

Coping with crisis

Reference Centre for Psychological Support

Sustaining Resilience

By Christine Tokar, former Social Welfare Delegate for the International Federation of Red Cross and Red Crescent Societies

In the Oxford Dictionary, resilience is defined as 'the ability to bounce back'. In terms of children in Sierra Leone their 'bouncing back' would be from a multitude of challenging and difficult circumstances and in many cases horrifying experiences from the war. Rebounding, recovering, and perhaps healing is possible. The Sierra Leone Red Cross Society conceived of a programme to help children affected by war to do just that. There has been success in the three years of the Child Advocacy and Rehabilitation (CAR) project but long term impacts are in the hands of not only the children, their families and communities but many other global actors including governments, business, consumers, and humanitarian agencies.

Before the war life was already difficult for many children in Sierra Leone. There are many challenges for children to survive their infancy and to grow and develop into healthy adults. Life expectancy is rated as one of the lowest among the countries of the world - 38 years for men and 42 for women.

First the children and their mothers have to survive childbirth. Sierra Leone has one of the highest infant mortality and mother childbirth death rates in the world. Secondly, their family requires some means for payment - usually financial - to visit a doctor, clinic, herbalist or traditional healer to receive the medical or health assistance. Farming, fishing and trading activities yield a subsistent living for most. Poverty, poor roads and long distances to poorly equipped clinics and hospitals, and the need to pay for every aspect - consultations, treatment, care and medicines - renders the little treatment aid available to become inaccessible and unaffordable for many. Safe drinking water and hygienic sanitation are not the norm. Water borne diseases such as bloody diarrhoea and other diseases, such as malaria and typhoid fever, become killers under these conditions, children being the most vulnerable.



The CAR centre with the Sierra Leone Red Cross Society logo.
Photo: Yoshi Shimuzu, IFRC

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Contents

Sustaining Resilience

Working with communities affected by ethno-political conflict

The European Network for Psychological Support (ENPS) - Steering Committee meeting in Paris, September 2003

"I am very good at taking care of others and listening to them, but I am not so good at getting help myself" - Stress Management in the field

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The illiteracy rate is 70 to 90% in many rural communities, which comprise nearly three-quarters of the country. School fees have been waived for primary grades. However, there are many other associated costs, varying from the very bench the child is to sit on to their school uniforms. Family heads may only afford to send one or two of their children to school; sons are the most common choice. A girl's future and often her family's lies in her marriage. The economic security and respectability of the family may rest on her marriageable value, that is, if she is young and healthy for childbearing, and skilled in taking care of her husband and family, in conducting domestic duties and even farm work. Learning 'book work', as they say in *krio*, is viewed as less important for girls.

The horrific experiences of war touched everyone, including children. A large percentage of boys and girls became targets, objects to be forcibly taken and used for combat, looting, spying and destroying whatever was on their path. Others were assigned to be labourers, and sex slaves for the fighters. Other unlucky ones were wounded and/or killed in the crossfire, the rocket attacks or the brutality, torture, amputations and mutilations fighters inflicted upon civilians.

The cessation of conflict and declared end of the war did not bring an end to the challenges for children. Many returned home after escaping, being officially demobilized, to a less than welcoming environment particularly if they were associated with the fighting forces in some way. Hostility, fear of retaliation or further violence, and suspicion were common among and between youth and adults. Families of these youth were also cautious in having their children back, in fear of the community's unfavourable perception and reaction. Girls came back with babies born from their 'bush marriages' (a term used to soften the violent nature of their unions). The babies embodied the stigmas of rape and illegitimacy shameful to the girls and their families.

These experiences, the displacement of their families and communities, the separation from loved ones, left their marks on their view of life, their view of adults, their future and themselves. In 2000, SLRCS and the Federation conducted an assessment to determine, from the community's point of view, which youth should be targeted and what help they needed to recover from their war experiences. All respondents indicated that nearly all youth were seriously affected by their experiences. Indications of their trauma were related to the perception of widespread drug use amongst returning youth, their hostile, uncooperative and erratic behaviour, and their isolation and withdrawal. Some youth expressed hopelessness because their sources of support (parents and other key family

members) were dead, missing or gone. Their chance of completing or obtaining an education was reduced or non-existent. In fact, day-to-day survival became the focus.

The feedback from the community assessment and a survey conducted with NGOs engaged in child protection and rehabilitation programming provided the basis for the Child Advocacy and Rehabilitation (CAR) programme. The target group was identified as 10 to 18 year old non-school attending youth who had been subjected to or had witnessed extreme war-related violence. At present one hundred and fifty children are registered for each session. The demand for the programme exceeds the number of places available. The first centre started in Waterloo, 25 kilometres outside of Freetown on the western peninsula. The programme has expanded to three other locations in the North – Port Loko, Kambia, and Kabela.

Literacy and numeracy, health and hygiene, sexual and reproductive health, religious education, recreation, drama, cultural dance and singing are some of the subjects and activities that comprise the core curriculum. Training in skills that can earn an income or contribute to the rebuilding of their community was embarked upon. Tailoring, construction, *gara* tie-dyeing and soap making were initially offered and other centres added baking, carpentry and cane craft furniture making.



The CAR girls engaged in their gara tie-dyeing skills training. Photo: Yoshi Shimuzu, IFRC

Psychosocial support takes the form of individual and group meetings with the youth at the centre on a weekly basis and their families on a monthly basis. Sensitisation activities in the form of meetings and discussions with community and opinion leaders, elders and other group heads, parents and youth themselves are essential. Topics focus on themes such as forgiveness, reconciliation, HIV/AIDS and sexually transmitted diseases. The children come daily and

participate in the programme from Monday to Friday over a ten-month period. Monitoring continues for at least six months after. Ten to thirteen-year-olds only attend for six months. Discussions take place with family heads to encourage them to send their children to school.



A CAR staff counselling a child. Children's faces are not shown to protect identities.

Photo: Yoshi Shimuzu, IFRC

The programme has been a major contributing factor to enhance the children's capacities to bounce back. This is done through practical and psychosocial strategies. The children are validated first and foremost for their strength and resourcefulness to withstand their war experiences. The warm, welcoming, caring attitude and approach of the staff set the environment, and the one to one and group meetings offer an opportunity for the youth to share their stories and to be listened to. Often adults in their home and community are preoccupied with their family's survival and the attitude that children are to be seen, and not heard, is widespread. The children find an advocate in their assigned staff to represent their interests and needs to family and community members, and help mediate problems and issues arising. Family visits also benefit parents and family members. They provide an opportunity to express concerns and struggles they are facing and they learn new ways of communicating and understanding their child's experiences.

Recreational activities offer children the opportunity to learn new skills and demonstrate their capacities to themselves and others in ways that they never imagined possible. Graduation and sporting events have been significant for the families, children and community heads. These activities allow the children to reflect on their own positive changes and provide the opportunity for their communities and families to see, acknowledge and celebrate their achievements with them. For many of them, engaging in sports, recreation, drama, and games were brand new activities.

Their public performance, the camaraderie that is built within and between teams, the recognition received whether by the cheers of the crowd, encouraging words from team mates, or receiving a medal for performance are 'first-time' acknowledgements for many of them during and since the war. At the graduation, a Certificate is awarded. The children cherish their certificate because it may be the only credential they receive in their lifetime and is a symbolic proof of their progress and achievement.

Family and community heads are encouraged to visit the programme and attend all events. Their presence is meaningful and demonstrates interest, acceptance, understanding and forgiveness of these children and their behaviour and associations before the war. Family and community members often have expressed surprise in the positive change in their children. The impact of the programme often exceeds both the children and family's expectations. At graduation, the parents themselves prepare food and refreshments to celebrate the achievements of their children.

However, the progress of children, families and communities are dependent on actions of many other key players at the national and international level. Investment in the recovery and rehabilitation period must be continuous and consistent. It is estimated that just over 50% of the population are children. Tens of thousands have not had access to any academic, vocational or community based education. This gap in education is limiting the options and future for these young people and the ability for Sierra Leone to have a work force that addresses the economic opportunities in the country.

Some progress is being made in the regulation of buying and selling of mineral resources, such as diamonds. However, more has to be done to ensure that the lucrative gains made by these resources benefit the country and its people. Many of the workers in diamond digging are reported to be youth and children. Their engagement yields little reward in their short- and long-term development. The human security issues in the region cannot be ignored. Earlier this year it was reported at child protection meetings that former child fighters from Sierra Leone were being recruited by neighbouring country forces. The lack of options for youth, both academically and in terms of practical employment, can become a breeding ground for youth alienation and increases their vulnerability to recruitment.

The CAR programme has been a learning experiment for the Sierra Leone Red Cross Society and the Movement as a whole. The programme and the strategies have proven to be effective in these initial stages. In order to further actualise the resolutions

addressing the needs of ‘Children Affected by Armed Conflict’ that were outlined in the 1997 International Red Cross and Red Crescent Conference, ongoing support, coordination and advocacy must be given at the local and international levels. Rehabilitation programmes such as CAR engage war-affected youth, their families, their communities and the Red Cross itself, in a change process. The results are gradual. A long-term vision, commitment to children and a willingness to engage in change at multiple levels is necessary. Advocacy on the larger issues of economics and fair trade, International Humanitarian Law and the Convention of the Rights of the Child is essential in order to protect children and support their recovery from the horrors of war.

Christine Tokar has recently completed a three-year assignment in Sierra Leone. She worked with Sierra Leone Red Cross to develop the CAR project and assisted them with their Community Animation and Peace Support (CAPS) project and Job Aid for War Amputees (JAWA) programme. She has worked with Canadian Red Cross as an International Coordinator for 8 years. For further information on the CAR programme, please contact the Sierra Leone Red Cross Society at slrcs@sierratel.sl or contact them by phone at 00 232 22 222384. ■

Working with communities affected by ethno-political conflict

By Gordon Dodge, Lakes Area Human Service, USA

A Review of the Working Conference Conducted by Psychologists for Social Responsibility, held in Philadelphia, September 18th – 21st, 2003

This conference, affectionately referred to as Clara II in reference to Clara Rabinowitz, an early 20th century social activist and mental health professional, was held in follow-up to last year’s “Personal and Community Reconstruction, Resilience, and Empowerment in Times of Ethno-political Conflict”, which was also organized by the Psychologists for Social Responsibility. The 2002 meeting brought together a constructive cross-representation of professionals involved in international psychosocial assistance and allowed for an exchange of differing views and the development of some consensus on principles. However, the first meeting fell short of the goal of providing practical guidelines for interventions. Consequently, this year’s conference design and goals were focused on identifying and agreeing on what likely are best practices and how those can be implemented within given donor, political, cultural, NGO, and local contexts.

Attendance at Clara II was by invitation only and purposefully limited to approximately 25 participants in order to allow for small, effective task oriented working groups. Representation nonetheless was not only internationally diverse (although we would have welcomed more people from the South), but also included those with significant applied experience, varied professional orientation, and increased representation from donor and administrative perspectives. Spe-

cific discussion focused primarily around defining what could be agreed upon in early (emergency) phase assessment and intervention, and similarly with later (rehabilitation and recovery) phase psychosocial interventions.

Rwanda
1999
Photo:
IFRC



Two scenarios were utilized, the Kosovo Crisis and Rwanda, respectively, with the participants in three small groups charged with identifying specific areas of agreement and disagreement in approaches, then large group exchange and refinement of conclusions.

Resource persons with specific experience in the Kosovo and Rwanda conflicts were available to the groups for background information and to raise rele-

vant questions, but refrained from “giving the answers” in order to encourage the group to develop their own creative approach.

I won't try to provide specifics of where consensus was reached on psychosocial interventions and where not. Proceedings from the conference will be available in a few months for those interested, perhaps a summary from those proceedings can be included in a later issue of this newsletter. The strengths of the conference are that those attending left with additional constructive skills and understanding, that the

format itself bears re-use in other conferences with similar purpose, and that the eventually published proceedings and guidelines likely will add to the quality and effectiveness of international psychosocial work. Specific to the Psychological Support Reference Center, both Janet Rodenburg and I, by attending the conference, were able to gain additional knowledge that will feed into the development of our own guidelines, explain the work and value of Red Cross and Red Crescent, and identify several quality professionals and informational resources. ■

The European Network for Psychological Support (ENPS)

By Maureen Mooney-Lassalle, French Red Cross

Steering Committee meeting in Paris, September 2003

The ENPS has existed for several years. It aims to share information, ideas, documents and contacts between the European National Societies in the domain of Psychological Support.

The annual meeting of the Steering Committee for the ENPS was held in Paris on the 5th of September. The ENPS Steering Committee is made up of the Belgian (fr), French, Hungarian, Netherlands and Swiss Red Cross National Societies. The French Red Cross holds the Secretariat. Present at this meeting were also the head of the IFRC Reference Centre for Psychological Support (PS Reference Centre) and a representative of the EU/RC Liaison office.

The reasons for promoting the ENPS were again underlined. This European Network aims to share information between the different National Societies in order to encourage knowledge of different psychological support initiatives, possible contacts and activities within a geographic area that has many relevant experiences to share.

Several topics were addressed:

Recent activities of the Secretariat

- How best the ENPS and the PS Reference Centre could co-operate
- How Psychological Support could be integrated in Red Cross/Red Crescent National Society activities
- How to share information within the network (on best practices, training modules, activities, contact persons, etc.)

- Recent policy papers in the domain of Psychological Support
- Possibilities for funding the Network
- Where is the Network heading

Recent activities

Included in the recent activities by the ENPS Secretariat was the diffusion of two documents. The first one, the **Inventory of Psychological Support activities in the European Red Cross/Red Crescent National Societies** gives an overview of what is going on in the European Red Cross/Red Crescent National Societies. It covers 18 National Societies and gives a clear picture of Psychological Support in emergencies as well as the training of volunteers. The person to contact for each country is included in the document. This inventory is now available on one of the ENPS web-site links <http://www.redcross-eu.net/sw480.asp> or <http://www.redcross-eu.net/sw481.asp> It will soon be available on the Federation web-site : <http://www.ifrc.org/meetings/regional/europe/berlin02/enps.asp>

The second document, which has been shared between the 13 participating **European National Societies, gives Emergency Contacts for First Aid and for Psychological Support**. The countries included are: Austria, Andorra, Belgium, Britain, Denmark, Finland, France, Germany, Greece, Iceland, Hungary, Netherlands and Sweden. These contacts can be used to increase cohesion within the European National Societies and are crucial in case of cross-border accidents where co-ordination between Red Cross/Red Crescent National Societies is often necessary.



In Germany, several cities were partially submerged by the floods, August 2002.

Photo: German Red Cross

Co-operation between the ENPS and the PS Reference Centre

The PS Reference Centre wishes to develop a sustainable structure for the collection of documents and dissemination of best practises in Psychological Support.

In order to reach out to the National Societies worldwide, it aims to work through contact persons and regional delegations. Within Europe the PS Reference Centre is mainly collaborating with countries in Central and Eastern Europe, many of which have requested (further) training in psychological support issues.

The ENPS has noted that many European National Societies already established a structure to provide psychological support activity. These National Societies are therefore less dependent on the PS Reference Centre for assistance in developing psychological support activities. Nevertheless, a continual co-operation between the ENPS and the PS Reference Centre would enhance the ENPS. It is therefore important for the ENPS to share and receive information from the PS Reference Centre.

Recent policy papers on Psychological Support and the integration of Psychological Support in Red Cross/Red Crescent activities

In May 2003, the Governing Board of the IFRC adopted a policy paper on Psychological Support. The ENPS Steering Committee noted their approbation of such an initiative. Some members of the ENPS Steering Committee felt that the role of the IFRC was to watch over the development of a Psychological Support strategy, including activities and training, rather than produce a standard approach in a sector where the integration of cultural differences is important.

Based on this adopted policy paper, the integration of psychological support activities in all sectors of Red Cross/Red Crescent activities is now necessary and will enhance the Red Cross/Red Crescent work. Encouraging and developing strategies for this integration is now part of the ENPS goals. Integration of psychological support in short- and long-term Red Cross/Red Crescent programmes, be they disaster preparedness or psychosocial programmes, will enhance a holistic approach.

Where is the ENPS heading

Naturally the discussions included the acknowledgement that the ENPS does not have, at this moment, official funding. Despite this real difficulty, it was felt that the ENPS needs to advance in promoting contacts, sharing information and encouraging reflection on Psychological Support. The possibility of organising a future European workshop on Psychological Support in the near future was discussed and ideas will be developed through further networking.

Conclusion

The ENPS can only function effectively if there is cohesion and if all National Societies in the European region actively participate. This Network has an enormous potential to promote and encourage initiatives in a fundamental area of Red Cross/Red Crescent activities.

The Secretariat and the ENPS Steering Committee would welcome contributions and contacts from all National Societies in Europe. Please don't hesitate to contact the ENPS with your suggestions and ideas.

Contact person: Maureen Mooney-Lassalle, Acting Secretariat for the ENPS, Telephone: 00 33 (0)1 44 43 13 34 or m.mooney@croix-rouge.net ■



Traditional mud-brick dwellings collapsed in villages in North Bohemia, Czech Republic, August 2002
Photo: Andrew MacColl. IFRC

“I am very good at taking care of others and listening to them, but I am not so good at getting help myself”

By Nana Wiedemann,, Roster member, the Federation Reference Centre for Psychological Support

Stress Management in the field

“Suddenly I found that I needed half a glass of whisky in order to fall asleep at all”.

“One night I walked the streets of a city in the Balkans. It was a shocking experience. People just walked and walked in order to keep alive and warm. Their eyes were empty. Like living dead. I have never seen anything like it in my whole life. And I shall never forget it as long as I live”.

“I was in a bus, trying to get out of the city. Everybody tried to get on the bus – elderly people, wounded people, dying people – we had to get going and many people died on the trip. It was so terrible.”

“As a result of some IT-problems, suddenly a large quantity of food parcels had disappeared from the computer. It was impossible to locate it for a whole month, and we needed it desperately. I tried to talk to my manager but he had more than enough problems himself, and was therefore unable to give me any practical suggestions or emotional support. I spent nights speculating what had happened, unable to relax. As time went by I got more and more frustrated and could not find an outlet for my feelings e.g. going for a walk, since it was too dangerous in the area. There was simply nothing I could do.”

These quotes are taken from a Logistics Emergency Response Unit (ERU) workshop organised by the Danish Red Cross in September 2003.

An ERU consists of a pre-trained team of specialist volunteers – in this case logisticians – and pre-packed sets of standardised equipment ready for immediate use. When a disaster strikes ERU's should be ready for dispatch within 48 hours and operational in the field within a week. They work quickly and usually hand over their services to the host National Society or other local authority within six to eight weeks. It goes without saying that these conditions can put enormous pressure on ERU personnel. That is why the Danish Red Cross decided to focus on Stress Management in their recent ERU training and asked the Federation Reference Centre for Psychological Support to assist them.

In the preparation of the workshop the IFRC leaflet:

“Managing stress in the field” was used as a basis. It is a leaflet that is relatively easy to understand and can be found on IFRC's homepage (<http://www.ifrc.org/publicat/catalog/autogen/4773.asp>) or on the Federation Reference Centre for Psychological Support's homepage (<http://www.redcross.dk/psp-referencecentre> under documents).



Most of the 18 participants had previous field experience and had worked under stressful conditions.

The workshop took place in the evening, after a long day's hard work for the participants. Meaning: they were already tired. Therefore it was decided not to make the presentation too theoretical in order to get the attention of the participants.

In the beginning of the workshop the following question was asked:

On a scale from zero to ten, how much stress do you feel at the moment? Observe the sensations in your body, your thoughts, your feelings etc. Now imagine that you are getting a call from somebody asking you to go on a mission within 48 hours. How would that make you feel? When the participants had shared their observations, I told about my personal experience being asked all of a sudden to go on a very challenging mission. I gave this example in order to signalise that it was OK to share difficult feelings and reactions.

Then we discussed the issue: Why is stress management important?

Cumulative stress, meaning the stress that follows prolonged exposure to work and non-work stress factors, is something that we can all experience. This may develop into a state that is known as “burn out”. Even if you have never experienced a burn out, it is important to be aware of symptoms and to know how to help team members when necessary. And sometimes, even those who have managed well on previous occasions may be prone to stress disorders. We

then discussed: What is stress, cumulative stress, stress reactions, what can one do to help oneself and others, what is psychological debriefing and why is it important.

Emergency response units in action
Photo: IFRC



In advance, appointments had been set up with two participants, a male and a female, who had experienced severe tension in the field. During the session they told their stories of the most stressful missions they had been part of. Subsequently, I conducted a brief interview with both of them, bearing risk factors and stress symptoms in mind. This part of the workshop worked very well. The other participants asked many questions and contributed by sharing their most stressful experiences.

What outcome can one realistically expect from a two and a half hours long workshop? The objectives set in advance were:

To raise the participants' awareness so that they get better prepared to:

- Identify symptoms/signals of cumulative stress and burnout
- Help themselves when possible
- Help colleagues, when they can identify symptoms/signals of cumulative stress and burnout
- Ask for support if things get out of hand

Remember to get a psychological debriefing on return from a mission

Whether these objectives were met, only the future can tell. However, I did observe that the very personal approach worked well and might be developed further. Moreover, the contribution of the head of the Disaster Management Unit in Danish Red Cross was very helpful. He underlined the importance of the subject and he participated actively by sharing his own experiences. This certainly helped to "break the ice" in the group.

Even though we tried to minimize the time spent on theory, things might have worked even better with less theory and more personal accounts! ■

In Macedonia, 12 ERU medical staff teamed up with 31 health workers from the host National Society, the Palestinian Red Crescent, the American and the New Zealand Red Cross to help refugees during the 1999 crisis.
Photo: IFRC



Upcoming events:

- 2nd Regional Conference on Psychological Support for the Caribbean and North American Region, 25- 28 November 2003, Havana, Cuba. For further information: Cuban Red Cross: crsn@infomed.sld.cu
- The 6th International Conference on Home and Community Based Care for People Living with HIV/AIDS, 8-11 December 2003, Dakar, Senegal. For further information: <http://www.dakarwih2003.sn> or send a mail to: cipeccvihdak@sentoosn
- 3rd MENA Network Meeting on Psychological Support, 14-16 December 2003, Teheran, Iran

- Training of trainers, 30 November—5 December, Japanese Red Cross Society's seminar house in Kawaguchiko Lake, Japan

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