

Talking and writing about psychosocial support in emergencies



Photo: Patrick Fuller, IFRC

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

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

Talking about psychosocial support in emergencies – guidance note

The words we use when we talk about psychosocial support matters. It makes a difference when a person is portrayed as a passive victim suffering from post-traumatic stress disorders, when really she is **a survivor who is experiencing common emotional reactions to a highly stressful and dangerous situation.**

With this guidance note, the IFRC Reference Centre for Psychosocial Support hopes to equip 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.

Refrain from using the term “victims”; instead use “survivors”, and please avoid using the term “traumatised”; instead use terms like “affected people” or “people at risk”.

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 usual 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.

After a disaster like the typhoon Haiyan, most people will be affected; having *survived a traumatic event*, but not all will be *traumatised*. At this early point talking about people suffering from PTSD does not make sense, since this is actually a diagnosis and a condition that can only be diagnosed weeks and months later. Furthermore, it is important to remember that mental disorders 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 require specialised care by trained mental health professionals such as psychiatrists and specialised psychologists.

The remaining population will be able to deal with their reactions with the aid of their own inherent resilience, and with external resources such as the support of their families, friends and community. With psychosocial support we can supplement and strengthen these 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 disorder or severe depression.

What is psychosocial support – and what is it not

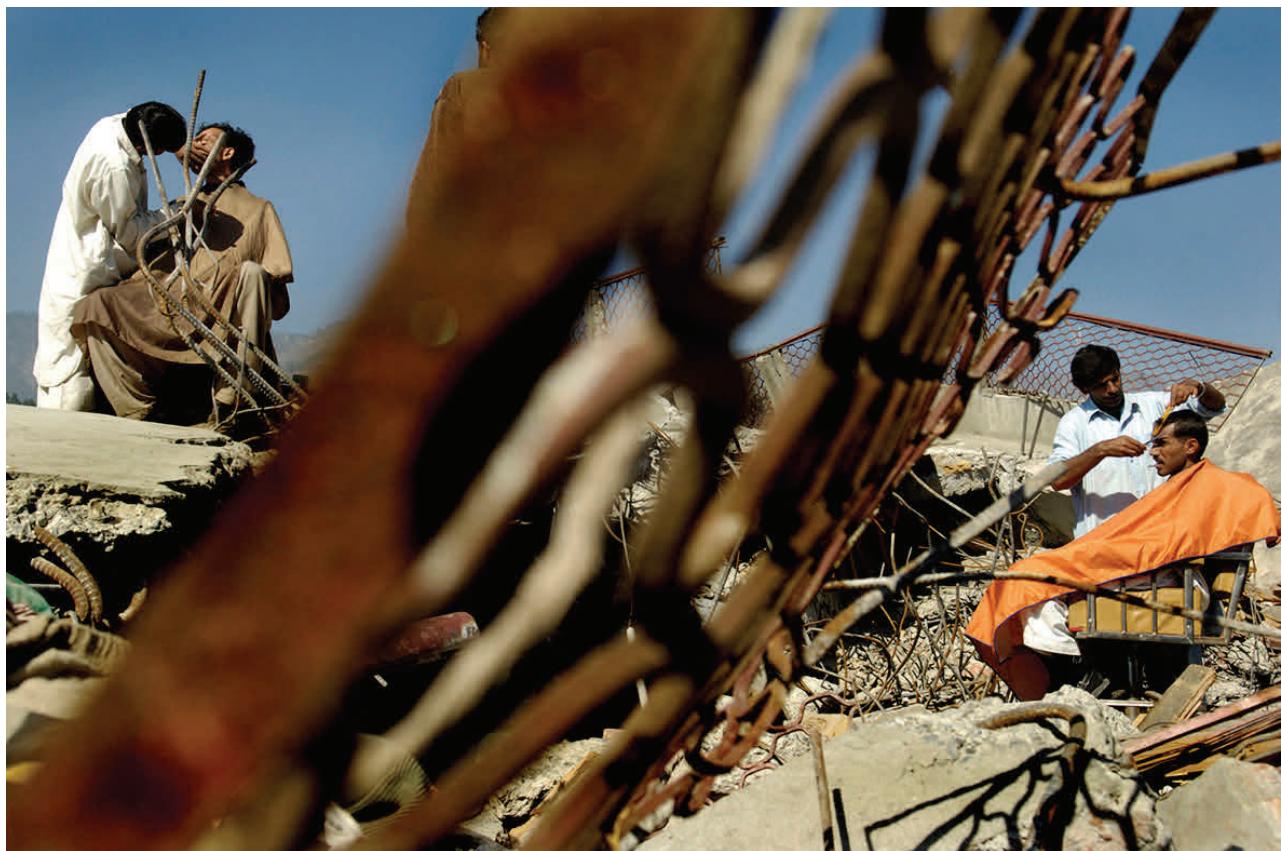
The International Federation of Red Cross and Red Crescent Societies promotes a community-based psychosocial support approach which can be implemented by trained staff and volunteers and can reach a large number of people in emergencies. Community-based psychosocial support includes psychological first aid, support groups, play activities for children, child-friendly spaces, teaching about normal reactions to stressful events and coping mechanisms, community awareness and care for 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 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.

Community-based psychosocial support IS	Community-based psychosocial support IS NOT
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

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 other who communicate about disaster can help to promote 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 of retribution or stigmatization. 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.



Pakistan, 2005: At the same time this picture conveys the destruction of the earthquake as well as the inherent spirit, resilience and will to carry on of the survivors.

Photo: Jakob Dall, Danish Red Cross

Talking to children

In the rubble of a village newly destroyed by a horrific natural disaster, it is not uncommon to find children playing and laughing. This does not mean that the children are not affected by the disaster; it just means that children have other coping mechanisms than adults.

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 to do so from a parent or guardian
- Consider the child's right to privacy: Is it ok to use the full name or the first name of the child, or to show a photograph of the child?
- 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 family will be made.

For more information, please contact communications officer Louise Juul Hansen at luhan@rodekors.dk

Or read more about psychosocial support at www.pscentre.org



Photo by: Jarkko Mikkonen/Finnish Red Cross IFRC