

# Coping with crisis

Reference Centre for Psychological Support

## News from the Reference Centre for Psychological Support

By Janet Rodenburg, Head of the Reference Centre

As with most other humanitarian organisations, the war and its aftermath in Iraq shaped the activities of the Reference Centre for Psychological Support (hereafter PS Reference Centre) during the past few months. As you can read in this newsletter, initiatives have been taken, both in the region and in the Danish Red Cross, to address the psychological needs of the affected population.

In the meantime, the PS Reference Centre's strategy paper has been finalized and can soon be read on our website. In line with the strategy to integrate psychological care as a crosscutting element in all community-based programs, a sub-regional workshop on *Disasters and Psychological Support* was conducted in Bratislava, Central Europe. Ms. Sirry Thormar and Ms. Chris Verhoeven report.

With the valuable assistance of Morten Warrer Hansen, the long-awaited website of the PS Reference Centre is presently being developed. This will be an invaluable tool in the dissemination of information on psychological support activities and relevant reports and publications to and from the National Societies. If your National Society produces an article, report, or training material on psychosocial care, we will be very grateful for being notified,

and, if possible, receiving an electronic copy which can be made accessible on our website. From mid June you can find us on [www.redcross.dk/psp-referencecentre](http://www.redcross.dk/psp-referencecentre)

## Assistance to Middle East and North Africa region

By Janet Rodenburg

In February Christina Bitar from the Lebanese Red Cross visited the PS Reference Centre to discuss the possibilities for developing a programme for the strengthening of psychological support in the Middle East and North Africa region. The focus on an entire region, rather than on individual countries, ties in with our strategy to concentrate capacity building activities in targeted regions. Although the contexts within which National Societies work vary considerably, there are many valuable lessons to be shared between neighbouring countries. The selection of the MENA region as a pilot location is based on several considerations: (1) given the fragile political situation in the region as a whole there is a *need* for an active effort at the

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community level to promote inter-group contact, reconciliation and trust building activities; (2) there is an *opportunity* to facilitate the provision of psychosocial support through the availability of competent local staff and a supportive Regional Delegation in Amman; and (3) there is the *political will and convergence of views* among the National Societies and the International Federation of Red Cross and Red Crescent Societies to commit time and resources in an active engagement.



Iraqis calling relatives abroad from IFRC's satellite telephones  
Photo: IFRC

As the crisis in Iraq escalated, the necessity to address the immediate psychosocial needs among the most vulnerable groups became evident. Many families have lost close relatives while numerous children – already highly vulnerable due to prolonged economic sanctions – are clearly affected by the stressful events during the armed conflict. Thus, the regional proposal was modified and now consists of two parts: (1) provision of immediate psychosocial

support in Iraq; and (2) mainstreaming of psychosocial support in existing core programs of all National Societies in the region. A team consisting of Christina Bitar, the newly appointed regional psychological support coordinator, and a psychosocial delegate, allocated by the Danish Red Cross, will implement the programme in partnership with the Regional Delegation in Amman. This matching provides a unique opportunity to test a collaboration model between a donor National Society and the PS Reference Centre in terms of project development and co-funding. In the next *Coping with Crisis* the team will report on their experiences. ■



80 participants from the Syrian Arab Red Crescent participated in a presentation by Christina Bitar on psychological disorders in traumatized children, September 2002, Syria.  
Photo: Volunteer from Syrian Arab Red Crescent

## Community-based psychosocial intervention for Iraqis in Denmark

By Malene Skytte Hansen and Nana Wiedemann,  
National Department, Danish Red Cross

### Nasser is scared

**He has not been able to contact his family in Iraq for nine days and is unaware of their fate. Every day is spent in front of the TV in a desperate hope to get a glimpse of his home-town or family. He is sick with worries and hence unable to work and take proper care of his three children.**

Nasser is not the only one. Of the 5.2 million Danish inhabitants, 24,000 people have their recent roots in Iraq. Whatever their feelings towards the allied invasion, no one is left emotionally or psychologically unaffected.

### Café Baghdad

This is the background for a psychosocial intervention implemented by the Danish Red Cross immediately before and during the war on Iraq. The project was community-based and the purpose was to help the Iraqi population in Denmark coping with the stresses of a war far away. The Danish Red Cross inquired into their needs and chose three objectives – these being:

- To provide a continuous forum for the Iraqis to meet and share worries
- To provide them with concrete tools for stress management – including the best ways to handle children's anxieties and other reactions
- To inform them about the Red Cross Tracing Program and the work of the Red Cross and Red Crescent Movement in Iraq and in the border countries during the war.

We wanted to create a relaxed atmosphere for the participants by convening the meeting as a café gathering. The arrangements were prepared together with local Iraqis (some now Danish citizens) in order to give the participants a sense of ownership towards the project as such.

The local Red Cross branch hosted the café and looked after the children. Invitations were dispersed in Arabic to all the local Iraqis and the meeting took place on a Sunday in order to give as many people as possible the opportunity to attend. Three introductory speakers were invited and the meeting was held in Arabic. The first speaker was a Lebanese psychologist with a Red Cross background, the second an Egyptian woman who worked with the Tracing Program in a Red Cross refugee-camp in Saudi Arabia during the first Gulf War, the third person was a representative from the Danish Iraqi Friendship Society. After a brief introduction, the participants were invited to take the floor to talk about their worries and experiences or to ask questions – such as “should I let my child watch the TV-coverage of the war?”, “why can’t I sleep at night?” or “what can I do about the physical pain I am experiencing”?

At the beginning the atmosphere was somewhat guarded. Even though the language was Arabic, the participants were hesitant at first: What is this really about and is it safe to speak? Those seemed to be the initial questions the participants had in mind. But

gradually they opened up, tears were shed and stories told. When we said goodbye, we sensed a feeling of relief among the participants. This feeling was confirmed later on among others by Nasser who expressed his gratitude as follows:

“It was a good meeting. We got advice on how to handle our children, and how they are affected by images of the war. We were given the opportunity to talk with each other about our feelings regarding the war. Not politically, but from a human point of view.”

Based on our experience from the first Café Baghdad, other similar meetings were held in different parts of Denmark. Generally speaking the concept of Café Baghdad has been a success. However, we learned that people with a residence permit have different needs than those of asylum-seekers and that it is preferable to separate the two groups when arranging a Café Baghdad. The asylum-seekers were not only seriously affected by the war but they also had additional worries due to their un-clarified residential situation. Most have sold all their earthly belongings to get here, and are now facing expulsion with nothing to go back to. They were, so to speak, out of reach when it came to talking about emotions and worries. Fortunately the war did not last long and therefore the project has been terminated. But we know that there will be other similar and tragic situations in the future where we can make use of our experience from Café Baghdad. ■

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## But that is something we have always done...

*By Sigríður B. Thormar, Icelandic Red Cross, and  
Chris Verhoeven, Leiden University / The Netherlands Red Cross*

It is not to be denied that the Red Cross and Red Crescent National Societies (NS) have significantly contributed to the development of disaster management. Where would we be without the knowledge and experience of those who offer medical assistance, first aid and search & rescue to people affected by a crisis situation? While these elements are the cornerstones of disaster management, psychological support is another essential component that is often overlooked when assisting those in a crisis. Therefore, we must focus on integrating high quality psychological support with high-quality medical assistance, first aid and search & rescue. Only in this way we can attain the successful outcome we all wish to achieve.

Good psychological support can make a significant difference when helping someone who has gone through a crisis situation. Therefore, psychological

support is just as imperative as the other components constituting disaster management. However, few aid workers are fully equipped to provide the adequate psychological support needed to assist people in crisis situations. Thus, training in psychological support is an essential tool for those who are involved in disaster situations. Such training is necessary in order to make the already existing approach more organized, effective and focused.

When presenting the idea of implementing psychological support into disaster management a frequent question asked is: But isn't that something we have always done.....? Sure, providing a helping hand and a listening ear is something we as human beings have always done, but the need for support in disasters is not the same as in daily life. Therefore, when asking what the NS's have done in terms of psychological support in disasters, the answers

become a bit more vague. It is obvious that a lot of good work has been done, but by whom, for whom and for what purpose is less evident.

Why are we so convinced of the necessity of training in physical aspects of disasters, e.g. medical assistance, first aid and search & rescue, but less convinced of the training for those who provide psychological support?

Visibility is probably the key word here. Everything we do in terms of medical assistance, first aid and search & rescue is so visible to the naked eye that when things are not done appropriately or in an unsafe manner we are quick to react and comment. In terms of psychological support the visibility is not as clear. It is a process that goes on between persons, usually in words, words that can not be taken back but can still hurt as much as an open wound, if done inappropriately. Those words are also significant for the approach taken in terms of empowering the individual to be an active survivor rather than a passive victim.

When implementation of psychological support is discussed with disaster management personnel they seem interested, motivated, but still defensive and skeptical based on the feeling that they are already providing this support and that we might complicate a simple approach by giving it a special place and recommending some kind of training for it. They all agree, however, that sending an untrained first aider into a disaster zone is something very unwise and that sending an untrained rescue worker to dig in ruins would be something absolutely out of the question. He/she needs proper training and equipment before starting any kind of work in these circumstances. One can not enter a disaster spot without a helmet, steeltoe shoes and a flash light.

But can the psychological support volunteer enter the disaster spot without any basic knowledge of people's reactions to severe stress, some understanding of what makes an event traumatic, some knowledge of coping or even some basic communication skills, like showing empathy, listening effectively and paraphrasing? It is likely that when things are put into context that we all see that some training is necessary in order to make our approach more effective, clear and focused. We need to identify the most vulnerable, the populations with special needs, understand how to prioritise and why and how to support our own aid workers or psychological support volunteers.

Without taking a clear look at how we can provide this service in a more organised way, where both the helper and the beneficiary are taken care of in a

professional empowering manner, we will continue to have the same problems at each disaster as we have had for centuries.

Psychological support can be compared with providing professional assistance when giving birth: Women have done it for centuries, so why not just deliver in the woods like before? However, hundreds of years ago, many women and children died in relation to childbirth or had severe complications in the long run, but with proper training and increased knowledge we have been able to almost eliminate these problems in the western world.

From 10 to 12 April we facilitated a training on behalf of the Federation Reference Centre for Psychological Support.



The workshop, held in Bratislava and organised by the Regional Delegation in Budapest, had the overall aim of introducing psychological support in disaster management. The main challenge was to implement psychological support in the already existing disaster preparedness plans of the NS. It was both a pleasant and fulfilling learning experience for the trainers to work with the group that consisted of 21 people from Latvia, Lithuania, Poland, Slovakia, Hungary and Estonia. Disaster preparedness personnel and psychological support personnel from the NS's were brought together and during a 3-day workshop the added value of psychological support in disasters, stress and coping, communication skills and the characteristics of a traumatic event were discussed in a lively manner through activities and case studies. The basic conclusion of the workshop was clear: psychological support is something that all the NS's find necessary to implement in a well co-ordinated way, either on their own or with assistance from the Federation Reference Centre for Psychological Support. It is foreseen that the Reference Centre will have several projects to work on in this region in order to empower and support some of the NS's developing a psychological support programme that they can benefit from in different situations. When leaving the workshop and reflecting on the three training days, the conclusion was clear: The NS do not want to deliver in the woods any more. ■

# *Letter from the field*

## **Bingöl Earthquake, Turkey, 5/ 2003**

*By William Matthews, Federation's Social Welfare Delegate*

**T**he lights were blinding but did not penetrate the dust created by the rescue workers. In the rubble were many bodies and hopefully the living. At the hospital, hundreds waited as the ambulances came, not with the injured, only with bodies as the hospital, too, was damaged and could only serve as a morgue.

The Turkish Red Crescent Society Psychosocial Teams with the support of the Federation arrived the first day. At the hospital and the collapsed school, where 85 children died, we offered support to the families of the dead and missing. In the first week, we made contact with 5000 beneficiaries and provided basic psychological support information. We also provided similar information for nearly 1000 workers including search and rescue, police and military, doctors and nurses, and our own Red Crescent workers. With the food distribution trucks, we met the people of the region, offered support and information and made referrals as appropriate. We consulted with local doctors and the nurses, the ministries of education, social services and health and other NGOs on disaster psychosocial methods.

The dust has settled in Bingöl and the bodies have been found. The healing and reconstruction will take time. The emergency workers are leaving and we assist providing debriefings and scheduling follow-up sessions in their communities.

In one of the villages, Meti, a boy trapped in the school with his dying friend for 24 hours, hugs us. With tears in his eyes, he states, "you helped us understand our feelings; you showed us how to care for ourselves and support our friends. We will not forget how you helped us."

We've learned from this experience. And these lessons will facilitate the next emergency response. With each effort, psychosocial assistance is becoming more integrated within Red Cross/Red Crescent disaster responses. And the concept of facilitating beneficiaries to become active survivors rather than passive victims is emerging as practical, even essential activities that illustrate the "power of humanity". ■



Burcu , one of the psychologists and the school where 85 children died.  
Photo: William Matthews

# European Conference on Reception of Asylum Seekers, February 2003, Athens, Greece

*By Lars Diemer, Asylum Seekers Department, Danish Red Cross.*

A peaceful place in the Balkans and placed as a main gate to Europe from Africa and Asia, Greece with its many islands has in recent years, been facing increasing problems with migrants and refugees either seeking asylum or trafficking for other European countries in the expectation of permanent settlement there. The prospects of an upcoming war in Iraq and destabilization in the Middle East region underlined the need to find solutions to these problems, both in Greece and in other European countries.

It was therefore highly appropriate, that the Social Welfare Department of the Hellenic Red Cross hosted a European Conference on asylum seeker and refugee issues on 21-22 February 2003. Main focus was on relevant initiatives taken on a European level towards the provision of adequate protection, reception and accommodation in mass influx situations.

The Conference entitled: "Reception and Temporary Accommodation of Asylum Seekers: Challenges and Perspectives" was co-funded by the European Refugee Fund and the Greek Ministry of Health and Welfare. About one hundred members of different National Red Cross Societies (mostly from Hellenic Red Cross) participated, as well as representatives from Greek government agencies, Greek and European NGO's and international agencies. The speakers and facilitators on the different topics of the Conference represented the same range of organisations and agencies.

Since the 1970's the NGO's as well as many National Red Cross Societies have had a growing role in receiving and accommodating refugees and asylum seekers. Their assistance consisted first of all of the provision of shelter, food and medical aid, but they also established professional reception systems with training, education, and psychosocial and legal assistance. Therefore the legal framework for the protection of asylum seekers and the minimum standards and procedures for the reception of asylum seekers – regulations in order to assure the integrity and dignity of the refugees - were essential topics of the Conference. Basic rights which can not always be taken for granted - were discussed, for example the freedom of movement and residence, the right of the family to stay together, the right to social assistance, health care,

clothing, education, employment and legal counselling. Special attention was given to the role of the mass media (with vivid examples from the tabloid press in UK) in creating misconceptions of the extent and character of refugee issues and thereby being co-responsible of creating xenophobia.

Especially vulnerable groups of asylum seekers in mass influx situations were the main focus in one of the round table discussions of the Conference. The specific needs of the handicapped, elderly persons, mentally disabled and torture victims were highlighted. The particular problems female asylum seekers and migrants may experience was another central issue and the need to protect them against physical violence, sexual abuse, harassment and discrimination was emphasised. In this context special attention was given (by the speaker from the International Office of Migration) to the growing problem of women forced into trafficking with the purpose of sexual exploitation.

It was highlighted that 5% of the refugees in Western Europe are unaccompanied minors or "separated children". In addition to the general need for health care, education, and social and physical protection, separated children require special treatment: priority in the asylum procedure; assistance to get into contact with relatives and be unified with their family; safe accommodation in small caring units, and professional staff to provide psychosocial and legal support.

Different models of accommodation were presented, and even though alternative housing was discussed in one of the round table discussions, it became clear to all participants that the standards of the reception and accommodation centres (with examples from Austria and Germany) are generally miserable and indecent. The Greek "Nefeli" programme with protected apartments and semi-independent living conditions for groups of 5-7 persons was presented as a welcome exception to this situation.

The IFRC Reference Centre for Psychological Support had asked me to speak on the topic "Guidelines for implementation of psychosocial support programmes for the staff involved in refugee work". This gave me the opportunity to

speak about my work in the Asylum Department of the Danish Red Cross. Maintaining the well being and psychological health of the staff – which is the main objective of the psychosocial support – calls on the organisational level for a supportive working culture. The staff must furthermore be provided with the adequate knowledge, skills and professional tools that are specific to refugee work. Direct and acute psychosocial intervention should also be offered to the staff in particular situations. Individual psychological support, psychological debriefing and acute crisis intervention to groups were some examples mentioned. The following speaker highlighted supervision as an important means of supporting the staff. Secondary traumatizing, stress and burn out syndromes were discussed.

Conflict handling in the work with refugees and asylum seekers was the central focus in one round table discussion. The basics on conflict handling

were presented. The techniques of mediation were discussed, as well as the way these can be applied in conflict situations among asylum seekers and refugees. A special focus was put upon conflict prevention in the local community. A rather untraditional, but fascinating view of “using added values of sport in the assistance of vulnerable groups” was presented with much humour and energy.

The conference was intense, but very well organized. The speakers were obviously both experienced and engaged in their subjects. The programme was closely packed, and even though a lot of discussion took place in the breaks and during the meals, much more time was needed to elaborate on these important topics. Our Greek hosts showed great hospitality and spiced the conference with several unforgettable, cheerful and folkloristic events. ■

## Upcoming events:

- **Sub-regional workshop on Disaster and Psychological Support in Romania, 3-5 June 2003**
- **Conference and Training of Trainers in Tokyo and Yamanashi, Japan, 21- 27 June 2003**
- **6th Annual Conference: Innovations in Disaster Psychology: Time for a New Paradigm. Disaster Mental Health Institute, The University of South Dakota, USA, 18-20 September 2003. Online registration: <http://www.usd.dmhi/conf03>**
- **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](mailto:crsn@infomed.sld.cu)**

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