

COMMUNITY BASED PSYCHOSOCIAL SERVICES IN HUMANITARIAN ASSISTANCE

A FACILITATOR'S GUIDE



Version 2, May 2005

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Community Based Psychosocial Services in Humanitarian Assistance – A Facilitator’s Guide
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For comments and feedback

This guide is written in the clear understanding that there are many workers who have more experience in these areas than the authors. Any comments or suggestions that may occur to readers will be most welcome.

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The Organizations



www.nca.no/

Norwegian Church Aid (NCA) is a non-governmental, ecumenical organization that works for people's fundamental rights. Based on the Christian faith, NCA provides support to those who need it most, regardless of gender, political conviction, religion and ethnicity.

NCA provides both short-term emergency relief and long-term development assistance. In emergency situations, NCA provides both equipment and emergency prepared personnel. NCA also works to influence people's attitudes and decisions.

NCA is involved in more than 70 countries and cooperates with local partners in all parts of the world. NCA has an annual budget of approximately USD 70 million. The funds are comprised of contributions from thousands of private donors, other organizations and the Norwegian government.

NCA's vision is "Together for a Just World". This describes the commitment to work together with organizational partners, parishes and individuals for a world characterized by compassion, justice, participation, sustainable management of God's Creation, and peace.



www.pcusa.org/pda

Presbyterian Disaster Assistance (PDA) is the disaster and emergency response program of the Presbyterian Church (U.S.A.) and works both internationally and nationally in disaster response. PDA is committed to the International Code of Conduct and serves those in need regardless of race, creed or political affiliation.

PDA is a small but growing program that focuses only on emergency response. The program's annual budget is about 7 million USD. All funds are private and come mostly from our membership. PDA is not currently registered as an NGO and is not in a position to receive U.S. government funds.

Long-term development assistance is the responsibility and work of our sister program, the Presbyterian Hunger Program.

We recognize that the task before us is to bring God's intended wholeness to disaster survivors in order that they may be strengthened and encouraged for the task of rebuilding their communities and livelihoods. Increasingly, our focus on the Biblical vision of Shalom (wholeness) has led PDA to increase efforts to deepen its expertise in personal care for disaster survivors and those who serve them, providing both pastoral care and psychosocial support.

We do not work alone. PDA cooperates with local churches, ecumenical councils, and local NGOs. PDA is a member of Church World Service in the U.S. (the ecumenical relief and development agency), and is internationally a member of the ACT alliance.



Lutherhjälpen, the expression for international diaconal ministry of the Church of Sweden, has the task to work for dignified living conditions and to expose and fight injustice, poverty and oppression. The focus of the work is on development and cooperation, both within the framework of Church organizations and with secular organizations. Lutherhjälpen also has the mandate and responsibility for relief work and support for refugees.

The long-term and mutual cooperation within the World Council of Churches and the Lutheran World Federation are given priority. In emergency relief work Lutherhjälpen primarily works within the ACT network.



www.act-intl.org

NCA, PDA and Lutherhjälpen are members of ACT International (Action by Churches Together). ACT International unites member churches and member organizations of the World Council of Churches and the Lutheran World Federation and coordinates emergency relief operations, rehabilitation and emergency preparedness throughout the whole world.

1. INTRODUCTION

Why a guide on Community-based Psychosocial Services in Humanitarian Assistance?

This guide highlights the need to identify and assist people in meeting their psychosocial needs following a major emergency or disaster. Meeting these psychosocial needs is as important as fulfilling the obvious needs for food clothing and shelter.

The field staff of the Network of Action by Churches Together (ACT) has experienced a growing awareness of the need for psychosocial services in major emergencies and disasters. A lot of work has been done in this field. Often this work has not been labeled as psychosocial work and therefore the work has not been counted and reported. This guide meets the need to train community-based psychosocial workers following major emergencies or disasters.

The choice of topics that are included in this guide is made out of our common experience as the most essential to build awareness and knowledge in psychosocial assistance in humanitarian assistance.

The material is written in a general way which means it has to be adjusted to the actual context and situation.

How to use

This guide is not primarily meant to be read from the first page to the last. The intention is that relevant bits and pieces can be used whenever it is relevant.

Every chapter starts with an introduction to the topic and is in most cases followed by a toolbox. The toolbox presents examples and ideas on how to apply in practice what is dealt with in the chapter.

The content of the toolbox can be found on the start-page to each chapter, but also in a special register in the beginning of the guide.

The toolbox includes important documents and background information as well as practical tools for the field.

Who is it for?

This guide is written for practitioners whose jobs take them into disasters or complex emergencies. It is written for experienced aid workers who focus on psychosocial services, and also for staff involved in different parts of relief work. The awareness of psychosocial aspects is essential in all kinds of emergency assistance.

Although some parts can seem to be directed more towards international staff, all staff involved, national or international, in disaster assistance can use most of the material. It can also serve as a tool when training local staff.

The Guide is not intended to be a manual in mental health or psychotherapy.

Crosscutting Issues

There are certain important topics for humanitarian assistance that are of a more crosscutting nature. These needs to be kept in mind in all activities and interventions. Some of them are developed more in depth in some of the chapters but are of the kind that should be included in all planning, training and other kind of activities. The crosscutting issues are:

Codes of Conduct (see chapter 3)

Gender (see chapter 4)

Conflict prevention (see chapter 10)

HIV and AIDS (see chapter 8).

2. THIS IS COMMUNITY-BASED PSYCHOSOCIAL SERVICE

Myth: “All victims of armed conflict or disasters need counseling to get back on track again.”

Reality: Psychosocial service is not about individual therapy, it's the work we do when we assist affected communities in their collective recovery.

This chapter:

- ▶ Defines community-based psychosocial service.
- ▶ Describes the objectives of community-based psychosocial service.
- ▶ Provides examples of needs during each stage of a disaster.

Toolbox:

- ▶ For examples of concrete methods, see chapter 7, Good Ideas for the Field.
- ▶ Declaration of Cooperation Between WHO and Humanitarian NGO's, including ACT Networks; mental health of refugees, displaced and other populations affected by conflict and post-conflict situations.

Community-based psychosocial service

The guide contributes to a common understanding of community-based psychosocial work within the ACT network. In this connection it considers a community to be the social and psychological foundation for the individual, not just the physical environment and foundation for safety, living, work, education and health-service. It becomes obvious in emergency situations that the community is the place of abode in a deeper understanding.

Psychosocial service adds mental and social dimensions to the traditional concept of humanitarian aid. Our understanding of psychosocial service is built on the knowledge and awareness of the need to provide psychological and social support to people involved in disaster situations. To meet the needs of people during traumatic experiences, it is essential to create venues where people can meet and share experiences and spiritual life.

Psychosocial service is community-based group work. It is not individual psychotherapy. This work is facilitated through the efforts of the affected population and by working with existing programs whenever possible.

Our belief in people

The foundation of all community-based psychosocial work is the belief in the affected community's capacity for recovery and resilience. Therefore, the challenge to the psychosocial worker is to assist the affected people and facilitate their efforts to regain their full functioning by building on their strengths. **This work must have a rights-based perspective also for children and be clearly gender sensitive.**

It is also necessary to recognize that relief workers themselves are strongly affected by the sights they see and the stories they hear. These workers must not be permitted to become victims of their own experiences.

Objective

To assist affected people to attain stable life and integrated functioning, to restore hope, dignity, mental and social well-being and a sense of normality. Awareness and knowledge of psychosocial service must be present at all levels of aid work, including donor organizations, implementers, local partners and field staff. This can be achieved by conducting training programs and by building on local resources.

Perspective

Different groups at different times have different needs. Four dimensions affect the psychosocial aid process:

- ▶ Attitudes and approach: the ethics and spirit of psychosocial service.
- ▶ Preconditions and obstacles that occur in the circumstances of the specific disaster, when and where it is located, the impact of the type of disaster.
- ▶ Awareness of a long-term perspective.
- ▶ Culturally specific methods of coping in the affected society, including the appropriate timing.

Examples of Psychosocial Needs during Different Stages of Disaster Response

The list below presents a variety of psychosocial approaches and activities. The approaches that are appropriate will vary with each situation.

Pre-disaster preparation for international organizations and local communities:

- ▶ Training and education of staff.
- ▶ Development of a psychosocial back-up and support organization.
- ▶ Development of a staff care program, education, support and post-disaster care.
- ▶ Integration of psychosocial awareness into other disaster-related sectors (health, site development, water/sanitation).

Acute Emergency phase of disaster:

- ▶ Assure basic needs: water, food, shelter.
- ▶ Prioritize psychological and medical needs.
- ▶ Keep families together and reunite families that have been separated.
- ▶ Maintain gender balance when identifying local staff, in order to recognize needs and strengths of all target groups. Take special care for elderly, children, psychologically and medically vulnerable. See to it that there are safe spaces for women and children to prevent abuse.
- ▶ Treat every person with dignity; respect human rights.
- ▶ Practice conflict-prevention, peace-building and reconciliation.
- ▶ Limit length of service to 3 months in harsh situations. Enforce compulsory short-term leaves. Provide support on-site if possible.

Non-Acute Emergency phase:

- ▶ Prioritize the establishment of schools for children. This is an important psychosocial tool.
- ▶ Provide venues for meeting in safe circumstances where sharing and processing experiences can take place. This is of special importance for people whose voices are often not heard, such as women and children.
- ▶ Provide information about the overall situation, especially on traumatic stress and normal reactions.
- ▶ Create possibilities for recreation, playgrounds for children, organized sports, and social activities for elderly.
- ▶ Include local participation in camp organization and building. Identify agents for peace and reconciliation. Include capacity-building of informal community leaders, women leaders and local staff in the programs.
- ▶ Create possibilities to practice spiritual life and worship.
- ▶ Help with legal issues such as rights of asylum and land-tenure.
- ▶ Implement staff care: Defusing and/or debriefing if needed. Relief and support (see chapter 13, Managing Job Hazards, page 1, for more details).

Development Phase:

- ▶ Assess psychological needs. Create and offer the possibility of participating in groups for sharing and processing experiences and develop coping skills. Debrief in groups and individually. Special care of referrals to therapy of those with developed psychiatric syndromes and chronically psychiatrically ill. Create networks for psychological support.
- ▶ Build supporting systems in cooperation and participation with local people, using traditional cultural ways of coping and dealing with trauma and distress.
- ▶ Encourage reconciliation work; identify agents for peace, create venues for opposing sides to meet.
- ▶ Offer education and training programs: Practical skills towards economic independence (data and IT, sewing, agriculture, language etc.)
- ▶ Increase the awareness in different areas that are found to be a problem: i.e. mines, HIV/AIDS.
- ▶ Support community development: foster capacity building towards self-governance and collective decision making skills.
- ▶ Ensure education and awareness of the international humanitarian law including human rights.

Psychosocial service benefits from a multiprofessional approach and thinking. Develop systems and networks at every level.

More indepth aspects on psychosocial service and programming ideas for recipients can be found in chapter 7 and for caregivers in chapter 13.

> TOOLBOX <

▶ > BACKGROUND DOCUMENTS: DECLARATION OF COOPERATION BETWEEN WHO AND HUMANITARIAN NGOS, INCLUDING ACT NETWORKS <

AND

▶ MENTAL HEALTH OF REFUGEES, DISPLACED AND OTHER POPULATIONS AFFECTED BY CONFLICT AND POST-CONFLICT SITUATIONS

▶ Introduction

1. Conflicts subject people to frequent and gross human rights violations. New patterns of violent situations, coupled with shortcomings in the international legal regime, and lack of respect for legal standards, exclude millions of people from humanitarian protection and assistance. The most vulnerable are under greater physical and psychological pressure. These include, but are not limited to children; unaccompanied minors; orphans; children heads of households; the physically and mentally disabled; the chronically mentally ill; elderly persons alone; survivors of organized violence, torture, sexual violence; detainees; and prisoners of war. Their special needs should be addressed. Women are increasingly the targets of harsh persecution, while paying a very heavy price due to the family, and social dislocation and the added responsibilities which result from the situation.

2. This Declaration is intended to serve as a working instrument. It provides a framework to achieve increased consensus and cooperation in operational models, including policy strategies, and programs. It is aimed at promoting evidence-based, holistic and community-based approaches that are effective and which can be implemented rapidly.

3. Given the magnitude and the nature of the problem, the fact that the reactions of populations affected by conflict are expected reactions to extraordinarily abnormal situations, and the shortcomings of other models, commu-

nity-based psychosocial approaches are recommended. They must be sensitive to gender, to culture, and to the context. They must be empowering, mobilizing and supporting the refugees and other populations affected by conflict to continue taking responsibility for their lives and strengthen social cohesion within the communities.

4. The declaration is consistent with the existing international instruments related to humanitarian protection and assistance, to human rights, to children, to women and vulnerable groups.

5. The World Health Organization calls upon all governments, organizations and institutions to adopt and implement the following concrete steps, in taking up the challenge to prevent and reduce mental disorders and mental health problems, to restore hope, dignity, mental and social well-being, and normality to the lives of refugees, displaced and other populations affected by conflict.

► **Prevention and response**

Article 1. It is widely recognized that conflict, human rights violations, and forced displacement have a substantial negative impact on the physical and mental health of millions of people. This is a serious public health concern, requiring priority action from the emergency onwards to address the consequences of trauma, to prevent personal and collective psychosocial disability and dependency, and to contribute towards preventing future conflicts.

Article 2. It is established that the majority of forcibly displaced populations are women and children. The physical safety, health, psychosocial protection, and healthy development of children must be given priority action. Mental health policies and programs must be well adapted to the context, be sensitive to the different needs of women, to their culture, must avoid stigmatization and re-victimization. It is recognized that women with special needs must receive due protection and support, whilst a balance must be maintained with the significant needs of other groups.

Article 3. Local regional and international policies and plans should pursue immediate and long-term mental health capacity building, based on models that respond to the needs of the greatest number of persons affected by conflict, without neglecting those with special needs. Therefore, community-based, psychosocial, phase-specific, cultural and gender-sensitive programs must be given first priority when establishing or reconstructing mental health care systems. They should bridge in a coherent way emergency response to development. Specialized clinical interventions responding to individual needs are limited. They must be balanced, because they respond to the needs of a few, may possibly become stigmatizing, tackle problems in isolation, are

expensive and non-sustainable. In addition to providing treatment mental health professionals should serve as a resource for early detection of people in need of urgent care, for capacity building, on the job support, monitoring, and coordination.

Article 4. In national services, in camps and settings for displaced populations personnel of the primary health care system should be mobilized and be given basic training in mental health, including sensitivity to culture, context, and prejudice. Human resources available within communities affected by conflict, such as camp leaders, staff of national, regional, international, governmental, non-governmental and UN agencies and volunteers must be included in this training. Also, staff of other sectors such as social welfare, education, employment, police and justice, relief project managers and workers, relevant administrators, local press and mass media must receive this training. This should occur in all emergencies, as soon as the peak of the survival crisis starts yielding. Mechanisms must be established enabling these professionals to work together to improve mental health care and psychosocial activities, to develop a well-coordinated sustainable, multi-disciplinary, and multi-sectional mental health response.

Article 5. In the emergency phase, a rapid assessment of initial mental health needs and available resources should be carried out in collaboration with local authorities, professionals and concerned groups to define priorities and to identify: available psychological, social, and economic resources; the severely mentally ill and other vulnerable groups; community and environmental aspects. This will help design and implement adequate programs.

Article 6. In the long-term phase consolidation, replication, and scaling-up of the most useful programs should be pursued with the necessary adaptations to the various situations. In the reconstruction phase mental health of refugees and other populations affected by conflict must be included in continuing education of essential personnel and in the curricula of relevant secondary and university education. This is very important for teachers, social workers, nurses and post-secondary vocational training, midwives, doctors, psychologists, psychiatrists, and other service providers. Efforts must be made to integrate external educational resources into existing local and national systems of education whenever feasible. Establishing parallel systems of education must be avoided. They complement the local systems on a temporary basis.

Article 7. Cooperation and partnerships between governments, international, non-governmental organizations, United Nations agencies, the communities affected by conflict and the host communities, scientists, donors, health authorities are essential for good mental health practice, cost-effective and sustainable programs. Increased information gathering and sharing among

agencies must prevent duplication of assessments and programs. Use of the comparative advantages of agencies should be emphasized to decrease costs, competition, and delays, to limit the risk of re-traumatizing the communities concerned, and to accelerate implementation of response.

Article 8. Information on the rights of people, and on the meaning of the psychosocial consequences of violence, should be provided to the populations affected by conflict and to the host communities through ad hoc mass media campaigns and other activities. Access to communications with family and relatives and to family reunion must be facilitated, because these are very effective methods in promoting mental well being, in reassuring people, especially children. Access to interpretation should be guaranteed when refugees and displaced persons are dealing with authorities, various services, or -0 agencies.

Article 9. For immediate local capacity-building the following summarizes the critical activities to pursue in mental health and other social sectors by local and international bodies:

- ▶ rapid assessment of mental health needs and available resources; (1)
- ▶ training of trainers for health, mental health, and other workers involved in protection and assistance, who would multiply knowledge and skills; (2), (3)
- ▶ in-service training, supervision, support, monitoring, and evaluation;
- ▶ workshops providing technical support in the design, planning, monitoring and evaluation of mental health projects;
- ▶ mechanisms for coordination of activities;
- ▶ awareness and information campaigns;
- ▶ creation of mobile mental health teams where appropriate;
- ▶ support appropriate existing activities among the community affected by conflict, within national services, NGOs, and UN agencies;
- ▶ protection of the local and expatriate personnel working in conflict areas, which are at risk of violence or expressing their opinions, for being neutral, and for being perceived as potential witnesses is critical. Their agencies should provide guidelines and mechanisms to protect and prevent risky behavior. This should include prevention and care for secondary traumatization and burnout.

Article 10. In situations of prolonged conflict, camp life, displacement, or repatriation, national policies and plans should be elaborated to contribute to the continuity and coherence of achievable goals in psychosocial rehabilitation and to decrease dependency. The participation of the community affected by conflict in the planning and implementation of rehabilitation programs is essential.

► **Survivors of extreme violence**

Article 11. Survivors of torture and sexual violence should be provided with physical protection and legal advice unconditionally. They should also be provided with the necessary safe physical and psychological environments that will enable them to talk about their experiences if they choose to do so. Medical, psychological, emotional, and social support should be given to survivors of extreme violence with the accepted professional ethical code of confidentiality. All interventions used in these cases should be sensitive to gender, to their cultural and political contexts. Those detained in concentration camps, prisons, and similar settings should be given first priority and full attention.

► **Women**

Article 12. Interventions in mental health, education, employment, and socio-economic support should effectively empower all conflict-affected women to play an active role in organizing their lives, in self-sufficiency, and in the reduction of dependency. Such efforts are crucial for women in the high-risk groups such as: widows; pregnant women; single mothers; girls who are heads of families; and survivors of organized violence, torture, sexual, and domestic violence. The principle of equal rights must be applied.

► **Children and adolescents**

Article 13. In full respect of the best interest of children and adolescents, and the Convention of the Rights of the Child and other internationally recognized conventions and instruments, and because conflict, forced displacement, family and social disruptions are serious dangers to their psychosocial development and well-being, mental health support should be an integral part of their protection, health care and education. Female children face the risks of both children and women. Enrolment of children in military or paramilitary forces must be forbidden. Demobilized child soldiers should receive equal care as other children, although initially they might require special rehabilitation programs.

Article 14. Early family reunion, access to communication with absent family members, support of foster families, and care by peer groups should be implemented from the emergency phase through repatriation as a matter of priority. Furthermore, personnel providing mental health care, education, social welfare, recreational, cultural, sports and other activities should center their efforts on:

- ▶ physical, mental, and social well-being of children;
- ▶ prevention of institutionalization;
- ▶ promoting respect for human rights;
- ▶ fostering abilities to cope and resilience;
- ▶ attending to the special needs of families with children as heads of household;
- ▶ prevention of violence against and among children and adolescents;
- ▶ prevention of delinquency and other anti-social behavior;
- ▶ prevention of substance abuse;
- ▶ prevention of sexual violence and exploitation;
- ▶ prevention of family and school drop-outs;
- ▶ prevention of harmful and exploitative labor;
- ▶ organization of cultural, creative and recreational activities;
- ▶ introduction of mental health and psychosocial activities for children in educational and other settings;
- ▶ introduction of conflict resolution activities.

▶ **Local integration**

Article 15. Low-income asylum countries, which are willing to offer long-term local integration or citizenship to refugees, on an individual basis or as a group, should be provided with technical, material and financial resources to facilitate their smooth integration and to prevent prejudice against national populations. Integration should be voluntary.

▶ **Repatriation**

Article 16. In the elaboration of post-conflict mental health policies and programs, policy-makers must take into account the possible conflict of aims in promoting return, recovery, and reconstruction. Realistic transitional objectives must be developed to avoid overburdening physically and mentally exhausted and traumatized populations with unduly ambitious goals.

Article 17. In so far as it affects adversely the lives of refugees and other displaced persons, their situation must not be normalized. For all refugees and displaced persons, voluntary repatriation is not only a right but is essential and must be facilitated in all possible ways. Forcible repatriation must not be carried out. Whether they remain in a war-torn country or flee to exile, most of them sustain or witness atrocities which profoundly affect them, their families and society. Because return includes a search for national reconciliation in a changed and impoverished country, there is a risk of traumatization, so hasty individual or group repatriation must be avoided. Repatriation operations must be well coordinated between countries of asylum and

origin, UN agencies and non-governmental organizations, with special attention to vulnerable groups. Efforts must be comprehensive and equitable to prevent further damage.

Article 18. Repatriation programs should include appropriate preparation of both receiving and the refugee communities to prevent discrimination, revenge and acts of violence against each other. They should also include coordination and implementation of mental health programs for the chronically mentally ill and the traumatized. All precautions must be taken to avoid unintentional exclusion of the most deprived and of people in vulnerable groups.

► **Ethical conduct**

Article 19. Humanitarian relief agencies, the press, mass media, the staff of academic and research institutions, health and mental health professionals, and others working in war zones and other conflict situations should adopt and follow codes of conduct and ethical standards founded on the same principles that govern professional practice in their own countries. At the same time they must be sensitive to the cultural norms of the country in which they work. Individuals who work independently should do the same. Compliance should be promoted through training and other effective means. This will prevent further damage, stigmatization, exploitation or breaches of confidentiality, which may result from the dependency of the refugees or the communities, or because they belong to a vulnerable or to a socio-cultural or political group different from that of the researcher and service provider. The prevention of re-traumatization is essential. Agencies must also be responsible for preventing traumatization as well as providing support and care for their personnel. Solutions for ethical neutrality must be sought. Research must be directed towards the benefit of the affected populations. The ethical standards of the Helsinki Declaration¹ must be followed.

Article 20. Governmental and non-governmental funding sources, United Nations agencies, international organizations must ensure equity in the allocation of financial resources for mental health care and psychosocial rehabilitation of refugees, displaced and other populations affected by conflict.

¹ **Helsinki Declaration** on Action for Environment and Health in Europe, 1994, Second European Conference on Environment and Health, **Helsinki**, www.euro.who.int/AboutWHO/Policy/20010825_2

3. CODE OF CONDUCT

Myth: “Often, the rules according to our codes of conduct must be applied with at great deal of cultural sensitivity, in compliance with local customs.”

TruthReality: The code of conduct is not negotiable, and most likely it corresponds to the constitutions of the countries where we work.

This chapter:

- ▶ Describes the codes of conduct that guidelines our work.
- ▶ Presents and gives a background to:
 1. The code of conduct for the International Red Cross/Red Crescent Movement and NGOs in disaster relief on performances, and
 2. The ACT code of conduct on sexual exploitation, abuse of power and corruption.

Toolbox:

- ▶ Both Codes are developed more in depthPrinciples of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programs.
- ▶ Code of conduct on sexual exploitation for staff members of the ACT International Alliance.
- ▶ Issues recommended included in ACT member staff policies and contracts.
- ▶ Example of a contract from the field

All work performed by people employed by a member of ACT is governed by the codes of conduct on performance and ACT's code of conduct on sexual exploitation. Both international and national staff should comply with these rules.

Codes of Conduct are valid in the everyday work and are the basic setup of humanitarian, organizational and individual values, integrated into our professional work.

It is critical that all work shall be carried out in compliance with these rules. Ultimately it is a matter of trust and confidence among the people we try to assist in emergency situations. Therefore these codes are a fundamental prerequisite for efficient relief assistance. The Codes of Conduct must be more of integrated values, and less of words of law.

ACT members must respect these codes regardless of prevailing local traditions and culture. These rules are not negotiable, and should not be adjusted to any notions of local customs. Whenever questioned, refer to the country's own constitution. Most likely it will in all relevant aspects support the codes of conduct.

Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

Background

The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief is being used by the International Federation to monitor its own standards of relief delivery and to encourage other agencies to set similar standards.

This Code of Conduct seeks to guard our standards of behavior. It is not about operational details, such as how one should calculate food rations or set up a refugee camp. Rather, it seeks to maintain the high standards of independence, effectiveness and impact to which disaster response NGOs and the International Red Cross and Red Crescent Movement aspires. It is a voluntary code, enforced by the will of organization accepting it to maintain the standards laid down in the Code.

In the event of armed conflict, the present Code of Conduct will be interpreted and applied in conformity with international humanitarian law.

There is still an assumption in many countries that disaster relief is essentially 'charitable' work and therefore anything that is done in the name of helping disaster victims is acceptable.

However, this is far from the truth. Agencies, whether experienced or newly-created, can make mistakes, be misguided and sometimes deliberately misuse the trust that is placed in them. And disaster relief is no longer a small-time business. Today, even if those caught up in war are excluded, about 250 to 300 million people a year are affected by disasters, and this figure is increasing by about 10 million people each year.

The immediacy of disaster relief can often lead NGOs unwittingly to put pressure on themselves, pressure which leads to short-sighted and inappropriate work.

The following factors may lead to short-sighted or inappropriate work:

- ▶ Programs which rely on foreign imports or expertise
- ▶ Projects which pay little attention to local custom and culture
- ▶ Activities which accept the easy and high media profile tasks of relief and leave the less appealing and more difficult parts of disaster preparedness and rehabilitation to others.

NGOs around the world will find this Code of Conduct useful and will want to commit themselves publicly to abiding by it. Governments and donor bodies may want to use it as a yardstick against which to judge the conduct of those agencies with which they work. And disaster-affected communities have a right to expect those who seek to assist them to measure up to these standards.

The Code of Conduct

Principles of Conduct for the International Red Cross and Red Crescent Movement and NGO's in Disaster Response Programs (see Toolbox for comprehensive presentation of the rules).

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.

3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavor not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. We shall be found to involve program beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

Code of Conduct for ACT Member Staff on Sexual Exploitation, Abuse of Power and Corruption

Background

Poverty, conflict and displacement inevitably erode and weaken many of the social and political structures that are designed to respect and protect members of the community where these conditions have occurred or exist. The resources available to affected populations, and to the humanitarian community that is there to assist them, are frequently insufficient to meet basic needs. All too often, mechanisms for protection are not given sufficient priority. Against this background affected populations find themselves in situations where they can be exploited or abused. In addition such an environment can provide opportunities for abuse of power and corruption by humanitarian workers.

In order to combat such practices, ACT International whose members' staff work with target groups including refugees and IDPs around the globe has with the input from its members, developed a "Code of Conduct" which is intended to serve as a guide for ACT members' staff to make ethical deci-

sions in their professional lives and at times in their private lives. It is designed to assist staff to better understand the obligations placed upon their conduct.

The spirit in which this code of conduct has been developed is intended to strengthen, complement and enhance already existing “Codes of Conduct”, rather than to detract from them.

The Code of Conduct for ACT Member Staff

Staff members of the ACT International alliance must:

1. Respect and promote fundamental human rights without discrimination of any kind and irrespective of social status, race, ethnicity, color, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.
2. Treat all refugees, IDPs, beneficiaries, affected communities, target groups and other persons fairly and with respect, courtesy, dignity and according to the respective country Law, International Law and Local Customs.
3. Create and maintain an environment that prevents sexual exploitation and abuse, abuse of power and corruption, and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems that maintain this environment.
4. Uphold the highest standards of accountability, efficiency, competence, integrity and transparency in the provision of goods and services in the execution of their job.
5. Never commit any act or form of harassment that could result in physical, sexual or psychological harm or suffering to individuals, especially women and children.
6. Never exploit the vulnerability of any target group, especially women and children, or allow any person/s to be put into compromising situations.
7. Never engage in any sexual activity with children (persons under the age of 18) regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
8. Never engage in sexual exploitation nor abuse of any target group (men, women and children). This constitutes acts of gross misconduct and is therefore grounds for termination of employment.

9. Never exchange money, employment, goods, or services for sex, including sexual favors. All forms of humiliating, degrading or exploitative behavior are prohibited. This includes exchange of assistance that is due to beneficiaries.

10. Never abuse their position to withhold humanitarian assistance, nor give preferential treatment; in order to solicit sexual favors, gifts, payments of any kind, or advantage. The employee should be conscious of not taking advantage of his/her position and may not accept gifts (except for small tokens of appreciation) or bribes.

11. Not engage in sexual relationships with beneficiaries. Such relationships are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work. (This rule applies to both during and after working hours.)

12. Employees may not accept, solicit or engage in the "buying" of or profiting from sexual services. This is applicable both within and outside of working hours.

13. Ensure that all confidential information, including reports of breaches of these standards by colleagues, obtained from beneficiaries or colleagues is channeled correctly and handled with utmost confidentiality.

14. Ensure that reports of breaches of these standards are immediately reported to senior management or the human resources manager (or established agency reporting mechanisms) who is expected to take prompt investigative action.

15. Any breach of the Code of Conduct will result in disciplinary action in accordance with the respective terms, conditions and guidelines of the individual agencies.

16. Any staff member purposely making false accusations on any action by another staff member which is in breach of the code of conduct will be subject to disciplinary action at the discretion of the employer.

The signatory (of the staff member) below has read, understood and is in agreement with the content of this document and specifically articles 1 to 16 of section C, the Code of Conduct, which shall be subject to periodic revision and review. The signatory also accepts the consequences of any violation of any of the above provisions under this Code of Conduct.

Example of a contract from the field:

ACT/CARITAS CODE OF CONDUCT DARFUR PROGRAMME

- A. As ACT/CARITAS staff I am fully informed that ACT/CARITAS abides by the following principles and codes of conduct. I commit myself to promote these principles and codes of conduct as expressed in attachments to this statement:
- ICRC/IFRC/NGO Code of Conduct
 - SPHERE Humanitarian Charter and Minimum Standards in Disaster Response
 - SCHR policy on humanitarian agencies' relations with the military
 - CARITAS Partnership Guiding Principles
 - Declaration of cooperation between WHO and Humanitarian NGOs, 'Mental health of refugees, displaced and other populations affected by conflict and post-conflict situations'
- B. As ACT/CARITAS staff I have the personal responsibility to observe and abide by the following code of conduct when working for the ACT/CARITAS Darfur Programme:
- I will conduct myself in a manner consistent with ACT and CARITAS Christian based goals and values at all times.
 - As ACT/CARITAS Darfur Programme I will consistently conform to and promote my ACT/CARITAS identity, irrespective of which organization recruited me into the programme.
 - I commit myself to observe and behave according to "Code of Conduct on sexual exploitation for staff members of the ACT International Alliance" (Dated 10.12.02.), and the CARITAS "Child Protection Policy Framework" to protect children and young people from abuse and sexual exploitation.
 - I will respect Sudanese laws, regulations, customs and traditions. I will make sincere efforts to develop good relations with other colleagues, partners and the local population.
 - I will be mindful of the national laws regarding alcohol and limit myself to moderate and discreet consumption. I will refrain from illicit drugs.
 - I will not accept nor solicit sexual services during or after working hours.

- I will not take advantage of my position when interacting with partners or employees. I will not accept gifts from partners, employees or colleagues, except for token items of appreciation. I will not accept or provide bribes, or participate in activities that generate personal profit (e.g. buying, selling bartering etc.)

Signed.....

Date.....

> TOOLBOX <

▶ > BACKGROUND DOCUMENT: PRINCIPLES OF CONDUCT FOR THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND NGOS IN DISASTER RESPONSE PROGRAMS <

1. The humanitarian imperative comes first. The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognize our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.

2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.

Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programs, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognize the crucial role played by women in disaster-prone communities and will ensure that this role is supported, not diminished, by our aid programs. The implementation of such a universal, impartial and independent policy can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.

3. Aid will not be used to further a particular political or religious standpoint. Humanitarian aid will be given according to the need of individuals, families

and communities. Notwithstanding the right of NGHAs² to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of assistance to the embracing or acceptance of a particular political or religious creed.

4. We shall endeavor not to act as instruments of government foreign policy. NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly – or through negligence – allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labor and finances by concerned individuals to support our work and recognize the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.

5. We shall respect culture and custom. We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.

6. We shall attempt to build disaster response on local capacities. All people and communities – even in disaster – possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and cooperate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.

7. Ways shall be found to involve program beneficiaries in the management of relief aid. Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and

² Non-Governmental Humanitarian Agencies

implementation of the assistance program. We will strive to achieve full community participation in our relief and rehabilitation programs.

8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs. All relief actions affect the prospects for long term development, either in a positive or a negative fashion. Recognizing this, we will strive to implement relief programs which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programs. We will also endeavor to minimize the negative impact of humanitarian assistance, seeking to avoid long term beneficiary dependence upon external aid.

9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources. We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognise the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognize the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programs will be based upon high standards of professionalism and expertise in order to minimize the wasting of valuable resources.

10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects. Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will cooperate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximizing overall relief assistance. We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

► > **CODE OF CONDUCT ON SEXUAL EXPLOITATION FOR
STAFF MEMBERS OF THE ACT INTERNATIONAL ALLIANCE** <

► **A. Introduction**

► **Background**

Poverty, conflict and displacement inevitably erode and weaken many of the social and political structures that are designed to respect and protect members of the community where these conditions have occurred or exist. The resources available to affected populations, and to the humanitarian community that is there to assist them, are frequently insufficient to meet basic needs. All too often, mechanisms for protection are not given sufficient priority. Against this background affected populations find themselves in situations where they can be exploited or abused. In addition such an environment can provide opportunities for abuse of power and corruption by humanitarian workers.

► **Code of Conduct**

In order to combat such practices, ACT International whose members' staff work with target groups including refugees and IDPs around the globe has, with the input from its members, developed a "Code of Conduct" which is intended to serve as a guide for ACT members' staff to make ethical decisions in their professional lives and at times in their private lives. It is designed to assist staff to better understand the obligations placed upon their conduct.

The spirit in which this code of conduct has been developed is intended to strengthen, complement and enhance already existing "*Codes of Conduct*", rather than to detract from them.

► **Environment**

Sexual exploitation can occur in many different environments. However, in humanitarian crises, the dependency of affected populations on humanitarian agencies for their basic needs creates a particular ethical responsibility and duty of care on the part of ACT members' staff. Managers have a responsibility to ensure that all staff are aware of this code of conduct and what it means in concrete behavioral terms and to ensure that there are proper mechanisms to prevent and respond to sexual exploitation. ACT International along with other humanitarian agencies must make every effort to create

an environment where such practices are not tolerated. This is especially necessary given the following features of humanitarian crises:

- a) The lack of economic opportunities for displaced populations may result in commercial and exploitative sex being one of the few options for income generation to meet basic needs.
- b) In cases where beneficiary communities come from an environment of gender-based violence, proper safeguards need to be put in place, as similar patterns can continue or even be exacerbated in a refugee camp.
- c) The usual social protections are not in place or are no longer functioning. Levels of protection and security are generally poor; justice and policing frequently do not exist in the displaced environment.

► **Humanitarian Workers**

This group is more broadly defined than the internationally engaged staff of humanitarian aid organizations. Thousands of staff are engaged in a variety of work ranging from volunteers, casual laborers, drivers and warehouse guards to decision makers at the country, regional and international levels. Many of these staff are drawn from beneficiary communities themselves. This can blur distinctions between what constitutes professional and private relationships with other members of the beneficiary community. However, by accepting work with humanitarian agencies, humanitarian workers also have to accept the special responsibility of humanitarian care that goes with the job.

ACT International members' staff have a particular responsibility to uphold these standards expressed in the following Code of Conduct, to set a good example and to create a working environment that supports and empowers staff.

► **B. Key terms and definitions**

For this Code of Conduct the following definitions will be used:

Humanitarian worker: "Humanitarian workers" include all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities assigned by the employing agency. In addition any worker that is directly or indirectly involved with refugee communities is to be included under this definition.

Sexual and gender based violence (SGBV): Physical, sexual and psychological violence occurring in the family and in the community, including battering, sexual abuse of female children, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state. (*Articles 1 and 2 of the UN Declaration on Violence Against Women, 1993*)

Gender and power: “Gender” is the English word being used to describe cultural/societal differences between males and females in terms of *roles* and *responsibilities*, expectations, power, privileges, rights, and opportunities. Gender refers to the differences between males and females that are rooted in culture, tradition, society, and religion. Gender is something that is learned from infancy. An individual or society’s gender perspective can change.

Unequal power relationships provide the basis for sexual exploitation and abuse. Due to their unequal status, women and girls are particularly at risk of sexual exploitation and abuse. However, it is important to recognize that boys are also vulnerable to sexual exploitation and abuse.

Sexual exploitation: Sexual coercion and manipulation (includes all types of sexual acts) by a person in a position of power providing any type of assistance in exchange for sexual acts. In these situations, the potential victim believes she/he has no other choice than to comply; this is not consent and it is exploitation. Some examples include, but are not limited to:

- ▶ Humanitarian worker demanding (or accepting) sex in exchange for material assistance, favors, or privileges.
- ▶ Teacher insisting on (or accepting) sex in exchange for passing grade or admission to class.
- ▶ Refugee leader demanding (or accepting) sex in exchange for favors or privileges.
- ▶ Security worker insisting on (or accepting) sex in exchange for safe passage.
- ▶ Driver demanding (or accepting) sex to give a female person a ride.

Exploitation is using one’s position of authority, influence or control over resources, to pressure, force or manipulate someone to do something against their will or unknowingly, by threatening them with negative repercussions such as withholding project assistance, not approving an employee’s work-support requests, threatening to make false claims about an employee in public, etc.

Sexual exploitation is any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another.

Abuse of power: Abuse of power includes any abusive behavior (physical, psychological, sexual or emotional) by a person in a position of authority and trust against someone in a position of vulnerability and/or dependency.

Sexual harassment: Sexual harassment means any unwelcome sexual advance, comment, expressed or implied sexual demand, touch, joke, gesture, or any other communication or conduct of a sexual nature, whether verbal, written or visual, by any person to another individual within the scope of work. Sexual harassment may be directed at members of the same or opposite sex and includes harassment based on sexual orientation. Sexual harassment can occur between any one or more individuals, employee or beneficiary, regardless of their work relationship.

Sexual abuse: Sexual abuse is actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

Harassment: Harassment means any unwelcome comment or behavior that is offensive, demeaning, humiliating, derogatory, or any other inappropriate behavior that fails to respect the dignity of an individual. Harassment can be committed by or against any beneficiary, partners, employee, vendor or other individual visiting or doing business with an agency.

Minor: A person under age 18 (a child according to the definition in the Convention for the Rights of the Child, CRC).

Protection: Ensuring that individual basic human rights, welfare and physical security are recognized, safeguarded and protected in accordance with international standards.

Responsibility and accountability: At present, accountability for the behavior of staff exists only within individual agencies and varies, in level, between agencies. Further consideration must be given as to the adequacy of internal systems to maintain standards of behavior. A breach of the code of conduct calls for sanctions established with the administrative rules and procedures of the respective agencies.

Discrimination: Discrimination means exclusion of, treatment of, or action against an individual based on social status, race, ethnicity, color, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.

► > **ISSUES RECOMMENDED INCLUDED IN ACT MEMBER STAFF
POLICIES AND CONTRACTS** <

All staff members, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, have to sign the Code of Conduct for Staff on Sexual Exploitation, Abuse of Power and Corruption (CoC).

It is the responsibility of the employer/supervisor to thoroughly go through the CoC and the definitions introducing the CoC, with the staff member, to secure a proper understanding of the CoC, as well as the consequences of any breach of the CoC, and the procedures to be followed if a breach of CoC has been reported.

Any allegation or concern regarding exploitation, abuse or corruption should be reported, if possible in writing, to senior management.

It is the responsibility of the senior management to:

- Initiate appropriate investigation.
- Ensure that the governance at all times are properly informed of suspicious behavior, how it is being handled, how investigation develops, resulting findings and what actions have been taken.
- Secure that all information is treated with the utmost discretion and confidentiality, in order that victim(s), witness(es), suspect(s) and others involved are not victimized in any way.
- Implement necessary actions against a staff member under investigation during this time.
- Implement appropriate disciplinary actions whenever sexual exploitation, abuse of power or corruption is properly documented and proven.
- In cases where a criminal act is suspected, to initiate police investigation and possible procedures of prosecution.
- Make known to beneficiaries of the programs where and how they may file complaints.

When allegations or concerns are raised of sexual exploitation, abuse of power or corruption, and the suspect(s) are being named, the suspect(s) should under normal circumstances be suspended from their position until investigations are finalized. Depending on the seriousness of the charges, the freezing of salaries and/or other benefits should be considered.

Information about the termination will be passed on to other humanitarian aid organizations to prevent re-employment in the humanitarian sector, in cases where the employee has been dismissed because of sexual exploitation, abuse of power or corruption being documented and proven true.

Approved by the ACT International Executive Committee, 10.12.2002.

EXAMPLE OF A CONTRACT FROM THE FIELD:

ACT/CARITAS CODE OF CONDUCT DARFUR PROGRAMME

- C. As ACT/CARITAS staff I am fully informed that ACT/CARITAS abides by the following principles and codes of conduct. I commit myself to promote these principles and codes of conduct as expressed in attachments to this statement:
- ICRC/IFRC/NGO Code of Conduct
 - SPHERE Humanitarian Charter and Minimum Standards in Disaster Response
 - SCHR policy on humanitarian agencies' relations with the military
 - CARITAS Partnership Guiding Principles
 - Declaration of cooperation between WHO and Humanitarian NGOs, 'Mental health of refugees, displaced and other populations affected by conflict and post-conflict situations'
- D. As ACT/CARITAS staff I have the personal responsibility to observe and abide by the following code of conduct when working for the ACT/CARITAS Darfur Programme:
- I will conduct myself in a manner consistent with ACT and CARITAS Christian based goals and values at all times.
 - As ACT/CARITAS Darfur Programme I will consistently conform to and promote my ACT/CARITAS identity, irrespective of which organization recruited me into the programme.
 - I commit myself to observe and behave according to "Code of Conduct on sexual exploitation for staff members of the ACT International Alliance" (Dated 10.12.02.), and the CARITAS "Child Protection Policy Framework" to protect children and young people from abuse and sexual exploitation.
 - I will respect Sudanese laws, regulations, customs and traditions. I will make sincere efforts to develop good relations with other colleagues, partners and the local population.
 - I will be mindful of the national laws regarding alcohol and limit myself to moderate and discreet consumption. I will refrain from illicit drugs.
 - I will not accept nor solicit sexual services during or after working hours.
 - I will not take advantage of my position when interacting with partners or employees. I will not accept gifts from partners, employees or colleagues, except for to-

ken items of appreciation. I will not accept or provide bribes, or participate in activities that generate personal profit (e.g. buying, selling bartering etc.)

Signed.....

Date.....

Further Reading

- Step by Step Guide for Protection Officers.* UNHCR Available from: www.unhcr.org/
- Choose With Care, Best practice compilation of Codes of Conduct, procedures, recruitment, and induction.* Childwise/ECPAT, Australia. Available from: Ecpat@ecpat.org
- Policy of the Presbyterian Church in Canada for Dealing With Sexual Abuse and/or Harassment.* Available from the ACT Coordinating Office. act@act-intl.org
- Declaration by Person under (Voluntary or Remunerated) Contract/Mandate with the Terre des Hommes Foundation.* Available in English and French. *Terre des Hommes Code of Conduct.* Available in English, French, Spanish and German. Available from ACT Coordinating Office. act@act-intl.org
- Child Safety Policy.* United Methodist Committee on Relief (UMCOR). Available from the ACT Coordinating Office. act@act-intl.org
- Child Protection Policy.* Christian Aid. Available from the ACT Coordinating Office. act@act-intl.org
- Else Skjonsberg. *Gender and Empowerment – Impact assessment Manual.* Norwegian Church Aid (NCA). Available from the ACT Coordinating Office. act@act-intl.org

4. A GENDER SENSITIVE RESPONSE – BEING TRULY HUMANITARIAN

Myth: “This is an emergency. Everyone will get the same. There is no time for gender.” There is a widespread notion of gender as something that can be addressed or ignored.

Reality: Gender is always prevailing. Men and women are affected differently in emergencies, due to their socially constructed roles as separate sexes. There is no such thing as “the same”.

This chapter:

- ▶ Presents the concept of gender.
- ▶ Discusses why we should apply gender analysis on all our work.
- ▶ Presents advice on how to integrate a gender perspective in everyday practice.

Toolbox:

- ▶ Examples of gender specific issues in emergencies.
- ▶ Tips on how to enforce gender issues.
- ▶ Topics for gender discussion.

The gender perspective is part of respecting all natural human differences. It needs to be integrated in the behavior of all staff. It must be a part of our attitude to life.

The social construction of the sexes

The impact of a natural disaster on women and men will differ because of the inequalities in access and control over resources such as land, participation in decision-making and knowledge.

Women make up a vast majority of displaced persons in conflict areas. Their reproductive roles – caring for children, ill and elderly – restrict their mobility and their ability to protect themselves.

These are just a few examples of why wars and other emergencies have different impacts on women and men.

One reason for this is found in the concept of gender, the social construction of what it means to be a man or a woman. Naturally, there are other factors that influence this impact such as age, ethnicity, class and religious beliefs. Gender is constructed differently according to context, and this construction changes through history and according to cultural, socioeconomic and political setting. This is one of the reasons why it is more constructive to look at gender, rather than at sex.

Looking at gender is not synonymous with looking at and targeting women. However, international organizations have often failed looking through the gender lens, and thus ignoring the specific needs and rights of women. There is a male bias in assistance, when needs assessments and interventions use men as the norm. This is sometimes called **gender-blindness** and the inequalities created by this are often referred to as **the gender gap**.

Gender-related experiences in emergencies

Risks in armed conflicts

Men outnumber women as casualties in conflicts and suffer more from direct violence in combat, but still some 80 percent of casualties from small arms fire are women and children. Casualties of women and children outnumber military casualties. According to UNHCR women are more exposed to discrimination in conflict situations. They receive smaller food rations and they carry a heavier emotional and physical burden of caring for the family. This applies also to youngsters: there are three times as many boys attending school as there are girls attending school. Girls are often kept out of school to attend domestic chores, or to wait for food and supplies.

Gender-based violence

Gender-based violence occurs both in peace and war. Domestic violence is not limited to disasters and conflicts, but may increase in violent contexts and where people are forced to live close together in provisional housing, with scarce resources. This places a lot of stress on the family unit. Many countries have legislation against domestic violence, but violence within a household is seldom reported and exposed to the same extent as violence and crimes in the public sphere.

Statistics show a grim picture: 94 percent of displaced households in Sierra Leone experienced sexual assaults, including rape, torture and sexual slavery. In 1994, in Rwanda at least 250 000 women were raped. Rape, to enforce pregnancy, was used as a weapon for ethnic cleansing, in Kosovo and in Rwanda. Crimes against women and children are performed as public acts in warfare and are performed in the private sphere. Women are often unaware of their rights, and these crimes are surrounded by stigma. Gender roles also come into evidence when men are abused by armed forces or occupiers, and often the violence against men is replicated in their personal relationships with wives and children.

Trafficking and sexual abuse

Conflicts and war create female-headed families. Women, who often make their living in the informal sector and provide for their families in non-paid occupations, are often forced to seek other sources of income when uprooted, or when the economy changes because of war, famine or other emergencies.

International relief programs which fail to see women in their capacity as providers run the risk of exposing women to trafficking and sexual abuse. Women may become sex workers or exchange sex for safe passage, shelter and food. Often, militia, armed forces and international relief agencies, sent to protect the rights of women and men, are the actual perpetrators of crimes against women. This happened in Bosnia and a recent report from West Africa by UNHCR and Save the Children UK cites various stories of prostitution and sexual abuse by international aid agencies, often in exchange for supplies and food items.

Trafficking of women out of war zones is also on the rise. Many women are lured into trafficking by promises of well-paid employment. Women are kidnapped and sold or forced into sexual slavery. These girls and women are often rejected by their families. Many cannot return, even when the opportunity is presented.

Refugees and internally displaced persons

It is estimated that there are 40 million refugees and internally displaced persons in the world. It is difficult to get data on refugees and IDPs that separates the information gathered by the gender of the subjects. But about 80 percent of these are women. Displacement has gender specific dimensions. Displaced women often become responsible for looking after their children, caring for orphans, and caring for aged, injured and ill people, often under severe conditions.

UNHCR has worked out specific guiding principles for IDPs that take in consideration gender dimensions, but in practice humanitarian response is often gender blind. No particular concern is put on the different needs of men and women and their different roles. The rights of IDPs are not regulated to the same extent in international law. Nevertheless, the failure to report and protect women from violence is a violation of their rights. The guiding principles are drawn from international human rights and humanitarian law. These principles call for women's participation in education and training and stress women's psychosocial needs and the need for access to services. Failure to acknowledge women's needs can lead to the failure of programs. Silence and too much respect of the privacy of individuals can, in fact, be a criminal act.

Why should we concern ourselves with gender?

There are two main reasons for gender awareness. The first is related to equal rights, the second relates to efficiency in relief work.

A matter of human rights

During the 1990s several UN conferences and declarations formulated platforms and a legal framework that clearly called for the inclusion of gender perspective in all human development. These included the Beijing Declaration and Beijing Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Declaration on the Elimination of Violence Against Women.

In 1998 the International Criminal Tribunal for Rwanda (ICTR) defined rape as a crime against humanity and an instrument for genocide. This was a landmark declaration for women exposed to war and conflicts, and the first time rape and sexual violence were defined in international law.

In 2000 the UN Security Council landmark Resolution 1325 acknowledged that war affects women differently than men, that women's protection is neglected and their contributions to peace building are marginalized. Resolution 1325 contains four major areas of action: women's participation in peace processes; gender training in peacekeeping operations; protection of women and girls and respect for their rights; and gender mainstreaming in the reporting and implementation systems of the UN with regards to conflict, peace and security.

Resolution 1325 highlights the participation of women during and after an armed conflict. It puts emphasis on women's perspectives, knowledge and active participation in armed conflict, peace-negotiations and reconstruction. Armed conflict has a disproportionate impact of armed conflict on non-combatants. Women are the majority of displaced and the resolution identifies women as targets in armed conflict. It recognises the special needs of women and likewise their rights. It recognises the necessity of women's full participation at all levels in peace negotiations to enable peace processes that are devoid of the power structures that caused the conflict in the first instance.

Resolution 1325 could serve as an effective tool to raise awareness of women's rights and the particular needs of women. It can be used as an advocacy tool and a tool to recognise women's contributions as agents of peace. It can also be used to raise awareness of the power structures that

shapes a society, to foster men as perpetrators of violence and women as victims of violence. It can be used to increase the understanding of the need to change these structures.

The resolution is legally binding for the UN member states and identifies 18 steps to be taken by the UN Secretary general, the Security Council, Member States and all parties involved in an armed conflict.

These covenants and declarations should be followed by all relief workers and development personnel. (Further details about these documents are listed at the end of this chapter.)

A matter of efficiency in relief work

There is a growing consensus that it is wrong to exclude any group from relief work. Excluding any group is also inefficient. The effectiveness of healing/reconciliation and peace-building projects are weakened if women are overlooked. Women have great capacity to be efficient community organizers. A lot of attention has been put on their different reproductive and productive roles and their vulnerability, but not on their capacity as effective community organizers, nurturers and educators.

Women are often grouped together with children and seen in their capacity as caretakers. Since women are more often displaced than men, they are put in charge of caring for others and become responsible for sustaining the family's livelihood. This exposes women to physical danger and gender specific insecurity. Often, women are considered to be the problem, and the actual perpetrators are overlooked. Women become more vulnerable in emergencies if their rights and needs are overlooked. This vulnerability stems from their lower social and economic status, their gendered roles. It is our responsibility to assure that their rights and needs are not ignored. Women should not be looked on as "special interests". Without consciously applying a gender-analysis in field work, our assessment will be biased in accordance with the hidden male norm, and fail to take women's conditions into account.

Since women often care for others, their own individual mental and physical health is overlooked. Women's health is often referred to by their reproductive capacity and often in the same context as children. During a person's life, there are different health concerns, but these are often overlooked when referring to women. In order to adopt a truly holistic approach, the whole cycle of life needs to be considered. Do not consider just the fertile years of women. Other gender concerns include assuring equal access to physical and mental health services.

Obstacles to working with gender in our organizations

As with any change of attitude, there is an implicit conflict in working with gender relations: the underlying assumption that one party is privileged and the other is at a disadvantage.

Field staff can often feel that the “gender perspective” is just another checklist imposed by headquarters. Our organizations are often characterized by a gendered hierarchy, where many high level positions are held by men. Eighty percent of senior policy making posts at the UN are staffed by men. Women tend to work in “soft” areas like health-related areas or with mediation or resolution. Organizations that adopt militarized language, like strategic planning, task forces, targeting, and goal orienting, add to the conceptualization of masculinity. Slow processes like dialogue, healing and reconciliation are difficult to measure and may attract less external funding. By making gender concerns a women’s issue and men’s gender invisible, we run a danger of ignoring half of humanity. Being gender-sensitive is being truly humanitarian.

How to apply a gender perspective in humanitarian response

Both genders consist of ignored beings. Do not ignore men’s contributions to achieving gender equality. As a concept, “men” are considered the norm and men’s “gender” is often ignored or rendered invisible. To achieve an effective partnership and to achieve gender equality, both men and women have to strive to this end. For example, how can we work with gender-based violence, if masculinity – machismo – is not discussed? Often, subjects of rape and domestic violence have to be dealt with in single-sex groups, but it is also vital to involve men in discussions on gender and the values behind the different expectations put on women and men, especially in post-conflict settings and in the extreme stress emergencies constitute.

Some tools and guidelines specific to conflict and disaster situations are listed below. Applying a gender perspective cannot be a matter of just technically applying such a gender perspective in planning, implementing, monitoring and evaluating an activity. Applying a gender perspective is more about internalizing an attitude and consequently the system of thoughts we are ruled by: our values and norms. This means challenging oppressing structures and norms. Therefore it is important to practice what we preach. This can be difficult in situations where traditional norms and systems up-

hold values and norms that are counter to our gender equality policies and international agreements.

Applying a gender perspective calls for awareness and knowledge of the international agreements and the organization's policies on gender equality, but most importantly it's about adopting an attitude. We cannot all be experts, so when in doubt call for the expertise!

> TOOLBOX <

▶ > EXAMPLES OF GENDER SPECIFIC ISSUES IN EMERGENCIES <

Information: Do women get access to the same information as men? Do we have access to information that women have that could improve the intervention?

Empowerment: Are the right leaders identified? Who is participating in the decision-making?

Health: Is access to care and medicines equal for women and men? What is the general physical and mental condition among women and men and how do they differ?

Shelter, protection and safety: Where is shelter located? Is there adequate lighting?

Education and training: Do women and men benefit alike from instructions? What are the literacy levels among women and men? Do training sessions take place at times when women and men can attend?

Food supplies: Who is registered? Are rations and compositions adequate? Do they consider the needs of pregnant and lactating women?

Water and sanitation: Where are washrooms, latrines and wells located in the camps? Are there sufficient numbers. Are they available so users are safe from attack? Are they arranged so parents are able to help children? Have women's special needs during **menstruation** been taken into consideration?

Employment: Who is the provider for the family unit? Are we overlooking women's contribution to the household economy? Are alternative means of subsistence being used such as prostitution, selling of children, or purchasing on credit thereby becoming enslaved.?

Violence: What systems do we have to report and act on domestic violence?

▶ > TIPS ON HOW TO ENFORCE GENDER ISSUES <

- ▶ Use international agreements and international law. Use rights-based approach, even in culturally sensitive settings.
- ▶ Formulate local guidelines and codes of conduct with a gender perspective
- ▶ Look at the staffing and its leadership
- ▶ Identify allies, men and women in high positions who are gender aware
- ▶ Talk about and challenge gender roles
- ▶ Talk about masculinity – femininity

▶ > TOPICS FOR GENDER DISCUSSION <

- ▶ Staff attitude: How do our assumptions about gender roles influence our programming? Do our assumptions influence who we ask for help, for leadership, for comfort? Do we have time for gender discussions? Can we afford to overlook gender issues? What might we miss if we overlook gender issues?
- ▶ Why should we look at gender and not at sex? What is the difference?
- ▶ Why are women disproportionately affected by large disasters? What about women makes them more vulnerable? Are men always perpetrators of violence against women? In what ways are men vulnerable?
- ▶ Have you ever been discriminated against because of your sex? How did you respond? How were your choices limited?
- ▶ Is there a problem in identifying local leadership? Are there formal and informal leaders in the community? Are there people who cannot be the public leader but who privately hold much power? Can local leadership add to oppressive structures? Are there traditions about who can or cannot be a leader for different offices or organizations?
- ▶ What are the advantages and disadvantages of making it possible for everyone to receive the same opportunities? Does everyone really have the same chance to succeed? Do some people need extra opportunities to compete equally with others? For example, do women need extra educational opportunities to be able to compete for jobs?
- ▶ How can we deal with impunity, where some blatantly defy the rights of others? How can we bring about reconciliation?
- ▶ When do we challenge structures that are oppressive? How do we empower women, without triggering intra-familial conflict and exposing women to the threat of violence? Is it possible to push for change so that everyone benefits, both men and women?
- ▶ Are the generalizations below always valid? What can be added? What can be removed?

Women

Private sphere
 Household level
 Informal sector
 Informal community leaderships
 and networks
 Less mobile
 Reproduction
 Domestic violence exposed

Men

Productive formal economy
 Formal decision-making
 Formal representatives
 Exposed to trauma and violence
 directly in combat

► > GENDER EXERCISE <

Tell the group you want to know about how things work in the prevailing culture. What makes a “real man”? What makes a woman a “good woman”? Record the contributions on paper, one list under each heading.

Once it is all up, hopefully covering several areas of life (family, sexual relations, work, in public, appearance etc) the discussion can be taken in a number of directions, e.g.:

Who made these things? God or humans? Nature or society? If a man is not like this, does it mean that biologically he is not a man? Usually the answer is no: these things are man-made and not biological, a man does not lose the male body even if he does not fit the criteria for “a real man”.

The answer might also be a laughter; “Well, he is a man, but he is not a man, you know....” Any response can be used to illustrate the difference between sex and gender and the way gender is made by humans and can therefore be changed by humans.

Imagine you are sitting in heaven (or another planet or on the moon) and you have never been to this world. God is there with you and he says he is going to send you to the planet Earth. He says : “I will send you to the Earth to live there as a human being. On the planet Earth there are only two kinds of human beings: men and women. You can choose if you want the life of a woman or a man”. You know nothing about what man or woman is and you ask him what the difference is. He shows you a list and he says: “Here. If you choose to be a man, you get this. If you choose to be a woman, you get this”.

Which would you choose? Why?

How about if you wanted as much power and freedom as possible: Which would you choose?

Let us imagine you do not care about power and freedom; you are a shy, careful and sensitive person. God tells you will be a man. Would you like that?

This can be used to show the respective benefits and limitations in both sexes.

After the whole exercise, it is possible to bring out one of those long and seemingly complicated policy statements about gender and actually have people understand it and be enthusiastic about it.

Further reading

- Johnson Sirleaf, Ellen and Rehn, Elisabeth. *Women, War and Peace: The Independent Experts Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building*. UNIFEM. 2002.
- Kirleis, E. and Ynoetani, M. “Challenges to agencies working for development and humanitarian aid” in *Gender and Violent Conflict, Good Conference report 12-14 September 2001*. APRODEV. 2001.
- Nordstrom, C. *Women and Girls in War Zone, Troubling Questions*. Life & Peace Institute. 1997.

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International statements and legal frameworks

- Beijing declaration and Beijing Platform for Action*
www.un.org/womenwatch/confer/beijing/reports/plateng.htm
- Universal Declaration of Human Rights*. www.un.org/Overview/rights.html
- Convention relating to the Status of Refugees (1951 Refugee Convention)*.
www.unhcr.ch
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol*.
www.un.org/womenwatch/daw/cedaw
- International Covenant on Civil and Political Rights (ICCPR)*.
www.unhcr.ch/html/menu3/b/a_ccpr.htm
- International Covenant on Economic, Social and Cultural Rights (ICESCR)*.
www.unhchr.ch/html/menu3/b/a_ceschr.htm
- Convention on the Political Rights of Women*.
www.unhchr.ch/html/menu3/b/22.htm
- Declaration on the Elimination of Violence Against Women*.
[www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En?Op=endocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En?Op=endocument)
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*.
www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf
- International Criminal Tribunal for Rwanda*. www.icttr.org/
Resolution 1325 www.unifem.org

5. NORMAL REACTIONS TO ABNORMAL SITUATIONS

Myth: “In addition to a person’s initial inability to cope with the situation, the personal effects in the long run are rather severe emotional scars and mental health disturbances. Paralyzing shock is followed by symptoms of personal trauma.”

Reality: The majority of the population in a disaster area may show varying degrees of stress reactions and psychosomatic symptoms. However, such stress reactions do not basically affect the willingness and ability of people to take initiatives and to respond to the needs of the community, especially in the recovery period.

This chapter:

- ▶ Defines trauma.
- ▶ Describes immediate reactions to traumatic events.
- ▶ Describes how reactions may change and continue over time.
- ▶ Delineates factors that allow for resilience.
- ▶ Highlights particular groups of people who have special risks.
- ▶ Describes the impact of trauma on social relationships.

Toolbox:

- ▶ Emotional First Aid for staff meeting affected people.
- ▶ Coping with stressful events. Tips for family members and friends.
- ▶ Stress coping. Coping with events never expected to happen.
- ▶ The Jigsaw Process.
- ▶ Specific Trauma (Rape, Torture, Child Trauma).

Most of us experience stressful events in our lives on a regular basis. We manage these events and find some form of balance. Some of us even thrive on periodic stressful situations, finding them challenging. Some events overwhelm almost everyone's ability to cope. These extraordinary or traumatic events such as natural disasters, acts of terrorism, terrible accidents and war have several things in common.

- ▶ They are beyond the experience or imagination of most people.
- ▶ They are beyond any one person's ability to control.
- ▶ They create great fear, terror, helplessness or horror.
- ▶ They threaten individuals or their loved ones with death or severe injury.

At times these traumatic events are brief in duration such as tornadoes or terrible accidents. Some events such as flooding or earthquakes and after-shocks are repetitive. Other events like war continue over seemingly endless days or months. Some events, such as famines, are gradual in the beginning.

Trauma is a word used for any event that causes major distress to a person. Trauma may be physical, such as a wound, or it may be emotional such as grieving a death or acute danger.

Immediate Reactions to Traumatic Events

Reactions to traumatic events are seen in all facets of human functioning: physical, emotional/cognitive self, relationships and spiritual. The physical reaction often appears first, though our thoughts and feelings often race as we recognize the emergency and try to preserve life.

The following lists illustrate the different reactions experienced by people. Some of these reactions contradict each other, but they are experienced by different people at different times.

It is normal to have reactions following a traumatic experience. It would be dangerous to have no reaction! Our symptoms have important protective functions that allow us to survive and recover.

Physical Symptoms:

- ▶ Elevated heart rate
- ▶ Elevated blood pressure
- ▶ Dizziness
- ▶ Sweating
- ▶ Nausea, diarrhea
- ▶ Fatigue
- ▶ Lack of power

- ▶ Burst of strength
- ▶ Tunnel vision/awareness
- ▶ Sound sensitivity
- ▶ Muscle tension
- ▶ High activity level

Emotional/Cognitive Symptoms:

- ▶ Hyper-alertness
- ▶ Emotional numbness
- ▶ Fear, anxiety
- ▶ Irritation/anger
- ▶ Helplessness
- ▶ Joy of survival, feeling high
- ▶ Closeness to everyone
- ▶ Difficulty concentrating
- ▶ Stunned, dazed
- ▶ Confused
- ▶ Denial/“This is not happening”
- ▶ Passive/docile

Social/Relationship:

- ▶ Leadership
- ▶ Dependence
- ▶ Need to be connected
- ▶ Follow the group
- ▶ Suspiciousness

Spiritual Symptoms:

- ▶ Need to pray
- ▶ Sense of being punished
- ▶ Awareness of God’s presence

It is typical of early reactions to traumatic events that people’s feelings change frequently. It is common for people to be quite tired after an initial adrenalin rush wears off. The feelings accompanying traumas are usually much more intense than day-to-day feelings. This intensity also contributes to the exhaustion that people report.

The symptoms that people display following a disaster have an important function in helping the person survive the intensity of the trauma. Some help the person respond quickly (hyper-awareness, tunnel vision, muscle tension). Others help to soften the impact of the event (concentration difficulties, need to pray, emotional numbness). People are sometimes embarrassed by their reactions. Aid workers may become annoyed with certain reactions such as suspiciousness. In

the long run, these reactions are very helpful and adaptive. Most people survive traumatic experiences and go on to lead healthy and fulfilling lives.

Continuing Responses

It is common for people to continue to have emotional effects from trauma for quite some time after the event. New reactions may show up weeks later, as people begin to feel safe and life begins to return to normal. Research shows that after several months, as many as 50 percent of people are showing emotional effects related to the disaster. These effects gradually subside. However, after a year or two, there are still quite a number of people having some disaster-related distress. It is also common for reactions to come to the surface on anniversaries of the disaster or when the disaster memory is stirred by related events. Distressed memories may come back even ten or more years later for traumas such as war memories.

The frequency with which memories and emotional distress occur in people following traumatic events tells us that these responses are normal human responses to traumatic events. Reports of emotional reactions, from cultures all over the world, point to the usualness of this experience. It is helpful for psychosocial caregivers to remind people of this fact, since it is common for people to feel like they are going crazy, or that they are “not themselves”.

Research has been done to determine why some people survive trauma with little long term damage and others struggle for months and years. This quality is known as *resilience*. There seem to be three clusters of characteristics that contribute to resilience:

- ▶ The first cluster has to do with a combination of innate and learned skills including independence, social ability, a feeling of being valuable, creativity, the ability to master difficult challenges etc.
- ▶ The second cluster has to do with the family relationships around the person.
- ▶ The third cluster reflects the network in which people relate.

Obviously, the basic characteristics of the person combined with the social supports available to the person are pivotal to a person’s ability to rebound. Reflecting on this information tells us that there are some things that can be done to improve people’s ability to cope with traumatic events. Encouraging supportive social networks, caring for the family system and encouraging a sense of mastery and competence all help to foster this resilience. These factors that allow for resilience are woven into the ideas for the field found in chapter 7.

A wide variety of emotional reactions continue to occur in people in the months after a traumatic event. Depression, chronic grief, anxiety and guilt are very common. Nightmares of the event, or waking ‘flashbacks,’ make it feel as if the event is happening again. Irritability, hostility, suspiciousness and difficulty controlling anger are a challenge for some. Difficulty in trusting people or God, disruptions in social relationships, and a feeling of being different from others cause distress for many people. A common complaint is that life will never be the same again. People often wonder if *they* will ever be the same again.

Traumatic experiences often force us to rethink our understanding of the world. Should we trust that things will be OK, that there will be a tomorrow? Is it worth loving people and getting attached if it will hurt this much when we lose them? Is there really a God who cares about our welfare? Is it Allah’s will that we should suffer? Does evil win over good? These fundamental questions are often triggered by tragedies and must be resolved for healing to be complete.

Trust and intimacy are often struggles for trauma survivors. The intensity of the pain tends to make the survivor feel that he or she is isolated, that no one else can really understand. The depth of the pain is often hard to articulate in words, and people give up trying at times. This affects marriages, making the divorce rate higher for these people. Sexuality is often impacted during the months following a tragedy, with sexual expression being changed from the past.

Survivors of prolonged trauma or repeated and severe traumas have some particular difficulties in recovery. These may include difficulties in regulating feelings or the feeling that they are flooded with feelings. Their sense of identity may be changed. Survivors may feel that they no longer have the same value, or are the same person. There may be disturbing states of consciousness like periods of amnesia or intrusive thoughts, making the person wonder if they are going ‘crazy’. The thoughts and feelings that they have about the perpetrator may be altered. These many symptoms may be disturbingly persistent. All of this may disturb people’s relationships with close friends and family.

Some people express their distress through ‘somatic’ complaints. This discomfort manifests itself through headaches, stomach aches, back aches, heart problems, faintness, hotness or coldness, and so on. People go to the doctor for help with these symptoms. It is important not to minimize these complaints. It is necessary to distinguish between pain caused as a result of injuries sustained in the traumatic event, and illnesses that are a result of the emotional distress of the trauma.

Family relationships often suffer from the emotional distress following trauma. People talk about feeling distant from their spouses. Domestic violence increases as stress is displayed by aggressive behavior towards chil-

dren or spouses. The use of alcohol and drugs often increases in an attempt to dull feelings. Families that are able to work out safe ways to express their distress while supporting each other increase the speed of the healing for the family members.

Likewise, communities often have difficulties as a result of traumatic events. In addition to the possible physical destruction, the loss of leadership and loss of organization handicaps the functioning of the community. Pain and distress become conflicts between neighbors. People are much more suspicious, especially if the traumatic event included civil unrest. At this time, there is potential for new persons to rise to leadership and people to provide meaningful assistance. These can be healing actions for the whole community. This is part of the resilience factors mentioned earlier in this chapter.

Differentiated Impact of Traumatic Events

Traumatic events do not affect everyone the same way. Different groups of people have strengths and areas in which they are vulnerable. Effective psychosocial programming allows for accommodation of these particular characteristics so that the whole community can benefit.

The following descriptions are generalizations. They do not cover all the variations in each group. By understanding the common themes for each group, we can better understand the vulnerabilities within each group.

Men

Men are often recognized for providing strength, leadership and logical decisions in emergencies. These strengths are of enormous service to the community as a whole. But men are vulnerable since they are not often comfortable dealing with the intense emotions that come with traumas. These feelings include; helplessness, grief, pain and fear. These feelings may be translated into anger and aggression which is directed at people around them. The use of alcohol and other drugs may be a tempting way to deal with these feelings.

Women

Women contribute to the larger community through their skills in organizing people, attending to the basic needs of everyone, and caring for the needs of those who cannot care for themselves (children, the elderly, and those who are ill).

Women are particularly vulnerable to violence. They are often targets for rape in war situations. They are often the objects of domestic violence. They are less mobile while caring for the children and the elderly. They are likely

to be caught up in the traumatic situation (famine, flood, etc). Women are often criticized for being a greater problem than men and are shamed for rapes. This attitude blames the women for making contributions to the care of the community. It is delivering this care that makes them more at risk for violence! This blame also absolves the perpetrator of wrong behavior.

Children

Children respond sensibly and appropriately to disasters, especially if they experience the protection, support, and stability of their parents and other trusted adults. Like adults, they show a wide range of symptoms in response to their distress.

Small children: Anxiety and fears are shown through increased difficulty separating from parents or other caretakers, fears of monsters, fear of "strangers". Children will often act out their worries, repeating stories over and over of funerals or traumas. At times children's play will be very restricted, or they may seem less interested in play than normal. Young children may also regress to behavior typical of younger ages, such as "forgetting" how to feed or dress themselves, or reverting to wearing diapers.

School-aged children: Regressive behavior (acting younger than their age) is very common following a trauma. Children of this age often talk or play out the traumatic event repeatedly, in either direct or symbolic ways. An increase of aggressive behavior and rebelliousness are quite common, as are increased worries. The loss of pets, prized possessions and people are especially difficult for these ages. Difficulties in school with memory, concentration, intrusive thoughts and avoidance are typical.

Teen years: Teens can provide positive contributions during traumas, bringing skills and energy at a difficult time. They are also vulnerable to being overwhelmed, getting frustrated, angry or feeling guilty. The feelings of adolescents are often intense and teens may need support to manage these feelings. The risk of suicide is greater for teens than for other age groups. Peer relationships are very important. Acceptance from friends and the assurance that their feelings and fears are normal helps with the adjustment.

All children need the support and protection of parents and caring adults. It is an unfortunate reality that children are exploited in many ways and due to their innocence are unable to anticipate these dangers and protect themselves.

Unaccompanied children, or children separated from their families, are at particular risk for long lasting difficulties. Separation from parents is without question the highest stress factor for children. Every effort should be made to

quickly reunite children with their families. When parents are not present, children should be kept with siblings, grandparents or other familiar caring people in a stable situation where their needs can be met.

The Elderly

The elderly have a great contribution to make given their lifetime of experiences and accumulated wisdom. However, their diminishing physical capacity and consequently limited mobility make them at high risk in disasters. When moving the elderly from their familiar environments, it is important to keep them together with family members whenever possible and to remember to attend to medication and other health needs. Depression and confusion are often seen, especially when the elderly are separated from their families and familiar people. Elderly people are also at greater risk for victimization by unscrupulous people following a disaster. It is not uncommon for them to say that they are too old to start over after a life-changing trauma, and to consider death a better option.

The Physically, Mentally or Developmentally Disabled

Although people who are physically disabled, mentally ill, or mentally retarded have distinct needs from one another, all three groups are at especially high risk in disasters. For those in each group, the normal patterns of care or assistance that they receive are disrupted by disasters. Disasters disrupt their normal adaptations and therefore their normal levels of functioning. Supplies of medication, equipment and devices such as wheelchairs, familiar caretakers, and previously effective programs of treatment may become unavailable. This situation may drastically reduce their quality of life. Anxiety and stress resulting from this situation may create disorientation, confusion, or deterioration in their health status.

This population may not be able to care for themselves without help. As a result, they are at great risk for marginalization and isolation. Post-disaster malnutrition, infectious diseases and the lack of adequate health care are particular risks since their ability to be their own advocates is so limited.

People from war or other violent environments

Persons who have been traumatized in such environments have particular vulnerabilities. Violence perpetrated by other human beings destroys trust and often the ability to receive help. The very factors that were noted earlier

as helpful in recovery from trauma – family, social networks, a sense of mastery or competence – are destroyed by human inflicted violence. As a result, safety is of paramount importance.

The development of trust occurs slowly and is easily disrupted by the appearance of broken promises and perceived intrusions. Displacement to a refugee camp due to the conflict may create an additional set of problems resulting from poor housing, loss of control, and lack of privacy. This accumulation of trauma can lead to a buildup of anger that is directed towards officials, aid workers or targeted people within the camp or neighborhood.

It is also common among those who come from war situations that there is great uncertainty about the future. Where people were once industrious skilled members of a community, now everything is in question. Will I ever return home? How will I support myself and my family? Will I be able to move to another country and start life again? As a result of this uncertainty, people may appear restless, hopeless, depressed, grieving, confused, and very reluctant to hope for anything.

Child Soldiers

It is an unfortunate reality that children are involved directly in combat more and more frequently. Children as young as 9 years old are bribed, lied to and kidnapped by combatants. Once under the control of these fighters, they are forced to commit atrocities against their own families or neighbors to ensure that they will not try to flee back to their homes. It is common to drug the children so that they will be fearless and ruthless in their behavior. These children are then used as fighters, as sex slaves, as cooks and housekeepers or to carry equipment. This horror continues for weeks and months and at times for years.

In the end, these young people are terribly traumatized. They have missed out on what most people experience as children. They have missed out on going to school, of playing with friends, and of having parents to care for them. When they try to return to their homes, they find people who are afraid of them. For weeks and months, they have been bullies or friends of bullies, terrorizing those who they meet. They must now confront a new reality in which they must learn to make peace with their former victims. They must find ways to trust others, cooperate with their neighbors and make amends for their past so that they can begin life anew as members of the larger community. All of the characteristics of trauma are present in these children, nightmares, loss of hope, a lack of safety and so on, but often they are hidden from sight by tough attitudes and behavior. These children are people in real need of psychosocial care.

The Impact of Trauma on Social Relationships

Families, friendships, communities and organizations are all made up of individual people. When a traumatic event strikes, all of these relationships are affected. Relationships can be a great source of strength in the face of trauma. There are many stories of friendships that drove people to heroic lengths in disasters. It has already been noted that families and networks of people are a critical component in surviving trauma with little long-term reaction. Religious organizations are an anchor for many communities following terrible events, sometimes providing care to affected people for years. Yet, even with these wonderful examples, we are aware that these social relations have been changed.

It is the nature of traumatic events that they are beyond what people imagined or experienced. As a result, relationships are changed. Families especially feel this change. Many times in the face of trauma, there are dramatic changes. Fathers are lost and elders are integrated into different households. Women take on new responsibilities as the head of the household and as the breadwinner. The family income may change due to injury of a family member or the loss of family business. The family may need to find a way to manage the shame of a rape or resulting birth of a child. They may need to find ways to understand the behavior of a family member who behaved in ways that were unexpected during the crisis.

Such changes in the relationships within a family can take a great amount of energy and struggle. The stress produced may result in open conflicts, domestic violence, separations, estrangement or drug and alcohol abuse. Support for families during and after trauma greatly increases the chance that the family will survive and thrive along with its members.

Organizations and communities change as a result of traumatic events. The effect of 9/11 attacks on New York City continues to evolve. Some communities reorganize and find new spirit and soul. Others erupt with conflicts that immobilize the community. Leaders are lost and new leaders selected. An influx of help and money creates huge challenges and great opportunities for corruption. Like a great jigsaw puzzle, communities and organizations are broken apart and re-formed in new ways. These changes are traumatizing, making it harder for individuals to rely on the familiarities of the past.

Responding to Trauma

Psychosocial Service is about responding to trauma at many levels in a way that respects the people involved and looks toward their healthy future. Traumatic events cause great distress. However, we believe that with care and respect, most people will do very well. Our sensitive response can prevent further trauma.

Never underestimate the importance of being given the opportunity to influence the situation. Experience shows that the most important factor is to retain identity and competence in the situation, to be able to act in a meaningful context, to be part of a team, and to get a platform.

Possibilities to take part and do good prevent continuous traumatization, and will contribute to healing. Even if it may seem to be easier and more caring to take over for affected people, the opposite is usually true. Taking over will contribute to increased suffering and reduce efficiency of aid work.

The remainder of this guide contains information about the wide variety of responses that can be made following traumatic events.

> TOOLBOX <

▶ > EMOTIONAL FIRST AID FOR STAFF MEETING AFFECTED PEOPLE <

These first general steps reduce stress symptoms and promote post-disaster readjustment.

When people are in a disaster or in the immediate aftermath they often appreciate structure and being guided. By providing this structure instead of letting them discover it, we can lessen the impact of the stress and assist them in resuming control and responsibility.

- ▶ Safety and protection: a safe place with shelter, food and water.
- ▶ Reassure them that they are safe.
- ▶ Give people private time.
- ▶ Don't take anger and frustration personally.
- ▶ Address family needs/priorities: gather family members, support families to get back their self-esteem and a sense of hope.
- ▶ Encourage storytelling. Establish communication with family, groups (women, children), peers and counselors in order to talk and express the experiences. To be able to "tell your story" to others who are interested to listen and are concerned, is relieving. The coping processes start and the group gives the participants the feeling of not being alone in the trauma. Storytelling gives them social support. Storytelling should be voluntary; everyone is not ready to tell their story at the same moment. Safety comes first.
- ▶ Take time to listen to people; don't promise to listen when you don't have time.
- ▶ Don't push people to talk about their experiences; find out their traditional ways of coping and dealing with events like this. Give opportunities to talk about it; create safe venues for it. Single sex groups are sometimes necessary.
- ▶ Involve people, let them participate in decisions that concern their situation.
- ▶ Activate people; passivity is harmful. Encourage people take part in emergency operations like food distribution, preparation of roads, houses and other kind of facilities. Arrange soccer/basketball tournaments etc.

- ▶ Be aware that the present situation may stimulate bad temper and possible violence at home and in the community.

**► > COPING WITH STRESSFUL EVENTS <
TIPS FOR FAMILY MEMBERS AND FRIENDS**

These tips can be passed on to affected families (see Toolbox for handouts). Check to be sure the activity fits with the culture and indigenous patterns.

- ▶ Be close and present; show that you are available, that you are standing by and participating. Dare to express your own sorrow and consternation. Don't hesitate to make contact; be assertive without being intrusive. Help with everyday tasks like cleaning, cooking, minding children
- ▶ Don't try to console, using phrases like it's OK, it's not that bad, or it could be worse. These phrases may sound like mockery. Don't dwell on your own experiences. Help the person to mourn.
- ▶ Listen actively. Listen, take in and confirm feelings. Take part without making comments or questioning what is said. Listen more than you talk.
- ▶ Make physical contact; when there is nothing left to say you can always hold a hand or give a hug.(Depending on the culture)
- ▶ Accept feelings; people are allowed to feel bad, allow them to feel bad.
- ▶ Don't be afraid of feelings, feelings are the body's way of expressing strong feelings. Feelings are expressed by tears, anger, and even laughter. If you hold it back you are also holding the feeling back, and it will come back later, sometimes after years.
- ▶ Words can help. Gently ask what happened, or how it felt. One way to get rid of sorrow is to address it in words. This is also a good way to start the coping processes.
- ▶ Don't let them down. Be available when you have promised to be.
- ▶ Keep in contact. Take responsibility for checking up on how things are going.
- ▶ Be yourself, don't try to play a role. We often hide behind our professions without being aware of it. Human compassion and empathy matter.
- ▶ Try to get the affected person back to daily routines, not for the purpose of blocking feelings, but to get the body working. Physical exercise related to the person's normal activities is helpful.
- ▶ Be honest. Don't keep reality away from people, they have to face their experiences sooner or later; it's easier to cope with reality than with fantasy. The sooner they start their coping, the better, but do not force reality onto people who are not ready for it.
- ▶ Avoid criticize others or agree to accusations of others. It's important for people to express their feelings, but don't let them get locked in blaming others. Focus on the present situation.
- ▶ Convey an optimistic approach. Try to be positive without being too cheerful. Show that you know it's going to get better.
- ▶ Admit you own limits, you sometimes need to have a break, you can't put up with everything. Some things can get too close and be too painful.

▶ > STRESS COPING <
COPING WITH EVENTS NEVER EXPECTED TO HAPPEN

▶ Advice for the affected people/Things to try

These advices must be handled with greatest care. Do not use them without discussing with local representatives/professionals/healers/doctors etc. if they fit into traditional ways of coping. Make necessary additions and adjustments.

Do:

- ▶ Take every day one at a time. Time is essential, but hard to manage. Every day is an opportunity to take steps towards recovery.
- ▶ Allow yourself time; to talk, to grieve, be angry, to cry or to laugh according to your needs. Allow time for exercise, rest and recreation.
- ▶ Focus on the most important things for you and your family today.
- ▶ Learn and understand what you are experiencing, remember what's important and let go of what's not. Try not to get disturbed over what you can't influence. (Depending on the value in what's disturbing, e.g. lack of toilet paper or missing kids or spouses.)
- ▶ Try to understand what these experiences mean as a part of your life.
- ▶ Doing things, can provide relief and a sense of control. Watch out for over-activity, which may be harmful because it blocks your feelings. Make decisions in your daily life, for example when and where to eat. These give you a sense of control.
- ▶ Face reality. Facing reality will help you to come to terms with the event. For example, viewing the body, going to the funeral, returning to the scene, visiting the ill and injured.
- ▶ Talk, express your experiences and how you feel about them. It will help to listen to others who have been affected. Talk is the most healing medicine. It's often good to talk with someone besides your spouse. Do not let a loved one carry too big a burden.
- ▶ Share with others in the community, in church, prayer groups.
- ▶ Seek out privacy. You need privacy to relax, to sleep, and to sit quietly with your own thoughts and feelings
- ▶ Be aware that everyone expresses things in their own way. People go through the phases of a crisis at different paces.
- ▶ Combine exercise with relaxation and rest; it will soothe some of the physical reactions. Remember to eat and drink regularly even if you do not feel like it.
- ▶ Do things that make you feel good.
- ▶ Try keeping a journal if you have difficulty sleeping. Write down the thoughts and feelings that are spinning around in your head. It's just for your eyes, nothing you have to share with others.

- ▶ Allow your children to get back to school and keep up with their activities as soon as they are ready.
- ▶ Be careful with coffee, cigarettes, alcohol and drugs, they may prolong the coping process.
- ▶ Use your traditional ways of coping with stress and disasters. Do not let the loved ones carry too big a burden.

Do not:

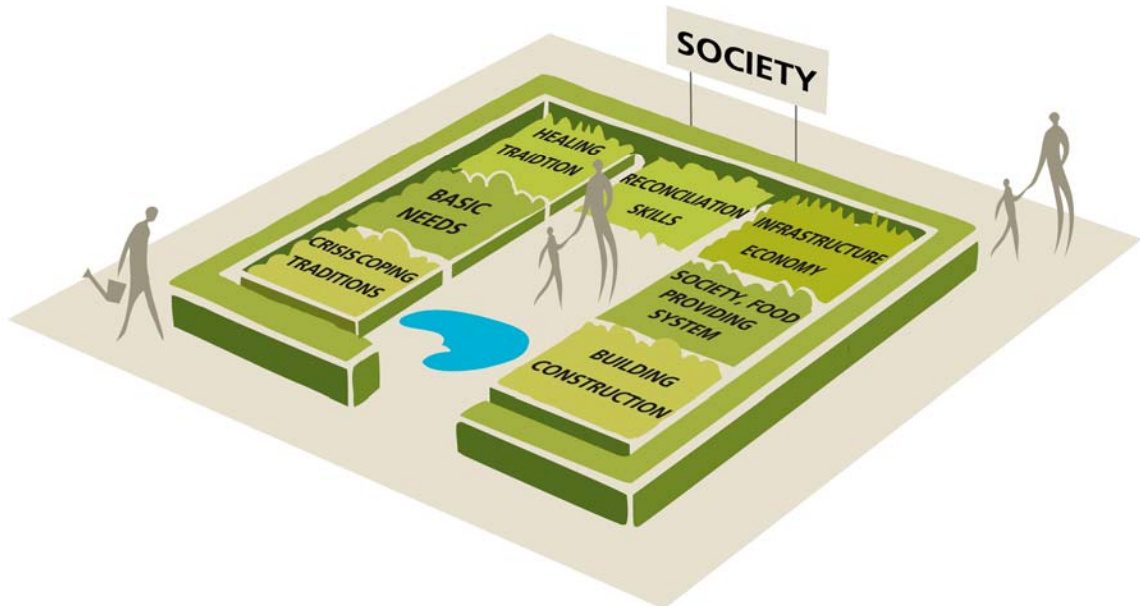
- ▶ Do not make any big life changes (hold on for 30 days).
- ▶ Do not look upon yourself as abnormal. You are having normal reactions from an abnormal experience.
- ▶ Do not bottle up thoughts and feelings.
- ▶ Do not fight recurring thoughts, dreams, and flashbacks to keep them away. They decrease over time. Share them with someone and they will lose power.
- ▶ Do not avoid talking about what's happened.
- ▶ Do not take out your frustrations on family, spouses and children. (Do control a bad temper. Get rid of your frustrations in a way that will not hurt anyone else.)

Warning! After severe stress, accidents and illness are more common, therefore:

- ▶ Drive more carefully.
- ▶ Keep up safety practices.
- ▶ Continue normal medical treatment.
- ▶ Watch your diet and physical health, keep up physical activities.
- ▶ Be more careful with caffeine, cigarettes, alcohol and drug intake.

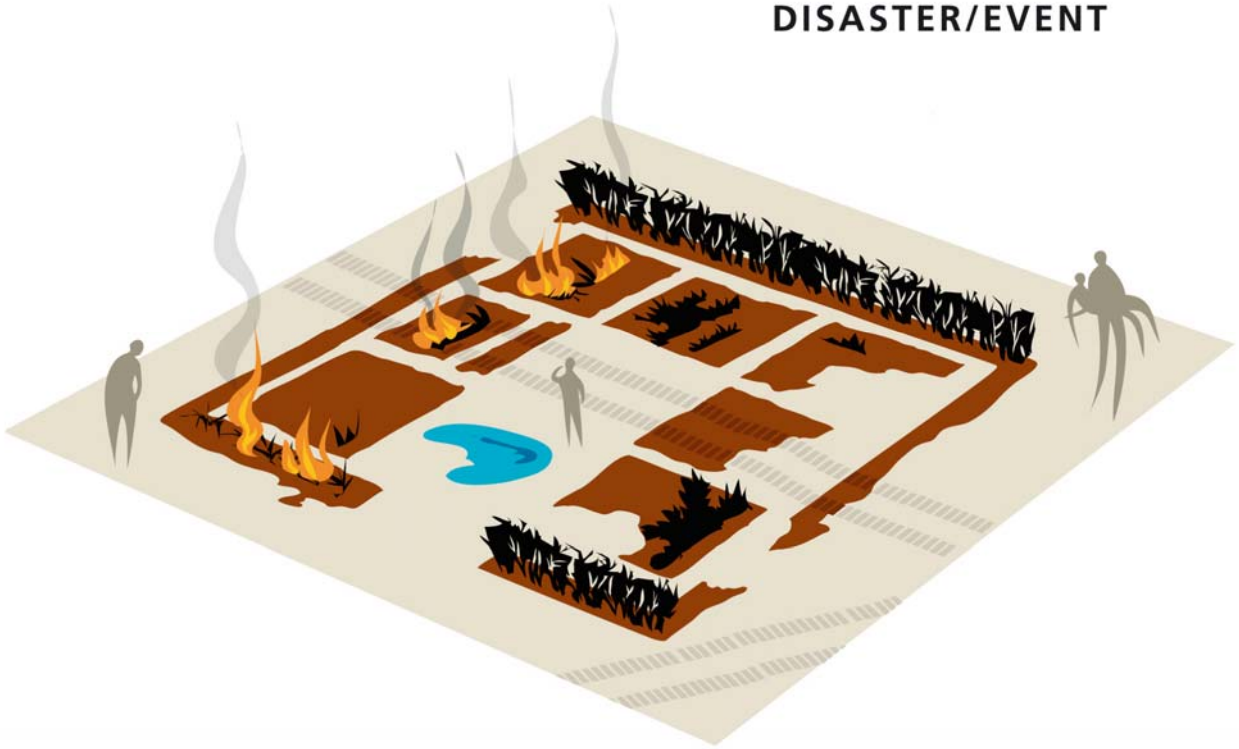
► > THE JIGSAW PROCESS <

SOCIETY PRECONDITIONS



1. The society is not yet affected by a disaster. Its preconditions and obstacles, the infrastructure, the political system, the financial system etc., are intact. People live here, in their cultural traditional context.

DISASTER/EVENT



2. When the disaster/event strikes, the normal structure of the society erupts and falls apart. Normal coping mechanisms may not be functional. The structural frame for the society may also change, making it more problematic to rebuild and recover.

DISASTER/REHABILITATION

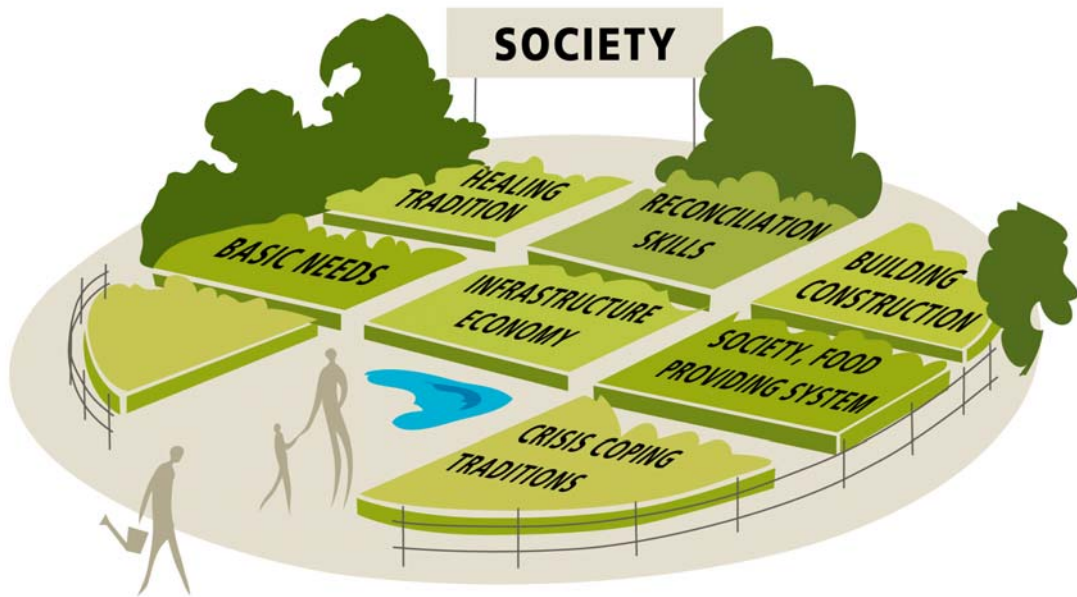


3. When the emergency assistance starts both national and international aid organizations might be alerted and involved. Sometimes they have been active in the area doing development work before the emergency erupted, but their experience and training in emergency relief might be limited.

The way the emergency assistance is carried through has to be fitted into the structural frame of the affected society. Pieces must be made to fit together, within the frame, considering the cultural context and trying to see the needs of the affected community.

An emergency raises many questions, such as:

- ▶ Is anybody gaining from the event?
- ▶ Where does power reside?
- ▶ Who in the aid-society is doing what?
- ▶ How does the society traditionally cope with trauma?
- ▶ What is the cultural context? What is considered as proper behavior and what is not?

RECOVERED SOCIETY

4. When a severe disaster or emergency has hit a society, the society changes. People have new experiences and perhaps trauma that has changed them, the society as such has been rebuilt physically and socially. This can make people feel astray, but it can also become a new start for the society, a new start to something even better than before.

► > SPECIFIC TRAUMA (RAPE, TORTURE, CHILD TRAUMA) <

Some groups in society require special attention because they are particularly at risk of human rights violations, physical attacks and other protection problems. These groups are: children, especially unaccompanied minors; women, especially pregnant women, mothers with young children, and female heads of households; persons with disabilities; and elderly people. These groups are at specific risk during complex emergencies, domestic conflicts, war, and natural disasters.

Rape and torture are common during warfare. Trafficking and prostitution are growing problems involving women, young girls and boys.

Trafficking and prostitution often follow war and disasters and are present when large groups of the international society are brought together for relief. Thus it is most important to be aware of the Code of Conduct principles and values and the core principle, Do No Harm.

Men are also at risk of being raped. Men who have been raped face a stigma that is different from women and children. The fact that a man was not able to defend himself makes it difficult to admit that he has been raped.

This guide gives some basic advice about how to meet with these victims but it is not a complete guide on how to deal with rape victims. For more detailed information we recommend WHO's Mental Health of Refugees, pg.123.

The effects of being raped are devastating for an affected person, especially since they often are abandoned and stigmatized. In some cultures rape victims are banned by their society. This additional trauma increases the psychological problem for the affected person.

Persons who have been exposed to torture and/or rape are often in need of special care, physical therapy, and protection from others. People who are abandoned by their families need new forms of family/social support. It is important that these people understand that their reactions are normal for people who have been exposed to this type of trauma. These people are in need of help from others.

Some typical rape reactions might be:

- Feelings of shame and disgrace.
- Guilt because of the disgrace they have brought on the family.
- Fear of strangers.
- Feelings of resignation to fate or destiny.
- Feeling of being dirty and soiled.
- Risk of suicide.

▶ **Help and support**

Approach these people with sensitivity and an awareness of the cultural effects of their trauma. Provide these people with a place where they can feel safe. Encourage them to meet with others who share the same experiences. To be interviewed and helped by others is essential and makes it easier to reveal what has happened. The counselor should be of the same sex as the abused. Pay special attention to physical injuries, sexually transmitted diseases, pregnancy, and the loss of virginity which has profound importance in some cultures. It is important to maintain strict confidentiality. Any documentation must be kept safe to prevent retaliation on those who report.

Short advice how to help rape victims:

Confidentiality is important

- ▶ Recognize that it is common for an abused person to feel ashamed
- ▶ Encourage medical examinations for pregnancy and for sexually transmitted diseases. These should be voluntary, but encouraged.
- ▶ Give support. Listen, do not make any moral judgments.
- ▶ Allow the victim to talk when she or he is ready. Don't push.
- ▶ Do not make the abused repeat the story many times.
- ▶ Find ways to end the social isolation of the abused.
- ▶ Organize support groups for the abused.
- ▶ Provide support for the staff working with these traumatized patients. Using support groups is one way to meet this need.
- ▶ Collaborate with local resources to distribute information.
- ▶ Advocacy for safety and legal reporting.
- ▶

▶ **Victims of Torture**

This guide will give you some basic advices for assisting people exposed to torture. For more detailed information we recommend WHO's Mental Health of Refugees, pg.110.

Torture takes place in one third of all countries. In warfare and conflicts large groups, sometimes all refugees, are victims of torture. The signs and symptoms of being exposed to torture are the same as those in disasters, although often more severe. Mistrust of and difficulties in relating to others are common.

It is often useful to get victims together, voluntarily, in small groups (6-10) to discuss and share.

When dealing with tortured people, the network and support of the helpers is essential. The helpers need a group of their own to manage to cope with the experiences the members in the torture-victims group are sharing and to support and to be able to lead the process in this group.

Helping victims of torture can be a long process; it is often a question of building trust. Due to physical injuries and problems, the aid often depends on cooperation with medical teams, doctors and physicians. Some basic advice:

- ▶ Feeling safe is essential.
- ▶ Help with sorting out what's medical, physical, social, existential etc. Be aware that they are intimately connected.
- ▶ Be aware of the need for victims to assume control. If they need assistance in this, find ways to support them.
- ▶ Be aware of environmental triggers. Relaxation exercises sometimes help.
- ▶ Head injuries can interfere with cognitive processing and emotional expressing and coping.
- ▶ Support the need for justice.
- ▶ Give opportunities for people to tell their story.

Experience from people who have been exposed and got help to handle the trauma shows that the most important results have been to establish feelings of self-respect and trust in their surroundings along with psychosocial and social support.

▶ **Children's reactions**

Most children respond sensibly and appropriate to disasters, especially if they receive proper protection, support and stability from the grown-ups in their surrounding. Like adults, children respond out of individual factors. Some are better protected than others.

“The long term threat to child development lies in the accumulation and interaction of distressing experiences and chronic secondary stress factors, which are almost always associated to the loss or partial destruction of the family”³

One of the most common and also greatest stress factors is that children in disasters are often separated from parents and siblings. They are also often exposed to secondary trauma, due to the separation, conditions in the camp, or the way they are treated by helpers. There are examples of helpers inter-

³ Save the children: *Promoting Psychosocial Well-Being among children affected by armed conflict and displacement*. Principles and approaches

viewing children making them recount the terrifying experience, exposing their feelings, and then leaving them without long-term help and support.

Children can react in a number of ways. Their reactions vary from withdrawal and apathy, to aggressive, angry outbursts, from clinging to avoiding contact. There are age-dependent variations. Children often react to the reactions of the adults around them.

► **Communicating with distressed children (ARC⁴)**

1. Allow the child to set the pace.
2. Give adequate time to the child
3. Provide emotional support and encouragement to the child
4. Accept the child's emotions, such as guilt and anger
5. Never give false reassurance
6. Talking about difficult situations may enable children to work out their own solutions
7. Sometimes it's necessary to allow regression

The following issues are particularly important in the helping process.

- Provision of support from their own families (or substitute).
- Restoration of a structure to their daily lives (school and pre-school play a vital role), provision of opportunities for play and recreation.
- Provision of support from other adults and children within their communities.

If children continue to show signs and symptoms of distress over a prolonged period of time, they may need more professional care.

Important! If therapy is considered, extreme caution should be taken to ensure that the help is given in a way that is rooted in the culture. Most approaches and methods have been developed in the west and cannot always easily be adapted to non-western societies. Using a specific treatment without considering the cultural setting may be counterproductive or damaging to the children.

► **Specific support to children**

Small children: Re-establish routines, provide opportunities for verbal and non-verbal expressing of feelings and thoughts.

⁴ Action for the Rights of Children (ARC) Working with Children- Revision Version 01/01, www.savethechildren.ch

Permit the child to sleep close to a parent for a limited period of time.
Provide opportunities to express emotions through play.
Allow repetitive re-enactment of disaster through fantasy play, with parent clarification of what actually took place.

School aged children: Encourage expressions and play enactment of their experiences.

Resume normal functions as soon as possible, but relax routine expectations.
Provide opportunities for structured but not demanding chores and responsibilities.

Encourage physical activity.

Answer questions about the disaster honestly and simply.

Avoid giving children access to very vivid depictions of the event in order not to overwhelm them.

Give the children permission to discuss their uneasiness by acknowledging your own fears.

Teenagers: Encouraging group discussions with peers and adults is effective in reducing the sense of isolation and in normalizing the child's feelings.

Provide opportunities for physical activities (preferably in peer group) to help reduce tension.

Provide reassurance that ability to concentrate will return.

Reduce expectations temporarily for the level of performance at school and home.

Encourage participation in home and community recovery efforts.

Encourage expression of feelings.

Encourage teenagers to maintain contact with friends and to resume athletic and social activities.

Encourage discussion of disaster experiences with peers and significant others.

Group discussions are helpful in normalizing feelings. Encourage healthy outlet of aggressive feelings; screaming in a pillow, pummeling a punching bag, walking, and running.

► **Working with children in a cultural sensitive context**

A central aspect in trauma healing is understanding what has happened and giving it a meaning. Make some sense out of it. Religious and spiritual beliefs can be an important source of understanding and coping with traumatic experiences. Traditional healers and traditional rituals can sometimes play a helpful role in this. Sometimes political ideology can offer insight. Therapy may be chosen as a safe relationship in which to make sense of what has occurred. counseling. Whatever approach is chosen, it should reflect the context of the affected society.

Help should be built on community-based approaches considering cultural traditions and culturally appropriate coping behaviors.

Many societies have rules and traditions about how to express emotions, i.e., sometimes it is shameful for men and boys to cry. In some societies it is disrespectful or even insulting for a stranger to ask someone to talk about their painful experiences.

In some societies where children live in a communal context, their sense of identity is self-embedded in the community. It has been frequently observed that in collectivist cultures, people tend to experience traumatic events not so much in a private sense but in a collective way. Many indigenous healing systems emphasize a community context and a spiritual dimension.

Healing is “a process of transition towards greater meaning, balance, connectedness and wholeness, both within the individual and between individuals and their environment”.

Many non-western oriented medical systems do not distinguish body, mind and self. Social relations are understood as a key contributor to health and to the individual’s sense of well-being. In helping children to manage their experiences it is important to have knowledge of their cultural context and to build support on it. These traditional strategies are the foundation for all supporting systems.

Further reading

Web-sites

David Baldwin's Trauma Pages. www.trauma-pages.com

National Center for PTSD. www.dartmouth.edu/dms/ptsd

Disaster Mental Health Institute. www.ncptsd.org

International Society for Traumatic Stress Studies (ISTSS). www.istss.org

National Hazard Center. www.colorado.edu/hazards/

PILOTS database. ncptsd.org/research/pilots/index.html

Ehrenreich, John H. *Coping with Disasters*. www.mhwwb.org

Ehrenreich, John H. *Caring for Others, Caring for Yourself*.

www.mhwwb.org

Action for the Rights of Children (ARC). www.savethechildren.ch/

Academy for disaster management education, planning and training.

www.disaster-management.info/

Organizations

International Federation of Red Cross and Red Crescent Societies

17, Chemin des Crets

P.O. Box 372

1211 Geneva 19

Switzerland

tel. + 41-22-730 42 22

www.ifrc.org

UNICEF

3 UN Plaza

New York

NY 10017

USA

www.unicef.org

World Health Organization

The Division of Mental Health

World Health Organization

CH-1211 Geneva 27

Switzerland

www.who.int/en

6. COMMUNITY ASSESSMENT OF PSYCHOSOCIAL SUPPORT NEEDS

Myth: “Community morale is very low in disaster stricken areas. Since the localities affected by the disaster are full of irrational, disorganized and helpless people and immobilized groups, the future of such communities appears bleak and doubtful.”

Reality: We usually expect the morale of the disaster victims to be very low. However, the morale of the disaster-affected community is more likely to be influenced by optimism than to be shattered by despair.

This chapter:

- ▶ Presents tools for assessing the psychosocial support needs of the community.
- ▶ Presents suggestions about how to collect accurate and complete material.

No separate toolbox is added to this chapter. The chapter itself is the tool.

Community members know best the needs of the community

Early in an emergency situation, it is essential that the psychosocial support needs of the affected population are assessed to permit program planning. We have learned from experience that the majority of affected people will recover their ability to function in their daily lives once their community has regained its stability and is able to perform its typical functions.

As the community begins to provide schools for children, and marketplaces for food, the normal systems for healing begin. Parents discuss their concerns at school, children become less symptomatic, information is communicated, grief is shared at the market, and standards of expected behavior begin to reemerge. Knowing the community needs requires that we have a clear understanding of the history, present situation and resources available in the community.

The people who know the most about the needs of the community are the community members. The assessment must be done by the community members, with special care to ensure representation by all of the community subgroups on the assessment team (elders, women, men, youths, children, tribes, churches, castes etc.).

Following the gathering of information, needs must be prioritized. Again the community members must guide outsiders in this process. **It is damaging to do things for a community that the community can do for itself.** After the assessment is done, the need for supplemental help can be determined so outside help can be brought in to assist the community.

A needs assessment needs to be done at various parts of the project. These assessments should be done every six months and need only include sections updating the current status of the affected population, the current situation including the political, health, and economic situations, or other information that has changed since the first assessment. These further assessments provide the basis for updating of program goals as well as continuation or cessation of supplemental outside assistance.

The following questions outline the types of information that should be collected in a psychosocial assessment.

Not all questions will be relevant to all situations. However, the more information that is gathered, the better will be the delivery of service. This information will also save time and money.

General information about the situation

- ▶ What is the current situation that precipitates this assessment?
- ▶ What is the geographical and environmental situation in which this takes place?
- ▶ What is the history of the area that influences current events?
- ▶ What is the political environment? Include national, regional, and local administrative styles, and pertinent conflicts. If this is a conflict emergency, please elaborate on details of the conflict including expected developments.
- ▶ Who are the formal /informal decision makers? In what way is the civil society participating in decisionmaking?
- ▶ Are population movements expected? Have they already occurred?
- ▶ What is the security situation? Include the types and degree of violence, and locations of typical targets, including genderbased violence.
- ▶ What are the basic survival needs? Describe the situation:
 - Food, adequacy and distribution issues.
 - Water availability and quality.
 - Shelter availability, quality, issues.
 - Sanitation availability and quality.
 - Morbidity including causes and age distribution.
- ▶ What is the economic situation? Are people able to find work? Are some groups of people excluded? Is the wealth controlled by a few/group? Which are the different groups?
- ▶ What is the status of educational resources? For whom is it available? Are supplies available? Teachers? What prevents people from attending school?
- ▶ What is the general status of the general community? Are people working together? Are there different types of society? What are their strengths in the culture? Are there any chronic issues that complicate the situation?
- ▶ What are the different problems identified by different socio-economic groups? By women and by men?

Describe the Affected Population

- ▶ Estimates of population by age, gender, and vulnerability.
- ▶ Orphans, unaccompanied minors, street children.
- ▶ Children/adolescent heads of household.
- ▶ Demobilized child soldiers, ex-soldiers, active soldiers, ex-“freedom fighters”.
- ▶ Single mothers.
- ▶ Survivors of torture, sexual violence.
- ▶ Widows.
- ▶ Elderly.

- ▶ Chronically mentally ill: in institutions, in families, or elsewhere.
- ▶ Physically disabled and developmentally delayed.
- ▶ Average household size.
- ▶ Ethnic composition and place of origin of affected population.
- ▶ Location of the affected population. Type: camps, transit centers, besieged villages, towns. Environment: rural, urban, desert, jungle, tropical. Accessibility: easy, difficult, dangerous, etc.
- ▶ Mapping of the locations and estimated numbers of various types of the affected populations.
- ▶ Location and number of those living with relatives, and local people in rural and urban areas.

Mental Health Needs

Describe the experiences of the affected population.

In armed conflict crises:

- ▶ How sudden was the move?
- ▶ When and how did refugees arrive in present locations? What have they gone through?
- ▶ Killing, executions, missing.
- ▶ Ongoing/daily violence, harassment: against all or selected groups (women, ethnic groups, religious groups).
- ▶ Torture.
- ▶ Sexual violence against adults or children.
- ▶ Domestic violence, including child abuse.
- ▶ Armed attacks, artillery shelling, bombing.
- ▶ Separation of family units.
- ▶ Forced to perpetrate violence against their own family, community or nation.
- ▶ Type of disruption of most important cultural and social rituals, family and community structure.
- ▶ Abduction.
- ▶ Imprisonment, detention in re-education/education camps etc.

In natural disasters:

- ▶ When and how sudden was the disaster? Any warning system?
- ▶ Separation of family units.
- ▶ Witnessing death of family, friends, or body identification.
- ▶ Likelihood of own death or severe injury, being trapped awaiting rescue.
- ▶ Loss of home, livelihood, livestock.
- ▶ Ongoing concerns for physical safety.
- ▶ Extent of disaster – whole villages lost, massive destruction.
- ▶ Delays in help arriving, additional deaths during wait.

- ▶ Is this a repeat of other disasters (floods, famines etc).

Slow onset disasters (famine, AIDS epidemic etc.):

- ▶ Witnessing death of family, friends, etc.
- ▶ Sense that own death is inevitable, unavoidable.
- ▶ Belief that help is distributed unevenly or withheld.
- ▶ Loss of home, livestock, livelihood.
- ▶ Loss of dignity/worth due to begging or prostitution for food etc.
- ▶ Helplessness due to massive nature of disaster.

Describe the Present Situation

What are the issues that impact needs and delivery of aid?

Social structures:

- ▶ Community characteristics before and after the emergency: strengths and resistance.
- ▶ Social organization: clans, tribes, ethnic, religious, neighborhoods, etc.
- ▶ What are the cultural roles of women and men?
- ▶ Family structure: matrilineal, patrilineal, extended, role prescriptions, living structure, handling of finances, decision making etc.
- ▶ Structures that maintain cultural norms for funerals, birth rituals, etc. (elders, religious groups, etc.).
- ▶ If there has been population movement, what is the relationship between the host population and the refugees, historically and in the present?
- ▶ Describe the flow of information from the government about the emergency, about missing family members, about incoming aid and how to get it, about safety/danger.

Political structures:

- ▶ What political groups are struggling for power, using the emergency/relief to increase their standing in the community?
- ▶ Are there those who benefit from a slow resolution to the conflict?
- ▶ Does everyone have a voice in the political debate?
- ▶ Are there negative consequences for having a dissenting opinion?
- ▶ Are there emerging social groups or associations, parties? Describe.

Religious structures:

- ▶ What is the religious makeup of the community?
- ▶ What role does religion/spiritual life play in the daily life of the people? In births, deaths, etc.?
- ▶ What is the relationship of priests, imams, monks or other religious persons to the larger community?
- ▶ Who are the religious leaders in this community? How are they contacted?

- ▶ Does the religious community have capacity and plan to assist in the emergency response?
- ▶ Have religious practices resumed since the disaster?
- ▶ Are rituals planned in response to the disaster? Who is included in them?
- ▶ Are there sanctions/taboo about specific topics, traditions, rituals or social interactions (death, burial, mourning, rape, acts of revenge, sexuality etc.)?
- ▶ Are the religious and spiritual practices of the host population similar or in conflict with the refugee population? How are things working?
- ▶ Are there religious understandings of disasters/mental health that psychosocial workers should understand?

Socioeconomic structures:

- ▶ What has been the source of income for the survivors of the disaster (women and men) in the past? How has that been disrupted?
- ▶ What is the standard of living for this community? How does this compare to the national economy? What is the poverty line?
- ▶ What kind of production and management of resources exist at family, district/or camp and national levels?
- ▶ Who benefits economically in the present disaster?
- ▶ Is there a system of training/jobs/ resources that keeps the poor working for sub-standard wages?
- ▶ What is the salary scale for health/mental health professionals, clerical persons, translators, drivers etc? This information is necessary for budgeting purposes.

Power sources:

- ▶ Who must be consulted in the community before beginning a project? Formal/informal leaders including women leaders.
- ▶ Are there people who have power of influence, whose endorsement carries weight?
- ▶ Who has economic power in the community?
- ▶ Are there rituals to be observed when meeting with those in power (sharing coffee, a drink, etc.)?

Cultural norms:

- ▶ In this culture, does the individual or the group have primacy?
- ▶ When there are conflicts, how are they expressed and how resolved? Are there rituals that signal that a conflict is finished?
- ▶ If there is more than one culture in the community, how do they work together? Do they have distinct roles? Power?
- ▶ How do people deal with disasters, suffering, violence?
- ▶ What does the culture teach about family organization, gender roles, relationships with strangers, keeping the traditions etc.?

- ▶ How are emotions/thoughts expressed (for example, sadness, anger, happiness, suspicion, fear, attitudes, disagreement, intolerance, prejudice, etc.)?
- ▶ Do people ask for help or for psychological support when they need it? If yes, how are they seen by their community?
- ▶ How did/does the community treat and consider people with physical illness and handicaps?
- ▶ In the current context, are there any situations in which traditions and rituals cannot be practiced? (For example: for children born of rape, for the missing, for those who are buried on the way to exile or when in hiding)

Resources Available in the Community to Meet Psychosocial Needs

- ▶ Is there a national mental health office, policy, organization of professionals? Is there a national plan for disaster response? Are there community-based services? How does one contact the persons in charge?
- ▶ Were any other mental health needs assessments carried out? By who and are copies available?
- ▶ Who is coordinating mental health services in this emergency? How can they be contacted? Are there regular updates of the changing situation?
- ▶ Is the religious community responding to the crisis? How does one contact a response team? Do they have others trained in pastoral care who can be mobilized?
- ▶ Are there trained professionals among the victims who can be organized to help their own people (teachers, social workers, psychologists, nurses, home health care aids, pastors, traditional healers, etc.)?
- ▶ Are there physical resources in the community which can be used to deliver psychosocial programs (buildings, vehicles, books, playgrounds, copy machines, computers etc.)?
- ▶ Are there environmental resources available (land, water, forests)?
- ▶ What traditional practices of this cultural group may help them through this crisis (family networks, income generating activities, ability to organize in small self-help groups, rituals of healing, etc.)?
- ▶ Do formal or informal educational activities currently exist?
- ▶ Is there communication between tribes, ethnic/political groups etc.? Does this extend to cooperation on mutually agreed upon projects?
- ▶ Is the community showing cohesion/solidarity or are there competing factions?
- ▶ Are there self-help groups forming within the refugee community (women working together to care for families, children's play groups etc.)?

Conclusions and Recommendations

- ▶ In the perception of the community, what psychosocial services are most needed so that their community can function again? Please note which group within the community is making which recommendation.
- ▶ What local efforts to provide services to the community can be supported and/or expanded?
- ▶ What needs are there for capacity-building so that local people can help their own community?
- ▶ What is needed to help families care for their members (family housing, eating meals together, activities for children so parents can do legal work)?
- ▶ What resources are needed to supplement available resources?
- ▶ Provide a list of agencies involved that may become collaborators.
- ▶ Describe major obstacles, constraints, risks etc.
- ▶ Recommendations to prevent the breakdown of local services by competition for trained local staff.
- ▶ What should be addressed first?

Further reading

See the chapter on Action for the Rights of Children, Toolbox of chapter 7.
Passport to Mainstreaming a Gender Perspective in Emergency Programmes
(SEAGA: socio-economic and gender analysis programme. FAO/WFP)
www.fao.org/sd/seaga/downloads/En/passporten.pdf
The Sphere project: www.sphereproject.org

7. GOOD IDEAS FOR THE FIELD

This chapter:

- ▶ Presents program possibilities for children, adults, elderly, vulnerable people.
- ▶ Details information and communication in affected communities.
- ▶ Outlines the psychosocial aspects in other relief sectors (SPHERE): site planning and housing, food aid, water and sanitation, education and health care.

Toolbox:

Here are some suggestions. Make alterations. Use your own material. These examples are more of a reminder, not a recipe for successful psychosocial service. Adapt to the situation on the field.

- ▶ Relaxation scripts: Guided relaxation exercise and Brief muscle relaxation exercise.
- ▶ Supply list.
- ▶ Communicating with distressed children (ARC).
- ▶ Identifying feelings.
- ▶ List of games ideas.
- ▶ Psychosocial services outline.

Program Possibilities

The goal of psychosocial programs is to restore individual and community functioning at a level at least equivalent to the level prior to the crisis. The range of psychosocial programs needed to fulfill this broad goal is quite broad. Many factors contribute to the healing of people and communities and we support this healing in many ways.

The following examples of programs are given to expand the imagination of the program planning team. The usefulness of these programs must be determined by assessing needs and strengths of the local population.

Before beginning the planning process, a Rapid Psychosocial Needs Assessment should be completed. This information may already be available through the WHO office. It is also necessary to know what other NGO's are doing to avoid duplication and to build on each other's strengths.

Every disaster is different, requiring a different collection of programs. In addition, each culture is unique, having its own strengths that support its people. It is essential that cultural characteristics and strengths be recognized and that they support whatever programming is developed. The local population must take part in the planning, implementing and evaluation processes of psychosocial work. This community-based process is part of the healing.

In each disaster, there are several distinct stages that determine the type of services that should be provided. These stages can be described as:

- ▶ Acute emergency stage – establishing safety.
- ▶ Non-acute emergency stage – establishing safety, stabilizing community building and bereavement.
- ▶ Development stage – rebuilding trust, reestablishing social identity, civil society.

Programming for Children

Education:

- ▶ Primary education for all children above 5 years.
- ▶ Preschool/early childhood stimulation program.
- ▶ Mobile school to bring education to areas without school facilities.
- ▶ Trade/skill education for teenagers/child head of households.
- ▶ Conflict resolution education/peer mediation education.
- ▶ Agricultural education.
- ▶ Environmental education.
- ▶ Cultural education programs (teaching local music, dance, traditions).

- ▶ Second language classes.
- ▶ Landmine awareness.

Programming to help stabilize and develop routine:

- ▶ Disaster child care.
- ▶ Kid care recreation teams.
- ▶ Celebration of holidays.
- ▶ Arts and crafts program.
- ▶ Movie hour.
- ▶ Sports leagues.
- ▶ Story/recreation times conducted on a regular basis.
- ▶ Establish regular feeding, sleeping and school times.

Help with returning to “normal” functioning:

- ▶ Reestablishment of family functions – meals as a family, family chores.
- ▶ Support parental authority/ teaching of their children.
- ▶ Expressive arts group – telling our stories.
- ▶ Support/education groups to learn to deal with intense feelings.
- ▶ Grief center to support and normalize grieving process.

Development of community:

- ▶ Establish helper clubs like a litter patrol, or helpers to carry water for elderly.
- ▶ Support the observance of local customs.
- ▶ Develop peer mediation training for kids.
- ▶ Support the development of worship communities or religious education.
- ▶ Establish play groups or teams to include orphans or others on the margin.
- ▶ Consider peace building through theater arts.

Spiritual life:

- ▶ Make religious education available for families who want to participate.
- ▶ Establish Bible school, or vacation camps for informal teaching.

Programs to burn energy:

- ▶ Sports league
- ▶ Playground – safe play spaces (UNICEF).
- ▶ General recreation opportunities.
- ▶ Adventure trips (to zoo, beach etc.).

Medical services:

- ▶ Well-baby clinics – screening clinics.
- ▶ Immunization programs.
- ▶ School health education.
- ▶ Simple yoga.
- ▶ Massage.

Legal services:

- ▶ Facilitate connection with Red Cross to reunite families.
- ▶ Facilitate connection with UNHCR children seeking asylum or immigration.
- ▶ Provide advocacy for human rights/protection.

HIV/AIDS:

- ▶ Provide information. Integrate this with other program activities whenever possible.

Programming for Adults**Education:**

- ▶ Basic literacy education.
- ▶ Job skills training.
- ▶ Second language classes (English/Portuguese/French/Spanish/other).
- ▶ Sustainable agriculture.
- ▶ Human rights and domestic violence.
- ▶ Health and sanitation.
- ▶ Sexual and reproductive health education.
- ▶ Community-based trauma education.
- ▶ Information for parents about helping children with trauma.
- ▶ Training for individuals to become community trauma counselors.
- ▶ Information about accessing aid for rebuilding, starting lives again.
- ▶ Landmine awareness.

Stabilization and routine:

- ▶ Schedule routine clinic visits.
- ▶ Schedule laundry at community washing area.
- ▶ Reestablish family routines.
- ▶ Establish women's support groups.

Returning to normal:

- ▶ Meal preparation as a family.
- ▶ Family reunification efforts through Red Cross.
- ▶ School schedule for children.
- ▶ Trauma healing and reconciliation.
- ▶ Peace building through theater and arts.

Developing community:

- ▶ Establish mini-neighborhoods among displaced populations.
- ▶ Develop community information centers.
- ▶ Establish gathering places (coffee house, marketplace etc.).
- ▶ Foster cultural activities.

- ▶ Establish a radio program with information, entertainment and education.
- ▶ Develop a community fund run by women for small loans.
- ▶ Organize problem solving groups.
- ▶ Encourage social groups.

Spiritual life:

- ▶ Make rituals available following local traditions to cope with disaster consequences.
- ▶ Make worship available using local traditions.
- ▶ Provide access to religious leaders.
- ▶ Encourage voluntary religious education.

Energy release:

- ▶ Sports activities.
- ▶ Dancing/singing.
- ▶ Yoga.
- ▶ Massage.
- ▶ Breath work.

Medical services:

- ▶ Gynecological clinic.
- ▶ Ongoing health care.

Legal services:

- ▶ Connection with UNHCR for immigration, asylum information.
- ▶ Access to persons taking information for International Criminal Court.
- ▶ Information about legal rights and legal process available to them.

HIV/AIDS :

- ▶ Integrate HIV/AIDS information with program activities, whenever possible.
- ▶ Establish living with AIDS programs, support voluntary caregivers.

Programming for the Elderly

Education:

- ▶ Enlist older refugees to be teachers of cultural history.
- ▶ Enlist elders as storytellers.
- ▶ Access services to help elders reestablish lives.
- ▶ Provide information about small business development.
- ▶ Provide information about trauma and its effects.
- ▶ Train people as community trauma counselors.

Stabilization and routines:

- ▶ Schedule meal times, congregate meals for people living alone.
- ▶ Schedule activity times to help organize the day.
- ▶ Pair older citizens with partners to listen, assist in physical tasks, advocate.

Returning to normal:

- ▶ Provide cooking/work teams especially for those living alone.
- ▶ Consider community gardening.
- ▶ Establish mini-neighborhoods with families and foster grandparents.
- ▶ Establish trauma healing and reconciliation programs.

Develop community:

- ▶ Develop a local newspaper.
- ▶ Develop a radio program with information, entertainment and education.
- ▶ Have an elder become the information officer for those who do not have a radio.
- ▶ Teach cultural traditions and music.
- ▶ Reestablish traditional justice systems in community.
- ▶ Provide a gathering place for people to talk, play checkers, chess, backgammon, or local games.

Spiritual life:

- ▶ Provide rituals in the local tradition to cope with disaster consequences.
- ▶ Make worship available following local traditions.
- ▶ Provide voluntary access to religious leaders.

Medical services:

- ▶ Routine medical care.
- ▶ Assisted living services (community volunteers).
- ▶ Congregate meals where necessary.
- ▶ Assisted transportation where necessary.
- ▶ Massage.
- ▶ Yoga.
- ▶ Tai Chi.

Legal services:

- ▶ Support for traditional justice systems within the community.
- ▶ Make information available about legal processes.

HIV/AIDS :

- ▶ Integrate HIV/AIDS information with program activities, whenever possible.
- ▶ Establish living with AIDS programs, support voluntary caregivers.

Programming for Medically and Psychologically Vulnerable People

Education:

- ▶ Implement any of the above programs as appropriate.
- ▶ Provide training to increase the understanding of the emergency and its impact on this group.
- ▶ Encourage self care skills, and self management of condition symptoms.

Stabilization:

- ▶ Establish regular routines of meeting with doctors or caregivers.
- ▶ Establish assisted living arrangements (community volunteers).
- ▶ Establish daily routines and safe spaces.
- ▶ Establish stable caregiving personnel and provide familiar foods, places, routines.

Returning to normal:

- ▶ Explore relocation to longer-term facilities as soon as possible.
- ▶ Increase the degree of self-care as appropriate.

Developing community:

- ▶ Include the vulnerable in community activities whenever possible (movie night).
- ▶ Keep the vulnerable in their own families when possible and advisable or in stable group.

Spiritual life:

- ▶ Provide access to spiritual leaders of their own tradition. This is important to address questions.
- ▶ Respect the rituals from each tradition.

Medical services:

- ▶ Provide regular medical and psychiatric services.
- ▶ If no services are available, move people *with their families* to reduce trauma.
- ▶ Monitor and evaluate quality of services.

Legal services:

- ▶ Access to UNHCR and WHO should be made available.
- ▶ Explore medical evacuation through UNHCR when appropriate.

HIV/AIDS :

- ▶ Integrate HIV/AIDS information with program activities, whenever possible.
- ▶ Establish living with AIDS programs, support voluntary caregivers.

Information and Communication

Information, communication, and documentation are important parts of coping with a complex disaster or conflict. Being informed and being able to communicate provide an opportunity to deal with feelings. They also provide security, identity and signs of hope.

Presentation

Information about the PSS (Psychosocial Services) and its goals should be given to:

- ▶ staff
- ▶ authorities
- ▶ networks
- ▶ beneficiaries.

Prepare materials presenting the PSS, its goals, its organization and staff. Include contact information. Make it on bulletin boards, handouts, cards and websites.

Information about the overall situation and regular routines should be given to staff and beneficiaries.

Find the organization that is doing tracing programs for separated families.

Information

Determine which agencies and networks work with information and communication. In many organizations there are NGO's that work with the aim of coordinating information in a disaster or conflict.

Arrange structures where beneficiaries and others can meet representatives of the PSS on a regular basis.

Arrange access to public information from media for staff and beneficiaries (TV, radio, Internet, newspapers and magazines).

Communication

Find out who can be spokespeople to carry information. Spokespeople should represent different parts of communities (e.g. community leaders, women, men, elderly, youth and other forms of representatives).

Set up information points (bulletin boards, meeting venues, communication and computer centres). Furnish the information points with materials and resources for communication (paper, pen, chalks, computers, cameras). Get beneficiaries to be responsible for managing the information points.

Whenever possible, arrange communication with the outside world (communities, families, friends, authorities). Use the postal service, telephones, e-mail.

Documentation

Involve staff and beneficiaries in documenting the situation. This is part of coping with trauma.

Psychosocial aspects in other relief sectors

Food Aid

The importance of having sufficient quantity and quality of food cannot be underestimated in emergency situations. Access to food is a high priority. Without enough food, other humanitarian interventions are likely to be less effective. As stated in The Sphere Project: “The aim of food aid programs, as well as those of the other sectors, flow from a wider goal which is the cornerstone of humanitarian practices. This goal is to alleviate human suffering brought about by calamity or conflict through protecting life with dignity in ways that support durable recovery.”

In order to avoid doing more harm than good it is important to thoroughly analyze the situation to get a clear picture of the whole situation. It is important to analyze the reasons behind shortage of food, the best way to access to food supply, and to analyze the population in the community:

- ▶ Has the size of families changed because of the emergency?
- ▶ Has the gender balance changed?
- ▶ Has the generation balance changed?

- ▶ Are there special nutritional needs? Consider severely malnourished children, pregnant women, lactating women, people with HIV/AIDS, elderly people and infected people.

The registration for the food aid program should be done in a transparent way, making criteria for registration well known to the entire community. It is also important that the community get clear information about which group of aid workers is responsible for food registration. People need to know why they have been selected to carry out this task. If this is not explained in a clear way, there is a risk of causing conflict in the community.

People registered in the program must get clear information about:

- ▶ The conditions of the program.
- ▶ The quantities of food that will be distributed.
- ▶ The kinds of food they will get.
- ▶ How often the food will be distributed.
- ▶ The length of time food aid will be provided.

Understanding this information helps people to plan, gives them a feeling of security, and reduces the level of anxiety among recipients. It can also increase the initiatives of finding alternative solutions for securing the livelihood of families. Alternative ways of finding food should be encouraged, if possible.

Use food distribution as an opportunity for teaching and disseminating information. Be sure these opportunities are not used for political or religious propaganda purposes (see Code of Conduct, chapter 3).

The involvement of the affected people themselves in the operation is of great importance. Involving them elevates their feeling of dignity. It may foster creativity and increase personal initiative.

Site Planning and Housing

Housing is one of the most important needs in the initial stage of an emergency. It not only increases resistance to disease and protection from the environment, but it maintains human dignity and sustains family and community life in difficult circumstances. For this reason, housing is of great psychosocial importance.

Many of these aspects are included in The Sphere Project “Minimum Standards in Shelter and Site Planning”. Here the following purposes are noted:

- ▶ Meet the physical needs of individuals, families and communities for safe, secure and comfortable living space.

- ▶ Meet their primary social needs, incorporating as much self-sufficiency and self-management as possible into the process.
- ▶ Interventions must be designed and delivered in such a way as to minimize any negative impact on the host population or on the environment.

It is of great importance to stress the importance of involving displaced persons in site planning and to stick to the Sphere Minimum Standards in order to strengthen those who are affected. This also helps them to take responsibility for their own situation.

Special care should be given to women and children to guarantee their security. The gender balance among the employees in the camp is also important to remember.

When planning the site it is important to keep in mind the need for children's playgrounds. Playgrounds improve children's capacity to cope with the stressful environment.

It is important to provide a place for worship. Be aware of the religions represented in the camp and consider the specific needs of each one. Use the people to plan also for these needs.

If displaced persons have different ethnic, political, or religious differences, these can generate conflicts in a camp. It is important to discuss how to handle these differences. Discussions will help to make people more comfortable and secure. It is important to use the people as resources. They may have great solutions to many problems.

Water and Sanitation

In an emergency intervention, the respect for people's dignity and security is of great importance. Respecting the culture and traditions is also essential. A good way to meet these needs is to involve people in planning and activities. Very often in a camp situation women head a majority of the households. This means that women will have a heavy work load and must assume much responsibility. The location of water sources, toilets, showers and laundry should consider the needs and the security of the people who use them. Isolated locations have provided opportunities for violence, especially against women and children.

Education

Education helps empower people to determine their own future. Education is central to psychosocial programming. Education for all children is basic. Education of adults, in literacy and in vocational areas is important.

Basic education for children should be established as soon as possible after the onset of an emergency. The establishment of the familiar schedule and institution of the school has a calming effect upon the community as a whole. For the children, it assists their psychological adjustment to the disaster, promotes social adjustment, distributes basic life-saving information and provides basic academic skill development. Children's involvement in school allows parents time to address family survival needs.

Primary education for children should be coordinated with the Ministry of Education for the country in which the refugees originated. This will facilitate a smooth reintegration back into home communities. Coordination with the Ministry of Education where refugees are currently located can also be beneficial. Teachers for the refugee population should come from the refugee population whenever possible. This provides a smooth transition between previous schooling and future schooling in the students native country. Using teachers from the refugee population helps to dispel some of the helplessness that is prevailing after a disaster. This helplessness undermines the recovery process.

Educational activities can begin informally through the development of activity groups, teaching cultural information, music, drama and recreation activities. While this is happening, a team of workers including psychosocial staff and refugees can collect curriculum material, books, and supplies. These supplies are available from UNICEF and the Ministry of Education. These materials will help assure uniformity of the school program. Develop a mechanism to document the student's academic work. This will assure that their work is accepted by their home school.

Education for adults is a priority too. It is common for people to take on new roles and responsibilities following an emergency. Learning new skills allows people to recover from an emergency. The following are educational opportunities that may be offered to adults in the post-disaster period. This is especially important if there is a period of waiting before people can return to their homes.

- ▶ Basic literacy and arithmetic.
- ▶ Reproductive education, HIV/AIDS education.
- ▶ Income generating skills (tailoring, basic computer skills, etc.).
- ▶ English/Portuguese/French/Spanish as a second language.
- ▶ Sustainable agriculture.

- ▶ Basic hygiene and sanitation.
- ▶ Basic nursing skills (especially where AIDS is prevalent).
- ▶ Child development.
- ▶ Landmine awareness.
- ▶ How to apply for aid.

Education for adults should reflect the skills the recipients need to reestablish their community life. Changes in heads of households, changes in income and new community structures should be accommodated as much as possible. Trainers from the refugee population should be used to develop local capacity. Volunteers can be requested from the local community or volunteers can be requested from donor countries.

Education for adults and children should be coordinated with other NGO's working in the area. Often similar programs are being offered and collaboration allows more people to be served at a lower cost.

> TOOLBOX <

Here are some suggestions. Make alterations. Use your own material. These examples are more of a reminder, not a recipe for successful psychosocial service. Adapt to the situation on the field.

▶ > RELAXATION SCRIPTS <

▶ **Guided Relaxation Exercise**

The following script for a relaxation exercise combines breathing and muscle relaxation. It should be read to a client in a calm, slow voice, allowing time for the client to inhale and hold breaths, to exhale slowly, and to tighten, then relax their muscles slowly, as indicated in the script.

Close your eyes and put yourself in a comfortable position. If you need to, you can make adjustments now or as we go along. Quiet moves will not disturb your relaxation.

Help your body begin to relax by taking some slow, deep breaths. Take a deep breath now. Hold your breath and count silently to three, or five, or ten. Take the amount of time holding your breath that feels good to you. Then let your breath out in an easy, soothing way. Breathe in again and hold it a few seconds... and, when you are ready, again let it out. As you let your breath out, imagine breathing out the tension in your body, out through your nose and mouth, breathing out the tension as you breathe out. Do it yet again, breathing in slowly... holding it... and out.

I will now be going to teach you an easy method of relaxation. Make a tight fist with both hands... very tight ... so tight you can feel the tension in your forearms. Now, let go suddenly ... Notice the feeling of relaxation flowing up your arms... Make a fist with both hands again... and suddenly let go. Again, notice the feeling of relaxation in your arms... Let your mind move this feeling of muscle relaxation up your arms... through your shoulders...into your chest... into your stomach... into your hips. Continue to focus on this feeling of relaxation, moving it into your upper legs... through your knees... into your lower legs... your ankles and feet... Now let this feeling of comfortable re-

laxation move from your shoulders into your neck... into your jaw and forehead and scalp... Take a deep breath, and as you exhale, you can become even more deeply relaxed... You can deepen your relaxation by practicing this again. [Go back to the place above marked by the asterisk (*) and repeat this section a second time].

However you feel right now is just fine. As you become even more relaxed and comfortable, each time you breathe out you can continue to drift even deeper into a state of comfort... safe and serene ... When you relax, as you are now, you can think more clearly or simply allow yourself to enjoy feelings of comfort, serenity, and quiet. As a result of this relaxation, you can look forward to feeling more alert and energetic later on... You can enjoy a greater feeling of personal confidence and control over how you feel, how you think, and what you believe. You can feel more calm, more comfortable, more at ease, and more in control of what's important to you....

When you're ready, you can open your eyes, You can feel alert, or calm, or have whatever feelings are meaningful to you at this time. As you open your eyes, you may want to stretch and flex gently, as though you are waking from a wonderful nap.

► **Brief Muscle Relaxation Exercise**

The following is a breathing and muscle relaxation exercise for achieving relaxation rapidly. It should not be used until the client is able to use the longer version above effectively. As with the lengthier script, it should be read in a slow, calm voice, allowing the client time to carry out the directions.

Take two or three deep breaths. Each time, hold your breath for a few seconds, then let it out slowly, concentrating on the feeling of the air leaving your body... Now tighten both fists, and tighten your forearms and biceps... Hold the tension for five or six seconds... Now relax the muscles. When you relax the tension, do it suddenly, as if you are turning off a light.... Concentrate on the feelings of relaxation in your arms for 15 or 20 seconds... Now tense the muscles of your face and tense your jaw... Hold it for 5 or 6 seconds... now relax and concentrate on the relaxation for 15 or 20 seconds... Now arch your back and press out your stomach as you take a deep breath... Hold it... and relax.... Now tense your thighs and calves and buttocks... Hold... and now relax. Concentrate on the feelings of relaxation throughout your body, breathing slowly and deeply.

For old people or people who are not physically able, it might be better to use relaxation exercises without tightening the body.

▶ > SUPPLY LIST FOR PSYCHOSOCIAL PROGRAMS <

A supply list, with practical things and material can be added to the toolbox. Standard items can be brought from home.

Office:

- ▶ Computers (laptops/PDA's) with Internet-access and printers.
- ▶ Copying machines.
- ▶ Phone and mobiles, for staff and clients.
- ▶ Flip chart or white board easel, markers.
- ▶ Paper and pens.

Care:

- ▶ Tissues.
- ▶ Space for private conversations.
- ▶ Information sheets/brochures to give to clients about normal reactions.
- ▶ Medication, sedatives, anti-psychotics if personnel available to use and monitor.

Social/recreational:

- ▶ Chess/checkers/dominos.
- ▶ Balls, chinks.
- ▶ Paper and markers.

Education:

- ▶ School in a box (UNICEF).
- ▶ Flip chart or white board easel, markers.
- ▶ Paper, pens and pencils.
- ▶ Adult education equipment – by request subject possibilities (hairdress-ing supplies, computers, sewing machines, etc.).

Spiritual life:

- ▶ Search for local requirements including religious leaders.

Medical care:

- ▶ Basic clinical supplies (especially for staff).

► > **COMMUNICATING WITH DISTRESSED CHILDREN (ARC⁵)** <

1. Allow the child to set the pace. Children should not be forced to discuss or reveal experiences and the lead should always come from the child. Allow the child to set the pace of the interview and take note of non-verbal signals, which indicate that the child does not wish to continue. It may be necessary to stop the interview, or if it's critical to find out information, to have a break and come back to it.

2. Give adequate time to the child. Don't expect him/her to reveal the whole story in one session: very often it is best for the child to reveal a little of his/her painful memories at a time. Don't rush to fill silences. These may provide important spaces for quiet reflection.

3. Provide emotional support and encouragement to the child, in whatever ways are appropriate to the child's culture and stage of development.

4. Accept the child's emotions, such as guilt and anger, even if they seem to you to be illogical reactions to the event. Talking through painful experiences may enable the child to view them in a different light, for example, to let go of a sense of responsibility for what's happened. Talking through events that lead to the child being abandoned, for example, may enable him/her to understand the situation that was faced by his/her parents and this may lead to the child being able to let go of the feelings of anger and bitterness. It's often helpful to convey to the child that feelings she is experiencing are quite normal and understandable.

5. Never give false reassurance. For example, telling a separated child that "we will soon find your parents" raises expectations, which, if not met, may increase the child's loneliness and lack of trust towards adults. Helping the child to face the reality of his/her situation is almost always preferable to avoiding it, provided this is done in an atmosphere of trust and support.

6. Talking about difficult situations may enable children to work out their own solutions, especially in the case of older children and adolescents. Simply listening in an attentive and supportive way can be experienced as extremely helpful. If young people can arrive at their own decisions (goes for adults as well), this is often more satisfactory than being provided with advice from an adult. For example, it may be more helpful for a separated child who is not attending school to talk about his/her situation and discuss the advantages and disadvantages of attending school than for the adult simply to advise her/him to attend school.

⁵ Action for the Rights of Children, www.savethechildren.net/arc/index.html.

7. Sometimes it's necessary to allow regression. Regression is a return to behavior typical of younger children. For example, children or adolescents may need personal care, affection and physical contact more characteristic of younger children in order to overcome the emotional problems they are facing.

▶ **Responding to the uncommunicative child**

What is the problem, trust in the adult or does it lie in the child's problem?

Identify possible reasons;

- ▶ Is the adult expecting the child to confide in him/her before establishing mutual trust?
- ▶ Has the child been given an explanation of the adult role and the purpose of the interview?
- ▶ Is the language being used one which the child doesn't fully understand?
- ▶ Is the adult uncomfortable or embarrassed by silence, by the child's emotions, or talking too much or responding in a way which is perceived by the child as critical?
- ▶ Do the child's experiences bring back painful memories for the adult from his own experiences that he is struggling to deal with?

If the reason for bad communication is likely to be found in the child, the following might help to unblock the communication.

- ▶ Be patient and allow time to build up trust. Give lots of positive messages of warmth and acceptance.
- ▶ Use games, activities, drawing, writing, outings etc. to help develop trust and open lines of communication.
- ▶ Find out more about the child from others who know him/her.

▶ **Action for the Rights of Children**

Action for the Rights of Children (ARC) was initiated 1997 by UNHCR and the Save the Children Alliance as a direct response to the United Nations study on the Impact of Armed Conflict on Children. ARC's primary goal is to increase the capacity of UNHCR, governments and NGO field staff to protect and care for children, including adolescents, from the emergency through to the durable solutions phase.

Through the project, a series of resource packs have been developed that focus attention on the rights and needs of refugees and displaced children. Each resource pack consists of briefing notes, participatory training materials including case studies and training aids that encourage field and headquarters staff to integrate their experience into regional situations. In addi-

tion, a Facilitator's Toolkit gives the potential facilitator ideas about participatory training approaches.

Critical issues that are covered by the ARC material:

- ▶ Separated children.
- ▶ Child soldiers.
- ▶ Disability.
- ▶ Education.
- ▶ Landmine awareness.
- ▶ Sexual and reproductive health.
- ▶ Abuse and exploitation.

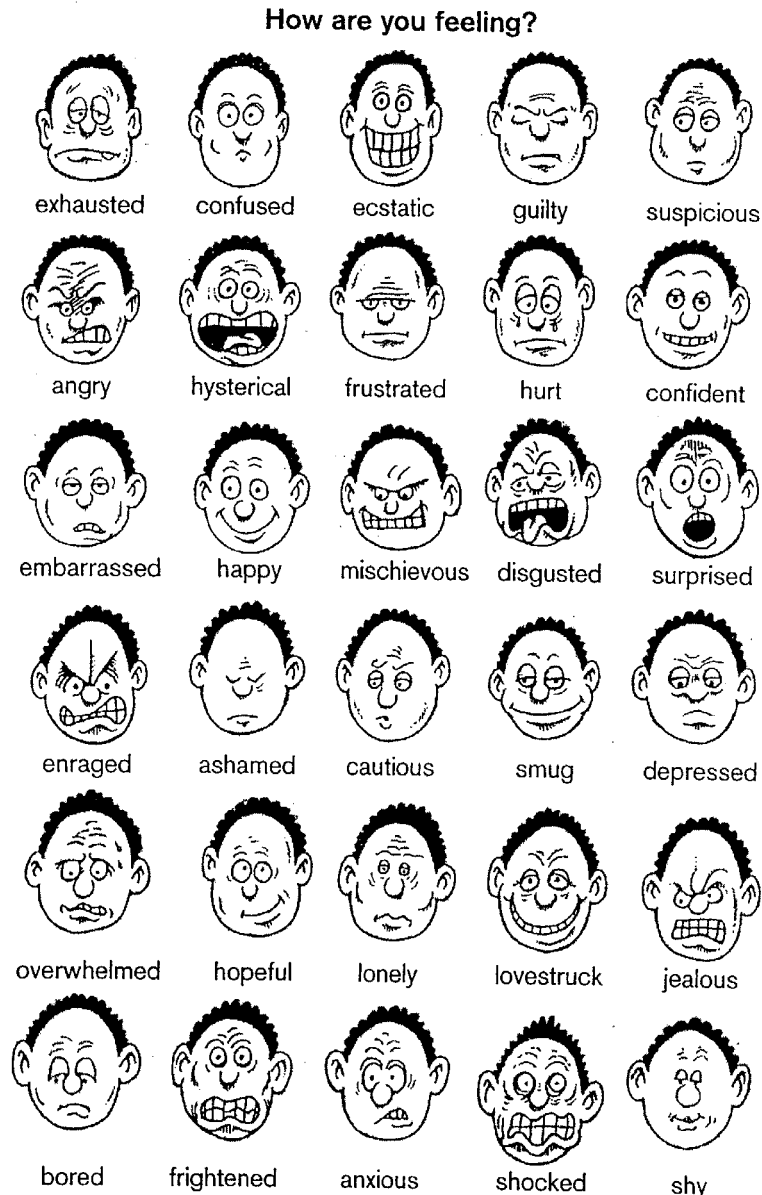
The material can be found at: www.savethechildren.net/arc/index.html. Under Quick find, search for "Children". At this page you will find ARC. When you open the page you will find a number of documents of training materials for children.

► > IDENTIFYING FEELINGS⁶ <

Purpose: To enable participants to identify their feelings in various contexts.

Materials: A copy of the "How are you feeling?" page of this guide for each participant.

These faces can be used when introducing a group to each other. The faces can express your mood and the exercise can be repeated during the process in order to relate what is happening to yourself as a person to the process you are going through.



⁶ Bartsch, Karl and Evelyn. *Stress and Trauma Healing, A Manual for Caregivers*.

► > LIST OF GAMES IDEAS <

Note that all games which require drawing can be played using paper, chalk boards or even the ground (using a stick as a writing instrument).

► **Introductory Games (Ice Breakers)**

Mingle: While music is playing people move around and talk, then when the music stops the people must get into groups of a specified number (three to seven members). Those who remain, i.e. those who do not have a sufficient number to constitute a group, must leave the game. While the groups are together you might want them to discuss certain topics with each other such as: where they come from, what are their favorite foods, hobbies they enjoy etc. Those who are out of the game can also discuss these topics among themselves. There are no winners in this game; it is just for fun.

Pruni: One child stands with his/her eyes open and does not say anything. Meanwhile the other children have their eyes closed and go around trying to shake hands with each other. When they shake hands with other children they say “pruni.” When they shake hands with the child who is **not** allowed to say anything, they join hands with him/her and they themselves become quiet. Thus the group which is not allowed to talk grows. Eventually all children will have found the silent group. When this happens the game is over.

My name is...: Children introduce themselves by stating their name, and then stating something they like to eat which begins with the **same** letter as their name, for e.g., “My name is Anne and I like to eat apples.” Other options are: to say a place (city, country etc.) as well as a food, for e.g. “My name is Tom, I am from Toronto, and I like to eat tuna fish.” For older children make the game more challenging by requiring them to remember all the names and foods (and places) of all the children who go before them. Thus the last person says all the children’s names and foods (and places). For younger children it is easier to require them to only repeat the name of the child who precedes them.

Identify the voice: After children have had a chance to interact with others in their group and know all their names, have them close their eyes and try to identify the voices of their peers. The leader walks around quietly and gently tap a child on the shoulder. That child says, “Hello.” The children raise their hand and the leader chooses one. If that child gives the correct name, then he/she wins. The winner gets to pick the next child who will say “Hello.” To make the game more challenging and fun, have the children disguise their voices!

Name rhymes: Each child says his/her name to the group and either he/she or others in the group try to think of a word, which rhymes with his/her name.

Simple name identity games: Children throw a ball around a circle. First round they each say their name when they catch the ball. Second round they say the name of the person to whom they wish to throw the ball. Third round they say the name of the person from whom they received the ball.

Find a person who...: Each child or team receives a list on which is written certain characteristics like, Find a child who... likes to swim, has been to the ocean, is 10 years old, has curly hair, plays the piano, etc. The first child or team to fill in the list **without** repeating any names wins!

► **Ball games**

In addition to the standard games of football (soccer), basketball, volleyball and handball there are many other games you can do with balls!

Hot Potato: Children stand in a circle and **rapidly** pass the ball from person to person (either to the right or left) **or** the children can throw it at random to others in the circle. Each child must not hold the ball in their hands longer than two seconds as they will get “burned” and will be out of the game. They also are out if they drop the ball. (However the thrower has to pass the ball in a decent manner. If the leader feels the thrower threw it in an unfair manner, then the thrower is out.)

Tennis racket baseball: Children play baseball using a tennis racket instead of a bat. (This makes it easier for them to hit the ball.) Use a soft spongy ball to prevent injuries. Children are out if the ball is caught in the air or if the ball touches them (The ball is not to be thrown at the players.) If the children are older and good players, you can also strike them out. This means they swing and miss the ball at least three times (you may decide to give them more chances). If the ball is hit, but flies backwards; it is a foul; have the player try to hit it again. After three outs the team at bat switches places with the team on the field. A player scores a point for the team when he/she runs around all the bases.

~4~go~jes: Children stand in a circle and throw a ball around at random or pass it to the left or right. When the ball comes to a child he/she must say a word, which is part of the category. If the category is fruit she must name a fruit such as cherry, banana, or orange. The children must pay attention and **not** repeat something that has already been said. If someone already said cherry another child cannot repeat it. Anyone who repeats a word is out of the game. Other word categories are: domestic animals, sea animals, vegeta-

bles, toys, boy's names, cities in Kosovo, famous people, kinds of transport, brand names of cars, sports, and articles of clothing.

Circle Dodge Ball: One team forms a circle while the second team is inside. The team that is inside the circle must avoid being hit by the ball when it is thrown by the other team. A child is out of the game when hit by the ball on any part of the body and the child must wait outside of the circle. The last child who has not been hit by the ball wins the game. The teams then switch roles; those who composed the circle go inside and those inside then compose a new circle. **RULES:** the children must NOT throw the ball hard, aim for the head, or try to trip the players. It helps to use a nice, soft ball for this game and to make a large circle.

Field Dodge Ball: In this game the two teams are at opposite ends of a field with a boundary line in the middle separating the two sides. As in the game above, the children are out if a ball thrown at them touches any part of their body (except the head). However, the children can attempt to catch the ball. If they do catch the ball, then the thrower is out! If they do not catch the ball and the ball touches them, they are out! The team with the last player in the game is the winner. Note, if a child goes out of the boundaries or on the other team's side, he/she is automatically out.

Kick Ball: Kick ball is played just like baseball except that a large rubber ball (or football/soccer ball) is kicked. The player can get out if the ball is caught in the air or if a player is touched with the ball (the ball is NOT to be thrown at the player). If the player kicks and misses, have him/her try again, if he/she is older you may decide to have strike outs (three missed kicks causes a child to be out of the game). If the ball is kicked but flies backwards, then it is a foul. Have the player try the kick again. After three outs the team at bat switches places with the team on the field. A player scores a point for the team when he/she runs around all the bases.

Steal the Bacon: Two teams with equal numbers of players line up facing each other. The players count off on each team so that there are a two of each number. It is better if the players with the same numbers are directly across from one another. The players are told to remember their numbers. A ball (or other handy object) is placed in the middle of the two lines. The leader calls out a number, e.g. number 4. One player with that number tries to rush out and grab the ball before the other player with the same number gets the ball. Whoever gets the ball first is the winner.

A variation to make the game more difficult is to allow the player who gets the ball to be tagged by the one who did not get it. Thus, the player not only has to get the ball before the other one, but he/she also has to run back to safety behind the line where the rest of his/her team is waiting. If he/she

does, then he/she is the winner. If he/she is tagged then the other team wins that round. You can keep score if you want. You can also make this game more interesting for older children by calling out math problems, e.g. $2 + 3$, in which case the number 5s would run, or 3×2 , $4 - 1$, etc.

Passing Over/Under: Children form teams with equal numbers of players. While standing in a line, all facing forward, children pass a ball under their legs, first backwards, then forwards. Then children pass a ball over their heads, first backwards, then forwards. Finally, children pass a ball **both** under their legs **and** over their heads alternating over and under with each player. After a bit of practice, have the teams compete against one another!

Bowling: Children try to knock over objects using a ball. Any objects found in the locality will do; plastic bottles, scrap wooden blocks, sticks planted in the ground (not too deep) etc. Use a ball the size and weight of a volleyball. It is best if the playing area is flat and has little or no grass.

Bocci Ball: The leader tosses a marked ball into a flat playing area. It is best if there is little or no grass. Children try to roll or throw balls as close to this marked ball as possible **without** touching it. While doing this they attempt to also knock away their opponents' balls. The child or team with the ball closest to the marked ball wins. The balls the children throw should all be of uniform size and weight, but do not need to be special balls for this game.

Bull's Eye: The leader draws concentric circles (a bull's eye) on the ground. The children try to roll or throw their balls into the center circle to win the most points. Each larger circle is worth fewer points; the area outside of the bull's eye is not worth any points. The child or team with the most points at the end of the game is the winner. All the balls used by the children should be of uniform size and weight.

Mini-Golf a la Naturele: Children use sticks they find in nature to hit balls into areas designated as "holes." These can be actual holes dug by the leader or open cardboard boxes and plastic cups lying on their sides. Even plastic bowls placed in low-lying areas could be used. Children all start from a designated spot and try to get their balls into the holes using the least amount of swings. The leader can make use of natural elements for obstacles: high grass, sand, small hills, rocks, puddles, etc.

Ball in a box: Children try to toss/throw a ball into a box. The box can be lying on the ground, on a table, up in a tree (not too high and watch out for other branches in the way!), it can even be held in the air by the leader, etc. Various points can be awarded according to the difficulty level of the throw/placement of the box. Thus, the farther a child is from the box, the more points should be awarded.

Toss it thru! Children toss a ball through holes that have been cut out from a piece of cardboard. Wood is more permanent, but also harder to cut, that is why cardboard is recommended. The leader can cut the holes out using scissors. Larger holes are worth fewer points, smaller ones worth more.

Clap, clap, clap: A child throws a ball into the air and before catching it he/she claps his/her hands. If successful, he/she throws it into the air again, but this time before catching it he/she tries to clap his/her hands two times. Every time he/she is successful he/she adds another clap before catching the ball. If he/she misses the ball or can not clap his/her hands more than he/she did last time, he/she must give the ball to the next player. The player who reaches the highest number of claps without missing the ball is the winner.

► **Tag Games**

Red Rover: The leader starts the game by lining up all the children so that they touch shoulder to shoulder. The children are required to run to the other side of a field if the leader calls out something which applies to them, e.g. “all those wearing blue shirts.” As they run they must avoid being tagged by the leader. Those who are tagged are out of the game and sit outside of the boundaries. Then the leader calls over other groups one at a time with different characteristics e.g. “all those with brown hair,” “all girls,” “all those who are nine years old,” and so on. Eventually all the players are either out of the game or waiting on the other side of the field. The leader then repeats this process using the same or other characteristics, but this time the children run back to the opposite side of the field (the side from where they started). This continues, back and forth until all but one of the players has been tagged. This last player is then the leader of the next game or he/she can appoint someone to be the leader. If a child as leader is having trouble catching people, the adult in charge may allow the child to have a helper to assist in tagging other children.

Triangle tag: A child who is “it” tries to tag another child. This child can find safety by joining a group of three children holding hands. However, as he/she or she joins the group the child on the opposite end must leave since the maximum number of people in a group is three. The one who is “it” then chases the child forced to leave the group. If a child is tagged he/she becomes the next person to be “it.”

► Thinking and Memory Games

Alliteration game: The leader picks a letter and the children must name things that start with that letter, e.g. “B” banana, baby, buckle, business... etc.

Memory: Pairs of cards containing matching pictures are mixed up and turned over. (Note: Arranging cards in rows makes the game easier to play.) Children working as individuals or in teams try to find matching pairs by turning over two cards at a time. They try to remember where they have seen certain pictures. If the two cards match, then they get to take them and try again. If they do NOT match, then they must turn the two cards over and end their turn. The winner is the child or team who has the most pairs. For younger children use fewer pairs (e.g. 6 to 10) for older ones use more (16 to 20).

Person Memory: This game is the same as the standard memory game above but instead of cards, children themselves are used. The leader divides the group into three smaller groups. Two will be teams competing against each other while the third group sits on a playing field in rows. The leader whispers into each child’s ear in this third group what object, animal, etc. he/she is. Just as in regular memory there are pairs of cards, in person memory there are pairs of children. When someone from the two competing teams calls out a child’s name, the child must stand up and act out, produce a sound or say what he/she is. This person calls on two children per round. If they match, then the point goes to that team and the two children leave the playing field. If they do NOT match, then the children sit back down and the other team chooses a pair. The team with the most pairs wins. To assure that all children get a chance to play have the three groups switch roles.

What’s Gone?: The leader has a variety of objects (small toys, keys, coins, leaves, pebbles, sticks, paper clips, pencils, etc.) which he/she lays on the table or on the ground in front of the children. First ten objects are laid out. The children must close their eyes while the leader removes ONE object from the group. It helps to have them put their hands over their eyes and bow their heads too. The children open their eyes and have to say what is missing. The leader keeps increasing the amount of items in the group, making the game more challenging. It also is harder if the objects are rearranged from time to time when the children have their eyes closed.

What’s wrong with this picture: Children try to identify what is illogical, incorrect, or inconsistent in a picture. For example, a child wearing winter clothes on the beach in summer, a man riding on a horse backwards, an upside-down door on a house, a man sitting in a playpen.

Story sequences: Children look at a series of pictures and try to arrange them in the correct order to make a logical story. e.g. first a picture of a seed, then a picture of a shoot growing out of the seed, then a small plant, then a plant with a flower bud, then one with a flower in full bloom.

20 Questions: A child from the group thinks of an object, any object, and the other children try to guess what it is by asking yes/no questions. For example, Does it live in the sea? Can I see it? Is it worth a lot of money? Is it made out of plastic? Generally the questions are limited to 20, hence the name.

Associations: A group of cards with pictures is placed in front of the children. The cards contain pairs of pictures, which are in some way related to each other. These pairs should all be mixed together. The children try to locate the pairs and explain why the two pictures are related. e.g. pencil and paper, “One is used with the other;” dog and bone, “One eats the other;” nest and bird, “One lives in the other;” winter scene and heavy coat, “One makes is necessary to wear the other.” etc.

Improvisation Association: Using a bunch of cards with RANDOM pictures, the children pick two cards from the pile. The cards are all turned face down. The children attempt to find or explain some connection between the two cards. For example, the first child draws cards with pictures of a bird and a balloon, he/she explains that both can go up in the air. *He/she could also have said that both begin with the letter B.* The second child picks up two cards, a car and a tiger, and explains that both can go fast. *He/she could also have said that both are dangerous if you don't handle them properly!* A variation of this game is to have the succeeding players pick up only one card and try to link it to the previously played card.

Create a story with cards: Children draw cards from a pile, which is turned face down. The cards have random pictures on them. The first child draws a card and begins a story based on the picture he/she sees on the card. The second child then draws a card and continues the story the first child began also using the picture he/she sees on his/her card as a cue. This continues until all the cards have been drawn. Thus, the child who draws the last card finishes the story.

Create a story without prompts: Children sit in a circle. The leader begins the story by first asking the children what kind of story they want; humorous, scary, or adventurous. He/she then starts the story... a scary one... “Once upon a time there was a dark, creepy swamp which everyone avoided because there lived a...” The first child then continues the story however he/she wishes, followed in turn by other children one at a time until all have had a chance to contribute. The last child should try to finish the story. If the

child cannot finish, the leader can help or the children can propose several endings and vote on their favorite.

Riddles: The leader describes an object in a funny, puzzling way to the children. The children must guess what it is. For example, “What has a face and hands, but no legs?” “A clock”. “What moves all around, but is not alive and can not be seen?” “The wind”.

Photographic Memory: The leader draws figures and simple pictures on pieces of paper. Place each figure or picture on a separate piece of paper. The leader shows them to the children for two to three seconds. The children then try to draw **exactly** what they have seen. It is best to start off simple and then gradually present more difficult pictures. If the leader wishes he/she can disqualify children who make mistakes. Possible examples include; rotated/flipped letters, nonsense shapes, a house, a flower, a person, or a car.

Famous Person: One child leaves the room while the others choose a famous person they wish that child to be. When the child returns he/she must guess which famous person he/she is by asking yes or no questions. The person chosen can be a living person or a person from history. Questions might include; Am I an athlete? Do I have black hair? Am I married? Was I well known in the theater? When the person correctly guesses who he/she is, the round is complete and that person can pick the next child to leave the room.

Nice to meet you Mr/Mrs X: A slip of paper is taped on the back of each child, each one containing the name of a famous person. The child does not see his/her paper; therefore the child does not know who he/she is supposed to be. Children mingle about looking at the names on others’ backs and giving them clues with regard to which famous person they are. One child might be Thomas Edison. A child meeting him might say, “Nice to meet you, I think your invention was a bright idea!”

HOP!: Children can stand or sit for this game, usually it works better if they are in a circle. The leader chooses a number interval such as 3. The children go around counting, but instead of saying multiples of 3 they say, “HOP!” Thus an interval of 3 would sound like, “1, 2, HOP, 4, 5, HOP, 7, 8...” while an interval of 4 would be, “1, 2, 3, HOP, 5, 6, 7, HOP...” After some practice have children who say the incorrect answer sit out the game. The last player wins.

► Perceptual Games

Identify the Sound: Children listen to a variety of live or recorded sounds and try to identify the source. The game is easier for younger children if they have pictures with which to match the sounds.

What Part Is Missing?: Children look at various pictures which the leader has drawn and try to determine what part of the object is missing. For example you might draw a face without a nose, a house without windows, a TV without knobs, a dog without a tail, a guitar without strings, or a shirt without buttons.

What's the Same, What's Different: Children look at pictures of various objects and try to identify which two are the same or which two are **not** the same.

Grab and Guess!: Children reach into a container and **without** looking, try to guess what the object inside is by feeling it with their hands. Suggested objects include: keys, coins, paper clips, rubber bands, pencils, buttons, small cars and figures, tape cassette, calculator, ruler, or a sponge. If a large plastic cup is placed inside a long sock, then children will not be able to see what is inside and yet they can reach in with ease.

Sound Discrimination: Leaders fill up containers with different objects. All the containers must look alike. There must be pairs of containers with the same kind and amount of objects to make the same sound. Children shake all the containers and try to match the ones, which make the same sound. For younger children use only four or five pairs of containers, for older children use more. Be sure that the containers are not too different in weight, otherwise children may discriminate by weight and not by sound.

Who's got the money?: Children divided into two equal teams sit at a table across from each other. Team One passes a coin among the players while all of their hands are under the table. Meanwhile Team Two watches carefully, but does **not** look under the table. To make the game more challenging players on Team One can pretend to pass the coin even though they may not have it in their possession. When Team Two wishes they call out, "one, two, three!" Then all the players on Team One must put their elbows on the table with their hands held in the air and closed as fists. Then Team Two again says, "one, two, three!" Team One players must simultaneously slam down all their hands on the table making sure that their hands are flat, with palms open, facing down on the table. The object is to slam down the hands in such a way that Team Two cannot determine who has the money. If the players are not careful, you can usually hear the click of the coin. Team Two only has three chances to guess who has the money and in which hand it is located. After some practice the leader may restrict the number of guesses to two or even one! If Team Two guesses correctly, then they get the coin and team one will have to guess who has it. They repeat the same process as described above. Otherwise Team One keeps the coin and Team Two has to guess again.

► Trust and Cooperation Games

It is important to prepare the children for these types of games. Explain to them the purpose of each game and the necessary safety precautions. When a game has been completed, ask the children how they felt and what they were thinking while playing the game. Also ask what they have learned as a result of playing the game.

Lap Sit: Children stand in a circle with all of their left shoulders facing inward and their right shoulders facing outward. The children should stand as close together as possible. On the count of three all the children should sit down simultaneously. Thus, each child is sitting on the lap of the child behind him/her while the child in front of him/her is sitting in his/her lap. Note this activity may have to be done with groups, which only have one gender (all males or all females) especially for teens.

Trust Fall: Children stand close together in a circle, all facing inwards. A volunteer child agrees to let himself fall in any direction and trust that his/her peers will catch him/her. Note, make sure the person being caught is not too heavy to be caught by those in the circle.

Trust Walk: Children form pairs. One child in each pair agrees to be blindfolded or close his/her eyes while the other agrees to guide him/her around a given area. The area should have some obstacles such as stairs, walls, or furniture, if this game is played indoors or rocks, hills, or logs if played outdoors. The guide makes sure to alert the child to these obstacles. Then the children in each pair switch roles.

Rowing: Children form pairs. Each child sits on the ground facing his/her partner. The two grab hands and pull each other back and forth, legs straight in front of them.

Stand Up Back to Back: Children form pairs. Each child sits on the ground with his/her back touching his/her partner's back. They interlock arms at the elbows. Each child pushes on his/her partner's back while in turn his/her partner pushes on his/her. While doing this each pair attempts to stand up without letting go of their partner. After some practice have competitions to see which pair can stand up the fastest.

Island Crunch: Teams with equal numbers of players are each given a brick or block on which to stand. **All** players from each team must stand on their brick. The players will have to devise a system so that everybody fits on the brick and nobody falls off of it. The leader can set a time limit. For example, all the players of a team must stand on their brick for 30 seconds without falling off.

The Tightrope Walk: Children divide into teams. All team players walk across a large thick rope or pole lying on the ground while holding hands. If one player falls off, then the whole team is disqualified. Everyone must work together to keep the balance of the whole team.

Untie the knot!: Children stand in a circle. All children hold hands, but they must not take the hands of the child to their immediate left or right; **nor** can they hold both hands of any child. **Without** letting go of hands, all children must work together to unravel the knot that has been created.

► > PSYCHOSOCIAL SERVICES OUTLINE <

This chart, from Albania, demonstrates how to organize and structure psychosocial services in an emergency situation. It shows how to set up a tracking system to determine a person responsible for each activity. The daily living services will differ from one situation to another.

Daily Living Services	Person responsible	Date	Camp/ Sector	Date	Organ- ization	Date
Medical Care (general) Hospital Well baby clinic Women's issues						
Recreational Activities Children Youth Women Men Elderly Special events Newspapers Movies etc						
Education Preschool Primary Secondary Well baby Mediation/Peace education Repatriation Ed (re. mines)						
Needs Hairdresser/barber Seamstress Family contacts outside camp Help center: Family support Mother/infant care						
Worship Center Orthodox Catholic Evangelical Muslim						
Psychological Programs Initial assessments Support/Debriefing services: Children						

Youth						
Men						
Women						
Elderly						
Intensive services						
Children						
Adults						
Acute care						
Psychiatric OP						
Psychiatric IP						

► > SELF HELP GROUPS⁷ <

Self-help and other support groups provide valuable roles in practical assistance, information, lobbying and often considerable counselling in interpersonal interaction which assists survivors to work through their grief.

Self Help Groups (SHG):

Bring together: similar groups (idea of "community").

Create: a favourable climate, which allows the message to be heard.

The Message:

Whatever the people are experiencing is normal. They can recover from it and they will be able to return to their activities (idea of "expectancy").

A. Counsel those in the greatest need first

Set your priorities so that those closely involved with the disaster get counselled first. In this way, you ensure your energies go to those in greatest need. You have only so much energy and so many resources. Use them wisely.

B. Counsel homogenous groups

For SHGs to work, individuals need to feel safe. Counsel those who were present at an incident or those who witnessed one separately from those who did not. Those who were present at an incident often feel uncomfortable when people who were not directly involved in the incident participate. As well, details mentioned during a session could unnecessarily traumatize those who were not there. One way to ensure this is to counsel at a peer level.

Composition of the group

⁷ From www.disaster-management.info

In order to encourage discussion, the composition of the group should be homogenous.

Who should be grouped together in a SHG session?

Anyone associated with a traumatic incident can participate in a SHG session. The issue is: who should be grouped with whom?

The significant person for the group:

This person is recognized or identified as being helpful and significant for the group.

The number of participants

A group should be restricted to a maximum of twelve participants or less if the emotional load is extremely heavy.

The climate

The meeting must take place in a favourable atmosphere of support and understanding. Each person's reactions are offered to the group and accepted.

Rules for SHG meetings

Freedom of speech

Anyone is free to remain silent if that is his/her choice, but everyone is encouraged to participate.

Respect others

Do not relate details, which could embarrass other participants.

Equality

During the session, all participants are equal.

Respect cultural aspects

The cultural aspect of a group must be taken into consideration. Certain traditions, beliefs and customs can influence the expression of emotions.

Expressing oneself during the session

The participants are strongly encouraged to express themselves during the session.

Pay attention to the silent participants

Attention must be paid to the people who do not speak but who seem to be disturbed. They can be approached privately later on, in the event that they are simply individuals who are reticent to express themselves in front of a group.

No Criticism:

A BASIC RULE: *No one is allowed to criticize someone else.*

Types of sessions

Information sessions

Information sessions presented jointly with the organizations involved are intended for the whole community. They consist of providing general information and dealing briefly with the current difficulties, the reactions that may be shown by the survivors, services available, and the problems typically associated with returning to normal life. The activities suggested for information sessions are all optional. None are mandatory, neither for the

disaster survivors nor for the members of their families or witnesses of the event. During these information sessions, the following messages are among those given with regard to physical and emotional reactions:

- The physical and emotional symptoms are part of a stress reaction and are considered normal
- These symptoms occur in most people in a situation of stress, threat or loss. They are primitive reactions of the mind and body, and their purpose is to help the individual survive
- Stress syndromes, although normal, can, however, present health risks if they persist, since they rob people of energy and make them vulnerable to illness. In some cases, they can even have repercussions on a person's whole life
- There are many ways of dealing with stress reactions, such as surrounding oneself with people one feels good with and with whom it is easy to talk about what one is experiencing, doing vigorous physical exercise or using relaxation techniques
- The most effective way of relieving stress is verbalization sessions on the event.

Verbalization sessions

Verbalization sessions on the event are a simple but effective method of assisting the population and

responders to cope with and carry on with normal life. A verbalization session on the event usually permits the alleviation of acute stress reactions in order to reduce or prevent delayed stress reactions.

This method is a rational way of dealing with stress reactions. Focus is on **three** specific objectives:

1. To help people express their feelings
2. To assist them in understanding their emotional reactions and their behavior
3. To promote a return to a state of equilibrium in each individual.

Further Reading

Jackson, H.: *AIDS in Africa, Continent in Crisis*, SAFAIDS 2002.

www.safaids.org.zw

One Step Further – Responses to HIV/AIDS, Sida studies no 7, 2002.

www.sida.se/

Steps for the Future, facilitators guide. www.steps.co.za/ *The Sphere project*.

www.sphereproject.org

Interagency Network for education in Emergencies (INEE):

www.ineesite.org

ALNAP-learning, accountability in Humanitarian Action:

www.alnap.org/index.html/

8. HIV AND AIDS IN EMERGENCIES

Myth: “In emergencies there is no time to put emphasis on HIV and Aids”

Reality: “It is of high importance always to include the perspective of HIV/Aids and its effect when planning and analyzing a relief program”

This chapter:

- ▶ Gives basic information on HIV and Aids and its transmission
- ▶ Highlights the impact of stigmatization
- ▶ Describes the importance of identifying vulnerable groups
- ▶ Highlights the importance of special psychosocial attention in emergencies to people affected by HIV and Aids

Toolbox:

- ▶ Memory boxes
- ▶ Memory book
- ▶ Home based care
- ▶ Aids memorial quilt
- ▶ Photo project

There are no other examples in history of an infection that has had such an impact on human life as HIV and Aids. HIV/Aids is the largest catastrophe in modern time. The epidemic was limited to certain risk groups at first but has today spread to larger sections of populations. The virus is in some areas the principal cause of deaths and can, in itself, be seen as an emergency issue in need of relief response.

Lack of knowledge, gender imbalances, poverty, stigma and drug abuse are the most common causes for the rapid spread of the virus. Because HIV has a long symptom-free period, no effects will appear until long after the infection. A comprehensive understanding of the epidemic is needed in order to combat the spread of HIV as well as alleviate the negative consequences.

The HIV epidemic has three stages or phases with a time-span of a couple of years, which vary dependent of human support, nutrition, care and well-being. The first stage is when people are being infected by HIV. No major impact is visible according to health, and as long as people do not know about their HIV status there are no psychological impacts. When people become aware that they are infected by HIV, they often face trauma and denial. Testing is important in order to protect oneself from further infections by other diseases or protecting others from being infected.

The next stage is when Aids is being developed and people are dying and special support is needed both for the infected persons and their families.

The last phase is when the consequences become visible in the society. Parents have died, the educational system is defective, important traditions are lost and societies are in imbalance. The different phases can be in progress at the same time in a country and even within the same family. It is important to assess the scope of the epidemic in a society in order to make relevant plans how to assist and build capacity to meet the needs.

During emergencies, normal health services are disrupted, stress increased, and cautious behaviour will be decreased. In refugee situations sexual contacts between previously unknown partners are more common than in a society that is not disintegrated. Sexual contacts may increase among disaster victims as well as among aid workers. Ordinary cultural and traditional behaviour is also affected in societies of social instability and new practises arise, which increases the risk for HIV and Aids infection.

Transmission

HIV transmission can occur when blood, semen, vaginal fluid or breast milk from an infected person enters the body of an uninfected person. An already infected person can become infected on another occasion by another HIV type, which also influences the body's condition. HIV can enter the body through a vein (e.g. an injection or drug abuse), the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (e.g. eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria. HIV can also be transmitted through transfusions of infected blood or blood clotting factors. Reuse of blood-contaminated instruments such as syringes also increases the risk of transmission, as well as sharing needles and syringes.

Health

National HIV and Aids policies and guidelines often exist and should be provided and considered in planning in emergency situations. Different forms of preventive measures are important, such as posters, pamphlets, radio programmes and public talks from leaders. Condoms are debated and sometimes controversial from cultural and religious aspects. There has to be a dialogue with different leaders in order to avoid confrontations. Condom availability does not necessarily translate into acceptance and use but could be a good protection from contracting STD and HIV, especially for women. If right medication, sufficient nutrition and psychosocial and spiritual support are provided, the situation for infected persons can be improved, and there are possibilities of gaining lifetime. Infected people can continue to be in charge of families and to make good arrangements for the future. Good life support has an enormous impact and can prolong life.

In some places antiretroviral drugs are available. The treatment has shown good results even in very deprived areas, and patients have recovered and started to live a more normal life. Antiretroviral treatment has many positive effects as lifesaving and strong reduction of virus quantity, which also reduces the risk of transmission, but there are also many problems. When antiretroviral treatment has begun, it has to continue without interruptions. Medical attendance and medication has to be available for sustainable treatment. If drugs are lacking or treatment interrupted, resistance is created and might render further treatment impossible. Patients who receive antiretroviral drugs also need access to good nutrition for the treatment to be successful.

An essential way of stopping the epidemic is to make HIV tests easily available to people. If the test shows a negative result, the person can take measures to remain negative. In the case of a positive result, the test can help the patient to see the need to protect him/herself and others from further infections. Rapid test kits are easy to use and take only some minutes before result is given. Tests can be done either by blood, saliva or urine samples. Pre- and post-counselling is important and has to be integrated in the testing procedure. Infected people should be offered support individually or in groups. Counselling with family members facilitate openness and counteract rejection and denial. Professional secrecy among counsellors is important in order to prevent rumours and stigmatisation. When people are informed that they are HIV positive, they often follow the same reaction pattern as in other traumatic states.

Stigmatisation

HIV and Aids might not be the immediate subject for attention in emergencies but is a factor that should have special attention. Communities have to be trained and informed about HIV and its transmission effects in order to prevent stigma and discrimination. Sometimes staff are neglected and forgotten and do not have the necessary information to be able to handle the epidemic. Besides enormous socio-economic consequences the epidemic causes huge suffering for those who are infected, and especially those who have developed Aids and fallen ill. The suffering is also difficult for the families. In addition to the power of the virus to destroy the body, it causes exclusion from social communities, disgrace and stigmatisation.

Stigma has a devastating impact on infected people's life situation. While many diseases in society are accepted, HIV is often connected with bad habits and lifestyles. Stigma contributes to the spreading of the virus as it silences people. They are afraid of disclosing their HIV status and the virus becomes indiscernible and can ravage without hindrances. Myths are created and the existence of the virus is questioned. Those who are infected are bearers of a secret and easily withdraw from society because of fear, a behaviour that often results in depression. Because of people's ignorance and because HIV is a virus marked by death, infected persons are afraid they might be rejected by their family and from social gatherings and other activities. They might also be afraid that their family might be isolated. Rejection could be the final deathblow, because then there is nobody who will take care of the infected person when Aids is developed. Verbal abuse is a danger that faces people when their HIV status has become public and might cause anguish.

It is very tempting to use simplistic methods of prevention in a situation of HIV escalation but they can easily cause stigma. Prevention methods should consider especially the protection of women and children. If prevention is not correctly done, vulnerable groups will instead be stigmatised.

Vulnerable Groups

It is important to identify vulnerable groups in society for special psychosocial support, food distribution and protection. Women, children and especially girls are becoming increasingly vulnerable to HIV infection in many countries. An unequal power balance in sexual relationship undermines the capacity of women and girls to control their own sexuality. Gender-based violence can also expose women to HIV infection.

Coping mechanisms are developed in life threatening situations. When food and other important necessities for life are threatened, women's only possibility to earn their living might be through prostitution, which increases the risk of HIV transmission. Vulnerability and changes of behaviour because of an emergency situation increase sexual violence and exploitation of women and children. Women are also biologically more vulnerable to contracting HIV compared to men due to their larger exposed mucous membrane. Sexual abuse towards unaccompanied children and child headed households occurs in emergencies, which makes these groups especially vulnerable and exposed to infections.

Orphans, children who are separated from their families, or rejected children are extremely vulnerable and could be targets for abuse. Special attention has to be paid to lonely children. If there are child headed households, sick parents or separated children, other kinds of communities or possibilities of having extended families may be arranged. Families should not be separated in order to give protection. Children should be encouraged to talk about their situation. They should also be informed about sexual abuse and about their legal rights. A holistic response that includes care in the community is crucial to address children's needs.

Drug abuse is common in certain emergency and post-emergency situations. Besides increased violence, including sexual violence, intravenous drug abuse is a high-risk behaviour for contracting HIV. Shared needles and syringes are typical ways of transmission of hepatitis and HIV. A comprehensive range of service and programmes is needed in order to respond effectively. This includes education programmes, drug treatment programmes and appropriate healthcare services.

Psychosocial Assistance

People with HIV and Aids and their family members often fear stigma and discrimination, because it is associated with illness and sometimes even with bad behaviour. Psychosocial support often breaks the silence surrounding HIV and Aids and can lead to acceptance, caring and understanding by family members and community.

Support groups could be created and counselling centres established where infected people could get help. Those who get psychological and spiritual support have better possibilities of well being and to continue a normal life.

Psychosocial and emotional support and counselling for infected persons and their families are essential and are known to improve quality of life. Counselling, to individuals or in-group, is important for infected adults, so they can tackle the situation and counsel their children, so they will be able to understand the illness of their parents or family members. Children should also be prepared for losses and have possibilities of grieving. People who have already developed Aids need to be prepared for death and to have support for family arrangements. Legal assistance and support with, for example, information about rights of inheriting property or other kinds of legal information is essential for child headed households, widows and grandparents

>TOOLBOX<

▶ > MEMORY BOXES <

In many countries memory boxes have been developed in order to give their history to children but also as a way of dealing with the HIV infection. This could preferably be made in groups. A Memory Box may become important if the children are small and have not had the possibility to understand and learn about their history before the death of their parents. The box could be an old suitcase, trunk, or wooden container. Used cardboard boxes are perfect for this purpose. The box could contain the child's birth certificate and health cards, wills, photographs of parent/s, family, house etc., description or drawing of family tree, letter from the child's parents and/or some other significant adult, things that remind of the parent/s, such as small belongings, children's drawings, audio cassettes or even video tapes with singing, talking, favourite music, stories and direct messages.

The work of making a Memory Box is like making a private and personal journey, but also made in a group a perfect way of giving a witness and sharing their lives with others. The participants will be able to work through and reflect on the situation of being infected by HIV. Making and talking at the same time is a good therapeutic method and also gives meaning of life and a meaning to the child's future. Memory Box Groups are not only about dying but also about living. The process of making boxes provides support for infected people at a community level. The group work could end with a ceremony where the participants show their Memory Boxes to others and share what they have put in the box as well as their feelings.

▶ > MEMORY BOOK <

It is important for parents to have the opportunity to document their thoughts, dreams and important issues that they would have liked to share with their child. This could be made in a letter or in a Memory Book. A guided format could help the participants to work through different aspects of their family and history. Examples of headings could be: Our family came from... Your grandparents' names were... You walked when you were... I was happy when you were born and... When you were small you liked to...

A story that I would like to have told you is etc. It is good if the document contains stories and not only brief facts.

▶ > HOME BASED CARE <

Home Based Care is not a new concept and has been part of many cultures in order to give care at home instead of hospital or when other forms of care are lacking. Home Based Care means broadly any form of care given to sick people in their own homes. It involves all care given by neighbours, friends, families or health workers to improve quality of life. Home Based Care could be more or less structured by community or organisations. Development of Home Based Care programmes and other outreach programmes is a good way of letting the community be part of the society's life, when hospitals and other health institutions cannot handle the consequences of the epidemic. Home Based Care programmes often involves training of volunteers, home visits, providing kits with soap, linen savers, gloves, towels and medicine, supplementary food and hygiene articles, offering counselling to patient and family.

▶ > AIDS MEMORIAL QUILT <

Memorial Quilts were developed in USA when people started to die because of Aids. It was a way to remember friends and family members and a possibility to make time for grieving. A Memorial Quilt is a piece of non-stretch fabric such as cotton or poplin of the size 90 cm x 180 cm (that is vertical or horizontal). The quilt should have the name of the person that is to be remembered, pictures and other additional information such as dates of birth and death, hometown, special talents. The techniques that could be used are for example appliqué, paint, and collage. More information can be obtained from The AIDS Memorial Quilt Project Foundation.

▶ > PHOTO PROJECT <

Children who are infected of HIV or/and are orphaned need to meet other children in the same situation. Disposable cameras have been used with which children can take photos of each other and their daily lives. When the photos are developed and displayed children are gathered to tell their stories with the help of the pictures. This has appeared to be a good way of combining fun with serious talks about the children's own situation and grieving. Psychosocial support to children is sometimes neglected. The photo project is a way of making something attractive and interesting and at the same time creating possibilities for children to share experiences.

Further reading

Understanding and Challenging HIV Stigma, Toolkit for Action
www.changeproject.org

Community Home-Based Care in Resource Limited Settings
www.who.int/chronic_conditions/en/community_home-based_care_res_limited_setting.pdf

United Nations Program on HIV and Aids. A Report of a Theological Workshop Focusing on HIV- and AIDS-related Stigma and Guidelines for HIV/Aids interventions in emergency. www.unaids.org

Global Network for people Living with HIV/Aids. www.gnpplus.net and www.icw.org/tiki-view_articles.php

World Vision ADP Toolkit for HIV/AIDS Programming: Home Based Care
www.cuaha.info/documents/17_V-B2_4-03.pdf

The AIDS Memorial Quilt Project Foundation. www.aidsquilt.org
How to make a panel www.aidsquilt.org/images/makeapanel.pdf

HIV/Aids and humanitarian Action.
www.odi.org.uk/hpg/papers/hpgreport16.pdf

Code of Good Practice for NGOs Responding to HIV/AIDS
www.ifrc.org/cgi/pdf_pubs.pl?health/hiv aids/NGOCode.pdf

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Denis, Philippe & Makiwane, Nokhaya, “Stories of Love, Pain and Courage. Aids Orphans and Memory Boxes”, *Oral History* 31/2 (Autumn 2003), pp. 66-74.

9. CONFLICT, MEDIATION AND RESOLUTION

Myth: “Whenever a conflict arises, the best thing is to bring it out in the open, confronting the opponent to sort things out.”

Reality: Conflict management is different in different cultures. Saving face and keeping dignity are paramount in many communities, requiring smooth handling of conflicts.

This chapter:

- ▶ Describes conflict and cultural styles.
- ▶ Lists sources of conflict.
- ▶ Details the prevention of conflict.
- ▶ Presents skills for conflict management and for addressing conflict with sensitivity.

Toolbox:

- ▶ The Stages of Mediation

Whenever more than one person is involved with anything, there may be conflict. Conflict can be constructive and build trust in relationships if handled well. In its most benign form, conflict is the difference in thoughts, behavior or feelings between two people. In its most intense form, violence erupts. Emergency situations are intense. As a result, conflicts can easily erupt.

Dealing with conflict is a matter of timing and communication. Sensitivity is being aware of your own part in the social interaction, as well as understanding the priorities and values of others.

Conflict and Cultural Styles

Though conflict is common to all cultures, there is a wide range of ways that conflict is experienced, expressed and resolved. Attention to the local norms of conflict allows for respectful responses and a higher probability that the conflict can be resolved in a constructive way. Often a person who can interpret the local customs and processes will be very helpful.

Individualistic Culture versus Communal Culture

This continuum of cultural styles reflects the locus of ownership, decision-making, and problem-solving. In cultures that are more individualistic, the individual makes choices, takes responsibility for the results and addresses conflict personally. In cultures, that are more communal, the harmony of the group is of paramount importance and conflict is a threat to that harmony. The group, or an elder, works to reduce conflicts that occur for the best of the whole group. Individual wishes and needs take second place.

Internal Sense of Face versus External Sense of Face

Internal face and external face, or honor and dignity, are major issues in the resolution of conflicts. For western cultures, a person's esteem or worth is felt internally and determines how he or she expects to be treated. In many other cultures, esteem, worth and honor are conferred by the group and therefore are not directly controlled by the individual. Position, respect, and dignity are attributes that are given by the community, and in like manner can be taken away by the community. This concept is critical to the understanding of conflict and its resolution across cultures.

Addressing issues of disagreement in ways that preserve dignity, honor and public perception are essential skills in many cultures around the world.

Serious conflicts, seen as violations of group harmony, may result in exclusion. This is a serious punishment and means that the support that allows a person to function -to shop at the market, to get help from the local healers, and to get help from neighbors- is withdrawn. The loss of one's place in the community can be life-threatening, or result in the closing of one's business.

Direct versus Indirect

Cultures that are individualistic confront or talk directly with those persons with whom they disagree. This allows for private and rapid resolution of disputes. It is a method that is vulnerable to rapid escalation. In collective cultures, the desire to keep harmony dictates that a neutral third person talk to the offending party in a calm manner, thereby preventing any escalation of emotions. This third party's role ranges from a neutral mediator, an advisor, an advocate, or a director depending upon the culture and the status of the persons involved. This third party has the function of preserving the public face of the person involved, or dishonoring a person if necessary.

Sources of Conflict

Conflicts about power

Power is coveted, desired and fought over. Power is exercised in decision-making. When should a community receive what kind of aid? Power is wielded in distributing resources. Who should receive which materials? Power comes with equipment. Those who own vehicles, computers, phones, and buildings have power. Those who control sources of water and electricity have power. Power is used judiciously by some, and power is used to exploit by others.

In many communities, conflicts over who has power and who does not have simmered for generations. Sometimes these conflicts have developed into wars. Other times, there is a visible group of powerless people who are living at the mercy of those who control the resources. Those who do not have access to resources are those who are most acutely affected by disasters.

In emergency situations, those who control aid resources have great power. This power is often a source of tension within communities since it disrupts the previous power balance. It is critical that aid workers be aware of the issues of power in the context of emergency situations. In attempting to do no harm, it is critical to understand the impact resource power (the power to control resources) has to continue a conflict, to create a conflict, or to bring a community together.

Conflicts of institutions

It is common in emergency situations for different organizations to give different messages about the mission to aid workers. For instance, an agency may send a worker to a larger implementing agency and then find that the implementing agency has a different plan for the worker than the sending agency. Conflicts may appear when the local partner has a different understanding of the needs to be met. Local partners may also have strong concerns about the long-term consequences of the work. The recipients of the aid may not have been consulted in the haste of the emergency and may not want or need the interventions planned.

There may also be institutional conflicts between the international agencies such as UNHCR, NATO, and NGOs. The local government may disagree with the international community about what should be done. Conflict situations may limit the ability of aid workers to perform their jobs.

Conflicts within the project

International emergency projects bring together people who have never met, people from different cultural backgrounds, and people with different training. In a very short time, this group of people must form a smooth working team that is able to accomplish complex tasks under difficult circumstances.

Expect conflicts to occur! Expect that you will find your way through them together. Differences of style, priority, culture, and gender will conspire to induce conflicts. Be pro-active with conflicts and seek solution pathways. It may not be possible to talk about conflicts directly in some situations due to cultural differences, but conflict can be addressed through third parties. It is often through the resolution of conflicts that trust and good working relationships develop.

Conflicts among project recipients

The rapidly changing situation in an emergency frequently leads to intense feelings of frustration, anger, fear and despair. These feelings can fuel conflict. Needed resources such as food, shelter, stability, comfort, community and recognition are often in short supply. Conflicts occur as a result of competition for resources, the need to ventilate feelings, and unresolved issues from the past. Though emergency situations are ripe for conflicts, people find that emergencies allow them to see things in a different way and may allow them to put old grievances to rest.

The Prevention of Conflict

Damage created by conflicts can be minimized when relationships are built and nurtured. Taking time to listen to others, to learn local traditions, and to understand the intentions of other parties will go a long way toward preventing unnecessary conflicts. In emergency situations, rapid decisions and constantly changing situations lead to judgments and statements that irritate and offend others. It is efficient time management to take time each day to smooth out small problems before they grow into bigger problems. Nurturing team relationships allows for trust and respect to grow.

A few simple rules will help to avoid and manage conflicts during emergency situations:

- ▶ Respect the dignity of others.
- ▶ Respect local customs.
- ▶ Avoid being demanding of others.
- ▶ Inquire carefully to understand rather than judging.
- ▶ Use 'I' statements rather than accusatory 'you' statements.
- ▶ Be patient with the process.
- ▶ Use a third party if appropriate.

Skills for Conflict Management – Addressing Conflict with Sensitivity

Conflict can strengthen relationships and increase trust between people when handled well. This result can be achieved only when the process is addressed with care and respect. The following ideas can help this effort.

Soften the intensity of a conflict by working through a mediator

A mediator is a person who acts to communicate the information from one person to another, without the intensity of emotions unrelated to the topic. A mediator may be formally asked, or informally used by someone who knows that the information will be communicated. Mediators may be people who have other primary roles in the community (for example, an elder, a respected business person, a religious leader, or a wise neighbor.)

Ideally, a mediator is a person who is respected by both parties. This is especially important if the mediator will make some recommendations in the resolution process. The precise role of the mediator may be defined. For

example, a chief may determine which party is at fault, or a neutral third party may have the job of keeping balance in the negotiation process. A mediator may have a less defined role, as is the case with an informal mediator who simply carries a message. It is useful if the mediator helps the parties to seek a clear understanding of each other's position before seeking a solution.

Be aware of the temptation of manipulation of the mediator to become "my" resource person.

By using a mediator the parties are willing to give up some of their own power.

Choose a "one-down" position

In taking a one-down position, a person voluntarily seeks the assistance of another to resolve a problem. The person sought may be the other party in the conflict. Often, one might ask for help so that one is not shamed or embarrassed. At times this request is made in a passive voice: "A problem has come upon me, and if you would be so kind to help I will not lose face with my co-workers." In choosing this stance, it is possible to avoid casting blame, thereby allowing the other the opportunity to resolve the dispute with dignity.

Caution should be taken to avoid being put in a position of obligation. At times through apparent generosity or deference, one person will give generous gifts to another, putting the recipient in a position of having to return the favor, at times in ways that are uncomfortable.

Listen for and use local stories or parables

Stories and parables have been used as a method of conflict resolution for centuries. Jesus was a master of this art. Through the use of stories and parables, topics can be approached indirectly. Listeners can respond to whatever part of the story is applicable. This method offers the possibility of saving face and dignity.

Silence/Inaction/Misdirection

The methods of response discussed above, can cause much frustration for people used to more direct methods. However, in some cultures, it is dishonorable to refuse the request of a guest or honored person. If there is a reason a person cannot honor the request of a guest, it is better for them to respond with silence or inaction rather than refusal. At times, an excuse will be created when the person is asked about the inaction. The creation of excuses is less shameful than the dishonor of refusing the guest's request. For the frus-

trated guest, silence about this inaction may pay off in the future since the other person was not shamed. Working out an alternative plan avoids disgrace for all.

> TOOLBOX <

▶ > THE STAGES OF MEDIATION⁸ <

- ▶ **Stage 1. Introduction (providing safety)**
 - ▶ Greet, seat and introduce the participants.
 - ▶ State goals, emphasizing that this is a voluntary process for parties to reach a mutual agreement.
 - ▶ Describe the mediator's role of helping the parties talk, and not judging or giving answers.
 - ▶ Describe the process: each side will speak in turn, both will agree on the basic issues and work with these one at a time with their suggestions for resolution.
 - ▶ Gain commitment to the ground rules: no interrupting, maintain confidentiality, respect each other.

- ▶ **Stage 2. Storytelling, offering understanding**
 - ▶ Get A's perspective on the situation and the mediator's summary; identify hopes and concerns.
 - ▶ Get B's perspective on the situation and the mediator's summary; identify hopes and concerns.
 - ▶ Listen for issues and common ground.

- ▶ **Stage 3. Problem solving, building ownership**
 - ▶ Clarify the issues.
 - ▶ Identify common concerns and establish common ground.
 - ▶ Work on one issue at a time; start with the issues easiest to resolve.
 - ▶ Maintain control by using a list of the issues and interviewing each party in turn.

⁸ From *Peace Skills: A Manual for Community Mediators* by Ronald S. Kraybill with Robert A. Evans and Alice Frazer Evans. Copyright 2001 by Jossey-Bass, San Francisco, CA.

- ▶ Move away from the parties' demands and focus on each party's underlying interests.
- ▶ Generate options, inviting the parties to suggest their proposals for resolution.
- ▶ Evaluate the options together.
- ▶ Select options and plan implementation.

Always, look for opportunities to:

- ▶ Point out areas of commonality and positive intentions.
 - ▶ Acknowledge hurt, anger, and frustration.
 - ▶ Suggest that parties speak directly to one another (coaching direct dialogue).
 - ▶ Affirm constructive moves and highlight progress made.
- ▶ **Stage 4. Agreement, seeking sustainability**
- ▶ Summarize agreements reached.
 - ▶ Ensure that specifics are addressed: who, what, when, where, how.
 - ▶ Be realistic, clear, and simple.
 - ▶ Maintain balance in the parties' responsibilities.
 - ▶ Make sure the agreement is just and contributes to the dignity of each party.
 - ▶ Agree on how to handle any further problems that arise.
 - ▶ Ask the parties to state their intent to support the agreement.
 - ▶ Write out the agreement and have the parties sign it.

If alienation has been deep, give the parties an opportunity to speak to each other in ways that will help them let go of the past and begin to restore their relationship.

If there is no resolution, remind the parties of their confidentiality agreement, affirm the level of understanding reached, and offer to meet again.

Further reading

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10. BEING A GUEST IN ANOTHER CULTURE – WORKING WITH A LOCAL PARTNER

Myth: “People are people, where ever you go. The important thing is to be true to yourself.”

Reality: True in a way, but also false. The ways in which people interact vary greatly between countries, cultures and even communities. Not complying with local customs can cause conflict or misunderstanding and obstruct aid work.

This chapter:

- ▶ Describes basic relationship skills that are important when working in another culture.
- ▶ Describes the importance of linking to local partners.

Toolbox:

- ▶ Good ideas for team-building.
- ▶ Communication: Active listening.
- ▶ Do no harm.

The expression "culture" is here used in a wide context, not only referring coming from another country. Coming from outside, whether it is another country, another community, town etc, we are guests coming from outside and must be aware of that we have to take that into consideration.

Relationship skills are essential

Being a guest in another culture demands better behavior than is required at home. **It is essential that the personnel who are participants in relief work demonstrate good relationship skills in all of their work.** This is true in partner relationships, in working with other members of the response team and in contacts with the affected population.

Relationship skills are essential tools for facilitating psychosocial care. It is our hope that psychosocial care will restore people's ability to be a healthy part of a community. We hope that families in a widest sense will become strong and nurturing, caring for their children and elderly.

All emergencies are unique. Therefore it is difficult to write rigid guidelines on how to behave. Following are brief points to remind you of the basics.

Culture

Learning the local customs of good manners and appropriate behavior is essential in international work. Direct eye contact is essential in some cultures and rude in others. Women should not wear pants in some places. All interactions should be performed with the right hand in some cultures. There are some topics that are not discussed between men and women. Individual cultural customs must be accommodated if the relief work is to be successful! Adapt to the local customs. The exception should only be in cases of human rights violations. A good way of learning is to use one of your co-workers as a **cultural interpreter**. Further information about this is presented in the section on listening. Be aware of cultural gender aspects. Strengthen good traditions, but wherever you find discriminating behaviors or traditions, you must find ways of highlighting what you see.

Dignity

In many cultures, dignity is of crucial importance to the individual. Therefore, act in a way that preserves the dignity of others:

- ▶ Include others in decision-making.
- ▶ Give others the opportunity to save face when you disagree.
- ▶ Consult people about their priorities, plans, history and concerns.
- ▶ Respect cultural rituals, especially grieving and funerals.
- ▶ Try not to embarrass others.
- ▶ Give others opportunities to be proud of themselves.

Boundaries

Boundaries are the limits of one person’s territory, space, or responsibility. It is an unfortunate reality of emergencies that well-intentioned people invade the responsibilities or space of others in a genuine desire to help. This has many unfortunate consequences, including anger and open opposition from the same people we hope to help (see Do No Harm in Toolbox).

When working internationally, ask yourself and the members of your team:

- ▶ Who do we serve?
- ▶ Whose priority is it? Is it my need to help or their request?
- ▶ Whose responsibility is this usually? Have they given us permission?
- ▶ Whose future is this affecting? Who should make this choice? Have they been consulted?
- ▶ Whose country is this? Who chose the government?
- ▶ Whose physical space am I working in? I am a guest here.
- ▶ What are the beliefs of my hosts? Am I respecting them?

Listening

Listening is the basic form of respect for others. Through listening, we put ourselves aside for the moment and try to understand another person. Listening is both an art and a critical skill. We must learn this skill to be good at our work.

Listening to others, like many other things, is influenced by culture. In some cultures people talk directly to each other, expressing thoughts and feelings verbally. In other cultures people “speak” indirectly, conveying messages through a third party, through symbols, or through silence. When listening cross-culturally, it is invaluable to have a trusted **cultural interpreter**. This person is one who knows the “rules” of the host culture and is able to verbalize them to foreigners. This helps to interpret not just the words being spoken but also the silences, the indirect patterns and so on. It also helps to have this person teach us to convey what we want to say in a way that can be understood in this cultural context.

Unfortunately listening takes time, and time is a scarce resource in an emergency. By definition there is more to do in an emergency than there is time in which to do it. Decisions must be made quickly and tasks must be accomplished to prevent loss of life. However, the costs of not taking the time to listen are very high. **Misunderstandings that result from not listening carefully can stir up anger, opposition and totally paralyze an emergency operation.**

Conflict

Conflict sneaks into our work, especially in emergencies where we are working quickly to save lives. Whether we are local staff people or people from the outside, it is essential that we are aware of potential conflicts. It is also necessary for us to be aware that as staff people, we have advantages that our recipients do not. Conflicts or resentments may erupt as a result. By being aware of it you can avoid causing disturbances in the work.

Be aware of potential conflicts, especially during crises.

- ▶ Assume everyone is doing their best in the circumstances.
- ▶ Check your own behavior. Are you short tempered, tired, frustrated, demanding, or rude?
- ▶ Take short breaks to regain your composure. Breathe. Walk around. Get a drink.

Then listen carefully:

- ▶ Is this a misunderstanding?
- ▶ Is there a difference in style?
- ▶ Is there a need to maintain dignity?
- ▶ Is there a difference in priorities?

How important is this issue? If it must be pursued, consider using a third party. In many non-European/North American cultures, conflicts are resolved indirectly (see Chapter 9 for more information).

Power

Knowing where the power lies in a community is essential to working in that community. Some questions to ask are:

- ▶ Who must be consulted, formally and informally, if you want to get something done? Women and men?
- ▶ Whose opinion is sought? Women and men?
- ▶ Where does the financial trail lead?
- ▶ Are there people who others are afraid of crossing? Women and men?
- ▶ How is power conferred and gathered?
- ▶ What types of power are there here (influence, financial, spiritual, violence)?

Cooperation

Relief work cannot succeed without cooperation between:

- ▶ Team members.

- ▶ Local partners and international specialists.
- ▶ Donors.
- ▶ NGOs serving in the same area or with the same population.
- ▶ Local government and relief operations.
- ▶ Local population and disaster victims.

Cooperation must be nurtured and encouraged at all levels. There are many opportunities for conflict in emergency operations. As a result:

- ▶ Always aim for being integrated with a local church or a local partner. Developing good relations with the local partners is not only important in the short run, it is also important for the long-term effects. Emergency response often develops into long-term programs. The climate for the future is often established early in a process. Local ownership for projects should be established at an early stage so these programs can be sustainable for the future.
- ▶ Take the lead in reaching out to potential partners.
- ▶ Participate, when possible, in activities of the local partner such as social and spiritual life. Introduce yourself to the local congregation/church.
- ▶ If local partners do not invite you to introductory meetings, take the initiative to attend such meetings.
- ▶ Model cooperation. As early as possible work with the local partner on an agreement on the common mission.
- ▶ Encourage local leadership and try to learn the local leadership. Make a list of people to contact. It is crucial to establish good contacts with the local authorities connected with the project.
- ▶ Support other programs and build complimentary services or programs.
- ▶ Learn conflict resolution skills.
- ▶ Develop cultural sensitivity and learn about the local society, culture and religion. Develop a strategy with your local partner about handling different perceptions. Building up confidence works against conflicts.
- ▶ Be a neutral mediator.
- ▶ Find strategies for good communication.
- ▶ Be open to receive hospitality.
- ▶ Be transparent in service delivery and accounting.
- ▶ Avoid favors and priority treatment for some over others.
- ▶ Share resources.

> TOOLBOX <

▶ > GOOD IDEAS FOR TEAM-BUILDING <

Team-building should be performed with all teams before the beginning of the mission. Team-building can be done close to the disaster area. This is time well spent, though it must be compared with other tasks that need to be performed. Give staff members team-building tools to save time when the actual operation starts and you need to focus on the specific group and their tasks.

The pre-mission team-building can be performed in one or two days.

The objectives for the team-building are:

- ▶ To build security in the group by helping members learn to know each other.
- ▶ To build a common awareness of the goal and methods of reaching them.

When working on team-building, try to address cultural integration and approaches. Discuss the following issues:

- ▶ Common ways of addressing each other.
- ▶ When and how to apologize.
- ▶ How to dress to prevent embarrassment and to avoid offending each other.
- ▶ Knowledge of different religious and cultural behavior. A lack of understanding about these issues can cause conflicts.

These issues must be presented in a culturally sensitive way to avoid offending or embarrassing any member of the group.

Team-building is not a quick-fix but an ongoing process. Consider these ways of maintaining the team:

- ▶ Conduct daily team meetings.
- ▶ Share information about the situation in the area.
- ▶ Discuss who is doing what.
- ▶ Remind members of the common goal on a regular basis.
- ▶ Encourage shared social activities on regular basis.
- ▶ Care for each other through regular follow-up during working hours and during time off.

► > COMMUNICATION: ACTIVE LISTENING <

Active listening is a communication skill used by mediators and facilitators to aid communication. Active listening helps people deliver clear messages and know that their messages were heard correctly. Improving communication skills facilitates the work of conflict resolution practitioners and enhance its accuracy. Actors in the field of human rights can also benefit from these skills. They are often involved in negotiations and the interviewing of witnesses. The development of people skills contributes to their ability to perform such activities effectively.

Some researchers say that 80 percent of communication is body language. Body language includes what we do with our bodies, our faces, our eyes, and our tone of voice. Every culture has its own body language and mediators must think critically about how to use body language to assure that the message – I am eager to hear and understand you – comes through clearly.

► Objectives of Active Listening

- To show the speaker that his/her message has been heard.
- To help the listener gain clarity on both the content and emotion of the message.
- To help speakers express themselves and to encourage them to explain, in greater detail, their understanding of the situation and their feelings.
- To encourage an understanding that the expression of emotion is acceptable and that it is useful to understand the depth of feelings.
- To create an environment in which the speaker feels free and safe to talk about a situation.

► Procedures for Active Listening

- Acknowledge that you are listening through verbal and non-verbal cues.
- Attempt to distinguish between the content and the emotion of the message being delivered.
- First, focus on the emotion of the message. Assess the intensity of the emotion the speaker is relating and reflect that level of feeling back to the speaker.
- Let the speaker acknowledge whether or not you have reflected the correct emotion and the intensity of the emotion. If it is not correct, ask questions to clarify the emotion and reflect a modified emotion to the speaker.

- ▶ As the speaker comes to understand that you are hearing his/her emotional content correctly, the intensity of his/her emotion tends to decrease and the content of the message becomes more important.
- ▶ When this starts to occur, switch to the techniques of paraphrasing, re-framing, and clarifying.

▶ **Principles Underpinning Effective Listening**

- ▶ That the environment created for the speaker to express herself or himself is safe, especially in terms of reducing the risk of future negative for messages delivered.
- ▶ That the listener is very focused on what the speaker is trying to communicate to her/him.
- ▶ That the listener is patient and does not jump to conclusions about the message.
- ▶ That the listener can show genuine empathy for the speaker.
- ▶ That the listener uses techniques that permit the speaker to verify or correct the emotion and content of the message.

▶ **Techniques for Active Listening**

Mastering the art of active listening is challenging because it requires the listener's strict attention and his or her ability to be objective in situations that are often clouded with strong emotion. Using the techniques illustrated below does not mean that listeners agree or disagree with what is being said, or that they are coming across softly. Rather, it means that they are working at keeping communication channels open and at building trust between the speaker and the listener.

Technique	Purpose	How to do this	Examples
Encouraging	To show interest. To encourage the other person to keep talking.	Don't agree or disagree. Use neutral words. Vary tone of voice. Ensure that body language is open.	"Can you tell me more about...?" "I know it's hard for you to talk about this."
Clarifying	To help you become clear about what is being said.	Ask questions (appropriately and not in an interrogating manner). Restate incorrect interpretations to encourage the speaker to explain further.	"When did this happen?" "How long has this been going on?" "So you were under the impression that...?"
Reflecting	To show that you understand how the speaker feels. To help the speaker evaluate his or her own feelings after hearing them expressed by someone else.	Reflect or "mirror back" the speaker's feelings.	"You seem very upset." "It sounds as though you were very angry."
Summarizing	To review progress. To put together important ideas and facts. To establish a basis for further discussion.	Restate major ideas and feelings expressed.	"Let's see how far we've got?" "These seem to be the main ideas you've expressed." "You've spoken about A and B. Can you tell me some more about C?"

► **How to achieve the goals of active listening**

Do:

- Be attentive.
- Be alert and non-distracted.
- Be interested in the needs of the other person, and let them know you care about what is said.
- Be a non-judgmental, non-criticizing sounding board.

Don't:

- ▶ Do not use stock phrases like “It’s not so bad”, “don’t be upset”, “you’re making a mountain out of a mole hill”, “just calm down”, etc.
- ▶ Do not get emotionally hooked – angry, upset, argumentative. Don’t let your values or biases interfere with what you understand is being said.
- ▶ Do not rehearse in your own head.
- ▶ Do not jump to conclusions or judgments.
- ▶ Do not interrogate or give advice.

Ways to listen effectively:

- ▶ Use your body to create a positive atmosphere with your non-verbal behavior:
 - ▶ Appropriate eye contact.
 - ▶ Nodding the head, facial expressions, gestures.
 - ▶ Body oriented toward the speaker (head, arms, and legs).
 - ▶ Tone of voice.
- ▶ Encourage responses: “Tell me more” or “I’d like to hear about...”
- ▶ Summarize the basic viewpoints of the speaker as you’ve heard them. A summary is an extended restatement of the key points of information offered by the speaker. Use summaries to focus each party’s statement in terms of issues and solvable problems, instead of personalities, and to keep parties on track with the process.
- ▶ Make brief notes on your pad to keep track, but don’t bury yourself in them!
- ▶ Paraphrase or restate in your own words.

▶ > DO NO HARM <

Although it is clear that by itself, aid neither causes nor ends conflicts, it can be a significant factor in conflict contexts. Aid can have important effects on intergroup relations and on the course of intergroup conflict.

Beginning in the early 1990s, a number of international and local NGOs collaborated through the Local Capacities for Peace Project (LCCP) to learn more about how aid that is given in conflict settings interacts with the conflicts. It was known that aid is often used and misused by people in conflicts to pursue political and military advantage. Through the LCCP it was possible to identify very clear patterns regarding how aid and conflict interact. These lessons are reported in the book *Do No Harm: How Aid Supports Peace – Or War*⁹.

Experience shows that it is possible and useful to apply Do no harm in conflict-prone, active conflict and post-conflict situations.

The Do No Harm-awareness aims at:

- ▶ Seeking to identify the ways in which international humanitarian or development assistance given in conflict settings may be provided so that, rather than exacerbating and worsening the conflict, it helps local people disengage from fighting and develop systems for settling the problems which prompt conflict within their societies.
- ▶ Developing practical ways in which humanitarian assistance may contribute to the easing of tensions and the promotion of peace, through supporting local initiatives, capacities and actions. It also seeks to influence policy changes towards these objectives.

And, doing so:

- ▶ Enables us to identify programming options when things are going badly. In fact, many people involved say that for some time they have been aware of negative impacts of their programs but that they thought these were inevitable and unavoidable. Do No Harm is useful precisely because it gives us a tool to find better ways – programming options – to provide assistance.
- ▶ Prompts us to identify conflict-exacerbating impacts of aid much sooner than is typical without the analysis.
- ▶ Heightens our awareness of intergroup relations in project sites and enables us to play a conscious role in helping people to come together.
- ▶ Reveals interconnections between programming decisions; where to work, with whom, how to set the criteria for aid recipients, who to hire locally, how to relate to local authorities.

⁹ Anderson, Mary B.(ed.): *Options for Aid in Conflict, Lessons from Field Experience* www.cdainc.com

- ▶ Provides a common reference point for considering the impacts of our assistance on conflict that brings a new cohesiveness to staff interactions and to our work with local counterparts.

Experience shows that the record of humanitarian and development assistance given in conflict situations is mixed. Even when such assistance is effective in meeting its stated objectives, saving lives through the provision of emergency food or medicine, or contributing to people's abilities to sustain independent economic production, it can, inadvertently contribute to the tensions that prompt conflict and thus exacerbate, reinforce and feed the conflict. A Do No Harm analysis aims to discover how aid may be provided so that the outcome is different.

How can the realities of any conflict be factored into program design so that humanitarian and development assistance achieves its intended goals and, at the same time, provides space and voice for local people to engage in peace-building rather than war-making?

Do No Harm provides a framework for analyzing the ways the following issues can affect conflict:

- ▶ Who to work with, who to work for.
- ▶ Who to hire (staff).
- ▶ Who to work through (partners).
- ▶ Which goods and services to provide (and their quantity and quality).
- ▶ How to deliver aid.
- ▶ How to work with local authorities without legitimizing their control or violence.

The analytical framework provides a tool for mapping the interactions of aid and conflict and can be used to plan, monitor and evaluate both humanitarian and development assistance programs. The framework is not prescriptive. It is a descriptive tool that:

- ▶ Identifies the categories of information that have been found through experiences to be important for understanding how aid affects conflict.
- ▶ Organizes these categories in a visual lay-out that highlights their actual and potential relationships.
- ▶ Helps us predict the impacts of different programming decisions.

Two important factors that are essential in the analysis are to find out **dividers** and **connectors**.

Examples of **dividers**:

- ▶ Economic relations.
- ▶ Geography.
- ▶ Demography.
- ▶ Politics.
- ▶ Religion.

Some may be entirely internal to a society; others may be promoted by outside powers. Understanding what divides people is critical to understanding how aid programs feed into, or lessen, these forces.

When a society is in conflict, people who are divided by some things remain **connected** by others. Some factors which are connectors include:

- ▶ Markets.
- ▶ Infrastructure.
- ▶ Common experiences.
- ▶ Historical events.
- ▶ Symbols.
- ▶ Shared attitudes.
- ▶ Formal and informal associations.

All of these continue to provide continuity with non-war life and with former colleagues and co-workers even when alienated through conflict.

Similarly, all societies have individuals and institutions whose task it is to maintain intergroup peace. These include:

- ▶ Justice systems (when they work).
- ▶ Police forces.
- ▶ Elders groups.
- ▶ School teachers.
- ▶ Clergy and other respected and trusted figures.

Even in societies where civilian-based civil war rips daily patterns apart, many aspects of life continue to connect people rather than divide them. A few examples existing in all societies:

- ▶ Common history.
- ▶ Culture.
- ▶ Language.
- ▶ Experience.
- ▶ Shared institutions and values.
- ▶ Economic and political interdependence.
- ▶ Habits of thinking and acting.

In addition, all societies have systems for handling disagreements and tensions without violence.

11. LOCAL PARTNERS – BUILDING CAPACITIES

Myth: “You can’t expect victims of conflict or disaster to take active part in aid work. That’s why the international community has to respond!”

Reality: Aid work is all about facilitating the efforts of the affected community itself to cope and recover. All work must be done in close cooperation with people from the community. No one knows the community better than its own members.

This chapter:

- ▶ Describes principles of cooperation with a local partner.
- ▶ Presents tips on methods for building local capacity for psychosocial services.

Toolbox:

- ▶ Psychosocial activities (handouts for training).
- ▶ Facilitating small groups.

Capacity building – an important part of aid work

Capacity building is an important part of international aid workers' activities. When we respect The Code of Conduct (see chapter 3 for details) the following points are especially applicable:

- ▶ We shall respect culture and custom.
- ▶ We shall attempt to build disaster response on local capacities.

Aid workers must get access to the affected population -the population affected by disaster or conflict. In the case of refugees, it is important to access the host community and its institutions and organizations as well.

International aid workers may be expected to:

- ▶ Work with local organizations identified before his/her assignment.
- ▶ Identify local partners through local institutions, churches, or local government.
- ▶ Identify resource people in the affected population, and create a team of social workers (see Toolbox).

When reaching out and offering assistance, it is crucial to be culturally sensitive and cooperate with the traditional supporters in the society.

Cooperation in the field

All capacity building should be planned and done in close cooperation with the staff of the local partner and representatives of the affected population. This includes disaster survivors, refugees, and IDPs. Look for resource persons- you will always find them! Even if you have arrived as an experienced person from outside, the local people are still the experts. They are experts of their culture, their coping mechanisms, their ways of communication. So always involve local people such as teachers, community leaders, traditional healers, priests, doctors and nurses. Include women and don't forget to listen to children!

Resource persons may make a new team of social workers. A workshop may unite them in the goals of psychosocial intervention and encourage them to start activities they feel necessary and useful. (See Toolbox for details)

How to prepare and start training with local partners

Create a planning team. Introduce yourself to the team and tell them why you have come.

In many cases psychosocial needs are experienced in a non explicit way. People do not always talk about how they feel. In other cases you will meet fully educated social workers who are part of a culture where physical and psychological needs are recognized and dealt with. The team needs to find out about cultural and emotional complexities. The dialogue with the team is crucial for a good workshop.

There are many questions to consider:

- ▶ What is the traditional way of dealing with trauma: storytelling, talking, or putting the lid on?
- ▶ Is there a gender perspective on coping?
- ▶ What are the traditional ways of giving meaning to what happened: God, karma, fate, or punishment?
- ▶ How does the community understand and explain the symptoms of illness and distress?
- ▶ How are the people who are experiencing distress looked upon? What is expected from members of the community?
- ▶ What are people's expectations for helpers: immediate relief, medication, or distribution of food and supplies?

The planning team will decide whether training of trainers or training of providers is required. The team should:

- ▶ Define minimum qualifications of the participants before inviting them. The international aid worker should try to find out who benefits and who is excluded from the project. Be mindful of the potential for projects to worsen conflict and tensions.
- ▶ Identify locally skilled persons to contribute to the workshop.
- ▶ Prepare an agenda and a timetable.
- ▶ Discuss and include expectations of the participants, and an evaluation of the workshop.
- ▶ Organize the practicalities of the workshop, including a budget.

The participatory method

It is crucial to discuss the participants' experience and their expectations. The best way to motivate and respect the participants is to acknowledge their abilities and skills.

The method should be participatory and have a good balance between group work, theory and exercises.

Training the trainers workshops should include:

- ▶ Basic communication skills to create an awareness of how messages are transmitted and received.
- ▶ Basic skills on how to organize workshops, including presentation of participants, getting to know each other activities, expectations, timetables, and creating a safe atmosphere.
- ▶ How to prepare and introduce group activities.

The best way of teaching these skills is to demonstrate them in practice, thereby helping the participants to observe and articulate them.

Continued training – on the job training

In most cases trainers and trainees will feel that more than three days of training is needed. One solution is to let the participants start practice in the field under guidance of an experienced aid worker, and to organize regular debriefing sessions with the group.

Content of workshops/seminars

Here are some important topics that the planning team will need to prioritize.

The basic principles of community services/psychosocial assistance are as follows (see Toolbox for handout):

- ▶ The dignity and worth of individual human beings.
- ▶ Everybody's right to life with dignity.
- ▶ Everybody's right to receive help (rights-based assistance).
- ▶ Trauma and reactions to trauma.
- ▶ Resilience is the capacity and strength of everybody for recovery no matter how desperate their situation is.
- ▶ Promoting and supporting self-help activities.
- ▶ Practical measures to ensure access to other services through mediation/advocacy at the local level and through the NGO community.
- ▶ Cooperation with those who are responsible for the health sector for referral of mentally ill individuals.
- ▶ Peace and reconciliation connected to normalization of life.
- ▶ Traditional coping mechanisms: detecting the creativity of the community, getting suggestions for ways of income generating and planning the needs of guidance and training materials.
- ▶ Ways of reestablishing previous community structures.

- ▶ Children's situations including the handling of critical issues like separated children, child soldiers, and basic education.
- ▶ Vulnerable people, analyze the situation and solution of the problems.
- ▶ Exploring attitudes and ways of assisting disabled persons, especially children.
- ▶ Exploring attitudes and ways of addressing sexual abuse and exploitation.

Topics for group activities related to theoretical issues:

- ▶ Trauma reactions and interventions: exchange of personal experiences.
- ▶ Resilience factors: make associative descriptions of individuals, based on photos or drawings.
- ▶ Trauma and resilience in the specific cultural and religious context: share stories, more or less known by everybody, and comment upon them.
- ▶ Brainstorming: free exchange of ideas for solution of a problem.
- ▶ Role-play: a tool to express personal problems.
- ▶ Train the skill of active listening.

> TOOLBOX <

The toolbox in this chapter begins with seven handouts for workshops on Capacity Building. They are meant to facilitate the work of the trainer when preparing for the workshop.

The handouts should only be distributed **after** the topics have been presented to and discussed with the participants. The hand outs may also serve as foils during a presentation.

“Facilitating small groups” is a list of recommendations when working with groups. Group work is an important tool to encourage active participation from all.

▶ > **PSYCHOSOCIAL ACTIVITIES** <
HANDOUT 1

A holistic approach: Body, mind and soul seen in a social setting. Complex emergency situations affect human beings physically, mentally, socially and existentially.

Aim:

- ▶ To make people feel and function better.
- ▶ To strengthen weaker or vulnerable groups.
- ▶ To restore vitality and energy.
- ▶ To build local competence in psychosocial work.
- ▶ To build peace and reconciliation.

Important principles:

- ▶ To build on people's own resources.
- ▶ To bring back a normal situation.
- ▶ Cooperation between and with local partners.
- ▶ Integrated approach.
- ▶ Focus on community and groups.

Levels of psychosocial intervention:

- ▶ Advisory intervention.
- ▶ Self-help and mutual support activities.
- ▶ Network strengthening.
- ▶ Local activities.
- ▶ Psychological support and referral.
- ▶ Physical survival intervention.
- ▶ Political intervention.
- ▶ Advocacy.

▶ > **TRAUMATIZATION, A NORMAL REACTION TO ABNORMAL SITUATIONS** <
HANDOUT 2 (PAGE 1 OF 2)

▶ **Trauma**

A situation that goes beyond an ordinary experience and that is a stressful event for almost anybody. The situation is a threat towards your physical or psychological integrity. When you are exposed to or are witnessing others being exposed to the same.

The trauma attacks your:

- ▶ Sense of reality (find meaning)
- ▶ Autonomy/self-governing
- ▶ Feelings
- ▶ Thinking

Consequences:

- ▶ Lack of self-worth and respect
- ▶ Distrust in others
- ▶ Helplessness
- ▶ Loneliness
- ▶ Overwhelming feelings
- ▶ Lack of continuity

- ▶ > TRAUMATIZATION, A NORMAL REACTION TO ABNORMAL SITUATIONS <
HANDOUT 2 (PAGE 2 OF 2)

▶ **Post-Traumatic Stress Disorder (PTSD)**

Re-experiencing of the traumatic event:

- ▶ Flashbacks
- ▶ Nightmares
- ▶ Repetitive behavior

Increased arousal:

- ▶ Startle response
- ▶ Irritability
- ▶ Sleeping problems
- ▶ Aggressive reactions
- ▶ Muscular tension
- ▶ Anxiety

Avoidance behavior:

- ▶ Withdrawal
- ▶ Isolation
- ▶ Numbing, feeling of emptiness
- ▶ Depression
- ▶ Sense of altered reality

▶ > HEALING OF TRAUMA – MAIN PRINCIPLES <
HANDOUT 3

Domain area	What is trauma?	Reactions to trauma	Healing intervention	Effect
Reality.	External event threat.	Disconnected, confused.	Listen, be a witness	Reconnected
Autonomy. Free to act.	Sudden, unexpected, uncontrolled.	Lack of empowerment. Feel as victim.	Focus on action, coping, control.	Reinstall control. Self-governing.
Feelings.	Pain, fear, shock, grief, anger.	Overwhelming feelings.	Share, accept, and normalize.	Expand tolerance for feelings.
Thinking.	Meaningless, chaotic.	Difficult to think, understand.	Make a meaning, talk about.	Rebuild ability to think about.

▶ > **CRISIS AND CATASTROPHE SITUATIONS** <
HANDOUT 4 (PAGE 1 OF 2)

Nature created:

- ▶ Hunger and drought
- ▶ Floods
- ▶ Earthquakes

Humans created:

- ▶ War
- ▶ Forced migration
- ▶ Ethnic cleansing
- ▶ Sexual harassment, rape, violence, and child abuse
- ▶ Torture
- ▶ Persecution
- ▶ Political and religious pursuit

▶ > **CRISIS AND CATASTROPHE SITUATIONS** <
HANDOUT 4 (PAGE 2 OF 2)

▶ **Consequences**

Physical damage:

- ▶ Injuries and death
- ▶ Epidemics and diseases
- ▶ Malnourishment

Psychological reactions:

- ▶ Grief
- ▶ Irritability and aggressiveness
- ▶ Anxiety and depression
- ▶ Sleeping problems, nightmares, and flashbacks
- ▶ Muscular tension

Damage in social relations:

- ▶ Destroyed or changed families and social networks
- ▶ Distrust in others
- ▶ Lack of self-worth and respect

Existential difficulties/reactions:

- ▶ Meaninglessness and emptiness
- ▶ No hope for the future
- ▶ Apathy
- ▶ God's judgment
- ▶ Political chaos/confusion and distrust

▶ > **MASTERING THE CRISIS** <
HANDOUT 5 (PAGE 1 OF 3)

▶ **Debriefing**

One session immediately after the event:

- ▶ What happened? Consider both events and information. Recall information from all senses.
- ▶ What did you think?
- ▶ How did you feel and react? Consider both the acute and later reactions.
- ▶ What do you do? Give general advice.
- ▶ Mobilize coping skills.

▶ > MASTERING THE CRISIS <
HANDOUT 5 (PAGE 2 OF 3)

▶
Groups

Why use groups?

- ▶ Reach more people.
- ▶ Create contact and social relationship.
- ▶ Realize that other people have the same problem.
- ▶ Learn from each other and develop coping skills.
- ▶ It helps to help others.

How to create a group:

- ▶ Have something in common.
- ▶ Do something together.
- ▶ Share information and motivation.

▶ > **MASTERING THE CRISIS** <
HANDOUT 5 (PAGE 3 OF 3)



Facilitate a healing process

- ▶ Show empathy.
- ▶ Let people talk.
- ▶ Use active, careful listening.
- ▶ Take the perspective of the other.
- ▶ Give hope.
- ▶ Relate to here and now.
- ▶ Remain non-condemning.
- ▶ Focus on resources and abilities.
- ▶ Be direct and honest about yourself.

▶ > RESILIENCE <
HANDOUT 6 (PAGE 1 OF 6)

The word resilience comes from the science of physics. It describes an object's ability to return to its original form after having been stretched, compressed or bent. Resilience is the characteristic that permits traumatized human beings to get back to their original starting point without serious or lasting injuries. It is a fact that some resilient individuals seem to grow or gain strength from what they have been through.



▶ **Resilience factors**

What are the factors, which make the person resilient? The factors may be divided into three groups:

- ▶ The individual's qualities from birth.
- ▶ The family.
- ▶ The network that the individual relates to.

▶ > RESILIENCE <
HANDOUT 6 (PAGE 2 OF 6)

▶ **Individual resilience factors**

If we look at the individual resilience factors we may list factors like:

- ▶ Natural resources, resources with which the individual is born. Resources may be physical, emotional and intellectual.
- ▶ The ability to master and cope with difficult challenges.
- ▶ Independence.
- ▶ Social ability, having an easy temperament.
- ▶ The feeling of being valuable, self-worth.
- ▶ Experience of meaning and continuity, a sense of coherence.
- ▶ Creativity.
- ▶ Hobbies and interests.
- ▶ Internal locus of control; self-confidence, self-worth, safety.
- ▶ The ability to be of help to others.

▶ > RESILIENCE <
HANDOUT 6 (PAGE 3 OF 6)

▶
**External resilience factors for
protection of the individual**

Family:

- ▶ Clear structures.
- ▶ Rules and rituals.
- ▶ Sensible boundaries.
- ▶ Common values.
- ▶ Strong links to the extended family.

Network:

- ▶ Group identity.
- ▶ Common values.

**► > RESILIENCE <
HANDOUT 6 (PAGE 4 OF 6)**

► Trauma and resilience factors in comparison

Trauma	Relevant resilience factors
Loss of self-worth, self-respect and dignity.	Good feeling of self-worth.
Loss of control, to be help-less.	Internal locus of control, mastery, coping.
Loss of coherence and meaning.	Sense of coherence. The world may be seen as understandable, and meaningful.
Overwhelming emotions.	Outlet of emotions, symbolizing, creativity.
Relational – loneliness, loss and breaking up of relations.	Belonging to something/somebody, community, close relations.
Breaking down of experience of time—discontinuity.	Experience of continuity, planning.

▶ > RESILIENCE <
HANDOUT 6 (PAGE 5 OF 6)

Mastery, may give:

- ▶ An experience of control.
- ▶ The ability to control.
- ▶ An experience of the ability to gain knowledge.
- ▶ A positive change in a person's self-value.

Creativity, may give:

- ▶ Access to creative expression and an outlet for emotions.
- ▶ A new way of communicating feelings to others.
- ▶ New ideas.
- ▶ Build the ability to symbolize.

▶ > RESILIENCE <
HANDOUT 6 (PAGE 6 OF 6)

Community, influence the feeling of:

- ▶ Belonging
- ▶ Affirmation.
- ▶ Sharing.
- ▶ A common understanding or meaning.
- ▶ Understanding of a common history (linkage to community).

Continuity:

- ▶ Prevention against fragmentation.
- ▶ Continuity in identity and relations.
- ▶ Continuity in meaning and history.
- ▶ Creating the experience of time being something in movement and not standing still.

▶ > VERBAL AND NON-VERBAL COMMUNICATION <
HANDOUT 7

<p>Non-verbal desirable response Eye contact. Showing appropriate gestures. Facial expression. Touch.</p>	<p>Non-verbal undesirable response Irritability. Apathy. Actions like tapping the table. Looking at the watch. Destructive movements.</p>
<p>Verbal desirable response Conveying interest. Understanding. Acceptance. Willingness to help. Reassurance. Facilitating the direction and flow of the conversation. Facilitating the flow of speech.</p>	<p>Verbal undesirable response Over-concern. Expression of surprise. Moralistic, judgmental. Critical, scolding. Making false promises. Interrupting unnecessarily. Imposing your own values. Belittling, rejecting. Being unduly curious. Arguing and expending more time than listening. Forcing the person to speak when he or she is not willing.</p>

▶ > FACILITATING SMALL GROUPS <

- ▶ Explain the facilitation role to the group members. Clarify that you are not the authority with all the answers. The facilitator's role is just to organize the group so that all members can fully participate. Everybody is a participant and on a journey towards healing.
- ▶ Lead the group democratically. All members are equally deserving of respect.
- ▶ Develop an atmosphere of mutual trust and encouragement.
- ▶ Establish limits on discussions; and redirect participants who wander off the topic. The leader who structures well, senses when it is appropriate to permit latitude and when it is prudent to draw boundaries.
- ▶ Universalizing helps group members to become aware that concerns and hurts are shared by all.
- ▶ Feedback is the process whereby participants get reactions from others. It also helps members to overcome social taboos against the expression of feelings. For example, pain and hurt caused by apartheid.
- ▶ Summarizing helps members to understand what has been expressed, and this awareness of their feelings helps every participant along the slow journey towards healing.
- ▶ Feelings are not right or wrong. They simply **are**. Participants must be encouraged to express their feelings and to accept the feelings of others sensitively and respectfully.
- ▶ Problems fairly commonly encountered in groups are:
 - Monopolizers*, people who must be the center of attention.
 - Prove it*, people who play this game challenge the leadership.
 - Yakkity yak*, people who talk incessantly.
 - Try to make me*, these people have only a partial commitment to the group and the process.
 - Intellectualizers*, all is on the head level; no emotions.
 - Yes, but...*, people who find a problem with every solution or suggestion.
 - People falling asleep.
- ▶ Be very aware of your own body language and read the body language of group participants.
- ▶ Six useful hints to share with the group:
 - Be patient and take one step at a time.
 - Encourage one another.
 - Be responsible for your own behavior.
 - Stay on the topic.
 - Become involved in the discussion process.
 - Share the time equally.
- ▶ Break the culture of silence. People need self-confidence to speak about their feelings and that is why it is important that people know that what they feel is of great significance.

- ▶ Trust is established by dialogue. To trust others with our most painful memories is really hard. That is why we need not only to discuss the importance of confidentiality, but also to make a commitment to it.
- ▶ People must be reassured that they are truly accepted just as they are and that it is safe to express their inner feelings. One person speaks at a time. Do not put down or ridicule people or make them feel bad.
- ▶ A group never becomes a community unless participants develop the habit of deep respectful listening to one another.
- ▶ Silence is good. It is important for facilitators not to rush in when there is a silence. The facilitators must learn that it is not necessary to fill every silence.
- ▶ For effective listening it is important not to argue, interrupt, judge, give advice or jump to conclusions.
- ▶ Try to remember reflective listening. Show that you are trying to understand and to help the person clarify and evaluate his or her feelings.
- ▶ Remember when people are telling their stories and revealing their hurts, the facilitator needs to respect them. This is holy ground.

Further reading

On www.savethechildren.ch ARC Project, you will find comprehensive material useful for workshops and specific chapters about working with children and psychosocial intervention.

Academy for disaster management, education, planning and training.
www.disaster-management.info/

12. INDIVIDUAL PSYCHOSOCIAL ASSESMENTS

This chapter:

- ▶ Presents Principles of Psychological First Aid.
- ▶ Describes Psychological Risk Factors.
- ▶ Presents Responses to Support Those at Risk.
- ▶ Lists Risk Factors for Children.
- ▶ Outlines Responses to Support Children.

No separate toolbox is added to this chapter. The chapter itself is the tool. Traumatic experiences may create traumatized people. Sensitive, careful responses in the early stages following a disaster contribute to good healing. This sensitive response will be sufficient for many people. However, there will be some people in greater distress that will need individual attention. Following are some simple guides.

First Aid versus Therapy

Responses in the field are a form of first aid. There is insufficient stability, safety, personnel, and time to do more. Our first responsibility is to protect those who cannot protect themselves. This includes people who are psychologically vulnerable, people who are under psychological care and those who are at risk from people who are acting out. The context of care in the field is the community. We organize and educate the community to provide comfort, context, connectiveness, and supportive assistance.

People who are identified as vulnerable in the community, should be assessed by a mental health professional whenever possible. When this is not possible, psychological first aid should be used until professional help is available.

Psychological first aid:

- ▶ Comforts and consoles affected people.
- ▶ Protects people from further threats.

- ▶ Cares for immediate physical needs such as food, drink, shelter, rest, and medical care.
- ▶ Assists and encourages short-term planning
- ▶ Reunites people with loved ones and community.
- ▶ Offers opportunities for people to tell their story without pressuring them.
- ▶ Assists in developing a long-term system of support.
- ▶ Provides opportunities to be competent, to master experiences.
- ▶ Identifies further needs and refers people to appropriate resources.

When there is someone whose needs are beyond psychological first aid, the assistance of a physician is required. At times, it is possible for a family to watch and care for someone who is very fragile. Other times a group of friends may do the same. It is possible for a physician to administer sedation if the psychological disturbance cannot be cared for by a supportive community. Whatever choices are made, realize that people in disaster situations are mobile and free to move at any time. Consider that patients may not be available for ongoing care and supervision.

Psychological risk factors

It is normal and healthy to react to disasters and traumatic events. These reactions are not an indication that one is going crazy but a reaction that one is normal. In the first hours or days following a traumatic event, it is very common to see reactions in people such as:

- ▶ Heightened arousal, or hypervigilance.
- ▶ General anxiety.
- ▶ Psychic numbness.
- ▶ Emotional instability or rapid changes in mood.
- ▶ Survivor guilt.
- ▶ Ambivalence about receiving help, mistrust of others, feeling different.
- ▶ Forgetfulness and difficulty concentrating.

As time passes, reactions continue, often surfacing days, weeks, or years later. These are normal responses that usually subside over time. They may increase again when there are reminders of the trauma, such as on the anniversary of the traumatic event. However, these reactions eventually disappear.

Some responses need immediate response from mental health professionals. Three groups of people are at risk and need more support in an emergency than average trauma survivors

Most acute: People who are dangerous to themselves or others: suicidal people, people who are violent towards others, and people engaging in high-risk behavior with little regard for the danger.

Acute: People unable to protect themselves, or care for their own basic needs: people in shock, very passive people, people hearing voices, people not eating or performing other basic self-care, and dependent children who are separated from families).

Needing support: People able to do basic things but not able to think of the needs of others, especially dependent children. This group includes people making poor decisions, or people who are not thinking of the consequences of choices. These people exhibit poor relationship skills, may become isolated, and are prone to have numerous disagreements with others.

Support for these people should be sought through the mental health community or the medical community if no mental health practitioners are available. Help in locating these professionals is often available through the local office of the World Health Organization.

Make use of family, friends and neighbors

A person's ability to function is often observable. Persons who are among the acute or most acute groups mentioned above will often display behavior that distinguishes them from the wider community. The community, family and neighbors, will often note such behavior and bring it to the attention of local administrators, hospital personnel, police or camp officials.

Some people in need of general support are not visible. Careful attention at registration will help to locate some of these people. A representative form of camp administration allows elected representatives of each neighborhood to seek help for others in need. Screening can also be done at food distribution locations.

When you have received such information, it is important to have direct contact with the person in question. Find out as much as you can about what others have been worried about. Ask about:

- ▶ The frequency of the behavior.
- ▶ The context in which the behavior began.
- ▶ The person's family history.
- ▶ Whether this person is alone or with a support system.
- ▶ Whether this type of behavior has ever occurred before.
- ▶ What this behavior means in this culture.

Always when assessing behavior, the physical aspects of the person must be considered.

- ▶ Has this person been eating and sleeping regularly?
- ▶ Was the person injured in the disaster or is there an illness which may be unrelated to the disaster but causing symptoms in this person?
- ▶ Does this person normally take medication that they have not been able to take due to the disaster?

Information from people who know this person is of great help for the assessment of his or her behavior. Asking direct questions should be done with respect and sensitivity. As an aid worker, don't hesitate to make use of your cultural interpreter to collect further information. **It is imperative that information gathering be done to avoid retraumatizing this person.** Collect information in small doses, and check on the person regularly to minimize further trauma.

When gathering general information about the person's community it will help to organize your questions.

- ▶ What were the characteristics of this community before the present disaster?
- ▶ What was their social structure – clans, tribes, ethnic groups?
- ▶ What was the family structure?
- ▶ Who in the family handled finances, problems?
- ▶ Was the family an extended or multigenerational system?
- ▶ What kind of experiences has this group of people had since the beginning of this disaster? Has there been displacement, violence against civilians, loss of homes, loss of livelihoods, food and water insecurity, or loss of family members?
- ▶ Are there sanctions or taboos about specific topics, traditions, rituals or social interactions such as deaths, burials, mourning, rape, acts of revenge, justice, or sexuality? Ask respectfully! Use the cultural interpreter.

It is very common that odd behavior that has been reported has a very simple explanation. This person may be doing fine. It is important to check out the rumors or assumptions that come to the attention of the psychosocial services to prevent scapegoating or unnecessary labeling of people. **Our goal is to facilitate people's return to full functioning!**

Responses to Support those at Risk

In addition to the psychological first aid above, and treatment from mental health professionals, there are a few basic things that can be done.

Create a social support system. People need the comfort and support of other people, especially when there have been extraordinary events. Creating a stable mini-community for a vulnerable person provides great comfort. Whenever possible, these people should be from the family, neighborhood, community and ethnic group of the vulnerable person.

Encourage the vulnerable person to ask for what he or she wants and needs. The process of advocating for oneself in the face of disasters is a powerful step toward healing.

Protect the vulnerable as much as possible from additional traumatizing events, such as peer scapegoating or having to retell their story if they are not ready to do so.

Risk Factors for Children

Children and adults are traumatized in extraordinary events. The signals that a child is in need of help are somewhat different from those of adults. This is in large part because of the limits of children to fully express themselves verbally.

The following symptoms are typical of children who are in distress:

- ▶ A lack of interest or energy.
- ▶ Withdrawal from relationships with adults or other children.
- ▶ Excessive clinging to familiar people.
- ▶ Prolonged sadness or generalized anxiety.
- ▶ Loss of appetite.
- ▶ Sleep disturbances.
- ▶ Headaches or other somatic complaints.
- ▶ Poor concentration, restlessness, sudden changes of mood.
- ▶ Sexual behavior inappropriate to age.
- ▶ Aggressive or destructive behavior.
- ▶ Preoccupation with violence, suffering or separation in play.

Children who have had distressing experiences are usually best helped by their families and communities. It is especially important to:

- ▶ Provide support from their family or from their substitute family.
- ▶ Restore structure to their lives through school or pre-school, regular meal times, opportunities for play and recreation, and regular routines.
- ▶ Support from other adults and children.

Children should not be separated from their families. In cases of separation, try to reunite them as quickly as possible.

If children display distress over prolonged periods of time, they may need the help of specialized professionals trained to work with children in that culture. **Great caution should be taken if the decision is made that therapy is needed.** Only trained professionals who are able to work within the culture of the child should undertake therapy. The child must be in a stable situation that allows for sufficient time to complete the therapy at the child's pace, and to allow time for follow-up.

13. SPIRITUAL LIFE IN DISASTERS

Myth: “Aid work must focus on basic needs for survival, such as food, water, and shelter.”

Reality: Emergencies often cause immense disruption of communities. People lose their sense of context and identity. The need to connect with the transcendent, with God, is much more pressing than in ordinary circumstances.

This chapter:

- ▶ Stresses that human beings all over the world are united in spiritual similarities and needs.
- ▶ Details the importance of assisting and facilitating possibilities to spiritual life in an emergency situation.
- ▶ Defines the role of the spiritual caregiver.

Toolbox:

- ▶ Handling fatal accidents.
- ▶ Death notification.
- ▶ The stages of grief.
- ▶ Grieving practices.

Spirituality is universal

Our friends in anthropology have helped us to realize that human beings all over the world are united in spiritual similarities. “The interrelationship of a sense of the transcendent, of moral values, of some kind of a symbolic eternity, of explanations for the presence of good and evil in existence, and of some means for understanding the forces of destiny when ‘encountering the beyond’ appear in the religious formations of every culture. The essential self-interest of the human individual – what is seen as the root of sin in all major world religions – appears to be universal in all humans from an early age.” (Augsburg, 1986)

Our spiritual life reflects how we understand the world and the reason beyond events. People who believe in God find a relationship between events that occur and God’s relationship to the world. Regardless of religion, people have some sense of good and evil. Therefore when emergency situations evolve, people universally seek to make sense of things, according to their religious traditions and culture.

The impact of disaster on spiritual life

When the unexpected happens, whether famines, wars, earthquakes, mud slides or floods, we wonder **why**. This process of searching for answers takes us to the heart of spiritual life, to theology. Did God cause this, has God abandoned us, does God hear my prayer, am I being punished? These questions are endless and often painful, since they reflect a loss of fundamental security and/or trust.

Seeking comfort is a universal desire when lives are disrupted by emergencies. Fears are rampant and often realistic. Familiar routines and faces are usually not present. Pain is often a daily reality. Is God present with people under these circumstances?

Disasters often cause immense disruption of communities. Populations are moved, at least temporarily. Infrastructure, such as supply of water or electric power, stores and transports, doesn’t function as usual. Schools are often closed or used for other purposes. People become disoriented and lose their sense of belonging. Their sense of context and identity has been changed by the emergency. The need to connect with the transcendent, with God, is much more pressing than in ordinary circumstances.

The things that people have trusted have been brought into question. Will God **really** provide for his people? Is God more powerful than evil? Will truth and good win in the end? Can I trust the people sent to help me? Can I trust my government? Can I trust God?

Psychosocial Care and Spiritual Life

Psychosocial care focuses on helping people to regain or improve their ability to function in their own culture. Finding answers to spiritual questions and reconnecting with faith and tradition is vital in the process of returning to functioning.

In spiritual life, like in education or medical care, the psychosocial staff should **locate and coordinate** with those who are leaders of the faith tradition of those affected by the disaster. Providing opportunity for survivors to worship, to have access to resources such as Bibles, Korans and space for meeting is basic psychosocial care. **The survivors of the disaster know what they need to heal, and their voices should be heard.**

Central to pastoral care, which is a component of psychosocial care is just being there with people (called the **Ministry of Presence in some traditions**). This ministry is practiced by many faith traditions. The ministry consists of representatives of the faith tradition being physically present to people in the aftermath of disaster. Their function is to support, listen to and pray with and for people, as survivors seek to make sense of what has happened. At times this service by religious leaders is kept from people because of the concern that leaders will evangelize people and that there will be pressure exerted upon people to convert to one teaching or another. This is a legitimate concern and care should be taken to specify what help is needed when recruiting religious leaders. However, the Ministry of Presence is an important function in the healing process for the survivors of tragedies.

Components of Spiritual Care in Disasters

Ministry of Presence: survivors of disasters need to have access to religious leaders of their faith tradition as they request this contact. It is essential that people be able to seek to make sense of the present events within the context of their belief system.

Safety is essential. In emergency situations, many things are beyond the control of people. It is essential that people be able to control when and from whom they receive religious information. **Evangelization is inappropriate**

in an emergency situation (as stated in the Code of Conduct). Questions from people should be answered honestly and promptly. However, to sell a particular belief system when people are vulnerable is a form of abuse.

Comfort is needed. One function of the Ministry of Presence is the comfort of knowing that God is present, even in the midst of the unimaginable. It is comforting to have familiar traditions practiced when the rest of life is in chaos.

Spiritual care in disasters includes a more personal connection than normally provided through other services for survivors. As such, religious leaders may become advocates, companions, educators and debriefers for individuals, families or groups. This personal care is of immense value for survivors and should be supported when appropriate.

Worship is an essential component of many religious traditions. The opportunity to worship should be made available to all who wish to worship. When several religious traditions are present among an affected population, all traditions should be free to worship. Preference should not be given to one tradition over another.

Assist people to be able to bury the dead in accordance to their religion and traditions.

Roles for spiritual caregivers

Active listener – with some interviewing skills:

- ▶ Give the person full attention.
- ▶ Ask appropriate questions – especially if the person is of a faith not known to you.
- ▶ Try not to direct conversation.
- ▶ Use caution and discretion in self-disclosure.

Companion:

- ▶ Accompany survivors to stressful spaces or meetings as appropriate. These may include to the morgue to identify a body, or first contact with officials.
- ▶ Accompanying at a distance can be helpful to some. Be available if needed in a general area or by phone.

Group facilitator:

- ▶ Groups of survivors may wish to discuss, without a formal debriefing, their experiences and options. One may act as the moderator of such a group.

Worship enabler, preferably as a coordinator or facilitator with local leadership:

- ▶ In collaboration with local faith community leaders.
- ▶ Ensuring that appropriate religious rituals including participation of survivors and families of the deceased are held with sensitivity to the needs of both the community and the family.
- ▶ This may mean having more than one observance or memorial service.

Educator:

- ▶ Helping survivors access their own resources and resiliency to begin recovery and restoration.
- ▶ Providing accurate and timely information about available services, provider organizations and venues for accessing resources.

Other:

- ▶ Consultant to outside agencies regarding the faith community.
- ▶ Advisor or supporter of local emergency management personnel.
- ▶ Organizer of inclusive faith community leadership.

> TOOLBOX <

▶ > HANDLING FATAL ACCIDENTS <

Even when we are as cautious as possible, we have no guarantee that accidents will not happen. An accidental death creates chaos. It is helpful in managing these situations to have a set of guidelines.

If a fatal accident occurs, empathy is important. The practical matters relating to this death may be different, depending on whether the accident involves a staff member from the local country or from the international staff.

This kind of situation requires strong coordination, solidarity and loyalty. The expectations of the person in charge will increase. There will be a demand for information and it is of great importance to share information in a calm and correct way without including rumors.

▶ **Local staff**

Local traditions and regulations must be followed. Contact a religious representative when suitable.

Relatives should be informed in a way that corresponds to local traditions. Representative/s of staff should express their condolences to the relatives, if possible by paying a visit.

▶ **International staff**

Relatives must be informed about the event as soon as possible. This should not be done by phone. Contact the organization employing the deceased person. The parent organization should contact relatives of the deceased. See that this organization has complete, and correct information. This should include a contact person in the field. This information should be forwarded to the relatives.

In most countries, a medical doctor will issue a death certificate. This should include the cause of death. Make sure that the body is carefully marked with an ID. Document the course of events.

Contact the embassy or the consulate of the deceased person. They will assist and give advice in practical matters.

Contact the organization sending the deceased. They will take responsibility for contacts with the relatives and arrange practical issues such as meeting the body when the coffin arrives in the home country.

Contact a local undertaker to prepare the body for transport. Follow local regulations in connection with deaths. Pick out someone to accompany the coffin to the home country.

► **Care for involved staff**

Those who were directly involved in the fatal accident should be called to a debriefing session within a few days. All those who have been involved in the event in one way or another should be gathered as soon as possible. Try to establish a warm and calm atmosphere. Speak slowly and carefully to create confidence. Give information about what will happen in the future. Try to be as exact as possible. Information reduces anxiety, even if it is bad news. Even sharing a lack of new information lowers the level of anxiety.

It is of particular importance to listen to people involved and to help them express their experience of the event. Affected persons will need someone who listens with full attention. A light physical touch can be calming and increase the feeling of presence. It is appropriate to give short information on normal reactions to a crisis. These include feelings of unreality, disbelief, and denial. Sometimes when people are in shock there may be few outward signs of the feelings people are experiencing. This information can be given individually or in the group.

► **Invite to a memorial service**

If a memorial service is planned, relatives may want to attend. See to it that they are informed and given the possibility of attending. If they want to participate, the memorial service may need to be scheduled at a later time. In that case, you may consider conducting an informal gathering or meeting before the formal memorial service. Try to follow local customs. Information can be given on what will happen in time to come.

If the funeral takes place away from the work site, it is appropriate to commemorate the funeral by scheduling a moment of silence.

Make sure there is proper follow-up with relatives and co-workers.

These guidelines are applicable when a person dies of disease as well as in cases of accidental death.

► > DEATH NOTIFICATION <

You may be asked to handle a death notification. This is one of the most difficult tasks you will be asked to perform. As a person informing others of an unexpected death, you may have strong feelings directed towards you. These feelings include anger, denial and unaffectedness. Your task is to receive these feelings without criticizing, or moralizing. Your role is not to offer practical advice or to try to smooth things over. For a while you have to house all despair and anxiety and be a container for the turmoil of feelings the message has caused.

Check and double-check the information about the death. Try to obtain as much information as possible in order to be able to answer the many questions you may be asked.

When you deliver your message, do so with great dignity. Deliver it as soon as possible, without too much small talk, and in person if possible. If you have received the message by fax or mail, bring that message if appropriate, with you so the people who receive the death notification can read it with their own eyes.

After delivering the message, do not leave the person alone. Assure them that there is someone who can stay with the family. Try to return the next day since much of the given information you delivered the day before may not have been comprehended.

Practical advice:

- Double-check the fax, mail, or telephone call.
- Try to find useful telephone numbers.
- Deliver the death notification in privacy.
- See that the affected person has a valid visa. Arrange an air ticket.
- See that the affected person will have possibilities to phone.

Before you agree to deliver the message, evaluate whether or not you have the ability to deliver this message. If you very recently have experienced the death of a close relative, it might be difficult for you and may produce unmanageable stress. If you are unable to deliver the message, find someone else who can take the responsibility of doing this.

See to it that there is someone you can talk with afterwards. Be prepared for strong feelings to arise long after the incident. You will be touched more than you might expect. This will consume a lot of your energy.

▶ > THE STAGES OF GRIEF <

- ▶ The experience of shock and denial.
- ▶ The experience of emotional outbursts.
- ▶ Inability to concentrate on anything but loss.
- ▶ The experience of physical distress.
- ▶ The experience of depression and utter gloom.
- ▶ The sense of guilt.
- ▶ The sense of hostility.
- ▶ Unwillingness to participate in normal activities.
- ▶ Gradual realization: returning to life's reality.
- ▶ The movement back into the mainstream of life.

➤ GRIEVING PRACTICES <

- ▶ Grieving practices can differ from community to community. It is therefore important to consult local traditions and not strictly rely on general description of traditions according to geography or religion.

▶ Southern Africa

Following are descriptions of customary practices used in areas of southern Africa. There will be some variation among communities and among different religious traditions, however there will also be commonalities.

When a man dies: The body is moved to the mortuary. His room is emptied of all his possessions, except for a mat. His widow stays in the man's room night and day until the funeral. She may be visited and cared for by others. When all of the family gathers, she dresses in mourning clothes. This may take up to two weeks. Mourning lasts for a year. During this time the man's widow wears mourning clothes. She cannot go to the field, cannot shake hands, cannot go outside after dark, and may not date or remarry.

When a woman dies: The husband makes a fire in the courtyard and stands beside it and talks with the other men who come to visit him. The husband organizes the funeral, has a coffin made and slays a cow to serve to the guests at the funeral. Again the whole family gathers for the funeral. A man wears a mourning coat or a black arm-band following his wife's death to signify his mourning. He may not date for a year.

When a child dies: The parents stay in the house until the funeral and wear black arm-bands following the funeral.

When a parent dies: The eldest daughter sits on the bed or mat of the deceased parent prior to the funeral. The burial is determined by when the family can gather. Family members shave their hair and wear black arm-bands. Some communities wear a certain type of beads on their neck to signify grieving. Family members avoid nice times or pleasurable activities out of respect for the deceased.

▶ Buddhism as practiced in Nepal

Buddhism is communal in nature and feasts and community support are typical. There are strict rituals for the care of the dead, the funeral, and the grieving process. A monk or a priest should lead the ritual, and every effort should be made to contact one from the community or clan of the deceased.

Following death, the body must be purified according to the ritual. Some communities embalm the body. Others wrap the body in white clothes, or dress the body in new clothes. The body is always cremated.

On the seventh day following the death, there is a feast celebrating the end of the period during which people are unclean. Prior to this, there are very precise rules regarding touch. There are particular roles for men and women. Sons shave and wear white for a whole year. Daughters wear white for up to three months.

► **Hindu practices in India and Nepal**

Hindu death and burial have similarities to Buddhist practice. Purification rites are necessary. Cremation is standard. It is best to ask the people how it is possible to be helpful within the context of their religious beliefs.

► **Islamic death rituals¹⁰**

When a person approaches death his or her family or a fellow Muslim should turn his/her face towards Mecca and the *qibla*, and utter the first shadhada, “There is no god but God”. As soon as a person has died, the body must be washed and prepared for burial. If the person dies in the morning, the burial should be that day, but if they die in the afternoon, then the burial is the next morning. No embalming is permitted. The wrapped body should contain indications of where the head and the feet are, as it is to be laid down in the grave on its right side, with the face towards Mecca.

The salat is led either by a close male relative or by a professional imam. Whether the body is in a coffin or on a bier, the deceased is placed in front of the worshippers. The entire service is performed standing and consists of four takbirs (saying “Allah akbar” – “God is most great”).

The burial should be done quickly, in compliance of the words of the Prophet: “Should the deceased be righteous you would speed him towards good and should he be otherwise you would be laying aside evil from your neck.”

The bier is usually carried on the shoulders of four men. The grave is normally four to six feet deep. A niche is carved on the side into which the body is placed. The body is placed on its side, with its head facing Mecca. The niche is then covered, usually with unfired bricks, and the main pit is filled in with earth. Each mourner drops in three handfuls of soil.

Observances go on for the first forty days after the funeral, and at set times thereafter. The actual period of mourning is only the first three days after the

¹⁰ Fredrick Mathewson Denny. *An Introduction to Islam*. 1985.

burial. During these days, the bereaved should avoid wearing jewelry or perfume and go about in unwashed clothing. Widows must mourn like this for four months and ten days.

14. MANAGING JOB HAZARDS

Myth: “The training and willingness of aid workers give them more emotional resources than the direct survivors of the disaster. Their needs are less important than those of the directly affected. Caring for the needs of humanitarian workers is an indulgence.”

Reality: People who work in emergency responses are exposed to situations with a risk for adverse responses and reactions and they need support from the time of preparation to post-assignment.

THIS CHAPTER:

- ▶ Describes what causes trauma and exhaustion for aid workers during and after assignments.
- ▶ Explains how to help yourself.
- ▶ Details what kind of support you should expect from your organization.
- ▶ Explains roles and responsibilities of the helpers.

Toolbox:

- ▶ Personal survival kit – checklist of what to bring on mission.
- ▶ Staff coping tips.
- ▶ Defusing and debriefing.
- ▶ List of symptoms of burnout

This is Secondary Trauma

Aid workers are just as vulnerable to traumatizing events as anybody else. Consequently aid workers can be victims of what is called primary trauma. But aid workers are also exposed to the risks of secondary trauma.

Secondary Trauma is the trauma you experience when you are exposed to the traumas of other people, due to your profession or assignment. This can be the price you have to pay when you are meeting traumatized people and survivors in an open, engaged and emphatic way. Trauma/disaster work can be very meaningful and rewarding, but it can also be difficult and painful.

It's important to be aware that even if you are prepared, well-trained and experienced, everyone has a breaking point.

Aid workers are like the survivors of disasters and complex emergencies. They are differently armored and will response on an individual basis. However, staff members are often armored or shielded by their profession. They are more aware of what they are facing, and they have time to mentally prepare themselves. They have added experience and coping skills, and they can see a meaning in their experience. There are factors contributing to stress in staff members that are of less concern for survivors. These stressors are:

Physically exhausting work:

- ▶ Long work shifts.
- ▶ Irregular eating and drinking.

Unspoken demands for long working hours (usually coming from ourselves).

Organizational factors:

- ▶ Parallel organizations: lack of coordination, which can lead to duplication or overlapping of work.
- ▶ Working in a new group and working with a different kind of leadership, working with other organizations and professions.
- ▶ Antagonism between different staff groups: experienced vs. inexperienced staff, or different professions. The antagonism can stem from history or job specific interests in the actual situation.
- ▶ Lack of clarity concerning responsibility for the financial management.
- ▶ Leadership performance, competition between leaders etc.

Personal stressors related to work in an unknown foreign culture:

- ▶ Loss of routines, social network and relations.
- ▶ New culture, habits and customs.
- ▶ Witnessing poverty, cruelties, unfair and unjust treatment of people or animals without being able to intervene.
- ▶ Ethical issues; having food and safety while others do not.

- ▶ Group pressure and relations to work mates and leaders (role stresses). Norms and habits in the working group that collide with your personal values and convictions.
- ▶ Organizational obstacles, relations with NGO's or GO's. Problems with bureaucracy, politics, or corruption.
- ▶ Threats, provocations, robbery, blackmail and unrealistic demands. These may occur direct or indirectly. You can become a direct target of aggressions.
- ▶ Traumatic experiences and dangers. A big risk in most disaster and conflict areas is the traffic.
- ▶ Short leaves or difficulties in getting time off. It may be hard to find time and places to relax and cool off.
- ▶ Troubles at home. Problems at home tend to grow with the distance. Its hard to solve problems by leaving them, they will catch up with you. Problems may seem bigger than before.

Reactions from secondary trauma

Emotional:

- ▶ Feeling of being vulnerable.
- ▶ Anxiety.
- ▶ Fear.
- ▶ Anger.
- ▶ Identification with the victims.
- ▶ Irritability.
- ▶ Guilt.
- ▶ Apathy.
- ▶ Feeling of isolation/being abandoned.

Behavioral:

- ▶ Hyperactivity.
- ▶ Inefficiency.
- ▶ Inability to rest.
- ▶ Short tempered.

Spiritual:

- ▶ Difficulty in understanding how God could allow this to happen.
- ▶ Loosing trust in God.
- ▶ Loosing meaning in life.

This can be the background to many of the behavioral and emotional reactions mentioned above.

Reactions after completing performance:

- ▶ Shock.
- ▶ Feeling numb.
- ▶ Talkative, a need to talk about what's occurred.
- ▶ Withdrawal, a need to be left alone and unwillingness to talk about it.
- ▶ Overreaction to sounds and smells.

Reactions connected with going back to everyday life:

- ▶ Frustration, anger if there's no credit given.
- ▶ Difficulties slowing down.
- ▶ Missing friends from the field, wishing to keep up contacts with victims.
- ▶ Feeling of alienation, hostility towards those who did not participate. "No one else can understand."
- ▶ Feeling like a stranger when meeting family and friends.

Coping with stress and trauma

Choose a coping strategy

When you face a new situation, make a first evaluation: How important is this to me? It may result in a threat, a loss, value, or impact to me. Then you make the second evaluation: To what extent can I do something about this? Is it possible to influence the situation?

Out of those evaluations use either of these strategies:

- ▶ Emotional: the use of positive thinking or praying.
- ▶ Problem solving: search for information and do something about it.

Adequate coping is using the proper strategy. When you can do something about what's happened, second evaluation, then do it. When you can't, don't. If the situation is important to you based on the first evaluation, you may decide to do something about it.

Coping tips

Maintain an adequate diet. Balance exercise and rest. Recreation is essential. Aid workers benefit from appropriate professional training for their work. Keep in contact with colleagues, Use work-site monitoring visits by your employer to talk about your experiences of indirect trauma.

Preventive efforts:

- ▶ Define and explore stressors in the situation you are approaching. Investigate background and the incidence of trauma.
- ▶ Discuss and prepare for your relations with locals, habitants and organizations. Be aware of problems with unreliable partners.
- ▶ Have reasonable expectations about leadership and chiefs. They are also human beings.

Daily life on site:

- ▶ Talk about the situation: what actually happened? Conduct weekly de-fusing-sessions in the group.
- ▶ Write about your thoughts and feelings. Sometimes you won't have someone with whom to talk. Keep a diary, for your eyes alone. This is very efficient coping process and will give you relief.
- ▶ Combine physical exercise and relaxation exercises. These may be limited by security concerns.
- ▶ Maintain good physical care, food, rest and hygiene.
- ▶ Consider other recreational activities; play cards, read books, work crossword puzzles, or draw.
- ▶ Maintain a balance between work and leisure time. Be sure to take leisure time. You cannot be productive around the clock. Find out what rules and regulations exist in the local organization.
- ▶ When conflicts arise in the work group, manage them immediately. Do not let them grow personal and become gruesome.
- ▶ Avoid the temptation of alcohol and drugs. Do not engage in risky behavior. If you feel you need these to survive, ask for help.
- ▶ Take breaks. Get away from the work site when possible.
- ▶ Avoid being exposed to gruesome sights, and smells: There is no reason for exposing oneself if it's not needed. **Note!** This is not the same as putting on a blindfold.

Obligations of the sending organization

Even if aid workers are aware of the risk of trauma and the stress factors in the field and take responsibility for themselves, the sending organization has an obligation to take care of its employees.

Support of staff can be organized in the following sequences:

- ▶ Preparation.
- ▶ Job description for the psychosocial services aid worker.
- ▶ Support during mission.
- ▶ Post-assignment programs and follow-ups.

Preparation

The most useful support aid workers can be given is to be well prepared. This includes knowing what they are going to face. They should have information about the country to which they will be assigned, and information about security, and cultural codes. They should receive information about normal stress reactions and coping tips.

Your orientation should include knowledge about group processes and team-building. This helps aid workers to readjust when they come back home.

A basic training program before the mission may look like this from the psychosocial point of view:

- ▶ Disaster work in foreign cultures, before the specific mission, data concerning the country affected.
- ▶ Cooperation with other NGOs, specific work.
- ▶ Job descriptions.
- ▶ Terms and conditions of deployment.
- ▶ Team-building for the specific mission staff.
- ▶ Team-work management. Skills and tools to cooperate and communicate.
- ▶ Conflict resolution.
- ▶ Organizational background and attitude.
- ▶ Personal safety including mine awareness and hostage behavior.
- ▶ Basic and secondary trauma.
- ▶ Cumulative and emergency stress and coping techniques.
- ▶ Logistics knowledge, materials, vehicle, computer and communication knowledge. Use of radio, satellite phone, video.
- ▶ Presentation of the Field Handbook.
- ▶ Document structures: Assessment, Project Plan, Narrative Report.
- ▶ Budgeting and basic book-keeping skills.
- ▶ Participation.
- ▶ Corruption management.
- ▶ Convey realistic expectations on the receiving organisations capacity
- ▶ Defusing and debriefing techniques.
- ▶ Preparing for homecoming.

Job description for the psychosocial services aid worker

The sending organization should have negotiated with local partners, the expectations of international aid workers. You should have an outline of your tasks and responsibilities in the field. Here are some of the main elements of the Terms of Reference:

- ▶ Background information.
- ▶ Objectives of assignment, including responsibilities for planning and implementation of psychosocial services in the field program.

- ▶ Scope of work:
- ▶ Identification of resource persons within the affected population. These should be drawn from various groups: women, children, and leaders.
- ▶ Training of local caregivers.
- ▶ Identification of problems and needs of the population.
- ▶ Establishing links with other sectors. These may include health, water, sanitation, site planning, and food distribution.
- ▶ Responsibility for budget and costs.
- ▶ Facilitating activities leading to normalization of community life while securing the participation of different groups of the population.
- ▶ Whom to report to.
- ▶ Duration of assignment.

Before going on mission the aid worker should receive the maximum of information about the place of assignment, the environment of international and national organizations, living conditions, security plans. The sending organization should make reference literature available. Equipment such as laptop computers, satellite or mobile phones, and first aid kits should be available.

Support during a mission

During the assignment there is a need to have a system to support the staff. It means:

- ▶ Monitoring and evaluation during the assignment.
- ▶ Supporting staff with information, contacts, helping out with procedures, etc.
- ▶ Regular staff meetings, on the scene and in the support organization.
- ▶ Often the home parish can be engaged in taking part in the support. Care for the family staying behind is one important task, include the person on the field in their prayers is another. The parish should be included in mailing lists of information from the sending organization.
- ▶ Secondary caregivers for assistance on scene, e.g. short term leave, sick leave, debriefings (for post-assignment, see following section).
- ▶ Preparing for homecoming.

Post-assignment care

Caring for staff also means taking care of them when coming home, not just dropping them off with a thank you. The sending organization should have a general homecoming plan with space for individual considerations. The way the program can be adjusted is dependent on the individual coming home, their specific experiences, and the circumstances in which they have been

working. The situation to which they are returning must also be considered. This is a way of making their experiences useful for others who are or will be working in the field.

A program for homecoming may consist of:

- ▶ Evaluation of the work done.
- ▶ Reporting by the worker.
- ▶ Defusing or debriefing.
- ▶ Medical check up.
- ▶ Refresher briefing on normal homecoming reactions and behavior.
- ▶ Additional follow-up if required.

Caring for aid workers is sometimes a delicate task. At times the workers themselves resist care, thinking that receiving care is an indication of weakness on their part. Organizations may also resist, thinking it will take time away from work needed to be done. There may be resistance due to the cost of sending secondary caregivers on location. The benefit seems to far outweigh the costs, however, when considering the longevity of trained experienced workers in the field.

Role and responsibilities for secondary caregivers

The responsibility of secondary caregivers is to care directly for the staff when they visit a field location. This caregiving will take different forms as defined by the needs of the staff and the particular circumstances. Typical forms of caregiving could be as follows:

Filling empty cups

The task of responding in emergency situations demands long hours and days of responding to the needs of others. Many aid workers do not notice their own needs when working. Over time, their emotional cup becomes empty and they are running on empty. At this stage, people find themselves doing what they are supposed to do, but not having their heart in it, having little energy for their work and sometimes resenting the never-ending needs of those they are there to serve. This is a normal response to an unusual situation. The secondary caregiver cares for the emotional needs of the aid worker, often in very ordinary ways. This may include listening, cooking favorite foods, praying with aid workers, providing retreat time, bringing news of home and carrying news from aid workers back home.

Removing pebbles from shoes

It is typical of emergencies that things don't work well. Phones don't work or are overloaded, basic supplies are scarce, things are disorganized, things don't arrive when promised or they arrive at the wrong location. The secondary caregiver listens carefully to the sources of frustration, and advocates where possible to resolve what can be resolved. Often, sources of frustration for some are simply things that are of low priority to someone else. At times, frustration develops when communication is poor. As an outsider to the system, a secondary caregiver can bypass usual channels and improve the flow of information.

Negotiating Truces

Conflict is as normal to emergencies as confusion. It is an important function of the secondary caregivers to listen to all people involved and help them listen to each other. This mediating role often reduces tension and allows things to get moving again. Helping those directly involved in service delivery to intentionally establish mechanisms to resolve conflicts will help to prevent new conflicts.

Teaching skills

Most often, when faced with an emergency, we forget some of what we learned and do what comes naturally. Often, that means that we forget the self-care skills we learned and push ourselves until we are exhausted and our effectiveness is compromised. Secondary caregivers offer tutorials in self-care. They coach aid workers about how they can advocate for themselves, set limits, find effective ways of relaxing, reconnect to God, reduce isolation and other self-help skills. They help to put the theoretical ideas into the practical present.

Spiritual Care

Disasters inevitably bring into question the role of God in the world and the existence of evil. Aid workers who listen to the stories of those whose lives have been torn apart by disasters, are confronted with these questions on a daily basis. Where is God in the midst of human misery? Secondary caregivers must be willing to struggle side by side with aid workers in this area of theology. They must be willing to entertain the difficult questions, and be willing to tolerate the mystery with peace. Disaster work is very hard on the

spiritual life of workers. It is also a potential time of deep growth. Just as it is possible to lose God in a disaster, it is also possible to see God at work in amazing ways. Spiritual life is central to disasters and must be addressed as much as aid workers are willing.

Screening for burnout and risk

Secondary caregivers must be alert to the possibility that some aid workers on location may need a temporary retreat from active work. When workers are burned out, they are ineffective and a risk to themselves. Workers who are working in hazardous jobs such as people who are removing land mines may make fatal mistakes if they are burned out. It is important to support aid workers in recognizing their own exhaustion and to work with the organization to be supportive of the worker's need for some rest and recuperation away from the intensity of service delivery. Advocacy for the aid worker's need is essential. Education for the organization regarding the wisdom of caring for its workers and the long term beneficial effects for the organization is often very helpful.

> TOOLBOX <

▶ > PERSONAL SURVIVAL KIT – CHECKLIST OF WHAT TO BRING ON MISSION <

Clothing is dependent on the culture and climate. Be sensitive to the code of clothes where you are, regardless of being a woman or a man. Do not take with you any jewelry you do not want to lose.

Find out what items are available at the work site. It is advisable to bring some essential items so there is no need to use valuable time to search for necessary personal effects.

Check-list to be commented on by local partner:

- ▶ Toilet articles, include mosquito repellent
- ▶ Sun block and lip salve
- ▶ Toilet paper
- ▶ Mug, plate, eating utensils
- ▶ Sewing kit
- ▶ Washing powder
- ▶ Sun glasses
- ▶ Ball of string
- ▶ Plastic bags
- ▶ Towel
- ▶ Lighter
- ▶ Wet tissues
- ▶ Copy of passport (important pages)
- ▶ Copy of ID card
- ▶ Insurance card
- ▶ Shortwave radio (with good aerial)
- ▶ Schedule and frequency for BBC
- ▶ Wallet or “money hiding belt”
- ▶ Pocket binoculars
- ▶ Compass
- ▶ Watch
- ▶ Padlocks
- ▶ Thermos bottle and water bottle
- ▶ Mosquito net

- ▶ Sleeping bag or substitute
- ▶ First aid kit
- ▶ Flashlight
- ▶ Multiple tool
- ▶ Small rucksack
- ▶ Water purification kit
- ▶ Maps
- ▶ Log books
- ▶ Extra passport photos

► > STAFF COPING TIPS <**► Try to find support people**

Talk about the situation or traumatic event. What actually happened? What was the experience like for you? Make a standard of having at least weekly defusing-sessions in the group.

God gave us community. In the Bible, there are almost no examples of people being sent out to work alone. We work best when we have support. As people caring for people, we give a lot of ourselves each day. We need to be loved, to be cared for, and to be heard, in addition to caring for other people.

Each of us should find a few people who will listen to us and accept us just as we are, not for what we can do for them. Many times, our spouse is our main support, but if our spouse is our *only* support, we will put a lot of stress on our marriage. We all should have an additional person or two or three who will also accept us and be our friend. Our support people may also be our prayer partners. These people who are our friends also have lives and struggles and needs. The two of you can agree to pray for each other when there are needs. When you do this, check back with them in a couple of days and see how they are doing. Be a continued support for each other. God teaches us to love our neighbor as ourselves. Our work calls us to love our neighbor. We must also remember that we need to be loved too.

► Express yourself in writing or drawing

Writing about thoughts and feelings, is a good complement to talking since sometimes you don't have a group or someone to talk with, and talking with others is dependent on mutual trust. Keeping a diary, for your eyes only, is very efficient for the coping process and will relieve you.

Over time, things accumulate in our minds. There are particular experiences that have a way of sticking. These may come back to bother us whenever we encounter a similar situation. It is often helpful to find a way to talk these things out, so that they do not interrupt our lives in unwanted ways. At times, it is helpful to talk with a therapist or counselor who is trained in listening. This person can help us to clean out some of these thoughts and memories.

Often there is not a trained person available. We can help to clean our mental houses ourselves. It helps to write about such experiences, or to draw them. This process of expressing what we remember helps to reduce the overload in our minds. It is recommended that your writing times be kept to 15 or 20

minutes a day if the memories are very upsetting. When you are finished, put your writing away for the day.

Expressing yourself will help to prevent you from feeling overwhelmed by memories. You may find that a shorter time is better, or it might be best for you to write only once a week. **You should not overwhelm yourself. Stop if you are feeling very upset.** Make sure that you also have support from friends while you are working on this, even though you might not talk with them about your memories. **You should not do this work without support.** Spend time with friends, walking, laughing, doing things that you enjoy, to help offset the hard work of cleaning out these memories. This writing or drawing that you do should be kept in a safe place, where only those that you invite will see it. If you choose, you can destroy the material as you go. The idea is to help clear some of these memories out of your mind, not anything else.

► **Praying and meditation**

It is easy to forget to pray and take time with God in the midst of a busy schedule. Sometimes, that time even seems like a luxury, when in reality it is essential. Different people have different styles of prayer life. God created us all unique and our prayer lives reflect that. Work out what is best for you. Following are some suggestions:

Periodically, spend a longer period of time with God, perhaps several hours or a day. This time should not all be spent talking to God. Spend some time being quiet and let God speak to you. Sometimes you will find yourself noticing things in a different way. Ideas will come to mind that are new. Your heart may soften towards others. Let God talk to you too. If you are not familiar with praying, meditation and stillness can help you. You will find examples of meditation techniques in this book.

Keep a journal of your prayers. Write letters to God. At times, we pray and later forget what we prayed for, then when God answers, we do not notice. If you write your prayers and later read them, you will notice how many of them have been answered.

Take time to meditate on scripture or on God or just on your breathing. Find a comfortable quiet spot. Let your breathing relax. As you breathe in and out, think one of the following phrases:

“Let go and let God.”

“Jesus Christ Son of God have mercy on me.”

“Oh Lord, you are my strength.”

“Oh Lord, you are my God.”

Let these phrases go through your mind, or whisper them to yourself. You can also use a phrase you find in scripture. Do this for several minutes, or longer. Rest in God. If you are not feeling comfortable with this form of exercise, just concentrate on your breathing and repeat the following sequence:

“I love and respect myself.”

“I am good enough just as I am.”

As you are reading scripture, stop when a word or phrase catches your attention. Close your eyes and just let yourself think about this phrase, and let God speak to you through it. Do not push to understand it. Just appreciate it, much like you would appreciate a beautiful flower.

► **Physical exercise**

Physical exercise needs to be related to the situation and demands of security. It can be combined with relaxation exercises.

When our lives and work are stressful, the stress accumulates in our bodies. We have achy shoulders, upset stomachs, headaches, high blood pressure, and eventually our bodies get sick. It is important to find ways to let go of the stress that builds up in our bodies.

When we are angry, especially if we cannot change the situation, there is often a lot of energy in our bodies that comes out through yelling at people, hitting something, slamming things, or kicking the dog. We can choose to let this anger out of our bodies in ways that do not have such destructive effects on our relationships. When angry or restless, we can run, do push-ups, sit-ups, go out to a field and throw rocks, yell, walk fast until we are tired, kick a soccer ball or perform any other activity that gets rid of some of the energy. By doing this, we care for our bodies and our relationships. We are more able to talk about problems and work toward solutions after we have released some of the energy.

When our body is tight with stress, stretching helps our muscles to relax. Slowly, tip your head to each side, forward and back. Each time let the muscles stretch out. Stretch your arms over your head and tip your body to each side. Bend forward as far as you are comfortable. Always move slowly. Twist your body from one side to the other, keeping your feet in one place. Hunch your shoulders up and down. Rotate them around forwards and backwards. Stretch out your legs and feet.

Another way to relax your body is called progressive relaxation. Sit in a comfortable chair with your feet flat on the floor and hands in your lap. Close your eyes if you are comfortable. Think about your feet. While hold-

ing still, feel where your feet touch the inside of your shoes. Think about your lower legs. Feel them hanging from your knees. Relax them if they are tense. Think about your upper legs. Feel how they touch the chair. Make them soft so they will mold to the chair. Think about your lower back. Feel where it touches the back of the chair. If it is tight, wiggle around just a little so you are more comfortable. Feel your stomach. Let it relax. Feel it move in and out with your breathing. Feel your shoulders. Feel the weight of your arms on the lap. If your shoulders are tight, tip your head side to side slowly, or hunch your shoulders and relax them. Think about the back of your neck. Move your head so that your neck is comfortable. Think about your jaw. Are you gritting your teeth? Relax your jaw. Think about your face. Relax the muscles, like when you are asleep. Rest now for a moment, or until you are ready to open your eyes and return to the present.

Another way, practiced by many, is to relax with a good book. In a quiet place by yourself, why not read the Bible, something by the Dalai Lama, or Deepak Chopra? These will give you good advice too.

► **Laughing, shaking things loose**

Laughter is great medicine. Laughter, especially laughter from our bellies improves our health. Laughter relaxes our body, lowers blood pressure and improves our sense of well-being. Find time to laugh. Look for the funny side of things. Watch children. Watch animals. There are lots of ridiculous things around you.

Singing and dancing have a similar effect on people as laughter. Take time to sing. Let your body enjoy the rhythm of the music. Let your body relax.

► **Bodily care, eat and rest, hygiene**

Input, output, on top of things and off. The things we put into our body constitute its **input**. What do you eat? What do you drink? Do you smoke or do other things that are potentially harmful? Smokers smoke more when living in stressful circumstances. There is an old saying, “We are what we eat.” Using good sense about what we put into our bodies will make us healthier and more comfortable. We are often more careful about what we put into the car, than what we put into our self. Despite the temptation after a long stressful day, we need to be cautious about the use of alcohol. One glass of wine or one beer may be sufficient. Though alcohol may provide temporary relief of tension, the payoff in the long run may be very costly. Use other methods for letting go of tension and anger.

Output is the activity we do with our bodies. If our work keeps us at a desk most of the time, our body has no way to release the stress that accumulates. If we don't use the muscles in our body, they shrink and wither. Walking, running, swimming, martial art, playing soccer, or dancing is good for all of us. We should all exercise according to our abilities.

On top of things refers to staying on top of our medical needs. Ignoring small problems allows them to get worse. Ignoring mosquitoes invites malaria. We each know what our bodies need and we need to take time to care for this body given by God.

Off refers to turning our body off to sleep. Sleep is essential to our bodies. Once a week, if possible, allow your body to sleep until it is ready to wake up. We all know people working as much as 16 hours a day, but honestly, we are not made for that. There are few of us who manage with less than 7–8 hours per night in the long run. We are not working at 100 percent efficiency with too little sleep. If coffee or tea makes it difficult for you to fall asleep, limit how much you drink. Alcohol makes some people sleepy initially, but it disturbs their sleep later. Get the sleep you need.

- ▶ Other recreational activities, include card playing, reading books, working crossword puzzles, drawing.
- ▶ Balance work and leisure time. Be sure to take leisure time. It's impossible to be efficient 24 hours 7 days a week.
- ▶ When conflicts arise in the work group, manage them immediately, before they grow personal and gruesome.

Assertiveness is speaking up about needs and problems so that those things can be solved. Assertiveness is different from aggressiveness. It is not rude or mean, and does not seek to take away the authority of those in charge. On the contrary, when needs and problems are talked about in respectful, polite ways, those in authority can solve the problems. When we do not speak up about things that need to change, we cannot solve problems. As Christians, we can become too passive at times. Though we seek to thank God in all situations, we also are encouraged to bring our needs before God. This principle is also true in our human relationships.

Avoid the temptation of alcohol and drugs or engaging in risky behavior (sexual, driving etc.). If you need them to survive, ask for help. **Warning: After severe stressors, accidents and illnesses are more common**, therefore:

- ▶ Drive more carefully.
- ▶ Keep up usual safety standards.
- ▶ Continue normal medical treatment.
- ▶ Watch your diet and your physical health. Keep up physical training.
- ▶ Be more careful with caffeine, cigarettes, alcohol and drug intake.

- ▶ Take breaks away from the work site, if possible.

There will always be more to do than we are able to do. We are called to help and serve others in distress. We are not called to do everything and be everything for everyone. We like all people have limits and we must respect those limits. What we are able to do at 20 years old is different from what we are able to do at 40 years old. Our energy levels are different and the experiences that we share are different. Know what you are able to do and what you cannot do. God is the one in charge. We are called to be God's helpers, not to be God. Our job is to cooperate with God and let others know what needs to be done so that they can also help. Let God be in charge.

► > DEFUSING AND DEBRIEFING <

Defusing is an informal procedure to help groups of relief workers to deal with their reactions to specific incidents. It should be used within 24 hours after the incident.

Critical incident stress debriefing (CISD) is a structured technique to help individuals and groups process their disaster experience and bring closure to it. The technique is aimed at relief workers and disaster victims. With relief workers it should be used periodically and before returning to non-relief activities. With victims, use this technique several days to a year after the disaster.

► Defusing

Defusing may be done in response to some unexpected incident in the course of relief work. For example, it might be used after an accident or the gruesome discovery of a disfigured body during rescue operations. It can be used for a conflict between two relief workers, between a worker and a supervisor, or between a relief worker and a victim. Defusing provides a chance for those affected by the incident to focus on defining the problem and to develop problem-solving strategies that will preserve the productivity of the work unit.

Defusing can be conducted with a group of individuals who were involved in a single incident or situation or with an individual. When the precipitating situation involves a conflict between two or more people (e.g. between relief workers and victims), it is better to work with each party separately, at least initially. Defusing should be done with relief workers and victims separately and with relief workers and their supervisors separately.

In a defusing session, the affected individual or group meets with a disaster counselor. The session typically lasts 20 to 40 minutes.

Stage 1: Lay the groundwork for the session. Let relief workers know that the goal for them is to return to work as soon as possible. Find out what happened. Ask the members of the group to tell about the event that led up to the meeting.

Stage 2: Explore the thoughts and feelings and reactions of the several individuals involved. Reassure group members about their feelings. Be supportive:

- What did you think when this happened?
- How did you feel about this event when it occurred?
- What was the worst part for you?
- How do you feel about it now?

Stage 3: Explore the coping strategies the group members have, using the following questions:

- ▶ How are they dealing with the event or incident?
- ▶ Do they still have needs that are unmet?
- ▶ What would help them right now?
- ▶ What are their plans for dealing with this event (or similar events) in the future?
- ▶ What would help in the future?

Stage 4: In some instances, a brief rest or diversion such as a cup of coffee, a short walk, or a directed relaxation exercise such as breathing, or visualization may enable the person to recover their own sense of competency and direction.

Stage 5: Follow up: maintain an expectation that the person will rapidly return to the activities they need to perform. Where a relief worker's return to work after a short break is the expected result of intervention, it may be appropriate to follow up within 20 minutes of the event.

▶ **Critical Incident Stress Debriefing**

Debriefing was initially developed for use with emergency and relief workers, as part of a larger program of interventions aimed at forestalling the emergence of disabling symptoms or minimizing their enduring effect. Its use with direct victims of disaster is somewhat controversial. It should not be used as a "one-off" intervention (i.e., a single intervention, with no other follow-up or support offered) or if it does not include instruction on coping with stress. The routine use of CISD with disaster victims who are not showing unusual signs of distress or who are not seen as being especially at risk is questionable. It is also inappropriate in situations where severe stress and danger are ongoing. It has been used, with reported success, with groups of disaster victims identified as having symptoms or otherwise being at especially high risk.

Critical incident stress debriefing (CISD) is a structured group discussion. Its goal is to help people build an account of traumatic experiences so as to help prevent the intense emotions and experiences of the experiences from becoming entrenched in the form of disabling symptoms. It allows people to share powerfully charged feelings of anger, helplessness, or fear, in a way that helps defuse them. They learn that these reactions are experienced by others, too, and are normal. They learn that, though they may have had different specific experiences in the disaster, they are not alone.

Debriefing is usually done in a group setting. The group may consist of a work team of relief workers, a pre-existing work team, a group of neighbors, a family, or a group of survivors assembled on an ad hoc basis. The group may consist of up to 15 or so members.

Debriefing is carried out at least a few days after the traumatic event. If it is attempted too soon after the disaster, the short-term emotional reactions of disbelief, denial, a sense of unreality, delayed reactions, and preoccupation with dealing with practical issues may interfere. Repeated retelling of the disaster story may reinforce a sense of helplessness. Other techniques to help people regain a support network, reduce anxiety, and establish a sense of mastery can be carried out in the meantime.

Debriefing may continue to be a useful technique months or even several years after the disaster. At this stage, correcting cognitive distortions and inaccurate evaluations of victims' own roles and inaccurate estimations of ongoing threat, providing knowledge of common responses, and dealing with reactions to the relief and recovery process assume greater importance.

Debriefing usually involves a single session, lasting about 2 to 3 hours. If the participants show lingering or especially intense reactions, additional sessions may be added or individual counseling may be used as a follow up activity. If necessary, a shortened version may also be carried out. With relief workers who continue to be exposed to trauma, multiple shorter sessions are often used.

When possible, it is helpful to have two disaster counselors meeting with the group. One plays the primary role of leading the group discussion process, questioning, listening, and giving information. The second is available to spend time with any participants who need to leave the group due to their distress as well as helping to guide the overall process of the group. As an additional benefit, the two counselors can debrief each other about their responses to the session.

Critical Incident Stress Debriefing proceeds through a series of pre-planned phases. It can be modified in a variety of ways, to take into account the needs of individual victims, cultural differences, and the effects of different kinds of disasters. The guidelines that follow are meant to be suggestive, rather than a rigid set of rules.

Phase 1: Introduction: Introduce yourself and explain the purpose of the session. Give an overview of the process. The session will last about two hours. People will be asked to tell their stories of the disaster and their reactions to it. Information about normal reactions to disasters will be offered. Describe the goals of the session:.. to help people understand what is hap-

pening to them and why; to help people manage their reactions more effectively and with minimum anxiety and disruption to their lives. Seek to normalize people's experiences: unusual emotional symptoms are to be expected, although lack of symptoms is also normal. Answer questions. Address participants' fears and possible misconceptions. Explain that this session is not psychotherapy and that participation does not mean that participants are abnormal.

The rules for the session should be stated:

- ▶ No one is required to speak, although they are encouraged to do so.
- ▶ Judgment or blaming others will not be allowed.
- ▶ Everyone must listen to the others and let them have their say.
- ▶ Participants should speak for themselves, not for others.
- ▶ If anyone is very upset, they should still try to stay in the group. If they have to leave to recompose themselves, they may leave if accompanied by one of the two counselors, if two are leading the group, but they should return promptly
- ▶ The proceedings are confidential: no one can talk about the substance of what others said outside the group. Gossip is not permitted.

Phase 2: Narratives: In this phase, the aim is sharing facts and collectively creating a picture of what happened. "Tell us who you are and what happened from your perspective. Who would like to start?" Include each person's account of what happened to him or her. Participants can pass if they choose to. Refrain from focusing on psychological reactions at this point. If participants begin to talk about their reactions, gently steer them back to the "facts." With relief workers, the starting point may be to ask about what their role was in the relief effort, how long they have been on the job, and whether there were any troubling situations.

Phase 3: Reactions: In this phase, a shared inventory of thoughts and feelings is developed. Participants learn that others share their symptoms, which lessens feelings of isolation and shame. They also learn that thoughts and feelings are related, and that changes in understanding can lead to changes in feelings.

Go around the room and ask about people's cognitive reactions at the time of the incident:

- ▶ What were your first thoughts?
- ▶ What did you think next?
- ▶ What did you do then?
- ▶ Then turn to reactions in the aftermath of the events:
- ▶ What did you think when the event was over?

Now shift to reports of feelings, rather than thoughts. Ask participants to describe their feelings, linking them to their thoughts and appraisals of the situation:

- ▶ How did you feel then?
- ▶ What was the worst thing about the experience for you?
- ▶ What aspect of the events caused or cause you the most pain?

Ask about the reactions of the participants' family and other significant people in their lives. Look for any feelings that family members or other significant people didn't understand what had happened to them or those family members **increased** their anxiety by the way they expressed concern. Ask about subsequent reactions (e.g., "that night" or "the next day"). Ask about both physical reactions and emotional symptoms.

Emotional expressions at this stage (and possibly at others) are to be expected. This should be accepted, but contained. If a participant is unable to contain his or her feelings to a degree that it becomes hard for the group to continue, he or she should be asked to leave the room (accompanied by the co-leader of the group) until they can compose themselves. The expectation should be that they will return within a few minutes.

Continue to explore the sequence of thoughts and feelings in the days or weeks following the event, moving into the present. Now begin to shift back from emotions. Explore coping strategies:

- ▶ How did you deal with it?
- ▶ How are you dealing with it?
- ▶ What do you usually do when you feel this way?
- ▶ What has helped you at other times to cope with problems?
- ▶ What could you do to help yourself next time you feel this way?
- ▶ Were there any positive aspects of the experience? (With relief workers, helping identify positive or hopeful memories is especially important, since it may help them return to their relief work).

Phase 4: Education: In this phase, the focus shifts more formally to education, although educational interventions may be made throughout the process. Who would like to start?" Include everyone's account of what happened to them (although, again, participants can pass if they choose to). Refrain from focusing on psychological reactions at this point. If participants begin to talk about their reactions, gently steer them back to the "facts." With relief workers, the starting point may be to ask about what their role was in the relief effort, how long they have been on the job, and whether there were any troubling situations.

▶ > LIST OF SYMPTOMS OF “BURNOUT” <

- ▶ Excessive tiredness.
- ▶ “Loss of spirit”.
- ▶ Inability to concentrate.
- ▶ Somatic symptoms (e.g. headaches, gastrointestinal disturbances).
- ▶ Sleep difficulties.
- ▶ Grandiose beliefs about own importance like engaging in heroic but reckless behaviors, ostensibly in the interests of helping others, neglecting own safety and physical needs (e.g. showing a “macho” style of not needing sleep, not needing breaks).
- ▶ Cynicism.
- ▶ Inefficiency.
- ▶ Mistrust of co-workers or supervisors.
- ▶ Excessive alcohol use, caffeine consumption and smoking.

Further reading

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15. GLOSSARY AND ABBREVIATIONS

ACT: Action by Churches Together – a coalition of church based emergency programs.

Aid work: Work done for or with those in need of assistance, and on their behalf.

ARC: Action for the Rights of Children.

Back donors: Sources of donations or funds that are given through another donor organization (A gives money to B who passes it on to C as part of B's donation)

Capacity building: The intentional efforts of an outside organization to develop technical skills and organization among the local organizations and people so that they are able to respond with greater skill to needs in their own area.

Complex emergencies: An emergency situation (life and/or property threatened) that impacts communities on multiple levels, i.e.: safety threatened, infrastructure damaged, civil unrest, health systems challenged.

Conflict-prevention: Conflict will never be totally prevented. However, there can be a deliberate effort to resolve issues and small disagreements and to anticipate and address potential disagreements to minimize the possibility of a larger conflict or unspoken conflict that makes working relationships very difficult.

Cultural sensitivity: An awareness and respect for the differences in perspective, rituals, priorities, traditions and taboos from one group of people to another.

Debriefing: An interview process, often done in small groups, that allows disaster witnesses to talk about and organize their thoughts about what they have experienced. It also informs people about typical reactions that they might have.

Defusing: A structured interview process during which people talk about what has happened and try to put it into a larger context. Focus is for people to return to work with better perspective, knowing to ask for help, watch for fatigue, maintain routine etc.

Disaster: An overwhelming event of natural or man-made origin that overwhelms the capacity of the individual or community to care for itself.

Disaster preparedness: The anticipation and planning for possible disasters ahead of the actual event, including training of personnel.

- Displaced households:** In disasters, entire households (families and others living with them) are forced to move to safer locations to avoid injury or death.
- Distress:** A type of stress that is experienced as unpleasant, and causes various stress reactions in the person.
- Donor organizations:** Organizations that provide funding or in-kind donations for relief efforts following a disaster.
- Emergency situation:** An event in which immediate response must be made to preserve lives and/or property.
- Empowerment:** A conscious effort to give powers such as decision-making power to people who previously did not have such power.
- Ethnic cleansing:** The systematic effort to eradicate a particular ethnic group by killing them, impregnating the women with other ethnic children, wiping out their cultural traditions and so on.
- Field staff:** Persons hired by implementing organizations to carry out parts of their program.
- Gender-analysis:** An evaluation process that seeks to determine the roles of genders and the consequences of those roles.
- Gender-balance:** The ratio of males to females. In relief work, the staff should reflect the gender balance of the recipient population. Decisions should be made with input reflecting this gender balance.
- Gender-based violence:** Violence directed at a person that would not typically be directed at a person of another gender (rape, domestic violence etc)
- Gender-blindness:** The attempt to respond to all people the same regardless of their gender. (This is helpful on occasion but in emergencies often fails to take into account the different roles and consequent needs of men and women.)
- Gender-gap:** Typically the difference in power, available resources, choices and so on between men and women based solely on their gender.
- Gender-sensitive:** A deliberate awareness of the different role tasks for each gender and the possible advantages or disadvantages that result.
- Humanitarian imperative:** The command that we respond to the needs of people regardless of their age, gender, race, nationality, beliefs etc.
- Humanitarian law:** A set of international laws that describe the basic rights of people and laws that protect those rights. For further information, see www.unhcr.ch/
- IDP:** Internally displaced people.
- Implementors:** Organizations that work on location to facilitate or directly deliver services/ aid work/ relief work.
- In-kind donation:** Donations given of non-monetary types, such as food, supplies, equipment and other useful materials.
- Informal sector:** The people who are not part of formally recognized organizations who may spontaneously organize a response in an emergency.

International Federation: The International Federation of Red Cross and Red Crescent.

International human rights: The rights of all people spelled out by the UN. These rights may or may not be recognized by various national governments.

Interventions: Chosen actions in response to needs.

Landmine awareness: An educational program that teaches people the clues that landmines are present, what they look like, where they may be found, and who to tell. Above all, it stresses CAUTION, and do not touch!

Local ownership: A belief that the recipients of programs should be the people that “own” them. Therefore, the decisions about them, the maintenance of them, and the decisions to continue or not, and what is best for the local community must come from the local people/partners.

Local partners: Organizations within the local communities that join with outside organizations the delivery of aid are local partners. In the case of ACT, many of our local partners are churches.

Long-term perspective: This perspective /approach considers what will be the effect of actions or inactions years down the road ie: if we do/do not educate.

Long-term rehabilitation: Following an emergency, there is an immediate emergency response phase that focuses on immediate needs like food, shelter and water. Following this phase is the development phase that focuses on rebuilding both structures and the abilities of the local population. This second phase is also called long-term rehabilitation since its focus is on a long term perspective.

Machismo: A masculine approach that often displays acts of power, virility, boasting, challenge to other males and so on.

Mediator: A person who agrees to listen to both sides of a conflict and facilitate their listening to each other, with the agreed upon goal of looking for possible areas of agreement and potential resolution. The mediator may be formal or informal, paid or volunteer.

Mental health: An emotional state in which the individual is able to enjoy significant social relationships, attend to responsibilities such as work or school, care for oneself as appropriate to age and manage normal pleasures and disappointments.

Needs assessment: An evaluation process that seeks to determine the perceived needs of a situation so that a plan can be made for response to those needs. The needs may be determined by an objective list of possible needs, from the perspective of the interviewer, from the perspective of the potential recipient. Gender issues can cause difficulties here when persons of one gender may not be aware of all the needs of the other gender.

NGHA: Non-Governmental Humanitarian Agencies.

NGO: Non-governmental organization.

OCHA: Office for the Coordination of Humanitarian Affairs.

Productive role: An active role, in which a person contributes in some way to the larger whole of the community.

Programs: Activities and services of various kinds that are offered by an organization to various groups of people.

PSS: Psychosocial services

Psychosocial Services: Programs, activities, schools, approaches organized to support the psychological and social recovery of affected people.

Psychotherapy: A healing process that addresses emotional and social problems from the perspective of the individual. A number of modalities may be used including talking, medication, group work etc.

Relief delivery: The process of distribution, assistance, or activities aimed at providing help or support for those in distress.

Relief work: The activity coming immediately after an emergency that focuses on providing basic shelter, water, food, medical care to preserve life of victims of disasters. This is the prelude to development or rebuilding work.

Reproductive role: The part of a woman's life that includes giving birth to and raising children. This term can also be used with fathers.

Resilience: A term that describes the observable process of a person who has experienced a marked or special strain in life, but who seems to get back to his or her original condition without serious or lasting injuries.

Right of asylum: One of the internationally determined rights, that allows a person to flee a dangerous situation and be granted safety in another country. There are fairly specific legal guidelines for the types of situations that allow a person to be granted asylum. Usually the request for asylum must be made immediately upon entering the country.

Rights-based perspective: Presumes that all individuals have some basic rights. The United Nations outlines these rights as right to life, safety, food, shelter, work etc. As a result, the provision of these things is seen as something owed each person as opposed to a gift or a grant given to some.

Self-governance: A perspective that holds that a person/community can make decisions about how it is governed. This is a basic tenet of democracy.

Sexual and reproductive health: A Specific medical field of work. Also, a subject that can be taught to students with information about human sexuality and reproduction.

Sexual exploitation: A general term that describes the use of another person for sexual favors. People in positions of power often trade things for sex from people who need.

Site development: Refers to the process of changing a physical space into one that can be used as a refugee camp, or other space for humanitarian use.

SPHERE: A project that has developed a set of universal minimum standards in core areas of humanitarian assistance to improve the quality of assistance provided to people affected by disasters.

Sustainable project: A project in which care has been taken to plan ahead over the months beyond the end of the current funding to ensure that the project has independent means of funding and support and can therefore be continued by the local community.

Target groups: Designated subgroups of the general population whose particular needs are the focus of attention.

Tracing programs: Programs run by a designated organization (often International Committee of the Red Cross) in an emergency to assist in the reconnection of families and other people who became separated when fleeing the disaster.

Trafficking: An illegal process of buying and selling of people (usually women and children) usually for use in the sex industry or as slaves. This is often quite organized and connected to organized crime groups. Refugees and unaccompanied minors are especially vulnerable.

Training programs: Educational activities organized for staff, the donors, disaster survivors, the community or others who want to learn.

Trauma: A word used for any event that causes major distress to a person whether it is physical, emotional, spiritual etc.

Traumatic experiences: Events in a person's life that are beyond the experience or imagination of most people and beyond any one person's ability to control, that causes great fear, horror, helplessness, terror or threatens life.

UNHCR: United Nations High Commissioner for Refugees, www.unhcr.ch/

UNICEF: United Nations Children's Fund, www.unicef.org/

Well-baby clinics: A medical service for infants and young children and their mothers. These clinics focus on immunizations, education, and screening for health problems before they are severe.

WFP: World Food Programme.

WHO: World Health Organization.

