Aspects of Trauma-Informed Care in the Organisation of a Refugee Shelter

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Levente Rész outlines how BMSZKI's (Budapest) homeless shelter was urgently adapted into a refugee facility after Russia's invasion of Ukraine. With no prior training or infrastructure, staff responded to layered traumas (flight, family separation, and long-term uncertainty) especially affecting Roma families. The article details how trauma-informed care was gradually built into the space through family rooms, communal kitchens, child-focused programming, and NGO partnerships. What began as an emergency shelter evolved into a space balancing basic care with dignity, routine, and improvised community.

On 24 February, 2022, Russia launched a military operation against Ukraine, which triggered a massive wave of refugees toward the country's borders—and thus toward Hungary—from practically the first day of the war. According to UNHCR data, approximately two million individual border crossings into Hungary occurred during the first year. Since the Hungarian government had pursued an intentionally anti-refugee policy and public communication strategy after the 2015 refugee crisis, the previously functioning refugee support system had been significantly dismantled, leaving Hungary unprepared for the 2022 crisis.

From the very first days of the war, the Municipality of Budapest immediately began to provide care for refugees arriving in the capital. On 26 February, 2022—just three days after the start of the war—BMSZKI established a 100-person refugee shelter at its transitional accommodation on Gyáli Road, which was originally designed as a hostel for homeless people, with a total capacity of 300 beds, including a so-called "workers' hostel" accommodation as well. The shelter was set up in a separately accessible wing of the building that had previously served a different function.

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The initial duty staff of the rapidly established new service was made up primarily of employees from BMSZKI's other homeless services. From this group, by around the second month, a core team of about 30 people emerged, all of whom took on regular shifts on a part-time basis. From the end of April, we were able to recruit a team of social workers to handle the numerous tasks beyond basic operations. Until then, the staff of the homeless hostel tried—mostly in an ad-hoc, crisis-response manner— to handle refugee-related issues.

The professional team was formed with the support of two international organisations: Terre des Hommes Hungary

and the Hungarian branch of SOS Children's Villages. Thanks to their support, during the first year, five social workers, two children's program animators, two part-time psychologists, and one personal assistant were employed.

Between the opening in February and the end of the first year, a total of 535 people passed through the institution. In the first two months, most of them stayed for just a few days, in transit. From May onward, the shelter's long-term residents were mainly Transcarpathian Roma families who lacked a Western European network to move on to.

It is important to emphasise that in this case, it was not a refugee aid organisation but a homeless service that had to create and operate a refugee facility overnight—without special training, relevant experience, or targeted funding. In the first days, all we had were the building, 100 beds, and a few dozen lockers. Turning this into a program that offered not only shelter but also social, legal, and psychological support required not only the backing of the two large international organisations but also the contributions of dozens of domestic and international NGOs and countless volunteers, who thankfully were ready to help from the very beginning.

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From the outset, trauma-informed care was both our goal and our need. However, due to the lack of targeted tools, it could primarily be reflected in our approach and the tone of our professional work. Still, it was not difficult to grasp the dimensions and content of the trauma. Even though we, as professionals in homeless services, were used to helping people with complex trauma, we knew we would be facing different challenges here.

The core traumas experienced by the refugees were as follows:

- **Trauma from flight** – This was nearly universal among our clients. Their stories almost always involved a physically exhausting, hurried journey—long trips by car or train, many hours of waiting at the border, and sometimes even crossing through unofficial green borders. During the first month, most arrivals—especially children—were ill, exhausted, and often had fevers when they reached the shelter.
- **Leaving behind home and physical safety** – A common experience. The loss of familiar physical surroundings—homes, belongings—left for an indefinite or even permanent period was a major crisis in itself. Families arriving at the municipally operated shelter were typically those with no savings or assets, meaning the goods they left behind often represented a lifetime of work. Reports soon emerged from semi-abandoned Transcarpathian villages that many empty homes had been broken into and looted, down to the plumbing fixtures.
- **Disintegration of social networks** – Leaving home also meant leaving behind extended family, relatives, and friends. Often, loved ones who stayed behind were stuck in war zones or forced to flee separately, placing them in danger as well. There were notable differences among Ukrainian, Hungarian-speaking Transcarpathian, and Roma families: while most Ukrainian and Hungarian-speaking families fled as nuclear units, Roma families often fled in large, multi-generational groups—6, 8, even 12–15 people together, and in one case, 25. Even so, the elderly often stayed behind, and almost every evening, families would anxiously video-call those left in Ukraine.
- **Uncertainty about the future and livelihood** – Another common factor. Even for transit families with someone waiting for them in Western Europe, reorganising life and finances from scratch was a daunting and scary task. Roma families had some advantage, as men had often worked seasonally in Hungary before and had some contacts, particularly in Budapest's construction industry. Still, this did not always translate to current employment opportunities.
- **Special vulnerability: children** – Perhaps the most important trauma aspect: children, the most vulnerable group, were subjected to the same hardships as adults. From the beginning, a key goal was to relieve children's burdens and provide diverse, targeted programs for them.

Due to space limitations, below is a summary of the organisational responses we developed to address these traumas:

- **Private family rooms** – Initially, the shelter operated in a transit format, sometimes at 120–130% capacity. From May 2022, it hosted long-term residents — mostly Roma families from Transcarpathia without onward options. It became clear that their only remaining resource was the safety and closeness of family, and that healing could only occur in community settings. Thus, we restructured the mass shelter into family units as much as possible. We arranged for each family to have its own room or, in large rooms, used mobile

dividers to create separate areas for two related families.

- **Kitchen installation** – In the first year, meals were provided three times daily by the Municipality of Budapest. While this was a great help, as families settled in, the goal shifted to medium-term integration: children attending school or kindergarten, adults joining the local workforce. This reintegration itself was a trauma-healing step. With help from SOS International and Habitat for Humanity Hungary, by December 2022, we established a spacious, fully equipped kitchen. Cooking became a symbolic act of self-sufficiency, cultural continuity, and family cohesion—especially important for the children.
- **On-site psychologist** – With support from TDH, two psychologists from the Trauma Centre worked three days a week, offering sessions to both adults and children.

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- **Children's and family programs –** With help from TDH and UNICEF, by the third month we had created a well-equipped playroom and hired two full-time children's program coordinators who ran daily sessions. With the help of the Partners Hungary Foundation, we ran weekly play therapy sessions. Numerous institutions and civil organisations (including the Hungarian Scout Association, WarChild UK, EMMA Association, FESZGYI, Ferencváros Community Foundation, Volunteer Center Foundation, Budapest Zoo & Botanical Garden) organised dozens of programs. These shared the characteristics of connecting civil society with our residents and involving whole child groups or families. Our resource limitations pushed us to seek these external partnerships, and the community-based approach to trauma recovery led to meaningful social connections and organisational collaborations.