

# Talking and Writing about Psychosocial Support



Photo: Michael Drost-Hansen, Danish Red Cross

## - advice and suggestions for communicators, media and IFRC emergency response personnel

Words matter when we talk about psychosocial support.

It makes a difference when a person is portrayed as a passive victim suffering from post-traumatic stress disorders, when really she or he is **a survivor experiencing common emotional reactions to a highly stressful and dangerous situation.**

With this guidance note, the IFRC Reference Centre for Psychosocial Support ([www.pscentre.org](http://www.pscentre.org)) hopes to provide emergency responders, communications and reporting delegates and journalists with some background knowledge for writing and talking about psychosocial support – both in the media and in internal documents.

**Psychosocial Centre**

 International Federation  
of Red Cross and Red Crescent Societies



## Survivors and affected people rather than victims

- Refrain from using the term “victims”; instead use “survivors” or “affected people”
- Please avoid using the term “traumatised”; Instead use terms like “people who experienced distressing events”

An important factor in being able to bounce back emotionally and practically from a disaster is the ability to be an active participant in the healing and rebuilding process. Being perceived as an active survivor rather than a passive victim is empowering. Journalists and others who communicate about disasters can help to promote this by considering how the emergency and the survivors are portrayed both in words and pictures.

In emergencies people may be going through the most difficult time of their lives. Never portray people in a degrading situation or situations that could put them at risk or cause further harm. Empower people, depict them with warmth and compassion. Be careful not to represent them as dependent, maintain their dignity, even when reflecting the extreme severity of the situation. Portray them with the same dignity and respect that you would like for yourself if the roles were reversed.



Photo: Mirva Helenius / IFRC

## Avoid talking about traumatized populations and PTSD right after a disaster

After a disaster, in the media, and even in reports by humanitarian agencies, it is common to read and hear that the “victims” of a disaster are suffering from post-traumatic stress disorder (PTSD), or that they are “traumatised”.

We would like to warn against using these phrases at an early stage of interventions in particular. Using these technical terms without precautions may result in stigmatization and undermine the resilience and natural process of recovery most people would experience following a crisis situation.

In an emergency like the population movement in Bangladesh, most people will be affected.

People may have survived a traumatic event, but not all will be traumatised. At this early point talking about people suffering from PTSD does not make sense. PTSD is actually a clinical diagnosis and a condition that can only be diagnosed weeks and months later. Furthermore, it is important to remember that mental conditions need to be diagnosed and treated by specialised professionals.

### Normal reactions and natural coping

We know from research that only a small percentage of the affected population in emergencies will experience long-term mental health problems such as severe depression, anxiety disorders or PTSD. These conditions require specialised care by trained mental health professionals such as psychiatrists and specialised psychologists.

The remaining population will often show resilience and be able to manage their reactions by activating their personal coping strategies, and with external resources such as the support of their families, friends and community. With psychosocial support we can supplement and strengthen natural healing processes. Most people will experience a range of reactions and it is important to understand that these reactions are normal reactions to highly stressful situations, and not necessarily a sign that a person is suffering from a serious mental condition or severe depression.

### What is psychosocial support – and what is it not

The International Federation of Red Cross and Red Crescent Societies promotes a community-based psychosocial support approach which can be implemented by trained staff and volunteers and can reach a large number of people in emergencies.

**Community-based psychosocial support includes for example psychological first aid, support groups, child-friendly spaces, restoring family links, teaching about normal reactions to stressful events and coping mechanisms, community awareness and care for staff and volunteers.**

The aim is to facilitate and promote the natural resilience within individuals, families and communities.

While there will certainly be a need for specialised mental health support in order to help people with existing mental health problems or people who develop serious complications after the disaster, this does not fall under the scope of community-based psychosocial support. It is important, however, to know when and how to refer to professional assistance.

<b>Community-based psychosocial support IS</b>	<b>Community-based psychosocial support IS NOT</b>
Psychological first aid	Psychological debriefing Critical incident stress management
Peer support for volunteers and staff	Stress debriefing for volunteers and staff
Child-friendly spaces Play and recreational activities for children	Play therapy
Emotional and social support Supportive communication	Counselling Psychotherapy
Something that can be carried out by trained staff and volunteers	Something that can only be carried out by mental health professionals or people who have been properly trained by mental health specialists

## Talking to children

In the makeshift settlements built by the affected population in Bangladesh, it is not uncommon to find children playing and laughing. Sometimes children can go “in and out” of their grief reaction and distress, and this is why you sometimes do not notice immediately that children are in distress.

When talking to children, either as a reporter or while doing an assessment, it is important to remember that children are particularly vulnerable both physically and emotionally.

Always:

- Be careful not to press the child into talking about things he or she may not want to share
- Accept a refusal to talk to you, whether it comes from the child or its guardian
- Remember that children deserve the same amount of respect as an adult
- Make sure that you obtain permission from a parent or guardian before talking to a child or filming/photographing a child.
- Never take films or photographs of naked children. If interviewing someone ask them to put clothes on children even babies.
- Make sure that the child is not unaccompanied by adults – if it is, make sure you bring it to a safe place where efforts to re-unite it with parents or caregivers will be made.
- Make sure to use child appropriate language
- Make sure you communicate in a kind manner that conveys warmth and compassion
- When you encounter separated and unaccompanied children; children affected by other protection concerns; or who have lost their family members, be aware of the referral services available and understand when and how to refer to the Restoring Family Links service within the Movement or other child protection/welfare services.

## Talking to people who are affected by Sexual and Gender-based violence

Emergencies often intensify existing gender inequalities and the incidence of sexual and gender-based violence (SGBV) increases. Both women and men can experience SGBV but women and girls are disproportionately affected. Violence is a sensitive topic for some people and a variety of emotions such as fear, shame and guilt may arise when talking about SGBV.

In some situations, talking about the SGBV incident may put the person in danger. The topic of SGBV should therefore be handled with extreme care, empathy and compassion. Respect the person’s individual decisions and do not press the person into talking about the incidents if he or she does not want to share. Always when talking to a survivor of SGBV make no distinction based on nationality, religion, race, ethnicity, gender, legal status, disability, age or sexual orientation. Do not judge or make assumptions of what happened or who is responsible. If the person agrees, refer according to established procedures and accompany the person if needed and possible. Never share sensitive information with others without consent.

For children affected by SGBV, listen calmly and repeat what the children tell you when they are reporting abuse. Say that you believe them and that it is not their fault. Report the incident to relevant child protection agencies and ensure the child receives professional legal, medical, and mental health and psychosocial support.

Refer to the IFRC “Minimum Standard Commitments to gender and diversity in emergency programming” for more information.