Community-based psychosocial support

Participant's book

Community-based psychosocial support

Participant's book

Community-based Psychosocial Support
Participant's book
A training kit

The Participant's book is part of the
Community-based psychosocial support
A training Kit

The training kit includes:

Please also see:

Participant's book

Trainer's book

Training resources

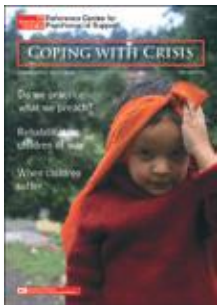Psychosocial
interventions
A handbook

FOREWORD

In a time of crisis, psychosocial support is not an optional extra; it is an obligation. The International Federation Reference Centre for Psychosocial Support has worked to improve the psychosocial well-being of beneficiaries, staff and volunteers since 1993.
Over time, we have learned that it is crucial to strengthen psychosocial capacity globally, in order to respond to natural disasters, conflicts and health-related issues. To achieve this, we are focusing on the following strategic directions: operational assistance, capacity building to National Societies, competence building of staff and volunteers, advocacy and knowledge generation, and policy and strategy development.

The Community-based psychosocial support. A training kit is part of our efforts to facilitate capacity building of National Societies as well as competence building of staff and volunteers. We hope that it will be a useful tool for the Red Cross and Red Crescent Movement, as well as for other stakeholders in the field of psychosocial support.

Nana Wiedemann
Chief Editor and Head of International
Federation Reference Centre for Psychosocial Support

At the website of the International Federation Reference Centre for Psychosocial Support www.ifrc.org/psychosocial you can find additional training material and subscribe to the quarterly newsletter Coping with Crises and the monthly e-newsletter.

ACKNOWLEDGEMENTS

Content

The International Federation of Red Cross and Red Crescent Societies

Whenever there are disasters, conflicts and health emergencies and people lose their relatives, friends or homes and livelihood, there will be human suffering. Emotional pain, grief, anger and frustration are part of the picture. Providing psychosocial support in these circumstances reflects the principles and values of the Red Cross Red Crescent. This introduction sets out the history, mission and principles of the Movement and introduces the work of the PS Centre.

The Red Cross idea was born in 1859 when Henry Dunant, a young Swiss man, came upon a bloody battle between the armies of Imperial Austria and the Franco-Sardinian Alliance in Solferino, Italy. Some 40,000 men lay dead or dying on the battlefield and the wounded lacked medical attention. Dunant organized local people to bind the soldiers' wounds and to feed and comfort them. On his return, he called for the creation of national relief societies to assist those wounded in war, and pointed the way to the future Geneva Conventions.

The Red Cross was founded in 1863 when five Geneva men, including Dunant, set up the International Committee for Relief to the Wounded, later to become the International Committee of the Red Cross. Its emblem was a red cross on a white background – the reverse of the Swiss flag.

MISSION AND ROLE

The International Federation of Red Cross and Red Crescent Societies is the world's largest humanitarian organisation, provid-

ALEX WYNTER/IFRC

ing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. The International Federation strives, through voluntary action, for a world of empowered communities better able to address human suffering and crises with hope, respect for dignity and a concern for equity. The mission of the International Federation is "to improve the lives of vulnerable people by mobilizing the power of humanity".

Founded in 1919, the International Federation comprises 185 member Red Cross and Red Crescent Societies, a Secretariat in Geneva and more than 60 delegations strategically located to support activities around the world.

The International Federation carries out relief operations to assist victims of disasters and combines this with development work to strengthen the capacities of its member National Societies. Its work focuses on four core areas:
• the promotion of humanitarian values
• disaster response
• disaster preparedness
• health and community care

Psychosocial support is vital and it is essential that it is integrated into activities in all four areas.

The International Federation of Red Cross and Red Crescent Societies is one of three components of the International Red Cross and Red Crescent Movement. The other two are the National Societies and the International Committee of the Red Cross.

National Societies provide a range of services in the humanitarian field including disaster relief, health and social programmes in their own countries. Many are also providing psychosocial support. During wartime, National Societies also assist affected civilian populations and support army medical services, where appropriate.

The International Committee of the Red Cross is an organisation whose humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates international relief activities conducted by the Movement in situations of conflict.

PRINCIPLES

Actions of the Red Cross and Red Crescent Movement should at all times be guided by these fundamental principles:

- **Humanity** The International Red Cross and Red Crescent Movement, born out of a desire to bring assistance without discrimination to the wounded on the battlefield, strives in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being, and to promote mutual understanding, friendship, cooperation and lasting peace amongst all peoples.
- **Impartiality** The Movement makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It strives to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.
- **Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
- **Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.
- **Voluntary service** It is a voluntary relief movement not driven in any manner by desire for economic gain.
- **Unity** There can be only one Red Cross or Red Crescent Society in any one country. The Society must be open to all. It must carry on its humanitarian work throughout its territory.
- **Universality** The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

EMBLEMS

The International Federation uses as its symbol two globally recognized emblems – the red cross and the red crescent – set on a white background within a red rectangle.

The emblems have a long history. The red cross was formally adopted in the first Geneva Convention of 1864. The red crescent was adopted by the Ottoman Empire in 1876 and recognized in the 1929 Geneva Convention. The red crescent symbol is used today in place of the red cross in many Islamic countries.

With the adoption of the Third Additional Protocol in 2005, a third emblem – the red crystal – is now also a recognized distinctive sign under international law, with the same status as the red cross and red crescent. By offering new possibilities for protection and identification to National Societies and States that wish to use the red crystal, the Third Protocol exemplifies the Movement's commitment to neutral and independent humanitarian action.

The Reference Centre for Psychosocial Support

In recent decades, disasters and conflicts have taken their toll increasingly on civilian populations. In addition to traditional programming to address the physical and most basic needs of affected populations in the form of food, water and shelter, the International Federation of Red Cross and Red Crescent Societies, as well as other humanitarian organisations, has developed programmes to address the psychological and social suffering of affected populations.

The international community's continued and growing interest in the psychological and social impact of disasters and war is revealed in the growing literature on psychosocial well-being, as well as in an increase in projects and resources addressing psychosocial assistance. This is a relatively new field and evidence about the effectiveness of psychosocial support is emerging.

In 1991 the International Federation launched the Psychological Support Programme (PSP) as a crosscutting programme under the Health & Care Division. To assist the Federation with the implementation of the programme, the Danish Red Cross and the International Federation established the International Reference Centre for Psychological Support as a centre of excellence in 1993. In 2004 the centre changed its name to the International Reference Centre for Psychosocial Support (PS Centre).

As a centre of excellence, the PS Centre assists Red Cross and Red Crescent National Societies to develop community-based psychosocial services in areas affected by crisis events.

The PS Centre aims to:
- increase awareness of psychological reactions during disasters and/or social disruption
- facilitate psychosocial support
- promote the restoration of community networks and coping mechanisms
- enable National Societies to understand and better respond to the psychosocial needs of vulnerable groups
- promote care for the carers; emotional assistance for staff and volunteers

The PS Centre does not intervene directly with affected people. Rather, it assists Red Cross and Red Crescent National Societies to do so through their local staff and volunteers and assists in building regional and local psychosocial support networks.

STEPHEN REGEL/NOTTSHC NHS TRUST UNIVERSITY OF NOTTINGHAM

This participant's book prepared by the PS Centre reflects the increasingly active role that the Red Cross Red Crescent devotes to psychosocial support. The way in which individuals, families and communities experience and respond to emergencies varies enormously. Most people are resilient and overcome very difficult circumstances. A smaller number may need help in dealing with ongoing symptoms of distress.

Guidelines from the Sphere Project and, more recently, from the Inter-Agency Standing Committee (IASC) on Mental Health and Psychosocial Support inform the work of the Red Cross Red Crescent and are central to this book. Annex A gives links to websites and an overview of these key guidelines for psychosocial support.

The IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings, which included the International Federation of Red Cross and Red Crescent Societies and many other international organisations, such as WHO, UNICEF and Save the Children, collaborated on the development of the guidelines. These guidelines, published in 2007, characterize the wide range of work undertaken in the field at four levels:
• in meeting people's needs for basic services and security
• in strengthening community and family supports
• in offering focused, non-specialised supports and
• in providing specialised services.

You may have experience of work at one or more of these levels. Wherever you are working, the Participant's book, written to accompany the PS Centre training programme in psychosocial support, seeks to:
• heighten awareness regarding psychosocial reactions to crisis situations and life conditions
• improve preparedness and response to disasters
• facilitate psychosocial support before, during and after disasters
• promote resilience of individuals and communities and
• improve emotional assistance to staff and volunteers.

The seven modules included in this participant's book are a part of the PS Centre training programme. The book contains supplementary material and signposts further resources available in print and online. It can also stand alone and may be used as an introductory reader, as a refresher course book, or as a reference point for your work in the field. Like all general guidance, you will need to adapt the ideas within these modules to the specific cultural context in which you are working.

Throughout the book there are blue boxes marked X with examples and red boxes marked F with facts relating to the text.

This series also include Trainer's book, Trainer's PowerPoints, a CD-ROM Training resources and Psychosocial Interventions. A handbook.

Please feel welcome to contact us for additional information. You may also send suggestions or comments.

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The PS Centre is a function of the International Federation of Red Cross and Red Crescent Societies. The centre works in partnership with other services of the Red Cross Red Crescent in order to serve the psychosocial needs of individuals and communities. The PS Centre has a large database of psychosocial support publications, which is accessible at web site: www.ifrc.org/psychosocial

CRISIS EVENTS AND PSYCHOSOCIAL SUPPORT

LEARNING POINTS
- Crisis events
- Psychosocial support
- Psychosocial support needs
- IASC guidelines
- Skills and capacity in psychosocial support

Red Cross and Red Crescent Societies, through their volunteers and staff, work to improve the lives of the most vulnerable. This means not only providing food, water, shelter and medical aid, but also attending to the psychological and social needs that emerge during and after crisis events.

In the past decade, approximately 268 million people have been affected by disasters each year and many more have been affected by conflicts, epidemics and other types of crises. In situations when our lives, or the lives of those around us, are turned upside down, we have an urge to restore normality.

Providing psychosocial support to affected people can be done in many different ways:
- by being available and listening to how a distressing event has affected a family
- by contacting relatives
- by organizing practical matters
- by encouraging and supporting community initiatives, such as home-based support, school-based interventions, vocational and skills based trainings, establishing community centres
- by establishing support groups.

SOME EXAMPLES OF PSYCHOSOCIAL SUPPORT ACTIVITIES:

- After the Beslan school siege in 2004, the International Federation and the Russian Red Cross established a community centre, a visiting nurses programme and summer camps for the affected children.

- In Sierra Leone, girls who had been abducted and sexually exploited by armed groups often experienced stigmatization and harassment when they returned. Community dialogue helped local people understand the girls and Girls' Well-Being Committees imposed fines for mistreatment of the girls. Both initiatives reduced abuse and supported their reintegration into the communities.

- A mourning house was established on the edge of a mass grave in one of the areas affected by the Indian Ocean tsunami, where people could enter to have a moment of silence. The house later developed into a community centre.

In this first module, we look at the psychosocial needs of a population after a crisis event. We look specifically at the following questions:

1. What is a crisis event?
2. What is psychosocial support?
3. How do we respond to different levels of need?
4. How do we strengthen our skills and general capacity as staff and volunteers?

WHAT IS A CRISIS EVENT?

In this context a crisis event is a major event outside the range of ordinary everyday experience that is extremely threatening to those involved, accompanied by feelings of powerlessness, horror or terror.

Crisis events range in magnitude from individual incidents to massive disasters, and may include, hostage taking, disease outbreaks, or hurricane destruction of an entire community.

CRISIS

Any sudden interruption of the normal course of events in the life of an individual or a society that makes re-evaluation of modes of action and thought necessary. A general sense of loss of the normal foundations of day-to-day activities. For example, an individual may experience a crisis when abrupt changes from the normal occur, such as the death of a loved one or the loss of one's job or good health.

DIAGRAM 1: ELEMENTS OF THE PREPAREDNESS AND RESPONSE PROCESS IN A RED CROSS RED CRESCENT NATIONAL SOCIETY

RECOVERY

DEVELOPMENT

RELIEF

NORMAL

NORMAL

2. When a crisis event happens, preparedness activities are used in response work.

3. If no prior capacity exits, there will be a need for external assistance. This will decrease over time as capacity is built.

4. After the crisis event the National Society continues with added capacity.

1. In "normal" times, the Red Cross Red Crescent National Society capacity is built to respond to new or ongoing challenges to psychosocial well-being.

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EXAMPLES OF CRISIS EVENTS

Accidents, acts of violence, suicide, natural disasters, manmade disasters, for example, war, explosions and gas leaks, and epidemics.

Different factors affect what kind of impact an event will have on an individual or community. Both the event itself and the resilience of those affected will influence the psychosocial impact of a critical event.

Characteristics of the event

A number of characteristics can influence the psychosocial impact of a crisis event, depending on the origin of the event and its scope and duration.

While crises caused by natural disasters, such as diseases or natural catastrophes, often result in anger towards the deceased or a deity, human-caused events may direct the anger towards the person(s) responsible and this often increases the emotional impact. The degree of intentionality and preventability can further influence the impact of an event, as it may be even harder to accept a loss caused by someone who intended to do harm, for example in cases of torture or abuse. Knowing that a loss could have been prevented might also lead to an increased sense of guilt.

Many find knowledge of an instantaneous death, and thereby a low level of suffering, to be comforting; it is therefore likely that knowledge of suffering prior to death increases the emotional impact of those left behind. If a loss is expected, even if only in retrospect, this may lighten the emotional impact. Losses due to accidents or random events are harder to deal with.

X

THE EARTHQUAKE IN BAM

TILL MAYER/IFRC

When an earthquake hit the ancient city of Bam and surrounding villages in Iran in 2003, it killed at least 32,000 people. More than 90 per cent of the town was destroyed, making 100,000 people homeless and destroying the town's two hospitals and its orphanage. Half the city's health care workers were killed, hampering the rescue operation. Some survivors slept in tents close to the ruins of their homes, while tremors continued. Thousands of children were left orphaned. Unemployment immediately rose because factories and workplaces were destroyed. The earthquake was just the beginning of the suffering of the people of Bam.

Crises with a large scope, where many people are affected, may leave few survivors to help one another. However, large-scale crises do tend to result in a collective community response and an international demonstration of support, allowing people to grieve together. A crisis event of short duration will tend to have less emotional impact than one that lasts longer. However events that are frequent and intense will, just like those of longer duration, have higher impact.

Resilience factors

"Many people show resilience, that is the ability to cope relatively well in situations of adversity. There are numerous interacting social, psychological and biological factors that influence whether people develop psychological problems or exhibit resilience in the face of adversity." (IASC Guidelines 2007, page 3.)

The social, psychological and biological factors that keep people resilient are called protective factors. They reduce the likelihood of severe psychological effects when encountering hardship or suffering. Belonging to a caring family or community, maintaining traditions and cultures, and having a strong religious belief or political ideology are all examples of protective factors. For children,

> **RESILIENCE** Ⓕ
> A person's ability to cope with challenges and difficulties, and to restore and maintain a new balance when the old one is challenged or destroyed. Often described as the ability to 'bounce back'.

> **AFTER THE ATTACK** Ⓧ
> Saito and his friend Jun were on their way home from a party. They passed a group of young men, and one of them started yelling at Jun. Jun yelled back. The group approached Saito and Jun; one of them kicked Jun in his stomach, and he fell to the ground. Saito wanted to help Jun, but they then started to kick him. He lost consciousness. Afterwards, Jun felt bad that he did not help his friend. He also felt hate towards the men who attacked them.

having stable emotional relationships with adults and social support, both within and from outside the family, are strongly protective. Module 4 covers this subject in more detail.

Certain groups of people may potentially be at increased risk of experiencing social and/or psychological difficulties. Children, elderly people, mentally or physically disabled persons and persons with pre-existing health or mental problems have been shown to be at risk, as are people living in poverty. Depending on the nature of the crisis, a needs assessment would identify the specific risks to and resources for psychosocial well-being within and across groups.

WHAT IS PSYCHOSOCIAL SUPPORT?

The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes internal, emotional and

thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. Psycho-social support refers to the actions that address both the psychological and social needs of individuals, families and communities.

In practice there has been a wide range of approaches and activities undertaken in the name of 'psychosocial support' and – to match this diversity – a wide variety of terminology. This can be confusing and frustrating, especially when usage and definitions may vary both between and within organisations and across disciplines, or where terms are encouraged and then fall out of favour. The words 'trauma' and 'traumatised' are particularly sensitive, for example. For some, these terms powerfully describe the disruption that occurs in people's lives following crisis events. For others, they seem to focus too narrowly on psychological disorders at the expense of broader mental health and psychosocial issues.

The IASC Guidelines have helped to bridge the gap, building a shared understanding between mental health and psychosocial approaches. Exact definitions vary, with people working primarily in health speaking about 'mental health' and those in other fields tending to use the term 'psychosocial well-being.' The IASC guidelines set out a framework that outlines steps to be taken before emergencies occur, describes mini-

PSYCHOSOCIAL SUPPORT

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Psychosocial support refers to the actions that address both the psychological and social needs of individuals.

LEARNING TO COPE WITH MEMORIES

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Fariba, a young woman from Bam, Iran, remembers the day when the earthquake caused her world to fall apart. It laid most of her city waste, killed tens of thousands of people including Fariba's sister, brother, niece and nephew and devastated her community. She lost her home, livelihood and loved ones. The hours she was buried with her sister haunted Fariba. "I remember being under the rubble and how my sister died beside me. Nobody was there to save her." Fariba was one of many who received support through the Iranian Red Crescent activities where children and adults gathered to sing, draw, do needlework, cook or play sports, and eventually also to share their sorrow. In this way social networks were rebuilt and the silence was broken, and the participants recovered some of their lost well-being. "This class helped me cope with those memories," Fariba says.

TILL MAYER/IFRC

mum responses during the acute phase and then suggests comprehensive responses to be undertaken during early reconstruction phases of an emergency. For the Red Cross Red Crescent, this means the IASC guidelines are as relevant for large-scale crises, when we work together with other international organisations, as well as for the ongoing situations handled day by day by our National Societies. For more detail about the guidelines, please see 'Psychosocial Support Needs' in this module and 'Guidance for Psychosocial Support' in Annex A.

Psychosocial support in the Red Cross and Red Crescent context is sometimes delivered through programmes specifically designed to address psychosocial issues. However, it is more common that psychosocial support is integrated within other activities and programmes, such as health programmes during emergency relief, assistance programmes to people living with HIV and AIDS, or school support programmes. And in fact, in most cases, when the natural processes of supporting family members, friends or neighbours are not disrupted and basic needs are being met in a humane manner, no major intervention is needed.

Examples of psychosocial support

In the example, Fariba and others affected by the earthquake received psychosocial support through organized activities. This kind of support is given to help people regain a sense of normality, restoring hope and dignity. Working with community groups rather than individuals is often the most efficient way to support the largest number of people.

In this way, psychosocial support reinforces social networks, helps people learn how to protect themselves and others from further stress and engages people in their own recovery. It promotes self-confidence in helping others to come to terms with their loss and rebuild their lives. When people engage in activities, like needlework and sports in Bam, they take the first step towards becoming active in their own recovery.

Activities that provide psychosocial support are many and varied. Some examples are: psychological first aid after a crisis (comforting and listening to the affected person), support hotlines, discussion groups, visiting services, practical learning about psychological reaction patterns of affected persons, school-based activities where children can play and regain trust and confidence, and vocational training.

Psychosocial support, whether provided as a specially designed activity or integrated within a broader programme, should involve people in participating actively in social networks. Sometimes this may mean re-establishing or strengthening the social support in the community to enable people to actively respond to crisis events. However activities are arranged, it is essential that those affected by the crisis take an active role in the design, implementation and evaluation of activities. This level of participation will safeguard the interests and concerns of those directly affected and will bring psychosocial benefits in underlining the value of everyone involved.

Psychosocial support activities can involve efforts to protect women, children and others particularly at risk from violence and exploitation. In these types of activities, establishing safety, providing access to schooling and opportunities to practice appropriate religious rituals, for example burials, in the community may all be relevant. Needs will vary from situation to situation, depending on the circumstances of the crisis event, local customs and traditions and the resources available.
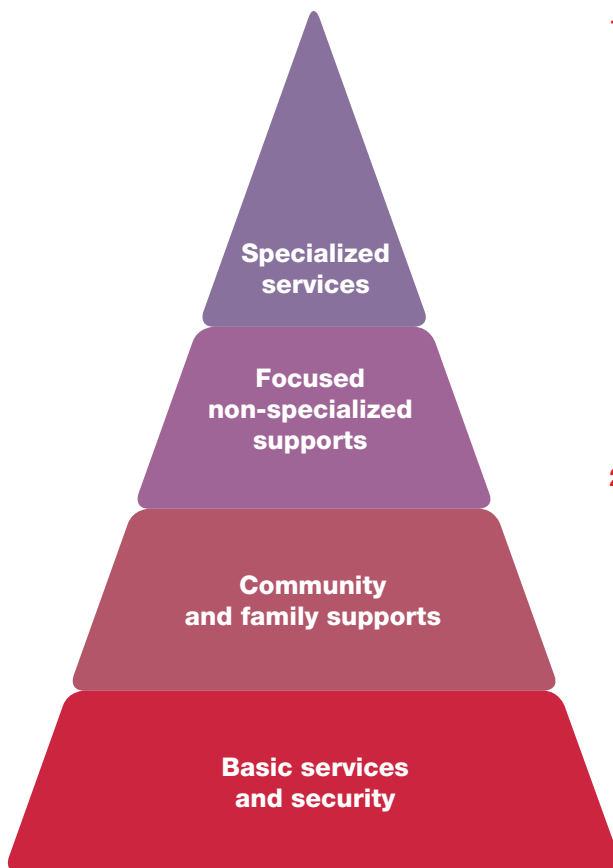
PSYCHOSOCIAL SUPPORT NEEDS

The model illustrates in the form of a pyramid a layered system of complementary supports. The layers represent the different kinds of supports people may need, whether at times of crisis, at an early stage of reconstruction or in the ongoing situations of distress experienced by people over many years.

Supports offered at these four levels are as follows:

1. Basic services and security
People's well-being is protected through meeting their basic needs and rights for security, governance, and essential services such as food, clean water, health care and shelter.

• A psychosocial response here might involve advocating that these basic services and protections are put in place and are done in a respectful and socially appropriate way.

2. Community and family supports
A smaller number of people may need to be helped in accessing key community and family supports. Due to the disruption usually experienced in emergencies, family and community networks may be broken.

• A psychosocial response here might involve family tracing and reunification, or it could involve the encouragement of social support networks.

Specialized services

Focused non-specialized supports

Community and family supports

Basic services and security

3. Focused supports

A still smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. This might be individual, family or group interventions, typically carried out by trained and supervised workers.

• A psychosocial response here may include activities to help deal with the effects of gender-based violence e.g. support groups for victims of rape or people living with HIV and AIDS.

4. Specialized services

At the top of the pyramid is additional support for the small percentage of the population whose condition, despite the supports mentioned already, is intolerable and who may have great difficulties in basic daily functioning.

• Assistance here could include psychological or psychiatric supports for people with mental disorders that cannot be adequately managed within primary health services.

TRAINING STAFF AND VOLUNTEERS

Although most people are able to care for others and give support in difficult times, psychosocial support training helps volunteers and staff to be more aware of some basic principles and techniques that are useful in their work. Recognizing what skills are needed and learning how to improve and apply them more effectively is one of the aims of this training. Psychosocial support can be valuable in crisis situations of any size, from a house fire or a case of child abuse to enormous catastrophes like earthquake, floods, wars and pandemics. There will be many situations where staff and volunteers can make use of their knowledge. There will be many challenges in terms of putting psychosocial skills into practical action under varied circumstances.

Characteristics of volunteers and staff providing psychosocial support

When recruiting staff and volunteers to provide psychosocial support, certain qualities are of particular importance, including trustworthiness, approachability, patience, kindness and commitment. Helpers must have good listening skills, a caring attitude, and a non-judgmental approach. A good knowledge of psychosocial issues and helping skills is also important when providing services.

Psychosocial training helps volunteers and staff feel confident in delivering the services needed and enables Red Cross and Red Crescent National Societies and other organisations to be certain that assistance is carried out competently. Different activities require various levels of training. The more complicated a support process is, the more specific background information and

training it requires. This training, prepared by the PS Centre, aims at preparing staff and volunteers for activities at levels 1 and 2 of the pyramid. For those volunteers and staff with previous relevant experience or a relevant professional background, the training will address level 3.

In those situations where people have severe mental disorders that cannot be managed, referrals may have to be made to professional helpers. Module 2 gives examples of when referrals may have to be made.

AS THE NEEDS OF THOSE AFFECTED INCREASE, SO DOES THE NEED FOR TRAINING FOR THOSE RESPONDING

Mental health interventions require mental health background

Counselling, targeted support groups require extensive training on specific topics

Psychological first aid, support to affected population and implementation of activities require first aid training and basic psychosocial support training

Assistance to groups, addressing protection needs require awareness of psychosocial issues

Basic support to affected individuals does not require any training

HIGHER NEEDS → MORE TRAINING

MARKO KOKIC / IFRC

STRESS AND COPING

LEARNING POINTS
- What is stress
- Common reactions to stress, extreme stress and crisis events
- Coping with the effects of extreme stress reactions
- Long-term consequences: emotional problems, anxiety, depression and post-traumatic stress disorder

Silence, cries of pain and suffering, momentary loss of control, outbursts of anger and frustration. People respond to crisis events in many different ways. This module describes both common and more extreme forms of stress and guides staff and volunteers on the steps they can take themselves and when to refer to professional help.

The module looks at:
- What is stress?
- What are common signs of stress?
- Extreme stress.
- Anxiety, depression and PTSD.
- Coping with stress.
- Assisted coping.
- Referral to professional help.

WHAT IS STRESS?
Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. There are different types of stress:

- **Day to day stress (baseline)** represents those challenges in life which keep us alert and on our toes, and without which life for many people becomes dull and ultimately not worth living.
- **Cumulative stress (strain)** however occurs when the sources of stress continue over time and interferes with regular patterns of living.
- **Critical stress (shock)** represents situations where individuals are unable to meet the demands upon them and suffer physical or psychological breakdown.

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SHOCK
A biological response created by outside events whereby the ability to react is paralyzed or frozen. Persons in this state may experience emotional turmoil, apathy or despair. Sometimes a person may not even remember the crisis event.

Shock phase
First phase in a reaction to a crisis event. Characterized by apathy, mehanical actions and the affected will have difficulties in understanding information.

DEALING WITH STRESS

Anna is living with AIDS and is constantly worried about the future: How will she get the money to get to the hospital and receive her medication and to buy food? What will happen to her children if she dies? At the same time she is ashamed because of her condition. She feels alone in the world and longs for the time when her husband was still alive. She finds her only comfort when she spends time with the support group. Sitting together as friends, they laugh and talk about everything. When she leaves the group, she feels like stones have been lifted from her shoulders.

TOMAS BERTELSEN/DANISH RED CROSS

Everybody encounters stress at some point in their lives, but some more than others. People who live through crisis events may experience stress in its extreme form. Those involved in emergency assistance services or social or psychological services designed to help people in need may also encounter situations with very high stress levels.

SIGNS OF STRESS

Reactions to stress may differ and depend upon the severity of the situation, as well as upon an individual's characteristics and previous experiences. However it occurs, stress interacts with the body's physical, psychological and social functioning.

Fight or flight

When people are confronted with a major threat, they react instinctively. This reaction is called a 'fight-or-flight' response. It is a physical survival reaction that occurs both in human beings and in animals. A fight-or-flight response prepares the body for physical activity and releases adrenaline and other hormones that produce physical changes, such as increased heart rate and blood pressure, rapid breathing and sweating.

Common signs of stress

Signs of stress can show themselves in many different ways:
- physical signs e.g. stomach ache, tiredness
- mental signs e.g. difficulty in concentrating, losing track of time
- emotional signs e.g. anxiety, being sad
- spiritual signs e.g. life seems pointless
- behavioural signs e.g. alcohol abuse (recklessness), feeling useless
- interpersonal signs e.g. withdrawn, in conflict with others

These signs are common and usually disappear within a few weeks. However if these signs continue and worsen for an extended period of time, the level of stress may be intensifying. The next section looks at what happens at points of extreme stress.

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COMMON SIGNS OF STRESS **F**

Headache
Disturbed sleep
Fatigue
Feeling irritable
Bodily aches and pains
Decreased problem solving capacity
Low energy levels
Increased use of substances, such as alcohol and tobacco

EXTREME STRESS

This section describes common psychological, physical and social reactions associated with extreme stress.

Most people experience stress in the course of being caught up in a crisis event. They may have difficulty in believing what has happened to them and those around them. In the days that follow, some people may feel confused, distressed, fearful, or numb. Even though such reactions can seem strange, it is important to understand that these are entirely normal and understandable responses to something abnormal.

Depending on the scale of the event and other factors, reactions may however continue longer than what might be considered a healthy time frame for psychological recovery. One day a person might feel better; the next day they might experience a major set-back. Recovery takes time. For example, following the Indian Ocean tsunami in 2004, where there was significant loss of life, property, livelihood and infrastructure, extreme stress reactions might be anticipated.

Improvement should come with time, and if it doesn't, then professional help should be found.

The last section of this module (referral to professional help) gives examples of when to refer people to professional help.

Common psychological reactions

Those affected by extreme stress often experience anxiety; fearfulness, nervousness or panic, especially when faced by reminders of the event; concerns of losing control or not being able to cope; worry that the situation may happen again. They might be constantly watchful, scanning the environment for

FEAR OF WATER **X**

Ayo was 14 years old when she lost her sister in the Indian Ocean tsunami. The family house, situated right by the water, was also destroyed. For four months, Ayo did not dare to go down to the shore. She was not alone; many of the other children in the area were also afraid of the water.

TILL MAYER/IFRC

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COMMON REACTIONS TO EXTREME STRESS
Anxiety
Constant watchfulness
Startled responses
Poor concentration
Re-experiencing the event
Guilt
Sadness
Anger
Emotional numbness
Withdrawal
Disappointment
Mental avoidance
Behavioural avoidance

danger or seeing threats in things that would have appeared innocent before. Extreme stress may also include being overprotective towards children or significant others, worrying if they are slightly late or have not phoned at exactly the time they said they would. It is also common to become jumpy, easily startled by loud noises, sudden movements, etc.

Many experience sleep disturbances and have vivid dreams or nightmares. At first these dreams may be about the event itself or the experience, but they may change and still remain unsettling or disturbing. Intrusive memories, thoughts and images of the event can appear to 'come out of the blue', without any triggers or reminders. Other thoughts, images or feelings may be prompted by smells, sounds, a piece of music, or a TV programme. The person may re-experience the event as if it were happening again; feeling the traumatic experience and having perceptions, such as taste, smell or touch.

Poor concentration is also a common effect, or having trouble remembering.

Feelings of sadness and guilt may also occur. People may feel regret, shame or embarrassment about not having acted or coped as well as they would have wished, or about letting others down, or about being in some way responsible. Some may feel anger at what happened. Those affected often think "why me?" They are angry at those they feel

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WHEN A CHILD DIES
When Wadee, aged six, died in an emergency the family almost fell apart. The psychological reactions, especially the grief, were overwhelming. While Wadee's father preferred not to discuss his emotions, Wadee's mother needed to show her sadness, sorrow and despair. She talked constantly about her loss and felt more and more desperate about not being able to share her feelings with her husband. Gradually, their relationship became filled with frustration. The father was angry and the mother was sad. Both felt disappointed and let down.

HEINE PEDERSEN/DANISH RED CROSS

to be responsible for some of the things that happened either during or after the event. Others may experience emotional numbness and feel detached or unable to experience any feelings of love or anger. Withdrawal, disappointment, avoiding company and thinking that no one really understands are also common reactions.

Avoidance reactions may also occur e.g. mental avoidance of thoughts and memories associated with the event. Behavioural avoidance of activities and situations is also common e.g. being near water or seeing things that were seen at the time of the event. Mental and behavioural avoidance is very common in the early stages following exposure to extreme stress. A certain degree of avoidance, for example by not wanting to talk about the experience in the early stages of recovery, helps people cope. However, if avoidance continues for longer periods, it may lead to other problems and prevent people coming to terms with the event. If it does not improve over the first six months, then the condition can be seen as chronic and professional help is indicated.

Common physical reactions

Many physical reactions of extreme stress are similar to common stress reactions. The main difference is that following exposure to severe stress these reactions are likely to emerge more suddenly, say within the first 24 to 48 hours and are likely to last over a period of time. In most cases they should fade in intensity and duration over a period of six to eight weeks. When there are multiple losses, the timeframe may be considerably longer. There will be differences in

how various cultures and societies deal with stress. Staff and volunteers will need to exercise cultural sensitivity in taking account of these different perspectives.

Common social reactions

In many cases, a shared sense of adversity or loss can bring people closer together and help create new bonds or strengthen relationships. Sometimes, however, the experience of extreme stress can place strains on relationships. Support from others may fade or actually disappear. People may feel that too little, or the wrong sort, of help and support is offered. They may think that others do not appreciate what they have been through and expect too much of them.

Families under stress react very differently from one another. Some families respond by becoming closer and more supportive of one another. Others may become passive or resort to violence. Sometimes there are changes in behaviour and communication due to family members' different reactions or changed roles, for example as a consequence of losing a family member.

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COMMON PHYSICAL REACTIONS TO EXTREME STRESS

Sleeping disturbances
Shakiness, trembling
Muscular tension, aches and pains
Physical tension
Fast heartbeat
Nausea, vomiting or diarrhoea
Disturbance of menstrual cycle or loss of interest in sex

Family members do not necessarily react the same way and they might need different types of support. If this is not accepted and taken care of within the family, it can lead to strained relationships and to energy being used on blaming each other. It is common that parents try to keep worries and problems from their children, but very often even small children will know these secrets. After a crisis, children may have lost confidence in the adults' ability to handle the situation and have difficulties re-establishing trust in parents and adults.

ANXIETY, DEPRESSION AND POST-TRAUMATIC STRESS DISORDER

Most people experience some anxiety or feel depressed after a crisis event, or re-experience the event in their minds. Usually, these reactions fade gradually and eventually disappear. However, some people may find that these reactions persist over a longer period of time and worsen. This may lead to the development of a serious psychological problem and then professional help is needed.

The three most common disorders are anxiety, depressive disorder, and post-traumatic stress disorder (PTSD). These disorders share some of the same symptoms, but the focus of treatment varies. This training does not cover these disorders (which reflects needs at level 4 of the pyramid – see module 1). Further longer-term training is required along with supervision to provide the specialised services needed. The Red Cross Red Crescent works to support the local health services of a given country. Our work is community based, grounded in voluntarism.

As a result, psychosocial support provided by staff and volunteers and community resources goes hand in hand with professional

SEVERE LONG TERM REACTIONS TO DISTRESSING EVENTS

Anxiety
Generally a vague, unpleasant emotional state characterized by distress, uneasiness and nervousness. Frequently distinguished from fear by being without a focus as fear assumes a specific feared object.

Depression
Generally a state characterized by a sense of inadequacy, hopelessness and helplessness, passivity, pessimism, chronic sadness and related symptoms. The condition is often linked to severe loss. It is a normal reaction for a shorter period of time, but should gradually lessen if it is not to develop into a disorder.

Post-traumatic stress disorder
PTSD may be developed following psychologically distressing events such as natural disasters, armed conflicts, physical assaults and abuse, or accidents directly or indirectly experienced as life threatening. The condition is characterized by three groups of symptoms: 1) Re-experiencing the event, 2) avoidance of reminders of the event and 3) symptoms of increased arousal such as nervousness, sleep-related problems, stomach problems and difficulties concentrating. The condition includes recurrent thoughts and images of the event, psychological numbness and reduced involvement with surroundings.

assistance, thereby reducing the isolation and stigma people sometimes feel from poor mental health.

When assessing the psychosocial needs of a population in the aftermath of a crisis, one should keep in mind that those who were potentially at risk prior to the event (often for example children and adolescents, the elderly, and people with physical or mental disabilities) are under greater risk of suffering from strong reactions. Some people may also become overwhelmed if the stressful situation lasts for longer periods. This might, for example, be the case if people have become homeless, lost their livelihood, or live in conflict areas. In such cases recovery is even more complicated.

COPING WITH STRESS

Just as there are many ways of reacting to crisis events, there are many ways of coping with the impact of these events. The

objective of coping is to survive – to function physically, socially and psychologically through the course of a crisis and afterwards. Coping is a dynamic process; it changes over time as a consequence of changes in the specific context.

Coping strategies

In psychological terms, people are seen to cope in two ways: They may adopt avoidance or approach strategies. People actually tend to function better when they adopt approach strategies. Facing their problems and trying to solve them often results in reduced levels of stress and makes it easier to move forward. Avoiding facing the situation can result in negative thoughts and emotions, depression, psychological and physical strain.

Avoidance strategies include denial and dissociation. This may mean that confrontation is avoided or that the person decides that nothing can be done.

COPING

Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems, seeking to minimize, reduce or tolerate stress or conflict. Healthy coping behaviour includes reaching out to others for help, actively working to find a solution or eliminating the source of stress. Unhealthy coping behaviour includes ignoring a threat or denying its effect, avoiding the source of stress, going into isolation, letting frustration out on others, self-medication, and taking other security and health risks in order to function normally.

DENIAL

A defence mechanism, denying feelings, wishes, needs or thoughts in order to avoid anxiety.

DISSOCIATION

A process whereby thoughts, reactions, emotions become separated from the rest of the personality: those affected seem not to realize what is happening to them and around them.

COPING WITH LOSS AND DEPRESSION

Bhuta lives close to the sea in Khao Lak, Phuket, Thailand. She lost everything, including her hope for the future, during the Indian Ocean tsunami in 2004. Now she lives in a two-room barracks with no privacy. Her husband has a new job, but she doesn't. She is depressed. They've got far too little money, but the worst part is that she doesn't feel that her life has any meaning. She has nothing to do, no dreams for the future and no-one to speak to. This is why she volunteers to work with vulnerable children. When she helps the children, she forgets herself and her life for a while. It also helps her to talk to the other volunteers in the same situation.

Approach strategies, however, involve trying to find meaning in the situation, seeking support and taking actions to solve the problems. Looking at the example of Bhuta, she solves some of her own problems through her volunteer work. When she volunteers with the children, she practices an approach strategy, because she does something actively and also because she seeks support through the other volunteers. She feels less isolated, and she regains a sense of meaning.

The healthy coping strategies listed in the box shift the balance by reducing vulnerability and increasing resilience. Maintaining daily routines, for example, reinforces independence and counteracts a sense of helplessness in an unstable situation.

JAKOB DALL / DANISH RED CROSS

HEALTHY COPING STRATEGIES

Maintaining daily routines
Seeking help
Offering help to others
Talking about one's experiences and trying to make sense of what has happened
Seeking information about the welfare of loved ones
Beginning the repair of homes and community structures
Engaging in religious ceremonies
Setting goals and making plans to accomplish them and to solve problems
Using the body in sports and gymnastics, dancing and other ways of engaging in creative and cultural activities

ASSISTED COPING

Some people will need help in the immediate aftermath of a crisis event. The longer a person remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible. This section describes ways in which people may be assisted in the early stages of coping.

Keep a primary focus on physical care and protection:
In the immediate aftermath of a crisis, people may be unaware of safety threats because of immediate shock. It is good to establish contact with individuals and offer assistance. If possible, remove them from the stressful situation and limit exposure to sights, sounds and smells. Protect individuals in shock from bystanders. Provide warmth, food and clothing, and treatment of injuries,

if possible. These actions prevent further harm and establish the basis for further assistance.

Stay close:
People may temporarily lose their basic sense of security and trust in the world. Therefore it is helpful to stay close, remain calm and adopt a reassuring attitude. Let individuals know that they can trust you. Do not become alarmed by anxiety or extreme displays of emotion. Being near is a sign of caring from the helper's side.

Provide comfort and reassurance:
Ask people what has happened, how they are doing and allow them to talk about their experiences, concerns and feelings, but do not force anyone to talk. Reassure them that their reactions are normal and that communication difficulties, physical problems etc. can be expected in the aftermath of a crisis event. Do not give false assurances, but remain honest and realistic. This type of support assures those affected of the helper's good intentions and reminds them they are not alone. It also helps individuals understand their situation and is a first step towards coping.

STAYING CLOSE

Jonas panicked. His hands were shaking. The Red Cross volunteer took Jonas' hands and held them, while looking into his eyes. Jonas will never forget that look: "It was as if the volunteer understood me without saying a word. His look was powerless but very warm. It made me realize that he understood my feelings."

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Provide information:
People have an urgent need for information in a crisis. "What has happened to my loved ones?" and "where can I find them?" are questions most frequently asked. It is very helpful to know precisely what has happened and why and what is likely to happen next. This can be done from person to person, but staff and volunteers can also organize information dissemination in a more systematic way. For example, community meetings can be organized; written

SHOWING THAT YOU CARE

Nurse Nuriya Alliulina recalls her patient Lyudmila, 48, who used to work as a psychologist in a kindergarten before the death of her husband in a mine accident in the Kuzbass coal region in Russia. She says: "At our first meeting Lyudmila declined my assistance. After a short talk she said that she could cope on her own. I still continued to call her once a week to ask how she was feeling. One month later Lyudmila asked me to visit her. She told me about her husband and her sons, and about her nightmares. At the end of our meeting the widow said that she needed this communication. 'My children get upset when they see me crying. With them I must constrain my feelings', she said. Now I visit her weekly. I am sure she will be able to recover, and at this stage we both understand my role," Nuriya says.

RITUALS
are used to mark important events in every society. They are symbolic to a person or a group and their feelings and create common experiences which can be referred to afterwards.

information distributed and, most importantly, updated information is accessed easily. People need to have clear information in order to react, seek support and adapt. They need to be able to take informed decisions about their situation. People in crisis only take in limited information, so there needs to be frequent repetition and clarification of the information.

Help people to do activities:
Help people to do any practical activity that seems appealing to them – whether it is playing music, sowing, repairing a wall or watching a film. Activities help people let go of difficult thoughts and give some respite from the difficulties that may lie ahead.

Help people to see different perspectives:
Where there are no immediate solutions to problems, it can sometimes help people to focus on 'emotional adaptation'. People do this, for example, by focusing on positive lessons they have gained from a painful situation. The idea is to help the person accept certain losses, so that he or she can move forward.

REFERRAL TO PROFESSIONAL HELP

Referral in this context means to recommend that a person in extreme distress should speak to a professional helper. Unfortunately this may not always be possible, since there may not be adequate mental health services in the area.

When to refer

Referral to professional help is needed when it becomes clear that a person is in extreme distress. Certain reactions can be overwhelming to all concerned. In such situations individuals may behave in ways that put themselves or members of their family at physical or psychological risk.

A few rules of thumb for seeking help

If, after three to four weeks, a person is still unable to sleep, is continuing to feel unwell, is either aggressive or withdrawn, further assistance is needed.

If family members and others seek help, telling you that something is seriously wrong, and that they worry that the person is losing his sanity or may commit suicide, it is important to seek professional help.

If after a period of up to six months, a person is not showing signs of improvement even though they may not be in obvious distress, a referral should be made.

When in doubt, always consult with your supervisor or manager.

EMOTIONAL ADAPTATION

A man lost his wife and his entire family in the Indian Ocean tsunami. He received help to rebuild his house, and to furnish it. But the man was not able to move on. Through long conversations his issue was revealed: the new double bed in his house reminded him of being alone. When it was replaced with a single bed, the man's mood changed and he started looking forward in a new way.

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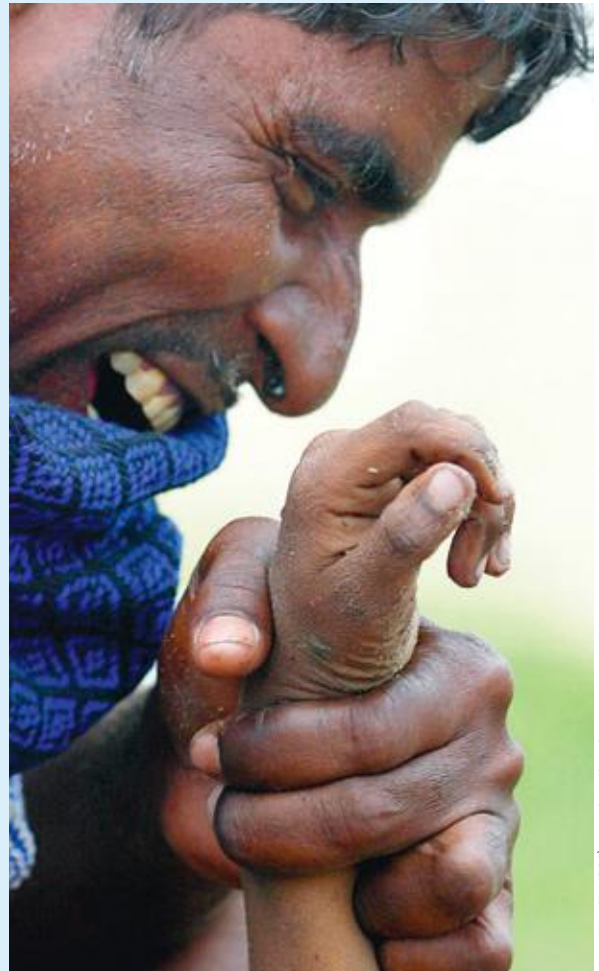
REUTERS/ARKO DATTA (COURTESY ALERTNET)

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COLLABORATION WITH COMMUNITY SUPPORTS

In Eastern Chad, an international NGO, providing mental health care within primary health services, worked with traditional healers from the Dafurian population in refugee camps.

How to refer

Referrals should always be made in consultation with a supervisor or programme manager. As a rule the individuals concerned should be informed about the intentions to be referred to professional help. They need to know that they are being cared for, and

JOHN PILKINGTON

to understand the reasons for the referral. If there are several options for referral, these should be explained, as should practical matters such as fees, location, accessibility, etc. Individuals should feel assured that they will be supported throughout the process. If possible, someone (from whichever pro-gramme they are connected to) may accom-pany them to their first referral visit.

When working in areas where referral is not possible because of lack of availability or too high costs, it might be helpful to investigate options with other NGOs. It may be possible to identify ways of accessing professional support. Collaboration with community supports may also be feasible (see IASC guidelines, action sheet 6.4). People with anxiety, depression and PTSD benefit from psychosocial support. Although this may not serve as a treatment and bring full recovery, they will feel cared for and supported in their distress.

WHEN TO REFER

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If someone develops severe problems with sleeping e.g. not sleeping at all or only sleeping very little; lying awake for hours not being able to fall asleep or waking up very early in the morning.

If someone displays strong emotions that are difficult for them to deal with, such as rage, aggression, intense fear or worry.

If someone hints at or talks openly of suicide.

If someone develops persistent physical symptoms.

If someone shows signs of dependency on alcohol or drugs.

If someone behaves at great risk to him-self or other people.

If someone has enduring depressions or mental disorders (such as hallucinations or delusions).

If someone is difficult to maintain contact with.

In situations where abuse or criminal acti-vity is indicated.

LOSS AND GRIEF

LEARNING POINTS
- Different types of losses
- Common reactions to the loss of a significant other
- Expected and sudden loss
- Normal and complicated grief processes
- How to help a grieving person

Everyone will experience loss and feel grief at some point in life. This module focuses on how people react to and deal with the loss and grief connected to the death of a person close to them. Both normal and complicated grieving processes will be described and the importance of social support will be underlined. The module suggests how to help people who are grieving.

WHAT IS LOSS?

Loss is common, particularly in crisis settings. There are many types of losses: the death of a significant other, destruction of property, loss of livelihood, the ending of an important relationship, physical injury, loss of security and social networks.

All kinds of losses are unpleasant, but when a life is lost, this is potentially the most upsetting loss of all. In this module, when we talk about loss of life, we will be referring to circumstances where:
- the death of a significant other has occurred
- a death has been witnessed or
- an unsuccessful attempt has been made to save someone's life

SIGNIFICANT OTHER **F**
Someone who is close to us, whether it is a family member, a friend, a colleague or somebody else that makes a difference in our lives.

Other modules cover aspects relevant to this topic: Module 5 describes how to give psychological first aid and module 7 discusses how helpers affected by loss and grief can be supported.

It can be very painful to lose someone. The pain may seem unbearable. The sense of connection to the person is broken and it is difficult to find one's own place in life again. Close encounters with death may evoke a fear of dying oneself. For a family, one member has gone. The death of that person may lead to secondary losses of income, home and social status. In these circumstances it can take a while for the family to reorganize.

Sometimes death may come as a welcome release. For example, when a person is ill for a long period of time, there may be time to

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adjust to the thought that that person will die. Often, the end might even feel like a relief. When an old person dies an expected death, it may not be experienced as an un-bearable loss. Death in this case may not be a catastrophe, but may instead release feelings of grief.

LOSING A LOVED ONE X

Misha is 16 years old. Her mother died of cancer a while ago. Misha has suffered a lot and still experiences anxiety. Misha says: My mother was such an important person in my life, and I have such dif-ficulties accepting what happened. The question keeps coming back to me: Why is she not here anymore? And why did she have to get sick?

TOMAS BERTELSEN/DANISH RED CROSS

BEREAVEMENT F

The emotional reaction to the loss of a significant other. Depression associated with bereavement is considered normal in the case of such a loss and may include poor appetite, insomnia and a sense of worthlessness.

SUDDEN LOSSES AND COMMON REACTIONS

If death is sudden or unexpected, shock reactions usually follow. These reactions may evolve into stronger emotional outbursts. If these reactions last for a considerable period of time, as the person tries to adjust to a new life situation, help may be needed (see 'extreme stress' in module 2.)

The death of a significant other can throw those affected into a changed world. People lose direction and feel that nothing really matters anymore. Plans and activities which were important the week before suddenly seem trivial now. Priorities are changed. Death may challenge religious beliefs and values, raising existential questions about meaning in the world.

When the loss of life is sudden, in a car ac-cident or a violent assault or an earthquake, for example, then the response is often intensified. There is little or no opportunity to prepare for the loss, to say good-bye, to complete 'unfinished business' and to pre-pare for bereavement. Shock, denial, anger, guilt, depression, despair and hopelessness are common reactions when death comes unexpectedly.

EXPERIENCING SURVIVOR GUILT

Khaled sat slouched on the couch. He had just survived a terrorist-induced disaster. Khaled noticed a gnawing sense of guilt that was growing within him. He continually asked himself: "Why did I live when so many others died?" "Why did I just stand there while buildings crumbled around me?" Khaled had trouble sleeping, became withdrawn and was bothered by flashbacks of the disaster. He felt inadequate and full of shame because he did not have "a story to tell" about how he helped someone. Khaled saw himself as a strong, capable man who had acted like a coward in a time when others needed him. Khaled was experiencing survivor guilt.

These kinds of sudden or shocking encounters with death and dying present a number of complex challenges. Hearing that someone has committed suicide, or surviving a disaster where others have died, for example, can be complicated to process. The next section describes different responses to the experience of acute loss.

Survivor guilt

Especially in the case of sudden loss, survivors may find that memories of the event dominate their minds. They may suffer from survivor guilt, wondering why they survived, when others died. They believe that they could have or should have done more to prevent the tragedy. Parents may accuse themselves for not being able to protect and save their children. Survivor guilt may indeed trigger suicide in the aftermath.

Individuals dealing with this feeling may believe that they experienced good fortune at the expense of others. They may believe that by attempting to save their own life, they intentionally harmed someone else's. Khaled, in the example, took on responsibility for not helping hundreds, perhaps thousands of others. Rather than blaming the terrorists, he blamed himself for saving his own life,

RECOUNTING THE LOSSES

Sitting on a bed in a refugee camp in Katanga, a province in the Democratic Republic of Congo, Mukeya, 28, recounts the losses she has suffered in recent months. Several of her relatives and neighbours were killed when rebels stormed her village, moving from house to house in a murder spree that lasted for hours. Mukeya and her husband managed to flee with their four children, leaving behind the bloody corpses of family members and friends.

instead of returning to the burning buildings to help others. He held the irrational belief that if he "weren't such a coward," he could have acted in some heroic or superhuman manner to save lives.

Whilst people process their reactions to loss in different ways, for many people it is important to talk about feelings of guilt or shame, to prevent those feelings from growing and becoming unbearable. It is important to move on after the experience and this is impossible, if guilt or shame is burdening one's mind.

Suicide

Suicide is one of the most agonizing types of sudden loss that a family can endure, and one of the most difficult ones to process. There are a number of reasons for this. Firstly, it is by its very nature an intentional act caused by human hand. Secondly, the reasons for committing suicide are often hidden. As a result, apart from sadness and sorrow, those left behind might feel anger towards the person who took committed suicide. They may also feel guilt about not having realized the seriousness of the situation, or for not having done enough to prevent the suicide. This type of death can result in shame, anger and guilt, if family members blame themselves, or are blamed by others for the death. In times of disaster or in the aftermath of large accidents, more people commit suicide than under secure circumstances.

Burial rituals

Burial services are rituals that allow people to grieve, and that mark the crossing from one stage as the chaos caused by death to another accepting the death and then grieving. If a proper burial cannot take place, the family may feel guilty and grieving may be delayed. Such rituals give religious or spiritual meaning and provide comfort for the bereaved. Ceremonies can also be a public acknowledgement of the deceased as important to their community. If, for example, the town mayor participates in a ceremony for those affected by a large train accident, this may provide some comfort to relatives and show that their family members have not been forgotten. Ceremonies also create a common experience for family and friends, and can be a starting point for conversations about the deceased afterwards.

If the body of a missing person has not been found, the family may not be able to believe and understand that the person is really dead. They may cling to the hope that the person has actually survived. In disasters and violent conflicts, survivors search for those they have lost for a long time. Families may be unable to accept their loss and begin the process of grieving, if the death is not confirmed, the body has not been recovered or if the body is available but the family is unable to see it. The tracing activities of missing persons and the restoring of family links carried out by the ICRC and by Red Cross and Red Crescent National Societies are important to give clarity to those affected.

THE DESPAIR OF UNCERTAINTY

After the longest wait of their lives, Alexandra, 62, and her daughter Lena had to face the reality: Alexandra's granddaughters, Lena's daughter Inna and her niece Alla, had perished in the fight that followed the school siege in Beslan. It took a long time to find the girls' bodies in the mortuary. They were shown a heap of burnt unrecognizable bodies. "We identified Inna by her slippers," Lena recalls. "I knew it was her, but I continued to search in a desperate belief that she was alive". The girls were buried together in a single grave at the cemetery outside Beslan. Lena, like many other women in Beslan, visits it daily.

GRIEF – A RESPONSE TO LOSS

Grief is a natural but painful process that is intended to release the affected person from what has been lost. It is a necessary and unavoidable process of adjustment. It might be said that grief is a prolongation of the love the bereaved individual feels for the person who has died.

In the beginning of a grief process, the bereaved person may think about the lost friend or relative all the time, and recall important situations and moments spent with the person. In addition to sadness and sorrow, feelings of anger and resentment may occur during this period.

Adjustments

In the grief process four areas of adjustment have to take place in order for those who have been bereaved to get on with their lives. These include:

- emotional recognition of the loss – "my daughter is never coming back"
- living through the feelings of grief – weeping, anger, despair
- making practical adjustments such as seeking help from neighbours for the first time, finding a new place to live if necessary
- turning towards the future and learning how to live with the memory of the lost person.

Grief might make people seek isolation, and shut others out. It is possible to do this for a while, but it should not go on. It is important for the bereaved to work towards letting go of the person who is lost, to go on living and create room for other people in their

THE FOUR AREAS OF ADJUSTMENTS

Emotional recognition of the loss

Making practical adjustments

Living through the feelings of grief

Turning towards the future

lives. It is also important that the bereaved understand that it is okay to be happy and to laugh. Grief is a long and difficult emotional process – both in time and substance.

Grieving over more than one

If an individual or a family loses more than one person, the grief process becomes more complicated. Feelings for different individuals will never be the same and therefore feelings regarding the loss of each person will be different. Those who are bereaved might feel confused or guilty about not grieving enough over some individuals, compared to others. Here it might help to make it clear to the bereaved that it is normal and okay to have different feelings. A good way to think about it is to relate to each of the lost persons separately. It might sound strange that it is necessary to put grief aside for one person, while one relates to the grief over the other, but it might not be possible to process grief over two persons at the same time.

If feelings are ambiguous

If feelings are ambiguous about the person who has died, then grieving may be interrupted. Mixed feelings of relief, regret or guilt confuses the affected person and makes it difficult to concentrate on grieving. The same thing happens, if there is a feeling that the relationship was unclear or if there was an unsolved conflict. Here it might help to assist the affected person to accept contradictory feelings – to assure the person that it is okay and normal to feel many different things for the deceased.

Grieving after a sudden death

The grieving process after a sudden or un-expected death is often very different to the process after one which was anticipated. A feeling that the death was unacceptable and unfair may remain, especially when living conditions become harsh for the survivors. This is often the case for widows or orphans. If the bereaved person or family has to face additional losses and problems, such as having to move to a refugee camp, flee military activities, or face periods of lack of food and shelter, the grieving may be postponed or disturbed by overwhelming feelings of fear, vulnerability and helplessness.

When a person dies under extremely distressing circumstances, thoughts of that person's suffering and pain may dominate in those left behind. Indeed if survivors were present at the scene, they may not be able to tolerate the violent impressions received at the time. A traumatic event of this kind can disrupt the grieving process. Images or memories of the death may cause so much distress that remembering the person who died is actively avoided. This should not lead others to think that the person does not care about the deceased.

Complicated grief

Complicated grief means that the grieving process is blocked and paralyses the be-reaved. Normal mental and social functioning becomes impaired. The affected person sees everything as hopeless, feels helpless and might not want to do anything but to lie in bed the whole day. This situation is very similar to depression. The bereaved person may also hear the voice of the deceased. If many of these symptoms continues over an extended period of time without sign of activity, professional help should be sought.

UNPROCESSED LOSS LEADS TO DEPRESSION

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When losing someone that you have a deep emotional bond to, it is normal to experience grief. The grief can be so overwhelming, that it is not possible for the affected person to cope. One of the consequences may be that the losses are not processed and that the person is not able to get on with life. The person will remain very sad and stay fixed in the reality that was shared with the deceased.

If this is the case and there is no improvement in the condition within the first six months, the person should be referred to professional help, since there is great danger of developing a depression due to the unprocessed grief.

SOCIAL SUPPORT – AN ESSENTIAL PART OF THE HEALING PROCESS

As on page 48 in the example of the young boy and the older man, supporting someone who is going through a difficult time does not have to be complicated or difficult. Often, small things like letting somebody cry, making a phone call or expressing sympathy can make a big difference. Social support from family and friends plays an important role in preventing complicated grief. It is essential to help people to continue with life after almost unbearable losses. Social support is a strong contributing factor to regaining resilience and to healing. Depression is less likely to develop among people

experiencing loss when they receive a high level of social support in comparison to those who receive a low level of support. The importance of social support as a protective mechanism against depression increases with the amount of loss.

Other people's expressions of sympathy and support generally improve the ability of affected individuals and families to cope with loss and grief. People provide important practical support by, for example, bringing food to the family, participating in funerals

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HELPING IS NOT ALWAYS DIFFICULT

A four-year-old child whose next-door neighbour was an elderly man who had recently lost his wife, comforted his older friend in a simple way. Seeing the man cry, the little boy went into his yard, climbed onto his lap and just sat there. When his mother asked what he had said to the neighbour, the little boy said, "nothing, I just helped him cry".

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DO'S AND DON'TS WHEN HELPING PERSONS WHO ARE GRIEVING

DO
• Mention the person who has died and acknowledge awareness of the loss.
• Listen to the grieving person.
• Remember that grieving is a process and that the person will need continued support even after the event has long passed.

DO NOT
• Use clichés like "time heals all wounds", "it will soon pass" etc.
• Compare the way the person grieves with others.
• Encourage the grieving person to make any major life changes.
• Give advice or lecture the grieving person.
• Suggest that the person can replace what she has lost like "you can have another baby" etc.

and other grieving ceremonies or rituals and being with the family at other difficult times.

If the appropriate ceremonies take place, if the social network is supportive and if the bereaved has time for grieving, then the person most often eventually accepts the death as a fact. Gradually they are able to engage in family life, social relationships and work again. How long this adjustment process takes depends on the circumstances of the loss, the type of relationship to the deceased person and the amount and type of support received.

REUTERS/THOMAS WHITE (COURTESY ALERTNET)

GENERAL SUPPORT

My sister helped me get dressed for the funeral. Suddenly I saw a van arrive. Out of it they took a coffee machine, pastries, tables and tablecloths – everything was there. My brother had thought of it all. It had occurred to me that people would come for a cup of coffee afterwards but I never imagined that 40 to 50 people would show up.

HOW TO HELP?

Listen attentively It is important to accept the bereaved person's interpretation of the events, and acknowledge and respect the person's feelings. Give the bereaved time to talk about their loss, if and when they wish. Often a person needs to tell the story over and over again as a way to process the experience. The bereaved person will probably feel a need to talk about a lot of practical things like the funeral, change of residence, maybe economic problems, in between grieving over the loss. Help the bereaved through the necessary big decisions in the immediate aftermath, but remember that it is usually a good idea, if possible, to wait a little while with any major decisions.

Provide general care and practical help A grieving person or family may feel so overwhelmed by their loss that they may not know how to ask for help or what to ask for. Help can be given by preparing meals, helping with childcare, answering the phone, running errands, helping to make memorial arrangements or offering to contact someone who can be with the bereaved.

Offer to accompany the bereaved person to a support group if it feels appropriate. Over time it helps to pay attention to the days that might be difficult for them, such as anniversaries, holidays, the birthday or the death date of the deceased etc. People like to know that others still remember their significant others. When offering practical help, follow the wishes of the affected person and avoid taking over more responsibility for the situation than the individuals actually say they need.

Take initiatives to arrange ceremonies for the deceased Help a group or community to organize and plan a memorial service – to honour those who have died, or create a memorial bulletin board of letters, poems, pictures. Write sympathy and support notes to those affected by the loss. In memory of the deceased, plant a tree or flowers in a garden, light candles, or create webpages.

Module 5 gives more information on how to offer help and module 6 describes how to support bereaved children.

GROUP SUPPORT

The Finnish Red Cross organized a memorial event for the relatives of Indian Ocean tsunami victims. Participants were given disposable plates and candles, with which each family could make a commemorative plate for their deceased relatives, using crayons, flowers, autumn leaves etc. The plates were sent out to sea with flickering lights. It gave participants the opportunity to remember their own dead, and symbolised their need to let them go.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

LEARNING POINTS
- What defines a community and vulnerable groups
- Promoting psychosocial well-being in the communities
- Community-based support
- Community preparedness

All aspects of people's lives are affected by the social and cultural norms and practices of their community. The effects of crisis events, ways of dealing with loss and grief and modes of coping therefore vary across cultures. This module seeks to explain the importance of social and cultural factors. I   t gives suggestions on how to conduct community-based psychosocial activities, which does not only mean that they are carried out in a community. It is about the way that psychosocial support activities are developed and enacted, and how they are connected to community life.

The Red Cross Movement works to promote psychosocial well-being with and through communities for several reasons. Community self-help counteracts the negative consequences of a disaster or other crisis event. Communities are equipped, or can be supported, to address problems faced by individuals or groups within that community. Many communities do not have any mental health system. It is a great advantage for the Movement that it is able to work in a community-based manner through its global network of local volunteers.

COMMUNITY

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A community is a group of people who live together in a town, village or smaller unit. But a community may also be defined as any group of people who interact and share certain things as a group – for example those who belong to the same ethnic group, those who go to the same church, those who work as farmers, or those who are volunteers in the same organisation.

PROMOTION OF PSYCHOSOCIAL WELL-BEING IN THE COMMUNITY

Protective factors in life give people psychological 'cover' and therefore reduce the likelihood of negative psychological effects when faced with hardship or suffering. Some protective factors include:
- belonging to a caring family or community
- maintaining traditions and cultures
- having a strong religious belief or political ideology which gives the feeling of belonging to something bigger than oneself

For children, important protective factors include stable emotional relationships with adults and social support both within and from outside the family.

We can help strengthen these protective factors by empowering people, giving them a sense of control over their lives. This is primarily done by setting up structures that allow people to participate more fully in community activities. People have a natural desire to belong and contribute to a larger social group, whether it is their family or community. Things people do together, such as attending religious ceremonies and social gatherings, meeting over tea, playing games or simply exchanging news serve as important ways of coping with a crisis. Engagement, whether in daily activities, recreational or educational activities, helps promote psychosocial wellbeing. In this way, people regain a feeling of control over some aspects of life, a feeling of belonging and of being useful. They are freed of tension and gain much needed energy through being active.

THE COMMUNITY SHAPES THE INDIVIDUAL

To support coping strategies in a community, it is important to know about its beliefs

EMPOWERMENT

When people gain control over critical factors that keep them in a state of powerlessness, they are empowered. Empowerment is about gaining or regaining strength and power to take action in ones own life. It is both an aim and a process.

PSYCHOSOCIAL WELL-BEING

Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors.

and values. Communities differ from one another in many ways, and when facilitating psychosocial support it is important not to make assumptions. For example, people differ in what they believe and understand about life and death. There can also be differences in how feelings are expressed and how people deal with feelings that cannot be directly expressed.

Cultural understandings and practices that seem self-evident in one particular community may be understood very differently in another.

In India, for example, the colour white symbolizes sorrow and mourning. In Norway by contrast the colour for mourning is black. Black clothes are traditionally worn at funerals, whilst white is commonly the colour of the wedding dress. This is not an issue until one imagines what reactions a bride in black would cause in Norway!

Community norms and views about mental health in general and psychological reactions also vary greatly across cultures. Understanding how people experience psychosocial difficulties and how they articulate them is therefore central to assisting them.

RECOGNIZING THE SYMPTOMS

Many ethnic groups describe psychological difficulties in the form of bodily pain, for example as headaches, back pain or stomach pain.

REUTERS/(COURTESY ALERTNET)

Beliefs and rituals

Religious and spiritual beliefs within communities can have a positive influence on how people react to crisis events. Those who are religious might find it easier to accept what has happened and speculate less about the reason for a crisis, seeing it as 'God's will'. They might respond with patience and steadfastness. On the other hand, if the event is seen as a punishment from God, this might make it more difficult for people to recover. People may consequently feel guilty and unsure about how to behave in the future or even lose their faith.

Religious rituals, such as funerals and cleansing and healing ceremonies, have an important function in easing distress and contributing to recovery. They are important

mechanisms in the promotion of psychosocial well-being, markers in the stages of the recovery process and providing gathering points bringing communities together. Restoring possibilities for performing rituals can therefore be an important element of psychosocial support.

WHEN COMMUNITIES ARE UNDER STRESS

When a disaster strikes, a community can be severely impacted by the loss of community members, destruction of homes and property, disruption of normal life, and loss of security. Buildings, farms, industries and water supplies may be destroyed. Organized or collective violence, as civil war, genocide, ethnic cleansing, may also include torture, physical and sexual assaults, or massacres.

THE LASTING EFFECTS OF WAR

The civil war in Guatemala, which ended in 1996, caused a widespread culture of fear, undermined many social values in communities, destroyed social networks and disintegrated families. More than ten years later, the rates of violent crimes are still high, and fear and mistrust are widespread feelings in many communities.

M. KOKIC/INTERNATIONAL FEDERATION

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CAUSING A COMMUNITY DIVISION

A small community in the Philippines, which had stuck together through years of armed conflict, was split along religious lines when nine water buffalos were stolen from Christian families. Feeling betrayed, the Christians lost confidence in the Muslim community members, and the system of mutual help and kinship stopped functioning. The inhabitants started to see themselves as either Christian or Muslim.

During and after crises, people are usually able to maintain normal levels of interaction with others. However this is unfortunately not always the case. Sometimes normal social norms break down. In times of insecurity with no accepted leadership, communities become suspicious, and there is widespread fear and confusion. Normal supportive bonds within families or between neighbours break down. Protection threats (such as child abuse, gender-based violence, forced displacement, exploitation) place great stress on survivors and interfere with rebuilding a sense of community (see action sheet 3.2 of the IASC guidelines).

Man-made disasters, in particular war, ethnic cleansing and other forms of organized violence, are often intentionally directed towards the destruction of the community and the social order. The community suffers directly through the killing of friends, family members and acquaintances.

In these circumstances the community recovers through the re-establishment of normal rituals and routines and in the strengthening of a protective environment. By working with the whole community rather than singling out individuals, psychosocial support is then an integral part of community recovery.

PAY ATTENTION TO VULNERABLE GROUPS

Depending on the context, particular groups of people are at increased risk of experiencing social and/or psychological problems. Some groups (see also module 1) have often been found to be more vulnerable, i.e. children and adolescents; older persons; persons with physical or mental disabilities and people living with other health challenges; people living in poverty; those who are unemployed; women and particular ethnic or linguistic minorities.

Some groups may be at risk of more than one issue. For example, an unemployed woman who is living with HIV and AIDS may be particularly vulnerable. The more vulnerable a person is, the greater are the psychosocial consequences of a crisis. However, no assumptions should be made. Some individuals within an at-risk group may actually do fairly well in a crisis. Others may be

VULNERABLE GROUPS

Groups that are often considered vulnerable include people living with health challenges e.g. HIV and AIDS, TB, diabetes, malaria and cancer, people with physical disabilities and/or mental illness, children and adolescents, older people, women, unemployed persons, people living in poverty, and minority groups.

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ADVOCACY
The active support of an idea or cause, especially, in this context, the act of actively speaking in support of a person or group.

marginalised and difficult to reach, such as older women, widows and those with poor mental health.

In planning a response, it is vital to make an assessment, taking account of risk factors as well as the social, economic and religious resources which are available and accessible to people. The IASC guidelines (page 5) list the kind of resources that are helpful in supporting psychosocial well-being, for example:
- individual skills such as problem solving and negotiation
- having community leaders, local government officers, traditional healers
- having land, savings, crops and animals and livelihood
- having schools and teachers, health clinics and staff
- having religious leaders, practices of prayer and worship, burial rites

Where psychosocial support activities are planned, it is important to make sure that all relevant groups have access to and are included in them. This may require some advocacy work to ensure that community members are aware that a particular group is entitled to support.

COMMUNITY-BASED SUPPORT
When there are disruptions in family and community networks due to loss, displace-ment, family separation, community fear and distrust, it is important to engage with communities in ways that will aid recovery and promote psychosocial well-being.

Community-based activities in the aftermath of a crisis event often start rapidly and without time for much planning, but longer-term community-focused activities can be more carefully planned. Here are some points to consider at the planning stage:

The way people deal with issues varies according to religious and cultural understandings. The loss of family members, the possibility of permanent disability or deal-

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SUPPORT DIRECTED TO CULTURAL UNDERSTANDINGS
A former boy soldier in Angola felt stressed and afraid because the spirit of a man he had killed visited him at night. The problem affected the community because everyone saw him as contaminated and feared the spirit. Humanitarian workers consulted local healers, who said that they could expel the angry spirit through a cleansing ritual. An NGO provided food and animals to sacrifice and the healer conducted the ritual. Afterwards, the boy and people in the community reported increased well-being.

JEAN-PATRICK DI SILVESTRO/ICRC

HOW A LITTLE CASH AND COFFEE HAD PSYCHOSOCIAL EFFECTS

Jauharimana and Halima, an Indonesian couple, lived in a temporary camp after the 2004 Indian Ocean tsunami. They were given a little money by a local Red Cross volunteer. They decided to use part of the money to start a small coffee shop right in front of their temporary home and soon they were making a modest living. Drinking coffee is important to Indonesians, and the small shop quickly turned into a spontaneous community centre, because many people stopped by to drink and chat. The shop provided the structure that brought people together and thus helped them rebuild their lives emotionally, mentally and socially. The Indonesian Red Cross was so impressed by the simplicity and success of the coffee shop that the idea was duplicated in three other camps.

INTERNATIONAL FEDERATION

ing with psychological shock, for example, are all likely to be interpreted in a wide variety of ways. Any intervention that does not take such norms into account is likely to fail. Sensitivity in approaching people and in modes of giving advice is needed.

When new interventions are planned, the starting point is talking to key members of the community to find out what is already going on and to understand social structures and networks in the community. Teachers, local community leaders and community workers are often good sources of information. Finding answers to the following questions might ease the process, if you are working in a cross-cultural setting:

- What are culturally appropriate ways of helping people in distress?
- Whom do people traditionally turn to for support and help?
- How can those people and structures be supported?

A community-based approach involves the participation of community members. People working together in groups with helpers supporting the group's values, needs and aspirations, are empowered and respected. It is best if the community is involved from the very beginning in identifying problems, discussing solutions and deciding on what concrete activities to carry out. Using the community's knowledge, values and practices, psychosocial responses are more likely to be meaningful and effective. A greater level of accountability and ownership may also be achieved. Ownership gives people a stronger feeling of self-worth, importance and influence.

STRENGTHENING COMMUNITIES

Members of communities affected by displacement and armed conflict in Mindanao in the Philippines contacted an NGO and together they organized community activities. In these activities people from different ethnic and religions backgrounds are encouraged to work together in order to increase the productive resources in the community and strengthen the cooperation among the people. Peace schools have also been established.

JAKOB DALL / DANISH RED CROSS

When choosing which activities to implement, give priority to those that have a potential for fostering family and community support and increasing social bonds between people. These could include activities that target isolated individuals e.g. orphans, widows; activities that promote non-violent conflict resolution through discussions, drama and songs, joint activities by members of opposing sides; supporting parents in raising their children. A community-based approach seeks to reintegrate individuals

and families within their communities and to support and restore natural community networks and coping strategies.

COMMUNITY-BASED PSYCHOSOCIAL ACTIVITIES

Community-based psychosocial support focuses on creating common experiences and seeks to create a shared understanding among group members. Sharing personal stories may be part of this, either as a direct focus of the activity or as a natural outcome of meeting together as a group.

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COMMUNITY SUPPORT GROUPS

In Guatemala, community reflection groups have been organised to break the cycle of silence created by the war. Up to 60 to 70 women participate in each group. Although they are neighbours, they often have little knowledge about, or trust in each other. The group sessions allow the women time for collective reflection and builds confidentiality, honesty and trust. They learn that everyone has problems. This allows them to face shared problems in a different way, learn from one another and find common solutions.

ULRIK NORUP JORGENSEN/DANISH RED CROSS

Community-based support groups

Through community-based support groups, individuals who have been exposed to extreme stress find acknowledgement and respect. They participate in something bigger than themselves, creating meaning in a difficult world. By sharing personal stories, participants see that they have similar experiences and that their reactions to these difficult times are normal. Sometimes this is a painful process and a facilitator will support the group in this journey. Group members

THE PEOPLE WEB

The people web is an activity that helps children who have lost significant others see their feelings to perspective. The children are in a circle and one by one say the name of a person that they rely on, a family member or others in their support network. While naming the person, the child holds on to a ball of yarn and then tosses it to another child. In this manner a web forms and children see all the connections between them and to others.

NANA WIEDEMANN/PS CENTRE

play their part, reinforcing self-esteem and self-worth.

Psycho-education

Psycho-education usually covers common reactions to difficult situations, as well as indicating coping mechanisms, skills and resources. The more people understand about themselves, the greater the possibility they have in addressing the difficulties they face.

Creative and physical activities

A wide range of activities can be helpful in promoting psychosocial well-being, including music, dance, drama, handicrafts, relaxation, yoga, physical exercises, sports and games. Traumatic experiences can affect a person physically and be felt as undefined pain, restlessness, hyperactivity or passivity. Physical exercises not only increase the participants' consciousness of their body and its reactions, but also help participants let go of physical tension. Non-verbal activities give participants a break from the often painful realities of their lives. These activities help as a reminder that life can be joyful. They also help participants to sleep and relax, and thus make way for the recovery process. These activities should form an integral part of psychosocial programmes.

Play activities for children

As normal roles and daily routines can be lost after crisis events, establishing structure and daily routines becomes important. Community-based work with children can be used to improve children's feeling of security, knowledge of health issues and their well-being. It promotes their participation in community life and builds collective skills.

SHARING PROBLEMS AND WORKING TOGETHER

A group of young people living with HIV and AIDS do not feel that they are of value in the community. They also notice that younger people are facing many of the same dangers that they have faced earlier. One girl shares that she feels less depressed when participating in the activities of a youth theatre. The Red Cross staff and volunteers discusses needs and possible solutions together with the youth. It is clear that they want to feel useful in their community and to prevent further infections among young people.

They also have time, energy and interest in contributing to their community. It is decided that the young people will work with youth theatre groups to develop songs and plays that inform the community about HIV and AIDS. Through this project, younger people are provided with information about HIV and AIDS. Those living with HIV and AIDS are encouraged, and stereotypes and stigma surrounding the issue are reduced. Further, depression and hopelessness is reduced because the young people feel that they contribute to their community.

TOMAS BERTELSEN/DANISH RED CROSS

Children are just as active as adults in influencing and changing their everyday life and parents usually feel better if their children are well. School and pre-school settings play an important role in restoring security and trust after crises.

Often, children find it even more difficult than adults to express their feelings verbally. Activities such as puppet theatres and games allow children to put their thoughts and feelings into words more easily. Module 6 focuses on children and provides information on their particular needs.

Community mobilization

Community-based psychosocial activities specifically help people to work through issues that they bring about their situation. Community mobilization is usually on a broader scale. Community activities are organized with the community with a primary aim of strengthening social support. Projects such as building a house, cleaning a hospital compound, organising a soccer tournament, a music competition, puppet theatre, traditional dance, give the opportunity for a wide cross section of a community to be involved. People are able to contribute to their community and get a chance to appreciate the resources and value of others.

PREPARING FOR EARTHQUAKES

In Pakistan, right before the earthquake in 2005, a fourth grade school class had been taught how to react in case of tremors. The majority of these children survived simply because they knew what to do, like hiding under a table and staying close to the walls. There is reason to believe that they felt less afraid in the period following the earthquake because they had knowledge on what to do and put it into practice.

NAHID RANJBAR

HOW COMMUNITIES CAN BE PREPARED

If community members know what to do and where to go in times of disaster, they will have a greater sense of control and security. When people have been involved in disaster preparedness planning, they will be more able to react calmly. Some natural disasters such as hurricanes may not have such devastating consequences, if the appropriate preparations have been made.

Over recent years, we have seen a growing number of climate-related disasters. With this growth, it appears that increased numbers of people are affected too. Low income populations are especially vulnerable: Mortality rates of women and children are higher in disasters. Disaster preparedness planning should ensure that these vulnerable groups as well as others are protected.

The positive social and mental health consequences of being able to prepare for disasters and of having a feeling of being in control are important factors to facilitate recovery. A community that floods every spring learns that their furniture and belongings must be moved to the top floor before the flood comes. They learn ways of coping and realize that there will be life after the flood. Through psychosocial support services that strengthen resilience, communities are prepared to handle crisis events.

RODNEY DEKKER/AUSTRALIAN RED CROSS

PSYCHOLOGICAL FIRST AID AND SUPPORTIVE COMMUNICATION

LEARNING POINTS
- Elements of psychological first aid
- Principles for supportive communication
- Verbal and non-verbal communication
- Listen and giving positive feedback
- Providing support on the telephone
- Support groups

When there is a crisis, it is natural to want to help those affected. At the same time, people often worry about saying or doing things in the right way and that they might even make things worse.

Staff and volunteers often find themselves in situations where feeling confident about how to communicate well with other people is extremely important. For instance, first aid volunteers need to feel confident about informing people about the injuries to their relatives. Volunteers working with people living with HIV and AIDS, for example, need to communicate in a supportive way with people who have just learned about their HIV positive status.

This module gives guidance about how to help and how to communicate in a supportive way, looking at:
- psychological first aid
- supportive communication
- telephone support and
- support groups

LISTENING, COMFORTING, ADVISING

A woman whose niece died in a plane crash came to the Red Crescent for support. As I was the psychosocial manager, she was sent to my office. She was pale, shaking and about to faint. I instinctively put my arms around her and held her for a moment. Then she began to talk. Acknowledging her difficult situation, I told her that she was experiencing a normal shock reaction to an abnormal situation. She told me she was constantly watching the television. I advised her to avoid doing this and to get information from her relatives instead. She needed to eat and to relax, so I suggested that she went with a friend to get something to eat and to go for a walk. Finally, we agreed that I would follow-up by calling her, and by visiting her in her home a couple of days later.

PROVIDING PSYCHOLOGICAL FIRST AID

Psychological first aid is a cornerstone of the support offered by the Red Cross Movement. It can be the starting point for many other forms of support. It is about being 'on the spot' and offering basic, human support, giving practical information and showing empathy, concern, respect and confidence in the abilities of the affected person.

When someone is in shock or crisis, or has been feeling stressed for a long time, they can be very vulnerable and easily misunderstand what is being done or said. The person's sense of time might be disturbed, and he or she might have difficulties thinking clearly and behaving the way he or she would normally do. The person might be affected by violent emotions, apathy or a sense of hopelessness.

It is important to show warmth and empathy and to listen, whilst helping to make the surroundings safe, and dealing with practical needs and problems. Gradually the person will get stronger and regain the capacity to think and taking care of themselves and others. This applies for communication in many different settings: in a situation of disaster, in relation to home visits, when giving first aid, through telephone or on-line support, in support groups and other settings.

PSYCHOLOGICAL REACTIONS

TIME

INTENSITY

PSYCHOLOGICAL REACTIONS:

Shock | Crisis reactions: fear, grief, anger, confusion, disbelief

Process of adaptation: letting go of what is lost, learning to live in the changed situation

STRESS | **COPING**

RELEVANT SUPPORT:

Psychological first aid, reception centres, basic physical needs, information, protection, activation, psycho-education, rituals

Community and school-based activities, life skills, vocational training combined with psychosocial support

CARING FOR THE CARERS/TRAINING/PEER SUPPORT

IMMEDIATE STEP BY STEP GUIDE FOR ASSISTANCE

After a crisis event:
- Establish contact with the person by introducing yourself and your assistance.
- If at all possible, remove the person from the stressful situation to a safe place and limit their exposure to sights, sounds or smells.
- Protect them from bystanders and the media.
- Make sure the person is warm enough and offer a blanket if necessary.
- Provide the person with adequate food and fluids but avoid alcohol.
- To leave the person, make sure that someone else stays with them.
- Ask if the person is tired and needs a place to rest and/or a place to go.
- Ask the person what has happened and talk, about their experiences, concerns and feelings. If they do not wish to talk stay with them.
- Reassure them that their reaction is normal and that it would be abnormal not to react.
- Ask the affected person if they have someone to look after them or someone to talk to at home. If not establish contact to significant others.
- Provide factual information about where and how to seek specific resources.

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Four important elements of psychological first aid

1) Stay close. A person in crisis temporarily loses his basic sense of security and trust in the world. All of a sudden the world becomes a dangerous, chaotic and unsafe place to be. Volunteers and staff can help to rebuild trust and security by staying close and not become alarmed by the other person's anxiety or extreme show of emotions.

2) Listen attentively. It is important to take time to listen carefully in order to help someone going through a difficult time. Telling their story will often help people understand, and eventually, accept the event. Make sure to concentrate on what the affected person is saying. Listen without hurrying, asking questions to clarify what the affected person is talking about. Frequent eye contact and body language signals can help underline that you are listening. At the scene of an accident there may not be much time, but it is still important to listen and be there for the person until, e.g. the ambulance personnel take over. For many people, interrupting can seem intrusive, therefore it is important to maintain a balance and listen carefully.

3) Accept feelings. Keep an open mind to what is being said and accept the affected person's interpretation of the events – acknowledge and respect feelings. Do not correct factual information or perceptions of the sequence of events. Be prepared to encounter violent outbursts of feelings; the affected person might even shout or

ICELANDIC RED CROSS

reject help. It is important to be able to see beyond the immediate outward appearance and maintain contact, in case the person needs to talk about what has happened. At the scene of an accident this could mean, for example, moving away slightly, but keeping an eye out for any signs that the person might need help.

4) Provide general care and practical help. When someone is in a crisis situation, it is a great help if another person lends a hand with the practical things. Contacting someone who can be with the affected person; arranging for children to be picked up from kindergarten or school; driving the person home or to the emergency room: This practical help is a means of showing care and compassion. Follow the wishes of the affected person. Avoid taking over more responsibility for the situation than seems appropriate.

SUPPORTIVE COMMUNICATION

Supportive communication can be used in the psychological first aid offered to people in the immediate aftermath of an event. It can also be helpful in the support that people may need later. Some people need to talk things through, a while after having experienced a crisis event. It might feel natural for an affected person to turn to the same helper who was there at the onset of the crisis. When visiting someone to follow up with them or in the course of facilitating activities, supportive communication techniques can help in understanding what they are saying and feeling.

In the following section, some general principles are given for communicating in a supportive way. Active listening and positive feedback are key elements of supportive communication. In longer-term support, this method can also help in decision-making processes.

Guiding principles for supportive communication

A number of elements should be considered when communicating with people affected by crisis. Guiding principles include empathy, respect, genuineness, positive regard, non-judgmental stance, empowerment, practical focus, confidentiality and ethical conduct.

Communicate with empathy, respect and genuineness. Empathy is the ability to see and feel from the another person's point of view and to display personal warmth instead of remaining distanced and mechanical. Respect for the dignity and worth of the

affected person allows the helper to listen and not make assumptions. Being genuine and real is always important, but especially when working with people who may find it difficult to trust others. Being truthful and honest will earn the necessary trust. Anything less can lead to a sense of betrayal.

Demonstrate a sincere, positive regard for the welfare and worthiness of the affected person. If somebody struggles with their sense of worth, positive regard can boost their self-esteem. Furthermore, take a non-judgmental stance. People are often concerned that they will be judged by others and seen as responsible for the crises that happen to them.

When communicating, keep in mind the need to empower the affected person. Helpers are only involved temporarily. It is crucial therefore to leave the person feeling more resilient and resourceful. It is also helpful to have a practical focus about what can and cannot be accomplished.

It is important to maintain confidentiality. This means keeping private those things that are shared by an affected person. Confidentiality promotes trust in the helper and the services provided. Only where there is a risk of harm or ongoing abuse should a decision to disclose information be made.

Finally, behave according to appropriate ethical codes of conduct. These will vary from context to context, but ethical codes of conduct have certain principles in common. Be trustworthy and follow through on words with appropriate action; never take advantage of the relationship with the affected person; respect a person's right to make their own decisions; never exaggerate one's own skills or competence; be aware of one's own prejudices; and be sensitive to the person's questions and needs.

Non-verbal communication

While conversation is often the predominant form of communication, much of a message is passed on non-verbally, through gestures, movements, facial expressions and non-verbal sounds like sighs or gasps. Every culture has its own set of meanings for different gestures and sounds.

The following behaviour generally tends to promote increased trust and communication, although it needs to be adapted to each cultural context. Try to always face the person who is speaking. Display an open posture, keep arms uncrossed, but remem-

LARS MØLLER/ DANISH RED CROSS

ber to keep it natural. Keep an appropriate distance. Proximity reflects interest, but may also communicate intimacy, informality or being pushy. Make frequent eye contact and appear calm and relaxed.

Active listening

Active listening is more than just paying attention to what is being said. It is also important to communicate understanding of what the speaker means.

SUPPORTIVE COMMUNICATION AND ACTIVE LISTENING

In this dialogue, V, a volunteer, talks to A, a distressed woman. The woman witnessed a car accident outside her home in which the driver was badly hurt.

A: Oh, why did it happen? It was so terrible.

V: *From what you say it sounds like it must have been terrible. Am I right?*

A: Yes, it was awful... (begins to cry uncontrollably)…

V: *I see… (V moves a little closer) Would you like to tell me what happened?*

A: I heard the car outside, I ran to the door, and saw what had happened. Oh, it was really horrible... (Cries more quietly now)... There was blood all over….

V: *I would like to hear more about what you did.*

A: I ran to the car, made sure the driver was conscious and then I rushed to call an ambulance. I talked to the driver till the ambulance came.

V: *So first you made sure the driver was alright, then you called for help and finally you stayed with the driver?*

A: Yes, that is what I did.

V: *It sounds as if you reacted quickly, showed good judgement and helped the driver in the best possible way.*

A: (Sighing...) Yes, that is true, but it was shocking.

V: *I can understand how it must have been a great shock to you.*

V: *How are you feeling now?*

A: A little better, thank you. It is still feels unreal, but I am glad the driver survived…

A: Do you think I should go to the hospital and see the driver?

V: *I am not sure I can answer that question for you. Maybe you can tell me more about why you want to go and we can talk about it?*

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Remember, the helper is there to listen. Seek first to understand, then to be understood. Concentrate on what is being said and be an active listener. This includes responding both non-verbally by attending, nodding and affirming, and verbally by giving small comments, such as "I see", "right", "please continue" and "I would like to hear more about that". Find the best method to communicate in a natural way. Using the same terms and words as the person speaking also gives a message of understanding and following their line of argument.

Be aware of your own prejudices or values, as they may distort your understanding of what is being said. Try to listen and look for the feelings and basic assumptions that could lie behind remarks.

Give the person your full attention. Do not think about your own answers while the other person is talking and do not interrupt to correct mistakes or make points. Instead, pause to think before answering. Do not insist on having the last word and try not to draw your own conclusions on behalf of the person speaking.

Giving feedback

People value feedback on what they share. Therefore, giving feedback is a crucial element of supportive communication. Try to speak in a calm, low tone of voice, not to upset the person. Try to describe behaviour observed, as well as the reactions this behaviour caused.

DESCRIBE RATHER THAN INTERPRET ⊗

"I am concerned about you because..."
"I hear you saying…"
"It sounds to me that..."

Be constructive and focus on recent events or actions that can be changed. To support coping, try to give sincere praise whenever possible and focus on responding to what the person is really saying or asking. Do not go off into your own interests or agenda. The conversation is about the person being helped and not about the helper.

It is natural for people to respond to someone in crisis, either with questions to learn more about the situation or with answers and advice. While there is nothing wrong with this approach in general, it is often not the most effective way of communication. Make statements instead.

MAKE STATEMENTS ⊗

"The more you tell me, the better I understand you".
"I would like to know more about that."

This is not to say that one should never ask questions, but it is good to try to develop a variety of ways of communicating a sincere interest in understanding and helping people. When questions are used, they can be divided into open-ended and closed ones.

DIFFERENT TYPES OF QUESTIONS

Open-ended: "How are you feeling today?"
Closed: "Are you feeling better today?"

Open-ended questions can be answered in a variety of ways at varying levels of detail. Closed questions require either a yes/no response or are limited to very few options. Open-ended questions leave more space for the affected person, while closed questions risk guiding the answer. Another way of responding is to address the person's thoughts or feelings.

ADDRESS THE PERSON'S FEELINGS

"You say you're very angry and that this is a burden for you on top of everything else. This sounds like a very difficult situation. I'd really like to hear more about what you are experiencing."

Do not judge. Avoid expressions of approval or disapproval, but confirm understanding.

Rephrase what the person has said every once in a while – this demonstrates that the helper is listening carefully. If the helper's own reactions or feelings about the issue are shared with the affected person, it needs to be done very carefully in order not to give the impression that the helper knows what the other person is feeling. If done with care, it can support the affected person in telling their story and making sense of feelings and the changing situation.

Support in decision-making

When a person is in the middle of a crisis, it is more difficult to think clearly and make decisions. At this point it is often useful to guide the person into not making any life-changing decisions, such as quitting his job or divorcing his spouse, or moving away, but to wait until later. In the middle of a difficult situation, it is better to deal with the here and now.

As time goes by, the person may still be in crisis, but could also begin to need support with decision making and planning the future. Decisions can be about many things and may relate to many different levels, such as how to take medication, how to help a child in difficulties or how to solve a housing problem. Helpers can support people to work through different dilemmas.

Helpers might also have some practical knowledge and information that may help the person they are supporting to take well informed decisions.

As far as possible, share or help seek relevant information but avoid giving outright advice on major life changing decisions. This should be dealt with at a later stage. The role of a helper is one of concern and respect for a person's ability to cope and recover. Through the process the person can gain a clearer sense of their needs and resources for future action.

For instance, if the person asks what they should do, a reply could be: "I am still not sure what your alternatives are. Perhaps you can tell me more about your concerns and

the options available to you." In this way it is possible to guide the person into making his or her own decision.

Helping an affected person to establish control is an important part of face-to-face support, which may guide a person in making decisions. When people are overwhelmed by a situation, they often get locked into thinking about situations where they have no control, and put little energy into areas where they do. A sense of control is essential for being able to see a situation for what it is and processing it appropriately. Getting people to consider options and make a decision or to identify the areas in their life where they do have some control is a way of assisting them.

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STEP-BY-STEP GUIDE FOR DECISION MAKING SUPPORT

1. Set up a physically safe place for conversations. Explain the position and role of the helper: "My name is Jane and I am here to help". Ask the person how he is and what he needs to feel safe and to be able to talk openly.
2. Establish a supportive relationship by telling the person that you understand and will try to help. This is the basis for trust and understanding.
3. Listen to problems and concerns. Get information about the person's situation through asking open-ended questions.
4. Share relevant information.
5. Talk about options for positive change. A person in crisis often sees fewer options than he normally would. Help him regain his ability to consider a number of possible solutions.
6. Discuss possible solutions. By encouraging the affected person to think about their own potential so that they can regain a sense of control.
7. Support the person to recognize that any solution will have some cost and uncertainty – this way the person can stay connected to the situation and to his own limits.
8. Discuss a course of action. It is often the most difficult step for a person in crisis because at this point he is most vulnerable to new disappointments. Thus, he may require extra support.
9. If possible, show continuous care by following up on what has happened. It sends a validating message to the person that he is still important.

TELEPHONE SUPPORT

The advice given here is applicable to providing supportive contact on the phone, working on a hotline or giving on-line support. Bear in mind the need to adjust to the actual situation of the person being provided with support. This will differ from person to person.

On the phone, the entire message is conveyed with the voice, as there is no visual contact. Non-verbal encouragers, such as nodding the head when speaking face to face, can be replaced with a low tone of voice, a slower pace of speech, and using clear, uncomplicated language. Do not interrupt unless absolutely necessary, and remember not to start arguing with the caller.

There are times when a person looking for support or assistance is frustrated or angry and you get the brunt of these emotions. Here are a few suggestions for dealing with a difficult call:

- Pause and take a slow, deep breath.
- Listen for what is really affecting the caller.
- Acknowledge the emotions you are hearing – do not be intimidated by anger or hostility.
- Lower your voice and speak slowly and clearly.
- Clarify your role as a supporter.
- Ignore personal comments and focus on any assistance you can offer.
- Keep your comments clear, simple and positive.
- Avoid making judgments about what the caller is saying, as they are responding to the situation as they see it at that point in time.
- Do not expect high levels of logic from the caller.
- When you have finished the call, contact one of the team members and talk things through.

STEP-BY-STEP GUIDE FOR TELEPHONE SUPPORT

1. State your position and role. Especially when initiating the phone contact, be very clear in conveying the role of the helper and purpose of the call.
2. Assist the caller to establish a sense of control. Encourage the caller not just to focus on negatives.
3. Remember not to offer assistance that cannot be provided.
4. Make a referral if the situation is beyond your ability as a helper or when there is a concern about the caller's wellbeing.
5. Put limits on the length of the call. You should also close a conversation when it seems to be going nowhere or the caller is repeating points already made. Here it helps to:
   a. summarize the information shared
   b. acknowledge the other person's situation
   c. attempt to reach an agreement on what will happen next. Suggest options and encourage decision-making

SUPPORT GROUPS

Sometimes groups of people with similar problems or life situations – for instance, people living with HIV and AIDS, or people who have lost family members in an earthquake, benefit from meeting together. In such situations, establishing a support group might be an effective way of empowering participants, helping them to support one another and learning that they can make a difference to the group members. It is however important that support groups are not used to replace professional help when that is needed.

An experienced volunteer who has received basic training in psychosocial support can facilitate support groups. Very often people who have learned to cope with a certain problem can become good role models and

WHEN MY HUSBAND LEFT Ⓧ

When my husband found out that I was living with HIV, he left me. I now live alone with my three kids and my disabled brother. We live on his pension. Life is very difficult and we seldom have enough to eat. I have to struggle all the time. When I meet with my group, we discuss our medication, our health situation and all the hardship that we are going through. We cry and we laugh. In the beginning the group was led by a person from the organization from 'People living with HIV and AIDS.' But after meeting six times we took over and now run the meetings ourselves. When I go home after the meetings, I feel as though a heavy burden has been lifted from my shoulders.

AFTER THE TSUNAMI Ⓧ

After the Indian Ocean tsunami, people who lost their relatives began meeting on a regular basis. They met for two years and some of them are still seeing each other and have become close friends. Group members suffered terribly and many of them got extra professional help. When the groups finally ended, everyone was on the road to recovery. Staff members led these groups.

ADREES LATIF

are good facilitators when starting a group. The idea is that over time, the group should be self-sustaining.

Sometimes group members can be experiencing such severe problems and so much pain, that they will not be able to take over group facilitation themselves. In these circumstances, the group should be facilitated by professional helpers or by volunteers with additional training. If, as a staff member or volunteer, you are asked to facilitate a support group, your manager should know if you need more training in preparation for this role.

CHILDREN

- Children's safety and well-being
- Violence and abuse against children
- Children's reactions to stressful events
- How children cope
- How to help a child

Children are extremely vulnerable when involved in crisis events such as natural disasters, armed conflict, health emergencies, as well as accidents or affected by sudden death. Children need strong coping mechanisms to prevent long tem psycho social distress arising from crisis events.

Being in danger of losing your life is extremely stressful to children and can provoke strong reactions. What is often overlooked however in situations of crisis when communities and families break down and cohesion is lost, the number of incidents where children are subject to violence, sexual abuse and kidnapping increases enormously. This is a topic that will be highlighted alongside others in this module.

CHILDREN'S SAFETY AND WELL-BEING

When a family loses property and livelihood, or if there is shortage of food, or loved ones die or bombs fall, children have a hard time understanding what is happening and why. Dramatic changes like these shatter everyday life and children as well as adults are of course affected.

CHILD
The word "child" refers to every person below the age of 18 years unless, under the national law applicable to the child, adult age is reached earlier. The International Convention on the Rights of the Child states that children have a right to safety, security and protection.

The psychosocial well-being of children is closely related to feelings of trust and safety. The family environment is extremely important for the child's well-being. A child's safety and well-being is threatened when there is a parental conflict, when a child is exposed to violence or experiences parental illness (mental or physical, substance abuse etc.) or extreme parental stress or anxiety. A child's feelings of trust and safety are also compromised, when he or she is subject to child abuse (physical, sexual, verbal or emotional abuse or neglect) or where parenting styles place the child at risk e.g. by being over-protective, being too lenient or too strict, or burdening the child with excessive responsibility.

Children are more vulnerable to abuses of power than adults due to their age, size, lack of maturity, lack of experience and limited knowledge. Children therefore need protection on many fronts, from physical, sexual and emotional abuse and violence, trafficking and sexual exploitation, unlawful recruitment and use by fighting forces, family separation, abduction and forced confinement.

Violence against children can occur in many settings: homes, schools, orphanages, religious institutions, prisons, hospitals, refugee camps. When an armed conflict or a disaster occurs, children are at increased risk of being subjected to violence from family and community members, as well as from outsiders. It is important to understand these special risks for children that compromise their psychosocial well-being.

Children's safety in crisis situations

In all phases of a crisis situation, children are particularly vulnerable. In the chaos that follows, children may be lost and separated, moved from family to family or hospital to hospital, placing them at much greater risk to abuse of all kinds. Risk factors may vary during the various phases with the violence taking many forms:

PHASE	RISK FACTORS	TYPES OF VIOLENCE
Pre-crisis	Child may be seen 'as different' Stress in the family Protective system lacking in community Violence is tolerated	Emotional abuse Physical abuse and corporal punishment Family violence Sexual abuse including rape
During crisis	Chaotic environment Breakdown of family and social support Increased family stress Increase in separation and death Power imbalances	Sexual assault including mass rape Abduction for labour and/or sex Family violence Sexual exploitation
During relief	Increased presence of strangers, including aid workers High stress in family and community Lack of protective systems Limited access to resources Power imbalances	Sexual abuse in transit facilities, displacement camps, communities Sexual abuse when collecting wood or water Sexual exploitation in exchange for food, resources, transit or safety Terrorizing and isolation Physical abuse: assault, burns Family violence
During recovery	Power imbalances Competition for resources Lack of livelihoods Despair and frustration	Sexual abuse against returnees as form of retribution Sexual exploitation for legal status, return of property, access to resources Sexual exploitation for livelihoods Physical abuse Rejection, degrading, terrorizing and isolation
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Children with special vulnerabilities

Although all children live with some risk of experiencing violence and other threats, some children are at higher risk than others and are in special need of protection and advocacy. These include unaccompanied children, children with disabilities, children living in institutions (see box for further examples). Vulnerable children may need to be a special focus for programme development for a period of time, but care is needed not to reinforce stigma or difference.

PARTICULARLY VULNERABLE CHILDREN

Unaccompanied, separated or orphaned children
Children in institutions
Children with disabilities or special needs
Marginalized children
Children in emergency settings
Child mothers
Adolescents
Child-headed households

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VIOLENCE AND ABUSE AGAINST CHILDREN

Child abuse is any form of physical, sexual or emotional mistreatment or lack of care that causes harm to a child. Different types of child abuse include: family violence, emotional abuse, physical abuse, neglect and sexual abuse. Abused children most often experience a combination of different forms of abuse and neglect. Violence against girls and boys is a widespread problem. It is present among all ethnic groups and all communities. Incidents of violence and abuse increase after disasters and situations of armed conflict.

Family violence is any action that causes physical, sexual or emotional harm to another person in the family, including hitting, humiliating, or isolating someone. Alcoholism, substance abuse, aggressive behaviour and a belief that violence is an acceptable way to relieve stress all contribute to increasing the risk of family violence. Children who witness violence between family members learn that violence is acceptable and that hitting someone smaller and weaker can be tolerated. This can lead to bullying among children.

Emotional abuse consists of constant attacks on a child's self-esteem. It is psychologically destructive behaviour by a person in a position of power, authority or trust. While physical scars may heal, emotional hurt may continue to cause pain long after the abuse. Emotional abuse may be about rejecting or ignoring – refusing to acknowledge, hear or support a child or to deprive a child of essential emotional needs. It can also be degrading

the child through insults, criticism, mockery, imitation or name calling. Isolating a child from others and cutting him or her off from normal social experiences is also emotional abuse. Another form is to terrorize (coerce or intimidate a child into extreme fear) or to corrupt through constantly displaying or encouraging anti-social, harmful or illegal behaviour.

Physical abuse occurs when a person in a position of power or trust purposefully injures or threatens to injure a child, for example through hitting, shaking, burning, slapping, or kicking. Physical abuse is usually con-

nected to physical punishment and may be confused with physical discipline.

Children who experience normal accidents in everyday activity often get bruises or wounds in areas such as the forehead, knees and elbows. Children who are physically abused often have bruises and cuts in unusual or unexpected areas, such as their back, face and side of head, buttocks, upper thighs, lower legs, and lower abdomen.

One suspicious bruise does not necessarily mean abuse is occurring but a pattern of suspicious bruising can indicate abuse.
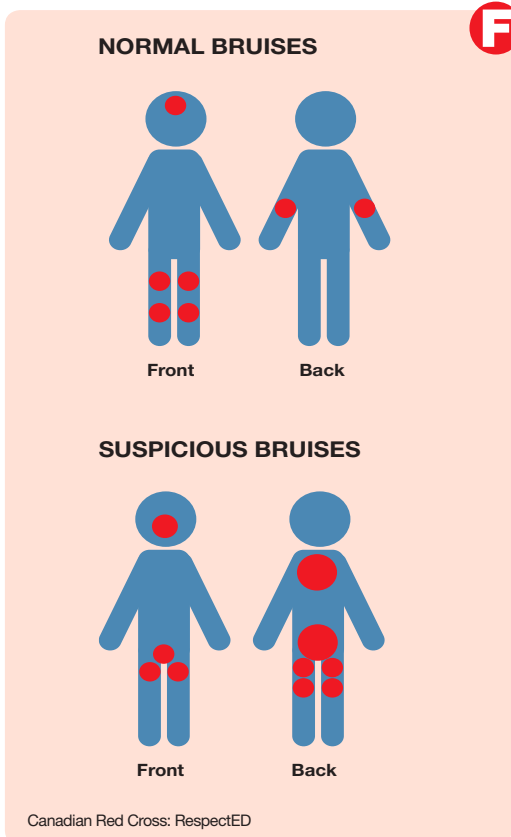
Neglect is the conscious failure to meet children's basic needs such as shelter, nutritious food, adequate clothing, education, medical care, rest, safe environment, exercise, supervision, and affection or care. The need for healthy, caring attention begins before birth and lasts until a child becomes an adult. Denying children their basic physical and emotional needs at any stage of childhood can have strong negative impacts, including poor development, poor health and even death.

Sexual abuse occurs when an older or more powerful child, adolescent or adult uses a younger or less powerful person for sexual purposes. Children and youth are unable to give consent to a sexual act with an adult because they do not have equal power or equal knowledge. Sexual abuse betrays trust; it robs children of their childhood. When the perpetrator profits economically or socially from the abuse, it is called sexual exploitation. Child sexual abuse falls under two categories: contact and non-contact.

NORMAL BRUISES

Front   Back

SUSPICIOUS BRUISES

Front   Back

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SEXUAL ABUSE

Sexual abuse through contact:
Touching the child's sexual areas
Forcing the child to touch another's sexual areas
Holding or embracing the child in a sexual manner
Having sex vaginally, anally or orally
Torturing the child sexually
Using objects to sexually penetrate a child's body

Sexual abuse through non-contact:
Showing the child pornography
Forcing the child to watch sexual acts, listen to sexual talk, or look at the sexual body parts of another person
Forcing the child to pose for seductive or sexual photos or videos
Teasing about sexual body parts
Making the child the object of unwanted watching
Subjecting the child to intrusive questions or comments

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Impact of violence and abuse

Perpetrators of abuse are most often somebody the child trusts and knows, and it is common that children protect them and struggle to keep the abuse a secret. In many cases nobody intervenes, with the result that the child remains dependent on the person hurting him or her.

Children may not talk about the abuse because they might be frightened or try to pretend it is not happening. They may be taught that abuse is normal, or they may be in denial. When a child still likes or loves the person who is hurting them, this might also make it more difficult to tell. She or he might think it is their own fault, and therefore not want to tell or be embarrassed and ashamed. Children might also fear that they will break up the family or get into trouble. They may not realize what is happening is wrong or they may simply not know who to tell.

If abuse is revealed, whether accidentally or deliberately, it usually releases strong emotions – relief, but also guilt and fear and perhaps a sense of chaos, because someone else has found out about the secret. The response needs to be handled sensitively.

CHILDREN'S REACTIONS TO STRESSFUL EVENTS

Children's ways of reacting to harmful or stressful events are often different from those of adults. These differences need to be recognized and taken into account when providing assistance to children.

Children have the same emotions as adults, but may express them differently. Reactions depend on their developmental stage. Children may experience strong visual images of the events, display repetitive behaviour which may be re-enacted through play or have trauma-related fears and changed attitudes towards people and life.

Negative fears about the future are very common among children after having experienced a distressing event. Recovery means regaining trust in self and others and that takes time. Because children have different behavioural, social, and conceptual skills at different developmental levels and ages, they display different signs and symptoms of

TYPICAL STRESS REACTIONS RELATED TO DIFFERENT AGE GROUPS

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Birth to 2 years:
Even though small children do not have words to describe the event or their feelings, they can retain memories of particular sights, sounds or smells. They may cry more than usual, be clingy, irritable, passive or emotional.

2 to 6 years
Pre-school children often feel helpless and powerless after a crisis. They typically fear being separated from parents and return to earlier behaviour like thumb sucking, bedwetting or fear of darkness. Play activities may involve aspects of the event that has been experienced, where the child enacts the event over and over again. When these methods fail, young children turn to denial and withdrawal. They may become silent (mute) or avoid playmates and adults, seeking comfort through illness or tiredness.

6 to 10 years
The school-age child is able to understand more complicated issues. This can result in a wide range of reactions, such as guilt, feelings of failure or anger that the event was not prevented, or fantasies of playing rescuer. Their behaviour may appear moody as they attempt to deal with increasing feelings of inadequacy and the need to establish control. Some children want to talk about the event continually.

School-age
Children usually show a decline in performance in school and work tasks, or they become perfectionists, trying harder and harder to be perfect in order to avoid the previous consequences.

11 to 18 years
Adolescents may show responses similar to those of adults. Isolation, irritation, rejection of rules and aggressive behaviour is common. Some teenagers may become involved in dangerous, risk-taking behaviour, such as reckless driving, alcohol or drug abuse, self-harm and may develop eating disorders. Others become fearful.

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distress at different developmental stages. In a stressful situation, children tend to look towards their caregivers for guidance about how to react. Younger children in particular look to parents and other family members for clues. Caregivers are children's main resource of security and therefore, in the aftermath of crisis, children need the continuous guidance and care of their caregivers. They are often only doing as well as their parents. In such situations, one of the best ways to help a child is through helping the parent.

CHILDREN'S REACTIONS TO VIOLENCE AND ABUSE

Children may react in different ways to child abuse. Each child is unique and each form of violence can impact a child in a unique way, but some common physical indicators of abuse and neglect are bedwetting, hurting oneself, problems with speech e.g. stuttering, poor physical development, poor health, eating disorders or physical injuries.

There can also be behavioural signs, which include low self-esteem, sleep disorders, problematic behaviour e.g. lying, stealing, aggression or extremes of behaviour, such as being extremely compliant, passive or extremely demanding. Other signs of behavioural change are withdrawal, depression, lack of trust or sexualized behaviour.

A child may often also display emotional signs such as a sense of powerlessness, betrayal or despair, sadness, shame, isolation, anger, worry or stigmatization. Furthermore, children who have experienced abuse from a caregiver tend to have ambivalent emotions towards this person. This means that

anger and an urge for revenge as well as a feeling of love and loyalty for the perpetrator may be present at the same time. It may be more difficult for the child to express his or her feelings of anger, compared to when the perpetrator is a stranger.

A child's ability to engage in trusting relationships may be seriously damaged, having been the subject of abuse. Much sensitivity and patience will be needed to help such children to bond again with trustworthy and responsible adults.

CHILDREN'S GRIEF REACTIONS

Children have a limited understanding of death as something irreversible, universal and inevitable, but they show clear signs of grief at a very young age. When babies become conscious of the separate existence of another person at about 6 to 8 months of age, they begin to show clear signs of grief, when separated from the caregiver for a sustained period of time, e.g. looking for the caregiver, exhibiting despair or resignation. Babies younger than 6 to 8 months may not show grief, but they may show other signs of distress such as irritability, sleeping or eating disorders. They may not specifically look out for the person who has died, but they may show stress reactions when common routines with their caregivers are suddenly disrupted.

Children have the same type of emotional reactions to loss as adults, such as shock, anger, sadness, guilt, anxiety, fear, etc. Nevertheless, from an adult's point of view, children's grief reactions may sometimes look strange. Different from the grief of adults, children's grief is abrupt and not continu-

ous. Children may switch abruptly from intense grief reactions to play and having fun. Young children often cannot verbalize their grief. It is more common for them to express their feelings through behaviour and play.

After a stressful experience, children often behave aggressively towards caregivers or other children, whilst at the same time clinging to their caregivers and showing signs of separation anxiety. Often they react by behaving like a much younger child, e.g. bedwetting, sucking their thumb, not being able to sleep alone. This behaviour shows the child's loss of trust and her or his need for regaining trust in others. Stable and secure relationships are thus the most important resource for a child.

Younger children, in contrast to adolescents and adults, may not find relief in talking to other children about their loss. School-aged children, especially, often do not want to be different from others and might behave as if nothing has happened. They might not want teachers or other caregivers to talk openly

SEPARATION ANXIETY **F**

A psychological reaction in which a child shows excessive anxiety when separated from parents or other significant caregivers.

about what has happened in front of their classmates or playmates. Sometimes they avoid contact with other children who have experienced the same or similar stressful events.

Some children will be withdrawn and unable to talk about the event or will suffer periods of denial, acting as if the event has not occurred. Others will not be able to stop talking about the event or playing parts of the stressful experience over and over again. Children are often confused about the facts and their feelings and might need help in understanding. Stressful events disrupt their beliefs in a trustworthy and predictable environment and children might need some time in order to regain this trust. However, with adequate support most children will be able to continue their development in a healthy and positive way.

HOW CHILDREN COPE

How children cope and how resilient they are depends on a range of factors such as their age, gender, their social supports and life circumstances, as well as the nature of the crisis situation, its severity and its duration.

Protective factors

Protective factors in children's lives help alter or reverse expected negative outcomes of adverse situations. This means that children

A CHILD'S GRIEF **X**

Pedro, an eight-year-old boy, who lost his mother in a car accident, attends her funeral. He is standing beside the grave crying very intensely, when suddenly a small cat appears. Immediately he stops his crying and begins to play with the cat while the funeral goes on. After everybody has gone, Pedro sits down at the grave and reads a bedtime story to his mother. He refuses to leave the graveyard until his uncle suggests that they can go and get a big candle to put on the grave.

are not necessarily harmed by difficult life circumstances.

Individual characteristics such as self-esteem, having healthy interpersonal communication skills and positive relationships with caring adults are all protective factors for children. If the family environment provides affection, love, care, support, positive interactions, discipline, fairness and positive role models, this also constitutes a protective factor for children.

Friends constitute another protective factor for a child. Through friends the child gets support, role models, fun and acceptance.

A positive school experience is also protective of children. Supportive teachers and mentors are vital to children's well-being, as well as to their sense of achievement, confidence and the skills that children may gain from school attendance. Leisure time and opportunities for meaningful activities are also important.

Finally, a healthy community plays a crucial role in providing acceptance and protection and in promoting growth and development through the participation of children as valued members.

HOW TO HELP CHILDREN

The principle of the 'best interests of the child' should be applied in all programmes and services concerning with children. This means that the primary consideration of any activity should be its impact on the well-being of any child involved.

DANIEL CIMA/AMERICAN RED CROSS

General child protection measures

In crisis situations, as well as in many other problematic situations where all children are vulnerable, special attention should always be given to this group.

Certain measures will help protect children in the course of working in crisis events:

- Register all children up to 1 8 years of age.
- Document key information about children, such as family details; contact details of parent/s or guardian if any; health status; school attendance; and any other special notes about the child and keep it in a safe place.
- Be aware of all adults who are interacting with children, especially those children who are unaccompanied by adults.
- Ensure that all workers are officially approved.
- Alert the person in charge if there are any concerns about children's welfare.
- Believe children if they say they are feeling unsafe or have worries about specific

UNACCOMPANIED AND SEPARATED CHILDREN

Unaccompanied children are those who have been separated from parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children are children who have been separated from parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives.

people; remember that children's safety is the priority.
- Support each child as they deal with loss and bereavement.
- Provide safe accommodation for unaccompanied children, by linking with a family approved by a Red Cross Red Crescent National Society, another organisation or an orphanage.
- Prioritize family reunification for children who are separated from their families.

Provide information to children

Children caught up in crisis events need information. They need to know what has happened and why, in order to rebuild understandings about the world and themselves. Often, family members have the difficult task of talking to children about death and hardship. They may worry that they will make things worse. This is not unreasonable. Confronting a child with too many facts may be problematic. Especially when the child has been the victim of violence or sexual abuse, confrontation may be very harmful.

However, problems may also arise if questions are not answered clearly. If things are left vague or indeed are not explained at all, then the child may lose trust in the adult and become silent or withdrawn.

Encourage caregivers to talk to children about what has happened, if the children

EXPLANATIONS ARE NOT ALWAYS HELPFUL FOR CHILDREN

Care must be taken when communicating to children after the loss of someone close to them.

Be careful with the following explanations:
"Grandmother will sleep in peace forever." This explanation may result in a child becoming frightened of going to bed or to sleep.
"Daddy has gone away for a while, but will come back soon." Eventually the child will realize daddy is not coming back and might get anxious and wonder why.
"God took auntie because she was such a good person." The child might worry that other good people will also be taken away.
"This happened because it was God's will." The child might wonder why God wants bad things to happen.
"This was a punishment from God." The child might fear God and be overly anxious every time she does something wrong.
"Sister died because she was sick and went to the hospital." The child may be worried every time someone gets sick, especially if someone has to be taken to the hospital.

LESLIE OTTO GREBSTI/DANISH RED CROSS

actively seek information. At the same time, advise caregivers to be very careful not to overwhelm children with information they have not asked for. Advise them to encourage the child to ask questions and let the child's questions be the guide. An environment should be established where the child feels safe enough to express his or her feelings.

It is important to give the child age-appropriate, but honest explanations and reassurances about loss. If possible, the child should be reassured that the family/group/community members will stay together and help each other to overcome the loss.

Observe the child

In order to recognize distress in children, we need to listen to them and observe their behaviour.

Compare the child's behaviour to that of other children in the same setting:
- Is it the same as the behaviour of other children?

Observe the child at play:
- Does the child play in a way that is typical for their age?
- Does the child show a lot of anger, frustration, fear?
- Does a child begin to wet the bed again at night?
- Does the child cry a lot and cling to people?
- Is the child withdrawn or aggressive?

Talk to the child about everyday things and observe how the child responds:
- Does the child listen and understand?
- Does the child's understanding seem satisfactory for their age?
- Does the child appear upset and confused?
- Is he or she able to concentrate or respond to questions?

DETAILS THAT MATTER
Veenu and her friend, both 7 years old, were victims of a hostage-taking. After this experience they do not want to go to school alone any more. The parents in the neighbourhood take turns accompanying the children to school. Every caregiver is accepted by the girls except one of the fathers. Listening to the children talk about their fears, the volunteers realized that this father used to walk behind the girls, which reminded them of the hostage-taking situation. After suggesting he walk in front of the girls, the problem disappeared.

Talk with parents and other adults who know the child:
- Is the child behaving differently in any way?
- Has the child's personality, behaviour or outlook on life changed greatly?
- Do the adults think the child needs help?

Supportive communication

When children experience stress in some way, they tend to become more vulnerable and may start behaving more aggressively or cling to their caregivers. Adults can tend to communicate with children in critical, negative tones. This approach will not help in establishing effective two-way communication between adults and children. Instead of responding to children as if they were being naughty or irritating, it is important to support them and focus on strengthening their self-esteem.

Supportive communication is the key to opening doors to the child and strengthening relationships. A child who feels understood and supported tends to be more secure, confident and have a stronger sense of self-esteem – all of which are qualities that will help throughout life.

Supportive communication is just as effective and important with teenagers and children, as it is with adults. If an adult listens to a child carefully and non-judgementally, this will support the recovery and growth of the child. Supportive communication with children includes acknowledging their feelings about a situation; taking one's time when responding and really hearing the whole

SUPPORTIVE COMMUNICATION WITH CHILDREN

(F)

BE POSITIVE
DO NOT use negative phrasing such as:
"You are not good at…",
"You always fail at…"
DO use positive supportive phrasing such as:
"You are good at many different things…"
"I can see you have done your best…"

GIVE CLEAR AND POSITIVE INSTRUCTIONS
DO NOT use 'do not…' all the time.
DO NOT expect children to know how to do things on their own.
DO use 'do…' a lot more, and explain things simply and carefully to enable realistic expectations of both you and the child.

SHOW RESPECT
DO NOT put a child down verbally, shout or verbally abuse a child.
DO NOT assume you know a child's opinion.
DO NOT underestimate a child's intelligence.
DO encourage and support a child's efforts, speak respectfully as you do to others – say 'please' and 'thank you'.
DO listen to the child attentively and look at the child when he or she is talking and pay attention.

story. It also means not interrogating. Communicate at the child's own level, and gently encourage them to talk about their stress at their own pace.

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Children differ from adults in the ways of they cope with their fears. It is therefore crucial to first understand the child's point of view. Create opportunities for children to express themselves. Explain that their reactions are normal and understandable under the given circumstances. Do not make false promises; do not ask children to forget what happened or not to talk about their experience, but encourage questions. Children often have many questions that they may need to ask again and again. This requires patience and continued encouragement.

Helpers and caregivers, as well as other adults, are significant people for the children they contact. When shown kindness and respect, the self-esteem and confidence of the child is boosted.

Provide extra care and maintain routines

In the aftermath of a crisis event, children need increased care-giving in order to regain trust. Caregivers should allow children to be more dependent on them for a period of time. Where this is possible, this may involve more physical contact than usual, not sleeping alone, having the light on, etc. It is important to give children time and opportunity to grieve and recover. Even regressive behaviour might need to be temporarily supported.

Caregivers should be encouraged to maintain familiar daily routines in and around the home as close to normal as possible, as this will give children a feeling of security and control. Encourage families to continue

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REGRESSION
Reverting, going backwards. The opposite of progression. The term can be used to explain what happens when an child returns to behaviour more common to younger children, for example when a 12-year-old starts sucking her thumb or wetting the bed at night.

their children's schooling. Attendance at school and playing with other children helps them to continue with the familiar aspects of their life.

Support the child in mourning
If a child is in mourning for someone who has died, it may be important to talk to the child about the deceased person and help the child remember. It is very important to observe the child's reactions carefully and provide relevant support. At times the child may need personal space for quiet reflection and thought.

Since cultures differ greatly in how to mourn, it is important to understand the families' beliefs about the nature of death and the rituals that surround it. Children ab-

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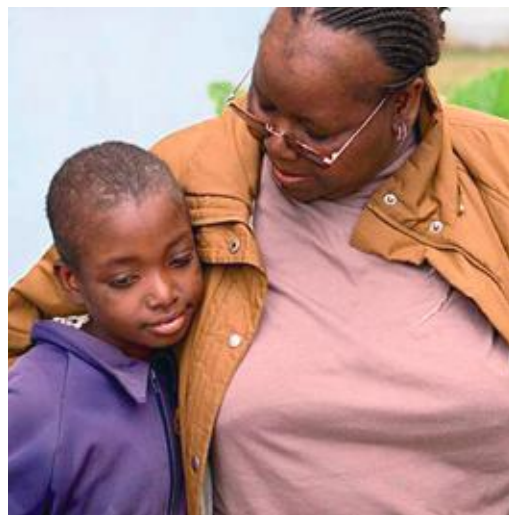
sorb and interpret the beliefs of their families and sometimes find their own answers to things that are difficult to understand.

In every culture, rituals are a very important part of mourning. They provide a process of saying good-bye to the deceased person. They also signal when it is time to go on with life. For children simple rituals may be a great help to cope with events, and children often invent their own rituals. Participating in adult rituals is also important for children.

Memorials and anniversaries show that remembrance is an important task in the process of mourning. Children often need assistance with this task. Help them to mark the day. Tell them that when a person has died, it is important to remember this person together with other people. Encourage them to have their own memories of the deceased person.

WAYS TO MOURN (X)

Birsen, a 10-year-old girl whose father committed suicide did not attend the funeral. Several days later she writes a letter to her father and goes to the graveyard in order to bury the letter in her father's grave.

Miguel, a 16 year old, spits from a very high bridge for a deceased friend whose wish had been to do this before he died. Rituals help to "keep contact" with the image of the deceased person as well as cope with guilt feelings. Something can be done for the deceased person, such as fulfilling a task he or she has not been able to fulfil in his life.

MEMORY BOX (F)

Memory boxes help children to remember someone who has died in a positive way. Things that once belonged to that person e.g. letters, photos, can be put in the memory box. Tell the child that sometimes remembrance is painful. The memory box can be put away after a time, but should be available when needed. Adolescents may also like to use memory boxes or other means of remembrance.

TOMAS BERTELSEN/DANISH RED CROSS

Encourage children to play

In dealing with bereaved children or children who have been through traumatic experiences, adults sometimes forget that children need to have fun and be happy. In order to recover, children need to take time to do other activities – to take a break from thinking about difficult or very sad things. They need be happy and laugh, and to be assured that it is okay to feel good. Opportunities to play help the child to experience positive emotions and return to normality. Help them to have fun and feel good as often as possible, but let them lead you in how and when this can happen. Show affection and assure them that they are still loved.

Let the child be active and participate

After stressful events children may feel especially helpless and vulnerable. The experience of being allowed to actively engage in the rebuilding process and to take decisions is very important for the child to regain self esteem and a feeling of control. Therefore adults should provide opportunities for children to actively structure their own environment, express their feelings and take their own decisions wherever this is possible.

The re-activation of stressful experiences in play and drawing: Complete the course of action

Stressful experiences are sometimes re-experienced during play. This kind of play is different from other play situations. Normal play makes the child feel good, has a clear beginning and end and helps the child to better understand the world and themselves.

The reactivation of stressful events, on the other hand, often abruptly interrupts normal play, is repeated over and over, is not brought to an end and does not make the child feel good. It is important not to encourage nor to forbid this kind of play, but to help the child gain distance by changing the game. This should be done together with the child in a sensitive way, by completing the course of action together with the child or by trying to find a different ending.

It is very important to encourage children, for example, to play or draw the rescue, the rebuilding of houses – whatever they imagine – in order that they are not left alone with their feelings of distress. In this way,

WITH DIFFERENT EYES

The project "With Different Eyes" which was conducted in Bam, Iran, after the earthquake is a very good example of children regaining self-esteem and a feeling of control.

55 children participated in a photography workshop where they had the opportunity to demonstrate their perspectives of and feelings about the disaster. Their photos and words were published in a book.

HEMAYATE RAVANY

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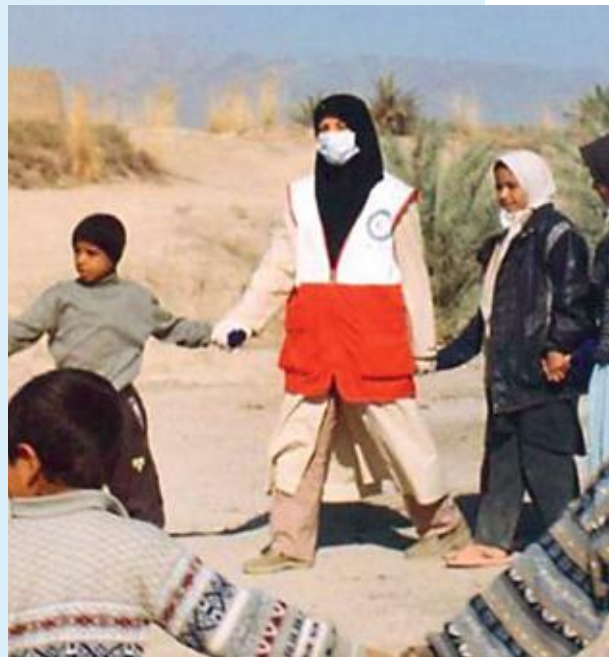
drawing or playing becomes a tool, helping the child to integrate the stressful experience into his or her new view of the world and the self. When this works well, this new view becomes one of a secure and trustworthy world in which bad experiences may be overcome with the help of others.

COMPLETING THE COURSE OF ACTION Ⓧ

Ada, 4, draws the flood and how people and animals drowned. She seems to be very distressed while doing so. After being encouraged to draw the rescue and the rebuilding of houses, she relaxes and starts to draw a smiling sun in the sky and people busy building a new house.

Refer if necessary

Children's reactions to death and other crisis events may vary greatly depending on the context, age and personality of the child. Sometimes it will be necessary to find professional help for a child. Children who already have been emotionally disturbed before the event, for example a child who has been bullied in school or who is developmentally disabled, as well as children who appear to be 'frozen' or in a state of shock immediately after a crisis event, may be especially at risk.

A child should show some signs of improvement around one month after a crisis event. After six months, the child should certainly have returned to a more normal pattern of activities. However, in ongoing crisis situations, children cannot be expected to return to normal routines and behaviours. In these circumstances, be sure to compare the child to others in the same situation. If there are any doubts about the recovery of a child, talk to your supervisor and decide on the course of action. This may include seeking further advice from or sharing information with relevant individuals or organisations.

If a child changes significantly, showing no signs of improvement, seek professional help. Some signs of significant change are:
- Emotional: continuous sadness, talking about ending his or her life
- Physical: weight gain or loss, headaches, nausea
- Psychological: nightmares, anxiety, difficulties learning or concentrating
- Behavioural: dangerous or risk-taking behaviour, alcohol or drug use, hyperactivity or passivity, withdrawal from social activities or play.

JAKOB DALL/ DANISH RED CROSS

ACT if abuse is suspected

In most countries, child abuse is formally against the law. The Convention on the Rights of the Child states in Article 19 that children must be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, mal-treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

If child abuse is known or reasonably suspected, concerns should be reported to supervisors, human resources or senior leadership within the Red Cross Red Crescent National Society or other organisations. Social services or police forces may also be contacted.

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WHEN ABUSE IS SUSPECTED OR DISCLOSED, WE MUST ACT

A: Acknowledge the child's situation and feelings
Access support and help: report
C: Carefully listen to what the child says
Comfort the child; ensure the child is safe
T: Take notes: document what the child says and what is observed

Canadian Red Cross: RespectED

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DO'S AND DON'TS OF HELPING CHILDREN WHO HAVE BEEN ABUSED

DO
• Ask general, open-ended questions: "Do you want to tell me about that?"
• State observations: "I see you have bruises on your legs."
• Validate feelings: "I see that you are upset."
• Express concern: "I need to know that you are safe; let's try to get some help."

DO NOT
• Ask leading questions like, "When, why, where, how did this happen? Who did this to you?"
• Draw conclusions like, "Have you been beaten?"
• Analyze through remarks like, "You must hate your father for doing that!"
• Make promises such as "Everything will be alright if you report."

Canadian Red Cross: RespectED

Children's reactions to violence and abuse differ according to age, gender and culture, but all children who are abused suffer. They are left with emotional hurt, shame and often self-blame. Children need to know that abuse is never their fault.

SUPPORTING VOLUNTEERS AND STAFF

LEARNING POINTS
- Specific causes of stress for humanitarian volunteers and staff
- Signs of burnout
- Care for volunteers and staff
- Peer support
- How to care for yourself

It is widely recognized that volunteers and staff are vulnerable to stress by virtue of the work that they do and the circumstances in which they do it.

This module looks at:
- Causes of stress for staff and volunteers working in difficult situations
- How to recognize the signs of stress
- Ways in which colleagues and management can contribute to the psychosocial well-being of staff and volunteers
- How everyone can do self-care and prevent burnout.

STRESS IN VOLUNTEERS AND STAFF
The traditional heroic role of Red Cross Red Crescent staff and volunteers includes expectations that they are selfless, tireless, and somehow superhuman. Staff and volunteers might therefore often leave their jobs with a feeling of not having done enough. The needs they face can be overwhelming and by far exceed the capacity to offer assistance. A staff member might be troubled by the tormenting stories of disaster survivors. First aid volunteers may feel guilt at the death of someone they have taken care of. Volunteers in HIV and AIDS programmes may feel despair, faced with the repetitive cycle of death. Staff and volunteers must cope with their own fears of death and suffering, as they assist others. This is a situation that they share with other helpers, such as doctors, nurses, social workers, rescue workers etc.

Staff and volunteers are often poorly prepared for their own emotional reactions to the impact of their experiences, when providing care and relief to others. Their own situation and problems are pushed into the background, but their needs and reactions must be addressed at some point. They too benefit from support that reduces the likelihood of developing stress-related problems. Most people tend to be fairly resilient and are able to cope with stressful events and get on with their lives. Some people, however, become overwhelmed by stress and exhaust their resources. This can happen because of excessive demands or an accumulation of demands, both inside and outside of their work environment.

CAUSES OF STRESS IN VOLUNTEERS AND STAFF

Contrary to what many people think, it is often not violent or extreme experiences in themselves that cause stress in staff and volunteers. Often, those who act as helpers find meaning in their tasks and through this they are able to cope with the situations they are exposed to. Stress reactions of staff and volunteers are instead often caused by working conditions and organizational arrangements.

Work conditions that cause stress include an unclear or non-existent job description, poor preparation and briefing, or lack of boundaries for work. If there is inconsistent or inadequate supervision this will add to the stress, or if the staff member or volunteer feels unsupported at their workplace. Very often staff and volunteers may also be personally affected by the situation they are working in. Relatives may have been lost, for example, or property destroyed.

Harsh working conditions related to the nature of the event can of course also cause stress, such as physically difficult, exhausting, and dangerous tasks. If helpers become part of a collective crisis, or if they face moral and ethical dilemmas, this can also lead to stress. If the work situation remains the same, and volunteers or staff members face prolonged exposure to a disaster situation where they are detached from home or family, it might become increasingly difficult to handle the stress. In some cases, the volunteer or staff member may also start feeling inadequate in dealing with the task.

DIFFICULT WORKING CONDITIONS

Matthew had been assigned to lead a group of workers doing reconstruction work on schools and health clinics, after a hurricane had raged in the landscape. The weather was hot and humid. Everybody slept together in large tents. To save energy, Matthew's boss had decided that the air conditioner should be turned off at night. Matthew, who was used to a colder climate and to having a room of his own, slept very badly. After a couple of weeks Matthew, who was normally known as a mild-tempered, relaxed guy, found himself yelling at his workers even for minor mistakes.

NEJATO EMDAD AZZIRE AVAR

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If left unaddressed, these stress factors are likely to affect staff and volunteers' well-being and the quality of their work.

SIGNS OF BURNOUT

Helpers are at special risk of suffering from burnout. Learning about burnout can help the helpers recognize signs in themselves and others at an early stage.

Burnout is linked to common expectations in the field held both by beneficiaries and by helpers themselves that helpers should be self-denying and tireless in their efforts. These expectations are of course unrealistic and easily cause stress. Burnout however implies that stress factors have taken over: Individuals are usually so exhausted that they are no longer able to distance themselves from their situation. The recovery process can take an extended period of time.

Warning signs for burnout include physical changes or changes in behaviour or personality. Physicals signs can be chronic fatigue, frequent headaches, stomach pain or sleeping difficulties. Helpers might forget to take care of themselves as they used to. Changes in behaviour may include increased use of

alcohol, tobacco or drugs, reckless behaviour and neglect of personal physical and safety needs. Difficulties managing anger and frustration and loss of temper can also signal burnout, as well as withdrawal from other people's company and acting differently towards colleagues and supervisors. Some people begin to find it difficult to say no or have problems upholding their personal boundaries. Others again have difficulties in concentrating and become less efficient.

Changes in personality might mean thinking, "I'm just not good enough to help"; starting to have a negative job attitude, "I don't like working here", "nobody appreciates what I do"; or to lose concern and feelings for others, "I don't care if the children are hungry." Continuous feelings of sadness or depression might also signal burnout.

An affected person may feel that they are the one "holding the whole project together" or that they are "the only one who knows what is going on", and may spin into a negative spiral where they work even longer hours. They forget about their own needs for rest and recreation, and at some point there is quite simply no more energy available, and thus nothing more to give in the form of support to others.

Often, the affected person is the last one to realize what is happening. This is why it is important for the whole team to understand the causes of stress and burnout and to be able to recognize the signs early on.

BURNOUT

An emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment and pessimism and cynicism.

CARING FOR VOLUNTEERS AND STAFF

The volunteer, staff member, manager and organization must all be aware of and respect personal and practical limitations. To avoid burnout of volunteers or staff, everyone must take responsibility to treat each other with compassion and respect.

Staff and volunteers can be supported at several key points to reduce the likelihood of developing stress-related problems. The primary intervention consists of good, solid information about the tasks at hand and about stress and coping with emotional reactions to difficult situations. Such information prepares helpers to detect their own reactions and offers options for self-care and peer support. Helpers are in need of appraisal and signs from others that they and their work are being valued. This is called 'care for the carers'.

The needs of volunteers and staff are often similar to the needs of those they are supporting. A supportive environment is one of the many crucial factors in minimizing stress. This can be achieved in the following ways:

- by providing accessible guidance and support from managers and peers
- by creating an organizational culture where people can talk openly and share problems without fearing consequences
- by arranging regular meetings which bring all staff and/or volunteers together and foster a feeling of belonging to a team
- by respecting the principle of confidentiality so that people feel it is safe to talk about stress and seek help

PEER SUPPORT

A staff member is observed to be working late in the office and withdrawing from social contact, and he has suddenly become moody. When told by colleagues that he is working too many hours, he becomes quite upset. Colleagues mention their concern to their team manager who then appraises the workload of the staff member and any other circumstances that may be causing any stress. The team manager enquires how the staff member is now feeling about a serious event that had upset him three months before and checks if this is still causing worry and painful reminders. The team manager also invites concerned colleagues to share their observations of their team member directly with him in a personal and positive way.

Eventually the staff member realizes that he has been struggling with feelings relating to the earlier event. He decides to talk to his colleagues about what happened and to try and work less in the evenings. Gradually he starts feeling better.

AMERICAN RED CROSS

- by creating a work culture where getting together after a critical event is the norm, e.g. a peer support system
- by ensuring work is carried out in pairs

Sharing experiences from work has a team building effect and helps to prevent psychological problems. Reactions that are not addressed and processed might lead to increased stress that may eventually turn into a crisis. Sharing difficulties with others will reduce misunderstandings and incorrect interpretations. An environment where talking about emotional reactions and limitations is actively encouraged will ensure the quality and effectiveness of activities and the well-being of staff and volunteers.

Referral
At times, staff and volunteers may show signs of serious stress reactions or other mental health problems. Each programme should have a referral mechanism within the National Society for individuals in need of professional support. If there are not sufficient resources within the National Society, it might be possible to set up agreements with local health care facilities or local NGOs. Your manager or supervisor can share information about the specific situation in your National Society. (See guidelines for referral in Module 2.)

Supportive supervision
The traditional role of supervisors is to see that volunteers and staff perform with consistent and sufficient effort and to maintain the quality of work within management standards. However, supervisors should also provide emotional support to the volunteers and staff in their team. In other words, supervisors are expected to nurture volunteers and staff, protecting them as a human resource and placing limits on how far those resources should be extended.

This is particularly important in the case of psychosocial support programmes. Supervisors play an important role by providing helpers with someone they can call on for additional guidance in their work or more personally in relation to problems they may be facing themselves. In the Red Cross Red Crescent context, it is recognized that this model is mostly applied in an informal fashion. One promising alternative is support groups where staff and volunteers can share their knowledge, perspectives, and experiences for the benefit of one another.

PEER SUPPORT
Peer support means offering assistance to someone at the same level as the supporter. The principles for peer support are generally the same as for psychological first aid and supportive communication.

There is evidence that an active, supportive approach to stressful situations facilitates successful coping. Allowing someone to talk about reactions and feelings will facilitate coping and help the individual in dealing with the stressful situation. As the name suggests, the peer supporter provides support only and does not become a counsellor. Peer supporters provide short-term assistance. They are not meant to replace professional help.

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KEY ELEMENTS OF PEER SUPPORT

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Concern, empathy, respect, trust
Effective listening/communication
Clear roles
Team work, cooperation, problem solving
Discussion of work experience

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The advantage of peer support is that support comes from someone who knows the situation and can provide assistance quickly. People under stress may only need short-term help to prevent other problems from arising. Peer support also helps people to develop their own coping skills. Many organisations that work in crisis situations have developed or started to develop staff and volunteer support programmes based on peer support.

We all need to be peer supporters when we work in the field of psychosocial support and on an informal level this is not difficult. This training teaches informal peer support, just as it teaches psychological first aid and active listening skills.

Guidance for offering informal peer support in a crisis

Be available When asked to help out, make every effort to be available. People who have experienced a stressful event usually appreciate assistance, but not intrusion. Just being available to talk may be all that is required. If a person does not want to talk, just staying by their side might be helpful.

Manage the situation and locate resources As a first step, if needed, help to find a

quiet place and protect the person from onlookers or journalists and stressful sights or sounds. Locate appropriate help, e.g. a doctor to attend to physical injuries or family and friends, where this is possible.

Provide information One of the most important ways of gaining personal control is to have information about the situation. Information allows the person affected to put the event into a more manageable perspective. Any information given should be accurate and objective.

Assist a person to establish personal control As well as the provision of information, make sure to treat the person as a colleague or workmate, not as a patient or victim. Listen and support decision-making. Remain non-judgemental, allowing the person to express their feelings.

Give encouragement When some people are under stress, their self-esteem can also be affected. They tend to use explanations of guilt and self-blame because those most readily fit their view of the situation. It is important to encourage other explanations and a more positive view, especially when the guilt is misplaced. This is better done by encouraging alternative explanations and thoughts, rather than trying to argue the point.

Maintain confidentiality The cornerstone of the peer support process is confidentiality. If this breaks down, the integrity of the entire team is questionable. A peer supporter might receive questions from concerned colleagues or other volunteers. Handle them

with care and suggest the person speaks directly to the one affected.

Provide follow-up In some situations, it is important for the peer supporter to provide some follow-up. This can be done by phone or in person. Follow-up should be low key and non-intrusive.

Formal peer support in groups

More formal peer support can be carried out in a group, in discussing a recent event that everybody has gone through, or a situation that is common to all. The advantages of this approach are that the participants gain a common understanding of the situation or event; it shows that the organisation cares about them and individuals who need more focused support can be identified.

SELF-CARE

Management care and peer support are important elements in promoting the psychosocial well-being of staff and volunteers. However, there are also things that helpers working in difficult situations can do for themselves.

Self-care is important in two ways. It prepares staff and volunteers to help others effectively and it enables helpers to continue in that capacity. A number of self-help techniques have been identified. It is important to remember that some reactions are normal and unavoidable:

- It is useful to express even frightening and strange feelings.
- Be aware of tension and consciously try to relax. Slow the breathing and relax the muscles.

ORGANIZING A PEER SUPPORT GROUP

It is advisable that peer supporters undergo training for conducting formal peer support. However, in sites where no other support possibilities are available, the following procedure is suggested:

- Call the meeting. Emphasize that all should attend it, and that attending is just as important as doing good work.
- Appoint a facilitator – the team leader, or someone else who is comfortable with it.
- Start with the facilitator introducing the purpose of the meeting – "to share experiences, and discover support needs," and let members suggest topics for discussion.
- Everyone should get the opportunity to give input based on their own experiences and request input on special issues.
- The meeting should last about one hour.
- Regular meetings can be scheduled weekly, or, in extreme circumstances, daily.

HEINE PEDERSEN/DANISH RED CROSS

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TAKING A BREAK

Hortence worked in emergency-relief operations: "After 10 years I felt myself beginning to respond too slowly to important situations that required quick decision making," she says. "I felt like I was moving in slow motion. I remember wondering if this was what burnout felt like. I didn't want to find out, so I actually put myself on a break. I had seen colleagues who had hit the wall and burned out, and it would take them a year or two to recover."

- Try to get enough rest and sleep.
- After a critical event it may be good to talk to someone and describe thoughts or feelings arising from the critical event. This helps with the processing of unpleasant experiences.
- It is also useful to listen to what others say and think about the event. It has affected them too and they may share beneficial insights.

Helpers need to take good care of themselves as well as others. Eat well, limit the intake of alcohol and tobacco and do physical exercise

to relieve tension. Creative activities also serve as self-care. Draw, paint, write, play music. Look for a healthy outlet. Sometimes it is easier to express feelings by doing rather than talking.

If a person is experiencing sleeping difficulties or feeling anxious, it is good to discuss issues with someone who can be trusted. Avoiding caffeine before going to bed and going to bed earlier than usual to read may also help.

If it is difficult to concentrate on demanding duties after a difficult situation, continue to work on routine tasks. Inform peers and supervisors. Remember that it takes time to process what has happened. Avoid too big expectations; these can only lead to disappointment and conflict. Do not self-medicate. If, after a few weeks, the reactions are still difficult to deal with, seek professional advice.

SELF CARE

Take care of your own body and mind
Get enough rest and sleep
Pracitise stress reduction techniques as meditation or relaxation
Eat regularly and well
Get exercise, practice yoga or other bodily practices, that you enjoy doing
Keep in touch with loved ones
Talk about your experiences and feelings to colleagues
Play – do something for fun

GLOSSARY AND SUGGESTIONS FOR FURTHER READING

Please note that the definitions below apply to this training kit and in the context of psychosocial support and are not necessarily universally applicable.

ACTIVE LISTENING
To listen actively is not only paying attention to what is being said. It is also about communicating an understanding of what the speaker means. This includes responding both non-verbally (e.g. by attending, nodding and affirming) and verbally (e.g. by saying "I see", "right", "please continue" and "I would like to hear more about that"). Using the same terms and words as the person speaking will give a message of understanding and following what the speaker is saying.

ADVOCACY
The active support of an idea or cause, especially in this context actively speaking in support of a person or group.

ANXIETY
A vague, unpleasant emotional state characterized by distress, uneasiness, general nervousness or sometimes panic, especially when faced with reminders of a crisis event; concerns of losing control or not being able to cope; worries that the situation may happen again. It is common for people who suffer from anxiety to be constantly watchful and easily startled by loud noises, sudden movements, etc.

APPROACH STRATEGIES
When a person affected by a crisis event tries to find meaning in the situation, seeks support and takes actions to solve problems.

AVOIDANCE STRATEGIES
This can be both mental avoidance of thoughts and memories associated with the event and behavioural avoidance of activities and situations arousing unpleasant memories. Avoidance is very common in the early stages following exposure to a crisis event. A certain degree of avoidance helps people cope and gradually come to terms with the experience. However, if it continues for many weeks or even months, it may lead to other problems and prevent coming to terms with the event. Avoidance strategies should gradually become less frequent over the first 6 months, for the condition not to become chronic.

BEREAVEMENT
The emotional reaction to the loss of a significant other. Depression associated with bereavement is considered normal in the case of such a loss and is often accompanied by poor appetite, insomnia and with a sense of worthlessness.

BOUNCE BACK
Returning to previous healthy ways of functioning.

BURNOUT
An emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment and pessimism and cynicism.

COMMUNITY
Most commonly a community is described as a group of people who live together in a town, village or smaller unit. But a community may also be defined as any group of people who interact and share certain things as a group – for example those who belong to the same ethnic group, those who go to the same church, those who work as farmers, or those who are volunteers in the same organisation.

COMMUNITY-BASED ACTIVITIES
Activities connected to community life, sometimes initiated by groups external to the community. Involves participation of community members, using the community's knowledge, values and existing practices.

COPING
The process of adapting to a new life situation – managing difficult circumstances, making an effort to solve problems or seeking to minimize, reduce or tolerate stress or conflict. Healthy coping behaviour is reaching out to others for help, actively working to

find a solution or eliminating the source of stress. Unhealthy coping behaviour includes ignoring a threat or denying its effect, avoiding the source of stress, going into isolation, letting frustration out on others, self-medication, and taking other security and health risks in order to function normally.

COUNSELLING

A relationship, in which a helper assists and guides an affected person to solve or understand his/her problems better. Counselling does not refer to treatment or therapy – only to facilitating solving problems and finding new ways to cope with difficult circumstances.

CRISIS

Any sudden interruption of the normal course of events in the life of an individual or a society that makes re-evaluation of modes of action and thought necessary. A general sense of loss of the normal foundations of day to day activities. For example an individual may often experience a crisis when abrupt changes from the normal occur such as the death of a significant other or the loss of one's job or good health.

CRISIS EVENT

A sudden, powerful event that is outside the range of ordinary human experiences and has an impact stressful enough to overwhelm the usually effective coping skills of either an individual or group. For example an accident, serious illness, acts of violence, suicide, natural disasters, manmade disasters (for example war, explosions, and gas leaks), and epidemics.

DENIAL

A defence mechanism denying feelings, wishes, needs or thoughts in order to avoid anxiety.

DEPRESSION

Generally a mood state characterized by a sense of inadequacy, a feeling of hopelessness and helplessness, passivity, pessimism, chronic sadness and related symptoms. The condition is often linked to severe loss. It is a natural reaction when it is displayed for a shorter period of time, but should gradually lessen over weeks and month to not develop into a disorder.

DISASTER

An unforeseen and often sudden event that causes widespread damage, destruction and human suffering. A disaster overwhelms local capacity, necessitating a request to a national or international level for external assistance. Though often caused by nature, disasters can have human origins. Wars and civil disturbances that destroy homelands and displace people are included among the causes of disasters. Other causes can be: building collapse, blizzard, drought, epidemic, earthquake, explosion, fire, flood, hazardous material or transportation incident (such as a chemical spill), hurricane, nuclear incident, tornado, or volcano.

DISSOCIATION

A process whereby thoughts, reactions, emotions become separated from the rest of the personality: those affected seem not to realize what is happening to them and around them.

EMERGENCY

A sudden, usually unforeseen, event that calls for immediate measures to minimise its adverse consequences.

EMOTIONAL ABUSE

A constant attack on another person's self-esteem; psychologically destructive behaviour by a person in a position of power, authority or trust, rejecting or ignoring – refusing to acknowledge, hear or support the other person. It can also involve degrading the other person through insults, criticism, mockery, imitation or name calling or through isolating the other person from others.

EMPATHY

To be able to identify with and understand another person's situation, feelings, and motives.

EMPOWERMENT

Gaining control of the decisions that impact one's life – as an individual or as a group. This is mainly achieved by acknowledging people and by setting up structures that allow people to participate in community activities. Engagement, whether it is in daily activities, recreational or educational activities, helps promote psychosocial well-being and empower people so that they regain a feeling of control over some aspects of life, a feeling of belonging and of being useful.

ETHICS

The term encompasses right conduct and good life, a kind of moral standard. It is broader than the common conception of analyzing right and wrong. A central aspect of ethics is "the good life", the life worth living or a life that is satisfying.

EXTREME STRESS

When one is faced with severe or sudden strain, it may be experienced as extreme stress. An accident, the loss of a family member, surviving an assault or another type of powerful event, may result in an emotional crisis.

GRIEF

A natural but painful process, which is intended to release the affected person from what she/he has lost. Grief is an intense feeling of pain over having lost someone and having to depart from that person. It might be said that grief is a prolongation of the love the bereaved feels for the dead person.

HELPER'S FATIGUE

The signs a staff member or a volunteer show when they feel emotionally exhausted.

NEGLECT

The failure to meet children's basic needs such as shelter, nutritious food, adequate clothing, education, medical care, rest, safe environment, exercise, supervision, affection and care.

NON-VERBAL COMMUNICATION

All communication without words, i.e. body movements, facial expressions and non-verbal sounds like sighs or gasps. Culturally specific in nature.

PEER SUPPORT

Offering assistance to someone at the same level as the supporter. Key elements include: Concern, empathy, respect, trust, effective listening and communication, clear roles, team work, cooperation, problem solving, discussion of work experience.

PHYSICAL ABUSE

When a person in a position of power or trust purposely injures or threatens to injure another person, for example through hitting, shaking, burning, slapping, or kicking.

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POST-TRAUMATIC STRESS DISORDER (PTSD)

A reaction that may be developed following a psychologically distressing event such as a natural disaster, armed conflict, physical assault, rape and abuse, a bad accident experienced as life threatening. It includes symptoms such as re-experiencing the trauma in nightmares, recurrent thoughts and images of the event, psychological numbness and reduce involvement with the world.

PROTECTIVE FACTORS

Factors that give people a psychological "cover" and therefore reduce the likelihood of severe psychological consequenses when encountering hardship or suffering. Protective factors can be the belonging to a caring family or community, maintaining traditions and cultures, and having a strong religious belief or political ideology which gives the feeling of belonging to something bigger than oneself. For children, some protective factors are a stable emotional relationship with adults, and social support both within and from outside the family.

PSYCHO-EDUCATION

A teaching method that focuses on strengthening people's capacity to manage everyday life activities. The aim is to empower the participants by giving them knowledge about and understanding of their own or family members experienced reactions to distressing situations, helpful coping mechanisms, skills, competences, resources and alternative opportunities for dealing with difficulties in a challenging and stressful life.

PSYCHOLOGICAL

Something that is mental in origin – the study of the human mind. It may characterize an event, process or phenomenon arising in the individual's mind or directed at an individual's mind.

PSYCHOLOGICAL FIRST AID

Psychological first aid is basic human support, giving practical information and showing empathy, concern, respect and confidence in the a ffected person.

PSYCHOSOCIAL

Psychosocial refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes the internal, emotional and thought processes of a person – his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

PSYCHOSOCIAL SUPPORT

Psychosocial support refers to the actions that address both the psychological and social needs of individuals. The basis for the International Federation's psychosocial support activities is its Psychological Support Policy (2003). It states that psychosocial support should be integrated both in emergency response operations and in long-term development programmes. Psychosocial support activities should seek to facilitate communication and re-establish the social support in the community, and support people's efforts to actively respond to the impact of critical events.

PSYCHOSOCIAL SUPPORT PROGRAMME (PSP)

Aims at improving psychosocial well-being through providing services to people who have lived through a critical event. It targets the sphere between individual emotional reactions (psycho-) and the relations between people (-social). Most often support is given as a part of other activities and programmes, such as health programmes. Services may include creating awareness regarding psychosocial reactions due to crisis events, improving preparedness and response to disasters, promoting resilience of individuals and communities, and improving emotional assistance to staff and volunteers.

PSYCHOSOCIAL WELL-BEING

Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors.

PSYCHOSOMATIC

When psychological problems are expressed through physical problems or pain.

PTSD

See the explanation of Post Traumatic Stress Disorder.

RECOVERY

After a difficult time recovery is a process of moving forward regaining psychosocial well-being.

REGRESSION

Reverting, going backward – the opposite of progression. The term can be used to explain when an older child returns to behaviour more common to a younger child, for example when a 1 2 year old starts thumb-sucking. An adult experiencing a critical event may also become temporarily incapable of thinking and acting like an adult, and start to display childish behaviour – this is also called regression.

RESILIENCE

A person's ability to cope with challenges and difficulties, and to restore and maintain a new balance when the old one is challenged or destroyed. Often described as the ability to 'bounce back'.

SELF-MEDICATION

Use of substances (e.g. alcohol, drugs) in an attempt to relieve other problems such as anxiety, pain, sleeplessness or other problems.

SEPARATION ANXIETY

A psychological reaction by which a child shows excessive anxiety when separated from parents or other significant caregivers.

SEXUAL ABUSE

Sexual abuse occurs when an older or more powerful child, adolescent or adult uses a younger or less powerful person for sexual purposes. Children and youth are unable to give consent to a sexual act with

an adult because they do not have equal power, or equal knowledge. Sexual abuse betrays trust; it robs children of their childhood. When the adult profits economically or socially from the abuse, it is called sexual exploitation.

SIGNIFICANT OTHER
Someone who is important and means something to us. It may be a family member, a friend, a colleague or somebody else that makes a difference in our lives.

SOCIAL
Relations between people.

STRESS
Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges which excite us and keep us alert and on our toes. At the other end of the scale, stress represents situations where individuals are unable to meet the demands upon them, and ultimately suffer physical or psychological breakdown.

STRESSOR
Any change, be it positive or negative, which triggers a stress response. Stressors may be external or internal. External stressors are conflicts, change of jobs, poor health, loss, lack of food, noise, uncomfortable temperatures, lack of personal space/privacy etc. Internal stressors include thoughts, feelings, reactions, pain, hunger, thirst etc.

SUPPORT GROUPS
Forums where participants can provide each other with emotional as well as practical support. They should not be used as therapy. Support groups can be facilitated by someone who has received some elementary training in psychosocial support, who has empathy and patience and feels comfortable taking such a responsibility.

SUPPORTIVE COMMUNICATION
Communicating empathy, concern, respect and confidence in the abilities of the other person.

SURVIVOR GUILT
When survivors wonder why they have survived a crisis event when others have died. They believe that they could have or should have done more to prevent the tragedy, or that it would have been better if they themselves had died.

SUSTAINABILITY
A characteristic of a process or state that can be maintained at a certain level indefinitely. The term can be used to describe how long human-made systems can be expected to be usefully productive or for how long a system is able to take care of itself.

TRAUMA
Used commonly to describe either a physical injury or a psychological injury caused by some extreme emotional assault. Definitions of what constitutes a trauma are subjective and culture-bound. Sometimes the term, collective trauma, is used. This term refers to a situation where an entire community is suffering and its cohesion is lost due to a crisis event.

VULNERABILITY
A range of factors that may decrease the individual's ability to cope with distress experiences e.g. living in poverty, mental or physical health disabilities, lack of social network, lack of family support and previous traumatic experiences. Communities can be vulnerable as well due to, for example, lack of preparedness and support systems, poorly functioning social networks and poverty.

VULNERABLE GROUPS
Often used to describe groups of people living with health challenges (e.g. HIV and AIDS, TB, diabetes, malaria, and cancer), people with physical disabilities and/or mental illness, children and adolescents, older people, women, unemployed persons, people living in poverty, and minority groups.

SUGGESTIONS FOR FURTHER READING

Psychosocial interventions. A handbook is available on the CR-ROM Training resources, that is part of the Community-based psychosocial support. A training kit.

MODULE 1 CRISIS EVENTS AND PSYCHOSOCIAL SUPPORT

Advances in Disaster Mental Health and Psychosocial Support
Volume containing theoretical considerations as well as case studies from Sri Lanka, Lebanon, Iran, Philippines, Afghanistan, Palestine and India.
Prewitt, J. et al (2006). Voluntary Health Association of India Press

Handbook of International Disaster Psychology
Volume 1 – 4, Edited by Reyes, G. and Jacobs, G.A. (2006), Praeger Publishers

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
Guidelines for planning and establishing responses to protect and improve people's psychosocial wellbeing in emergencies. Also available in French, Arabic and Spanish
Inter-Agency Standing Committee (IASC) (2007). Geneva
www.humanitarianinfo.org/iasc

IASC Guidelines – Checklist for field use.
IASC Guidelines for field use in the early phase of an emergency when reading the full guidelines may not be possible.
Inter-Agency Standing Committee (IASC) (2009)
www.humanitarianinfo.org/iasc

The Sphere Project
Handbook and training materials; translated into French, Spanish, Arabic, Russian
Humanitarian Charter and Minimum Standards in Disaster Response, c/o IFRC, Geneva (2004)
www.sphereproject.org/content/view/27/84/lang,English

Psychosocial interventions: A handbook.
A handbook on planning and implementing psychosocial programmes. PS Centre Publications. (2009)

MODULE 2 STRESS AND COPING

Understanding Post-Traumatic Stress: A Psychosocial Perspective on PTSD and Treatment
Joseph, S., Williams, R. and Yule, W. (1997) John Wiley and Sons, 1st. Edition.

MODULE 3 LOSS AND GRIEF

Grieflink
A web resource on grief for the community and professionals. Contains information sheets on various topics, for example death in relation to illness, loss of a partner and unrecognised grief.
www.grieflink.asn.au

Journey of Hearts
A web resource combining elements of medicine, psychiatry, poetry, prose and images to provide resources and support to those who have experienced loss.
www.journeyofhearts.org

Living with Grief after Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke
Doka, K.J. (ed) (1996). Washington D.C. Hospice Foundation of America

Mourning in different cultures
McGoldrick M, Almedia R, Hines PM, et al. (1991). In Walsh F., McGoldrick M., (Ed.), Living Beyond Loss: Death in the Family. (pp. 176-206) New York: W.W. Norton & Company

MODULE 4 COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

Psychosocial Support in Emergencies
WHO (2003)
www.who.int/mental_health/emergencies/en/

Psychosocial Support to Large Numbers of Traumatised People in Post-Conflict Societies: An Approach to Community Development in Guatemala
Anckermann, S., Dominguez, M., Soto, N., Kjaerulf, F., Berliner, P., Mikkelsen, E.N.; Journal of Community and Applied Social Psychology, 15, 136-152

Rising from the Ashes: Development Strategies in Times of Disaster
Anderson, M. B. and Woodrow P. J. (1998). Colorado: Westview Press.

Serving the Psychosocial Needs of Survivors of Torture and Organized Violence
Berliner, P. & Mikkelsen, E.N. (2006), in Gil Reyes & Jerry Jacobs (eds.) Handbook of Disaster Management. Praeger Publishers.

Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response
UNHCR, (2003).
www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf

MODULE 5 PSYCHOLOGICAL FIRST AID AND SUPPORTIVE COMMUNICATION

First Aid and Psychological Support: The Value of Human Support when Life Is Painful
Background paper. Simonsen, L. & Lo, G. (2002). International Federation of Red Cross and Red Crescent Societies

Psychological First Aid and Other Human Support
A guide for non-professional support
Knudsen, L., Høgsted, R. & Berliner, P. (1997). Danish Red Cross, Copenhagen

MODULE 6 CHILDREN

Grief in Children – A Handbook for Adults
2Rev Ed edition. Volume describing how family, earlier experiences and other circumstances affect children's reactions to bereavement.
Dyregrov, A. (2008). London: Jessica Kingsley Publishers

Helping Children Affected by Natural Disasters
Short instructions for parents, teachers, health workers, community workers and others
www.child-to-child.org/resources/pdfs/ctcdisasters.pdf

Prevention in motion: An educational workshop on the prevention of abuse, bullying and harassment for adults who work with children and youth
Fairholm, J. & Ferguson, P., (2005). Vancouver: Canadian Red Cross.

REPSSI is a regional non-profit organisation working to mitigate the psychosocial impact of HIV and AIDS, poverty and conflict among children and youth in 13 countries in East and Southern Africa.
www.repssi.org/

Working with Children, Adolescents and Families after Trauma – A Handbook of Practical Interventions for Clinicians
Dyregrov, A. & Regel, S. (2006). Oxford: Elsevier Health Sciences

World Report on Violence against Children
Also available in French and Arabic
Pinheiro, S. (2006). New York: United Nations
www.violencestudy.org

MODULE 7 SUPPORTING VOLUNTEERS AND STAFF

Antares Foundation
A non-profit organisation whose mission is to improve the quality of management and staff support and care in humanitarian and developmental organisations.
www.antaresfoundation.org/

Emergency Support Network
Web resource with articles about critical incident response and peer support
www.emergencysupport.com.au

Establishing and maintaining Peer Support Programs in the Workplace
Robinson, R. & Murdoch, P. (2003). Ellicot City: Chevron Publishing

Headington Institute – Care for Caregivers Worldwide
Web resource for humanitarian workers, including standards and protocols for psychosocial support to humanitarian workers, self-examination tools, and a course on trauma and critical incident care for humanitarian workers, also available in Arabic, French, Portuguese and Spanish.
www.headington-institute.org

Stress and Anxiety Management Manual
Manual about anxiety, stress and panic, and how to cope, change patterns, manage time and restore balance.
Malley, G. (2003). Hampshire Fire and Rescue Service
www.hantsfire.gov.uk/stressmanual.pdf

OTHER TRAINING MANUALS IN PSYCHOSOCIAL SUPPORT

CABAC: Psychosocial Rehabilitation of Children Affected by Armed Conflict and/or Violence. A Manual for Semi- and Non-Professional Helpers
IFRC Reference Centre for psychosocial Support.
http://psp.dk/ psp.drk.dk/
graphics/2003referencecenter/cabac.pdf

Community-Based Psychosocial Services in Humanitarian Assistance: A Facilitator's Guide
Also available in French
Swedish Church Aid. Version 2 May 2005. Retrieved January 23, 2008 from:
www.svenskakyrkan.se/psychosocialservices

Helping to Heal – A Red Cross Methodology for Psychosocial Care
A trainer's manual and a volunteer handbook. Contains modules on stress, crisis and trauma, loss and grief, basic helping skills, populations with special needs, helping the helpers and defusing and debriefing.
Jamaica Red Cross & International Federation of Red Cross and Red Crescent Societies (2006).

HIV Prevention, Treatment, Care and Support – A Training Package for Community Volunteers
International Federation of Red Cross and Red Crescent Societies, SAfAIDS & WHO (2006).

Post-Emergency Phase Psychosocial Support Training Manual
Manual developed for field officers, with modules for workshops with children, adolescents, women, men and parents.
Pakistan Red Crescent, International Federation of Red Cross and Red Crescent Societies, Danish Red Cross, ECHO (2005).

The Refugee Experience, Psychosocial Training Module
30-hour psychosocial training of humanitarian assistance workers in response to the psychosocial needs of refugees.
Loughry, M. and Ager, A. (Eds.) (2001). Refugee Studies Centre, University of Oxford
earlybird.qeh.ox.ac.uk/rfgexp/rsp_tre/particip/part_01.htm

The IASC Guidelines for Gender based Violence Interventions in Humanitarian Emergencies
Focusing on Prevention and Response to Sexual Violence
www.humanitarianinfo.org/iasc

ANNEX: GUIDANCE FOR PSYCHOSOCIAL SUPPORT

In this section we will look at two sets of guidance on psychosocial support:

- The Sphere Handbook
- The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Both the Sphere Handbook and the IASC Guidelines are available online. This introduction provides a brief overview of the guidance.

Sphere Handbook

The Sphere Handbook, launched in 1997 by a group of humanitarian NGOs and the Red Cross and Red Crescent Movement, aimed to improve the quality of assistance provided to crisis-affected populations. In 2004, a section on psychological and psychosocial issues appeared for the first time – an indication of the increasing awareness of these issues at this time.

The Sphere Handbook is available in print and online at:
www.sphereproject.org/content/view/27/84/lang,English

The handbook is available in over 20 different languages.

To locate information about psychosocial support, select 'health services' in the list of headings on the website and then select 'mental and social aspects.' The specific standard about psychosocial well-being appears here and emphasizes the access people have to support: "People have access to social and mental health services to reduce mental health morbidity, disability and social problems."

Supporting this standard, the Sphere Handbook then lists key access points across the community. The table shows these access points.

These access points combine external assistance alongside engaging family, community and cultural resources. In this way, they provide a good example of psychosocial support. For example, the family tracing service (an example of external assistance) in the list of social interventions stands alongside cultural and religious events being maintained (an example of community and cultural resources).

People have access to social and mental health services to reduce mental health morbidity, disability and social problems

KEY SOCIAL INTERVENTION INDICATORS During the acute disaster phase, the emphasis should be on social interventions.	KEY PSYCHOLOGICAL AND PSYCHIATRIC INTERVENTION INDICATORS
1. People have access to an ongoing, reliable flow of credible information on the disaster and associated relief efforts.	2. Individuals experiencing acute mental distress after exposure to traumatic stressors have access to psychological first aid at health service facilities and in the community.
3. Normal cultural and religious events are maintained or re-established (including grieving rituals conducted by relevant spiritual and religious practitioners). People are able to conduct funeral ceremonies.	4. Care for urgent psychiatric complaints is available through the primary health care system. Essential psychiatric medications, consistent with the essential drug list, are available at primary care facilities.
5. As soon as resources permit, children and adolescents have access to formal or informal schooling and to normal recreational activities.	6. Individuals with pre-existing psychiatric disorders continue to receive relevant treatment, and harmful, sudden discontinuation of medications is avoided. Basic needs of patients in custodial psychiatric hospitals are addressed.
7. Adults and adolescents are able to participate in concrete, purposeful, common interest activities, such as emergency relief activities.	8. If the disaster becomes protracted, plans are initiated to provide a more comprehensive range of community-based psychological interventions for the post-disaster phase.
9. Isolated persons, such as separated or orphaned children, child combatants, widows and widowers, older people or others without their families, have access to activities that facilitate their inclusion in social networks.	
10. When necessary, a tracing service is established to reunite people and families.	
11. Where people are displaced, shelter is organised with the aim of keeping family members and communities together.	
12. The community is consulted regarding decisions on where to locate religious places, schools, water points and sanitation facilities. The design of settlements for displaced people includes recreational and cultural space.	

IASC Guidelines on Mental Health and Psychosocial Support in Emergencies

In 2005 an IASC Task Force was set up, drawing together 27 agencies including the International Federation of Red Cross and Red Crescent Societies. The work the agencies did together focused on the need for a comprehensive approach to psychosocial well-being and aimed to indicate practical steps for mental health and psychosocial support. The 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings', published in 2007, were the results of this collaboration.

The IASC Guidelines are available in print and online at www.humanitarianinfo.org/iasc. They are available in a wide range of languages.

The guidelines begin with:

Chapter 1: INTRODUCTION
• Background • Core principles • Do's and Dont's • Frequently asked questions

They then introduce a matrix of interventions. The matrix is a table showing 11 key areas of work in crisis settings. Areas of work include such functions as coordination, health services, food security and nutrition. For every area of work, the table shows what actions might be taken before, during and after a crisis:

Chapter 2: MATRIX OF INTERVENTIONS
• Emergency preparedness • Minimum response • Comprehensive response

The final section of the guidelines contains action sheets for all the actions suggested as a minimum response during a crisis. Each action sheet includes practical steps that can be taken and give examples:

Chapter 3: 25 ACTION SHEETS
• Practical steps • Sample indicators • Example(s) • Resources

Here are two examples of how the IASC guidelines help in promoting psychosocial well-being in the Movement's work.

Example 1

How can 'shelter and site planning,' which is one of the 11 key functions, integrate actions that will promote psychosocial well-being?

The guidelines say that a minimum response should "include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision in a coordinated manner."

What might this look like in practice? The guidelines give examples from Liberia and East Timor. Privacy, for example, was increased by building shelters at an angle to one another, so that no front door of a shelter faced another. Water points and latrines were situated nearby and were visible from common areas to prevent the risk of gender-based violence.

Example 2

How can education, another of the key functions, integrate actions that promote psychosocial well-being?

The guidelines say that a minimum response should "strengthen access to safe and supportive education."

What might this look like in practice? One of the five key actions includes promoting safe learning environments. This could mean providing escorts to children when travelling to and from school; advocating with armed groups to avoid targeting and recruiting in schools; providing separate male and female latrines in safe places. Formal and informal educators have a crucial role to play in the psychosocial well-being of those who are learning with them.

How can the guidelines help staff and volunteers?

- They help in the coordination of psychosocial support.
- They help with planning and designing of psychosocial activities (whether these are integrated or stand-alone). This means that considerations of psychosocial support should be made, whatever programme or activity is being planned. Whether setting up shelter in a crisis or organising a support group for people living with HIV and AIDS, these guidelines will help in thinking how to promote psychosocial well-being.
- They help to identify gaps and therefore act as a lever for improved supports.

THE INTERNATIONAL FEDERATION'S GLOBAL AGENDA (2006-2010).

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

The International Federation of Red Cross and Red Crescent
Societies promotes the humanitarian activities of National
Societies among vulnerable people.

By coordinating international disaster relief and encouraging
development support, it seeks to prevent and alleviate human
suffering.

The International Federation, the National Societies and the
International Committee of the Red Cross together constitute
the International Red Cross and Red Crescent Movement.

**Together for
humanity**