



# Coping with Crisis

Newsletter No. 3 2007

- Supporting School Children in the West Bank
  - Mine Blast In Siberia
  - Protection: A Responsibility and a Right
- Children and Trauma in Areas of Disaster
  - Interagency Guidelines Launched



International Federation  
of Red Cross and Red Crescent Societies



# Editorial

**F**rom the viewpoint of the *International Federation Reference Centre for Psychosocial Support (PS Centre)* many things are happening in the field of psychosocial support (PS). In the current issue of *Coping with Crisis* we have chosen to link up to some of the new or on-going activities in the area of PS.

During the summer of 2007 the world experienced new emerging crises and old crises have continued. In Lebanon civilians in a refugee camp were caught in the crossfire between militant groups and the Lebanese Army and massive flooding in Asia has affected lives of millions. The conflicts in Iraq, Afghanistan and Israel/Palestine are still making the living conditions for their citizens extremely difficult. The need for PS is not decreasing. The need to heal wounded souls remains.

In the Middle East and North African the focus given to PS is increasing. The complicated political situation creates unfortunate conditions created which have a growing interest in PS. The article **Supporting School Children in the West Bank** by Jérôme Grimaud gives an example by showing how a programme by Palestine Red Crescent, Danish Red Cross and French Red Cross helps children and parents in the occupied territories.

Russian Red Cross (RRC) has shown that the capacity to provide PS in a relief situation can be transferred well from one region to another. Nurses and psychologists from the RRC Rehabilitation Centre in Beslan have provided help to 600 people affected by two mine blasts in Siberia earlier this year. **Mine Blasts in Siberia** by Margarita Plotnikova tells how PS is spreading from one part of Russia to another.

In the PS Centre we also try to gather knowledge on how particularly vulnerable groups can benefit from PS. Children's rights are neglected and violated all over the world every day. **Protection: A Right and a Responsibility**, by Judi Fairholm deals with children's conditions in and outside areas of disaster. It is a brutal but important reminder for all of us that children need and have the right to be protected from harm. In **Children and Trauma in Areas of Disaster** Peter Berliner

The International Federation **Reference Centre for Psychosocial Support**

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No. 3 September 2007

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Shannon Stapleton, Reuters

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and Stephen Regel provide a review of recent research on children's reactions in areas of disaster. They call for more academic and applied research in this field.

Finally, we are happy to be able to announce that the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* have been launched and is now available. They may be downloaded from our website (<http://psp.drk.dk>). A CD-ROM can also be acquired free of charge. Please contact [psp-referencecentre@drk.dk](mailto:psp-referencecentre@drk.dk) for further information. The guidelines express the consensus of a large number of humanitarian agencies on how best to plan and implement psychosocial support programmes in emergencies, with the aim of providing high quality service and to speed up the recovery of those affected.

I want to thank, personally and on the behalf of the growing team, National Societies for the support we have enjoyed. This includes my gratitude for the generous financial support which enables the work of the centre.

*We hope you will enjoy reading our newsletter.  
Yours sincerely,*

*Nana Wiedemann,  
Head, International Federation Reference Centre for Psychosocial Support*

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## News from the Centre

### **Lessons Learned on Psychosocial Support Programmes Following the Tsunami**

Through a generous grant from American Red Cross Tsunami Recovery Fund, the PS Centre will be undertaking a systematic collection of information on psychosocial interventions and programmes implemented to alleviate the enormous human consequences of the tsunami tidal waves that swept across Asia at the end of 2004. Programme documents, tools and other materials collected will be made available in an online database, a lessons learned workshop will be organised and a booklet on collected good practices will be published and made available to National Societies and other interested organisations.



### **New Staff Member in the PS Centre**

Norwegian Red Cross, who is a partner of the PS Centre, has decided to extend their support to the Centre by funding Ms. Åsta Ytre as a staff on loan to the PS Centre, initially for a period of four months. Åsta has a background in journalism and comparative politics. She has been a volunteer in Norwegian Red Cross, been deployed as a Junior Delegate to Jamaica and worked at the International Federation Secretariat where she managed the youth section of the IFRC website. In the PS Centre Åsta will work with improving our website and with tasks related to external communication. We look forward to having Åsta as a colleague and will present her profile and work in a later issue of *Coping with Crisis*.



## Dates and updates

### Launch of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

**When:** 14 September

**Where:** Switzerland, Geneva, WHO

**What:** The recently published *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial* will be formally launched during a ceremony which will be held in Geneva on 14 September 2007 at 9.30. The launch of the Guidelines marks an important moment for all agencies and actors involved in providing psychosocial support during and after emergencies as a large number of stakeholders from 27 agencies and organisations. They will in future be the common framework and point of reference for psychosocial interventions and are expected to improve the quality of programmes implemented and enhance co-ordination practices among the different actors.

For further information please contact, Mark van Ommeren, WHO at: [vanommerenm@who.int](mailto:vanommerenm@who.int)

### Conference on Psychosocial Intervention in Disasters

**When:** 22 October

**Where:** Denmark, University of Copenhagen, Festsalen, Frue Plads

**What:** At the conference the recent evidence based methods for providing psycho-social support and for treatment of people suffering from traumatic stress will be presented and discussed. The speakers are from humanitarian aid organizations involved in emergencies and researchers within the field. They are all internationally well-known and highly influential researchers. Among the speakers are Metin Basoglu, Frank Neuner, Stephen Joseph and Stephen Regel.

For further information please contact Peter Kjaer Jensen, Master of Disaster Management, Copenhagen University at: [mdm@mdm.ku.dk](mailto:mdm@mdm.ku.dk)



Jérôme Grimaud, French Red Cross

# Supporting School Children in the West Bank

**P**alestine Red Crescent Society has arranged three kinds of workshops in Jaba Jenin to support children. This article explains the methodology of this project that was started 4 years ago by Danish Red Cross and Palestine Red Crescent. In 2006 French Red Cross join the project.

*By Jérôme Grimaud, Delegate, Psychosocial Support Programme - Palestine AT/OT, French Red Cross*

## Psychosocial Workshops

Following an adaption of the International Federation manual on psychosocial support to children affected by armed conflict, the methodology consists of the organisation of educational and games workshops, specifically conceived to provide psychosocial support to children. Activities allow the children to convey their true-life experiences and their feelings when faced with violent situations through games, theatre, dance, writing and drawing. The second objective is to help them develop defence mechanisms to confront violence. The workshops also allow the school children to play, to regain confidence in them selves and to develop interactions with their peers based on trust and tolerance. More than 730 children aged 10 to 12 participated in 20 guided psychosocial workshops throughout the school year. The psychosocial workshops were facilitated by teachers with supervision and support from the Palestine Red Crescent Society (PRCS) monitors.

## Community Workshops

More than 3,000 children, parents and community members have participated in community unguided workshops as well as Ramadan and summer open days. The unguided workshops are inspired by article 31 in the Convention o the Rights of the Child "to engage in play and

*recreational activities appropriate to the age of the child and to participate freely in cultural life and arts"* and are themed around arts, culture, social, visits and sports. The workshops have been revised to provide a longer and better possibility of interaction with the community between the children, teachers and community members, thus strengthening the social fabric.

## Parent Meetings

Parents are important for the children's home environment, but they are also under pressure from the conflict, so it is important to also address their needs. Workshops organised in the villages deal not only with the children's situation but also with that of the parents. The meetings also allow an exchange of experience as well as giving parents a better understanding of their children's behaviour as well as empowering the parents in their role.

## Training and Supervision

Training is one of the key activities in order to ensure the quality and the sustainability of the programme. Therefore Ministry of Education (MoE) teachers, headmasters, school counsellors and PRCS monitors involved in the programme receive appropriate psychosocial training, supervision and follow up. The training is differentiated ▶

**“**  
**The**  
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**”**



according to the needs and roles the different people play in the programme. The training activities include basic training on the psychosocial workshops manual, two-day trainings on psychosocial support interventions and counselling, introduction to psychosocial interventions and on the school based PSP methodology, two day training sessions in summer activities facilitation, training of trainers and of course follow-up. The PRCS monitors will now be trained in facilitating the parent's meetings.

### **Monitoring and Capacity Building**

Capacity building relies on a continuous evaluation of the programme outcomes focusing on three indicators: playfulness, trust and tolerance.

An initial baseline study at the beginning of the workshops is followed by an evaluation at the end of the workshop programme. Both are undertaken by external consultants. The baseline study and the evaluation consist of

focus group interviews and a survey. Additionally, the continuous monitoring system allows the measurement of the evolution of playfulness, trust and tolerance of children groups after each and every workshop.

With the support of the Danish Red Cross and the French Red Cross (FRC), the PRCS Psychosocial department has also invested in an effort to capitalise on this experience and to harmonise its process of intervention: finalisation of the workshop manual, improvement of measuring tools and monitoring sheets, development of training and monitoring guidelines, as well as the development of a documented methodology of interventions based on past experiences.

Capacity building of the programme and of the PRCS Psychosocial department also relies on an active participation in various psychosocial sector forums. UNICEF has recently launched an initiative with the aim ►

of measuring the long term impact of psychosocial interventions in the Palestinian territories. The PRCS and the FRC are actively involved in the process.

### **Sustainability**

Sustainability is connected to the community-based approach and the close collaboration with the Ministry of Education. The involvement of a local team, local teachers, pupils, school counsellors and local organisations ensures that the knowledge obtained in the project both in project management and in psychosocial competences can be used in future teaching and daily activities within the local community.

The increasing interest of the parents in the project is expected to have a positive and sustainable effect. Involving and supporting the parents not only has a beneficial effect on children involved in the project, it also benefits all siblings, particularly the younger children who are more dependent on their parents.

PRCS has a well established connection with the MoE, both at a National and local level. The interest and involvement of the Ministry of Education is seen as a major factor in sustaining psychosocial support for children

on a long term basis. Not only are the teachers acquiring methods and tools that they can use in their daily interaction with all children, but also at the Ministry level it is hoped that this growing interest could transform into an integration of such workshops into the school curriculum. In that respect, the recent MoE decision to carry out a spontaneous evaluation of the Jaba and Tubas projects is very positive.



Jérôme Grimaud, French Red Cross

The added level of training of trainers by the PRCS will be an important resource for future plans in the PRCS Psychosocial department to raise capacity in order to continue having trainers that are able to train others and as a mean to consolidate and sustain the programme methodology by the teachers and school counsellors. Development of printed training materials will enhance durability of the programme by assuring ongoing harmonisation of training whether present actors remain or not.



## Mine Blasts in Siberia

**T**he death toll at two mines in Kuzbass coal region in Russia this year reached 149. In April at *Ulyanovskaya* mine rescue workers saved 207 people, 110 died. In May at mine *Yubileinaya* 39 out of 148 miners perished in the explosion. The state investigation commission defined breaking of security rules as the main reason of the tragedies. The affected families received financial support and initial psychological counselling from the local authorities. The Russian Red Cross (RRC), together with the International Federation, started a six-month psychosocial support programme in Kemerovo, involving psychologists and nurses from the RRC Rehabilitation Centre in Beslan, North Ossetia. Currently 15 nurses and psychologists at the RRC Kemerovo branch provide psychosocial support through home visits and self support groups in the community to 150 families (600 people).

*By Margarita Plotnikova, Organizational and Social Development Department Manager, IFRC and Liliya Chibisenkova, Program Coordinator, Russian Red Cross*

All his life Vitaly now 55 years old has worked at a coal mine in Kemerovo region in Western Siberia. His last reward – a medal for outstanding service – he received from the Kemerovo Governor in March 2007 for his outstanding work in a rescue team after the tragic blast at mine *Ulyanovskaya*. It was the deadliest accident in the history of the Russian mining industry. Together with other rescuers from all over Russia he volunteered to help after the explosion. They managed to save 207 people, while 110 miners died in the explosion leaving over 100 bereaved families in deep grief, and thousands in fear for their future in this mine area. After the tragedy Vitaly returned to his usual work at the coal mine *Yubileinaya*.

A miner's profession, prestigious back in the Soviet time, is now becoming more and more dangerous in Russia as the mines go to private owners, the strive for bigger outputs and higher income grows, while the old systems of control become dilapidated and security rules are not as strict as before. Two

months after the tragic event at *Ulyanovskaya* another blast shocked the region: a methane explosion at *Yubileinaya* killed 39 miners. Vitaly was among them.

Marina, 53, Vitaly's wife could not forgive herself that she failed to persuade Vitaly to quit his dangerous job. She will not touch the money received from the local administration after her husband's death. She does not want to take his last salary from his bank account, saying "I do not want to spend the last money he earned for us". Marina is one of the hundreds in Kemerovo region who are suffering from a loss, injustice and despair.

"The Media do not consider this mine basin area a disaster zone," says Elena Malakhova, the Chairlady of to the RRC branch in

Kemerovo region. "However, we have to face lethal accidents at mines all too often. They do not get a lot of publicity, but danger and fear continue to accumulate tension among the local communities around the coal mines."

**“the feelings of anger and unfairness remain”**





The news of the catastrophe in Kemerovo in March reached the most remote corners of Russia. "We deeply sympathized with the people in Kemerovo," says Lyana Gagieva, a RRC visiting nurse from Beslan. "After the school crisis in my town in 2004 where 311 children and adults were killed, we take notice of any tragedy with human deaths like our own. We could feel the severity of the situation in Kemerovo and wanted to take action."

According to the RRC/Federation's initial assessment, the state psychological services did not have clear plans to take preventative measures or deal with the psychological effects of extraordinarily stressful situations. Human losses, new family duties, lack of information, bureaucratic mistakes, material and juridical problems, indifference of the officials - all aggravated the situation and let the tension in the community grow. The RRC intervention alongside with psychosocial support could help to improve coordination between various services delivering aid to the affected families.

Sympathy combined with professional knowledge received during two and a half years of the Red Cross rehabilitation work and psychosocial support in Beslan brought the Russian Red Cross branch in North Ossetia to a decision: "We could send a team of Red Cross psychologists and help in Kemerovo". The initiative was supported by the Russian Red Cross in Moscow. On their

appeal, the International Federation released the DREF money to implement a psychosocial support programme in Kemerovo for six months. Its goal was to minimize the psychological effects in the aftermath of the coalmine explosion by providing direct individualized psychosocial support to affected individuals and families. "Our mission was to help the local Red Cross branch start the psychosocial support project, as yet unknown in any other area of Russia apart from Beslan," said Zarina Kantemirova, the Head visiting nurse from Beslan who was in the team of seven people that went to Kemerovo for three weeks in April this year.



Planned psychosocial long term assistance is not habitual in Russia. It is new for both the Red Cross workers and their beneficiaries. The first workshop conducted in Kemerovo by Slava Otchyk, psychological consultant from the IFRC Reference Centre for Psychosocial Support, gave the knowledge to the participants. Ella Eloeva, director of the RRC Centre in Beslan, was his co-trainer. Together with the other six envoys from Beslan she helped to get the work started.



To do psychosocial work in crisis, one needs to possess special qualities such as tolerance, patience, unselfishness, openness and the ability to sympathise. The staff of the project was formed through a careful selection of candidates from among local branches of the RRC, psychologists and social workers from Novokuznetsk, Kiselevsk and Osinniky - towns neighbouring the coal mine. 15 people participated in the workshop on basic principles of psychosocial support (PS), crisis and coping mechanisms, supportive communication and provided practical exercises in some issues. Seven mobile teams were formed, each included a specialist from Beslan, to start the home visits and support people during the first 40 days of grieving.

“It takes some time to realize that psychosocial support work is meaningful and helps in crisis,” says Zarina Kantemirova. “Apart from our own knowledge and skills we brought to Kemerovo letters of sympathy and support from Beslanees. These letters helped us open the doors to some families in Kemerovo.” Zarina and her colleagues provided master classes in programme documentation, monitoring and reporting.

During the first weeks of work they helped with supervision and facilitated professional burn-out prevention sessions.

“The current programme helps to ease the emotional sufferings, ensure confidence, reduce the risk of serious psychological and somatic problems,” says Alena Petrova, a RRC psychologist in Kemerovo at the second PS workshop in June. “We managed to establish good contacts with the affected people and we saw how their emotional state changed in the course of the months from reserved, angry, empty, senseless and helpless to a state of understanding that they need to live on and be able to support other members of the family and friends. However, the feelings of anger and unfairness remain,” she remarked.

In the RRC workers reports from Kemerovo one can find life stories of the families they work with. These stories turn the official lines of the RRC PS programme into real steps to alleviate people’s sufferings and to restore their coping mechanisms and capacities.

“It is all heart breaking and painful,” says the wife of Nikolay S. “My husband was the ►



only person to whom I could trust all my hopes and fears. Now my thoughts are confused. I have to pretend to be strong in front of my sons, my parents and my in-laws. How did it happen? Was it by chance? Why to us? ... It is so good to have Lyuba by my side in these circumstances. She came from the Red Cross. She is the one to talk to. Only with her can I share my pain and tears. I know she will listen and understand. She will help me to live through this horror.”

Visiting nurse Nuriya Alliulina recalls her patient Lyudmila, 48 who used to work as a psychologist in a kindergarten before the death of her husband. She says: “At our first meeting Lyudmila declined my assistance. After a short talk she said that she knew what it was and how to cope. I still continued to call her once a week asking how she was. One month later Lyudmila asked me to come. She told me of her husband, of their relations, of her sons, of her night dreams... At the end of our meeting the widow said that she needed this communication. ‘My children get upset when they see me crying, with them I must reserve the feelings’ she said. I visit her weekly since then. I am sure she will be able to recover, but at this stage we both understand my role,” Nuriya says.



The RRC operation in Kemerovo includes psychosocial support at homes, accompanying affected families as they deal with needs related to the tragedy (visits to cemeteries, hospitals and government institutions) and community self-support groups. On-the-job training is organized for the personnel. The programme envisages distribution of informational materials on coping with crisis. Advocacy for affected individuals and families is also part of the Red Cross work in the programme. As in Beslan, PS has been offered to the affected families and the rest of the community, including those who pulled the dead and the injured from the mine and those miners who will have to return to work after the restoration of the mine is completed.

The Russian Red Cross initiated the psychosocial support project in Kemerovo based on the experience of such work gained in Beslan over the last two and a half years. This was the first attempt by the RRC to utilize the learning from the Beslan Hostage Crisis on a wider scale and to demonstrate the National Society's niche in psychosocial support in disaster response. This experience will define a longer term role for the RRC in disaster management.

## Protection: A Responsibility and a Right

**V**iolence touches everyone; it either hides behind the closed doors of homes and institutions, or it permeates every aspect of life through war and conflict. It is a daily reality for millions of people around the world, affecting all ages and both genders within every social context and nationality.

*By Judi Fairholm, National Technical Manager, RespectED, Canadian Red Cross*

Violence is a complex problem related to patterns of individual thought and behaviour that are shaped by a multitude of forces within relationships, families, communities and societies. It is a health, social, justice, legal, economic, spiritual, and human rights issue.

In the WHO 2002 World Report on Violence and Health, violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation” (pg. 5). Within this general definition, violence is addressed under three sub-types: self-directed violence, interpersonal violence and collective violence.

The mortality and morbidity rates from self-directed and interpersonal violence far exceed collective – social, economic, political – violence. Through physical, psychological, sexual and deprivation violence, humans abuse their power to hurt, maim or kill those they know, love, share commonalities or whom they

find vulnerable. The range of interpersonal violence includes, but is not limited to: child abuse and neglect; violence between peers; violence between intimate partners; violence between family members; elder violence; violence between community members; gang violence; workplace violence; cyber



Daniel Aguilar, Reuters

violence; and trafficking.

Although violence impacts members in every community and society, children and youth are the most vulnerable. In every part of their lives —their homes and families, schools, institutions, workplaces and communities — children are beaten, sexually assaulted, tortured, neglected, maimed, bought and sold, and killed. Some young people are more vulnerable than others: disabled children; orphaned or unaccompanied children; indigenous children; ethnic minority children; street children; those in institutions and detention centres; refugee and displaced children; and those living in communities where inequality, unemployment and poverty are highly concentrated. Within every minute of every day children are either being killed or hurt physically or psychologically:

- 150 million girls and 73 million boys have experienced sexual abuse (Pinheiro, 2006)
- 15 – 17 year old males are most likely to be killed followed by infants (Pinheiro, 2006)
- Highest rates of homicide in children under five, are found in sub Saharan Africa and North America (Pinheiro, 2006)
- 25 – 50% of children report severe and frequent physical abuse (WHO, 2002)
- 133 – 275 million children witness violence between their parents/carers on a frequent basis (Pinheiro, 2006)
- In some countries 97% of students reported that they had been physically punished at school (Pinheiro, 2006)
- 8 million boys and girls live in institutions; physical and sexual abuse is rife – six times higher than violence in

foster care (Pinheiro, 2006)

- More than 20,000 images of sexual torture of children are posted on the internet each week (Renold et al, 2003)
- At any one time, an estimated 1.8 million children are being sexually exploited for profit across the world (Save the Children, 2007)
- Today, 300,000 children under the age of 15 are associated with fighting forces (Save the Children, 2007)
- Every year, 1.2 million children are trafficked, and this number is increasing (International Labour Organization, 2002)
- Within a ten year period, over 2 million children were killed in armed conflicts, and over 6 million were seriously injured (Youth Advocate Program, 2003-4)

Although millions of children make their way through life impoverished, abandoned, neglected, uneducated, discriminated against, excluded, exploited, tortured and vulnerable, the adults in their lives are too often either the perpetrators of their pain or the “observers” and take little or no responsibility to protect them and create safe environments. These children have no idea of what it means to feel safe, to be protected and to trust. The consequences are enormous - at the individual, family, community and societal levels.

*“The quality of a child’s life depends on decisions made everyday in households, communities and in the halls of government. We must make those choices wisely, and with children’s best interests in mind ... **As children go, so go nations. It’s that simple.**” (Unicef )*



### To protect means to keep from harm

In 2001, the Movement's Council of Delegates requested National Societies with ICRC and IFRC to "*actively advocate to protect the basic rights of groups and individuals at risk in their countries and to work with partners, including government agencies, to create conditions of safety for persons endangered by violence or discrimination*". The basic rights of children have been clearly outlined in "the Convention on the Rights of the Child including the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography". This most widely ratified international instrument along with many others such as "the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention against Torture and other Cruel, Inhuman and Degrading Treatment and Punishment" defines clearly the mandate to protect.

In 2006 the "Federation of the Future" established goals: to reduce the deaths, injuries and impact from disasters, diseases and public health emergencies; to address the most urgent situations of vulnerability through increasing capacity within local communities, civil society and RCRC Movement; and to promote respect for diversity and human dignity and reduce intolerance, discrimination and social exclusion. Violence is the second leading cause of worldwide deaths and the leading cause of injuries and impact; it is a public health emergency that also accompanies disasters and diseases. It requires that all National Societies and other humanitarian organizations reflect, assess and build capacity to

provide protection through violence prevention and intervention strategies such as:

- Prioritization of protection and violence prevention
- Risk assessments in all programs and services
- Screening of all personnel: staff and volunteers
- Codes of Conducts for all personnel
- Integration of protection into all programs and services
- Awareness and training for all personnel
- Confidential and accessible reporting systems for personnel and the people served including children
- Accountability systems for all personnel
- Unique prevention programs for children, youth and adults that include their participation in development and implementation
- Collection of data and information systems

Violence is a global pandemic of scandalous proportions; it violates everyone's rights to protection and safety. The "Federation for the Future" states "the world wants and expects the International Federation and its National Societies to be advocates and champions of vulnerable people everywhere...".

We have a responsibility – morally and legally - to be the advocates, champions and social change agents – to stop the violence. Everyone has the right to be safe, especially children. "No violence against children is justifiable; all violence against children is preventable." Pinheiro, 2006

**“Everyone has the right to be safe, especially children”**



“Many who live with violence day in and day out, assume it is an intrinsic part of the human condition. But this is not so. Violence can be prevented. Violent cultures can be turned around.” Nelson Mandela, 2002 ■

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## Children and Trauma in Areas of Disaster

**I**n this review we call attention to the need for more research on children's reactions in areas impacted by disaster. In particular, we focus on research on children in zones of armed conflict.

*By Peter Berliner, Head, Centre for Multi-Ethnic Trauma Research, University of Copenhagen & Stephen Regel, Head, Centre for Trauma, Resilience and Growth, University of Nottingham.*

Jensen and Shaw's (1993) research review on the existence, frequency, and type of social, emotional, and behavioural problems in children exposed to war concludes that massive exposure to wartime trauma is likely to overwhelm most children's defences. However, their research also indicates that children's cognitive immaturity, plasticity, and innate adaptive capacities may mitigate war's effects in low-to-moderately intense wartime settings, resulting in self-protective, adaptive, cognitive styles that allow effective functioning after acclimatization. Jensen and Shaw found a promising shift in perspective from a focus on psychopathology to social awareness, values, and attitudes. Furthermore, they encourage more research into how factors of age, family, and community may mediate the effects of war, as well as which interventions are the most effective in a variety of settings and cultural contexts.

Joshi & Dannell (2003) reiterate that children are often overlooked as victims of violence. Their research concludes that children's reactions to organised violence should be understood within the context of social-emotional and cognitive development. Their reactions should also be considered within a social context, as violence and terrorism often result in a series of negative events including loss of loved ones, displacement, lack of educational structure, and drastic changes in daily routine and community values.

Boyden *et. al.* (2006) argues that *due to the dearth of child-focused studies in war-affected communities in South Asia, it is virtually impossible at this point to discern the specific risks experienced by different groups and categories of children* (2006: 65).

Boyden *et. al.* recommends participatory baseline research with war-affected children, an interactive type of research that highlights particular threats to children's well-being, their responses to diverse adversity, and their access to resources and assistance. Their review of current knowledge (based on lessons learned) shows that seven areas of concern are involved the *social traumatisation* of children in low-intensity warfare:

- Social disruption
- Loss of service access





- Impoverishment
- Civil violations
- Political violations
- Threats to physical integrity
- Transformations in roles and responsibilities.

**Children are often overlooked as victims of violence**

The embedment of symptoms into the economic and social conditions is also underlined in a recent study on children affected by the armed conflict in Mindanao, the Philippines: “..in the evacuation centres, children, particularly the younger ones, become preoccupied and anxious about potential illness for themselves and their families. Many start having trouble sleeping, and fretting about their homes, their possessions, the life they left behind, and friends who were not with them in the same evacuation centre. Older children, while sharing some of these concerns, were more preoccupied with the family’s financial concerns and showed general anxiety about the future” (Baker, 2006: 163). According to Baker it appears that *family* is the key to a child’s (both young and old) sense of happiness, purpose, well-being, and safety. From a Child’s Rights perspective, she encourages more research into how children perceive a conflict and how they tend to support the family and the community. Baker argues that research should be done with due respect to the capabilities of children at different stages of development and to the cultural perception of the role of children. During times of conflict, there is often a generally strong desire to protect children from being exploited or exposed to violence. (Hudnall & Lindner, 2006; Reis & Vann, 2006; Boyden *et. al*, 2006). Based on Ball’s (2006) reviews of literature discussing the ethical implications behind research on children impacted by

organised violence, he concludes that researchers should respect and protect the rights of children and their parents/guardians. ■

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## Interagency Guidelines Launched

By Lene Christensen, Advisor for Technical Support, The International Federation Reference Centre for Psychosocial Support.

The Inter-Agency Standing Committee (IASC) was established in 1992 and has since then developed guidance documents for a number of different sectors with the aim of strengthening coordination of humanitarian assistance and response. NGOs, international organisations, UN agencies and the International Federation of Red Cross and Red Crescent Societies are member of the IASC. (For more on the IASC and the cluster approach see <http://www.humanitarianreform.org/>).

During the past two years an IASC sub-committee Task Force has developed a comprehensive Guideline document on Mental Health and Psychosocial Support in Emergency settings; the Reference Centre for Psychosocial Support has represented the International Federation in the Task Force throughout the process. The Guidelines are available from the Reference Centre website on [http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/docs/IASC\\_GUIDE\\_MHPSS.pdf](http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/docs/IASC_GUIDE_MHPSS.pdf).

The Guidelines use the composite term *mental health and psychosocial support* to describe any type of local or outside support that aims to protect and promote

psychosocial well-being and/or prevent or treat mental disorder. The two terms are closely related and overlap, yet for many aid workers they reflect different, yet complementary, approaches. They are structured around the following domains: Please see Table 1.

Each of the 11 key interventions is described according to:

- **Emergency preparedness** – steps to be taken before emergencies occur
- **Minimum responses** – to be implemented during the acute phase of the emergency. The Guidelines include 25 Action Sheets that explain how to implement each of the minimum responses
- **Comprehensive responses** – to be implemented once the minimum response has been implemented, typically during the early reconstruction phase following an emergency.

The Guidelines is an important planning tool as well as a common reference for implementation of PS support in emergency settings. They are being field tested in ►

**Table 1.**

A. Common functions	B. Core mental health & psychosocial support	C. Social considerations in sectoral domains
1. Coordination 2. Assessment, monitoring and evaluation 3. Protection and human rights standards 4. Human resources	5. Community mobilisation and support 6. Health Services 7. Education 8. Dissemination of information	9. Food security and nutrition 10. Shelter and site planning 11. Water and sanitation

2007 and, to ease accessibility, a summary field version is being developed and a website will be set up which contain training materials to be used when disseminating information about the Guidelines and how to use them.

If you are interested in knowing more about the IASC Guidelines for Mental Health and Psychosocial Support in Emergencies, please get in touch with Lene Christensen (lec@drk.dk) ■

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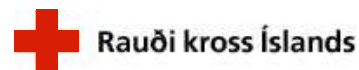
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