mutual trust and intercultural dialog.

2 | ROLE OF PEER MEDIATION IN REFUGEE SETTINGS

Aside the refugee context, the establishment of peer mediation mechanisms and clinics has its roots in the context of schools and prisons and has been successfully trialed and proven instrumental to systemic prevention and reduction of conflicts in these environments (Burrell et al., 2003; Devoogd et al., 2016; Harris, 2005; Hessler et al., 1998; Kaufer et al., 2014). *Peer mediation* constitutes a structured process, whereby one or two trained, impartial peers—belonging to the same status and group as the conflict parties—help facilitate dialog between disputants to assist negotiating and, ideally, reaching an agreement (R3SOLUTE, 2018).

In schools, rates of agreements from 89% (Harris, 2005) to up to 94.9% (Turnuklu et al., 2009) have been achieved in the setting of peer mediation. Successful uptake of this method has also been achieved in five prisons across California as part of the Prison of Peace (POP) program (Kaufer et al., 2014). In both settings, empowering community members as peer mediators ensured both an implicit understanding of the particular community structures, as well as higher a priori trust in the peer mediator (Kaufer et al., 2014). The feasibility of peer mediation in prisons underscores the value of this method in community settings, where psychological trauma and difficulties with empathy and constructive communication are prevalent phenomena (Kaufer et al., 2014). Notably, refugees and migrants, like prisoners, frequently

suffer from psychological comorbidities and social challenges, including a lack of autonomy and future perspectives, and difficulties with adapting to a new environment.

As such, there has been increased interest in exploring the role of ADR in refugee communities, with several pilot projects directed at investigating this approach. An Israeli study with refugees from Darfur identified a clear preference of refugees to actively resolve their conflicts with help from their peers rather than having them resolved by an "outsider" (Pely, 2017). Another concept of dispute resolution familiar to non-Western cultures is elders' dispute settlement (David Hoffman, 2015). In a case example from Sierra Leone, an elderly community leader functioned as the "peace maker" of a particular group, acting as an arbitrator (Mcintyre, 2013). Similarly, in a refugee reception center in Donaueschingen, Germany, an "alkalo" successfully served as an elder among refugees (Fesenmeier, 2018). In addition, several studies highlighted the utility of interactive, role-play-based peer mediation in settling intercultural disputes. In one study, primarily interactive role-plays addressed the profound identity crisis of the two divided ethnic groups of North and South Cypriots (Turk & Ungerleider, 2017). The goal was to create a common basis for understanding of the sensitivity of the multiple participant perspectives on the respective sides, thereby significantly strengthening the interpersonal relationships between them (Turk & Ungerleider, 2017). Another example of refugees in conflict with members of the host communities, suggested that deploying co-mediation teams involving both second-generation migrants and citizens was beneficial to solving disputes by increasing trust and willingness of the refugee parties to share their specific concerns (Lutz, 1993; Pugh et al., 2017). Stewart et al. found that support groups consisting of African refugees in Canada gave participants opportunities to form stronger bonds with peers and become part of an encouraging network. They enjoyed receiving emotional support from the group by sharing their problems and getting to know different views to potential solutions (Stewart et al., 2012).

3 | ROLE OF MENTAL HEALTH LITERACY IN REFUGEE SETTINGS

Approximately 50% of refugees in Germany are estimated to suffer from a mental health disorder, including conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and somatoform disorders (Abbott, 2016). In the setting of psychological trauma, the challenge of arriving and resettling in the host country has been referred to as the postmigratory "third hit" of sequential traumatization, that is, preceded by migratory (e.g., life-threatening flight experiences) and premigratory (e.g., warfare/prosecution in home country) stressors (Neuner et al., 2004; Steel et al., 2002). Accordingly, refugees resettled in Western countries are approximately 10 times more likely to develop PTSD and are significantly more vulnerable than other migrant groups (Fazel et al., 2005; Lindert et al., 2009). However, refugee populations are less likely than native-born populations to consult psychosocial services (Kirmayer et al., 2011). This is partly attributable to different explanations for mental health concerns (e.g., spiritual, social explanations) and skepticism, with a stronger reliance on family and friends or spiritual leaders instead (Ellis et al., 2010; Markova & Sandal, 2016). Consequently, research has revealed an additional need for peer-support measures (Harris & Maxwell, 2000). Nevertheless, MHL interventions, that is, interventions aimed at sharing professional concepts of mental health and discussing available support options (Jorm, 2012), are promising: evidence from Australia suggests that MHL interventions help to increase the perceived helpfulness of professional treatments

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for depression among refugees. Furthermore, MHL trainings were able to reduce stigma toward people showing symptoms of PTSD or depression (Uribe Guajardo et al., 2018). Both elements—trust in available professional treatments and the willingness to interact with affected people—appear crucial for peer-support in the context of mental health.

4 | REFUGEES AS PSYCHOSOCIAL PEER MEDIATORS

There is strong potential for ADR mechanisms to play a significant role in mitigating the ongoing wave of partially trauma-related conflict observed among refugee populations. Existing efforts have aimed at equipping refugees and migrants with conflict resolution tools, with the goal to build bridges between divided communities via interactive role-plays, dialog work, and refugee support groups. In particular, co-mediations with teams of migrants and locals foster trust in the co-mediators. Moreover, cultural familiarity with the concept of an elder appears to facilitate acceptance for the mediator role. Finally, MHL provision and the concept of training refugees as mental health peers have been successfully trialed with favorable results (Gutknecht et al., 2020; Jumaa et al., 2020; Uribe Guajardo et al., 2018).

In this *Practice Insight*, we discuss how ADR mechanisms can be tailored to meet existing demands in refugee populations in Europe, with a focus on Germany. Specifically, we have developed and here discuss a multidisciplinary, bottom-up method for implementation of effective and sustainable conflict resolution mechanisms in refugee settings, which we have termed *psychosocial peer mediation* (PPM). This unique method seeks to address the complex needs of refugees by combining intercultural dialog work and tailored peer mediation training with MHL. Accordingly, participants are enabled to foster their problem-solving skills and navigate existing psychosocial challenges, with the prospects of achieving long-term conflict prevention and peacebuilding in refugee communities.

The PPM concept consists of three interactive training pillars that cumulatively build on one another (cf. Figure 1). These include:

- Story-sharing is a method facilitating intercultural dialog centered around difficult topics such as racism, discrimination, and traumatizing experiences. Participants learn to open up to one another and reduce biases in a forum of trust cultivated by the facilitators.
- Conflict competency training offers participants tools directed at handling conflict constructively and preventing escalation. In addition, common context-specific reasons for conflict, including intercultural misunderstandings and stressful situations, are explored.
- Peer mediation training equips participants with foundational mediation techniques, introduces the process and principles of mediation, and aims at addressing typical everyday conflict scenarios in refugee communities, via role-play-based simulations.

An integral part of these three components is mental health literacy training, where participants explore the role of mental health in daily life and conflict, understand the value of psychosocial guidance, and are sensitized to the manifestation of psychological trauma and prevalent conditions including PTSD, anxiety disorders, depression and suicide, somatoform disorders, substance abuse, and addiction (Abbott, 2016).

Following completion of the three-tiered PPM training, refugee-led peer mediation clinics are established in refugee shelters with the ultimate goal to implement locally sustainable conflict management structures. Accordingly, PPM-trained refugees are empowered to effectively

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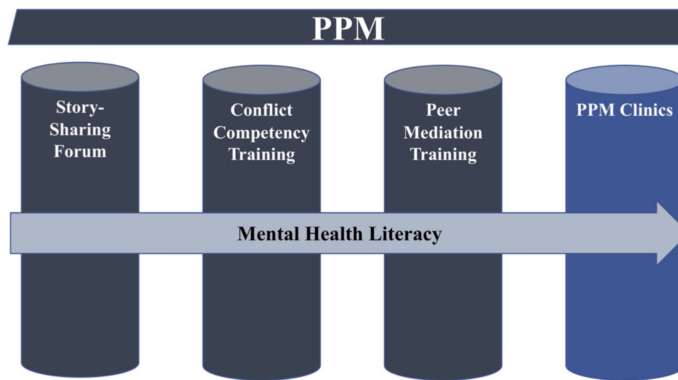

FIGURE 1 Schematic illustration of the main components of the psychosocial peer mediation (PPM) concept

manage community-related conflicts and provide valuable initial psychosocial guidance to individuals in need of professional mental health services. The highly participatory and interactive bottom-up design of PPM trainings allows for addressing the specific needs within each participant group while promoting *self-efficacy* among community members. By building conflict capacity from within, PPM stresses the importance of unique cultural and situational factors in conflict, which are often best addressed and resolved sustainably by the community members themselves. As such, realistic role-plays were co-designed with refugee team members and adapted based on the participants' complex needs and real-life conflict scenarios encountered in refugee shelters (R3SOLUTE, 2018).

PPM trainings have no formal selection criteria and are mostly delivered to a context naive group that does not operate in pre-existing structures. Accordingly, gender, age, and nationalities are often mixed, with the added value of facilitating intercultural dialog across generations. In practice, PPM participant recruitment occurs in close cooperation with the shelters' management and social workers, who are familiar with the residents' interests and can engage based on a pre-existing level of mutual trust. In particular, our experience has shown that *grassroot leaders*, that is, individuals who usually take on responsibility for other community members and already engage vividly in the shelter's community activities, play an important role in successful workshop recruitment by motivating other residents to join and complete the PPM training series.

5 | IDENTIFIED BEST PRACTICES

Based on our field experience with implementation of PPM in numerous refugee shelters in Germany between the years 2018 and–2021,[1] we have identified and herein discuss six best practices (Figure 2), which have proven particularly effective in training refugees as psychosocial peer mediators: 1) empowerment and self-efficacy of peers, 2) unique characteristics of co-trainers, 3) story-sharing, 4) bicultural co-mediations, 5) peer mediators as mental health ambassadors, and 6) the establishment of PPM clinics. These mutually interdependent practices are detailed in the following sections, including real-life case examples and a discussion of existing opportunities, challenges, and limitations.

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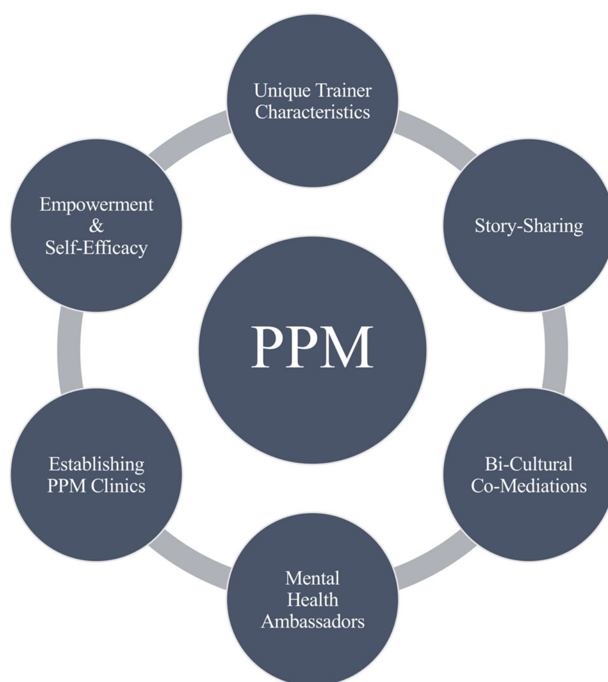

FIGURE 2 Schematic illustration of six identified best practices for psychosocial peer mediation (PPM) implementation

1. Empowerment and self-efficacy of peers

> The primary source of support for most migrants, [...], is their informal social network. Belonging to a community enhances the likelihood of social bonding and perceived support for refugees. [...] Social support can reduce refugees' isolation and loneliness, enhance their sense of belonging and life satisfaction, mediate the stress of discrimination and facilitate integration into a new society. (Stewart et al., 2012)

Despite the prospects of active membership in an informal social network, a significant number of refugees feel that they have lost control and autonomy over their own lives, which can be reinforced by the oftentimes precarious living conditions. Empowerment of peers through transmitting ADR skills constitutes an important approach, as peer mediation is a method that permits peers to take matters into their own hands. This bottom-up approach differs from conventional top-down methods of resolving conflicts through a community outsider. Empowering refugees with the tools of PPM improves their perception on their "seemingly powerless" situation and reinforces self-efficacy. A recent study has demonstrated that refugees who participate in such peer-trainings and subsequently take on a role as mentor for their peers develop a strengthened sense of self-efficacy, empowerment, and resilience (Paloma et al., 2020). This observation is in line with our experiences. As such, PPM absolvents state that they feel more purposeful, confident, and capable after completing the PPM training. They are hopeful in assuming a new role leading to more perspectives: "You feel good and then you are also respected more by people because of your role and because you do it well."[2] Another PPM

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absolvent emphasized the cultural and linguistic advantages peer mediators have as compared to shelter-employed social workers: "We can support the social workers in the shelter because we can also speak Arabic and maybe even understand the cultures and mentalities better than them."[3] A further observed benefit includes a change in the shelter's management's attitude and perception: "That is a form of empowerment, that the residents themselves take matters into their own hands and are active. It is very good, that they are also self-confident in how they do it."[4]

In summary, the PPM approach can facilitate systemic empowerment by promoting self-efficacy, responsibility, and autonomy to serve as a premier spokesperson for conflict-related matters in the community (Hessler et al., 1998). Notably, limitations of the Western concept of peer mediation include the finding that most non-Western societies emphasize collective values over personal independence. As pointed out by Noel et al. (Noel et al., 2006), who stress the issues of conventional mediation methods solely reflecting Western values and norms—for example, giving a high priority to formal written agreements and verbal confrontation, as well as strongly neglecting nonverbal, social, and cultural factors—this notion may result in a dilemma requiring adaptation and context-specific tailoring of the concept of peer mediation (Noel et al., 2006).

2. Unique characteristics of co-trainers

In line with observations by others (Cheldelin et al., 2002; Noel et al., 2006), we identified the following characteristics among teams of co-trainers as essential and uniquely conducive to successful workshop implementation: a refugee background, language proficiency in the participants' native languages, a professional background in mediation, and clinical psychology and/or medicine. Accordingly, PPM trainings are ideally co-facilitated by professional mediators, medical doctors or psychologists and co-trainers of refugee background. The presence of a refugee co-trainer with a shared cultural perspective is essential to the success of PPM trainings, which is consistent with findings by others (Cheldelin et al., 2002; Noel et al., 2006; Pugh et al., 2017). As such, Noel et al. have concluded that: "Not only does this approach discourage the myth that the only good ideas are those coming from the West, but it also demonstrates to participants a respect for their own expertise and unique insight into the promotion of locally relevant social change" (Noel et al., 2006). The presence of a refugee co-trainer fosters participants to engage in an open dialog at eye level with the trainers, as they identify with the co-trainer causing them to become more self-efficacious (Bandura, 1994). As another benefit, co-trainers can reflect on their own emotional journey as refugees and the challenges they have encountered upon arrival to the host country: "Some of the participants often don't even know the language and are still very eager to learn and to change their lives and that is very inspiring to see."[5] In a reciprocal manner, refugee co-trainers themselves feel empowered in their ability to have a positive impact on the participants' lives (Stewart et al., 2012). In addition to conducting mediation-based ADR and MHL trainings, refugee co-trainers also provide translation when necessary. This feature contributes to ensuring language assistance and facilitation of dialog in real time. Finally, close collaboration between refugee peer and professional trainers can serve as a role model for bicultural teamwork between host community members and refugees.

Limitations to this method include the difficulty of training frequently very heterogenic groups of participants speaking different languages and the challenge of addressing potential impatience from waiting for the translations of multiple co-trainers. Based on our experience, these limitations can be effectively mitigated by having a maximum number of two language groups per training and/or by splitting the entire group into smaller language groups. In summary, an interdisciplinary, intercultural, language proficient trainer-team offers the advantage

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of being uniquely equipped to address the frequently complex multifactorial, culturally sensitive needs, topics, and conflicts within refugee communities.

3. Story-sharing

Our experience suggests that story-sharing is an indispensable first step for both refugee participants and trainers to foster mutual trust and set the stage for subsequent training elements. As the term suggests, story-sharing consists of sharing personal stories about the flight, the arrival in Germany and resulting challenges, as well as conflicts arising in and outside the refugee shelter. Story-sharing is meant to open a dialog that sets the stage for subsequent trainings, primarily by building the necessary mutual trust among participants needed to approach sensitive issues.

Initiation of this process is typically facilitated by an "ice-breaker" group activity directed at fostering familiarity and mutual social engagement within the participant group. As a second step, a drawing exercise may set the stage for subsequent dialog. As such, participants are typically encouraged to draw and subsequently present pictures that 1) depict an experience from their childhood, 2) describe a feature they associate with their host country, and 3) a positive or a negative event in their lives (e.g., their escape from their home country or other challenging situations of their daily lives). The power of this introductory exercise lies in sharing sensitive personal matters via an external medium, that is, in a controlled and indirect manner, with the focus centered primarily on the drawings and not directly on the participants themselves.

As such, story-sharing can serve to 1) build new connections and mutual trust between workshop participants themselves, as well as participants and trainers, 2) generate interest in—and understanding of—the value of attaining professional skills, 3) offer an initial needs assessment for PPM trainers, 4) allow for a "low-threshold" introduction of sensitive topics like mental health and trauma through (art or activity based) sharing of personal experiences, and 5) break down stereotypes and biases.

In a cross-cultural story-sharing setting, it is possible to considerably decrease stereotypes and biases, while increasing empathy for the other side. Accordingly, cross-cultural disputes can be resolved by open and collaborative dialogs regarding differences, acknowledging that those "differences between individuals are nearly always greater than the differences between races, even when appearances suggest otherwise," and by pointing out the context in which they arise (Cloke, 2018). This is also supported by Busch and Schröder, who have previously demonstrated that the main focus of dialog work is to foster an awareness of each other's differences and similarities (Busch & Schröder, 2005). In practice, PPM participants stated they felt more understood and, vice versa, could relate to others more because of story-sharing: "The workshop helped understand the mentalities of people, and I got something new because of that."[6] The process of creating more meaningful exchange leads to participants realizing and becoming more aware of their own stereotypes and biases toward the "other side." Becoming sensitized to those stereotypes, as well as more conscious as a group that everyone has biases is a first crucial step to their reduction. In one workshop, Arab refugees asked German locals, why some Germans choose to sit away from them on public transportation, while one German participant asked why "all Arabs talk so loudly." As such, the story-sharing method can offer a safe space to address such perceived stereotypes and difficult topics without participants being afraid to lose face or ask something inappropriate to the other side. However, limitations to this approach include the novelty of such direct confrontation and resulting discomfort that needs to be adequately addressed by the trainers. We have previously pointed out this challenge: "The parties might experience dialogue work as an extremely new and uncomfortable process, so it is our duty (as trainers) to navigate the participants through productive dialogue and thereby

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allow them to collaborate effectively. It is less about exploring the facts of a dispute or who did what, and more about mastering the dynamics of communication, tolerance, and respect" (HME, 2020).

The exchange on personal experiences during story-sharing also facilitates later discussions on mental health topics. Especially when dealing with potentially stigmatized topics, group discussions rely on a shared sense of psychological safety (Edmondson & Lei, 2014). As research in other contexts has demonstrated, familiarity and shared positive group norms about "opening up" can substantially strengthen the impression of psychological safety (O'donovan & Mcauliffe, 2020). Consequently, fruitful exchanges between participants also help foster a positive view on professional help. As it was evident in one group discussion, where the opinion of an older male participant, arguing that "Psychologists cannot help, [as] they don't understand us" was met by another, younger, female participant who argued, that for her psychological help had meant having time and help to think about her situation, which she described as helpful when arriving in Germany.

4. Bicultural co-mediations

The conduction of mediations with a team of bicultural co-mediators serves to maximize the oftentimes multicultural parties' satisfaction with the mediation process and strengthen their trust in the mediators. According to Pugh, Sulewski, and Moreno, co-mediators who mirror the parties backgrounds in terms of ethnicity and gender support the parties' satisfaction with the mediation process and decrease biases (Pugh et al., 2017). In contrast, teams of mediators in which only one party's cultural background is represented are viewed less favorably and may result in potential feelings of exclusion by the other (nonrepresented) disputant (Pugh et al., 2017). As part of PPM, bicultural co-mediation teams consist of refugee mediators from different cultural backgrounds. This approach fosters cultural understanding and allows for more impartiality. The ideal scenario is that the cultural backgrounds of both conflicting parties are mirrored in the composition of the co-mediators. In summary, "bicultural mediation teams that incorporate cultural sensitivity into their mediation practice are likely to improve the effectiveness of mediation and increase their ability to provide access to satisfactory outcomes for the parties in the future" (Pugh et al., 2017).

5. Peer mediators as mental health ambassadors

> The majority of the population in Afghanistan has mental health problems. The majority of the population also believes that people with mental problems are crazy and not normal. Workshop participant

Training refugees in mental health peer-support has been successfully trialed in recent pilot studies (Gutknecht et al., 2020; Jumaa et al., 2020). As part of PPM, respective MHL trainings offer a mix of interactive role-plays, case studies, art-based story-sharing, and seminars on brain awareness (i.e., the bio-psycho-social model of mental health) and prevalent mental health conditions. As such, primary deliverables include destigmatization and the fostering of tolerance and mutual trust among community members, recognition of the significance of mental health in daily life and conflict, as well as activation of existing personal resources and coping strategies. In addition, PPM-trained individuals learn to serve as first level psychosocial support for those peers who might benefit from professional help, as they learn how to address relevant sensitive topics and where to find professional support, thus actively facilitating uptake of mental health care (Satinsky et al., 2019). Introducing the topic of mental health sensitively is challenging yet crucial to effectively facilitate peer-support in refugee shelters. To address this issue,

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use of interview-style, case study-based interventions have proven uniquely conducive to "low-threshold" introduction of sensitive topics (Lloyd et al., 1998) and constitute an important cornerstone in PPM trainings (cf. Table 1). Based on a set of questions, case studies are discussed first in smaller groups among participants and subsequently in exchange with the trainer team and the whole participant group. This allows for a gradual introduction of the professional view while activating existing group knowledge and respecting the existence of multiple views on the topic.

6. Establishment of PPM clinics

The establishment of PPM clinics is an indispensable element to ensure autonomous continuity and long-term viability of locally established conflict resolution structures in refugee shelters. Ideally, a group of 15–20 participants are trained in PPM, who then volunteer as peer mediators (cf. Case Study). Additionally, peer mediators are ideally capable of recognizing important "red flags" and manifestations of prevalent mental health conditions and are familiar with basic ways to offer support to affected individuals. We interviewed several PPM absolvents who had been active in PPM clinics for 1 ½ years, as well as other relevant stakeholders, with

TABLE 1 Illustration of case-based mental health literacy training

Discussion point for each case (cf. Lloyd et al., 1998)	Aspect of mental health literacy	Targeted outcome for mental health ambassador
What are his main problems?	Allows the trainer to share knowledge about diagnostic systems and how certain problems are seen as symptoms of depression and PTSD and their relation to interpersonal conflicts	- Knowledge of diagnostic categories - Sensitivity for clinically relevant patterns
Does he have an illness?	Allows the trainer to explain complexities and different professional perspectives on the matter	- Destigmatization of problems
What are the causes of his problems?	Allows the trainer to explain different models and to introduce a bio-psycho-social model as model which is predominantly in use among health professionals	- Destigmatization of problems
What could he do?	Allows the trainer to highlight that people suffering from psychosocial and psychiatric issues are active individuals able of self-care to destigmatize the aspect of unpredictability and stability of "mental illness"	- Destigmatization - Options for peer-support by facilitating self-care
What could others do?	Allows the trainer to discuss the importance of peer-support and at the same time introduce local services and an overview about what to expect form therapist in such a situation. Starting point for discussions about what can and what cannot be expected from peer-support	- Options for peer-support - Knowledge about professional service providers - Destigmatization of professional care - Discussing limits to facilitate self-care as peer

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TABLE 2 Multistakeholder perspective following implementation of PPM clinics

Stakeholder	Post-training perspective[a]
Peer mediator 1	"*I can imagine very well to come across any conflict with what I have learned and to be the mediator.*"
Peer mediator 2	"*I have been in Germany for a year, and I have never heard about mediation before until I attended the workshop- otherwise I would have had no idea. I don't talk about my mental problems with the others because most of the time they can't accept the word "mental problems" and think that you are crazy if you talk about it. Of course, I have learned a lot, such as how to calm others down and how to access solutions and different strategies.*"
Peer mediator 3	"*I learned patience and also the process of mediation and how mediation works and especially in the beginning having trouble settling into Germany, and arriving, it really helped to learn something new. I'm always excited and interested in trying something new and also in applying some of the methods that I have learned and also learning from others and growing in this personal experience.*"
PPM trainer	"*We observe rising self-confidence and conflict-competence after the completion of the training. Participants report to feel confident to apply their newly gained skills and resolve conflicts in their private but also professional lives. They also enjoy getting to know other Germans and locals throughout the trainings. Participants often tell us they suffer from isolation and how rare it is that they get to speak to Germans.*"
Shelter's manager	"*In any case, this [training] is very helpful, so on the one hand that is a form of empowerment, that the residents themselves take matters into their own hands and are active. It is very good, that they are also self-confident in how they do it. That is a positive aspect for the peer mediators. And of course, the residents have the opportunity to realize that they cannot just come to us [with problems], that there are also other peers.*"
German Parliamentarian	"*This offer is a useful addition and expansion of the social infrastructure for refugees and their neighbors and complements the existing integration work in an appropriate manner, as self-determination and conflict prevention are combined and strengthened in one project.*"

[a]Original quotes in German; translation from German to English was carried out by the authors.

overall favorable results (cf. Table 2). A potential limitation to implementing PPM mechanisms in refugee shelters is the move-out-rate of refugees, who leave the shelter after 2–3 years on average. Feasible ways to address this issue include the establishment of an "alumni pool," which constitutes an informal network of peer mediators, as well as a "train-the-trainers model" in which former peer mediators can pass on their skills to the next generation of peer mediators.

5.1 | Case study

Peer Mediator 2 is a 47-year-old male refugee from Syria, who arrived in Germany in 2018 and underwent the PPM program in 2019. Prior to fleeing his home country, he worked as a mechanic to support his wife and three children.

During the story-sharing session, *Peer Mediator 2* shared that his eldest son had tragically died in a bomb attack and that he missed him daily and feels responsible for his death, due to a

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"failure to protect him." Since then, he had felt increasingly socially disconnected and had struggled immensely with his activities of daily life. During story-sharing, he connected with several other refugee participants who shared similar painful stories of war and disruption but also with the local participants who "truly listened to [him and his] story for the first time". Peer Mediator 2 concluded that: "After the [story-sharing] workshop I had the feeling that I got to know a new culture and that I came from a country where there is war to an open country where there are many cultures. It was a strange feeling at first, but it was also a good feeling for me."

Peer Mediator 2 went on to participate actively in the subsequent PPM trainings: "I have learned a lot, such as how to calm others down and how to access solutions and different strategies. And of course, we also use our experiences and the methods we learned [in the workshop], because maybe sometimes others [who didn't attend the workshop] don't understand how to use these methods - and this also has to do with the cultural environment." Accordingly, he stresses an important aspect of becoming a "multiplicator" for peaceful communication in his newly assumed role. Furthermore, *Peer Mediator 2* shared with the group in how far psychological counseling has helped him to gradually cope with his situation. When asked about the challenges of talking about mental health, he explained: "I don't talk about my mental problems with the others because mostly they can't accept the word "mental problems" and think that you are crazy if you talk about it."

Peer Mediator 2 successfully volunteers in the PPM Clinic of his shelter up until the present day, mediating approximately two cases per week. He describes the nature of conflicts he mediates as follows: "The conflicts here in the home remain mostly secret, especially within a family. Even the shelter's management does not get to know that much and that is quite normal for an Eastern society." When asked about recently mediated memorable conflicts, examples included a dispute between two family fathers on how to educate their quarreling children, a conflict between roommates regarding nocturnal disturbances, and, finally, a physical altercation in the kitchen over the "non-proper" preparation of a meal. He further states how personally fulfilled it makes him to be able to "help other community members to solve their problems."

6 | CONCLUSIONS

In summary, existing research efforts have demonstrated a role for both ADR and MHL interventions in mitigating the substantial burden of interpersonal conflict and psychological distress in refugee communities. Our experience suggests that these elements are synergistically combinable in a multidisciplinary bottom-up approach, termed psychosocial peer mediation. PPM-trained individuals experience increased self-efficacy and community level trust and, as such, can become uniquely equipped to mitigate a diverse nature of conflicts, address complex interpersonal dynamics and psychosocial needs, and offer a first level of support as psychosocial peer mediators in their own communities. The implementation of the three-tiered PPM method can be facilitated by several identified best practices, which allow for improved learning and uptake as well as tailoring of the concepts to the specific setting and needs of participants. Most encountered procedural and structural limitations of this approach appear sufficiently addressable by offering didactically flexible training concepts and provision of an interdisciplinary, intercultural, language proficient trainer team. Future field investigations of PPM interventions with quantitative impact assessment on conflict reduction, quality of life and psychological well-being in refugee settings are warranted.

DISCLOSURES

Helen M. E. Winter and Sebastian F. Winter serve as co-founders and executive committee members of the non-profit organization R3SOLUTE gUG. Muhamad Naanaa serves as executive committee member of R3SOLUTE gUG.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

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ENDNOTES

[1] Segments of the three-tiered PPM training were successively developed and trialed in 10 refugee shelters across Berlin and Brandenburg, Germany, whereby successful implementation of the entire training curriculum with subsequent establishment of running PPM clinics was carried out in three refugee shelters. Workshop participants were typically of mixed cultural backgrounds, with a majority of individuals coming from Syria, Afghanistan, Iraq, and Iran, followed by African nations (including Libya, Nigeria, Somalia, Eritrea and Angola), and, in a minority of cases, Eastern European nations (including Ukraine and Russia). For Q3/4 of 2021, full PPM implementation is planned in at least three additional refugee shelters in Lower Saxony, Germany.

[2] Refugee peer mediator.

[3] Refugee peer mediator.

[4] Shelter's manager of the same shelter.

[5] Refugee Co-Trainer.

[6] Refugee Peer Mediator.

REFERENCES

Abbott, A. (2016). The troubled minds of migrants. *Nature*, *538*(7624), 158–160.

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (4th ed., pp. 71–81). Burlington, MA: Elsevier/Academic Press.

Bauer I. (2017). Unterbringung von Flüchtlingen in deutschen Kommunen: Konfliktmediation und lokale Beteiligung. State-of-Research Pap. *10*.

Bundeszentrale für politische Bildung. Zahlen zu Asyl in Deutschland|bpb.

Bundeszentrale für politische Bildung. Demografie von Asylsuchenden in Deutschland. bpb.de.

Burrell, N. A., Zirbel, C. S., & Allen, M. (2003). Evaluating peer mediation outcomes in educational settings: A meta-analytic review. *Conflict Resolution Quarterly*, *21*(1), 7–26. https://doi.org/10.1002/crq.46

Busch, D., & Schröder, H. (2005). Perspektiven Interkultureller Mediation. In M.-A. Herlyn (Ed.), *Interkulturelle Aspekte von Mediation Und Dialog* (p. 60).

Cheldelin, S., Greenberg, M., Honeyman, C., & Volpe, M. R. (2002). An experiment in "practice to theory" in conflict resolution. *Negotiation Journal*, *18*(4), 301–303. https://doi.org/10.1111/j.1571-9979.2002.tb00261.x

Cloke, K. (2018). Designing dialogues about prejudice and discrimination. In *Politics, dialogue and the evolution of democracy: How to discuss race, abortion, immigration gun control, climate change, same sex marriage and other hot topics*. GoodMedia Press.

David Hoffman, D. A. R. (2015). The mediator as village elder. *ACResolution Magazine*, *14*(3), 26.

Devoogd, K., Lane-Garon, P., & Kralowec, C. A. (2016). Direct instruction and guided practice matter in conflict resolution and social-emotional learning. *Conflict Resolution Quarterly*, *33*(3), 279–296. https://doi.org/10.1002/crq.21156

15411508, 2022, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/crq.21322 by Charité - Universitaetsmedizin, Wiley Online Library on [08/12/2022]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Edmondson, A. C., & Lei, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual Review of Organizational Psychology and Organizational Behavior*, *1*(1), 23–43. https://doi.org/10.1146/annurev-orgpsych-031413-091305

Ellis, B. H., MacDonald, H. Z., Klunk-Gillis, J., Lincoln, A., Strunin, L., & Cabral, H. J. (2010). Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender. *The American Journal of Orthopsychiatry*, *80*(4), 564–575. https://doi.org/10.1111/j.1939-0025.2010.01061.x

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *Lancet*, *365*(9467), 1309–1314. https://doi.org/10.1016/S0140-6736(05)61027-6

Fesenmeier, K.-H. (2018). Der Vermittler im Flüchtlingsheim: Manasseh Shedrach ist der Alkalo. Badische Zeitung. https://www.badische-zeitung.de/der-vermittler-im-fluechtlingsheim-manasseh-shedrach-ist-der-alkalo–150170465.html.

Gutknecht, S., Kaiser, F., Leiding, D. V., Schneider, F., Habel, U., & Schulte, H. B. (2020). Evaluation of a peer-helper project for mental health stabilization of refugees. *Fortschritte der Neurologie-Psychiatrie*, *88*(2), 82–88. https://doi.org/10.1055/a-1090-7375

Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A systematic review of factors affecting mental health and well-being of asylum seekers and refugees in Germany. *Frontiers in Psychiatry*, *12*, 643704. https://doi.org/10.3389/fpsyt.2021.643704

Harris, K., & Maxwell, C. (2000). A needs assessment in a refugee mental health project in north-East London: Extending the counselling model to community support. *Medicine, Conflict, and Survival*, *16*(2), 201–215. https://doi.org/10.1080/13623690008409514

Harris, R. D. (2005). Unlocking the learning potential in peer mediation: An evaluation of peer mediator modeling and disputant learning. *Conflict Resolution Quarterly*, *23*(2), 141–164. https://doi.org/10.1002/crq.130

Hessler, R. M., Hollis, S., & Crowe, C. (1998). Peer mediation: A qualitative study of youthful frames of power and influence. *Mediat Q.*, *15*(3), 187–198. https://doi.org/10.1002/crq.3890150304

HME, W. (2020). Working from the heart. In S. Terry (Ed.), *More justice more peace* (pp. 55–68). Rowman & Littlefield.

Jorm, A. F. (2012). Mental health literacy; empowering the community to take action for better mental health. *The American Psychologist*, *67*(3), 231–243. https://doi.org/10.1037/a0025957

Jumaa, J. A., Kluge, U., Weigold, S., Heinz, E., & Mehran, N. (2020). Peer-to-peer self-help interventions for refugees: A pilot study. *Fortschritte der Neurologie-Psychiatrie*, *88*(2), 89–94. https://doi.org/10.1055/a-1011-4232

Kaufer, L., Noll, D. E., & Mayer, J. (2014). Prisoner facilitated mediation: Bringing peace to prisons and communities. *Cardozo Journal of Conflict Resolution*, *16*, 187–219.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., & for the Canadian Collaboration for Immigrant and Refugee Health (CCIRH). (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, *183*(12), E959–E967. https://doi.org/10.1503/cmaj.090292

Lindert, J., Ehrenstein, O. S., Priebe, S., Mielck, A., & Brähler, E. (2009). Depression and anxiety in labor migrants and refugees - A systematic review and meta-analysis. *Social Science & Medicine*, *69*(2), 246–257. https://doi.org/10.1016/j.socscimed.2009.04.032

Lloyd, K. R., Jacob, K. S., Patel, V., St. Louis, L., Bhugra, D., & Mann, A. H. (1998). The development of the short explanatory model interview (SEMI) and its use among primary-care attenders with common mental disorders. *Psychological Medicine*, *28*(5), 1231–1237. https://doi.org/10.1017/S0033291798007065

Lutz, H. (1993). In between or bridging cultural gaps? Migrant women from Turkey as mediators. *Journal of Ethnic and Migration Studies*, *19*(3), 485–492. https://doi.org/10.1080/1369183X.1993.9976378

Markova, V., & Sandal, G. M. (2016). Lay explanatory models of depression and preferred coping strategies among Somali refugees in Norway. A mixed-method study. *Frontiers in Psychology*, *7*(1435), https://doi.org/10.3389/fpsyg.2016.01435

Mcintyre, M. W. (2013). Chieftaincy-based community dispute resolution: The case of Sierra Leone. *Conflict Resolution Quarterly*, *30*(3), 295–308. https://doi.org/10.1002/crq.21066

Nesterko, Y., Jäckle, D., Friedrich, M., Holzapfel, L., & Glaesmer, H. (2019). Prevalence of post-traumatic stress disorder, depression and somatisation in recently arrived refugees in Germany: An epidemiological study. *Epidemiology and Psychiatric Sciences*, *29*, E40. https://doi.org/10.1017/S2045796019000325

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert, C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for posttraumatic stress disorder through previous trauma among West Nile refugees. *BMC Psychiatry*, *4*(1), 34. https://doi.org/10.1186/1471-244X-4-34

15411508, 2022, 3, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/crq.21322 by Charité - Universitaetsmedizin, Wiley Online Library on [08/12/2022]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Nickerson, A., Bryant, R. A., Schnyder, U., Schick, M., Mueller, J., & Morina, N. (2015). Emotion dysregulation mediates the relationship between trauma exposure, post-migration living difficulties and psychological outcomes in traumatized refugees. *Journal of Affective Disorders*, *173*, 185–192. https://doi.org/10.1016/j.jad.2014.10.043

Noel, B. R., Shoemake, A. T., & Hale, C. L. (2006). Conflict resolution in a non-western context: Conversations with indonesian scholars and practitioners. *Conflict Resolution Quarterly*, *23*(4), 427–446. https://doi.org/10.1002/crq.148

O'donovan, R., & Mcauliffe, E. (2020). A systematic review of factors that enable psychological safety in healthcare teams. *International Journal for Quality in Health Care*, *32*(4), 240–250. https://doi.org/10.1093/intqhc/mzaa025

Paloma, V., Morena, I., Sladkova, J., & López-Torres, C. (2020). A peer support and peer mentoring approach to enhancing resilience and empowerment among refugees settled in southern Spain. *Journal of Community Psychology*, *48*(5), 1438–1451. https://doi.org/10.1002/jcop.22338

Pely, D. (2017). Quasi-customary dispute resolution mechanisms in Israel's Darfuri refugees. *Conflict Resolution Quarterly*, *35*(1), 111–140. https://doi.org/10.1002/crq.21198

Plich I. (2016a). Feststellung Der Konfliktbereiche in Drei Gemeinschaftsunterkünften Zur Unterbringung von Flüchtlingen Und Asylsuchenden Sowie Deren Kommunaler Umgebung in Niedersachsen, *Landespräventionsrat Niedersachsen*.

Plich I. (2016b). Konflikte im Umfeld von Unterkünften, Analyse und Handlungsoptionen.

Pugh, J., Sulewski, D., & Moreno, J. (2017). Adapting community mediation for Colombian forced migrants in Ecuador. *Conflict Resolution Quarterly*, *34*(4), 409–430. https://doi.org/10.1002/crq.21184

R3SOLUTE. (2018). R3SOLUTE - About Us. https://r3solute.com/about-us/.

Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy (New York).*, *123*(9), 851–863. https://doi.org/10.1016/j.healthpol.2019.02.007

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: A population-based study. *Lancet*, *360*(9339), 1056–1062. https://doi.org/10.1016/S0140-6736(02)11142-1

Stewart, M., Simich, L., Shizha, E., Makumbe, K., & Makwarimba, E. (2012). Supporting African refugees in Canada: Insights from a support intervention. *Health & Social Care in the Community*, *20*(5), 516–527. https://doi.org/10.1111/j.1365-2524.2012.01069.x

Turk, A. M., & Ungerleider, J. (2017). Experiential activities in mediation-based training, Cyprus 1997-2013. *Conflict Resolution Quarterly*, *34*(3), 281–300.

Turnuklu, A., Kacmaz, T., Sunbul, D., & Ergul, H. (2009). Does peer-mediation really work? Effects of conflict resolution and peer-mediation training on high school students' conflicts. *Procedia - Social and Behavioral Sciences*, *1*(1), 630–638. https://doi.org/10.1016/j.sbspro.2009.01.112

Uribe Guajardo, M. G., Slewa-Younan, S., Kitchener, B. A., Mannan, H., Mohammad, Y., & Jorm, A. F. (2018). Improving the capacity of community-based workers in Australia to provide initial assistance to Iraqi refugees with mental health problems: An uncontrolled evaluation of a mental health literacy course. *International Journal of Mental Health Systems*, *12*(1), 2. https://doi.org/10.1186/s13033-018-0180-8

Winter, S. F., & Winter, S. F. (2018). Human dignity as leading principle in public health ethics: A multi-case analysis of 21st century German health policy decisions. *International Journal of Health Policy and Management*, *7*(3), 210–224. https://doi.org/10.15171/ijhpm.2017.67

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