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- The session will be recorded
- The recording and presentation will be sent to all registered participants
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- We will collect questions in the chat and address them during the Q&A slots
 - During the Q&A, you can also raise your hand to ask questions live.

Implementing the Holistic Support Centre (HSC) and ethnopsychology approaches in the integration of refugee women: from concept to practice

1 Online Webinar

12 May 2026

Supported by EARLALL Academy



Agenda:

- ▶ Introduction to WISE and the Holistic Support Centre (HSC) model
- ▶ How to establish an HSC: key steps and roles (cultural mediators, facilitators, case workers, and psychologists)
- ▶ Creating safe spaces and inclusive environments within HSCs
- ▶ Mental health and ethnopsychology approaches
- ▶ Q&A session



SPEAKERS

**Sara
Bonfanti**

Head of Programs, IRC Italy
Experience in refugee resettlement (US) & migration research
PhD in Development Economics

**Maria
Tchomarova**

Mental Health Expert, Animus Association
Senior Psychologist & Psychoanalyst
Mental health, GBV & trauma-informed care

**Daria
Rostirolla**

Psychotherapist with a psychoanalytic orientation and medical
anthropologist at Centro Clinico Etnopsicologico in Rome
(Laboratorio di Gruppoanalisi, LDG); collaborator with Centre
Françoise Minkowska (Paris)

**Ginevra
Musella**

Psychologist and psychotherapist specialised in individual and
group psychoanalytic therapy, based in Milan; collaborator with
Centro PENC – Anthropology and Geoclinical Psychology



Introduction to WISE and the Holistic Support Centre (HSC) model

1 Online Webinar

12 May 2026

Sara Bonfanti, International Rescue Committee Italy

- ▶ *Call for Proposal: Innovative Approaches to Mitigate the Societal Consequences of Russia's War of Aggression Against Ukraine within EU countries*
- ▶ **Donor:** European Social Fund Agency (ESF-A)
- ▶ **Duration:** 10 April 2025 - 10 October 2026 (18 months)
- ▶ **Geographical Scope:** **Milan, Rome, Turin (Italy). Sofia (Bulgaria).** Dissemination in Europe.



Fondazione
International
Rescue
Committee
Italia (IRC)

Animus
Association
Foundation
(AAF)

Centro PENC
antropologia
e psicologia
geoclinica

Laboratorio
di
Gruppoanalisi
(LdG)

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EUROPEAN ASSOCIATION OF REGIONAL & LOCAL
AUTHORITIES FOR LIFELONG LEARNING

Coordination and
implementation in
Italy

Implementation in
Sofia

Mental Health
1:1 in Milan and
Turin; clinical
supervision in
Italy

Mental Health
1:1 and
Group PSS
activities in
Rome

Develop,
test and
adjust AI-
powered
skills
assessment
tool

Dissemination,
Communication and
scale-up



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- ▶ **Goal:** Improve the socio-economic inclusion of employable refugee women from Ukraine, in Italy and Bulgaria
- ▶ **Specific Objectives:**
 - **SO1:** Providing agency, skills, and knowledge to access and advance in IT/BG labor market, and potentially UA's labor market upon their voluntary return.
 - **SO2:** Enabling better navigation and access to social and public services
 - **SO3:** Enhancing mental health, psychosocial well-being, social connections, and empowerment to make informed decisions about their future.
 - **SO4:** Increasing awareness among key stakeholders at local and EU levels about the **Holistic Support Center model**, encouraging the adoption of innovative approaches to refugee women's socio-economic inclusion.

Holistic Support Centers

WGSS methodology: safe and supportive environments for women that foster peer support and social connections; gender lens and trauma-informed approach

One-Stop-Shop model: comprehensive service delivery providing access, information and referrals for various services



Holistic Approach
Mental Health and Psycho-social support +
Employment Support -
enabled by AI-powered
digital tool

Comprehensive
Integration Plan: 1:1
case-management
and employment
support

Structured/semi-
structured/
unstructured group
activities for skills
development and
empowerment

How to establish an HSC: key steps and roles (cultural mediators, facilitators, case workers, and psychologists)

1 Online Webinar

12 May 2026

Maria Tchomarova

Animus Association Foundation (Sofia, Bulgaria)

HOLISTIC SUPPORT CENTER (HSC)

a safe and inclusive space providing:

- ❖ psychosocial support
- ❖ information and referrals
- ❖ employment support
- ❖ community activities
- ❖ integration support

ASSESS COMMUNITY NEEDS

Before establishing an HSC:

- ▶ Conduct needs assessments
- ▶ Identify barriers and risks
- ▶ Consult women and girls
- ▶ Map existing services
- ▶ Understand community priorities



CREATE A SAFE AND ACCESSIBLE SPACE

The HSC Space Should Be:

- safe and confidential
- accessible and welcoming
- child-friendly
- culturally sensitive
- inclusive for all women and girls

BUILD REFERRAL PATHWAYS

Service Mapping includes:

- ▶ education
- ▶ mental health support
- ▶ healthcare
- ▶ legal aid
- ▶ employment services
- ▶ emergency contacts

KEY ROLES

Multidisciplinary Team:

- ❑ Facilitator/ Leader of the Centre
- ❑ Cultural Mediator
- ❑ Case Worker
- ❑ Psychologist
- ❑ Supervisor
- ❑ Guest speakers

FACILITATOR/LEADER OF THE CENTRE

- ▶ leads group activities
- ▶ manages group dynamics
- ▶ encourages participation
- ▶ creates safe discussions
- ▶ ensures confidentiality

CULTURAL MEDIATOR

- ▶ bridges language barriers
- ▶ supports communication
- ▶ builds trust
- ▶ promotes inclusion
- ▶ facilitates cultural understanding

CASE WORKER

- ▶ conducts needs assessments
- ▶ develops support plans
- ▶ coordinates referrals
- ▶ follows up with participants
- ▶ supports integration goals

PSYCHOLOGIST / MENTAL HEALTH SPECIALIST

- ▶ provides mental health support
- ▶ supports trauma recovery
- ▶ offers individual/group sessions
- ▶ strengthens resilience
- ▶ supports staff wellbeing

ACTIVITIES IN THE HOLISTIC SUPPORT CENTER

Examples of Activities:

- psychosocial support groups
- cultural orientation
- job readiness and soft skills training
- case management
- individual mental health
- employment support
- community events

KEY TAKEAWAYS

A Strong HOLISTIC SUPPORT CENTER is

- ✓ Safe
- ✓ Inclusive
- ✓ Community-based
- ✓ Trauma-informed
- ✓ Multidisciplinary
- ✓ Empowering

Creating safe spaces and inclusive environments within HSCs

1 Online Webinar

12 May 2026

Daria Rostirolla, Laboratorio di Gruppoanalisi (Rome)



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Building on the HSC model introduced earlier, this session zooms in on one specific dimension: what it concretely takes to make such a Center safe and inclusive for the women who use it.

- **How the Center of Rome was implemented**
- **The role of the city network in sustaining it**
- **The operational choices that make the difference between a space that is technically open and a space that is actually used**

Context

Opened in 2023 – works specifically with Ukrainian women and girls who fled the war

Built around the idea of holistic support: bringing together, in a single space, the different bio-psycho-social dimensions of a woman's wellbeing.

- Psychological support
- Employment orientation
- Empowerment activities

Transcultural in approach – draws on the IRC Women and Girls Safe Space framework, adapted to the Italian urban context.

Two integrated components

- Safe Space for Women and Girls – free access, no appointment, no referral, no need to disclose a reason for being there. Italian conversation, stretching and yoga, group sharing, workshops, information on local services. Includes a safe area for children.
- Ethnopsychological Clinical Center – free, voluntary psychotherapeutic care, delivered by appropriately trained psychologists, with linguistic-cultural mediation. Currently 15 patients in active care, with a waiting list.

The Safe Space makes the Clinical Center reachable – and vice-versa. The first encounter is not clinical: it is social, informal, low-threshold.

Without the Safe Space, many of these women would not have walked into a clinical service on their own.

Inside a Municipality building

Agreement signed in September 2023 between Laboratorio di Gruppoanalisi and the II Municipality of Rome. Premises granted free of charge for both the Safe Space and the Clinical Center.

Three concrete implications:

- **Public legitimacy** – for women unsure whether they are entitled to access services, the institutional seal of the City of Rome reduces the fear of being out of place.
- **Anchoring in the public infrastructure** – we are not a separate service in parallel, we are inside the city's social services architecture.
- **Bidirectional referrals** – the Municipality's Social Services know us and can send beneficiaries; we can refer back when a case requires their intervention.

The city network

The Center does not work in isolation – it works because it sits inside a network of city actors.

- **Il Municipality of Rome** – landlord, institutional partner, source of referrals.
- **Department of Social Policies, City of Rome** – strategic interlocutor.
- **IRC - International Rescue Committee** – international partner, methodology, Communities of Practice.
- **Reception structures (CAS and SAI)** – where many beneficiaries live; we work with their staff to support continuity of care.
- **TSMREE** – public child and adolescent mental health service.
- **Local GBV-specialised services** – for cases that require dedicated intervention.

A gateway, not an endpoint.



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Three operational choices

- **Voluntariness, all the way down.** No appointment, no referral, no proof of status, no need to present a problem. This is counter-intuitive for a system built around assessment – and it is precisely what allows women to self-refer in their own time.
- **Structural cultural mediation.** One mediator covers both spaces. The continuity she embodies is the bridge between the informal first encounter and the clinical work that may follow. She takes part in clinical supervisions – her reading of what circulates between the two spaces is treated as clinical material.
- **Beneficiaries lead.** Activities are co-designed with the women and partly facilitated by them. Empowerment, in operational terms, means they are not the audience of our project – they participate in building it.

Two illustrative pathways

- **Olena – from participant to facilitator.** Came for a free Italian conversation workshop. For weeks she barely spoke. After a month she brought herbal teas from home and offered to co-lead the herbal workshop. That single shift changed her relationship to the place. Later, through the trust built in the group, she asked the case worker for help with her son's school enrolment.
- **Kateryna – from Safe Space to Clinical Center.** Came accompanying a friend to the stretching workshop. The cultural mediator gradually became a familiar presence. One afternoon, after a group sharing session, Kateryna told her she had not been sleeping for weeks. The mediator did not respond as a clinician – she simply mentioned that, in the next room, there was a Clinical Center where she also worked. Two weeks later, the mediator walked with Kateryna from one room to the next.

What we have learned

Safety is not the absence of threat – it is predictability, recognition, and the right to choose one's own pace of disclosure.

Inclusion is not the absence of barriers – it is the active construction of legitimacy, through cultural mediation and through co-leadership with the beneficiaries.

A Holistic Support Center is not, in the end, a place – it is a node in a city network, and it works only to the extent that it is embedded in the public infrastructure around it.

Mental health and ethnopsychology approaches

1 Online Webinar

12 May 2026

Ginevra Musella, Centro PENC (Milan)



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Culture, Trauma and Mental Health An Ethnopsychiatric Perspective

Mental health care takes place inside cultural worlds.

Yet clinical models often assume that suffering, identity and healing are universal and self-evident.

Etnopsychiatry challenges this assumption.

«no human experience of suffering exists outside culture» - Georges Devereux



What is Ethnopsychiatry?

Etnopsychiatry combines:

- Psychology
- Anthropology

Its aim is not simply to «adapt» care to cultural differences, but to recognize that culture structures: identity, emotions, relationships, meanings attributed to illness, ways of suffering, expectations about healing and care

This approach helps clinicians avoid two opposite risks:

- reducing suffering only to psychological and psychiatric categories (psychology)
- reducing suffering only to culture (anthropology)

When care becomes violence

Mental health care can become violent when culture is ignored

Without cultural understanding:

Behaviors may be misinterpreted

People may be pathologized

Diagnosis may silence personal and collective meanings

This may lead to:

- psychiatric hospitalization for culturally unfamiliar behaviors
- judging migrant parents as »inadequate«
- misunderstanding reactions to trauma, displacement or loss

Diagnosis without cultural understanding can become institutional violence



Language, Trauma and the Body

Verbal language

Words are never neutral.

Some expressions, idioms, proverbs, and clinical or social categories make sense only within specific cultural worlds

The concept of trauma, for example, is not self-evident everywhere and can emerge through contact with western clinical languages.

Other idioms of suffering do not translate directly into psychiatric categories, such as:

Nit Ku Bon
Shegué
Bikaloro

Language organizes experience within cultural frameworks of meaning.

Non-verbal language

Violence breaks the word

In contexts of violence, torture and extreme suffering, language may fragment or disappear: the body becomes a primary site of expression

Suffering may appear through:

**the body
silence
social and relational language
culturally specific idioms of distress**

The Presence of Cultural Mediators

The cultural mediator is not simply a translator.

The mediator represents:

- another cultural world entering the clinical space
- the legitimacy of the patient's language and symbolic universe
- the possibility of being understood without being reduced

The mediator's presence transforms the therapeutic space itself:

- meanings become negotiable
- language regain depth
- cultural knowledge becomes clinically relevant

«to welcome another language, is to welcome another world» -
Tobie Nathan

Final reflections

Ethnopsychiatry reminds us that mental suffering never exists outside culture

Care requires continuous attention to: language, power, identity, social context, symbolic meanings

But ethnopsychiatry also question the clinician's own position:

- our cultural assumptions
- our ideas of normality and pathology
- the way institutions define suffering and care

It is not only an approach to the «foreign patient»
Every clinical encounter is culturally situated

Care begins when the person's world is allowed to exist within the therapeutic encounter



Discussion / Q&A



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- ▶ Session 2 - 26 May, 12:30-13:30 CET
- ▶ Session 3 - 8 June, 12:30-13:30 CET
- ▶ Session 4 - 22 June, 12:30-13:30 CET

WISE Final Conference

- ▶ **SAVE THE DATE: 16 September 2026, Brussels**

Thank you!



Share your feedback



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