

Coping

with crisis

ISSUE 2/2012



Focus:
**Kids can
cope**

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Saving lives, changing minds.

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

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“Join me children, and die...”

Every child suffers for psychological trauma and adjustment in their communities when they have been in armed conflict. With the help of psychosocial interventions, some children have been able to integrate back into their communities, families and go on to live.

It is two o'clock... **It is two o'clock**... **It is two o'clock**...




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Violence against children is a widespread problem. It is present in urban, grass-roots and all countries. The poorest cultures and countries. It is not limited to conflict and disaster, although incidences of abuse and violence often increase in these situations.

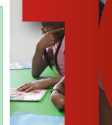


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Interventions with Art Therapy

Frontpage photo: Courtesy of Ana Kari/Save the Children.

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Editorial board: Nana Wiedemann and Lasse Nørgaard. **Design and layout:** Simone von Burgwald.

Disclaimer: The opinions expressed are those of the contributors and not necessarily those of the IFRC Psychosocial Centre.



The wish of all children

I've just returned home from Haiti, where two years after the devastating earthquake that affected nearly three million people, life is starting to return to normal, thanks to the humanitarian assistance from numerous international organisations.

Every time I visit a country hit by catastrophe or conflict, I am especially moved by my encounters with children – children who have lost their parents, their homes, been injured or handicapped, or have otherwise been affected in life-changing ways.

Once again this time, I was struck by not only how incredibly vulnerable children are, but also how amazingly resilient they can be. Seeing them drawing, singing, talking and laughing – it became obvious to me how much the little help we can provide through psychosocial programmes has helped these children move forward with their lives after the earthquake.

Many times I have heard children affected by crisis or conflict say that they started to feel better after returning to school, or when the psychosocial programmes began in their schools.

Again and again they have said that they wished that all children could participate in these programmes.

“The Children’s Resilience Programme: Psychosocial support in and out of schools,” therefore came into being. It had long been a priority for the Centre, together with Save the Children, to develop a method for working with children within four key areas: disasters, conflicts, violence- and abuse-prevention, and not least, HIV and AIDS.

We have chosen to focus on these areas in this issue of Coping, where you can read about child soldiers, children living with HIV/AIDS, and children who are victims of abuse, as well as positive recovery stories, innovative therapy methods, and the newest tools and materials the PS Centre has developed to help children cope with these issues both in and out of school.

I feel that the support and tools we give to the next generation so that they can build a strong future are a vital part of our work here at the PS Centre. I hope you find this issue not only informative, but perhaps also relevant to your own work and endeavours. As always, your comments and stories are welcome.

With best regards,

Nana Wiedemann

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Highlights from the world on psychosocial support provided by National Societies, based on the IFRC Appeals and Reports and contributions from health and communication staff. Many other National Societies are continuously delivering and expanding their psychosocial support activities.

Afghanistan.....

During the month of July, Afghan Red Crescent Society (ARCS) and IFRC, supported by Danish Red Cross, facilitated a basic training course for 40 volunteer team leaders from Jalalabad and Herat provinces.



ARCS volunteers are frequently exposed to potentially traumatic events in their communities, such as collecting bodies after bomb blasts, saving and supporting survivors after flooding and earthquakes, and dealing with people suffering from HIV.

The training of volunteer team leaders particularly focused on how to set up and maintain a sustainable peer support system, something leaders passed on to their own volunteers after the training. Likewise, leaders were instructed to encourage the volunteers to give feedback through individual talks and group discussions. The lessons learned in this pilot programme will enable the ARCS and IFRC to roll out a full-scale project nationwide to benefit thousands of volunteers, who for years have been providing first aid and support to local Afghan communities.



Bolivia.....

When intense rains caused widespread flooding and landslides in the areas around La Paz and Cochabamba, as many as 17,765 households were affected by the natural disaster. Although not originally included in the Emergency Appeal, the Bolivian Red Cross decided to carry out a number of recreational activities with the children in the temporary camps that were set up to house displaced families. Dressed as clowns, BRC volunteers in La Paz provided a play area and an entertaining reprieve for the children.

China & Pakistan.....

“Changing Minds – Improving Lives” is the title of a new photo book published by the Pakistani Red Crescent Society. The book describes the efforts, challenges and achievements of the Danish Red Cross supported community-based health programme initiated after the major earthquake in 2005. The goal of the programme was to create changes in behaviour and attitude that would lead to sustainable development.



Country Coordinator Asif Aman Khan explains: “A key was to work with volunteers from the communities who would enter into dialogue with each member at a household level. This ensured participation and commitment from all.”

Red Cross Society of China’s Sichuan and Yunnan branches have also published photo books documenting the impact and milestone achievements

of psychosocial support projects. The books also contain stories from community volunteers.

Colombia.....

Volunteers from different branches participated in a four day training workshop in community-based psychosocial support. The main objective of the training was to enhance the skills of the volunteers engaged in CRC's psychosocial programmes. The training was based on the PS Centre's training kit for basic psychosocial programming and covered, among other topics, stress management, psychological first-aid and communication support.

Dominican Republic.....

Dominican Red Cross provided psychosocial support for the survivors of the cholera epidemic in the provinces of Santiago and Espaillat. People in the affected areas still suffer from the losses caused by the epidemic and express a constant fear that it will return.

Red Cross held a basic training course in community-based psychosocial support for 23 volunteers, providing them with tools on how to plan and implement psychosocial activities that are sensitive to the local context and culture. As a part of the training all participants developed an action plan for the psychosocial initiatives in their local communities, which they presented to the group by the end of the course.

Nigeria.....

When a plane crashed in a residential area near Lagos, 165 volunteers were sent in to help remove the remains of the dead bodies and to provide support to those affected, including the people living the crash-area.

It was such a traumatic experience for many of the volunteers that Nigeria Red Cross afterwards included psychosocial support to both staff, volunteers and beneficiaries in their emergency relief fund request.

Two members from the PS Centre's roster-group, Mr. Alex Simbwa from Uganda Red Cross and Ms. Mwangovya Hellen from Kenya Red Cross were deployed for a two weeks mission to provide

psychosocial support, conduct an assessment and to assist the National Society build up a new programme, where both staff, volunteers and survivors are affected not only by the plane crash but also the ongoing unrest and the terror-attacks.

During the mission 30 staff and volunteers were trained in psychosocial support and assessment, and Nigeria Red Cross is increasing its efforts to build up a comprehensive psychosocial programme.



Syria, Photo by Ibrahim Malla

Norway

Norwegian Red Cross volunteers assisted witnesses and others during the trial against Anders Behring Breivik, who was convicted for the bomb blast in Oslo and the shootings on Utøya, killing 77 people. Volunteers were not only present in the main court in Oslo but also in the 17 “streaming courts” around the country, where court proceedings from Oslo were transmitted live. The “witness support programme” is not new – more than 300 volunteers have been trained and last year they supported over 9000 witnesses in 30 courts during cases with much less public and media interest. Norwegian Red Cross has continued other support to survivors and families since the terrible events in July 2011.

Philippines

First aid, psychosocial support, and emergency relief assistance have been provided to affected communities in the Philippines after storms flooded Manila and surrounding areas, leaving at least 19 dead and 290,000 displaced. Philippine Red Cross staff and volunteers were immediately in the flood-affected areas, evacuating residents, providing first aid and distributing emergency relief supplies. PRC has mobilized more than 800 staff and volunteers who have helped rescue more than 1000 people and evacuated over 8,000.

Russia

When flash floods caused by torrential rain swept the southern Russian Krasnodar region, killing at least 171 people, a number of Russian Red Cross staff and volunteers were dispatched to provide psychosocial support to affected families. The psychosocial team worked in cooperation with psychologists from the Russian Ministry of Emergency Situations and together they reached more than 600 families. In order to strengthen the capacity of volunteers, the Red Cross has planned a

training workshop based on the PS Centre's training materials on community-based psychosocial support.

Syria

As the situation changes daily thousands of people have fled their homes, either to other districts and areas of the country or to neighbouring countries. The fear of fighting, the lack of safety and the harsh living conditions with prices on basic items increasing daily make people insecure, and in need of psychosocial support, which is one of the services Syrian Arab Red Crescent provides, supported by Danish Red Cross.

“It is a traumatised population, which is not only scared about what is happening right now but also for what will happen once the fighting is over. It is an atmosphere of fear, insecurity and lack of trust,” says Mads Brinch, the regional head of Danish Red Cross in the Middle-East.

Tanzania

Rescuers saved 146 survivors of a Tanzanian passenger ferry accident near Zanzibar. The National Society established a response unit at the Zanzibar port to provide first aid and offer information to relatives of passengers. In addition, a team of volunteers offering psychosocial support was placed at the port, where five tents equipped with supplies such as warm blankets were prepared to receive the survivors.

Venezuela

More than 80 volunteers were trained in psychosocial support as part of Venezuela Red Cross' effort to increase its activity. The training included project formulation and community health, and the volunteers have been active since the training, especially working with children in five districts affected by landslides back in 2010.

Volunteers have made use of games, techniques for relaxing, and art-related activities. VRC has planned a range of activities in the near future that will help strengthen the capacity of the psychosocial programme, such as basic psychosocial training and peer support training of volunteers.

Vietnam

The National Society and the IFRC delegation were invited to share their experiences in providing community-based psychological support during a big conference about psychosocial support in disasters, organised by the Norwegian embassy in Hanoi.

The presentation focused on the support provided after typhoon Ketsana, and whereas many of the participants were aware of the active role Red Cross had played in relief, very few knew about the psychosocial support activities organised.

Vietnam Red Cross has used the training kit from the Psychosocial Centre to develop materials and run pilot projects and is intending to include psychosocial support training in disaster response and community health at district and chapter level, pending funding.

Uganda

After an outbreak of Ebola haemorrhagic fever was confirmed in Western Uganda, the Kibale branch mobilised 220 Red Cross volunteers, readying them for engaging communities with disease control activities and psychosocial support. As the disease is both deadly and contagious, those affected need to be treated by professionals, and families are often exposed to stigma and discrimination. The Uganda Red Cross intervention is providing psychosocial support for 300 discharged patients and their collective 600 household members.



IFRC Venezuela



Photo: Romulo Godinez, Philippine Red Cross

Flexible and fabulous

This month the Psychosocial Centre and Save the Children launch the “Children’s Resilience Programme,” a comprehensive programme for psychosocial support in and out of schools. The resource kit for implementing the programme has been pilot-tested and is already being used around the world – and the results are encouraging. It is a global programme that can be used in part or in whole, in any country. We spoke to some of the brains behind the programme.

*By Lasse Norgaard,
IFRC Europe Zone Communication Coordinator*

“I am really happy that it is so flexible,” says Anne-Sophie Dybdal, Senior child protection advisor with Save the Children, Denmark. “You can use it to work with one subject, you can run the entire programme, it can stand alone – and it can be used to supplement other interventions.”

The main author, psychologist Pernille Terlonge, agrees. “A major strength of the resource kit is the flexibility and set-up of the materials. All the materials are available electronically, and as a facilitator you can choose to run one of the pre-planned workshop series, or you can develop your own workshops by selecting from the huge variety of activities in the Activity Bank.”

The resource kit for implementing the programme consists of two information booklets, two books with workshops and an electronic

Activity Bank that can be used to create additional or alternative workshops (see p. 12-13).

“The programme is multi-faceted,” explains Pernille Terlonge. “The main component is the workshop series for children. But as important are the meetings and discussions with parents and caregivers, the training of the facilitators, and the involvement of school administration – or other community members – in exploring ways to improve the wellbeing and the protection of children.”

In Sweden or South Africa

The resource kit is based on best practices from a variety of different organizations that work with children in different countries and contexts. They have kindly permitted the Psychosocial Centre and Save the Children to use some of their activities and ideas in these books. Other activities have been created specifically for the kit.

“We have revised and analysed a lot of existing materials and modalities used in disasters and conflicts. Now we have something which is rights-based and child-protection-oriented, and at the same time extremely flexible. Whether you are looking to start activities on



abuse or HIV or conflict or disasters, you can use this in Sweden or South Africa or Korea or Bolivia. You can also use the resource kit to supplement programmes, for example on physical and humiliating punishment, on children’s rights and needs, or in life-skills training for teenagers,” says Anne-Sophie Dybdal.

In fact, the resource kit and the programme have been pilot-tested around the world, with amendments having been made after receiving feedback. And although it was just launched earlier this month, the resource kit is already being used in different countries and in different capacities.

Started with the tsunami

Nana Wiedemann, Head of the Reference Centre for Psychosocial Support, realised how flexible the programme was after seeing it applied to natural disaster situations.

“It was after the tsunami that I first became aware of the positive effects the school-based approach had on children affected by natural disasters. Before that, I’d mostly seen the programme used with children affected by conflict. Since then it has been an ambition for the PS Centre to develop a comprehensive toolkit specifically designed for children in a wide range of stressful

situations, a kit that can easily be implemented by National Societies,” says Nana Wiedemann.

Anne-Sophie Dybdal agrees. “We are seeing that teachers and parents are extremely grateful for these tools,” she says. “Their feedback from the pilot tests also showed that they want activities to fit in with what they are already trying to do, or activities that help them initiate conversations about subjects which are difficult to broach. The resource kit is easy to use, and with good facilitation can achieve great results. Providing insight into important issues and augmenting self-confidence, it can help both children and parents towards becoming more resilient individuals.”

They used to hit each other

“We have reports back from South Sudan, where children now say they like to attend school because of the programme and because levels of violence in the schools have decreased considerably,” elaborates Anne-Sophie Dybdal. “Whereas they used to hit each other to handle disputes, they now have learned other means for conflict resolution. I think the key is that this is a child-oriented education, which involves the children at the same time that it involves and supports teachers and parents.”

Pernille Terlonge adds: “The children’s resil-

ience programme stems from a relatively recent change in focus, from identifying negative outcomes and reactions to crisis events, to exploring what makes people stronger and helps them cope better, and finding ways to support this.”

The Children’s Resilience Programme has proved a positive advancement in the field of psychosocial support, according to Nana Wiedemann.

“The fact that we now have a user friendly tool for supporting children in many situations is a huge step forward in the PS-Centre’s efforts to promote psychosocial wellbeing,” she says.

Nana Wiedemann is a psychologist and the Head of IFRC Psychosocial Centre. She is one of the two editors-in-chief of the resource kit.

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Anne-Sophie Dybdal is a clinical child psychologist and Child Protection Advisor for Save the Children. She is the also editor-in-chief of the resource kit.

◆◆◆

Pernille Terlonge is a psychologist currently completing her PhD on promoting children’s resilience in post-disaster settings.



Read more about the **Children’s Resilience Programme** on pages 12-13 of this issue.

“Join me children, and die...”

Former child soldiers face psychological trauma and ostracism in their communities when they return home after being exploited in conflict situations. With the help of psychosocial programmes, some children have been able to integrate back into their communities, find relief and the path to recovery.

By Lasse Norgaard,
IFRC Europe Zone Communication Coordinator

It is two o'clock in the afternoon and approximately 40 degrees Celsius. In the shade of a big tree between mud huts and playing children, a group of young people has gathered on some old train rails, eager to get started. They have come to the part of the training where they discuss war, and what war does to people. The day began with a role-play about a conflict in a village, and the subsequent discussion is about how war affects the community, families and individuals. As the discussion progresses, the atmosphere intensifies. What to an outsider looks like a simple game, is to the young survivors a flash-back to real life events, and gruesome memories surface.

This is Gulu in Northern Uganda, an area affected by 22 years of conflict – off and on, in fact, for much longer than that. For the young participants, talking about forcefully having been recruited as a soldier is not a fiction for them. Neither is living in constant fear amidst armed fighting, with little or no schooling, without being able to make plans for the future. These are everyday realities for the children and teenagers of Gulu.

Everybody here has been affected by the war, one way or the other, including the volunteers from the Uganda Red Cross, who facilitate the role-play and the two-year life skills programme of which the role-play is a part.

Relief items brought no relief

It quickly became obvious to Red Cross staff that much more than the provision of physical comforts was required to help these children recover. “We began this programme after realizing that the children and youth kept crying even after we had distributed relief items,” says Alex Simbwa, the assistant director for community development in Uganda Red Cross.

That was in 2008. Since then, more than 2500 children and youth have been involved in the psychosocial programme, which is supported by the Danish Red Cross Youth.

Today they are attempting to break taboos. The volunteers guide the participants in talking about nightmares, anxiety attacks, crying, and a need to be alone – all common reactions to the extreme situations they have encountered. Raising these topics in a group session may help these young people realize that they are not alone, and that their feelings are not only not unusual, but shared by others. These are what psychologists call “normal reactions to abnormal events.”

“We have a holistic approach,” Simbwa explains. “We deal with all aspects: counselling, home-based care, reintegration issues and life-skills training. The purpose is to help the youngsters not

Photo © Eduard Korniyenko / Reuters



only deal with their traumas but also help them become self-reliant citizens of a productive community.”

Soldiers, slaves and spies

Using children in wars and conflicts is nothing new. In the mid-eighteenth century, before an important battle, Frederick the Great of Prussia was reported to have shouted, “Join me children, and die for this great fatherland of ours!”

Whether his army actually comprised children, or if this was more an expression of his patronizing nature is not entirely clear, but children and youth have been and still are being recruited by state and rebel armies – and not just in poorer countries.

Some organisations estimate the number of child soldiers worldwide somewhere between 250.000 and 300.000, and the sad news is that despite all efforts to protect children, the numbers are growing. Others question the actual numbers, which are by nature difficult to obtain, and estimate the numbers are decreasing due to fewer armed conflicts.

However, many children are still in armies and rebel groups, and it is estimated that 40 per cent of these are girls. Not all of them actively participate in the fighting but function instead as “wives” for the male soldiers, nurses and/or midwives. Both girls and boys can also work as cooks, spies, carriers and translators.

Useful children

Sometimes used as spies or sent in as the first in a battle, there are many reasons why children are being used as soldiers. They are easier to brainwash, do not ask too many questions, and they adapt more easily to new living conditions than adults. Children eat less and demand less pay, less leave time and commodities.

Some rebel armies are suspected of deliberately letting children commit the worst atrocities, as they are below the legal age and therefore cannot be sent to normal prisons if captured by government forces. Children are also being coerced, abducted or forcefully recruited into armies, sometimes in exchange for security.

However, there are also examples of teenagers joining armies and opposition groups for ideological, financial or other reasons, and of armies including and taking care of orphans in conflicts. Many children are trained and forced to commit atrocities, sometimes against their former communities and even their own families, in order to “sever the bonds.” It goes without saying that there are deep and enduring psychological repercussions for these children because of what they have seen and done during their time

in the army.

Sneaking back

Reintegrating former child soldiers into a family or community after a conflict is a big challenge. Not only because the children or youth are psychologically scarred and accustomed to a life with different norms and conditions, but also because of how the families and communities react towards them.

“Sometimes communities are apprehensive and suspicious, sometimes families are sceptical on behalf of the community,” says Victor Fornah of Sierra Leone Red Cross. “Basically the child soldiers come back as “new persons;” hair shaved, new clothes, and with different norms. To some of the returning soldiers, life in a village can also be very different from what they are used to.”

Sierra Leone Red Cross is, like sister societies in Liberia and Uganda, running programmes to help former child soldiers reintegrate, and to help communities accept them. So far more than 9000 children have been included in the programme which began back in 2001, even before the cease-fire.

“It goes both ways. Some children and youth almost sneak back, and the families are in a dilemma between joy and scepticism. We try to conduct sessions where we make it clear that these children would not have done what they have done if they had not been forced to do so. And we also try to let the community learn about what life was like in the bush. Some communities have decided to forgive and integrate the children if they talk openly about what they have done and if they show remorse.”

Victor Fornah mentions an example of a girl who was top of her class. She was abducted, tortured and raped, and later shunned by her family and community when she returned. After the conflict ended, she was placed in a different town, included in a programme to help children affected by war finish their schooling. Later she attended and graduated from University, and today she is working as a teacher.

Guns = respect

Another dilemma is that many children, during their time as soldiers, became accustomed to being shown respect from civilians because they carried weapons. Now they might be met with mistrust and contempt, and it can be tempting to pick up a gun again and revert to the life they were used to. While boys might be perceived as dangerous, girls are often seen as victims. However some girls return to their villages with babies, after being married or raped, and this can create new problems towards their even-

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tual acceptance in the community.

“One of our tasks is to advocate on behalf of these babies and children – so that they can be issued with an ID. Something which has not been easy,” says Victor Fornah.

There are also a number of more sophisticated dilemmas. Donor money is sometimes bestowed upon former child soldiers and their families, which makes other community members question whether it is fair that they are being rewarded for being killers. Material benefits proffered to former soldiers, such as clothes and tools, have at times been labelled as “blood money.”

There is the issue of asking children to speak up about their experiences in order to help them deal with their traumas, but how can that work in societies where nice children are quiet children? And then there are the rare cases where communi-

ties have persuaded children to talk about their experiences and asked them to exaggerate, as the presence of a former child soldier can generate donor money to the entire community.

in front of the entire village to prove that she had been a soldier. In Afghanistan, a young humanitarian worker with limited psychosocial training had learned that healing occurs through emotional expression, so each day he gathered a group of children and asked them to draw the worst thing that had happened to them during the war. Unfortunately, he had not learned that emotional expression needs to be accompanied by safety and appropriate processing, or “working through,” under guidance by a trained psychologist or social worker, and backed by supervision. Nor had he considered that serious psychological issues might arise several days later.

The following example is from an article written by Professor Michael Wessells of Columbia University, about the challenges of providing psychosocial support without doing any harm. Professor Wessells, who also works as a child protection advisor, participated in a seminar on children in

spend the necessary time to understand local culture and that they find “agents of change” within the communities.

Trust is biggest loss

Many more children than those actively taking part in fighting are affected by wars – from 1996-2006, more than 40 million children worldwide were deprived of educational, health and social opportunities because they lived in conflict areas. Although some studies imply that children do have the ability to navigate horrible traumas, they are still considered more vulnerable to traumatic stress, as they have fewer resources, lack coping skills and are still developing.

For many children, the loss of trust is the biggest loss of all. A child believes his parents can protect him, but what happens when a car pulls up and four people jump out and abduct his father? Or when a group of soldiers rape his mother and sister in front of the rest of the family? And what about the two small children found next to their dead mother days after she was killed in a grenade attack?

One of the recent programmes to help children affected by conflict has begun in Libya, where a group of Red Crescent volunteers have been trained to conduct guided workshops in camps for internally displaced persons. After the training, volunteers lead groups of 15-20 children through the exercises for three months at a time.

Positive effects

The objective of the programme, supported by Italian and Danish Red Cross and Palestine Red Crescent, is to improve the psychosocial wellbeing of children affected by upheaval, to help them regain their balance and resume their daily activities as quickly as possible. Volunteers

” Although many organisations have become more sensitive and professional, there is still a ‘listening gap.’ ”

ties have persuaded children to talk about their experiences and asked them to exaggerate, as the presence of a former child soldier can generate donor money to the entire community.

Are we really listening?

Whereas many organisations have become more professional and sensitive, there are still examples of well-intended efforts which can do more harm than help. In Sierra Leone a girl was asked to disassemble and assemble an automatic weapon

war organized by ICRC last year in Geneva.

Wessells writes: “Although many organisations have become more sensitive and professional, there is still a ‘listening gap.’ We know that community participation is extremely important, but do we always do it? We need to learn more about and engage with the natural supports – the women’s groups, religious groups, local healing practices, etc. – that communities have, and build on those in the reintegration process.” He advocates that organisations



have received positive feedback after leading groups of children through the programme.

“We helped them improve their social interaction, self-esteem, communication, leadership and problem-solving skills,” remarked one volunteer, while another volunteer commented that, “Although each session is only one hour long, it was amazing how effective it was. Moreover, it was amazing how we could use play to help others. It was lots of fun, but also a moving experience.”

Although trying to select the neediest children for the workshops, volunteers were overwhelmed by the attendance – siblings and parents also participated. One mother remarked that she needed support just as much as her children; nobody was excluded. One of the workshop leaders observed, “I did not expect that the project could have such a positive, even joyful, effect on the children, not to mention on myself.”

Movement

Helping children affected by war is a growing activity in the Red Cross Red Crescent Movement. Many National Societies are involved, and there are partnerships, such as between Red Cross Youth in Norway and Denmark and societies in Africa, and likewise between the donor societies supporting the CAR programme (Child Advocacy and Rehabilitation) in Sierra Leone and Liberia.

The exchange of best practices was strengthened in 2011, during a workshop organized by the ICRC to discuss programmes in favour of children affected by armed conflict and other situations of violence. Representatives from all parts of the Movement as well as external experts discussed reintegration programmes in

Africa, psychosocial programmes in Pakistan and the occupied Palestinian territories, and violence-prevention initiatives in urban settings in Latin America, where the majority of both victims and perpetrators of violence are children and young people. Many National Societies in Latin America, supported by donor Societies, are involved in violence-prevention programmes, and recently, the ICRC has become more involved in supporting National Societies and Ministries of Education to mitigate the consequences of urban violence. Through school-based projects in marginalized areas, at-risk youth learn life skills, basic humanitarian principles and increase their self-esteem by contributing to their communities through small-scale projects designed by them.

Other ICRC initiatives include the recent publication of the mini-EHL, an abridged version of the Exploring Humanitarian Law programme, which allows young people, National Society staff, and volunteers to quickly grasp the basic principles of International Humanitarian Law (IHL). The learning materials are based on real-life situations, showing how IHL aims to protect life and human dignity during armed conflict. By studying the behaviour of actual persons and the dilemmas they experience, students develop a new perspective and begin to understand the need for rules during war, as well as the complexity of their application. The ICRC also continues its traditional protection and restoring family links activities in conflict and post-conflict situations.



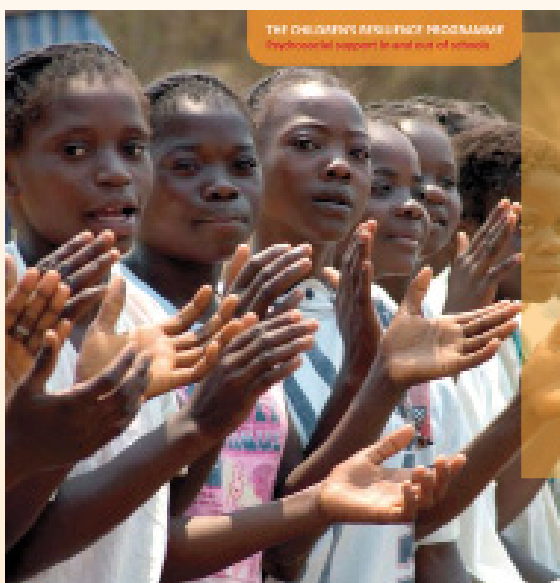
Youth delegate Semine Brorson, psychosocial delegate Bassam Marshoud and psychologist Louise Kryger from the PS centre contributed to this article.



Photo: Jean-Patrick di Silvestro/ICRC

Helping children cope

Organizing psychosocial activities for children in and out of school is easy now. The new resource kit from Save the Children and the PS Centre of the International Federation is available both online and in hard copy, in English and French. It consists of four booklets and an Activity Bank on a USB-stick. You do not need to implement all activities and all tracks, but the complete set will help you when planning and choosing your activities.



Facilitator handbook 1 Getting started

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Facilitators Handbook 1: Getting started provides step-by-step guidance on how to implement workshops and activities. The first five workshops are recommended for everybody in all contexts. They focus on 'getting acquainted,' 'my life,' 'our community,' 'children's rights/needs' and 'children in our community,' and are garnished with songs and energizers. This book also contains three workshops on 'learning to listen,' 'something about me' and 'working together' which can be used as substitutes or as additional workshops in any of the pre-planned workshop tracks. Finally, this booklet also contains two workshops of which one should be chosen to end the programme.



Understanding children's wellbeing

Psychosocial Centre
International Federation
of Red Cross and Red Crescent Societies



Understanding Children's Wellbeing will help teachers, parents and other caregivers understand how and why children react in difficult circumstances. It explains children's reactions to abuse, violence and grief and how you can protect and help them. Although most children are usually resilient and able to cope with tough experiences, they still need care and support to help them recover. This booklet can also be used to support other programmes involving children and can be ordered separately.

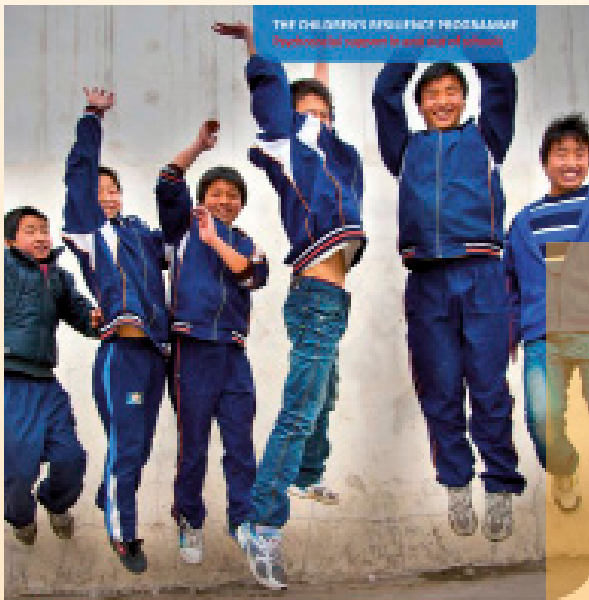


There are also four longer pre-planned workshop tracks in “Facilitators Handbook 2: Workshop Tracks.” Here you can choose one or more of the tracks on ‘protection against abuse,’ ‘living in communities with high rates of HIV and AIDS,’ ‘children in armed conflicts’ and ‘children in disasters.’ Each track consists of 10 tailored workshops, except the track on communities with HIV and AIDS which has 15 workshops. This track also contains some educational cards that help to explain HIV, AIDS and ARVs.



Facilitator handbook 2 Workshop tracks

Psychosocial Centre
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of Red Cross and Red Crescent Societies



Programme manager's handbook

Psychosocial Centre
International Association
of Red Cross and Red Crescent Societies



If you have limited experience with planning and organizing resilience activities for children, then the **Programme Managers Handbook** will be of great help to you. This booklet takes you through the pre-planning, planning and implementing phases and also has a section on evaluations. It explores what is necessary to consider before you start, what data and partnerships and permissions you need, and how you can involve the children, the parents, and the community. There is also guidance on how to make a budget and information on exit strategies.

Want to translate some activities, print them out, find more or create your own? Use the Activity Bank on the USB-stick. Here you will find electronic versions of all activities in the books as well as many more suggestions. With a template – and a search function – you can also easily create your own activities.

“When I am stressed I hit my children”

Violence against children is a widespread problem. It is present in all ethnic groups and all communities in most cultures and countries. It is not limited to conflicts and disasters, although incidents of abuse and violence often increase in these situations.

By Anjana Dayal De Prewitt, American Red Cross

A child represents new life and fresh possibilities, and thus embodies natural resilience. However, children are also vulnerable. In 2002, during my first community visit in a little village in India, I interviewed several people regarding stress and their ways of dealing with higher stress levels. To my surprise, one of the women said, “When I am stressed, I hit my children.” Since then I have worked in several different contexts and it is apparent that for many adults, children become an easy target to help them get rid of their stress, anger and lustful desires.

Currently, I live in Puerto Rico, a part of the United States where child abuse is no exception. Every now and then, there are horrific news stories that include neglect, physical, sexual and emotional abuse. However, it hits the hardest when someone close to you is hurt. A dear friend, Maria, (name changed for confidentiality purposes) shared her moving story, that I pass along to the reader as a case study.

Physical and emotional violence

Maria cannot remember a time in her childhood that was free of domestic violence. She was born as the second of four children to a family in Puerto Rico. When Maria was 12 years old, her mother got married to an alcoholic who was abusive towards her and the children. There is no evidence of sexual abuse to the children but there was substantial physical and emotional violence. By the time Maria was 16 years old, her mother had tired of the abuse and left the house to marry another man, while Maria’s father went into a rehabilitation centre and the older sister married. All of a sudden, Maria was left alone to take care of herself and her two younger brothers with a very small food stamp check. Consequently, her relationships and every day structure were shattered.

A global issue

Child abuse is a global issue not limited to poorer countries or situations of armed conflict or disaster. The National Child Abuse and Neglect Data System (NCANDS) is a federally sponsored effort that collects and analyses annual data on child abuse and neglect in the United States. The 2010 report indicates that out of 75,512,062 children in the country, 688,251 child abuse cases were registered. In addition, there are cases that go unreported and cannot be quantified. A number of other Western countries have also struggled with serious cases of child abuse and neglect in recent years, among them Belgium and Denmark. Abuse leaves children feeling guilty, afraid, hopeless and helpless, and in some cases, the psychological damage is life-long.

Children particularly vulnerable to abuse

- Unaccompanied, separated or orphaned children
- Children in institutions
- Children without birth registrations
- Children in conflict with the law
- Children living in absolute poverty
- Working children
- Children without access to education
- Children with disabilities or special needs
- Marginalized children
- Children in emergency settings
- Child mothers and child-headed households



Photo: Antipolo, Rizal, Philippines.
Cheryl Ravelo, freelance/IFRC



Recognize resilience

In recognizing the importance of enhancing resilience, many factors at different levels and/or stages come into play. Maria is a survivor who had (a) the inner capacity to bounce back from a very challenging situation and (b) the external support – however little – from her immediate environment.

Today not only is Maria happily married and the mother of two lovely girls, she is also taking care of her niece who was neglected by her parents. Maria is a successful professional who works with the federal government. When asked to what she would attribute her resiliency, Maria says she built on her religious beliefs and the structure she had, as well as her community – specifically one woman in her neighbourhood, her teachers and peers. Lastly, Maria mentioned her own willingness and eagerness to move on to something better.

Recommendations of this article for enhancing resilience particularly for schoolchildren are based on Maria’s sources of strength. “Protective factors” such as (a) individual characteristics, i.e. positive beliefs, determination and flexibility, and (b) external support, i.e. a positive family environment, friends, a positive school experience and a healthy community can help the child to develop a positive vision and take actions for a better future (see Understanding Children’s Wellbeing, 2012, one of the four books in the new programme).

This concept can be illustrated in the form of a funnel, where depending on the survivor and the context, the ingredients and measurements can be adjusted to achieve appropriate vision and actions that enhance resilience in a child.

Beliefs and Values

Belief in a higher power and/or values such as helping others can lead to hope and fulfilment. They can also help one in dealing with the guilt that often comes with abuse. Maria believes that God’s presence in the midst of her problems helped her to move on and succeed. Beliefs and values guide the thought- and decision-making process of the survivor.

Determination and Flexibility

Children are naturally flexible and they tend to adapt and excel in different situations more easily than adults. That said, to continue to succeed one needs determination. Maria reports, “I didn’t want to end up as a statistic; I was determined to move on to a better tomorrow.” There are abused children who grow into adults feeling pity for

Forms of abuse

Child abuse is any form of physical, sexual or emotional mistreatment or lack of care that causes harm to a child. Different types of child abuse include:

- Recruitment into armed forces
- Family violence, such as hitting, humiliating or isolating a child
- Emotional abuse, such as constant attacks on a child’s self-esteem
- Physical abuse, such as hitting, shaking, burning, slapping or kicking
- Neglect, such as a conscious failure to provide for a child’s basic needs
- Sexual abuse

what they have suffered; and there are children who move on from that pity to a sense of pride for what they have achieved in spite of their suffering. Determination combined with flexibility is the best recipe for emotional resilience. However, some external support is vital in order to nurture the determination.

External Support

In order to encourage and protect the well-being of children we must involve a wide range of societal support, including educating communities. If community members see something unusual, they must report it to the appropriate authorities. Abused children need support and validation as they make efforts to move on, because blame or lack of support can lead to regression.

Respect children

Disasters or crisis situations often lead to an increase in abuses against children. Therefore the Compliance and Ethics Policy of the American Red Cross mandates its staff and volunteers to report suspected or observed child abuse to the relevant authorities. The Canadian Red Cross has produced several guidelines and training materials about violence through their programme RespectED. These are being offered to schools and organisations across the country in the form of one day courses for teachers and other caregivers, to increase their knowledge of how to handle cases of child sexual abuse. The RespectED programme has formed the platform for similar programmes in a vast number of National Societies around the globe.

It is generally known that children are naturally resilient; however, it cannot be taken for granted. Constant monitoring and support are required to recognize and enhance children’s resilience during and after an adverse event in their lives. A child is a child, regardless of the situation. It is only natural for him/her to grow and blossom, and it is the society’s responsibility to provide a supportive environment for this. As one African proverb says: it takes a village to raise a child.

Anjana Dayal De Prewitt is Government Liaison Officer for American Red Cross NHQ based in Washington DC. She has worked with the American Red Cross, IFRC, and ICRC for over ten years in different disasters, dealing extensively with psychosocial issues. Her most recent publication is ‘Women, Religion, and Trauma Healing: their Mutual Impact’ (submitted to and accepted by the US Institute of Peace, Washington DC).

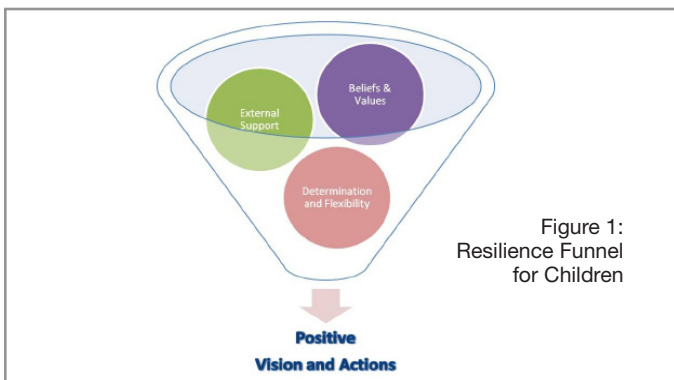


Figure 1: Resilience Funnel for Children

Keep up with treatment... Keep up with life

By Sue Nelson

Children living with HIV or AIDS face every day issues that other children do not. PS Support programmes teach kids how to tackle obstacles, to be responsible, and how to share their experiences with others like themselves.

In a world obsessed with protecting children from bad news, how do you tell a child they have HIV/AIDS? And, once they know, how do you stop them from plummeting into the depths of depression and despair?

On top of that, what if that child is orphaned, having lost parents to HIV/AIDS? How can that child cope with these seemingly insurmountable obstacles?

These dilemmas and many more are faced every day by the members of the French Red Cross's (FRC) psychosocial support project in Phnom Penh, Cambodia.

According to estimates from UNAIDS, WHO and UNICEF around 3.4 million children around the world were living with HIV/AIDS at the end of 2010. Of those, it's estimated about 150,000 children in South and South-East Asia, and 8,000 children in East Asia, were living with HIV/AIDS, most of whom became infected through mother-to-child transmission.

The associated stigma and discrimination felt by those children is an enormous problem. One Cambodian child's neighbour asked, "Why [would] you want to go to school? You should feel ashamed of yourself, you have the virus." Another child told a counsellor, "Most of the time I stay at home with my sister. Other children don't play with me because I am 'sick'."

New holistic approach

The French Red Cross has been helping HIV-infected children and adolescents with medical care and counselling since 2004, working with outpatients through the National Paediatric Hospital's Child Health Improvement Clinic. In partnership with Cambodian Red Cross, it has also provided home care for HIV-infected people.

But a new three-year psychosocial support intervention was begun in January 2010 to bring a more holistic approach to the provision of care. The project is called "Improvement of life expectancy and well-being of children and adolescents living with HIV/AIDS."

A new day care centre called "Maelis" – Khmer for jasmine – was established in partnership with Cambodian Red Cross, to provide psychosocial and educational support for orphaned and vulnerable children living with HIV/AIDS. The program is co-funded by Agence Francaise de Développement. The goals of the program are expressed simply as: "To improve life expectancy and quality of life." The challenges are not so simple.

Psychologist and project coordinator with French Red Cross, Kleio Iakovidi says, "There are enormous challenges for the children and their parents or caregivers. Among them are the 'emotional heaviness' of living with a chronic disease, the sadness and fear of dying which is not always openly expressed, associated behaviour problems, adolescence issues which affect adherence to treatment, domestic violence and poverty."

Making progress

Kleio Iakovidi adds that another challenge is, that psychosocial support is a relative new concept here.

"The people are not familiar with the practice or its benefits, let alone talking about their emotional challenges. It takes time for trust to build up enough for people to convey how they feel."

Despite the challenges, there are positive indicators that the program is making a difference. By the end of July this year, almost 1250 HIV-infected children had been accommodated at

the hospital clinic for medical care, counselling and psychological care. Of those, 448 children had registered at the Maelis Centre for further psychosocial and/or educational support.

A multidisciplinary team comprising doctors, psychologists, social workers, health facilitators and volunteers drive the holistic approach. This includes encouraging adherence to the antiretroviral treatment regime as well as providing activities to build self-esteem, such as tutoring in Khmer, computer lessons, art therapy and dance lessons.

"We also help with practical matters, such as securing ID papers or birth certificates and referrals to specialists," Kleio says.

Through care and respect

There are also benefits for the psychosocial support team and the partner organisations, such as coaching, technical support, training and case management. Orphanages are also targeted with sensitization training on how to take care of children with HIV/AIDS.

Head of the Cambodian FRC delegation, Jossefin Léon, says, "The team's determination, patience and skill have ensured that our children are receiving tangible support for their daily challenges. Through care and respect, the creation of a safe and secure space, discussion of problems and possible solutions, the team provides encouragement and reinforces a child's coping skills."

The words of the children are testimony to the program's success. One boy says: "The 'teacher' in my focus group discussion taught me about the medicine and about responsibilities. Now I can take my medicine alone, I am more responsible, and I even remind my mother to take her medicine."



“Psychosocial support is probably the most important support for children living with HIV/AIDS,” says Dr Jintanat Ananworanich from the Thai Red Cross AIDS Research Centre in Bangkok. “Perhaps even more important than medical support.” The centre has been working with about 400 families since 2003.

“HIV/AIDS is a social disease and when a child is infected, almost always more than one family member is affected,” she says. “The children endure so much. They are often very poor, they are dealing with death in the family, they miss school because of sickness and they are often stigmatised. So a 10-minute lecture from someone saying you must take your medication is often not enough. The child will just say they have taken their medication, although this might not be true.”

The question of when to tell a child about their disease is tricky, Dr Jintanat says. There are no hard and fast rules.

“A lot of it depends on the maturity of the child and whether they can keep a secret,” she says. “We generally start early, maybe six or seven-years-old, explaining the disease without using the word ‘HIV’ and how taking medication will keep them healthy.”

“Normally, around the age of 10 or older, but before they become a teenager, we prepare the parents or caregivers on how to bring this up. Parents are generally very reluctant around this, but once disclosure happens, relationships in the family often improve.”

“One of our biggest goals is trying to keep children at school, particularly as they approach adolescence. Delinquency is common and about 15 per cent of children or youth are not in the formal school system. They can also be badly mistreated at home. So, this is when our three full-time social workers are almost like parents. Our office is a place they can come to anytime for help.”

Dr Jintanat is particularly proud of the team’s efforts in helping almost 10 of their beneficiaries to go on to study at university. “Others have gone back to school. Some of our teenagers also become peer educators. They are really very strong and they have weathered so many obstacles. They are tremendous.”

Cambodia’s HIV epidemic

Cambodia’s HIV epidemic can be traced back to 1991. Following an initial rapid increase, HIV infection levels declined after the late 1990s and by 2003, HIV prevalence was estimated at 1.2%.

Results published in 2009 from the first national population-based survey estimated HIV prevalence to be 0.6%. It’s believed that interventions with sex workers, carried out by the government and non-governmental organisations, played a role in this decline.

The adoption of a “100% condom” policy enforcing condom use in brothels led to a substantial drop in HIV infection levels among brothel-based sex workers. The use of condoms rose from 40 per cent in 1997 to 90 per cent in 2010, and new infections dropped to 2,000 per year.

UNAIDS estimates that without these prevention efforts, this figure would have been more than 50,000. However, on-going concerns include low levels of condom use among men who have sex with men, an increase in sex work occurring outside of brothels (making it harder to reach sex workers with interventions), and mother-to-child transmission of HIV – around one third of new infections occur through this route. HIV is mostly transmitted through heterosexual sex in Cambodia, and concerns are growing about the number of married women who are infected via their husbands. (Source: AVERT.org)



Cambodia, 2012. Photo courtesy of French Red Cross

Sophea’s Story

Sophea is a 14-year-old HIV-infected girl living in Phnom Penh. She is having 2nd line antiretroviral treatment and has regular check-ups at the National Paediatric Hospital clinic.

Sophea was referred to the Maelis Centre at age 12, as she was refusing to take her medication. She told staff the pills tasted bad and because they were so big, they made her feel nauseous. She was also feeling sad because of frequent fighting within her family.

Sophea took part in a range of psychosocial support activities at Maelis, including drawing and dance classes, focus group discussions for adolescents, and art therapy. Her mother also consulted the psychologist and social worker and joined the focus group discussions for parents. Gradually, Sophea felt more encouraged.

She still doesn’t like the taste of her medicine, but she now knows the importance of taking the pills regularly. She fully understands the risks to her health and the fact that a possible resistance to 2nd line medication doesn’t leave her with many options for treatment. But, by interacting with other children at Maelis Centre, Sophea feels more motivated and has regained hope for the future.

Currently, she is a peer facilitator in the focus group discussions for children and she encourages other younger HIV-infected children “not to give up treatment...and life.” As she says, “I now know how to be responsible for myself, and I have to share my experience with the other kids.” Sophea also joins the dancing lessons as a peer dancing teacher. Her dream is to one day become a professional dance teacher.

With a little help... Children are strong

By Francis Markus,
Regional Communication Manager for East Asia

There is no one answer as to how children react to disasters and other critical events. However, the sooner a sense of normality is restored and the sooner recovery starts, the greater the chances that children will use their abilities to “move on.”

To better understand how we can assist children after disasters, we spoke separately with four experienced psychosocial support practitioners: Zenaida Beltejar, who is Social Services Manager of the Philippine Red Cross; Dr. Toshiharu Makishima of the Japanese Red Cross Society, who played a key role in introducing psychosocial support to Japan; Abu Kolofele, a child protection expert from Save the Children now working in Somalia; and Dr. Jeyathesan Kulasingam, who helped set up the IFRC-supported programme after the 2008 Sichuan earthquake.

How big a difference is there in the way children have been affected between the various disasters you’ve been involved with – and if there are big differences, what factors account for them?

ZENAIDA: Children exposed to disaster can suffer major adverse psychological effects including not only post-traumatic stress but also other psychological disorders. Speaking from my experience, there is a big difference in the way children are affected by various disasters, and a lot of factors influence how they react. *(See box.)*

ABU: Ours has been a prolonged man-made disaster of over 20 years of civil war affecting all of Somalia, either directly or indirectly. We work with children, some of whom have no knowledge or experience of any other form of life outside their present circumstances in displaced settlements. They don’t think, for instance, that there is anything wrong with gun shots; they are surprised when people from other communities express fear when hearing gun shots. They are not aware that there is anything wrong with their way of life, and this thinking affects their attitude towards psychosocial support initiatives. Why does anyone think that their way of life is not normal? After all, that is what they know – that is what they understand as normal.

DR JEYA: It is important to note the period of time a child’s normal life is interrupted by the recovery process. The shorter the interruption from childhood – playing, schooling and family routines – the better it is for the child. Children’s nature tends to allow them to recover more quickly from disaster experiences, because of their ability to

“move on,” but this ability must be supported by various methods of holistic recovery. The process of understanding, acceptance and building resilience is very important.

To what extent do children suffer because of adults’ stresses and issues, and to what extent are children dealing with their own issues?

DR TOSHI: During the Great Eastern Japan Earthquake, many children lost more than one family member, or their family members were missing. So the stress levels they faced were very high, and the need for psychosocial support was huge. In addition, many houses collapsed or were washed away, so survivors were forced to stay in evacuation centres for more than six months and then moved to temporary houses. It was difficult for them to return to their homes because the area was declared too dangerous to live in. That means children have lost their community, their ties with their school, friends and family.

Faced with this, children react like adults, and they are influenced by their culture. In Japan this means they do not express their feelings; in an effort to maintain the bonds they share with their parents, they try to be good children by being quiet children. The parents, for their part, also have difficulty expressing their emotions and adequately accepting their children’s feelings. If communication among family members is poor, children cannot express themselves, and if they have experienced a critical event, they may later develop further psychological problems.

ABU: It’s a monster of complex issues. In some schools for instance, some children have difficulties relating to their teachers and their peers. Teacher salaries are either not paid, delayed or grossly insufficient, and delayed or unpaid school fees can further contribute to an already stressful situation. This mountain of frustration results in anger, violent use of language and physical punishments. When they return home, the children are met by more frustration, particularly if the parents have not managed to secure enough food for the day, or if they are fighting over adult matters.



It is a pecking order; the children also begin to act out in violence, and yet they see nothing wrong with their behaviour.

ZENAIDA: Family dynamics affect the behavioural reactions of children. Parents who panic, who cannot cope or show signs of helplessness or hopelessness are likely to influence the emotional reactions of their children. Fear and anxiety are typical reactions in children – a fear that the event will happen again and he or she will be left alone. They become clingier toward their parents or elder siblings and sometimes show signs of regression, manifested by bedwetting or thumb sucking.

From my experience in the field, children exposed to their parents' stress (or that of other family members) developed phobic reactions that triggered responses such as fear of the dark, fear of water or heavy downpours of rain. Some experienced nightmares and had difficulty sleeping.

Some parents who cannot cope resort to alcohol or drug abuse, aggravating their children's fear. It can also happen that incidents of child abuse escalate after major disasters. However, conceptual and methodological issues need to be resolved to more conclusively answer the question of whether or not child abuse increases in the wake of natural disasters.

DR JEYA: Children have their own issues because they are more dependent on family and community. A child's learning process develops from the family and community environment, which builds his or her mental character. When a disaster happens, this process of informal education is interrupted because family and community are temporarily distracted with the recovery and reconstruction of life after a disaster. The child will lose the opportunity to absorb the needed learning tools and support that are supposed to be provided by the family and community at that stage of the child's life. This missed opportunity will then be filled with other skills such as the ability to survive, or the taking on of more adult responsibility because of the loss of the usual family structure. Children are very quick to take on roles and carry out adult responsibilities that have been inadequately performed because of the disaster.

How important is the way that society in general, or the education authorities, sets the tone for dealing with the emotional aftermath of a disaster? For example, whether the focus is on urging people to put it behind them, or giving space for commemoration.

ABU: Among the populations in Somalia there is a strong belief in God. Children are born into this belief, and they practice Islam as a way of worship. Religious teachings about forgiveness, sharing and other virtues have had a strong influence on the way of life in the country. Although some selfish individuals or groups have used religion to suppress others, there is no doubt that positive aspects of the religion have set an overarching tone for managing distress at all levels in the country. Religion is a way of life; it is almost a tradition, a culture in this country.

ZENAIDA: The way the society and school set the tone for dealing with the emotional aftermath of the disaster is very important because the success of any intervention will depend on the quality of response provided by the state. Access to mental health facilities and services is also another concern which will facilitate coping and early recovery from disaster trauma among children.

Educational campaigns and psychosocial support should be integrated into the school

curriculum. Involvement of the teachers is very important since many school children will listen to them.

DR JEYA: Giving space for commemoration of disasters is vital for the survivors to grieve and emotionally recover from the loss. At times, commemorations urge families to 'move on' as it is a reminder that time has passed. Realisation of their strength in coping with the loss is an important motivation.

How easy or difficult is it to judge in the long/medium term whether children have been able to put the trauma of the disaster behind them? What do the most successful interventions have in common?

DR JEYA: A key indicator of this is how well a child has been able to adapt and integrate back into the social network among family and friends, and how quickly he or she becomes a positive contributor to the emotional recovery process. We must recognise that recovery is a process; however children tend to recover more quickly than adults. Successful psychosocial interventions are progressive and are based on local needs and conditions; this is important, as we must have various levels and styles of interventions or support mechanisms.

DR TOSHI: It is very difficult to evaluate the level of stress or stress reaction of each



Photo: Philippines. Rob Few/IFRC

20 Focus: Kids Can Cope – Children in Disasters

child, because children show very different reactions or may not express their feelings in obvious ways. A combination of individual support for children, their families and their communities is important.

ABU: One Programme Officer returned to the office one afternoon visibly excited. He said “Psychosocial support is very good. Most of the children in the workshops were very shy in the beginning. They were withdrawn, and especially some of the girls could not even eat the food that was served. Midway through the workshops the children are now so happy – they play with each other, they have become friendlier with each other, they compete in drawing sessions and they interact more freely now.”

Other programme officers, teachers and parents share similar views during internal and external project evaluation sessions.

Having said this though, I must admit that judging or measuring change in children’s lives as a result of psychosocial support has been the most challenging task for our team. We are convinced, however, that some children become increasingly friendlier, more interactive and supportive of each other as a result of the child resilience workshops.

Whether this can be understood as a permanent solution to the effects of traumatic experiences in the lives of children remains a new area of learning for us.

Factors that can influence how children react to disasters

- Age – development stage and level of dependency
- Family reactions and support
- Community resilience and support
- Social and cultural norms
- Individual characteristics (e.g. vulnerability and coping mechanisms)
- Friends
- Sense of safety, incl. proximity to damaged area and perception of severity

Zenaida Beltejar is Manager of the Social Services Department of the Philippine Red Cross and has worked on the aftermath of numerous disasters and emergencies, including the tsunami in Southeast Asia, the coup d’état in the Philippines in 1986, the trash slide in Payatas, the Mount Pinatubo volcanic eruption and more than 100 other typhoons, landslides and floods in the Philippines over a career of more than 30 years with the Red Cross.

Dr. Jeyathesan Kulasingam is a senior consultant at the Humanitarian Development Institute in Kuala Lumpur. Operations he has worked in include the Sichuan Earthquake, the tsunami and earthquakes in Indonesia and Pakistan.

Abu Kolofe has worked with child soldiers both in Sierra Leone and across the West Africa Sub-region as well as refugees and internally displaced children in

Kenya and Somalia. He has helped organise psychosocial support initiatives for children and their communities, supporting children in conflict with the law, establishing and supporting community based protection structures and empowering children’s groups.

Dr. Toshiharu Makishima is currently Head of International Medical Relief Department of the Japanese Red Cross Medical Centre, as well as visiting professor of the Muroran Technical Institute and of the Akita Japanese Red Cross Nursing College. He has been involved in multiple medical missions from Romania in 1989, to places ranging from West Africa to Siberia, often working as a team leader for an ERU. In 2011, he was the leader of the psychosocial support team for the New Zealand earthquake, and in 2012, coordinator for psychosocial support of Japanese Red Cross in the Great Eastern Japan Earthquake.



Photo: Haiti/IFRC



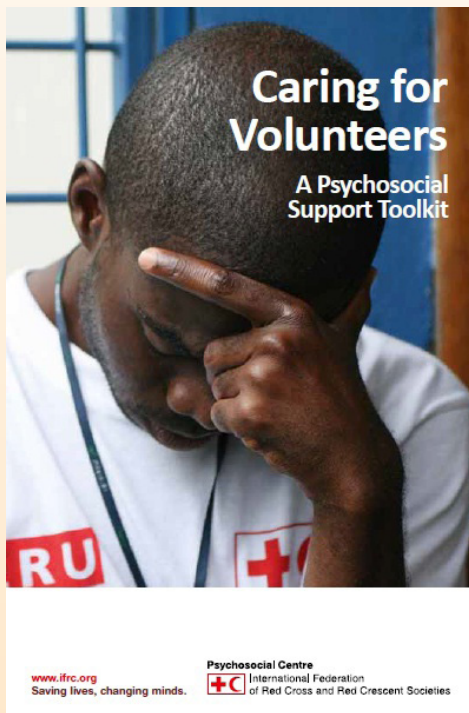
New toolkit:

CARING FOR VOLUNTEERS A Psychosocial Support Toolkit

The IFRC Psychosocial Centre has now launched the “Caring for Volunteers, a Psychosocial Support Toolkit,” which will help National Societies not only prepare volunteers but also support them during and after disasters, conflicts and other dramatic events.

The toolkit contains practical tools for preparing for and handling crises, as well as for peer support and communication. In addition, there is a chapter on how to monitor and evaluate volunteers’ efforts.

Some of the tools can be printed out for managers in the field and for volunteers.



“As psychosocial support has become an integrated activity in many National Societies, we have experienced an increasing number of requests for guidelines and tools on how to help our own volunteers and staff. In other words, how we should put on our own oxygen masks before helping others, as they say on the planes,” says Nana Wiedemann, director of the IFRC Psychosocial Centre. “This new toolkit will help you do exactly that. It can help you prepare, but it also assists volunteers in the field as well as measures the impact and improves efforts next time around,” she adds.

The toolkit includes quotes from volunteers around the world. Their experiences reflect what has worked as well as what can be improved. The toolkit can be ordered in hard copy from the Psychosocial Centre and is available in English, Arabic, French, Russian and Spanish. An electronic version can be found on www.ifrc.org/psychosocial



ART...for the sake of wellness

By Simone von Burgwald,
Communications Assistant, PS Centre

Art can be an effective therapeutic method for individuals affected by trauma, as evidenced by Palestine Red Crescent's initiative.

Violently splashing paint on a canvas, meticulously moulding clay or singing at the top of one's lungs – these can all be safe outlets for intense, painful – and possibly otherwise destructive – emotions. For those affected by trauma, trying to vocalise grief, terror, loss, fear, or other strong emotions might seem overwhelming. Words might feel stifling or too concrete for a patient to adequately express what he or she is feeling or has witnessed.

In such cases, an alternative form of counselling can be invoked, that of art therapy. Using music, clay, paintbrushes or pencils, art therapy can provide a less restrictive outlet than the traditional counsellor-patient situation, offering an opportunity for sufferers to work through overpowering feelings, and helping to bring about a sense of relief and self-understanding.

Open to the public

Working throughout the West Bank, including East Jerusalem and Gaza, the Palestine Red Crescent Society (PRCS) provides much-needed services to the most vulnerable within the Palestinian population. Primary among these services is psychosocial support, where the Psychosocial Department's main goal is to help people improve their coping mechanisms and enhance their well-being in the stressful living conditions in Palestine.

Recently, the Psychosocial Department established the Expressive Art Therapy and Capacity Building Centre (EATCBC), which is open to the public, allowing children and families from the community to benefit from hands-on activities. The aim of the Centre is to reach beneficiaries – particularly children who have been traumatized by the impact of on-going conflict – through art therapy.

Freedom and relaxation

The practice of art therapy is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behaviour, reduce stress, increase self-esteem and self-awareness, and achieve insight. Using recognised models of counselling and psychotherapy, the therapist guides the patient through exercises involving various forms of art.

There are two main principles behind the process and why art therapy succeeds where other methods might not. A traditional session with a counsellor might cause undue anxiety or stress in a patient, arising from a feeling of having to perform, or to say the right thing. "Art therapy", on the other hand, "is used to help people feel, sense and become aware of themselves," explains Dr. Fathy. "Moreover, it gives a sense of relaxation, releases tension and reduces anxiety levels."

He elaborates: "Secondly, by using art, the patients have the possibility to control the therapy process themselves, without feeling put



Photo courtesy of Palestine Red Crescent Society



on the spot, or having to respond to invasive questions. Art gives them the freedom to guide the session in the way that is most comfortable for them.”

Art is the most effective

All of the therapists working at the EATCBC are either trained in the field of art therapy, or else in the process of finishing their Master’s degrees, in which case they operate under the supervision of an experienced art therapist in the National Society.

“Based on our understanding of the necessity and the importance of art, we have developed a programme where art is used as a method of intervention in psychosocial support services,” says Dr. Fathy Flefel, Head of the PRCS Psychosocial Department. As a professional art therapist, it was Dr. Fathy’s dream to integrate art into the psychosocial intervention programme since he began working in the field in 1998. He pitched the idea to the Red Crescent who helped develop the Centre, and today art therapy is used in even the biggest psychosocial projects assisting children affected by armed conflict.

Dr. Fathy believes that the benefits of art therapy are manifold for treating people dealing with certain types of trauma. “Art is the most effective way of giving people space to talk about themselves -- especially for people who are not able to speak,” he explains.

A case in point is a thirteen-year-old girl, who was deeply traumatised after an episode in which soldiers broke into her family’s home in the middle of the night, shooting. Her mother was injured and the sanctuary of the home was violated. As a result, she began to suffer panic attacks and later stopped speaking altogether.

Return to normalcy

The EATCBC Centre was able to intervene using art therapy. The first seven sessions produced no change in the girl, but during the eighth session, therapists introduced her to expressive body movement, and she gradually began to respond and interact, even speaking words.

After 32 one-and-a-half to two-hour sessions, the girl was back to “normal” – going

to school and performing with the same academic achievement as previous to the incident; her interactions with her peers and her family life were also as before. The Centre continues to check in with the girl and her family every four months to ensure her recovery.

Though it was a session involving body movement which led to the breakthrough, for someone else, a different method might be more impactful, as it is an extremely individual process. “Expressive art is very effective, (but) the method is different for everyone,” says Dr. Fathy.

Finding the key

There are seven main methods used in art therapy used at the EATCBC: drawing or painting, drama, body movement, music, sculpting with clay or plaster moulding, photography, and a process called “land art,” in which patients are guided to a safe area in nature and encouraged to use found objects – branches, leaves, earth, stones, and so on – to create works of art.

“‘Expressive art’ means we can move between different models: the more methods we try, the greater the chances for positive results. I believe each case has its own key; it’s up to the counsellor to take time and find the right technique to draw the person out,” explains Dr. Fathy. “Exploring different media gives patients the opportunity to ‘find themselves’, as not everyone will appreciate body movement or music, for example, in the same way. I don’t believe that one art form works better in all cases or for all problems.”

Not about artistry

Both the method and the end product are very individual, and artistic talent is irrelevant to the process. “For me, art therapy is not about making art, but how we deal with the result of the art process. It is much easier for a patient to talk about his creation rather than about himself,” says Dr. Fathy. “It’s not about being an artist; it’s about using visual symbols to explore feeling and emotions.”

Although art is a way for people to express themselves individually, it also works in a group dynamic, allowing patients to share their emotions with others who have experienced similar situations. “People are able



Photo courtesy of Palestine Red Crescent Society

to communicate through art even when they do not speak the same language,” says Dr. Fathy. “Art becomes their common language.”

Dr. Fathy emphasizes the importance of time and of positivity. “Giving people the chance to take their time to open up and not be under stress, allows them the freedom to proceed in a way that is comfortable for them. At the EATCBC we don’t focus on whether people are professional artists or musicians. Instead, we encourage people to try to work on improving themselves, to feel good about themselves, to be positive and encouraging of each other.”



Dr. Fathy Flefel is a professor in Art Therapy and Head of the Psychosocial Department of PNR. He is also a roster member of the PS Centre and the representative in the consortium helping Libya Red Crescent establish a psychosocial programme.

Art therapy services provided by the Expressive Art Therapy and Capacity Building Centre in Palestine:

1. **On-going training for staff of Red Crescent and other NGOs and local organisations;**
2. **Capacity building training – on-going professional supervision;**
3. **Development of art-based training manuals and tools;**
4. **Group intervention and group counselling, as needed;**
5. **Individual counselling.**

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Pinchinat, Haiti,
Photo by Susan Warner

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