



Editorial

Helping the helpers – it is their right and our duty

In the International Red Cross and Red Crescent Movement, we say our people are our greatest asset. We take pride in often being the first organisation to respond, thanks to our global network of local volunteers and staff. It is, however, sometimes sad to see how we take care of this valuable resource. Sure, we give them the technical skills to do their work, but what about their mental well-being?

While most now agree that psychosocial support is an important part of helping vulnerable people, we sometimes forget that those providing the help also need to be supported.

Over the past 15 years, since the creation of the Reference Centre, the focus on psychosocial support to beneficiaries has been ever increasing. Today, most people in the humanitarian world agree that there is a need to do more than mend broken bones and rebuild houses. Fortunately, with this increasing awareness of psychosocial

reactions to critical events, comes an increasing understanding that volunteers and staff also are in need of psychosocial support.

While helping the helpers has been a concept for many years, it has become increasingly clear what this really entails. We know the importance of showing our appreciation, saying thank you and recognizing the work done, but we can do more. Support to staff and volunteers must go beyond practical and technical management to also include psychosocial support. We must remember that volunteers and staff in many cases are directly affected by the event that they are responding to, and if not they will be indirectly affected by stepping in and helping others.

Caring for the carers is not only about providing support after critical incidents. We need to give them psychosocial knowledge and strengthen their abilities to take care of themselves and others. As you can read in the article from Beslan in this number of Coping with Crisis, volunteers and staff benefit a lot from being given relevant skills. The visiting nurse Lyana says she became more confident both in her job and on a more personal level. In the article from Indonesia you can see how teachers in the school-based project are also in need of special knowledge to deal with their own situation while working with the affected children.

You can also read about how Magen David Adom (MDA) in Israel is scaling up the psychosocial support to ambulance service providers. After many years with staff turnover and signs of burnout in volunteers and staff, the National Society has realized the importance of not only providing technical debriefings but also focusing on their well-being after participation in a response. In cooperation with us in the Reference Centre as well as several other sister societies, MDA is now developing its psychosocial support to staff and volunteers.

MDA uses lessons learned from others while at the same time making sure they are adjusted to the local context. This is also how we as a Movement should approach the issue. We need to draw on knowledge generated by professionals as well as our own lessons learned in order to find the best approach for our organization, with all its strengths and weaknesses, to provide support to our volunteers and staff. *They have a right to be supported; we have a duty to do so!*

Yours sincerely,



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

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News from the Centre

Tsunami lessons learned update

The tsunami lessons learned project, started in November 2007, aims to contribute to the improvement of future psychosocial responses to emergency and disaster situations.

The completed initial activities of the project have included extensive desk research, together with field visits to the five countries worst affected by the tsunami: Thailand, Indonesia, Sri Lanka, India and the Maldives. A vast amount of invaluable information has been collected through interviews with key informants and by reviewing critical documents which describe programs at various stages of development and implementation.

Preliminary findings highlight that although each country presented with specific background circumstances and existing resources, many similar challenges were faced, and a variety of innovative programmatic developments took place that will undoubtedly contribute as useful lessons learned for future guidelines.

The final expected outputs of the project include: i) A comprehensive database with

materials and other psychosocial support programme documents from tsunami response interventions that will be available for online accessing; ii) a good practice catalogue of emergency related psychosocial support, iii) an Information booklet on planning and implementation of psychosocial programs and finally iv) a project report that will include focus on Red Cross and Red Crescent collaboration and niches regarding psychosocial support programming.

Roster meeting, India, 4-8 February

The annual meeting of the Roster Group attached to the Psychosocial Support Centre was arranged over five days in Kerala, India, in the beginning of February 2008. Around 30 participants from all over the world, both members of the roster group and invited guests, were present at the meeting.

During the five days, there were three days of regular meetings and two days with field visits in Tamil Nadu. Major issues discussed at the meeting included school-based programmes in conflict areas, debriefing and peer support, psychosocial support and the health emergency response



Roster group, centre staff and guest gathering for a group photo in Tamil Nadu.

units, and protection in relation to psychosocial issues.

The field visit was organised by American Red Cross, who is presently implementing an “Integrated Community Recovery Programme” in tsunami-affected communities and schools in Kanyakumari, Tamil Nadu. The programme is run by American Red Cross and Indian Red Cross in collaboration. It puts the Inter-Agency Standing Commission Guidelines on

Mental Health and Psychosocial Support in Emergency Settings into practice. The participants were divided into smaller groups and taken around to visit community- and school-based psychosocial programmes, and saw various activities of the project.

Stress and ambulance workers

When you choose to be trained as an ambulance service provider, you engage in a profession that is highly stressful for most people. When on call, you never know where you will find yourself, what you will see and what kinds of dangers you might encounter.

*Chaim Rafalowski
M.A, director of emergency management – Magen David Adom in Israel*

Ambulance service provider in Magen David Adom in Israel (MDA), as in many Red Cross and Red Crescent societies and other organizations working in conflict areas, often have to respond to multi-casualty incidents, war emergencies, and terrorist attacks.

Ambulance providers generally like this kind of action. The fact that you never know what will happen, but know for sure that your skills will be tested over and over again, is one of the reasons for choosing this profession in the first place. However,



when you grow older you understand that constantly living on the edge takes a personal toll. You learn that the "bad calls", calls that have a negative impact on the responders – for example when violence is involved or a child dies, have a psychological effect.

When you have your own children you become more sensitive to calls involving kids, and when your parents become older you sympathize more with elderly patients. In other words, your defense mechanisms that served you well for so many years, do not work in the same way as before. The feelings of being a "super hero" and that no call can really get to you, diminishes.

While the response itself naturally takes its toll, the constant alert is a much bigger challenge. Known in the MDA as "living by the pager", the pressure of only having free time until the pager goes off is difficult to handle. Because of this stress, you sometimes need someone to talk to,



Magen David Adom in Israel

Ambulance service providers in Magen David Adom in Israel, like their colleagues in many other countries and National Societies, often encounter dangers. They need a space for sharing their feelings. Realizing this, MDA is setting up a project to care for the carers.

someone to ventilate your feelings with and to give you some reassurance.

However, ambulance providers are still seen as "super heroes". Feelings are not a legitimate part of the game and there is little space, if any at all, for expressing emotions among your peers. Such expressions are in many cases perceived as signs of weakness, and in some cases even

as an "unprofessional attitude".

If feelings cannot be expressed among your colleagues, the second place to go should be your friends and family. However, after a long time as an ambulance service provider, most of your friends are also emergency medical service providers. Furthermore, many ambulance service providers report that their family members ask them to "leave the horror out of the home". Partners who feel that the work in the ambulance service already invades their daily life too much, through working nights, weekends and holidays, often do not want to hear the horrible stories. They see enough on TV. Friends who are not from the workplace often share this attitude.

At the end of the day, you might find that you have no space for sharing your feelings. In the longer run you

learn that feelings are not a legitimate part of the game, so you convince yourself that you can ignore them. Many ambulance providers will say "I don't let calls affect me," but this might be wishful thinking.

In MDA stress-related behavior such as alcoholism or drug abuse is hardly ever seen. More common are signs of burnout. There is also a high turn-over rate of staff and volunteers. While it is difficult to pinpoint the exact reasons for burnout and turn-over rates, one can assume that the psychological burden of the work, coupled with bad support mechanisms, play a significant role.

Currently, technical debriefings are conducted to make sure that procedures are followed and that the best help for the victims is always given. But there is also a need to improve the well-being of staff and volunteers and to address this in a more proactive manner. Because of this, the MDA plans to improve coping mechanisms among ambulance service providers and increase its capacity to care for those suffering from acute stress reactions. This will be done through a project that the MDA will implement with the support from the Reference Center for Psychosocial Support as well as six sister societies. Through this project, the MDA aims to provide its staff with skills that will benefit not only themselves and their families, but also the beneficiaries.

Staff changes in the PS Centre

Vivianna Nyroos ended her one-year assignment as Advisor for Capacity Building at the centre in February. She has contributed greatly to the revision of the Community-based psychosocial support manual, and also to the development of the new strategy of the centre and the new partnership agreement format.

The Centre would like to thank Vивиanna for all her hard work and for her positive approach! We would also like to wish her all the best with her new job as programme- and funding coordinator in Medicines Sans Frontiers, based in Copenhagen, Denmark.

Louise Steen Kryger started as student assistant in the Centre in December 2007.

She is a psychology student at the University of Copenhagen and has also worked for six months as a Danish Red Cross youth delegate in Uganda. Louise is working with the tsunami lessons learned project and also giving general support to various tasks in the Centre.



Megen David Adom in Israel

What to do with people's souls

After the Beslan school siege in September 2004, it was painfully clear that the small town in North Ossetia, Russia, was in dire need of help. More than 1200 people had been hostage by armed fighters for three days in the school gym, where they had initially gathered to celebrate the beginning of the new school year.

By Åsta Ytre, Communication Advisor, International Federation Reference Centre for Psychosocial Support.

Children, parents and teachers alike were kept under terrible conditions until the siege ended in a carnage that killed 334 hostages, including 186 children, and left 783 injured. This was a tremendous loss for the small town of Beslan, with a population of 32,000.

The Russian Red Cross, with support from the International Federation, started a community-based psychosocial support programme in Beslan in 2005, six months after the incident. It was during the first meeting between the Red Cross and the local government that the head of the Beslan administration, devastated by the loss of his grandson in the siege,

understood that the painful suffering of the people could not be healed with just money or humanitarian aid. “Do not give me money,” he pleaded. “Tell me what to do with people’s souls!” The Red Cross response to this came



The new graveyard. A woman from Beslan cleans the already spotless grave of her daughter.

through the programme “Psychosocial rehabilitation of the affected population in Beslan”. It aimed to provide psychosocial support for the affected population in Beslan through trained staff and volunteers from the local community under the supervision of professional psychologists. All activities were oriented towards improving the psychological well-being, preventing social problems and diffusing the psychological and social tension in the region increased after the school crisis. More than three years later, North Ossetia, one of the poorest Russian regions, continues to be affected by the consequences of the Beslan tragedy. Humanitarian aid and programmes helped to decrease psychological tension and most people managed to find a place in the new post-crisis environment. People feel free again to celebrate holidays and family events, and the birth-rates are increasing.

However, according to the RRC estimations, there are 28 families still in need of external psychosocial support. Financial support is also still in demand for those who were seriously injured in the siege, and many are asking that the authorities disclose the whole truth about the tragedy, although few believe that it will happen.

One success factor of the programme became visible when staff members from Beslan were asked to support the Russian Red Cross branch in Kemerovo region

after a mining accident in April 2007. Four psychologists and two visiting nurses helped to establish a team of psychosocial support for 100 families of coal miners who perished in a grave mine explosion. The psychosocial support programme experience of Russian Red Cross in Beslan was also used after the mine blasts in Donetsk, Ukraine in December 2007.

In December 2007, as the programme was coming to an end, a thorough assessment of the programme was undertaken. This article uses the findings from the assessment report, put together by a team representing the Russian Red Cross nationally and locally, International Federation Moscow delegation, International Federation Reference Centre for Psychosocial Support and led by an external consultant.

Development of the programme

The community-based psychosocial programme was the first of its kind in Russia, making it necessary to involve external trainers and supervisors as such expertise could not be easily found within the country. The many different orientations and specialties of Russian psychology mainly adhere to a top-down approach based on clinical and individualistic approaches, rather than the community-based approach used in this programme.

Someone who listened

Psychosocial services were introduced in Beslan by the North Ossetian branch of the Russian Red Cross after the school siege. One element of these services was provided through a visiting nurse programme. As this was a new type of service, neither beneficiaries nor the nurses themselves knew what to expect, but with time, the programme surprised both sides.

One surprised beneficiary is Julietta Gutieva, who teaches Ossetian and Russian languages and culture. A teacher of School no 1, she was taken hostage along with her class, which included her younger daughter. While she and her daughter both survived, seven children of this class were killed during the siege. Now, three years later, she has followed her students to the new school and still teaches the same class.

When offered the visiting nurse services, Julietta did not expect to gain anything from it. “I allowed her in out of politeness,” she says. “I anticipated hearing her various advices that I did not need.” The nurse assigned to her, Lyana Gagieva, also lacked confidence in her own skills and in the visiting nurse services. “I always knew I was a good listener,” she says, “but it took several months before I saw the results and appreciated the value of [our] services. Now I feel confident that I can help others with my listening skills.”

Already at the first visit, Julietta understood that she had been wrong about the visiting nurse. “I was surprised that instead of asking me questions or speaking herself, she inspired me to talk and the first conversation lasted for more than an hour,” Julietta says. “She was listening! I did not recognize myself that day



Asta Ytre / IFRC PS Centre

Julietta survived the school siege and has been helped by the visiting nurse programme.

as I kept talking to a stranger about things that I did not share with anybody.”

While supporting Julietta and other beneficiaries, Lyana has gained confidence in herself and her work. Furthermore, she says the skills she has gained through her work help her in her personal life, as she can more easily get acquainted with new people and has become more tolerant with their behaviour, and understands the importance of giving attention to her children.

Julietta quickly understood that talking with Lyana was good for her. “Talking with her made me feel so relieved, and I realized that I needed such communication with her,” Julietta says. When asked how this has changed her life, her face lights up. Look at me,” she says. “I am speaking calmly with you. Two years ago, there would not have been any story without tears.”

Rooted in local traditions, the programme was designed to meet the complex needs of the traumatized population in Beslan. Aiming to ensure sustainability, all knowledge and experience should stay in the community and local resources were used whenever possible. The main activities of the programme included home visits, counselling and group sessions, workshops and studio activities, parties and community events, summer camps and dissemination of information material.

Over the time period, the programme underwent several phases. The home-care element of the programme, intensive in its first stage, eventually gave way to more social involvement as well as an increasing focus on self-support mechanisms in the community, psychosocial education, dissemination and advocacy. Information-sharing was an essential component in the entire programme.

Activity overview

To ensure correct implementation of the activities, a large training programme was also set up for staff and volunteers. The programme was designed to combine theory and practise, and the participants had regular workshops on various topics and used their new skills in their work throughout the programme. This also gave the programme a large capacity building component.

Psychosocial support seminars were supplemented by organizational development workshops in collective planning, project writing, fund raising, volunteer management and psychosocial support training of trainers. Now, as the programme is coming to an end, it will be essential to keep the expertise within the Movement.

Selected beneficiaries were given psychosocial support in their own homes through visiting nurses and psychologists. The 20 nurses involved in the project in 2005 were reduced to five by the end of 2007. Of 578 affected families screened, 200 were selected for home care. By the end of 2007, 28 families were found to be still in need of support.

Many of the beneficiaries of the visiting nurse programme, both adults and children, were invited by the nurses to attend the activities of the new Russian Red Cross Community Centre “We Together!” in downtown Beslan. This combination of services allowed the beneficiaries to gain from all the activities of the centre.

The community centre was monthly attended by some 600 beneficiaries, participating in various types of activities including family tea-parties and social events, computer, digital photo and English classes, folk dance, fitness, yoga, and gymnastics. There was easy access to

psychologists at the centre, and a play room equipped for the work with the traumatized children. Additionally, more than 70 town events attracted over 7,000 people as participants and volunteers.

Programme assessment

The visiting nurse approach turned out to be a good choice. In the atmosphere of mistrust towards professional psychologists, individual isolation and division of the society after the tragedy, the home services of the trained visiting nurses were appropriate.

People were free to decide whether to accept this help or not. Psychosocial services were new in the community, and people were more accustomed to traditional humanitarian and financial aid. In the beginning, the beneficiaries were not sure what to expect and the nurses were not confident in their own abilities. Both the nurses and their beneficiaries learned a lot through the process, and many were surprised by its impact. In 2006, some who had been reluctant to open their doors before were asking for help.

“I allowed Lyana (a visiting nurse) in out of politeness,” says Julietta, a school teacher who survived the siege. Expecting to be given unnecessary advice, she was surprised by the approach of the nurse. “Instead of asking me questions or speaking herself, she inspired me to talk



and the first conversation lasted for more than an hour. She was listening! I did not recognize myself that day as I kept talking to a stranger about things I did not share with anybody,” Julietta says.

Lyana on her side also grew stronger through her work. “It took several months before I saw the results and appreciated the value of such services, and then I became more confident,” she says.

In the community centre, intensive training and supervision helped the social teachers understand specific psychosocial purposes of their work and get over their difficulties in the initial stage of the programme.

“It was difficult at first,” explains an English teacher of the programme. “We did not want to distinguish between former hostages and the rest. We tried to mix them. And they did not want to mix. They would sit separately, speak only

Now, they paint with brighter colours

After school, a group of children gather in a recently refurbished room of the Russian Red Cross community centre. The walls are filled with colourful drawings and paintings; shelves are lined with vases and other decorations. At a large table around 15 girls are learning how to make jewellery. They show off their beadwork; beautiful bracelets, necklaces and decorations. A group of teenage girls stand close together, whispering and giggling while looking at something hidden from the others. At a smaller table a young boy and his little sister are painting. Tamik (10) is starting a new project while Adelina (7) is putting the final touches on a bright and colourful New Year's tree. They are talking about the upcoming holiday celebrations, what kind of presents they might get and what they are going to do.

A few smiling women walk between the children, giving advice on colour choices and

patterns. In most ways, this seems like any after-school activity, but it is also something more. The workshop, appropriately named Ray of Hope, is organized in Beslan by Red Cross staff and volunteers to support children affected by the 2004 school siege.

The children in the workshop have all been physically and psychologically affected by the tragedy, some more directly than others. Many have lost friends and family members. A girl at the large table works with her hands only a few centimetres from her face; she lost most of her eyesight during the fighting. The painting and siblings' mother, Natasha Soloeva, is paralyzed. When asked how she is feeling they look down. "She's like before," Tamik says.

Programmes like Ray of Hope give the children a place to come together to play and learn. In addition to art studios, computer classes, sport activities and other groups have been organized. Beslan is a small town, and the tragedy affected the whole community. Therefore, all the children of Beslan can attend the programmes, and the centre activities have

had a generally positive impact on the town.

Irina Kusova, president of the North Ossetian branch of the Russian Red Cross, says these programmes have been of great help to the children and the community as a whole. She also says that the improving situation can be clearly seen through the activities.

"They say that time is the best doctor," she says with a smile. "Now, when children take colours and start to paint, you will see only bright colours. They do not use black anymore. Now their paintings are full of light and shine." The same can be seen when the children make jewellery of beads. "The colour choice is very peculiar," Irina says, "The children don't use any cold colours such as grey or blue or black or green. They use white, red, yellow and other bright colours." And," she continues, "like the colours that the children use, "the future of Beslan is certainly getting brighter."

between themselves. I was very hesitant that the two parties would ever be united. Through language activities I tried to bring them together. Various discussions helped me to influence their relations. I saw how former hostages eventually developed relations with other group members. By the end of the programme I did not see any such division in my groups at all."

Coming to an end

The programme has in general achieved its objectives. It has contributed to the well-being of the inhabitants of Beslan, increased self-esteem and the feeling of self-worthiness in all involved in the project. It has also contributed to a greater coordination among the ministries at the republican level, and prepared the ground for developing the concept of psychosocial support in the Russian Red Cross and created a momentum for disseminating Red Cross Principles and values in an unstable part of Russia.

Some main challenges and short-comings of the programme include the lack of proper monitoring and evaluation tools, organisational issues faced by local staff, late recruitment of a volunteer manager, difficulties sustaining the trainers and training processes, and little involvement of men in the programme. An attempt to develop psychosocial support across all of North Caucasus did not materialize. Tense relations in the region hampered development of cooperation in this field even at the Red Cross level.



Asta Ytre / IFRC PS Centre

School-based psychosocial support after Yogyakarta Earthquake

On what seemed like an ordinary, peaceful morning, the lives of more than one million people were turned upside down on the island of Java, Indonesia. An earthquake measuring 6.3 on the Richter scale struck near the city of Yogyakarta, Saturday 27 May 2006, causing extreme and widespread destruction.

By: Indah Putri (PSP officer) and Cici Riesmasari (Information Officer), IFRC Yogyakarta

Most affected were villages in remote areas south of Yogyakarta, in Bantul, Klaten and parts of Central Java. According to official figures, 5,749 people were killed, and over 38,000 injured. 1,173,742 people became homeless.

A needs assessment was carried out in the communities concurrently with relief operations to determine the starting point

of early recovery. It identified needs for shelter, water and sanitation, rehabilitation programmes and psychosocial support.

A psychosocial support programme was set up to provide support to communities in districts severely affected by the earthquake through Indonesian Red Cross volunteers (Palang Merah Indonesia/PMI). The programme is run by PMI and supported by the International Federation of Red Cross and Red Crescent Societies. Recently, the specific need to work with behaviour management of children has been addressed in cooperation with a local university.

Broad array of activities

Activities in the targeted communities of Klaten and Bantul include dissemination of information on disasters, avian influenza and HIV; creative activities in elementary schools; and reactivation of children's prayer groups and Boy Scout activities.

Until September 2007, 141 psychosocial activities had been implemented, involving 7696 people in four villages and four schools. While many activities were put on hold during 2006 due to the conditions

after the earthquake, celebrations such as the August independence festival were held again in 2007.



Energiser. Teachers in the junior highschool SMP 3 Gantiwarno, Klaten, teachers take a break from the six hours session of children behaviour management.

Cici Riesmasari / International Federation



Cici Rlesmasari / International Federation

Agnes Widyastuti, psychosocial support programme manager of PMI, DIY-Central Java, says the sessions with the teachers aim to reduce the stress level, ultimately to improve the lives of the children affected by the 2006 earthquake.

Capacity building for volunteers has been ensured through trainings on SWOT (strengths, weaknesses, opportunities and threats) analysis, stress management, psychological first aid and child development. The capacity within the project has also increased through knowledge-sharing with other Movement actors. For example, Yogyakarta programme coordinators visited American Red Cross community and school-based programmes Banda Aceh to incorporate lessons learned in their own programme.

The psychosocial programmes started in September 2006. One year later, people had more or less recovered from their physical suffering, but, this does not mean that all their problems were solved. Mentally, the survivors still face challenges.

One issue is that teachers and parents are still worried about the way children are changing their behaviour, and many of the adults do not know how to handle this. In schools, teachers are challenged by the emotional reactions and needs of children, by deterioration in their behaviour and increased absence from school.

The working conditions are often difficult, as schools are damaged or held in temporary locations. Furthermore, the teachers are personally affected by the

disaster. “The teachers, as earthquake victims, are also coping with their own stress reactions and are struggling to balance personal and professional challenges,” says Agnes Widyastuti, PSP programme manager of PMI.

Behaviour management of children

To address this issue, psychosocial support team of PMI and International Federation have cooperated with the Crisis and Recovery Centre of the faculty of psychology at Gadjah Mada University in Yogyakarta to arrange sessions on behaviour management of children for the teachers in the target schools. Before the sessions, the psychosocial support team and the Crisis and Recovery Centre ran focus group discussions, analyzed the result and conducted a workshop for PMI branches and the Centre staff.

Sutarimah Ampuni, a member of the Crisis and Recovery Centre training team, emphasised that skills are necessary to resolve certain problems, especially concerning children. Furthermore, unless such problems are resolved, the children will keep the issues in their minds for the rest of their lives. The University was also involved in the response to the tsunami in Aceh, and could draw on this experience when responding after the earthquake.

The sessions on behaviour management of

children have been met with enthusiasm. In an elementary school in Klaten, SD 3 Palar, the teachers actually approached the psychosocial support team and requested the workshop. Also, in a junior high school in Klaten, SMP 3 Gantiwarno, the teachers were excited to prepare and participate in the session.

The vice headmaster, Wiyono, said he was happy to have his school involved in the programme. “Most of the children here are left by their parents, who are working in big cities,” he said. “They lack affection and are living in poverty.” He went on to say that it was difficult to motivate the children who had survived the earthquake, but that the PMI sessions had given the teachers strength to continue their work. “I believe this session will be able to upgrade teachers’ knowledge,” Wiyono said. “Yet, it would be great if this program [also] reaches the children, as well as their parents.”

More skills are needed

Another facilitator from the Centre, Sri Kusrohmania, said that, based on her observation, the teachers still need more communication skills and more training in teaching methods and youth development. After the sessions, the aim is that the teachers should be able to handle the problems that their students might face on a case-by-case basis.

Judi Fairholm awarded Florence Nightingale Medal 2007

Judi Fairholm, the national technical director for the Canadian Red Cross RespectED programme, who is also a member of the international psychosocial support roster, has been given the highest international Red Cross honour in nursing, the Florence Nightingale Medal, for her work developing the education programme that aims to prevent violence and abuse against children and youth. RespectED promotes safe and supportive relationships and healthy communities through education and partnerships.

By Åsta Ytre, Communication Advisor, International Federation Reference Centre for Psychosocial Support.

Established in 1912 and presented every two years by the International Committee of the Red Cross, the award honours nurses who have distinguished themselves by showing exceptional courage and devotion to the wounded, sick or disabled; exemplary service or a creative spirit in the areas of public health or nursing education.

The Florence Nightingale Medal is named for the famous Crimean War nurse and is the highest international honour bestowed by the International Committee of the Red Cross in nursing.

Fairholm already had an 18-year long career in nursing behind her when she, in 1985, joined the Canadian Red Cross as a prevention educator. Since then, she has devoted her career and life to the safety and well-being of children and youth across Canada and around the world through her work with Canadian Red Cross and the

International Federation of Red Cross and Red Crescent Societies.

"Violence is a global pandemic of scandalous proportions," says Fairholm. "It violates everyone's rights to protection and safety. 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."

RespectED aims to end violence

Building on decades of experience in community-based safety programmes, the Canadian Red Cross has been helping to break the cycle of abuse, harassment and interpersonal violence for more than 20 years through RespectED: Violence & Abuse Prevention.

Aiming to stop the hurt before it starts; the programme teaches children and adults what a healthy relationship is; how to recognize the signs of abuse, dating violence, bullying and harassment; and how to get help. Youth participants learn skills that help them develop healthy relationships. Adults gain knowledge to build safer relationships within their organizations and communities.

Since 1984, the Canadian Red Cross has trained more than 4,500 volunteers and educated over 2.4 million children and youth and more than 900,000 adults. In 2005-2006 alone, 182,877 children and youth were educated; 122,223 adults received prevention education and over 300 Canadian communities utilised RespectED.



Making a presentation on how to create safe environments for children and youth at the recent roster meeting of the International Federation Reference Centre for Psychosocial Support in India, Fairholm ended with the following statement from a UN study on violence against children: "No violence against children is justifiable; all violence against children is preventable."

REVIEW

Treatment of refugees suffering from traumatic stress

Although Red Cross/Red Crescent psychosocial programmes do not include clinical treatment of PTSD, knowledge on outcome of treatment may be of value in cases of referral and as a knowledge base as refugee groups, due to exposure to a range of stressors such as war, torture, loss of family members, poverty, and loss of social and cultural contexts, are at high risk for developing PTSD and depression (Carlson & Rosser-Hogan, 1991, Gorst-Unsworth & Goldenberg, 1998).

By Silja Henderson¹, Stephen Regel² & Peter Berliner³

A recent study of Cambodian refugees showed that, two years after arrival in the United States, 62 % suffered from PTSD and 51 % from depression (Marshall et al., 2005). Basoglu (2005) found a 43% prevalence of chronic PTSD after earthquakes in Turkey, and John (2007) found an acute PTSD prevalence of 71 %

after the tsunami strike in India.

A number of systematic reviews of effect of treatment of posttraumatic stress in non-refugee populations have been published (among others, Foa et al., 2000; NICE, 2005). But still there are remarkably few studies on the effect of treatment of traumatic stress in refugees. A review by Henderson (2007) found only five randomized controlled studies (Hinton et al., 2004 & 2005; Otto et al., 2003; Paunovic & Öst, 2001; Neuner et al., 2004), and one study with a quasi-experimental design (Schulz et al., 2006). These were compared, using a method proposed by Van Etten & Taylor (1998) in their review of studies on treatment of PTSD in non-refugee populations.

The results showed that traumatized refugees as well as non-refugees benefited the most from Cognitive Behavioural Treatment (CBT) and Exposure and Cognitive Processing Therapy (CPT). Furthermore, culturally adapted versions of CBT were as effective as the standard version.

The tendency that refugees in spite of a higher degree of trauma and an abundance of secondary stressors, benefit from the same types and durations of treatment as non-refugee groups, points to the possibility of similar processes of development of PTSD across cultural groups and types of trauma.

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