Reflective Training on Biases, Stereotypes and Racism

Regional Project MHPSS in the Middle East

german cooperation
DEUTSCHE ZUSAMMENARBEIT

Implemented by

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Day 2

Morning Session 1 – Pre Break

Theories that Explain Racism and Discrimination

1. Social Identity Theory (Tajfel & Turner, 1979)

- Core idea: People derive part of their identity and self-esteem from the social groups they belong to (e.g., ethnicity, nationality).
- To enhance self-esteem, individuals often favor their in-group and discriminate against out-groups, leading to prejudice and stereotyping.
- Relevance to racism: Out-group hostility can manifest as racism, especially when racial or ethnic identity is central to group categorization.

Reference:

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), The social psychology of intergroup relations (pp. 33–47). Monterey, CA: Brooks/Cole.

2. Implicit Bias and Cognitive Heuristics

- Humans use mental shortcuts (heuristics) to process complex social information.
- This can lead to implicit (unconscious) biases where individuals associate certain traits with specific racial or ethnic groups.
- Implicit Association Tests (IATs) show that even well-intentioned in

Reference:

Greenwald, A. G., & Krieger, L. H. (2006). Implicit bias: Scientific foundations. California Law Review, 94(4), 945–967.Banaji, M. R., & Greenwald, A. G. (2013). Blindspot: Hidden biases of good people. New York: Delacorte Press.dividuals may hold unconscious racial biases.

3. Authoritarian Personality Theory (Adorno et al., 1950)

- People with authoritarian personalities (rigid thinking, obedience to authority, low tolerance for ambiguity) are more likely to display prejudice and support hierarchical social structures.
- Rooted in early childhood experiences and parenting styles.

Reference:

Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality.* New York: Harper.

4. Realistic Conflict Theory (Sherif, 1966)

- Core idea: Prejudice arises when groups compete over limited resources (jobs, power, land).
- This competition leads to intergroup hostility, which can escalate into discrimination or violence.

Reference:
Sherif, M. (1966). *Group conflict and co-operation: Their social psychology.* London: Routledge & Kegan Paul.

5. System Justification Theory (Jost & Banaji, 1994)

- People are motivated to defend and justify existing social systems, even when they are unequal.
- This leads individuals to rationalize and perpetuate racism and inequality, sometimes even by members of marginalized groups.

Reference:

Jost, J. T., & Banaji, M. R. (1994). *The role of stereotyping in system justification and the production of false consciousness.* British Journal of Social Psychology, 33(1), 1–27.

6. Social Learning Theory (Bandura, 1977)

- Racism can be learned through observation and reinforcement, especially from influential role models (e.g., parents, media, teachers).
- Discriminatory behaviors and attitudes are often normalized and perpetuated within families, communities, and institutions.

Reference:
Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice Hall.

7. Contact Hypothesis (Allport, 1954)

- Under certain conditions (equal status, shared goals, cooperation), intergroup contact can reduce prejudice and discrimination.
- However, mere contact is insufficient—structural and relational conditions matter.

Reference:
Allport, G. W. (1954). *The nature of prejudice.* Reading, MA: Addison-Wesley.

Summary

Psychological drivers of racism and discrimination include:

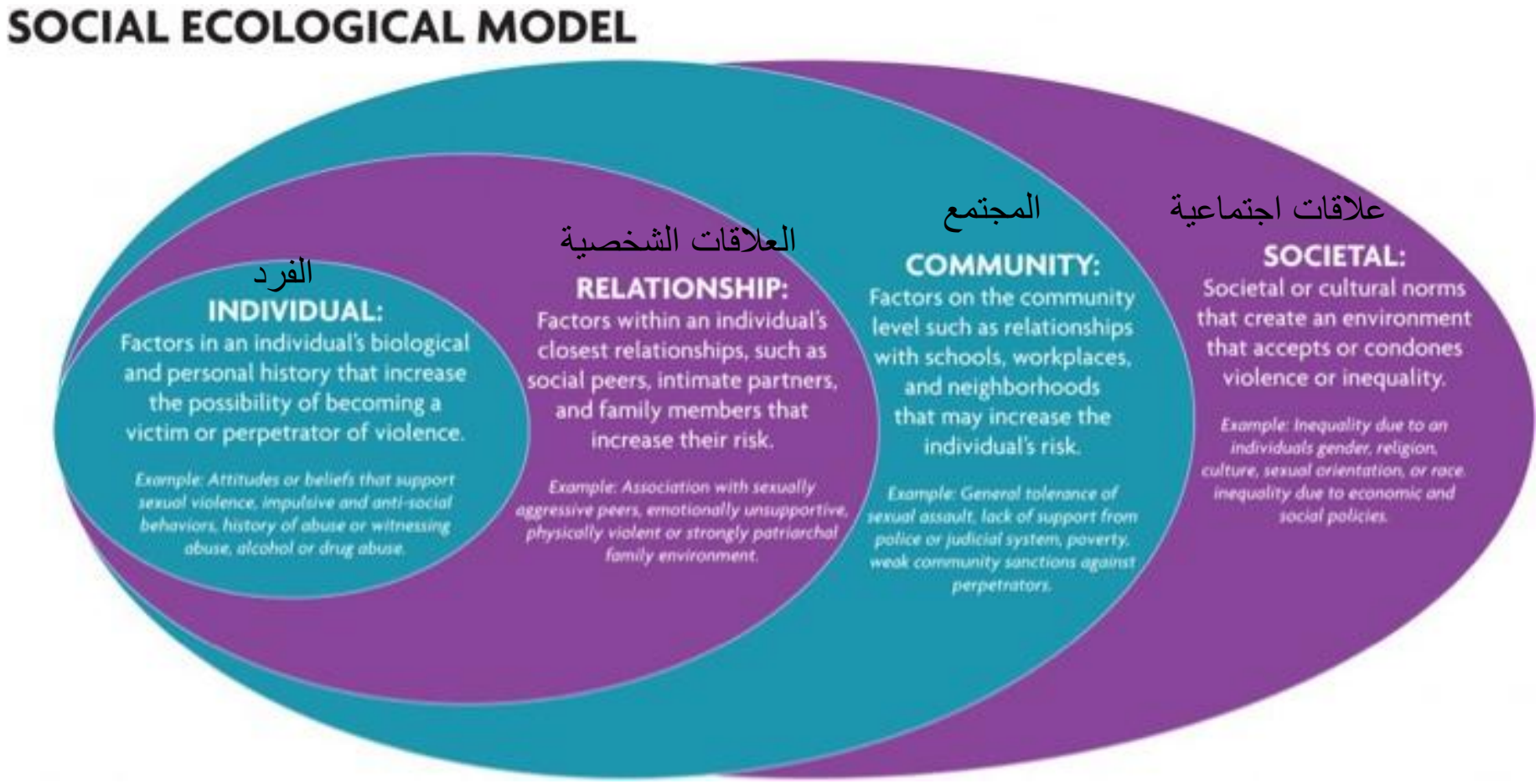
- Group identity dynamics (Social Identity Theory)
- Cognitive shortcuts and implicit biases
- Societal and intergroup conflict (Realistic Conflict Theory)
- Personality traits and upbringing (Authoritarian Personality)
- Learned behaviors (Social Learning)
- Desire to maintain status quo (System Justification)
- Lack of meaningful intergroup interaction (Allport's Hypothesis)

Structural Racism

Structural racism means that institutions and policies produce unequal outcomes for different groups of people, even without overtly racist intent.

What are some examples of how this shows up in your context? Think about how power and access play out across different groups.

- How does structural racism affect the people we serve?
- How does it show up in our own organizations or roles?
- What do we usually miss when we do not inquire about and try to understand the context that the person is in?



Bronfenbrenner's Ecological Model

Reflection

- How can we adapt our psychosocial support to not just treat symptoms, but acknowledge the structural realities people live within?
- What changes when we recognize that distress is often a reasonable response to injustice, not just individual pathology?

Understanding Intersectionality

Identity factors that intersect and lead to increased vulnerability and discrimination such as:

Age

Gender

Race

Nationality

Religious affiliation

Socio-economic background

Educational background

Sexual orientation

Intersectionality Reflection

Reflection in pairs:

Identify three intersecting identity factors for a real client.

What Changes When We Acknowledge Intersectionality

- We start to see people more holistically, recognizing that their distress is shaped by multiple systems of oppression, not just individual experiences.
- Our MHPSS support becomes more tailored and responsive, addressing needs that might otherwise be overlooked if we only focus on one aspect of a person's identity.
- We become more critical of service gaps — for example, noticing when certain groups are consistently left out of psychosocial activities or aid programming.
- It encourages us to advocate for systemic changes, not just provide individual support — including changing referral systems, program eligibility criteria, and outreach strategies.
- It pushes us to center the voices of those most marginalized, designing programs with them rather than for them.
- Acknowledging intersectionality helps build more inclusive, equitable, and safe healing spaces where people feel seen in their full humanity.

Morning Session 2 – Post Break

Case Study Carousel Instructions

Rotate between the case study station in the room in groups and reflect briefly on how racism and exclusion show up in each.

Case Study 1:

Migrant Worker in Lebanon

Elias is a 28-year-old Ethiopian man who came to Lebanon under the Kafala system three years ago. His employer restricted his movement and access to a phone, withheld his salary, and shouted at him daily. After experiencing physical and psychological abuse from his employer, he fled and is currently living undocumented. He's developed anxiety and struggles with nightmares but avoids support centers for fear of being reported."

Reflection questions:

What barriers prevent Elias from accessing MHPSS services safely?

What changes would need to happen in service design to make support more accessible and safer for undocumented migrant workers like him?

Case Study 2:

Stateless Teen in Iraq

Amina is a 16-year-old girl from a stateless Kurdish family living in Iraq. Because she lacks civil documents, she cannot enroll in public school or access national healthcare. She wants to become a nurse, but her dreams feel impossible. Community services do not include stateless people.

Reflection questions:

How does Amina’s lack of legal status affect her mental health and future prospects?

How could MHPSS programs be adapted to reach stateless youth who are often excluded from mainstream services?

Case Study 3:

Refugee Woman with a Disability in Jordan

Rasha is a Syrian refugee in Jordan. Rasha was a seamstress back in Syria. Since the injury that left her paralyzed, she's lived with relatives in a camp. She uses a wheelchair and lives in an informal tented settlement. Although an MHPSS mobile team visits her area, the tent where sessions are held isn't accessible. Staff speak kindly to her but mostly address her caregiver.22 | Biases, Stereotypes, and Racism Awareness Training | Facilitation Guide

Reflection questions:

How do physical and social barriers combine to exclude Rasha from psychosocial support?

What should MHPSS teams consider when designing services for people with disabilities in camp or informal settlement settings?

Case Study 4:

LGBTQ+ Youth in a Host Community

Kareem liked literature and used to dream of becoming a teacher. He is 19 years old and identifies as queer. At university, he found himself constantly harassed — for how he dressed, for not being ‘masculine enough.’ When he sought help, the therapist kept asking about his ‘lifestyle choices’ instead of how he was feeling. He hasn’t looked for support since.

Reflection questions:

How did assumptions and bias from the counselor affect Kareem’s access to support?

What steps can we take in MHPSS to create safer and more affirming spaces for client from LGBTQ+ communities?

Case Study 5:

Community Activist from a Marginalized Caste in Syria

Samira is from a community that faces caste-based discrimination within Syria. Despite working as a community mobilizer, she is regularly excluded from planning spaces led by more dominant groups. Her team leader rarely consults her on psychosocial needs assessments.

She has lived through displacement, food insecurity, and loss — and still organizes peer sessions for women. Yet when NGOs come to plan programs, they rarely ask her opinion. ‘They think I’m just there to deliver, not to design,’ she says.”

Reflection questions:

How does exclusion within humanitarian systems affect Samira’s role and the communities she supports?

How can MHPSS programming move beyond tokenism and meaningfully include leaders from marginalized communities in planning and decision-making?

Debriefing on Case Reflections

- Which story stood out to you and why?
- What did you recognize from your own context?
- Which conclusions does this exercise suggest for the way we design and deliver MHPSS activities?

Applying an Anti-Discrimination Lens Throughout the Project Cycle

Anti-Discrimination and Racism Group Exercise

In your teams, choose one project, activity, or situation from your work. Imagine it through an anti-racist lens. How would you redesign it? What would you add, remove, or question?

1. Identification / Needs Assessment

- Use participatory, inclusive assessments that actively involve marginalized groups (e.g. women, persons with disabilities, LGBTQI+ persons, ethnic minorities, etc.).
- Disaggregate data by gender, age, ethnicity, disability, displacement status, and other relevant factors.
- Recognize power dynamics and trauma histories that may silence certain voices in group settings.
- Partner with local organizations that represent underrepresented groups to co-lead needs assessments.
- Integrate questions that uncover invisible or normalized discrimination, stigma, or social hierarchies (e.g., caste, clan, tribal dynamics).

2. Planning and Design

- Use a Do No Harm and Intersectional Analysis to identify potential risks of reinforcing exclusion.
- Ensure that psychosocial outcomes (wellbeing, safety, sense of control, dignity, etc.) are explicitly integrated into objectives.
- Design safe spaces and modalities for different groups (e.g., gender-segregated spaces if needed; mobile outreach for those with mobility restrictions).
- Reflect local MHPSS understandings and co-create indicators of wellbeing that reflect community priorities.
- Budget for reasonable accommodation, translation, child care, and transport to ensure access.

3. Implementation

- Recruit diverse teams with lived experience and local knowledge; invest in capacity building for anti-discriminatory and feminist MHPSS practices.
- Use language and imagery that avoids stereotypes and centers dignity and agency.
- Regularly reflect as a team on power dynamics and positionality (e.g., who gets to speak, who is served, who is left out).
- Ensure referral pathways are inclusive and safe (e.g., survivors of SGBV can access support confidentially and without retraumatization).
- Build feedback mechanisms tailored to marginalized groups (e.g., anonymous or trusted intermediaries).

4. Monitoring and Evaluation (M&E)

- Disaggregate all M&E data and analyze who is benefiting, who is being harmed or excluded.
- Use qualitative methods (e.g., focus groups, narratives) to explore whether participants feel seen, safe, and respected.
- Include indicators related to:
  - Reduced stigma or discrimination
  - Increased psychosocial wellbeing
  - Agency and self-determination
- Allow communities to co-define success and evaluate relevance and impact of the support.
- Conduct power-sensitive evaluation: who is evaluating whom? Whose voice counts in findings?

5. Learning and Adaptation

- Regularly debrief with teams on unintended exclusion or harm and adjust practice accordingly.
- Document and share good practices in inclusive, rights-based MHPSS.
- Use learning loops where affected communities can revise goals and strategies over time.
- Make sure lessons learned shape not only the project but organizational practice and policy.

Afternoon Session 1 – Pre Break

Reflection on Specific Marginalized Groups

Group reflection followed by group presentations.

Refugees and Internally Displaced Persons (IDPs)

Limited decision-making power: Refugees are often treated only as aid recipients, not as co-designers of MHPSS activities.

Gatekeeping by host communities or authorities: Access to services may depend on host community goodwill or political agreements, limiting autonomy.

Language barriers: Activities may be structured in the dominant language, excluding refugee participants from fully engaging.

Stateless People

Invisible in service design: MHPSS activities tied to citizenship or legal ID exclude stateless individuals entirely.

Fear of exposure: Participating in organized services might risk revealing their status, leading to underrepresentation and silence.

Assumed inferiority: Their voices may be undervalued because they are seen as “without a state” and thus “without full rights.”

Migrant Workers (especially under Kafala systems)

Dependency on employers: Fear of retaliation, deportation, or loss of income may prevent them from accessing MHPSS safely.

Cultural hierarchy: In some contexts, migrant workers are seen as “less deserving” of care compared to citizens, influencing who is prioritized in programs.

Structural exclusion: Programs may not account for migrant workers’ working hours, mobility restrictions, or lack of formal rights.

People with Disabilities

Physical exclusion: Spaces for MHPSS activities are often inaccessible (e.g., tents, upper floors without elevators).

Social invisibility: Discussions and activities may be dominated by caregivers or community leaders, sidelining the disabled person’s own voice.

Assumptions about capacity: Facilitators might (even unconsciously) simplify or lower expectations of participation for people with disabilities.

LGBTQ+ Individuals

Risk of outing and stigma: Participating openly in MHPSS activities may expose them to social or legal dangers.

Service provider bias: Mental health professionals may hold discriminatory attitudes or unintentionally pathologize LGBTQ+ identities.

Language exclusion: MHPSS programs might use heteronormative or gender-binary language, making LGBTQ+ participants feel unseen or unsafe.

Women (especially in patriarchal settings)

Limited mobility or access: Women might need permission from male family members to attend MHPSS activities.

Devaluation of experiences: Issues raised by women (especially around GBV, mental health, or autonomy) may be minimized or deprioritized.

Lack of female facilitators: In some contexts, the absence of women facilitators can limit women’s comfort and full participation.

Ethnic, Religious, or Caste Minorities

Marginalized group exclusion: Programs may favor majority groups, leaving minority needs and narratives invisible.

Tokenistic inclusion: When minorities are included, it’s sometimes only symbolically, without real influence over design or decision-making.

Security concerns: Participation in certain activities could expose minority group members to social backlash or surveillance.

Role Plays

We’ll now take time to practice what we have been discussing. Based on real or hypothetical stories from the marginalized groups that you have been presenting, I will ask you to perform a role play, where one of you will play the part of a service user, the other of a service provider and the third as an observer.

Stateless Teenager Seeking Education Support (Amina)

Service User: Amina, a 16-year-old stateless Kurdish girl living in Iraq, who cannot enroll in school.

Scenario: She comes to a psychosocial center feeling hopeless about her future. The service provider assumes education is not an urgent psychosocial issue and focuses only on emotions without addressing structural barriers.

Possible Bias to Surface: Ignoring structural discrimination; minimizing the importance of education access.

Migrant Worker Seeking Mental Health Services (Elias)

Service User: Elias, a 28-year-old undocumented Ethiopian man living in hiding in Lebanon.

Scenario: He cautiously seeks emotional support. The provider assumes he mainly needs “stress management” without asking about fears of deportation or systemic exploitation.

Possible Bias to Surface: Oversimplifying complex trauma; failing to address systemic oppression.

Refugee Woman with Disability (Rasha)

Service User: Rasha, a Syrian refugee who uses a wheelchair, living in an informal camp in Jordan.

Scenario: She wants to join a group activity. The provider mainly talks to her caregiver, assuming Rasha can’t advocate for herself.

Possible Bias to Surface: Speaking through caregivers; assuming incompetence or helplessness.

LGBTQ+ Youth Facing Discrimination (Kareem)

Service User: Kareem, a 19-year-old Lebanese queer youth who dropped out of university due to bullying.

Scenario: He seeks counseling but the provider makes assumptions about his “lifestyle choices” instead of focusing on his mental health needs.

Possible Bias to Surface: Pathologizing LGBTQ+ identity; judgmental or moralistic framing.

Woman from a Marginalized Caste (Samira)

Service User: Samira, a Syrian community activist facing caste-based discrimination.

Scenario: She tries to participate in an MHPSS planning meeting. The provider ignores her inputs, assuming she lacks professional expertise because of her background.

Possible Bias to Surface: Tokenism; devaluing grassroots or community-based knowledge.

Refugee Adolescent Boy Being Misread (Youssef)

Service User: Youssef, a 15-year-old Syrian boy in a host community school who has become increasingly withdrawn.

Scenario: The provider assumes he is simply “unmotivated” or “difficult” without exploring bullying, discrimination, or trauma.

Possible Bias to Surface: Misreading behavior through biased lenses; failing to explore structural causes of distress.

Debriefing

What questions felt difficult to ask to your service user? Did you notice any positive discrimination or racism come out? What was particularly challenging?

Afternoon Session 2 – Post Break

Evaluation

What did you like?

What did you not like?

What you wish was done differently?

Additional feedback/comments?

Post-Training Reflection Questions

Awareness & Understanding

1.How do you define racism? What forms can it take (individual, systemic, structural)?
2.What comes to mind when you hear the term “white privilege” or “structural racism”?
3.How comfortable do you feel discussing race and racism, especially in professional settings?
4.What do you currently understand about how racism operates in your country or community?
5.In what ways do you think racism might show up in your workplace or field of work?

Attitudes & Positioning

1.What role do you believe individuals play in challenging racism?
2.Do you see yourself as an ally or advocate in anti-racism work? Why or why not?
3.What emotions or thoughts come up for you when discussing racism?

Closing

Q&A

Evaluation form

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Sitz der Gesellschaft
Bonn und Eschborn

Friedrich-Ebert-Allee 36 + 40
53113 Bonn, Deutschland
T +49 228 44 60 - 0
F +49 228 44 60 - 17 66

Dag-Hammarskjöld-Weg 1 - 5
65760 Eschborn, Deutschland
T +49 61 96 79 - 0
F +49 61 96 79 - 11 15

E info@giz.de
I www.giz.de