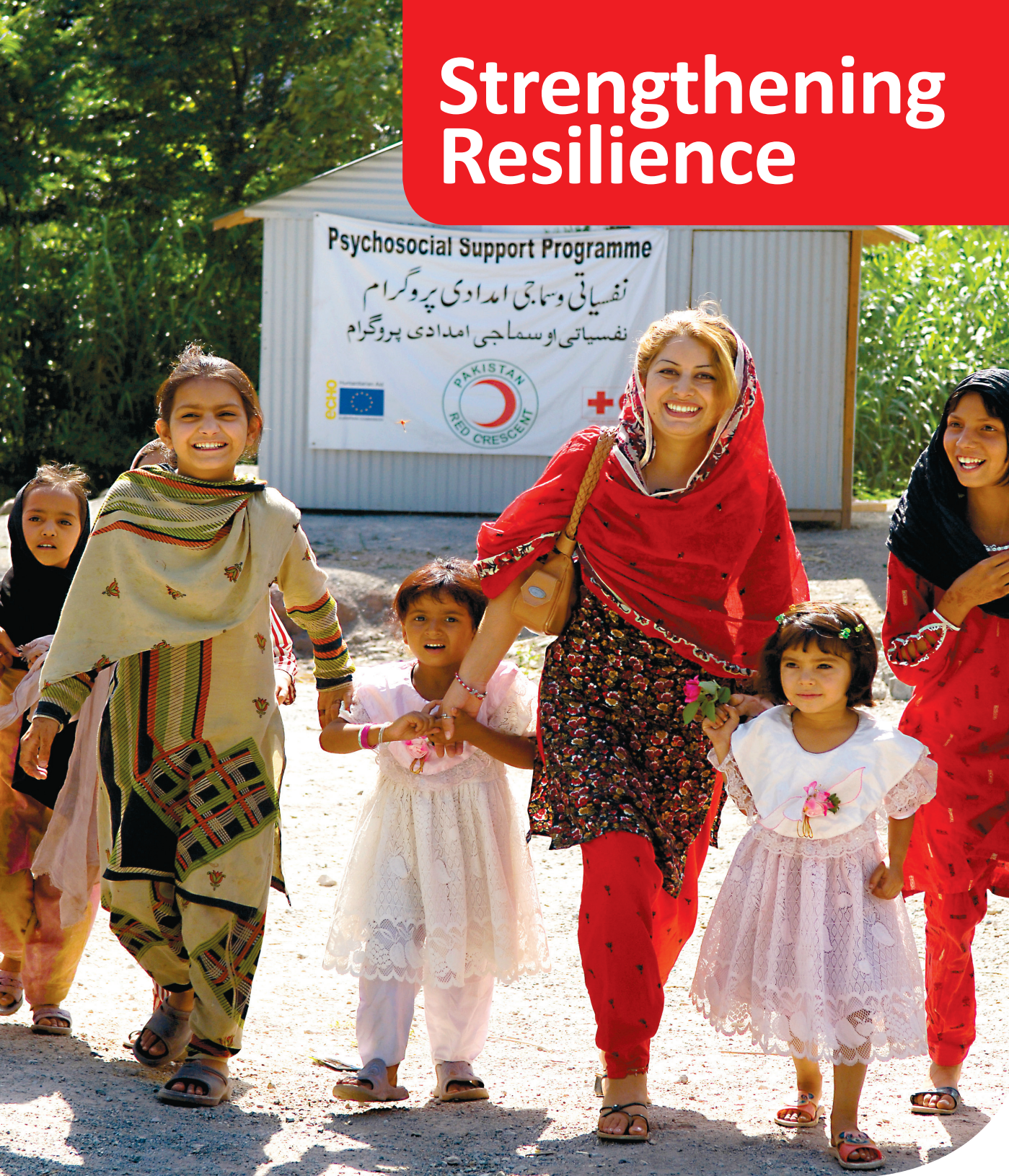


# Strengthening Resilience



**A global selection of  
psychosocial interventions**

**Psychosocial Centre**



International Federation  
of Red Cross and Red Crescent Societies





# Strengthening Resilience

A global selection of  
psychosocial interventions

## Strengthening Resilience: A global selection of psychosocial interventions

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Front page photo: Jakob Dall  
Design and production: Paramedia 1661  
Printed in Denmark. First edition 2014  
ISBN 978-87-92490-13-1  
© International Federation of Red Cross and Red Crescent Societies  
Reference Centre for Psychosocial Support

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This book was published by the International Federation of Red Cross and Red Crescent Societies  
Reference Centre for Psychosocial Support (PS Centre).  
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We are grateful to all the individuals and National Societies who thoughtfully contributed to this book with case studies, programme descriptions and photos.  
We would like to thank the Tsunami Recovery Fund for their funding and support for the development and production of this book and the Finnish Red Cross for supporting the translation into Arabic, French and Spanish.

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Please contact the PS Centre if you wish to translate or adapt any part of Strengthening Resilience: A global selection of psychosocial interventions. We welcome your comments, feedback and questions at [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org).

Please see the full list of materials available from the PS Centre at [www.pscentre.org](http://www.pscentre.org).

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Textboxes in this publication are divided into the following categories:

-  Case study
-  Programme description
-  References
-  Information
-  Tips



## Foreword

The aim of *Strengthening Resilience: A global selection of psychosocial interventions* is to illustrate the broad and diverse scope of psychosocial support. The book outlines fundamental activities in psychosocial support responses, including methods of providing psychosocial support, interventions in specific contexts and events, as well as programmes and activities for particular groups.

*Strengthening Resilience: A global selection of psychosocial interventions* includes case stories, photos and programme descriptions contributed by National Societies from all over the world. It is designed to complement the 2009 handbook, *Psychosocial Interventions*, which provides guidance on planning and implementation of psychosocial programmes.

A lessons-learned study following the 2004 Indian Ocean tsunami identified psychosocial support as a gap area, specifically with regard to knowledge of, and capacity to address the needs of those affected by the disaster. For this reason, the International Federation Indian Ocean Tsunami Operation has supported the International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (the PS Centre) in capacity building and increasing knowledge of psychosocial support in the Red Cross Red Crescent Movement.

Integrating psychosocial support into humanitarian interventions and ensuring the psychosocial well-being of staff and volunteers are the primary focuses of the PS Centre. These two objectives are primarily achieved through capacity building in National Societies and by spreading knowledge about psychosocial support. In this way the PS Centre contributes to the Red Cross Red Crescent's greater goals and activities.

With this book we hope to inspire and support psychosocial activities in all their diversity.

*Nana Wiedemann*

Nana Wiedemann

Head of IFRC Reference Centre for Psychosocial Support

## **The Fundamental Principles** of the International Red Cross Red Crescent Movement

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### **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

### **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### **Neutrality**

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

### **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### **Voluntary service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

### **Unity**

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

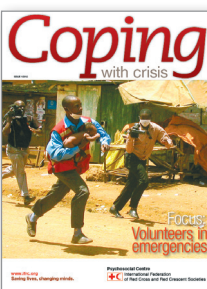
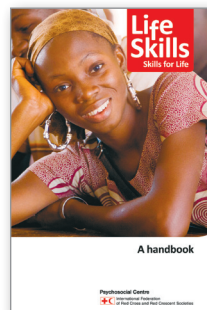
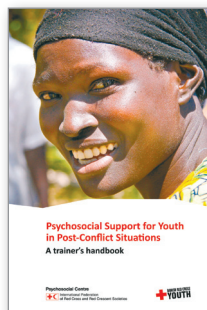
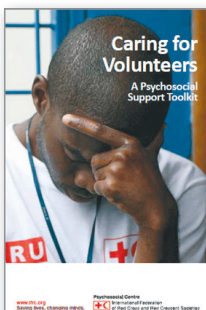
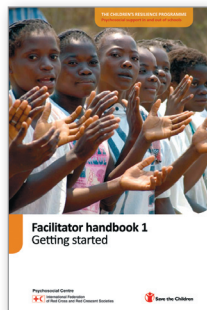
### **Universality**

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



# Publications

from the IFRC Reference Centre for Psychosocial Support



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# Introduction





## The PS Centre

The International Federation Reference Centre for Psychosocial Support (PS Centre) supports Red Cross Red Crescent National Societies in developing their capacity to provide psychosocial services at community level in areas affected by catastrophic events and armed conflicts. The PS Centre provides the following range of psychosocial support services:

- capacity building through training of trainers
- assessments and evaluations in preparation for, and after completion of psychosocial interventions
- technical support during the implementation phase
- support to the formation and maintenance of local networks
- programme assistance to National Societies on how best to integrate psychosocial support and psychosocial care into their daily work.

The cost for undertaking such activities is usually covered by the National Society that requests the intervention. However, in the case of low-income countries with no funding options, this cost may sometimes be waived.

The aim of the PS Centre's work with National Societies is to:

- increase awareness regarding psychological and psychosocial reactions at a time of disaster or social disruption
- facilitate psychological and psychosocial support
- promote restoration of community networks and coping mechanisms
- enable National Societies in particular to understand, and respond better to, the psychosocial needs of vulnerable groups
- promote emotional assistance to staff and volunteers dealing with these groups (care for the carers).

## What is psychosocial support?

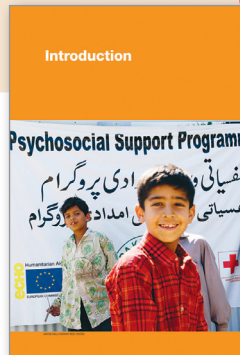
The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

The Psychosocial Framework of 2005–2007 of the International Federation defines psychosocial support as “a process of facilitating resilience within individuals, families and communities by respecting the independence, dignity and coping mechanisms of individuals and communities. Psychosocial support promotes the restoration of social cohesion and infrastructure.”

Psychosocial support helps people recover after a crisis has disrupted their lives. It aims at enhancing the ability of people to bounce back and restore normality after adverse events, and refers to the actions that address both the social and psychological needs of individuals, families and communities. Red Cross Red Crescent National Societies implement community-based psychosocial support interventions, which are based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future.



See the introduction in **Psychosocial Interventions: A handbook** for more details on the International Federation and the PS Centre.



### PSS as prevention

Psychosocial support can prevent distress and suffering from developing into something more severe and helps people overcome difficult life situations.

## What are psychosocial activities?

Activities that help to improve psychosocial well-being are referred to as psychosocial activities.



### Contextual understanding of psychosocial well-being

Psychosocial well-being does not mean the same for all people. It is a dynamic experience that is influenced by a person's own capacity, his or her social connections and support systems, and the cultural norms and value systems where they live.

In the very early stages of a response, it is important to establish a clear understanding of how the affected population experiences psychosocial well-being.

Examples of questions that explore local meanings of psychosocial well-being include:

- How do you know when people in your community are doing well? And how do you know when they are not doing well?
- What has changed in your daily life and in the community following the crisis event?
- What were the good things in your life prior to the crisis event?
- What changes would be desirable for you and for your community in the next month and within a year?
- How can you and your community contribute towards such changes?

Further aspects to explore would be feelings of life satisfaction, defined roles and responsibilities in the family and the community, confidence in dealing with challenges, and dreams about the future.



When people hear the term 'psychosocial,' they often link it to clinical psychological treatment. Community-based psychosocial support activities are very different to this, and vary greatly depending on the needs of the affected populations. The context, culture and available resources also influence what activities are chosen for an intervention.

### Who participates in psychosocial activities?

Psychosocial activities can be planned for all persons affected by a crisis. Different people react in different ways to crisis events, depending on how severely they are impacted, and what resources they have to cope. This may be influenced by their age, gender, physical and mental well-being, social support systems, etc. This means different psychosocial activities are typically planned for different groups or subpopulations, tailored specifically to the particular needs and resources of these groups and the individuals in the groups.

The diagram on the next page illustrates in the form of a pyramid a layered system of complementary supports needed for a population affected by a crisis.

Everyone can benefit from participating in psychosocial activities. However some people may not feel they need support, and others may need professional mental health services in addition to, or instead of, participating in psychosocial activities.

See the Setting the Context chapter in the handbook **Psychosocial Interventions** for more details.

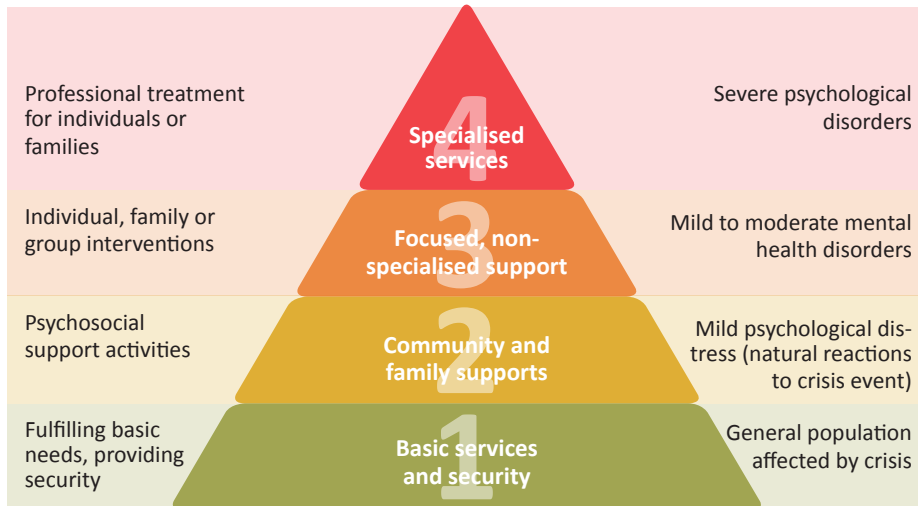
Setting the context



## Mental health and psychosocial support services

Responses suggested

Impacts on population due to crises



**SOURCE** This illustration is based on the intervention pyramid for mental health and psychosocial support in emergencies in the IASC Guidelines (2007).

The examples of psychosocial activities presented in this book mostly target people affected at levels two and three, who feel mild psychological distress or show symptoms of mild to moderate mental health disorders. However, some of the activities can also be used to support the general population at level one. They may also supplement professional services that are offered to people at level four, who have symptoms of severe psychological disorders. Most National Societies do not implement activities on level four, but they may collaborate with professional psychologists or psychiatrists, and know how to refer people to specialised services.



### Mental health and psychosocial support

Although the focus of this book is on psychosocial support activities, the aims of the activities are to strengthen both psychosocial well-being and mental health. The Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings describes mental health and psychosocial support as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.”



### Multiple psychosocial responses

Austrian Red Cross has a large psychosocial team that provides support in three different types of scenarios:

1. Volunteers provide daily direct support and interventions in crisis situations through a 24-hour ambulance service, for example, in response to death in a family, a suicide event in a school, a bus accident or during floods.
2. Peers (staff and volunteers) provide peer support to ambulance personnel and crisis intervention teams after critical events.
3. Volunteers provide support on a telephone helpline for people who have been through crises or other difficult experiences.

They also have psychologists as staff members who provide specialised services as needed to beneficiaries and supervision and support to staff and volunteers.

### Choosing psychosocial activities

The first step in choosing which activities to implement in a psychosocial response is to conduct an assessment. An assessment explores how people have been affected; how they are reacting – including positive reactions and strengths; what their needs are; and what resources, both human and practical, are available to conduct support activities.



AUSTRIAN RED CROSS

Jurgen Hofer/Austrian Red Cross



See the chapter on Assessments in the handbook **Psychosocial Interventions** for more details on what to consider when conducting assessments.



Assessments also help to identify vulnerable sub-groups. Essentially, assessments pave the way for deciding where, when and how to start psychosocial activities for different populations.

Assessments are usually the first psychosocial activities done in all responses to psychosocial needs. They may be done at the same time as providing psychological first aid or other kinds of support. The act of enquiry, and showing interest in people's well-being, what they have experienced, what they need and what they can do to help themselves, is, in itself, a way of showing care and support. It makes people feel heard and acknowledged, and gives them hope that they will be helped and get through their challenges. It also encourages the affected population to think about their situation in an analytical and constructive manner and involves them in identifying possible solutions to problems they are facing.

Initial assessments are often the entry point into a community. It is through this activity that Red Cross Red Crescent staff and volunteers first meet the population they will be helping.

When an assessment has been made and a population's needs have been identified, it is time to plan appropriate activities. There are a number of things that should be considered when choosing which activities to implement:

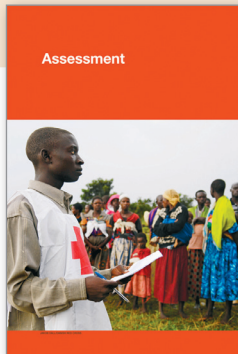
*Sensitivity to special needs:* Make sure everyone in the targeted group will be able to participate in the chosen activities. It can cause emotional harm to arrange activities that some group members cannot do, and makes them feel left out or discriminated against. For example, make sure all children are physically able to participate if you plan an active game that involves running and physical movement.

*Respect cultural and behavioural norms:* In some cultures it is not appropriate for women and men to engage in activities together. Make sure the chosen activities are age and gender appropriate. Ask representatives of the subgroups in the population to guide you. Also be respectful of religious diversity and practices, and make sure there is no risk the planned activities could offend people.

*Be realistic:* Do not plan activities that cannot be carried out, as this risks the development of feelings of inadequacy, disappointment and failure for both the implementers and beneficiaries. Be careful not to make promises about results of psychosocial activities, as psychosocial well-being is always dependent on multiple factors, such as the individual's character, support system and/or other external resources and influential factors.

For example:

- Instead of promising that participating in the planned activities will make children's nightmares stop, state that the aim of the activities is to provide the children with tools to better cope with the stress or anxiety caused by the crisis event in question.
- Do not say yes and/or agree to conducting a meeting or workshop on a day that is not convenient or realistic, even if saying no may seem impolite.
- Do not agree to have events or activities that the budget is not going to cover.
- Do not agree to do all 20 activities suggested by participants if you only have one day for activities, as this is likely to lead to disappointments.





*Relevance and timing:* Remember that over time, the needs of the population will change as the context changes and new strengths and challenges emerge. This means continuous assessments through monitoring and evaluation activities should always be planned as part of a psychosocial response, to ensure that the psychosocial activities are relevant and helpful.

*Flexibility:* Psychosocial needs are not as straightforward as, for example, basic needs like food, clean water and shelter. At times people may have concerns or challenges that may not seem to be directly psychosocial, but they impact the population's psychosocial well-being. Be prepared to be creative and flexible when choosing activities, remembering that people are affected in many different ways.



### Cholera awareness as a psychosocial activity

Following the earthquake in Haiti in 2010, the Haiti Red Cross Society planned a series of psychosocial activities that included sports, cultural and art activities, recreational activities in camps and schools, guided workshops for children and adolescents and support groups.

However, not long after the earthquake, a very serious outbreak of cholera added to the existing challenges, killing hundreds of people within weeks. The city was soon plagued by fast-spreading fear and suspicion, which led to violent attacks on clinic staff and the foreigners who were suspected of having brought the cholera.



Jakob Dall



See workshop 3, Our community, in the **Children's Resilience Programme** for an example of a community mapping exercise that can be done with children or adults.



The Haiti Red Cross Society psychosocial team decided to change the original plans they had made and focused their activities on the cholera outbreak. They saw this as the most important issue affecting the population's well-being. It called for flexibility and creativity on the part of the psychosocial team. This was a health issue and not a typical psychosocial support activity. However, it affected the population's psychosocial well-being dramatically, with people being afraid of the disease, feeling insecure about the future, uncertain about who to trust and not knowing how to treat or prevent cholera. Activities therefore included educating people about cholera, and providing people with opportunities to voice their fears and share their concerns.

*Involving the community:* There may be times when it is clear that the individuals in a community need psychosocial support, but it is difficult to identify and decide what the most helpful activities would be. Situations like this highlight why it is so important to involve the affected community in planning activities. They are the experts on what they need and what can help them. A community mapping exercise is a good way to do this. Community members draw a map of their community and identify the strengths and risk factors that impact psychosocial well-being. This is a good interactive way of doing an assessment and discussing possible activities.

*Costs and resources:* Most psychosocial activities can be run without a lot of expensive resources. The focus of most psychosocial support activities is on the interpersonal interaction between two or more individuals, and the most important resources needed are time and good communication skills.

## Needs assessments

The questions below may help to guide the process of finding out what activities would be helpful and what resources are available to run the psychosocial activities.

The first set of questions can be posed directly to the affected population:

- What is the issue? What has happened? Is this a new situation or has it happened before?
- Who has been affected by this situation? How are they affected? Are different groups of people affected in different ways?
- How has the situation impacted people's psychosocial well-being? What does psychosocial well-being mean for this group of people?
- How do the affected groups usually deal with similar situations to help them cope? What can be done to support existing coping strategies? What coping strategies that are not common to this population would be helpful? Why?

These questions are specific to programme staff:

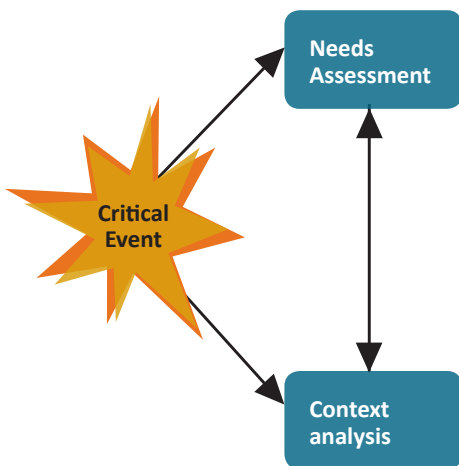
- What resources are available to run psychosocial support activities? This means thinking about budgets, staff, time, venues, etc.
- What other psychosocial support activities are being implemented? Can any of these be expanded or adapted and be used for this new situation?
- What psychosocial support training have your staff and volunteers had? What training do they need? How can this take place? Which trainers and what training materials do you have? Where can you access training materials you need?

## Programme planning, implementation and management

Programme managers have to consider what resources are available in terms of finances, staffing, time, transport, materials etc. They also need to work out how a psychosocial support response can best be managed, and how it fits in with the other services and activities provided by the National Society and other organizations providing services and activities in the community.

There are a number of different options for how to plan, implement and manage a psychosocial support programme:

### Psychosocial response models



#### Model options:

Stand-alone psychosocial programme

Psychosocial plus: 'Stand alone' psychosocial programme that includes other aspects e.g. basic needs, livelihood support

Integrated model A: Psychosocial activities integrated into other responses e.g. health services / disaster management

Integrated model B: Psychosocial intervention as a platform for other responses

1. Stand-alone psychosocial programmes: This type of programme usually has an independent staff and budget and is administered as a separate programme from others.
2. Psychosocial plus: This is a psychosocial programme that also integrates psychosocial needs with other basic needs, such as food, shelter, water, clothing or livelihood.
3. Integrated into other responses: In this model psychosocial activities are a component of another larger programme that addresses a range of needs.
4. Psychosocial support as entry to the community: Another option is to use a psychosocial support programme as the platform for developing other responses.

### Monitoring and evaluation

Monitoring and evaluation are very important management tools used to keep a check on all aspects of a response, and to assess if the implemented activities are having the desired effect of improving psychosocial well-being.



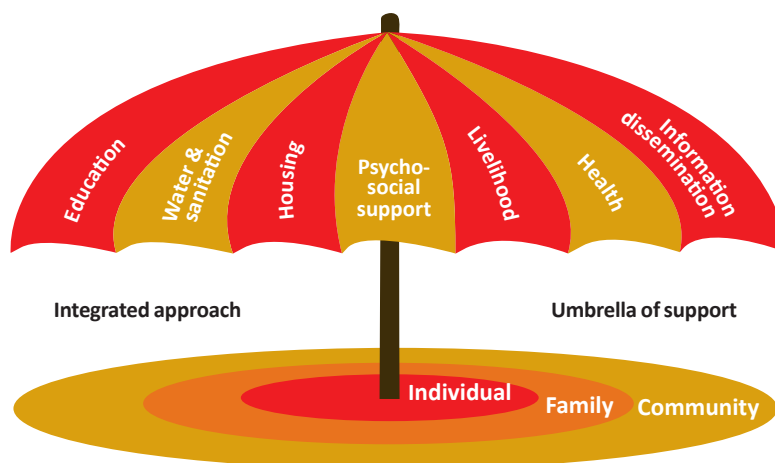
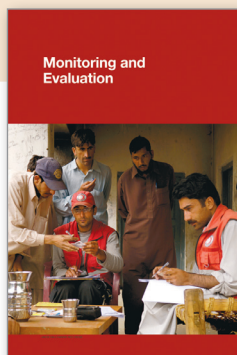
See the chapter on Planning and implementation in the handbook **Psychosocial Interventions** for more details.

Planning and Implementation





See the chapter on Monitoring and Evaluation in the handbook **Psychosocial Interventions** for more details.



**SOURCE** Dr. Subhasis, American Red Cross and Indian Red Cross Society

### Venues

Psychosocial activities can take place in a variety of venues and settings, depending on what is available and what the activities require in terms of resources and space. Typical examples of venues are community centres, school buildings, and other venues used by the local National Society branches. Key issues to consider are that venues should be safe and secure, and that they are easily accessible to the affected population. When working with children, it is also important to make sure that child-friendly spaces are used, where children are protected from risk of harm or abuse.

## Strengthening Resilience

### A global selection of psychosocial interventions

This book has been compiled by the International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (the PS Centre) to inspire and support Red Cross and Red Crescent Societies and other organizations wishing to set up psychosocial activities in response to different types of crisis situations. This is not a set programme of activities that must be followed rigidly. We hope rather that activities that have been used in one setting, for example with children living with HIV, may be relevant in another setting, for example with youth who are struggling with substance abuse.

The book draws on best practices, case studies, psychosocial activities and programmes from around the world. Every attempt has been made to present a wide variety of activities that capture the essence of what psychosocial support is, providing the reader with a range of possibilities to choose from when planning psychosocial activities.

The book is a supplement to *Psychosocial Interventions: A handbook*, which explains concepts central to psychosocial programming. The handbook provides key information on assessments, planning and implementing, training, and monitoring and evaluation. It has been well received in countries all around the





world, but with a common request for more information on activities to support various population groups in different types of crisis situations. Strengthening Resilience: A global selection of psychosocial support interventions is a response to that request.

## Content overview

This book has three main sections:

### Psychosocial support

The first section is an introduction to psychosocial support, which explains what psychosocial activities are and includes notes on assessments and how to choose appropriate activities.

### Fundamental activities in psychosocial support responses

The second section describes activities that are fundamental to most, if not all, psychosocial support responses. It is recommended that these activities are included in all basic psychosocial support training. The activities are psychological first aid, lay counselling, peer support, self-help groups, caring for volunteers, making referrals, advocacy and training.

### Psychosocial activities

The third section contains examples of many different kinds of psychosocial support programmes and activities that have been implemented by National Societies or other organizations that work in psychosocial support.

### The activities are presented in four main parts:

1. *Methods of providing psychosocial support*: connecting and lay counselling; mobile outreach; restoring family links, life skills and providing legal support.
2. *Responses to specific contexts and events*: disaster management (including preparedness, response and recovery); violence (including acts of terror and armed conflicts); forced migration (including human trafficking and exploitation); and economic crises and poverty.
3. *Health*: physical activities, chronic diseases, and substance abuse.
4. *Programmes and activities for specific groups*: caring for volunteers; persons living with disabilities; children; people who are lonely; and older people.

Each example includes reference to the sources used and logos of the National Societies that have shared information about their activities. If more information is needed on a particular programme or activity, please contact the relevant National Society directly or write to the PS Centre.

The PS Centre has created a web page on their website to supplement this book at [www.pscentre.org](http://www.pscentre.org). You can download an electronic version of the book from there and find links to the National Societies that have contributed to it.



### Share your experiences

Part of the work done at the PS Centre is collecting information on psychosocial activities. Please share your examples of activities and stories with us, so we can continue to learn from you, expand our knowledge and improve our expertise. This helps us to guide others who seek our advice when planning psychosocial responses and activities. Please look at the PS Centre website for the link on how to submit your contributions.



# Fundamental activities in psychosocial support responses



There are a number of activities that are crosscutting and standard in most, if not all, psychosocial support programmes. These are activities that all contribute to the fundamental aim of psychosocial support, which is to provide emotional and social support to improve psychosocial well-being.



### Do no harm

All psychosocial support work should be done according to the principle of 'do no harm' which includes consideration of protection, prevention and physical safety. This principle cautions against the unintentional harm that may be caused to those who are supposed to benefit from any intervention. It applies to monitoring and evaluation, as well as planning and implementation. It means, for example, that assessments should be carried out in a safe environment, respecting confidentiality and ensuring no stigmatization for participants.

Specific things to avoid in relation to the 'do no harm' principle:

- Inadequate preparation
- Insensitivity to emergency contexts and existing systems
- Creation of unrealistic expectations
- Inappropriate interventions for the context
- Imposing external preferences and action plans without consulting local and affected populations
- Scattered and uncoordinated support that does not regard the person's or group's well-being
- Focussing on individual needs rather than those of the community or population as a whole
- Regarding affected people as victims instead of capable and resourceful
- Encouraging dependency instead of capacity building and sustainability
- Attempting to provide support that one is not qualified to do, especially when professional help is needed.

**SOURCE** Michael G. Wessells, 2009. Do No Harm. Towards Contextually Appropriate Psychosocial Support in International Emergencies. *American Psychologist*, November 2009, p 842- 854.

## Psychological first aid

Psychological first aid is a way of providing support to people affected by emergency situations that addresses their safety, context, immediate physical and basic needs, as well as social and emotional needs. Psychological first aid can be effectively used by both trained lay people, including volunteers, and professionals. The aim of psychological first aid is to help the affected individual take care of himself or herself and regain their capacity to think clearly.

It has traditionally been used to support survivors of emergencies and people affected by conflicts, but it can also be used in everyday or smaller crisis situations. Once learned, skills in providing psychological first aid are transferrable and can also help volunteers, colleagues or other people in situations at home.

In an emergency situation, psychological first aid can be provided in the immediate aftermath or within hours of the event and also in the days, weeks or even



Austrian Red Cross

months after an event, depending on the nature of the emergency and how it impacts the affected population. It can be provided on-site in an emergency situation, or in safe places that have been established as a response to the emergency.

Key activities when providing psychological first aid are:

- providing practical care and support that is sensitive and non-intrusive
- assessing needs and concerns
- helping people to address basic needs (for example, food and water, information)
- listening to people, but not pressuring them to talk
- comforting people and helping them to feel calm
- helping people connect to information, services and social supports
- protecting people from further harm.



J. Atanuj/CRC



### **Psychological first aid: communicating with someone in distress**

**Stay close:** A person in a crisis situation may lose their sense of trust and safety. The world may seem dangerous and the person may lose their belief in the goodness of humankind. It is important to respond to this by maintaining contact in case they need help or want to talk. The volunteer or other person providing psychological first aid should remain calm, even if the affected person is very anxious or emotional. It is normal for people to feel anxious, concerned, sad or angry in a crisis situation. These feelings should be acknowledged and accepted without judgement.

**Listen attentively:** Telling their story helps the affected person to understand their experience. When listening to someone's story, it is important to convey that you are listening attentively through both your words and your body language. Although every culture has its own particular ways of behaving appropriately, there are several common features of listening that are important to bear in mind. For example, one should try to make appropriate eye contact, turn towards the person when they are speaking, appear calm and relaxed, and avoid distracting movements. It is important not to probe or make people share what has happened to them unless they offer this information themselves.

**Accept feelings:** When listening to what someone is saying, it is important never to judge their perceptions and always keep an open mind. If you are finding it hard to accept their feelings and interpretations of events, empathy and respect for the person may help you see things from their perspective. Above all, displaying warmth and sincerity will go a long way in helping someone feel better.

**Provide general care and practical help:** It can be very helpful to help out with even the smallest practical things in times of crisis. This may include driving the person home, arranging for their children to be picked up from school, or helping the person get other support that they are having trouble finding for themselves. When supporting someone by helping with practical things, remember to encourage them to help themselves and empower them to feel resilient and resourceful by enabling them to meet their own needs.





### Training in psychological first aid

More and more National Societies now include psychological first aid as a compulsory part of training for volunteers.

Austrian Red Cross conducts one or two trainings a year in providing psychological first aid, which last for a minimum of six days. Each of their nine branches also holds four courses a year on peer support and crisis intervention. Each branch holds at least four one-day refresher trainings for volunteers on both topics.

Norwegian Red Cross have developed a three-hour basic training in psychological first aid, which is compulsory for all volunteers.



AUSTRIAN RED CROSS



Norwegian Red Cross

## Lay counselling

The most common form of counselling within the Red Cross Red Crescent Movement is lay counselling. Staff or volunteers can be trained in lay counselling, as it does not require professional training in mental health or other disciplines. Lay counselling is neither psychotherapy, nor psychological or psychiatric treatment. Lay counsellors are trained to recognize and refer a person for professional help if they need it.

The skills needed for lay counselling depend on the setting where the lay counsellors work, and what issues and challenges they are helping to address. For example, counselling on a phone line for people at risk of suicide is different from counselling for people living with a serious illness like HIV, or the counselling needed in the aftermath of a natural disaster. However, there are certain skills and behaviours that are generic and apply to all lay counsellors.

Jakob Dall



These include:

*Key attitudes of empathy, respect and being genuine* are all important to show the affected person that he or she is valued and cared for.

*Supportive communication* is non-judgmental and neutral, and encourages the affected person to be strong and active in making decisions and coping with challenges.

*Active listening* requires the counsellor to make sure they understand the point of view, experiences and needs of the affected person. Active listening not only helps the lay counsellor understand the situation and challenges of the affected person, but also makes the help-seeker feel heard and understood.

*Sharing helpful information* is one of the most important aspects of lay counselling, as many people affected by crisis or emergency situations feel lost and confused, may not know where to access help, and may not have information about how to contact their families and loved ones.

*Helping people make informed decisions* is especially important when people feel overwhelmed or lack information to make decisions. It is important that the information given to people is as unbiased as possible so as not to influence their decision. Information should empower people with knowledge to make the best decision in their particular situation.

*Making referrals* involves knowing why, when, and where to refer someone for professional mental health services such as psychologists or psychiatrists. This is very important knowledge for lay counsellors, as they are not trained to treat people who are living with mental health disorders.

The PS Centre has published a training manual on lay counselling, which can be downloaded from [www.pscentre.org](http://www.pscentre.org).

See **Lay Counselling: A Trainer's Manual** for guidance on how to train in lay counselling.



### Lay counsellors do

- give emotional and practical support
- listen and provide comfort
- provide helpful information
- facilitate self-help
- act alongside the help-seeker
- help people make decisions and solve problems
- help people access basic needs
- refer to more specialised care if needed.

### Lay counsellors do not

- break the rule of confidentiality
- tell the help-seeker what to do or how to solve problems
- show disrespect
- make promises they cannot keep
- act as a psychotherapist, for example, by asking the person to discuss painful memories of childhood or other past events.



Lay counselling is an inexpensive intervention that can be offered in different ways using various methods. It can be offered to anyone who needs it, either individually or in groups. It can be offered to people either for general problems or for specific challenges, such as substance abuse, experiences of violence, financial concerns, etc.

## Peer support

Peer support is based on the principle that others who are in similar situations, or have similar challenges, are best able to understand and provide support. Red Cross Red Crescent volunteers, for example, who are working together in a disaster response, understand the emotional stress others feel at seeing devastation and suffering, as they may feel it themselves, or may have worked through similar emotions before.

Hong Kong Red Cross



It is good practice to make opportunities available for peer support between volunteers and staff members as part of a psychosocial response. It is an active process of support, where time together is used specifically to talk about reactions, feelings and how to cope. Peer support can be between two or more peers.

Examples of peer support activities include:

- creating buddy systems, where trained peer supporters are linked up with a buddy who has not been trained
- support group meetings for peers
- training peer supporters on how to provide lay counselling.

## Support groups

Facilitating support groups is a very common activity in community-based psychosocial support responses, particularly when many people have been affected by an emergency or crisis situation, and share similar concerns and challenges. Support groups are usually arranged for natural groupings such as relatives, caretakers, adults, spouses, children of similar ages, or for older people. The key factor in the grouping is that everyone is valued and feels comfortable and safe about sharing and asking questions.

Support groups are used to provide people with psycho-education, to orient and update people with important information relevant to their situation, to give participants an opportunity to share their concerns and worries, and to encourage them to support and help each other. Support groups are very useful activities, as they help people realize that they are not alone with their challenges, and give them strength and courage through peer support.

Red Cross Red Crescent staff or volunteers who have been trained in facilitating support groups can either facilitate the support groups themselves, or arrange the time and venue, and invite someone from either inside or outside the group to facilitate the activity.



Narendra Shrestha/CRC



## Self-help groups

Self-help groups are a combination of support groups and peer support, where people who are struggling with similar challenges meet to support each other, but with the intention and commitment to change something in their lives for the better. Examples of self-help groups are meetings for people who struggle with alcohol or other substance addiction.

## Caring for volunteers

The humanitarian work done by the Red Cross Red Crescent Movement is providing assistance to address human suffering and improve the lives of vulnerable people. This means staff and volunteers all around the world witness and experience destruction and devastation. They often interact directly with people who have lost loved ones, homes and/or livelihoods, and with people who have been through traumatic and difficult experiences and are struggling emotionally. Since most staff and volunteers work in their local areas during emergency situations, they are also often directly affected themselves. This kind of work is demanding, both physically and psychologically.

It is therefore critical to include activities that care for volunteers and staff, as part of any psychosocial response. Examples of such activities include peer support, support groups, training in stress management and learning to identify burnout.

## Psycho-education

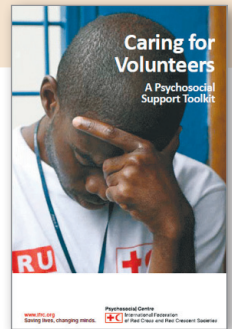
Psycho-education is a key activity that helps to educate both the affected population and staff and volunteers on what normal reactions to abnormal events are. It also indicates how to provide support in situations where people are experiencing psychosocial distress, and are not suffering from psychological disorders.

Psycho-education involves providing information to affected persons and groups, as well as discussing the nature of stress, post-traumatic stress and other reactions, and what to do about them. It empowers people by encouraging them to share experiences and knowledge, enabling them to deal with challenges and better care for themselves and their loved ones. Psycho-education can be helpful before possible exposure to stressful situations or after exposure.

Common psycho-education activities include the development and distribution of informational and educational materials, public awareness campaigns, lectures, discussion forums, scheduled talks with question and answer sessions, and training of staff and volunteers. They can be planned as part of formal and planned programmes, but can also take place at more informal and unstructured events like support groups or patient groups.



Refer to **Caring for Volunteers: A Psychosocial Support Toolkit** for more details.



## Making referrals

Sometimes people need more specialised psychological or psychiatric treatment, or are at risk of acts of violence, abuse or exploitation. In such cases it is important to know how and where to refer people for help and protection.

There are a number of different situations that may lead to a person needing referral to psychological or psychiatric consultation and/or treatment.

For example, if the person:

- hints at or talks openly of suicide
- suffers from pre-existing psychological or mental health disorders
- experiences strong reactions over an extended period after the crisis event
- poses a risk to themselves or other people
- has psychosomatic symptoms that continue over an extended period of time
- has changed dramatically with regard to personality, behaviour or interactions with other people
- if his or her safety is threatened by violence and abuse. In some cases, professional help from legal aid organizations, crisis centres, refuges, etc. may be needed.

Referrals to protective services typically include the police, social services and governmental or non-governmental organizations or institutions that can provide protection from threats of violence or harm.



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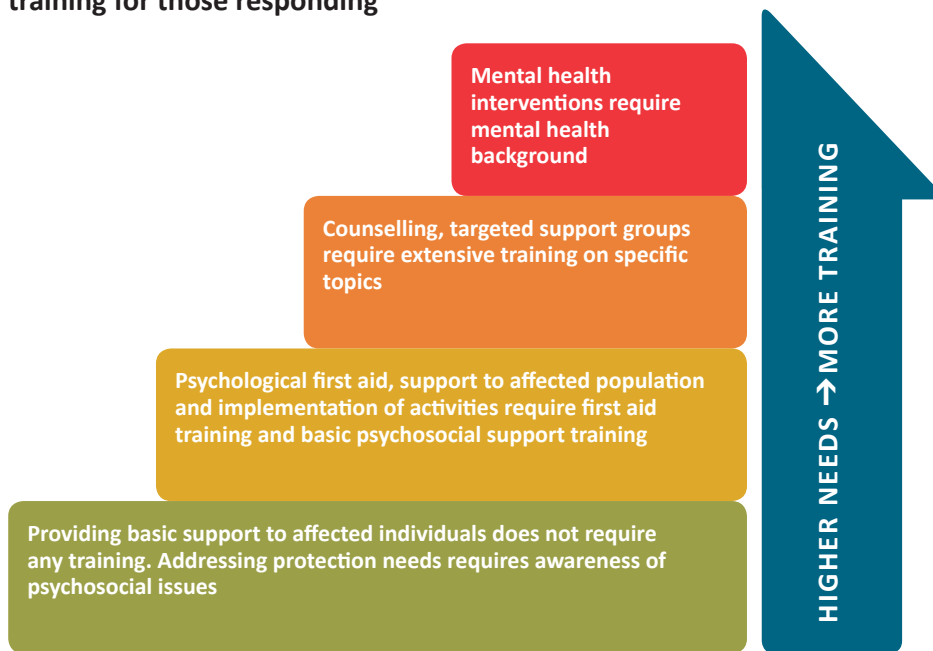
## Advocacy

Advocacy is lobbying to raise awareness on psychosocial support and psychosocial issues. This can be done in many ways and on many levels, from grassroots awareness-raising of normal reactions to abnormal events, to political lobbying for the development of psychosocial support and mental health national policies.

## Training

Planning and facilitating psychosocial activities for individuals and communities affected by emergency and crises requires that staff and volunteers have knowledge and understanding of reactions to such situations, and skills on how to help people cope with their challenges. Training should therefore be tailored to the needs of the affected population, and the pre-existing skills of the psychosocial team.

**As the needs of those affected increase, so does the need for training for those responding**



SOURCE PS Centre, 2014

Some examples of the trainings offered by the PS Centre are:

### Basic training in psychosocial support (5 days)

This training, based on *Community-based Psychosocial Training Kit and Psychosocial Interventions: A handbook*, gives participants insight into aspects of the psychosocial impact of disasters and acquaints them with psychosocial support activities and programming. This includes:

- crisis events and psychosocial support
- stress and coping
- loss and grief



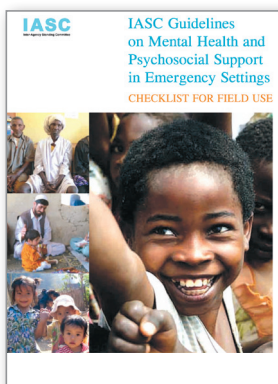
### PS Centre trainings

The PS Centre offers a number of different training courses and provides guidance to National Societies who are planning to train their psychosocial teams. For more information, go to the PS Centre's website: [www.pscentre.org](http://www.pscentre.org)

- community-based psychosocial support
- psychological first aid and supportive communication
- supporting children
- supporting staff and volunteers
- an introduction to planning, monitoring and evaluating psychosocial programmes.

**Psychosocial support in emergencies for Red Cross Red Crescent emergency response unit psychosocial delegates (5 days)**

Psychosocial delegates are responsible for planning and supporting basic psychosocial activities as part of the work of the emergency response unit, together with the operating National Society and/or local health authorities. Based on practical exercises, role-playing and presentations, this training prepares delegates for work in the field in identifying, training and supervising volunteers. By the end of the training, participants are able to work according to standard operational procedures and in conformity with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.



**IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)**

The Inter-Agency Guidelines on Mental Health and Psychosocial Support in Emergency Settings provides detailed guidelines for minimum (immediate) responses in emergency settings. The trainings and materials developed by the PS Centre are closely aligned with these guidelines, as they set the standards for current best practice.

The guidelines consist of a matrix of interventions that indicate 11 key areas of work in crisis settings. For every area of work, the table shows what actions might be taken before, during and after a crisis.

The guidelines also contain action sheets for all actions suggested during a crisis as a minimum response. The three main topics are common functions (action sheets 1-4), core mental health and psychosocial support (action sheets 5-8), and social considerations in sectoral domains (action sheets 9-11). Each action sheet includes practical steps that can be taken, provides sample indicators, gives examples, and indicates online resources.

Here is an example from the IASC Field Checklist:

**4.4 Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers**

- Ensure the availability of a concrete plan to protect and promote staff well-being for the specific emergency.
- Prepare staff for their jobs and for the emergency context.
- Facilitate a healthy working environment.
- Address potential work-related stressors.
- Ensure access to health care and psychosocial support for staff.
- Provide support to staff who have experienced or witnessed extreme events (critical incidents, potentially traumatic events).
- Make support available after the mission/employment.

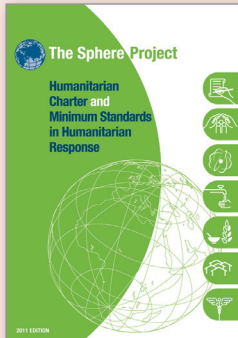
*For a detailed explanation, see pages 87-92 of the IASC Guidelines.*

## Training materials

The PS Centre has a number of different training manuals (see the list of resources developed by the PS Centre on page 7). Many other organizations working in psychosocial support have also developed training manuals and materials that can be used to complement the Red Cross Red Crescent tools. National Societies usually adapt existing materials to fit their training needs. This saves a lot of time and effort for the planning team, and is a creative learning activity in itself

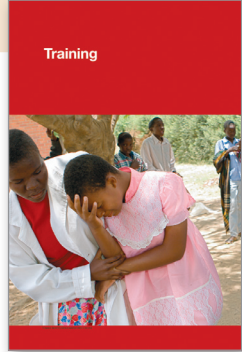


See the chapter on training in **Psychosocial Interventions: A handbook** for more details on training on psychosocial support.



### The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2011)

The Sphere Handbook sets out common principles and universal minimum standards for humanitarian assistance. It promotes the rights, protection and active participation of disaster-affected populations. Minimum standards include water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.



### Training for the Cambodian Red Cross Society 'Children Living with HIV' programme

The Cambodian Red Cross Society runs a psychosocial support programme for children living with HIV. Read more about this programme on page 103. They have developed a comprehensive training component for this programme, which includes training on:

- psychosocial support
- mental health and well-being
- psychosocial development
- specific psychosocial issues related to living with HIV
- tools for providing specific psychosocial support.





# Methods of providing psychosocial support



Mahain Kodak/American Red Cross

PART

1



Part 1 features five different methods of providing psychosocial support:

- connecting and lay counselling
- mobile outreach services
- restoring family links
- life skills training
- providing legal support.

These methods are not specific to any particular kind of emergency, crisis or population, but can be used in a variety of situations.

## Connecting and lay counselling

The psychosocial activity of ‘connecting’ is linking people with others who either have an understanding of the distress and challenges faced, or who are trained to provide services and support in such situations. This is often in the form of psychological first aid or lay counselling. Connecting people with others and providing support through lay counselling are key psychosocial support activities.

### Connecting

Connecting people is a central part of the social aspect of psychosocial support, and begins with the first act of approaching someone who is in distress. It continues as the helper learns about the needs of the distressed person. The helper is then able to link the person with opportunities for relevant help.

Many National Societies decide to focus on a specific group of people with similar challenges, when choosing to run a programme that aims to connect people. For example, they may target children who live with parents struggling with substance abuse, or women who have experienced gender-based violence. Choosing a specific target group like this enables the National Society to train staff and volunteers to have expert knowledge of the challenges faced by this group and of all the available options and opportunities for addressing these issues.



#### A new life path with Connect

Danish Red Cross Youth and the National Organization of Women’s Shelters in Denmark run a mentoring programme called ‘Connect’. The programme offers peer-to-peer guidance and support to young women between 18 and 25 who have been forced to break all contact with their families due to cultural or honour-related conflicts, such as refusing to take part in an arranged marriage. Joining Connect helps them define a new life path and seek a new beginning.

The women are referred to Connect when they are preparing to leave the women’s shelter where they sought refuge. On joining Connect, the women meet with one or two other women who volunteer as mentors once a week. They do social activities together, such as meeting for coffee, going to a movie or exploring the nearby area together. Mentors provide guidance, support and encouragement to the women, helping them to begin a new life and meet new people. They also provide assistance with practical things, like filling out job applications or visiting education centres.

The volunteer mentors have been trained specifically for this task. They have a supervisor who supports them if they experience difficult conversations or situations and who has the responsibility for their well-being. A small group of volunteers are leaders of the programme, with responsibilities for connecting women from the shelters to the programme, recruiting new volunteers, and ensuring the existing mentor-mentee teams work well.





### Starting afresh

Zeina is 20-years old. She was born in Denmark into a family who was proud of their ethnic background, culture, history and traditions, but were also happy to be a part of Danish society.

At school, Zeina learnt about Danish history, traditions and ways of living. Although she was proud of her ethnic roots, as she grew older, she began to feel divided between the two cultures. When Zeina's parents announced that they had arranged a marriage for her with a man she did not love, she realized that some of the cultural differences between herself and her family had grown too wide. She knew that refusing the marriage would bring unbearable shame to the family and create huge conflict.

Despite the great unhappiness she felt inside, Zeina stood her ground and refused the marriage. She was isolated from the family and excommunicated. She sought refuge in a women's shelter for three months, where she shared her challenges and dreams for the future with a social worker. She wanted to get an education, a place to live and new friends, but felt insecure and very alone. Her social worker referred her to Connect.

At Connect, Zeina was assigned two mentors who were around the same age and had experience in leaving home and starting further education. She was able to talk through her problems during the weekly meetings with the mentors who gave her support and guidance on how to start this new chapter of her life. Zeina gained confidence and emotional strength to start afresh.



### CanConnect – a simple and effective connection to social networks

CanAssist, a Canadian organization based in Victoria, is dedicated to helping people with disabilities improve their quality of life, focusing on promoting independence and inclusion. The daughter of an older woman with dementia contacted them with a request for help. The older woman had difficulties contacting her family, as the only number she could remember was the emergency number, 911. Every time she tried to call them, she used the emergency number, which was obviously problematic.

CanAssist found a solution to this problem. They set up a user-friendly touch screen on the woman's computer, enabling her to phone a family member simply by touching the photo of the person to be called. CanConnect, an affiliated company in Denmark, developed this idea and applied it to video calls using Skype, the online communications service. Video calls are a great resource for people living with physical or psychological disabilities, as they provide visual contact, helping to alleviate isolation and feelings of loneliness.



### Adapting CanConnect to different needs

Hanne lives in a residential care home for older people. She is 82 years old and has had a number of blood clots that have affected her physical and psychological functioning. She had difficulties responding to video calls on the computer, as she could not reach out to touch the screen. Her CanConnect programme has now been adapted to respond automatically without her touching the screen. Hanne's daughters do not live close by and are not able to visit Hanne often. They are greatly relieved that they can now easily talk with their mother every day using this programme.



## Lay counselling

Lay counselling is offered to people who are in distress and need help to understand their situation and options for action, and who may find it difficult to make decisions or see solutions to their problems. It has traditionally been a face-to-face activity, but with modern technology the scope of counselling services has extended to telephone and online communication.

### Face-to-face counselling

When you counsel someone face-to-face, you can both speak with the person and observe their body language and non-verbal communication. Things to notice are whether the person is calm or fidgets and moves around a lot, their body posture and their facial expression.

You can also respond as a lay counsellor in your body language and your reactions. If appropriate, you can put your hand on the distressed person's shoulder, for example, or give them a glass of water or a snack, to show that you care and understand they are having a difficult time.

### Counselling by phone

Although you cannot see the person when you counsel someone on the phone, you can learn a lot about how they are coping and feeling from the tone of their voice and the manner in which they are speaking. This can help you identify emotions like anger, fear, sadness or happiness and help you react in helpful ways.

It may take more effort to confirm that you understand the distressed person's situation and reactions when counselling by phone. However, careful listening and sensitive reflection of what the person says can help to make the counselling successful and helpful.

### Hotline services at Belgian Red Cross

Belgian Red Cross has a telephone hotline available 24 hours a day, seven days a week, which provides support covering all types of situations from minor accidents to big disasters. Hotline responders are trained to handle cases competently over the phone, evaluating the critical aspects of the event that has taken place. They are also able to locate volunteers nearby and to brief them, if further assistance is needed. Here is one example from the hotline:

"I got a call from an industrial plant general manager asking for Red Cross volunteers to come and support his workers. A couple of hours earlier, a worker had been killed in an accident. Emergency services and police had been called to provide assistance, and after their initial report, they referred the distraught manager to our unit. His first request was that we come to his plant to provide support to his colleagues. I confirmed this was a possibility.

Then I asked him what had happened and how he had handled the situation. He said he had rushed to the scene of the accident, stopped all activities, and met with the co-workers. They had contacted the police and the family of the deceased, inviting them to come to the plant to meet with him and the co-workers.

I commended his actions and asked what the current situation was, and what he planned to do next. He said the workers wanted to sit together and reflect on what had



### Saving people's lives

Lay counselling can save people's lives, helping them to work through and stop thoughts of suicide and self-harm.

Gerald Czech/Austrian Red Cross



### Growing online and telephone counselling

Progress in Internet and mobile phone technology over recent years has led to a growing movement of online and telephone counselling services.

See PS Centre's **Lay Counselling: A Trainer's Manual** for more details on training in different methods of counselling.



happened. They wanted to be let off work duties for the rest of the day and also discuss how they could assist in the funeral service. He had agreed to all of this and assured them they would not be penalised financially for taking time off or attending the funeral.

As our phone conversation was coming to an end, I asked the manager whether he felt comfortable handling this on his own or whether he needed more support. He said that he had realized through our conversation that he had already made a good plan to support his colleagues and therefore did not need further assistance."

### Online counselling

Online counselling using the web to email, chat or text with trained counsellors is an increasingly popular way of providing services to different groups. Texting, for example, is now used in post-emergency situations to give people information about where they can access help or what number to call if they need someone to talk to.

Offering online counselling is a particularly useful method when people cannot or do not want to access face-to-face counselling, or during health epidemics where there is a risk of contagion in public spaces.

Because the counsellor cannot see the person or hear their tone of voice, it requires that the counsellor makes the person feel comfortable about sharing and also that they are able to 'read between the lines.' Counsellors also need to be familiar with the words and symbols that people use to communicate online or via text messaging, including slang, abbreviations and emoticons.

China Red Cross







### Kors på halsen

Norwegian Red Cross has a service called 'Kors på halsen' ('Cross your heart') offering online and phone support to children and youth. Young people can chat online or email one-to-one with a trained volunteer. They can also access online discussion forums on topics like loneliness, bullying, relationships, emotional or physical health, etc.



### Counselling by video

Using online video services, counselling is now available to older people, people who live in remote areas or persons with a disability. The service enables users to see when a counsellor is available and they can then link with that person to have a face-to-face counselling session.

### What kind of counselling should you offer?

Counselling face-to-face has the advantage of enabling the counsellor to establish a rapport and trust with a distressed person through the spoken word, eye contact and body language. Telephone and online counselling both have the advantages of being easily accessible and offering anonymity, which may lead to easier disclosure or sharing of difficult emotions or experiences. Choosing which medium to use depends on the context and resources available, and the culture and norms around interpersonal communication and interaction.

### Radio support

Radio is a popular medium in many countries to broadcast information about:

- what normal reactions are after crisis events
- healthy ways to handle stress
- how to support children and others
- where and how to access help
- how to link with organizations that work to trace missing persons.

### Training and supervision

It is important to be trained and to practise counselling skills in the medium you plan to counsel others. For example, if you are going to counsel by phone, practise this with a supervisor who can provide supportive reflection and guidance on how to improve this skill.

## Mobile outreach programmes

Mobile outreach services are useful when:

- people live in remote areas and have little or no access to transport
- people are afraid to leave the safety of their homes or villages due to armed conflict
- infrastructure, such as roads or bridges, is unsafe after a disaster
- travelling on public transport poses a health risk.

Many of the National Societies that set up mobile outreach programmes integrate multiple activities and foci into a combined service, providing holistic support to the targeted population. There are two examples of these types of integrated programmes given below, and another example of a mobile outreach programme described on page 61 in the section on disaster recovery.



### Risk of abuse

Anonymous counselling services may run an increased risk of abuse by individuals pretending to be distressed, either for the sake of getting attention or with inappropriate motives, such as making sexual advances. Training of lay counsellors should include guidance on how to deal with such risks.



Colombian Red Cross



### Community outreach programme in Colombia

The impact of armed conflict continues to be one of the biggest problems in Colombia, resulting in people continually relocating, living under the threat of violence, dealing with losses of property, belongings and loved ones. The magnitude of displaced populations has reached such a scale that it is creating enormous economic and psychological problems.

In response to this, the Colombian Red Cross Society, with the support of the International Federation, have designed and implemented a number of psychosocial support and mental health activities. These have been developed for community outreach as part of strategic mobile health units, providing education and interdisciplinary care and support that includes medical, dental, psychological and social services.

The psychosocial support component aims to help people recognize and express the emotional impact of the violence. Therapeutic psychosocial support is given to reduce emotional distress and rebuild social and family ties and networks.

Activities encourage the development of individual potential and local capabilities, restoring the rights of displaced people and working towards sustainable living and economic stability.



## Outreach services in Pakistan

In the aftermath of the earthquake in Pakistan in 2005, a psychosocial support programme was set up in three big camps for displaced people. These activities focused on emergency assistance such as psychological first aid, coping mechanisms, healing activities, networking and distribution of toys and other items.

After about three months, the camps were closed and the displaced population had to return to their villages to start rebuilding their lives. The psychosocial support programme therefore needed to be restructured to meet the needs of this new situation.

Primary health clinics already existed in the villages with a few local staff and a weekly visit by a doctor. The primary health care team held classes at the clinic and made home visits to vulnerable or sick families and pregnant women. These were accepted and respected activities, and so it was decided to integrate psychosocial support activities into the primary health care service. This would also enable the psychosocial and primary health care teams to share their expertise and complement each other in their work.

Activities were:

- support groups for women, boys and girls
- sports activities
- parenting education
- men's groups
- health education and psycho-education
- activities for parents and children with the psychosocial staff
- skills training for men, women and adolescents
- social get-togethers
- Koran reading and story-telling.

The activities were carried out at the clinics, in schools, homes, community centres and other suitable places.



Pakistan Red Crescent Society  
انجمن ہلال احمر پاکستان

Jakob Dall



## Restoring family links

Restoring family links (RFL) activities aim to reduce distress and alleviate suffering caused by the separation of family members as a result of conflict, disaster, migration and other situations of humanitarian need. Restoring family links activities are carried out by the worldwide Family Links Network, which consists of tracing services of National Societies and ICRC delegations, with technical support and coordination by the ICRC's Central Tracing Agency based in Geneva. The Movement aims to integrate restoring family links into all emergency responses.

It is very difficult for family members when they are unwillingly separated from each other, and have little or no way of regaining or maintaining contact. Separation may happen for a number of reasons. When fleeing a conflict or natural disaster, children may lose their way in the chaos. Older people or those who are sick may be unwilling or unable to leave their homes. Injured people may be evacuated to hospitals without their loved ones knowing what has happened to them. People may be arrested and detained, or even dead, leaving their relatives without any idea of where they are.

Uncertainty about the whereabouts of loved ones can be very difficult and can seriously affect psychosocial well-being. Not knowing where one's family is or how they are doing is worrisome, and can lead to serious mental health problems like depression, anxiety and feelings of helplessness and hopelessness.





### The right to know

“Under international law, everyone has the right to know what has happened to missing relatives, and to correspond and communicate with members of their family from whom they have been separated. The main responsibility for ensuring that these rights are respected lies with authorities of the State (including armed security forces) and, in situations of armed conflict, any other organized armed groups. However, they may be unable or unwilling to do so.”

**SOURCE** ICRC/International Federation Restoring Family Links Strategy 2009, p. 17.

### Restoring family links activities

RFL activities may take various forms, depending on the situation and context:

- organizing the exchange of family news
- tracing individuals
- registering and following up individuals to prevent their disappearance and to enable their families to be informed
- reuniting families and repatriation
- collecting, managing and forwarding information on the dead (location, recovery and identification)
- transmitting official documents, such as birth certificates, identity papers or various other certificates issued by the authorities
- issuing attestations of individual detention and documents attesting to other situations that led to individual registration
- issuing ICRC travel documents
- monitoring the integration of those reunited with their family members
- promoting and supporting the establishment of mechanisms to clarify the fate of persons unaccounted for.

### The role of National Societies in restoring family links

As members of the Family Links Network of the Movement, National Societies play a crucial role in helping people who have become separated from members of their families or are without news of them. Each National Society has the



### Quick tips for staff and volunteers about giving news

Preparation is key:

- Recognize that delivering news is stressful and may be difficult.
- Don't make assumptions – even good news might be bad for the person on the receiving end.
- People have different experiences and reactions. Always prepare for the worst, even when giving good news.
- When delivering news, it is important to be prepared to answer questions, and not to make reassuring promises that unfortunately cannot be fulfilled. Families may react in many different ways. These may include anger, joy, mixed emotions, relief, surprise, regret, numbness, shattered hopes, assumptions and denial (not trusting that the news is true, for example, because there is no proof).
- Having information about resources for the family is also essential. This might mean resources within the National Society, in the local community and through other agencies, for example, immigration services, or other tracing agencies.





## Restoring contact

The Family Links Network helps with tracing and contacting people in various ways:

### Telephones

Telephones are often the most direct and rapid means of restoring contact and reassuring families. People from areas affected by conflict or disaster are offered free telephone calls in the emergency phase of a crisis so that they can make contact with their relatives. In some circumstances it is also possible to organize video telephone calls between, for instance, detainees and their families.

Ibrahim Malla/IFRC



### Red Cross Messages

Red Cross messages are open letters with two parts. On the first part, the sender can write a message, and on the other part the relative can reply. Each part contains the name and full address of the sender and the addressee. The message may only contain family or private news. Red Cross messages can often only be accepted when a necessary minimum of information on the possible location of the addressee is known. If this is not the case, a tracing request needs to be opened.

### “Anxious for news” and “Safe and well/I am alive” messages

“Anxious for news” messages can be used by relatives outside or inside an area affected by an emergency. “Safe and well / I am alive” messages can be used by people from affected areas who wish to reassure their families. These messages are easily completed and can be useful in delicate situations with security constraints. Because of their small size, they can also be included in lists, placed on the online tracing part of this website, or published in different media.

### Tracing requests

A tracing request can be made on the Restoring Family Links website:  
[www.familylinks.icrc.org](http://www.familylinks.icrc.org)



responsibility to organize Restoring Family Links services as needed, in cooperation with the Central Tracing Agency and with other National Societies.

When supporting families, being a good listener and enabling people to feel safe are key helping skills. The principles of psychological first aid (see page 57) are fundamental to any activity, such as delivering distressing news about someone who is missing. It is common for families to wait a long time in tracing a loved one. It is therefore helpful if each National Society sets guidelines for its staff and volunteers about the type of on-going support that is possible with families. This obviously depends on resources and capacity.

It is important not to make assumptions about the situation faced by families. This is a core principle for all the work that National Societies do with families experiencing loss. For example, the loss of an older person may not necessarily be easier to take than the death of a child. In terms of reunification too, the return of a family member may not always be welcomed, once it is known what has happened to them.



ICRC



### The anguish of uncertainty

The ICRC has worked in close partnership with the Sri Lanka Red Cross Society for more than twenty years. An ICRC protection delegate who worked in Trincomalee in 2007 shared the following story:

“When we learned that another fisherman had disappeared, we went to the village to speak with his wife, Pitchammah. She was very distressed, her eyes red from a night of crying. She showed us a picture of her husband who had gone to the market the previous day. He had been seen by neighbours heading home with his purchases, but had never got there. Pitchammah gave us permission to approach any authority necessary in order to determine her husband’s whereabouts.

The following week, we returned to the village to deal with another incident. As we were leaving, Pitchammah came up to us and told us she had heard a rumour that her husband had been arrested by some unknown civilians near the market. She was extremely anxious with the uncertainty of the situation. She told us she had not been sleeping and was desperate for news.

We followed up many lines of enquiry, but sadly with no results. We returned to the village to convey to Pitchammah the results of our investigations. Delivering news like this is distressing and we had to be prepared. Fortunately we knew the village well and we arranged to see Pitchammah in a quiet place where she would have some privacy. We arranged for a family member to be on hand to support her once she had heard the news.”

### Ambiguous loss

In the long periods of time when families are waiting for news, their common experience is likely to be one of great uncertainty. The missing person is physically absent but psychologically still part of the family in their thoughts, plans and dreams. This is termed ‘ambiguous loss.’

Ambiguous loss can be disruptive to family life and is extremely stressful because it has no obvious resolution. If a child has been abducted, it may be difficult for parents to function well and care for their other children; decisions may be put on hold and it may be difficult to complete household chores. Family members may swing between hope and despair, and become depressed.



Staff and volunteers can support families by:

- naming the situation as ambiguous loss
- normalizing the stress, confusion and sense of hopelessness
- creating opportunities for families to talk about the missing person
- looking for ways of rebuilding roles in the family and creating rituals to commemorate the missing person.

The long-term goal is for families to come to acceptance and to find meaning (other than self-blame) in the situation and to increase their tolerance in not having a clear answer about their loss. 'Closure' is not to be expected. Gradually families may find themselves being able to move on, keeping hope alive for their loved one and yet able to make plans for the future.

As in all psychosocial support activities, there will be situations when people might need more specialised help. They may be at risk of harming themselves or others, or talking about suicide. Staff and volunteer should be clear about signs of extreme distress and know how to make referrals.





## Hateymalo Psychosocial Support Programme, Nepal

The ICRC launched the Hateymalo Psychosocial Support Programme in 2010 to provide families of missing persons with psychosocial, economic, legal and administrative support. A 10-year long armed conflict in Nepal between 1996 and 2006 had resulted in thousands of deaths and people going missing.

Families had no idea whether their loved ones were dead or alive, and as a result they were living with the anguish of uncertainty. Most of these families said their primary need was to obtain answers and proof of what happened to their relatives so that they could move on with their lives. With support groups at the core, the programme helped to restore relationships at the individual, family and community level and gave participants new connections and hope for the future.



Narendra Shrestha/ICRC

Activities included:

*Social and community support* including street theatre, programmes with key stakeholders and service providers, and art events.

*Family support activities* including information on relief packages and details about mediation services for family disputes.

*Support for spiritual and cultural needs* including commemorations and rituals such as religious events and ceremonies and the construction of public spaces like waiting areas, wells, and planting trees in the name of the missing person.

*Emotional and psychological support* through, for example, themed support groups.

*Economic support* including partnering with Heifer International for help with animal husbandry and agronomy, and referral to partner organizations for skills training.

*Administrative and legal support* including referral to a network of legal aid organizations to access relief, scholarships for children and documents like birth certificates, marriage certificates, etc.

*Mental health support* including referral to specialised mental health services for people suffering from suicidal thoughts, severe depression, anxiety or psychosis.



## Life skills

Life skills programmes aim to empower people with the skills they need to cope with life's challenges, helping them navigate through choices and find ways to improve their situation. They help people translate knowledge, attitudes and values into action, enabling them to make healthy life choices, resist negative pressures and thereby minimize harmful behaviour.

Examples of life skills components in psychosocial support programmes are:

- equipping children with skills to be assertive in conflicts with peers
- enabling youth to make safe and healthy choices
- helping caregivers develop skills to practise positive discipline with children.

Psychosocial life skills can be promoted in sports or youth clubs, support groups, volunteer and community work. Ultimately, enhancing life skills will help adults, children, families and communities to negotiate challenges in a positive, constructive way.

### Benefits of life skills

Strengthening life skills benefits a person in multiple ways, such as:

- helping them to make safe and healthy choices
- improving communication and interaction with others
- increasing self-confidence and self-esteem.

When life skills have been learned in one context, they can easily be applied to other situations. Learning assertive communication in the safe environment of a self-help group, for example, can help to improve relationships at home and at work with family members, peers and colleagues. Red Cross Red Crescent volunteers who learn active listening often report they have become better listeners overall in their daily lives.

### The power of listening

A young doctor who worked as a volunteer in the Movement said, "When I volunteered in a psychosocial support programme in an area affected by floods, I was still a medical student. The most valuable thing I learned was the power of listening. I saw how, in respecting others by listening to them, we get their respect in return. I learned to accept feelings in such tense and horrible moments. I am a better doctor now because of my time in the psychosocial support team."

Life skills help individuals respond to changes and transitions in the course of their lives and to manage difficulties and crisis events when they occur. Strengthening life skills enables people to cope and recover after accidents, violence, incidents of suicide, natural and man-made disasters or during armed conflict, war or epidemics. Life skills programmes can thus support coping and enable people to move on with their lives.

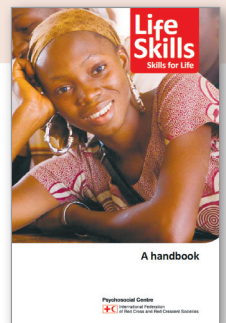
### Cognitive, personal and interpersonal skills

Life skills can be grouped into three main categories: cognitive, personal and interpersonal. All three groups of skills can help individuals cope with life and



### What are life skills?

Life skills are a group of empowering skills that enable people to cope with life and its challenges and changes. Life skills support psychosocial well-being, promoting good communication, positive thinking, analytical skills and goal setting, cooperation and coping. Strengthening life skills help individuals and communities to manage challenges and risks, maximize opportunities and solve problems in co-operative, non-violent ways.





its changes. These categories are interrelated and influence one another. How a person feels influences the way they think, and how they think influences how they feel; and both influence how they interact with and relate to other people. A person can choose to manage feelings by altering the way he or she thinks about themselves, about others or the environment.

### **Cognitive skills**

Cognition refers to what happens in our mind, and to the mental representations we have in our minds, such as images, words and concepts. In simple terms, it is about how we think, and what we think about things, people and experiences. Cognitive skills are thus the skills we use when we think. They enable us to:

- analyse a situation and to think critically
- know how to find relevant information
- use vocational skills
- use culturally appropriate coping mechanisms
- advocate for rights for ourselves and others.

### **Personal skills**

Personal skills and knowledge enable us to:

- be self-aware and know our personal values, strengths and weaknesses
- be confident and have self-worth
- cope with feelings and manage stress
- empathize
- create a sense of meaning and set realistic goals for the future.

## Interpersonal skills

Interpersonal skills and knowledge enable us to:

- build trust in others
- relate and build attachments with caregivers, family and friends, peers
- care for the well-being of others
- communicate well, negotiate effectively and solve conflicts peacefully
- feel a sense of belonging to a community
- practise cultural activities and traditions
- participate in appropriate household responsibilities and livelihood support.



### Letting go of shame

A woman who had been sexually abused participated in a Red Cross life skills programme in Southern Africa. She was constantly afraid, could not sleep at night, had nightmares and did not trust anyone. She attended a life skills camp and says of the experience:

“In the beginning I felt very insecure. We began playing games and did role-plays. We talked about abuse and I found out that others have experienced things like me. I learned how to be assertive and say no to abuse with words and with my body language. In the role-play we got to practise this. We talked about our own value as humans and I learned how to build self-esteem. This made me realize that I should not be ashamed of what happened.”

She also realized how important it was to get an education and that she had to fight for her future.

Psychosocial life skills help people regain abilities and build new competencies, even in very challenging circumstances. This promotes resilience, making it easier to adapt to changed living conditions. Strengthening life skills in focused ways can build up capacity to cope after a crisis event.



### Five-day camp brings changes

A needs assessment in Bangladesh indicated that group facilitators in a women’s empowerment programme needed life skills training in order for the project to be successful. The trainer planned a five-day camp with training that included activities that focused on life skills, such as:

- cognitive skills of analysing a situation and solving problems
- personal skills such as self-awareness and confidence
- interpersonal skills such as listening, communicating assertively and co-operating.

Participants were encouraged to write a note every time they felt they did something well to increase their awareness of their own strengths and weaknesses and to improve their self-esteem. In one exercise participants drew an outline of their foot and wrote a goal they wished to achieve on it. As they worked towards their goal during the camp, they gradually filled the drawing with colour.

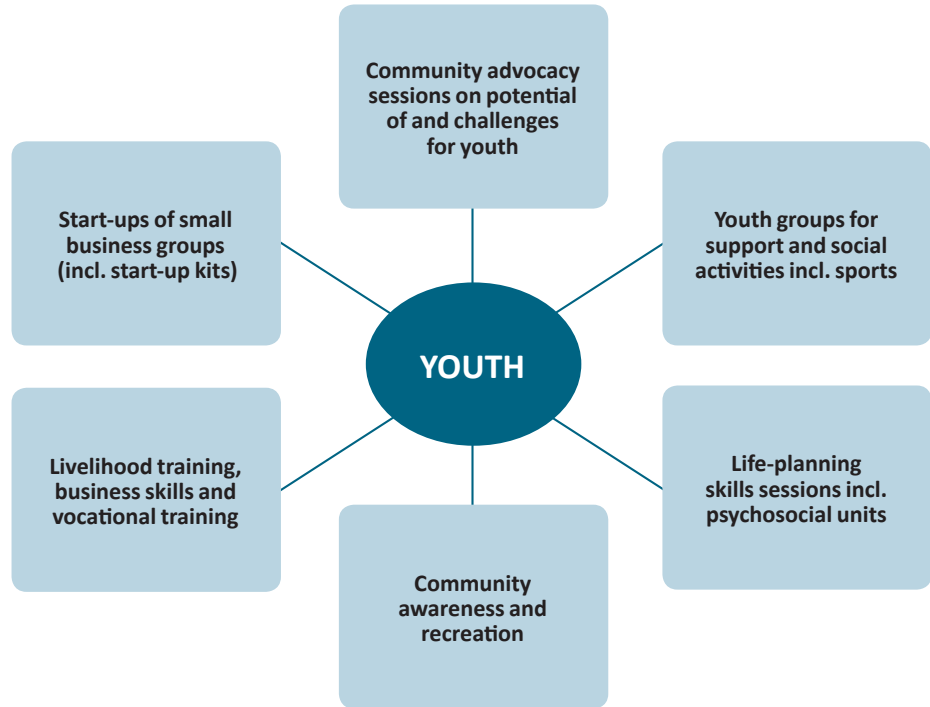




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## Life skills and livelihood training in Uganda



This project, run by Danish Red Cross Youth and the Uganda Red Cross Society, combined psychosocial life planning skills with basic livelihood training and income-generating activities. The aim was to help the youth learn the skills they needed to make a livelihood and improve their psychosocial well-being. The project offered a variety of activities planned according to the different skills and circumstances of this group of youth:

- **Life planning skills and livelihood training:** Combined with basic livelihood training, this was the foundation course of the entire project. It consisted of 26 two-hour life skills planning sessions on different psychosocial well-being issues. The participants also attended a regional youth life skills planning camp and a branch-level youth camp.
- **Income-generating activities:** As a supplement to the basic livelihood training, small-scale, income-generating activities were offered to everyone, including short training courses, enabling participants to secure a small cash income.
- **Vocational training:** In each branch, two beneficiaries were given the opportunity to complete a one-year vocational training programme, enabling them to develop competent skills to compete for qualified employment.

This is what some of the participants said about participating in these activities:

“The peer sessions helped me relax from stress and make new friendships.

“I was a very serious smoker, but the sessions I attended helped me understand the risks and dangers associated with smoking, especially the health risks to the lungs and respiratory system. I have now stopped smoking.

“The life planning skills project helped us understand the risks and dangers associated with HIV and AIDS and generally about sexually transmitted diseases. We learnt how important it is to abstain, be faithful or use condoms to keep safe. We were also given the option of counselling and testing for HIV and other sexually transmitted diseases.

### Personal hygiene in Kerala, India

Kanyakumari, in Tamil Nadu, India, was severely affected by the Indian Ocean tsunami of 2004. American Red Cross identified two major health problems that were affecting the psychosocial well-being of the community as a whole: diarrhoeal disease and fevers related to mosquito bites. Life skills training in hygiene and how to reduce mosquito bites and growth were set in motion.

Trained volunteers gathered small groups of families, showing a film about water and sanitation. Children and adults did role-plays afterwards and practised two methods of hand washing using water and soap, and ashes. Volunteers also visited families to identify and help clean areas where mosquito larvae might grow. They then distributed mosquito nets that were treated with a mosquito repellent.

Diarrhoeal disease and mosquito-born fevers reduced significantly within three months of the intervention, and community members were empowered with new skills and knowledge to keep themselves healthy.

**SOURCE** PS Centre (2014) Life Skills – Skills for Life.



Indian Red Cross Society

PS Centre



## Providing legal support

Providing legal support is a fundamental part of empowering individuals and groups and in promoting human rights and equality. It involves making people aware of their legal rights, either through public educational campaigns or through individual consultations; providing legal advice and/or legal representation through qualified professionals; and advocating for change of laws or policy that concern human rights and fair treatment.

National Societies, the International Federation and the ICRC engage in different ways in providing legal support to beneficiaries. Legal support may be offered to:



Mikkel Østergaard

- individuals and groups whose human rights are threatened or violated
- people who are seeking asylum
- people who are discriminated against or
- people who have been subjected to different forms of violence.

Providing legal support is often a component of psychosocial support programmes because having legal challenges is a stressful and difficult experience for most people. Legal trouble is usually accompanied by feelings of disempowerment, insecurity and uncertainty about the future, and often leads to financial concern. Legal issues that involve personal disputes or situations of physical or sexual violation may also lead to fear of retribution or revenge, and in this way hinder a person's daily functioning and well-being. Legal issues that concern people's right to land, compensation from insurance companies, or legacies linked with relatives who have disappeared can also be very difficult and cause severe emotional stress. An important psychosocial aspect of legal support is accompanying people to court and/or preparing them before court for what may happen and how to cope with possible outcomes of legal decisions.



### Mobile unit providing psychosocial support in detention centres

Hellenic Red Cross has a mobile unit that visits detention centres, as well as operating at border entry points, informing undocumented migrants about asylum procedures. Red Cross social workers also provide material help, such as clothing and hygiene kits. They organize creative activities, provide counselling on asylum procedures and offer support in connection with the release of vulnerable persons.



### Legal support to survivors of gender-based violence in Haiti

The high rates of gender-based violence in Port-au-Prince increased dramatically in the chaotic aftermath of the earthquake of January 2010. More than a million people were forced to live in flimsy tents with little or no privacy or protection from perpetrators. The Haiti Red Cross Society, in partnership with French Red Cross and a local legal organization, helped survivors of abuse and sexual violence by recruiting legal staff and implementing weekly legal workshops in the camps. They also ran community sensitization campaigns with a local drama group that focused on human rights and gender-based violence on International Women's Day, Haitian Women's Day and the International Day for the Elimination of Violence against Women. Read more about this programme on page 68.

### Legal support that improves psychosocial well-being

The different kinds of legal support that directly impact and improve psychosocial well-being include helping people to understand:

- what their legal rights are
- how and where to access legal support
- the implications of taking legal action against other parties
- how the wronged party and the accused are treated in the legal system
- what the possible outcomes of court cases may be, how to prepare emotionally for these and how to cope.



### Legal support to asylum seekers in Armenia

The Armenian Red Cross Society and UNHCR provide asylum seekers with medical, psychosocial, and humanitarian assistance, based on case-by-case assessment. Asylum seekers are helped with employment and legal counselling together with interpreting and translation services. They are also given the opportunity to attend monthly information sessions and language courses. Other migrants, regardless of their status, are provided with employment counselling, legal counselling and advocacy.



ICRC



### Administrative and legal support to families of the missing in Nepal

The ICRC helps families of missing persons in Nepal with psychological, socio-cultural, economic, and legal and administrative support. A number of legal aid organizations working together in a network provide free legal and administrative support for the families in accessing interim relief or scholarships for their children, and in acquiring documents like birth certificates, marriage certificates, etc. Read more about this programme on page 44.



## Responses to specific contexts and events



Juozas Cernius

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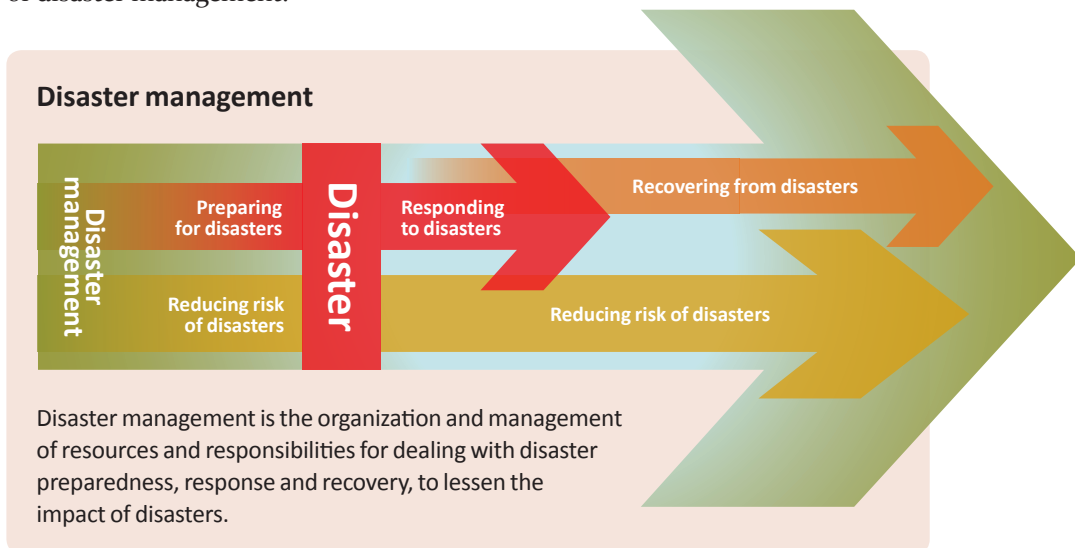
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The psychosocial support activities described in this section have been used in specific contexts: disaster management, violence, forced migration, economic crises and poverty.

## Psychosocial support in disaster management

Natural disasters, accidents, outbreaks of violence, health threats and other emergencies lead to loss and human suffering. Survivors may face physical injury or health threats to themselves or to others, as well as the loss of loved ones, their homes, communities and livelihoods. In such situations the systems that provide support and protection to individuals and communities are under pressure, which increases the risk of new problems arising or amplifying existing problems.

The psychological and social impacts of emergencies may be acute in the short term, but they may also undermine the long-term mental health and psychosocial well-being of the affected population, threatening peace, human rights and development. National Societies recognise these risks and seek to include psychosocial support components in disaster management. This section discusses different psychosocial activities that can be implemented in the three phases of disaster management.



## Disaster preparedness

More and more National Societies recognize the importance and the need to be prepared for disasters, both in terms of risk reduction and the ability to respond to emerging basic, psychological and social needs. This is particularly important in countries that are at high risk for:

- natural disasters, such as hurricanes, floods, cyclones or droughts, or areas affected by earthquakes or volcanic eruptions
- political unrest or instability that may lead to armed conflict or possible terrorist attacks
- on-going poverty that may add to a vicious cycle of vulnerability to disease.

Part of being prepared for disasters is expecting strong emotional reactions and knowing how to react to these in helpful ways that promote calm and positive coping.

Volunteers and staff who interact with people directly affected by a disaster need to know how to recognize distress and what to do to help. At times they may also need to provide support to their peers and colleagues who are also affected by the event, or by meeting so many people in distress.

### Common reactions to disaster events

How people react to disaster depends on a number of factors:

- how they were coping with day-to-day challenges before the disaster
- how serious the disaster was, and how much it changed and impacted the lives of the affected population
- whether they were injured or in danger of being hurt or killed
- whether they witnessed extreme physical injuries, or people dying, and whether they lost loved ones
- whether they were separated from their relatives
- what kind of support systems they have now, after the disaster.

After a disaster, people commonly feel a mixture of difficult and painful feelings, such as anger, confusion, sadness, fear, and guilt over having survived when others were hurt or died. These are normal and natural reactions.

The loss of one's home or land after a disaster which leads to displacement is often accompanied by feelings of loss of confidence in the world. This feeling has been defined as a 'loss of place.' This concept is used as the underlying basis for developing psychosocial support activities that aim to re-establish a sense of place.<sup>1</sup>

There are two main activities in preparing for psychological and social impacts of disasters. The first is to make sure that psychosocial support is integrated in contingency planning. The second is to train staff and volunteers so they feel confident in helping others and are able to provide psychosocial support in emergencies.

### Contingency planning

Contingency planning helps organizations to respond well to emergencies and their potential impact. It is a management tool, which can help ensure timely and effective help to those in most need when a disaster occurs.

Contingency planning is often done in workshops, where management and staff and volunteers imagine likely scenarios that will take place in the event of a disaster. They analyse the different risks and potential impacts, and discuss how people will react and what their needs will be.

Psychosocial aspects to consider are:

- how people are likely to react if they are affected by a disaster
- what existing problems may be worsened by disaster
- what new problems may arise in a disaster

### Contingency planning

Contingency plans ask three simple questions :

- What do we think is going to happen?
- What are we going to do about it?
- What can we do ahead of time to get prepared?

- how coping and psychosocial well-being is defined locally
- what local/government/non-governmental systems and services are in place and what gaps there are
- how psychological first aid can be provided
- the availability of trained staff and volunteers
- what mechanisms would be helpful within the National Society/local branch to provide support to staff and volunteers.

### Preparing for music festivals

During a major music festival in Denmark, nine young men among the audience suffocated due to overcrowding. Hundreds were injured in the mayhem that followed. Red Cross volunteers with training in managing a first aid post happened to be at the scene, also listening to the music. They had been trained to treat injuries, but not for a disaster on this scale. Thousands of festival-goers were in distress, searching for each other, trying to get information about what had happened to friends.

Danish Red Cross deployed professional assistance to help individuals who had been attending the festival and to help the volunteers. Follow-up sessions were organized. Some young volunteers developed severe psychological problems and needed to be referred for longer-term treatment. After the tragedy and based on the lessons learned, Danish Red Cross decided to improve its preparedness by training all first aid managers in psychological first aid and offering free sessions with a psychologist to volunteers where needed.



Danish Red Cross



### Psychosocial training in preparation for the Olympics 2012

British Red Cross has developed a psychosocial support training called CALMER, which stands for Consider, Acknowledge, Listen, Manage, Enable and Resource. In preparation for the Olympics 2012, British Red Cross included CALMER as part of their contingency planning. Here is what one of the volunteers had to say about the CALMER training:

“As part of the first aid team, I had to help a person who had collapsed. I did cardiopulmonary resuscitation (CPR) until an ambulance arrived. I used my CALMER skills at the scene, and was also happy to receive support when I got back to my accommodation. Immediately after the event I thought I was fine, and didn’t need to talk about it, but when given the opportunity, I actually talked non-stop for two hours.

The training we were given was excellent, but it did not provide us with the opportunity to practise with a real life situation. When I had to do real CPR for the first time, I just did what I needed to without thinking about it. It was only afterwards that it hit me, what I had experienced. However, the support I received was amazing. Someone was ready to talk to me when I got back to my accommodation, and not only on the day of the event, but even on the day after, and when I returned home after the Olympics were over.



## Capacity building

Psychosocial support always involves interaction between helpers and those who need help. One of the key activities in preparing for the psychosocial impact of a disaster is equipping staff and volunteers with the skills and knowledge for providing psychosocial support. Training emergency responders in providing psychological first aid has become a critical component of disaster preparedness programmes.





Picasa



### Capacity building as part of disaster preparedness

Magen David Adom, in Israel, has developed a comprehensive psychosocial support disaster preparedness programme. The psychosocial support components they recommend as part of disaster preparedness training are:

- training of trainers in psychological first aid
- psychological first aid, listening and communications skills
- self-care of the team members
- stress management for delegates.



### The life of an emergency responder

One afternoon Tal and his partner, both emergency responders, were called to a home where they found a police officer lying on the floor being resuscitated by his neighbour. A short assessment revealed the officer had already been dead for a few hours, so they asked his friend to stop the attempted resuscitation.

On informing his widow that her husband was dead, it became clear she did not understand. She insisted her husband was still alive. As she was sitting on a chair, Tal knelt down beside her, took her hands, and looked into her eyes calling her name. When she looked back, he told her he was sorry, but her husband had passed away. She quietly asked if there was something that could be done to bring him back, maybe with defibrillation. He explained there was nothing to be done as he had passed away a few hours before.

She asked to see her husband to say goodbye. Tal and his partner cleaned the bedroom up, lay the deceased officer on the bed, and after preparing the widow and her son for what they would see, invited them into the room. He made sure two family friends accompanied them to provide support.

A few days later, Tal received a message of thanks from the widow for the kind and gentle way he had explained the reality of the death to her.

It is not possible to predict when a disaster or crisis event will take place. For this reason, most National Societies build the necessary capacity by planning, budgeting and conducting regular trainings and refresher trainings every year.

It is challenging to interact with and provide support to people who have been through distressing events and who may be in shock and grieving the loss of loved ones or their homes. An important part of preparing staff and volunteers for such work is making sure supervision and peer support systems are also in place. It is therefore common to have professional mental health practitioners on the staff of National Societies, or to have links with professionals through universities, medical institutions or other networks.

## Disaster response

Disaster response activities are shaped by the nature and impact of the disaster.

### Psychological first aid

Psychological first aid is often the first psychosocial activity that takes place in a disaster response. The four basic principles of PFA are:

- stay close
- listen attentively
- accept feelings and
- provide general care and practical help.

Read more about this in the section on fundamental elements of psychosocial responses on page 20.



### Five intervention principles

Hobfoll et al. (1977)<sup>2</sup> worked with a world-wide panel of experts with experience in providing psychosocial support in response to disasters, and identified five principles that should be used to guide and inform mental health intervention and prevention efforts. There is consensus that these five principles should be followed in the immediate relief to midterm recovery periods after a disaster or other crisis event.

The five principles are promoting

- a sense of safety
- calming
- a sense of self- and community efficacy
- connectedness
- hope.



### Crisis intervention teams and psychological first aid

When Austrian Red Cross emergency teams respond to disasters or critical incidents there are always two team members who have been trained in psychosocial support and psychological first aid.

Examples of situations they respond to are:

- survivors, relatives or witnesses affected by death, illness, injury or suicide, etc.
- people who have lost their livelihood
- people affected by natural or man-made disasters or by mass emergencies.

They help to provide practical assistance and conduct on-site needs assessments to explore what kind of psychosocial support is needed. If further professional therapeutic or psychiatric interventions are needed, they make the necessary contacts.



AUSTRIAN RED CROSS



### Assisting after a suicide

A father of three young children shot himself in his car in a wood near his family's home. After attending the suicide scene, the police met with a crisis intervention team from the Austrian Red Cross ambulance service at the police station. They briefed the team about the incident and planned how they would approach the family together.

When they arrived at the family's home, the police introduced themselves and gave the man's wife the bad news. They then introduced the crisis intervention team and explained they would stay to provide more information and support the family. They followed the five principles identified by Hobfoll et al. (2007) in their response.

**1. Safety:** The team introduced themselves and explained why they were there. An important part of providing safety is listening to the family members and providing information. The family had a lot of questions such as: Who found him? Did he suffer? Where is he now? Can we see him? They also talked about the last time they saw him and said that they did not realize that he was unhappy.

**2. Connectedness:** As the mother was the only person at home at the time, the crisis intervention team asked her if she had anybody she wanted to be with her at that moment. She explained that she had a sister who lived nearby. After helping her prepare for what she was going to say, she phoned her sister and asked her to come over immediately. The sister arrived soon afterward with her husband.

**3. Self and collective efficiency:** The children were at school. The family and the team talked about how they would deal with the children when they came home. When the two younger children arrived home, the mother and one of the crisis intervention team told them the bad news and answered their questions. The older child was still at school. The uncle offered to go to the school, tell the child and bring him home. One of the crisis intervention team accompanied him.

The mother wanted to see her husband's body. The crisis intervention team found out that she could see the body at a funeral home once the police had released the body. They also discussed whether or not the children should accompany her.

**4. Calming:** The mother was very emotional when she first heard the news, but she became much calmer as she talked with the crisis intervention team and they planned what action was needed. When the children arrived home, they were given something to eat and drink and encouraged to go and play.

**5. Providing hope:** The whole family sat down with the team to make a communication plan on who to tell what, how to talk openly about suicide within the family and the village, and how to organize the funeral. The team stayed with the family until they were able to cope alone. This was when the uncle took over the role of organizer. The team members left their telephone numbers in case the family wanted to contact them again.



### Health emergency response unit psychosocial support component

The International Federation has established an optional and additional psychosocial support component to the health emergency response unit. It focuses on the psychosocial needs of disaster-affected populations, and raises awareness among staff and volunteers about the benefits of providing such assistance as part of emergency response.

### What are emergency response units?

Emergency response units are part of the International Federation's global disaster response system, used when global assistance is needed in emergencies. They cover different sectors: basic health care, water and sanitation, logistics, relief, IT and telecom, referral hospitals and base camp. Many National Societies do not require International Federation emergency response unit support in emergencies. Sometimes this is because the emergency is not that big or because the area affected has sufficient local capacity.

Volunteers are recruited to work with affected adults and children and are trained to provide psychosocial support. There are three main activities in the health emergency response unit psychosocial component:

### 1. Play and recreational activities for children

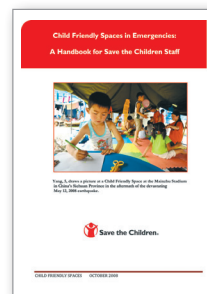
Two play kits with toys and sports items for children aged 0 to 6 years and 6 to 18 years respectively, are used to create a child-friendly space in or very close to the venue used for the health emergency response unit. Activities are arranged while parents or guardians are being seen in the unit or are attending other meetings.



### Child-friendly spaces

Child-friendly spaces provide a safe place for children to play, learn and socialize. They are usually facilitated by trained volunteers or staff members. Activities have a strong psychosocial support element, providing a caring and normalizing environment to lessen the impact of the crisis on the children.

**SOURCE** Save the Children, 2008. *Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff.*



The play kit for the younger children has four boxes, with materials for facilitators plus toys and instructions on how to play games with the toys. The play kit for the older children has eight boxes, with materials and equipment for facilitators plus games, sports equipment, and musical instruments.

### 2. Support and activities for adults (individuals or groups)

Adults are offered practical help, once they are transferred from triage, where the urgency of someone's condition is assessed, or if they have sought assistance directly from the psychosocial support component. This includes giving information about the emergency, or providing assistance to link up to missing family members, as well as offering emotional and social support, including psychological first aid. A set of information, education and communication materials is also available on a range of topics.

### 3. Reaching out to communities

Where possible, the emergency response unit psychosocial support component may function as a hub for reaching out to the surrounding communities. Outreach activities can be carried out in collaboration with the local National Society, local organizations such as local health authorities, non-governmental organizations or other community-based resources that have been identified during the initial assessment and mapping procedures.

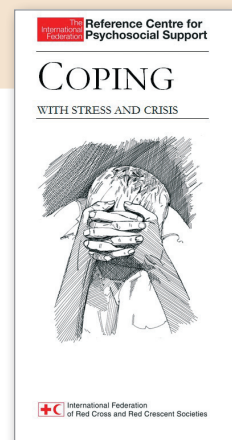
The psychosocial support components of the emergency response unit can also be used in emergency settings where the emergency response unit is not deployed.

The main activities are:

- assessment
- informational and supportive activities for children and adults
- training of volunteers
- community outreach.



The information booklet on Coping with stress and crisis is one example of the IEC materials developed as part of the psychosocial component of the Health ERU.







Jacob Dall



### Psychosocial support after the earthquake in Haiti

Immediately after the earthquake in Haiti in 2010, the International Federation supported the relief efforts initiated by Haiti Red Cross Society and mobilized its biggest single-country emergency response operation ever. Emergency response unit deployments included two mobile hospitals, which for the first time deployed psychosocial delegates who worked alongside medical staff, in order to provide an integrated health response.

The delegates and their volunteer teams provided a range of services in the hospital, including psychological first aid and emotional support for hospitalised children and adults. They also established a protocol for ensuring the protection and continuous care of unaccompanied minors/isolated children. Activities included awareness-raising sessions with adults on normal reactions to stress and coping mechanisms and the establishment of child-friendly spaces. Providing psychosocial support to volunteers was also an important activity, as volunteers were also directly affected by the earthquake.

The foundations laid by the emergency response unit psychosocial work formed the base for developing a longer-term community-based psychosocial support programme.

# Disaster recovery

The psychosocial activities selected to aid recovery from a disaster depend on how different affected populations have reacted to the impact of the disaster, what resources they have and what they need. The detailed example below describes the range of activities that New Zealand Red Cross organized over the three years following the earthquakes in 2010.



## Supporting communities after the earthquakes in New Zealand

Following the three major earthquakes that affected the Canterbury area in New Zealand in 2010, around 13,000 aftershocks shook the area for more than nine months. Typical reactions included hyper-vigilance, anxiety, fatigue, heightened emotions and, certainly during the initial phases, a sense of solidarity in many communities.



### Immediate responses

New Zealand Red Cross undertook a range of activities, including first aid, psychosocial support, setting up welfare centres, registration, search and rescue, support to the emergency operations centre and on-call tasks.

### Recovery support

The psychosocial recovery programming was developed with an emphasis on tackling chronic stress. This included psychosocial-dedicated programmes and the integration of psychosocial considerations into all recovery programming. The psychosocial-dedicated programmes included:

#### A. Personal support and community well-being promotion delivered by outreach into the community

Trained volunteers provided personal support and psychosocial information by visiting people in their homes, and by being available at natural gathering places within communities and at community events.

The programme supported community-led recovery and assisted those who were impacted by the earthquakes but did not need clinical support. The volunteers involved in this response were trained in giving personal support based on psychological first aid, but with specific focus on anticipated challenges of long-term recovery.

#### B. Psychosocial community information sessions

The greatest challenge for people in Canterbury was the impact of on-going stress and the sense of powerlessness they felt about losing their homes, jobs, or loved ones. It was not possible to eliminate these stressors, but activities aimed to promote positive coping. They focused on quality of life, health, relationships, psychological well-being and future goals.

Information sessions therefore included presentations that aimed to:

- normalise reactions
- adjust expectations regarding time needed to recover
- promote steps people could take to support their own recovery and the recovery of those around them.

Top tips to support recovery were provided at the information sessions and distributed through other programming. This is a good example of using community members to assist with delivering key messages. See the example of Dr. Rob's tips on the following page.



Top tips were shared using information cards.




New Zealand Red Cross



### *C. Development of psychosocial training for varied audiences*

Psychosocial training packages were adapted for a range of audiences in Canterbury to encourage communities to support themselves and others and enable them to be prepared for future emergencies. These included community leaders, volunteers, community and social service organizations and those working in the recovery rebuild sector.

# DR ROB'S TIPS



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In October, more than 300 people attended community forums in Kaiapoi and Brighton to listen to Dr Rob Gordon, a visiting Australian specialist in disaster psychology who has supported people affected by more than 30 disasters. One participant summed up the reaction of many when he said, "Things make a lot more sense now. Rob Gordon tells it like it is."

Here are some of Dr Rob's tips for coping with the on-going effects of a disaster:

1.
A fast recovery is not necessarily a good recovery. Pace yourself and focus on things that give your life value and meaning eg. relationships, family, recreational activities, your health or your career.
2.
Take time to assess your energy levels. If you are feeling tired or stressed consider ways you can recharge your battery. Maybe you could get away for a weekend or take a walk, listen to music or, talk to friends – you decide how best to take care of yourself.
3.
Ensure you maintain control of your own recovery by identifying, and focusing, on the things you can control. It's ok to acknowledge things beyond your control but try not to focus on them.
4.
Ask yourself: "What am I not doing that I used to do? How do I maintain the quality of my life during this long and, at times, difficult recovery period?"
5.
Maintain your established daily or weekly routines, or, if necessary create temporary ones during the recovery period. Established routines protect us from uncertainty and constant change.
6.
Deal with small problems before they become bigger. Don't let things slip, or postpone them till after it is all 'back to normal'. Recovery means finding a new normal and it needs to include what is valuable and important to you.

#### *D. Bereavement support*

The Canterbury earthquakes were especially difficult for those who lost loved ones. This programme offered community support through monthly support groups, weekend retreats, support for parents who had lost their spouse and youth initiatives to promote new social connections.

#### *E. Youth recovery project*

About a year after the earthquakes, it was evident that young people were not using the recovery resources or support services. This called for the development of a specific resource targeting youth. A website was designed which could be accessed as an app on a smart phone or as a website from a computer. The site was designed for young people throughout New Zealand who faced a variety of stressors. The website had tips and advice on how to promote well-being with strategies for strengthening recovery.

Tips dealt with topics like:

- looking after your body
- hanging out with friends and family
- getting a good night's sleep
- helping others feel awesome
- it's normal to feel emotional
- keep doing what you love.

The website was created by circulating an iPhone amongst celebrities who were asked to create a short video message, sharing their tips for dealing with tough times. There were also video stories from other local and overseas youth who had faced recovery challenges, and video clips from experts. Promotion of the site included a competition to win the iPhones used by the celebrities. To enter the competition youth had to upload their own tips for getting through hard times.

#### *F. Canterbury men's support project*

New Zealand Red Cross also partnered with the Mental Health Foundation and the Canterbury Men's Centre. The primary focus of this project was supporting men's psychosocial recovery and highlighting their experiences in a public campaign to promote well-being.

Groups of Canterbury men were engaged in physical community activities, which were planned and implemented by the men themselves. These included a Māori carving project, men's sheds where the men could gather and work together on projects such as carpentry and other construction projects, a mobile caravan project, and a series of community gardens.

#### *G. Christchurch schoolchildren's grant*

The Christchurch schoolchildren's grant aimed to assist children whose families had experienced financial strain after the earthquake, either through individual assistance or group activities.

Nearly 200 schools within the Canterbury region were approved for the grant, with a significant proportion of the funding channelled into psychosocial support activities, such as additional counselling capacity and school, family and community well-being activities.

New Zealand Red Cross







Antony Kitchener

### Integrating psychosocial support activities into other sector activities

New Zealand Red Cross also recognized that psychosocial support skills and knowledge were relevant and necessary in other sector activities, and thus integrated psychosocial training or information into other activities.

This included:

#### *The community transport service.*

Community transport volunteers in Christchurch, for example, did psychosocial training in order to support people who needed to attend appointments or social events. The transport service linked with the psychosocial programming by:

- having outreach volunteers trained in psychosocial support so that they could encourage social interaction between passengers
- playing videos with recovery tips and general information on activities in Christchurch
- distributing information on psychosocial recovery through the transport service
- giving affected people opportunities to strengthen their social support networks by transporting them as needed.

### Cross-town shuttles connect the community

The earthquakes made it very difficult for Daphne to get around Christchurch, and in particular to keep her clinic appointments for her hearing problems.

“It’s a wonderful service. I have a new hearing aid which needs to be fitted and checked regularly for the first few weeks, so it’s very helpful to be able to catch the shuttle,” she said. “It’s bright and cheery and drops me right at the door.”

The three cross-town shuttles were an expansion to the already existing Red Cross community transport, which focused on medical appointments. They helped improve psychosocial well-being by reducing people’s social isolation and enabling them to participate in recreational activities and community events.

Six-year-old Willow and her mother booked rides on the shuttle for six weeks so that Willow, who had cerebral palsy, could have casts put on her legs. Despite missing out on a school concert one afternoon because of a hospital appointment, Willow said she still had fun because the cross-town shuttle was exciting. She particularly liked the drinks holder on the child’s seat.

### *Winter warmer pack distribution*

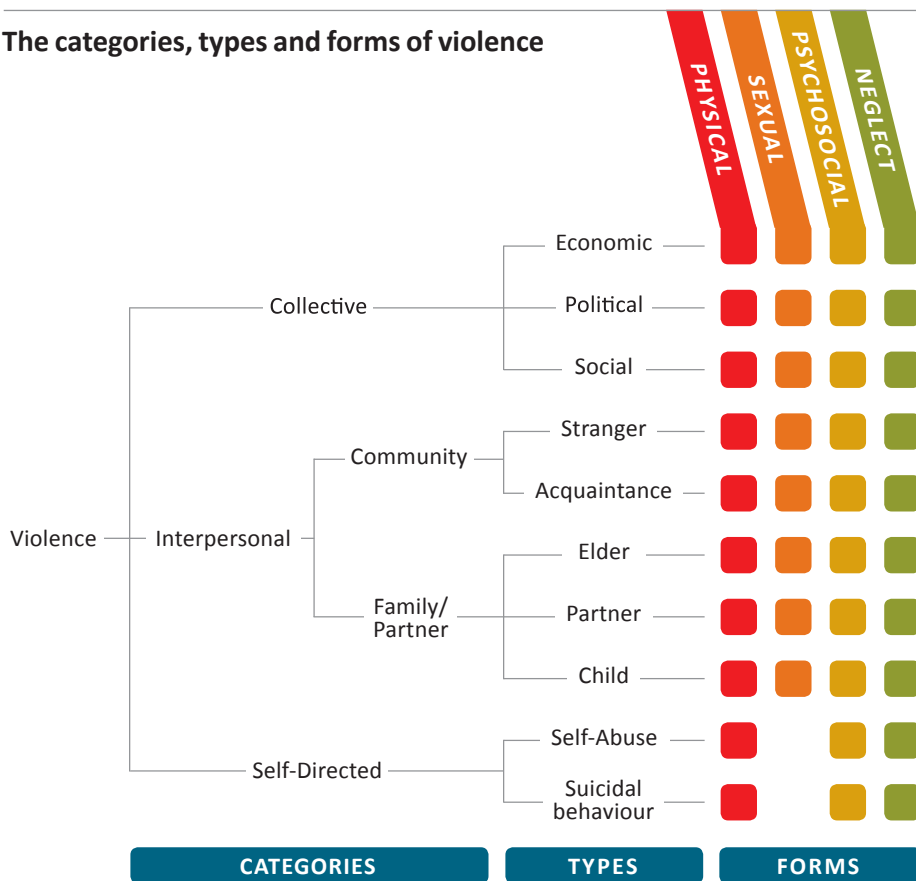
During the winter months, 8250 winter warmer packs were delivered by New Zealand Red Cross and community organizations in Canterbury. While warmth was an issue, the packs were designed to also enhance psychosocial well-being by containing fun treats and a DVD with tips for recovery, alongside items to help keep people and houses warm, and practical home heating and health advice.

# Violence

Violence is defined as the use of force or power, either as an action or omission in any setting, threatened, perceived or actual against oneself, another person, a group or a community, that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal-development or deprivation (WHO, 2002).

The term ‘violence’ covers many different forms. Violence can occur between conflicting groups, within families or even against oneself. It takes place in homes, at workplaces or in public spaces. Some examples are gang violence, child abuse, domestic violence, rape, suicidal behaviour, bullying, terrorism or neglect.

The categories, types and forms of violence



**SOURCE** World Health Organization. (2002). World report on violence and health. Canadian Red Cross. (2011). Ten Steps to Creating Safe Environments.

**Interpersonal violence** is violence that occurs between individuals and can take place in homes, schools, workplaces, on the street and in institutions. Examples include child abuse, bullying and harassment, gang fights, family violence, and abuse of older people.



American Red Cross

### Safety first

When Red Cross Red Crescent staff and volunteers respond to violent situations, they have to firstly ensure they are not in danger themselves, before they begin to help others to safety. This might include always working in pairs or bigger groups rather than working singly. Having a mobile phone and knowing how to access help if threatened are also key to staying safe. An online course is available to all Red Cross Red Crescent staff and volunteers called 'Stay Safe – Personal Security' at [www.ifrc.org](http://www.ifrc.org).



**Self-directed violence** refers to violence by an individual against oneself and includes suicidal behaviour and self-abuse.

**Collective violence** is the instrumental use of violence by people who identify themselves as members of a group, whether this group is transitory or has a more permanent identity, against another group or set of individuals, in order to achieve political, economic or social objectives. Examples include genocide, warfare, and terrorism.

**Physical abuse** is when a person in a position of power or trust deliberately hurts or threatens to injure another person. This includes hitting, throwing, pushing, grabbing, pulling, burning, chemical assaults, etc.

**Sexual violence** is a broad term that encompasses sexual abuse, sexual assault, sexual harassment, and sexual exploitation, including forced prostitution and trafficking.

**Emotional abuse** is when a person in a position of power, authority or trust repeatedly attacks a person's self-esteem verbally or non-verbally. This can be done through a variety of actions including rejecting, degrading, isolating, ignoring, terrorizing, corrupting and exploiting.

**Neglect** is chronic inattention to the basic necessities of life, such as clothing, shelter, nutrition, education, hygiene, supervision, medical and dental care, adequate rest, safe environment, moral guidance and discipline, exercise and fresh air. This directly impacts those who are dependent on others for these necessities, such as the young and the old.

### Sandy Hook Elementary School

In the first week of December 2012, a young man forced his way into an elementary school in Newtown, USA, and within five minutes gunned down 20 five- and six-year-old children and four teachers. There was no warning or indication that this young man was violent or dangerous, and no way to predict his actions, or to prepare for or prevent them. This violent act, by one man, left the entire town in shock and grief.

The local American Red Cross chapter immediately began providing services to the emergency personnel at the crime scene. The disaster mental health team was called in to help the families and the town make sense of this senseless tragedy and begin to move on.



### Common reactions to violence

People react to experiences of violence depending on a number of factors, such as how severe the violent act was and what the consequences were, the context of the violence, who the perpetrator was, how others reacted, what help was given etc. Reactions to violence also vary depending on the age of the victim, and the social and cultural attitude towards violence. People who witness violent acts may also be affected, particularly if it is someone they love who has been hurt, or who was responsible for hurting someone else.

Examples of common reactions to experiences of violence are:

- feelings of anger, confusion, sadness and fear
- inability to trust others
- loss of solidarity and feelings of betrayal
- self-blame and guilt
- aggressive behaviour
- loss of self-protection skills
- social isolation
- creation of victim identity on the basis of violence and displacement
- high rates of risk-taking behaviours
- healthy development threatened (especially emotional, but also physical)
- difficulties in school or at work.

### Violence protection and prevention

Although violence can take place between anyone and in any context, it mostly occurs in situations of power imbalances, where one person is physically, economically or emotionally stronger than the other. This means certain population groups, such as women, children, older people or persons with disabilities or psychological illnesses are at particular risk for becoming targets of violence.

There are some contexts that lead to heightened risks for violence, for example over-populated urban settings with high rates of poverty and unemployment, or post-disaster settings where physical and social protective structures have crumbled and been replaced by havoc and frustration.

### Violence and disasters

The chaos caused by disaster situations often leads to heightened risks for interpersonal violence. There is no single factor that explains this. Rather, people hurt others and themselves due to a mixture of complex risk factors or social conditions affecting individuals and within their families, communities and societies.



### Violence is a sensitive topic

Violence is a topic that can bring up strong feelings of anger, hurt, sadness, fear, and shame. These are normal and natural responses to being hurt, seeing others hurt or having hurt someone. Be sensitive when working with issues of violence through psychosocial support activities.



They typically exist before a disaster takes place and then intensify during and after disaster situations due to the disruption of personal, communal and public support systems.

National Societies that work with violence typically use an integrated approach, providing support, promoting peace and preventing future violent acts.

### Risk factors after disasters

Examples of factors that increase the risk of violence during or after a disaster situation are

- age and gender-based inequalities and discrimination
- social isolation and exclusion
- harmful use of alcohol and other substances
- financial insecurity and inequality
- lack of or disruption to protection systems
- misuse of power.

### Preventing gender-based violence in Haiti

Following the earthquake in Haiti in January 2010, French Red Cross implemented a psychosocial and protection programme with activities in the capital city of Port-au-Prince and in Petit-Goave, a provincial town.

Gender-based violence was identified as a priority issue, as life in camps further weakened women's vulnerability in a society where gender-based violence was rampant even before the earthquake. Violence against women and children was common, frequently leading to physical injuries, and at times, to permanent disabilities. Many women reported feeling depressed and helpless.

The main issues that were seen as threats to the women's well-being were:

- fear of reprisal, as aggressors were often gang members
- concern for their children, as the women typically had sole responsibility for their welfare
- dependence on men and vulnerability, as many of the women were uneducated and without regular income.

The psychosocial and protection activities chosen focused on identification and referral of survivors, and strengthening referral systems.

#### Port-au-Prince

In Port-au-Prince, the activities aimed at reducing the incidence of sexual and/or domestic violence through strengthening referral systems for medical, psychosocial and legal support for survivors and the promotion of women's rights within communities. The specific activities chosen were:

#### Support to survivors

- identification and training of two gender-based violence focal points per camp
- identification of medical structures for referral, and training of medical staff on gender-based violence and medical protocol for survivors
- recruitment of two psychosocial workers to ensure psychosocial support within the referral health structures.

### Refuges for survivors of violence and abuse

It is essential to keep the location of a refuge absolutely confidential. This will preserve the safety of survivors of violence and minimize potential problems of discrimination or retaliatory acts by violent perpetrators.



### *Support to communities*

- community sensitization campaigns through partnership with a local professional drama group specialized in forum theatre
- community sensitization campaigns focused on human rights and gender-based violence, on key dates (International Women's Day, Haitian Women's Day, International Day for the Elimination of Violence against Women)
- partnership with a local association involved in promotion of women's rights, including recruitment of legal staff and implementation of weekly legal workshops in the camps
- writing workshops facilitated by a well-known Haitian writer.

### **Writing workshops**

One of the women who participated in the writing workshops said: "When the Red Cross suggested this workshop, I did not understand what it was all about but I decided to go. I thought the least that could happen was that they would give us something. But when I got there, all they gave us was a Coca Cola and a biscuit and nothing else!

I wondered about going back. I decided to give it another try but after the second session, I decided not to go anymore. When the time for the third session came round, somehow I could not resist going. My feet just took me there!

I think, now I finally understand what the workshops are all about. I am writing about my own experience, about me, about what is happening in my life. And for the first time in my life, I realize that I exist!"

The beneficiaries in Port-au-Prince were mainly women, couples and families living in camps. The activities were initially planned to only target gender-based violence survivors, but monitoring showed that survivors of other types of violence also needed support, such as children who had been maltreated or survivors of sexual abuse. Activities included gender-based violence prevention activities, door-to-door visits and group discussions with the focal points.

#### Petit-Goave

In Petit-Goave, psychosocial support was directed towards protection, aiming to:

- provide physical and psychological support to female victims of gender-based violence and vulnerable women, and
- help to reinforce socio-economic conditions for the women's recovery of their place in their community.

The project had three major components:

- capacity building of local partners
- the establishment of an emergency shelter for female survivors of gender-based violence
- income-generating activities.

The emergency shelter welcomed women and girls of 16 years and older who were survivors of gender-based violence or in a situation of extreme vulnerability. They were given safety and emotional support. Priority was given to those with young children, to women and girls living on the street, and to those who needed a safe place and protection from their abuser. Women from remote areas were also welcome for a short time, if they were in the downtown areas for legal aid or medical assistance. Beneficiaries could stay for a maximum period of six months.



## Gender-based violence in Argentina

Argentine Red Cross has a number of initiatives in relation to gender-based violence.

In 2011, they developed a campaign “Hombre contra el Machismo” (Men against Sexism), to raise awareness in the general population, and men in particular, about domestic violence and femicide in Argentina. The campaign was rooted in the understanding that an end to discrimination, inequality and violence would only be achieved through the recognition and strengthening of women's rights and the inclusion of discussions of gender in social and political institutions.

Argentine Red Cross engaged men as active participants and leaders in the campaign, to communicate that men are not only part of the problem, but are also an essential part of the solution. One of the key messages was, “We want more men and fewer machos.”

On 25 November each year, the International Day for the Elimination of Violence against Women, Argentine Red Cross also organizes information campaigns with regional networks and training workshops for volunteers and participates in the Latin American Congress for female journalists and writers.

They also include a briefing on gender-based violence in volunteer training for emergency situations. Volunteers are trained on how to observe their environment attentively before they are sent out to help in the communities.

In their work on gender-based violence in communities, Argentine Red Cross pays attention to:

- cultural and traditional characteristics of the affected community
- ensuring that contraceptives are accessible, and that workshops are arranged to teach people how to use them
- ensuring that women know how to follow standard hygiene practices

- encouraging pregnant women to regularly visit and make use of the public health care system
- providing spaces for the women to meet and talk.



### RespectED: Violence, bullying and abuse prevention



Canadian Red Cross runs a violence, bullying and abuse prevention programme that aims to create safe environments, free from violence and abuse. The programme focuses mainly on children because they are the smallest and most dependent population group, but it also has activities for adults and youth.

The four streams of activities focus on:

- implementing violence prevention
- preventing violence against children and youth
- promoting healthy youth relationships
- preventing bullying and harassment.

### RespectED: Violence, bullying and abuse prevention

A range of online and classroom courses are available. Examples of some of the courses are:

For children aged <b>5 to 9</b>	<b>Be Safe!</b> focuses on the prevention of sexual abuse.
For youth aged <b>10 to 18</b>	<p><b>It's Not Your Fault</b> aims to prevent abuse and neglect, explains why abuse happens and how to get help.</p> <p><b>Beyond the Hurt</b> works to prevent bullying and harassment by exploring why people bully, get bullied, and stand by, while others are being bullied. It includes a youth facilitator workshop that teaches youth how to teach the skills they have learned to their peers.</p> <p><b>Healthy Youth Relationships</b> aims to prevent relationship violence.</p>
For <b>adults</b>	<p><b>Ten Steps to Creating Safe Environments</b> focuses on how to create safe environments, free from violence and abuse.</p> <p><b>Prevention in Motion</b> helps adults create safer environments for children and youth to prevent violence and abuse from happening.</p>



### Vaccination against violence

Colombian Red Cross runs a programme called 'Vaccination against violence.' The programme aims to encourage individuals to commit themselves to attitudes and behaviours to halt the cycle of violence. The programme targets both adults and children, as long as their parents have agreed to their participation.

A booth is set up in a public place with posters displayed and music playing to attract attention. When people approach the booth, they are invited to sit down and talk to the Colombian Red Cross facilitators who are dressed like nurses or medical helpers. In communities where there are high rates of interpersonal conflict, care is taken to make sure people understand the activity is not directed toward a specific person or group of people.

Colombian Red Cross





Visitors to the booth are asked if they want to be inoculated against violence. If they agree, they are given a vaccination card and the ‘vaccine against violence.’ The vaccine is actually sweets in a medicine bottle, labelled ‘vacuna contra la violencia.’ The facilitators then hand out information cards, containing basic information about types of violence, and what to do if a person is affected by any form of violence.

The activity has proved very successful in getting people to discuss social violence. At times, they express their sense of hopelessness or complain about the impact of violence on their lives. Others joke, saying, “I don’t need this. I am already vaccinated!” or “I need lots of doses,” or “A person I know needs a triple dose!” The facilitators take care to reinforce the playful spirit of the activity. They stress the idea that the vaccine is symbolic, that it aims to raise awareness and that it obviously cannot really protect someone from violence.

One of the facilitators commented: “The ‘Vaccine against violence’ activity provides an intimate, safe space where we can discuss issues face-to-face and get responses directly from those participating. This makes it easier to reduce the stigma that is usually linked to discussing violence. We are able to clarify doubts and answer questions that may not be generated in workshops with larger groups.”

## Acts of terror

Violence in the form of acts of terror aim to cause death and destruction in indiscriminate attacks on civilian and military targets. Those responsible deliberately set out to create a state of fear, with wide-ranging psychological consequences. They frequently have ideological or political purposes, being conducted by violent non-state actors.

### Who is affected by terrorism?

This type of violence not only impacts the targeted community or country, but can affect the whole world and influence international relations. The immediacy of the news media is such that everyone quickly knows about an attack. Acts of terror lead to heightened levels of anxiety and fear amongst the general population, as people are unsure of when or where they will be repeated and who the next targets are.

People at particular risk for having strong and adverse reactions to acts of terror are:

- survivors of and witnesses to the event
- first responders who helped survivors and witnesses
- families and friends of people who died or were injured
- people with previous trauma experiences
- populations at particular risk, such as children, older people, people with enduring mental health problems, etc.
- people who believe that they are a potential next target group.

### How people react to terrorism

Reactions to terrorism depend on the nature of the event, the extent of death and destruction, and how the incident is managed. Acts of terror typically lead to heightened security and involvement of police and other first responders, which may also be frightening, both for those directly and those indirectly affected.

Typical immediate emotional reactions to terrorist events are feelings of shock, fear, grief, anger and confusion, which can all lead to behavioural reactions of



Reuters / Courtesy of Alertnet

flashbacks, nightmares, extreme irritability, jumpiness, stress, and problems with alcohol or substance abuse, etc.

### How to help after terrorist attacks

Red Cross Red Crescent National Societies are often part of the team of first responders when terror attacks occur. This is because many National Societies have a team of staff and volunteers who are specifically trained on how to react in such situations by providing physical and psychological first aid, helping to create a sense of calm, and bringing people to safety.



#### American Red Cross disaster mental health services

American Red Cross has a disaster mental health service that is part of the public health response for communities affected by disasters. The service provides psychological triage and behavioural surveillance, crisis intervention and referral to community resources as needed.

At the Boston Marathon on the 15 April, 2013, 400 to 500 American Red Cross volunteers were on site, helping with water stations and in rest tents. At 2.49 pm, two bombs went off very near the finish line, where hundreds of spectators were congregated. Three people died and around 260 people were physically injured. Many people were emotionally affected by the fear and chaos caused by the terror attack.

The local Red Cross branch activated its disaster response plan. They immediately began to account for volunteers, referring them to pre-determined safe locations, and switched to response activities. The Red Cross vests that were used were the same, but the mass-care volunteers were replaced by disaster mental health professionals.

The following day a family assistance centre was opened. The Red Cross is often the lead agency in the establishment of a family assistance centre, but government, non-governmental organizations and community groups usually work together in the centre. This type of centre is usually set up a few days after an incident, and is typically in a hotel. It gives families a private safe place to receive daily briefings and assistance etc. The media also receives their daily briefings at this location.

The Red Cross also provided spiritual care services, childcare services and other individual client services appropriate to the incident.

The bombings deeply affected Boston, so the American Red Cross developed a set of mental health tips to help enhance resilience and improve the well-being of the affected population. Flyers were posted around the city with images and messages about taking care of yourself and your family. Four days after the bombing, 'car cards' were also produced. These were posters placed on trains and buses, giving tips about emotional support and details of a 24-hour helpline.



The psychological triage card used by the American Red Cross in emergency situations.

PsySTART™ Mental Health Triage System	
DANGER TO SELF OR OTHERS?	<input type="checkbox"/>
FELT/EXPRESSED EXTREME PANIC or FEAR?	<input type="checkbox"/>
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?	<input type="checkbox"/>
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?	<input type="checkbox"/>
DEATH OF PARENT, CHILD or FAMILY MEMBER?	<input type="checkbox"/>
DEATH OF PET?	<input type="checkbox"/>
SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER?	<input type="checkbox"/>
TRAPPED or DELAYED EVACUATION?	<input type="checkbox"/>
FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR?	<input type="checkbox"/>
UNACCOMPANIED CHILD?	<input type="checkbox"/>
HOME NOT LIVABLE?	<input type="checkbox"/>
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?	<input type="checkbox"/>
PRIOR HISTORY OF MENTAL HEALTH CARE?	<input type="checkbox"/>
PRIOR HISTORY OF DISASTER EXPERIENCE?	<input type="checkbox"/>
NO TRIAGE FACTORS IDENTIFIED	
<small>                     ⚠ If yes, immediately contact site supervisor and DMH or call 911.                      ⚠ If yes, contact DMH as soon as possible.                      Contact DMH at the end of your shift for all other risk factors.                      © 2011-2012 Hazards &amp; Survival, Inc.                 </small>	

## Coping and Taking Action

**The explosions at the Boston Marathon have deeply affected us all. Here are some tips for staying strong:**

- Spend more time with family and friends and offer your support.
- Stay informed but limit exposure to media coverage of the events, especially for children.
- Take care of yourself. Eat healthy, drink plenty of water and get enough rest.
- Be patient with yourself and others. It's common to have any number of temporary stress reactions such as anger, frustration and anxiety.
- To reach out for free 24/7 counseling or support, contact the SAMHSA Disaster Distress Helpline at **1-800-985-5990** or text **'TalkWithUs'** to **66746**.

[www.EasternMassRedCross.org](http://www.EasternMassRedCross.org)



## Terror attacks in Norway

On 22 July 2011, a bomb exploded in the centre of Oslo, Norway and a few hours later a gunman started shooting young people attending a summer camp on Utøya Island, outside of Oslo. 77 people lost their lives and 66 were seriously injured. Throughout the time that the gunman was at large, nearly 700 people had been under threat of losing their lives.

### Immediate response

Staff and volunteers from Norwegian Red Cross were immediately deployed to assist in both places. Red Cross search-and-rescue teams used their boats to transport people from the island to a hotel on the mainland. They searched the waters for the remains of those who had been shot in the water as they tried to escape.

Information for both children and adults affected by the shootings was circulated through Red Cross local branches and districts, on Facebook, via the Red Cross helpline and website, via local authorities and non-governmental organizations and through the mass media. Support was also given to all the volunteers and staff involved, including the search-and-rescue teams and the psychosocial support teams.

### Short- and long-term recovery support

As the youth who had attended the camp on Utøya had come from different parts of Norway, Red Cross centres all over the country opened their doors. Survivors and relatives or other people feeling a need for a place to gather were able to sit down together and share their experiences and thoughts. The authorities also asked Red Cross volunteers to pair up with the survivors and the bereaved, when they visited the island one month after the shootings on Utøya.



Ståle Wig



A consultant who assisted the Norwegian Red Cross set up long-term support gave the following advice: “It is important to maintain a dialogue with survivors, families and helpers. What are their needs now? And it is important to adapt to changing needs. The support should not ‘freeze’ people into being ‘the survivor’ for the rest of their lives. Encouraging people to have a life connected with friends and family is very important. This helps to give dignity and hope for the future.”

### National Support Group

A national support group was set up with those who were affected, giving them a public voice and providing peer-to-peer support. The national support group has more than 1000 members, organized in 17 local branches, with activities such as:

- encouraging local follow-up for the bereaved, survivors and others directly affected, based on national guidelines for providing such support
- promoting long-term well-being of those affected
- identifying shortcomings in the monitoring of the affected population
- establishing contacts to decision makers and the media
- acting as spokespersons on behalf of survivors and families in the public domain.

Norwegian Red Cross was also actively involved in planning four weekend gatherings for the bereaved parents and siblings of the victims from Utøya, which was organized by the Directorate of Health.

### Helping the helpers

Although the main focus was on helping those who survived and were affected by the attacks, Norwegian Red Cross was also very focused on the longer-term well-being of the helpers involved in the response. All of the 560 staff and volunteers involved went through a one year follow-up programme, where support groups were offered as a platform to discuss their experiences and feelings and where they themselves were offered psychosocial support.



### Back to life in Beslan

In September 2004, on the very first day of the school year, more than 1200 people were taken hostage by armed fighters in a school in Beslan, North Ossetia. In the end, 334 people were killed and 154 people were left disabled. The whole community of Beslan dramatically changed as people were plunged into deep grief, social ties were disrupted, and mistrust and lack of faith increased.

In January 2005, in agreement with the Russian Red Cross, a community-based psychosocial support programme was launched by the International Federation to help the affected population in Beslan. The main activity during the first stages of the programme was to visit the homes of the affected families. This gradually changed to involving people in social activities at the Russian Red Cross rehabilitation centre. The entire psychosocial programme was a combination of individual and community work, volunteer involvement, training, information dissemination and advocacy.

Activities included:

- *We can talk about it* – bimonthly tea parties for families
- *Beauty will save the world* and *World around us* – photo competitions and exhibitions
- *Good-bye summer!* – get together for children before the start of the school year
- *Getting together with friends* for people with disabilities
- *Let’s talk about our children* – talks with parents

Jenny Matthews





Examples of community activities included:

- Mourning days from 1—3 September with Russian Red Cross staff and volunteers on duty at the old school and at the cemetery
- *The world in children's eyes* – competition and a travelling exhibition of drawings
- New Year parties for children
- Russian Red Cross Cup in Beslan (football, chess, basketball)
- psychosocial support trainings for beneficiaries, helpers and the general population.

Although the programme focused on the families affected by the Beslan tragedy, it also identified others with acute social problems, such as children living with disabilities and older people suffering from neglect and isolation.

#### **Results of the programme**

An evaluation three years after the tragedy found that the psychosocial support programme activities had helped in a number of different ways. People in Beslan came back to life. Children were less aggressive and happier to leave their homes and go to school. Those trained in psychosocial support became more confident in providing professional services to people. They felt their new skills made them more considerate and caring in their private life, and they were able to solve private problems in new ways. Some of the trained nurses also used their skills later in response to other incidents.<sup>3</sup>

## Armed conflict

Armed conflicts include international wars, civil wars, gang violence, or rivalries between tribes or religious groups. Those involved in armed conflicts today often use the most modern weapons available, leading to more immediate and wide-spread death and destruction.

People who live in areas impacted by armed conflict face constant danger and threats to their physical well-being and survival. This inevitably leads to experiences of immense emotional stress. Witnessing or experiencing fighting and violence not only impacts social structures and support systems, but can also have long-lasting negative effects on interpersonal relationships and on individual growth, psychosocial well-being and mental health.

People who are affected daily by armed conflict or who have fled their homes due to conflict often find it very difficult to feel they are living a normal life. Many have seen their homes and neighbourhoods destroyed and watched family members or other loved ones injured, tortured or killed.

Typical reactions to living in armed conflict situations include:

- feelings of fear, anger, confusion and sadness
- inability to trust others
- feeling victimized
- aggressive behaviour
- risky behaviour
- healthy development threatened
- social isolation
- post-traumatic stress.



National Societies work in conflict and post-conflict settings all over the world, engaging affected populations in a variety of activities to help them cope and try to re-establish some sense of normalcy. Examples of common activities in psychosocial support programmes are:

**Support group meetings**, where adults and/or children have the opportunity to share their experience and concerns in a neutral space, and provide peer support to one another are invaluable, as they help people to realize that there are others who have similar emotions and concerns.

**Arts and crafts activities**, such as drawing or making sculptures are great ways to keep both adults and children engaged and for them to express their emotions non-verbally.

**Play activities for children** are very popular as they provide children with opportunities to relax and have fun in environments that may otherwise be filled with stress and difficulties. Engaging children in play activities also helps by giving parents and caregivers time to do other things.

**Sports and physical activities** help both children and adults to keep healthy and strong, and distract them from emotional and mental challenges. They are often used to promote team building and to encourage friendship building in situations where people find it difficult to trust others.

**Livelihood skill building**, such as learning how to sew or how to start one's own small business. This empowers people enabling them to survive economically and strengthening self-confidence and building hope for a better future. Such activities are also often combined with efforts in helping people find employment.



Jacob Dail



Pakistan Red Crescent Society  
انجمن صلالہ احمر پاکستان

### A step forward

A woman who regularly visits one of the psychosocial support community centres in Pakistan shared her story of how the conflict between the Pakistani Army and the Taliban had impacted her family. Her husband had been killed in front of her. She had had no choice but to run away with her children to save their lives. It felt like a huge betrayal for her to leave her dead husband without a proper burial.

When she was in the camp for internally displaced people in Mardan, she realized she needed to learn a new skill for survival, so she wouldn't have to stand in the queue, begging for food and clothes. She began to attend the psychosocial support community centre where she learned how to sew. Sewing now gives her the means to feed her children without being dependent on relatives.

She has also learned about stress management and how to deal with her children in a positive way, even when she is not feeling well herself. She says when she is in the community centre, she doesn't think about her worries, and instead feels happy and relaxed. She enjoys practising the stress management exercises with her children at home.

Psychosocial support training programmes for volunteers are also important in conflict and post-conflict settings. Topics usually include psychological first aid, reactions to situations of armed conflict, how to help others, and how to deal with volunteers' own experiences and emotions.





## Psychosocial support to children and their families in Gaza

Palestinians continue to experience conflict and violence in their daily lives, witnessing death and destruction of their homes and communities. Danish Red Cross has supported the Palestine Red Crescent Society in providing psychosocial support to children and their families in the Gaza Strip since 2002. The aim of the psychosocial programme is to help the children and their families cope and build resilience to deal with the on-going conflict. There are four levels of intervention in the current psychosocial programme:

*Local interventions:* Psychosocial activities focus on strengthening self-confidence and promoting the physical, psychological and social protection of entire communities. Activities include open house days, theatre performances, workshops, child-friendly spaces, camps and national campaigns to raise awareness about psychosocial well-being.

*Focused non-specialised interventions:* These activities target particularly vulnerable groups and their challenges in this conflict situation. Activities include workshops for children aged 11-13 and for youth leaders.

*Focused, professional interventions:* These are consultations and services with professional mental health practitioners for individuals who need them.

*Capacity building and support:* Staff and volunteers are offered training and support promoting good practice in providing psychosocial support.



## Psychosocial support eases the daily difficulties of Syria's displaced

In response to the psychosocial needs of the people displaced by the conflict in Syria in 2013, Syrian Arab Red Crescent, in cooperation with partners, had set up 33 psychosocial support mobile teams working in all Syrian governorates, including ten counselling centres and four multi-disciplinary units.

In Al-Madrassa-al-Muhdatha, for example, Syrian Arab Red Crescent provided psychosocial support in a centre sheltering 60 families. Most of the families had fled from rural areas around Damascus. Many had witnessed violence and lost loved ones, leaving them with feelings of emptiness and grief. Their lives had changed so dramatically and they felt they had nothing left. They felt isolated, anxious and fearful. Parents were worried about their children and about the future.

However, through a variety of psychosocial activities the families' well-being improved and they were able to focus on other things than their problems and feel a sense of harmony together. One of the psychosocial activities was a musical orchestra for young girls, led by a Red Crescent volunteer. Samer, the volunteer, said that he had dedicated himself to humanitarian work, and found that music seemed to be the best way to help the children cope with their daily problems.

One of the girls in the orchestra, 13-year-old Reem, had to flee the family home with her parents and seven siblings. Despite all the hardships she faced, she was happy in the shelter. She liked being there because she had good friends and they learned new things every day.





Jordan Red Crescent

Danish Red Cross



### Support centre for Syrian refugees

When the crisis in Syria began, the Qatar Red Crescent Society set up a psychosocial support centre in cooperation with the Jordan National Red Crescent Society. This centre provided support for refugees in the Zaatari Camp.

The aim of the psychosocial activities at the centre were to provide productive social, educational and entertainment activities that could help to spread hope, eliminate anxiety and improve a feeling of psychosocial well-being. Particular focus was on engaging the youth in creative and meaningful activities to keep them optimistic and positive about the future.

This was the second centre to be opened by the joint efforts of the two National Societies. The first centre was established in Mafraq, which provided play therapy and other activities for children, as well as vocational courses for women and classes on family-related issues.

## Forced migration

More people are on the move across the world than ever before and the motives for global migration are wide-ranging. Many migrants move voluntarily, seeking economic opportunities and different lifestyles. Others, however, are forced to flee their homes due to conflict, repression or persecution, for example, or because they are affected by disasters, environmental degradation, or poverty. This is forced migration.

Forced migration is one of the most acute and visible consequences of disasters and conflict. Its scale and complexity have increased dramatically in recent years. According to the International Federation World Disasters Report 2012, over 70 million people in the world are forced migrants. Of these more than 20 million are trapped in states of prolonged displacement, meaning they are living in camps or informal settlements with unreliable access to basic services or opportunities to work. They often face risks that affect their dignity, safety and access to international protection.



### Kenyan Red Cross Youth volunteers support displaced persons

In December 2007, large parts of Kenya were affected by violence following a disputed Presidential election. The violence left at least 1,300 people dead and many more seriously injured. More than 350,000 people lived in camps as internally displaced persons, and communities hosted thousands more. Kenya Red Cross Youth volunteers offered psychosocial support to the displaced people living in the camps. Most of the displaced populations were deeply psychologically affected due to the mass killings they had witnessed, particularly as many had witnessed their family members being killed and properties burnt to the ground.

Migrants who are forced to leave their homes are a particularly vulnerable group. They leave the life they knew behind and often experience extreme difficulties during flight. They then face economic, social and emotional struggles in adapting to a foreign country. Many find themselves without friends, family or a support system, and feel lonely and out of place.

Loss of identity is common, heightened by the inability to fulfil familiar roles that defined them back home, such as being a father or mother or a breadwinner. Loss of social status is also difficult and is often further undermined by experiences of stigma and marginalization.

Migrants who are forced to leave their homes are therefore at high risk for developing chronic anxiety, psychosomatic complaints, post-traumatic stress disorder or other mental health problems. Specific migrant populations are at particular risk for adverse reactions, such as:

- women and men who have been
  - trafficked (see definition of and more information on trafficking on page 84)
  - exposed to gender-based violence
  - exploited for their labour
  - denied access to health care services
  - socially excluded
- victims of discrimination, xenophobia and violence
- children who are separated or unaccompanied, or have been trafficked
- older people
- refugees, internally displaced persons, asylum seekers, migrants without identification papers. Common reactions are anxiety and frustration over dependency on aid and lack of access to basic services in destination country.

### Challenges to psychosocial well-being caused by forced migration

Some of the most common challenges that threaten psychosocial well-being caused by forced migration are:

**Pre-existing problems before the migration**, such as belonging to a minority who were discriminated against, targeted by violence, or living in extreme poverty. Problems typically involve experiences of discrimination or marginalization and political oppression. Social exclusion can lead to severe depression, anxiety and high risks of substance abuse, particularly alcohol.



Gina Guinfa/IFRC

**Emergency-induced problems** such as family separation, including having to leave children behind in the country of origin; disruption of social networks; destruction of livelihoods, community structures, resources and trust when leaving the country of origin; and increased risk for gender-based violence on the migration journey.

Typical reactions to such problems are feelings of grief and distress; alcohol abuse; depression and anxiety disorders including post-traumatic stress disorder before, during and after the migration journey.

**Problems after migration** such as not having traditional support mechanisms, not having access to health or other services in destination country, or living in poverty.

**SOURCE** International Federation of Red Cross Red Crescent Societies: World Disaster Report 2012.



### The International Federation and psychosocial support to migrants

The International Federation's Policy on Migration adopts an integrated and impartial approach, which combines immediate action with longer-term assistance and empowerment. The Movement is committed to responding to migrants' vulnerabilities without discrimination and irrespective of their legal status. Projects include support for refugees and asylum seekers, internally displaced persons, separated and unaccompanied children, victims of human trafficking and migrants. Psychosocial support is typically integrated into other programmes that address basic needs, such as health care, shelter and clothing, or legal aid. A few examples are given below:



AUSTRIAN RED CROSS

#### *Austrian Red Cross: AMBER MED health clinics*

The Austrian Red Cross collaborates with the Diakonie Protestant Refugee Service in running health clinics for people without medical insurance, which includes migrants from Eastern Europe, asylum seekers, undocumented migrants, and Austrian citizens. The clinics help people in acute and emergency medical and psychological situations. They have volunteer doctors in general medicine, gynaecology, paediatrics and neurology, together with volunteer psychotherapists and a physiotherapist.



DANISH  
RED  
CROSS

#### *Danish Red Cross: Psychological support in asylum reception centres for unaccompanied minors and large families*

Danish Red Cross employs psychologists in their reception centres to screen unaccompanied minors in relation to psychological difficulties, post-traumatic stress disorder or other mental health challenges. This information is used to refer the unaccompanied minors for specialised services, when necessary.



CROATIAN RED CROSS

#### *Croatian Red Cross: Regional mobile teams to assist victims of trafficking*

Croatian Red Cross operates three regional mobile teams with trained staff that provide initial assistance to potential victims of trafficking. They also run a national shelter for adult victims of trafficking, where they provide food and accommodation, health care, psychosocial and humanitarian assistance, and support for the reintegration process.



#### *Armenian Red Cross Society and UNHCR: Assistance to asylum seekers project*

In this project, asylum seekers are provided with medical, psychosocial, humanitarian assistance based on case-by-case assessment. Asylum seekers are helped with employment and legal counselling; interpreting and translation services; monthly information sessions; and language courses. Other migrants, regardless of their status, are provided with employment advice, legal counselling and advocacy.





See the sections on armed conflict (p. 76), disaster management (p. 53) and economic crisis and poverty (p. 88) for examples of activities with populations that have been forced to migrate due to these situations.



### French Red Cross support to unaccompanied minors

When unaccompanied minors arrive at French entry points, they are usually exhausted, afraid, anxious and feel insecure about their future and what will happen to them. They have been separated from their families and communities, and have often witnessed or experienced violence and conflict. On arrival into France, French Red Cross supports unaccompanied minors by linking them with mediators and administrators.

Mediators are staff who work for French Red Cross and are responsible for:

- receiving minors into the country, once the police have completed their procedures
- providing basic care and stability to minors, with an additional safeguarding role in relation to toddlers
- structuring daily lives of minors, including leisure activities
- provide cultural and linguistic assistance.





Administrators are French Red Cross volunteers who have been trained to act in this capacity over a one-year period. They are responsible for:

- assisting and representing the child during all administrative and judicial procedures
- providing moral and social support
- linking with families
- preventing human trafficking
- acting as the contact person to outside parties in relation to administrative and judicial procedures.

French Red Cross also provide on-going legal support to unaccompanied minors. They seek to ensure that legal procedures protect the rights of the children as they negotiate the legal system.

The efforts of French Red Cross have also led to improved conditions for unaccompanied minors in detention, including a social area dedicated for their use.

**SOURCE** International Federation (2012) World Disasters Report 2012, International Federation (2012) Psychosocial support. The psychosocial impacts of migration

## Human trafficking and exploitation

Human trafficking is when people are kidnapped or recruited under false pretences and are held in captivity or sold to others for the purpose of exploitation. Children and women are predominantly the victims of human trafficking.

Exploitation includes forcing someone to prostitute themselves or engage in other forms of sexual activity without their consent; forced labour or services; slavery or practices similar to slavery; or the removal of human organs without consent.

Common types of exploitation include:

### Sexual exploitation

This is a very common type of exploitation, especially of women and young girls. Victims are forced into prostitution and are usually not given any kind of compensation. They are often abused physically and mentally, as well as sexually. They and their families often receive death threats if they do not comply with all conditions.

### Forced labour

Forced labour is any kind of work which people are forced to do under threat of punishment. Victims of forced labour are often minority or marginalised groups, with women and girls more likely to be exploited than men and boys.

Forced labour is frequently found in under-regulated industries, like manufacturing or mining, where working conditions are often atrocious and pose serious health risks. Exploitation occurs in private homes too, and is often unnoticed by others living nearby. Victims work long hours without pay and are often humiliated and beaten to keep them in servitude. Illegal market trading and begging are also often found to be associated with forced labour.



Jakob Dall



### Migration dreams were rewarded with trafficking and rape

When Chynarkul first came to the Red Crescent Society of Kyrgyzstan centre in December 2012 to attend a training in design and sewing, she was very quiet, uncommunicative and profoundly sad. However, as she began to trust the staff, she eventually opened up and shared her story.

In 2010, Chynarkul travelled from Kyrgyzstan to Kazakhstan with her husband to earn money. However shortly after, their employer died in a car crash. His widow then sold Chynarkul and her husband to the brother of the deceased, as if they were merchandise. The brother took away their passports and drove them to live on his farm, where Chynarkul did household work, while her husband looked after the cattle.

Whenever the husband was out with the cattle, the brother would come to the house and rape her. Chynarkul did not dare to tell her husband because her rapist threatened her and the children if she told anyone. Eventually Chynarkul found out that she was pregnant, most probably with the rapist's baby. She was afraid of her rapist and of her husband's reaction. She decided to flee and took the children with her. After an extremely difficult journey, she reached Kyrgyzstan. There she gave birth to her third daughter who was premature, weighing only 1.200 grams.

Two years later, Chynarkul had moved forward in her life and benefitted from the support of the Red Crescent. The training programme in design and sewing gave her emotional stability and a new social support network, as well as new skills to earn a living. She made plans to take part in the Red Crescent's free computer training. Although Chynarkul continued to have nightmares, and needed ongoing help to deal with them, she was able to reunite with her husband and their third child has recovered well from the premature birth. She developed hope for the future.

Majaja Tammi, Fincross/IFRC



### Forced marriages

A forced marriage is a marriage when one or both of the parties are married without his or her consent or against his or her will. This can occur when parents agree and conclude marriages for financial gain without the consent of their children, or when persons (usually girls or women) who have been trafficked are sold for marriage. Minors are often forced into marriage where the marriage partner is much older. Women in forced marriages often do not have control over childbearing and have reduced, if any, parental rights over their children. Many women also have no protection against domestic violence, which is common in forced marriages.

### Human organ trade

Human trafficking for organ trade occurs all over the world. Organs are removed without the consent of the persons involved and sold on the black market for transplantation.



### When people become a commodity

Norwegian Red Cross has worked with trafficking issues since 2008. They run a number of different projects that aim to help victims of trafficking find stability, strengthen their confidence and form supportive social networks. The three main projects are:

#### Sophia – Red Cross homework help

Sophia is a group for women who are now doing further education. Volunteers help the women with homework, study skills and motivational issues. The group meets once a week and always includes making dinner together. Other social activities are also organized. Once a year, participants who are leaving the project and volunteers and staff go away together on a weekend trip.

#### Aurora – Red Cross networking

Aurora is a network that links volunteers and participants of the same gender one-to-one to spend social time together. They talk, laugh and experience different things each week, giving participants a break from dealing with their challenges.

#### Right to be seen

Since 2009, the City Church Mission and Norwegian Red Cross have run a health centre for undocumented migrants in Oslo. The staff and volunteers meet with people they suspect may be victims of human trafficking, particularly those who may have been exploited for labour. These are mostly people who have very little contact with support systems and thus know little or nothing about the rights they are entitled to as victims of trafficking.

Many of the women attending Sophia arrive with low self-esteem. They are anxious about meeting new people and seem unsure about the motives of the volunteers in their first encounters. However, after a few weeks, they build up their confidence and feel able to participate in discussions. They start to believe in their own abilities to cope. With regular attendance at the homework sessions, their academic performance improves dramatically and they gain good results.

A lot of the women who join the activities are very lonely with no support networks. Their experience of Norway has been largely negative. Many of them join Sophia and Aurora to participate in the social activities, which mean a lot to the women. Close relationships of trust often develop between the volunteers and participants.



Helkin Rene Diaz



### Finding your feet again

Mona came to Norway in 2010. In her home country, Mona and her family had a very difficult life. One day a friend of the family came to visit and said he could arrange a job for Mona in another country. Wanting to help herself and her family, Mona agreed. Her journey ended in Norway where she experienced terrible things, as she was forced into prostitution.

It took Mona more than two years before she was able to escape this difficult situation. Even then, despite being free, she faced challenges. She found it hard to understand the reality of what she had gone through and kept thinking about her past experiences all the time.

Mona was assigned a place in a school project for victims of trafficking. She also started to go to the Sophia and Aurora projects. She said, “It was very difficult to study before I started with homework help because I was not able to read and write well, but now I have improved so much.” Mona says the best part of the Sophia homework help sessions was the dinner the participants and volunteers made together, because they talked, shared experiences and had fun.

Mona applied for asylum in Norway, but was rejected. The reality of having to return to her home country was difficult, but also motivated her to complete her studies. Returning home with a certificate of education would make her family proud and help her future.

**SOURCE** Croatian Red Cross (2012) Easy Job

## Economic crises and poverty

Economic stability and security is an important component of well-being. Economic crises have dire consequences for many people’s lives. People who lose their jobs and homes are unable to provide for themselves and their families. These abrupt changes to income and financial security, especially when it happens outside of the individual’s control, threaten feelings of safety, social security and well-being. Unemployment and being dependent on outside support for livelihood can be associated with stigma and a feeling of shame. The future becomes uncertain and basic necessities such as a home, access to health care, food, and clothes may be at risk.

This may lead to:

- anxiety about the future
- stress
- depression
- isolation and antisocial behaviour
- anger
- violence
- conflicts with family and friends
- self-doubt and loss of self-respect
- mistrust of others
- self-destructive behaviour, such as alcoholism or substance abuse
- self-harm or suicidal tendencies.



Studies have shown a clear link between financial crisis and a rise in mental health problems such as depression, alcohol and drug abuse and suicide. Only a small proportion of people impacted by financial crisis will develop such severe problems, but most will feel negative effects on their psychosocial well-being.

The Global Financial Crisis of 2008 is considered to be the worst financial crisis since the Great Depression of the 1930s. It led to the threat of total collapse of large financial institutions in Europe, Asia, and the United States of America.

Groups with heightened vulnerability were, and still are, older people, single parent families, the unemployed, young people, the homeless, people with special needs and/or existing mental health problems, children and families living in conditions of extreme social vulnerability, migrants, refugees, asylum seekers, etc. Red Cross Red Crescent National Societies have responded to the financial crisis in many ways including psychosocial support. Activities aim to provide for basic needs, and at the same time strengthen people's existing resources and resilience. Ultimately the goal is that people can cope with their changed life situations in more positive and hopeful ways.

### Psychological first aid in situations of economic crisis

**Stay close:** A person caught up in an economic crisis may lose their sense of trust and safety in the world. Being at threat of losing one's home, not having a safe place to sleep, not being able to get adequate medical help, not being able to feed one's children are all extremely stressful. People in these situations may need immediate psychosocial support to assist with basic needs and access services.

**Listen attentively:** Telling their story helps the affected person to understand their situation. By listening, those affected by economic difficulties feel connected to others, feel that they are not alone, and realise that their reactions are common. Feeling less lonely while facing a huge problem can allow individuals to better trust their resources and to expect positive outcomes in the near future.

**Accept feelings:** When people face highly stressful situations, they may experience shock, stress, fear, anxiety, anger, depression etc. These are all natural reactions to the sudden loss of income or home, but they can be distressing in themselves, if they are not recognized as normal reactions.

**Provide general care and practical help:** It can be very helpful to help out with even the smallest practical things in times of crisis. However, it is important to encourage people to help themselves. Sudden unemployment or the loss of housing or daily routines threatens self-esteem and confidence. It is therefore important to provide activities that help people to keep control over their lives.

### Activities to support people affected by economic hardship

There are many different activities and interventions that can be used to support people made vulnerable by economic crisis or poverty. The basic principles of psychological first aid can help to guide activities promoting psychosocial well-being. See the section on psychological first aid on page 21 for more information.



Rebecca Shirin Jafari

Activities focus on a range of different objectives:

- providing places where people can come together, e.g. in community centres or schools
- creating supportive networks
- providing debt counselling or employment services
- training staff and volunteers in psychological first aid, supportive communication, lay counselling etc.
- offering seminars on self-care, microcredit schemes, growing vegetables, etc.
- linking people to vocational training
- providing social activities, sports and physical activities, cooking, etc.
- encouraging people to volunteer to assist others.



### Red Cross houses in Iceland

In 2008 Icelandic Red Cross provided psychosocial support to individuals and families affected by the financial crisis at Red Cross houses opened in five different cities. They offered counselling, recreation, education, social activities and free workshops. Seminars ranged from 'how to tidy your garden' and 'making homemade ice-cream' to meditation, self-help and writers' courses. Workshops included knitting, photography and various language groups. Besides offering opportunities to meet others and participate in these activities, the Red Cross houses also recruited new volunteers to the Red Cross.



### Counselling in economic crises

Counselling people in economic hardship aims to help people manage the problems they are facing. Focus is on helping people cope with negative feelings and re-building self-esteem and trust in their abilities to get through the challenging times. Counselling includes setting realistic goals, seeking solutions to practical problems and learning different ways of thinking. Sometimes counselling enables people to see problems as opportunities for growth and change. This kind of shift in thinking fosters self-efficacy and hope.

Counselling together with other supports such as social support, networking and training opportunities boosts personal skills and competencies as well as communication skills.



### Helping others is a good way to strengthen oneself

Elfar, a 32-year-old single father from Hafnafjörður in Iceland was working and studying at the university when the financial crisis hit. As a result of the crisis, he lost his job and had to stop studying, as he could no longer afford the fees. He became anxious and depressed. He remembers how hard it was, relying on financial support and not being able to 'stand on his own two feet.'

At New Year, he decided to make some changes. He started making use of local amenities like free access to swimming and the library, while he applied for jobs. At the same time, as he regained energy and enthusiasm, he decided to join the Red Cross as a volunteer. Elfar worked once every two weeks in the Red Cross house, where he was tasked to welcome newcomers, make coffee and explain what services were offered. He also taught people how to use the computers.



He says, “What I appreciated most was meeting people who were in the same position as myself. I could sit down with them and allow them to talk about their situation. One of the things which had always bothered me in life was feeling uncomfortable with people I did not know, and talking in front of others. At the Red Cross house I faced up to these challenges and found by practising these skills, I actually built up my self-confidence. I realised that helping others was a good way of strengthening myself!”

In addition to the Red Cross houses, Icelandic Red Cross also set up a telephone helpline, which was run in cooperation with the Directorate of Health and the National Hospital psychiatric ward. Affected people could call this helpline for emotional support and information on where they could get further assistance.

A series of short videos were also made and broadcast on national television. They featured short messages highlighting that feeling angry, helpless and hopeless were normal reactions in the crisis, and gave constructive advice on how to tackle challenges.



### Portuguese Red Cross responds to the economic crisis

Since 2010, Portuguese Red Cross has been running a programme called ‘Portugal Mais Feliz,’ meaning ‘Happier Portugal.’

The programme was created in response to the economic crisis and focuses on social development by promoting:

- autonomy of the most vulnerable, so that they can achieve better quality of life and economic, social and cultural inclusion
- academic and professional training
- active life recovery by supporting employment initiatives, entrepreneurship and
- microcredit schemes.

It also includes emergency activities, such as the distribution of food and clothing. Portuguese Red Cross have also provided financial support for short periods of time to help vulnerable families get back on their feet. Families are assessed based on their income and outgoings, current housing needs, level of debt, etc., and offered assistance in finding employment.

### Seeking help for the family

Sarah, a 45-year-old mother of two, stepped into the Portuguese Red Cross office on a cold winter morning, looking for help. Unemployed for 10 months, with a very small family allowance, but with water, electricity, gas and rent bills unpaid, she had no means of providing for her family. Her feelings of powerlessness, insecurity and fear of not finding solutions to her problems were typical reactions to the instability of the economic crisis. She had heard there was a possibility of getting help from the Red Cross.

The Red Cross staff member made a full assessment of Sarah's situation. It was calculated that she was eligible for three months' financial support, plus immediate access to food and clothing for herself and her children. She also received information about employment services and training on financial management.

### Capacity building and volunteers

An interesting outcome of the financial crisis has been that many Red Cross Red Crescent National Societies have received an influx of people who want to become volunteers. This is largely because unemployment rates have spiked, and people have more time for volunteering. They are eager to keep busy, help others, participate in courses and improve their skills and knowledge, and network with others. It has meant National Societies have had to make additional training and capacity building available, on top of expanding and adapting their services to address the new needs emerging as a result of the financial crisis.

### How a little cash and coffee had psychosocial effects

Jauharimana and Halima, an Indonesian couple, lived in a temporary camp after the 2004 Indian Ocean tsunami. A local Red Cross volunteer gave them a little money. They decided to use part of the money to start a small coffee shop right in front of their temporary home and soon they were making a modest living. Drinking coffee is important to Indonesians, and the small shop quickly turned into a spontaneous community centre, because many people stopped by to drink coffee and chat. The shop provided the structure that brought people together and thus helped them rebuild their lives emotionally, mentally and socially. The Indonesian Red Cross Society, Palang Merah Indonesia, was so impressed by the simplicity and success of the coffee shop that the idea was duplicated in three other camps.

 Palang  
Merah  
Indonesia

IFRC





# Health



Jakob Dall

PART

# 3

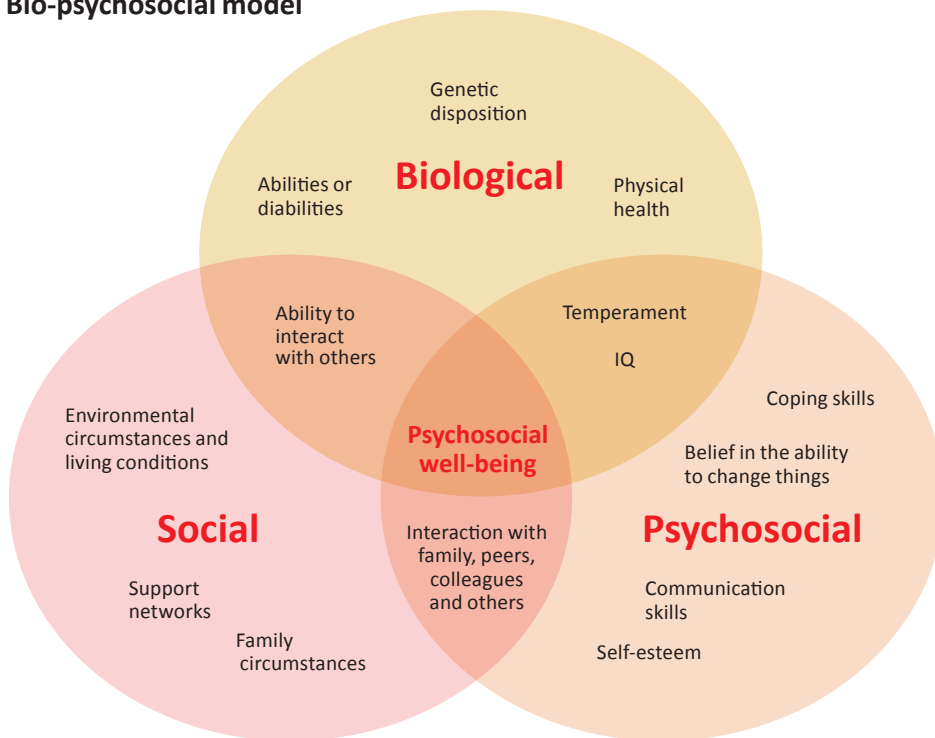
Part 3 contains examples of psychosocial programmes and activities that promote health and well-being. It includes information on promoting physical health, supporting people with chronic diseases and assisting people struggling with substance abuse.

### Holistic view of health

Health includes all aspects of well-being: physical, mental and social. These factors are all interlinked and equally important in promoting good health or in causing disease.

Living with physical illness impacts psychosocial well-being as well as mental health, as demonstrated in the diagram below.

### Bio-psychosocial model



**SOURCE** Adapted from Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Journal of the American Medical Association*, 237, 196:129–136.

## Physical activities

Mental health and psychosocial well-being are closely linked to physical health and can be improved by physical activities. The stress, anxiety and depression, for example, that is often felt in and after crisis situations can be seen in physical symptoms, like muscle tension, headaches, stomach aches, lack of energy and sleeping problems. In most cases, even moderate physical activity can help reduce physical complaints and at the same time improve overall physical health and psychosocial well-being.

### Types of physical activities

More and more National Societies are recognizing the importance of physical activities and are including sports and physical activities in their psychosocial support programmes. Physical activities can lay the foundation for a psychosocial programme or be included as a component. Examples include sports, dance, meditation, and physical work, such as building a clinic, cleaning up a community playground and household work.

Physical exercise helps keep hearts and lungs healthy, keeping our bodies and muscles strong, promoting good sleep patterns and healthy appetites. Physical activities also help to reduce physical feelings of stress and anxiety. They can reduce incidents of violence by giving people an alternative physical outlet for pent-up frustration.

Exercise also has social and psychological benefits. Physical health and strength make people feel good about their bodies, promoting self-confidence, self-discipline, body awareness and self-esteem. It has been shown that doing exercise has a positive impact on one's mood.

Participating in physical activities with others encourages social interaction. Team sports, in particular, promote communication and cooperation with others and help to encourage trust, mutual respect and understanding between team members. Being part of a team also boosts one's social identity and feeling of belonging. Most sports also help to develop cognitive skills, such as discipline, concentration, problem solving and creativity.

Choosing which physical activities to encourage and support should be done by consulting the affected population and finding out what they feel comfortable with, both individually and in groups.



### Physical activities in Japan

The Great East Japan Earthquake of 11 March 2011, followed by the tsunami and the massive nuclear accident, left many Japanese with an enduring sense of anxiety and uncertainty. In the areas most affected by the nuclear disaster, the authorities offered full body scans to test radiation levels after the disaster and in the years to come. Despite the good intentions of this safety precaution, the offer served as a constant reminder of the lingering threat of the disaster.

Psychologists and other healthcare providers worried that many survivors were going through severe emotional distress in silence, without asking anyone for help. In Japanese culture, it is not common to speak openly about difficult feelings, but instead more acceptable to explain distress through a description of physical discomfort and ailments. Bodily experiences thus act as a gateway to the inner, emotional state of mind, and are safely discussed with a health provider.

The Japanese Red Cross Society therefore chose to include a number of physical activities in their response to the earthquake including:

- massage
- physical exercise
- stretching and relaxation
- nordic walking.





### Nordic walking

Nordic walking is an exercise where walkers use specially designed poles held in either hand in their walking programme. It is a very effective form of cardiovascular exercise and helps promote good posture and muscle tone. Nordic walking is safe for older people as well as younger people, in terms of the stability offered by the use of poles.

These activities helped give participants positive physical experiences. As a result, they were more comfortable about sharing their feelings, which in turn reduced symptoms of stress, grief and anxiety. They found they suffered fewer health problems, too. The activities also gave them a strong social and emotional bond with one another, which was of enormous importance for participants who were living far away from home and loved ones.

### Sports help improve psychosocial well-being

Jordan National Red Crescent Society and the Palestine Red Crescent Society run a programme for vulnerable children and youth in Jordan and the West Bank, with the support of Danish Red Cross Youth. The programme creates opportunities for positive experiences for the youth and includes life skills, gender awareness, social theatre and sports activities. The sports activities aim to develop social skills on a general level, encouraging friendships and a social network.

The venues for the sports activities vary. One programme takes place in a youth prison in Jordan. Another programme is in the West Bank under occupation. Wherever they take place, every effort is made to provide a safe, 'normal' environment. Given these particular circumstances, it is important that the youth themselves define what 'normal' is for them. The facilitators strive to create an atmosphere of trust, empathy, respect and tolerance.

Psychosocial support sports activities do not necessarily differ much from regular sports activities. However, there are particular considerations that specifically promote psychosocial well-being:

- Volunteers are trained to understand the challenges of the target groups and have relevant skills in conflict resolution, lay counselling, etc.
- Volunteers understand what issues they can deal with, and what issues are beyond their expertise and require referrals to others.
- The focus of psychosocial support sports activities is on having fun and promoting friendship and cooperation, rather than on competition and practice.





The aim of psychosocial sports activities is to encourage positive interaction, healthy relationships and physical and emotional well-being to strengthen resilience. There is particular focus on communication, cooperation, trust, constructive negotiations, logical thinking, body awareness and motor competences. As the youth enjoy the sports activities, they also begin to feel healthy, strong, motivated and confident in ways that influence their lives positively.

Danish Red Cross Youth use a book called *Volunteer Handbook: A Guide to Psycho-social Sports Activities* when training volunteers to participate in this programme.



Jordan Red Crescent



### Using sports in a youth rehabilitation centre

Jordan National Red Crescent Society and Danish Red Cross Youth have run weekly sports activities in two youth rehabilitation centres in Jordan, with support from Danish Red Cross. The aim of the programme has been to give young boys, aged 12 to 15, a break from the daily routine by engaging them in structured sports activities, games and activities.

As it took a while for the boys to trust the two Danish Red Cross Youth volunteers, focus in the first few weeks was on activities that promoted trust and enabled all participants to get to know each other better. As time passed, it was clear the youth enjoyed the activities and looked forward to the regular visits by the volunteers. A social worker from the rehabilitation centre joined in and noticed that he was met with a different kind of respect when he changed from the regular uniform into his sports clothes.



### Sports in a conflict situation

In the West Bank, Palestine, Danish Red Cross Youth facilitated sports activities for young people. Many of the youth who took part in the activities were members of political structures active in the resistance against the Israeli occupation. They participated in demonstrations, some as demonstrators and others as first aid responders. Both roles hold potential risks of being hurt by rubber coated steel bullets or other acts of violence. Feelings of fear had become the norm for these youth, and this impacted them in several ways. Many felt anxious and depressed and found it hard to solve everyday personal conflicts. They felt a loss of hope and struggled to plan for the future. The sports activities were part of a strategy to provide support to the youth.

A volunteer facilitator recalls her experience: “The first day was a total disaster. The participants ended up fighting and the facilitating volunteers almost left in tears. Everything was chaos, but it was also a true representation of the frustration and reality the

### Planning physical activities

Make sure physical activities are:

- culturally appropriate
- not harmful in any way, either physically or emotionally
- conducted in a safe environment
- organized in single gender groups, if appropriate
- followed by quiet time for reflection and sharing.

Physical activities can be used to:

- make people feel comfortable together
- encourage self- and body awareness
- invite participants to share how they feel physically and/or emotionally.



Nina Christman | Danish Red Cross Youth

youth were facing. When the participants disagreed about something, they did not talk to each other. They lashed out and started hitting each other instead. Fortunately we persisted despite the chaos of the first day. Over time we managed to use the sports activities to reduce the violence and instead encourage positive relationships and interactions and gave the youth time off to relax and have fun. Now, the sports activities have become so popular that the programme has expanded to include a ten-day summer camp for young Palestinians.”



### Sports as an opportunity to teach life skills

Engaging people in sports and other physical activities provides an excellent opportunity for teaching life skills and providing ‘psycho-education.’ Participants can be asked to reflect on how they interacted during the activities, or what they could do to improve their communication or cooperation. Regular activities also provide the opportunity for participants to build relationships of trust with the facilitators and a forum where they can talk about personal issues if needed.



### TAXIS – a trust-building game from Swat

This is an activity from a psychosocial support programme in Swat, Pakistan. It was designed for the children affected by the floods and conflict in the region, but it can be adapted for use with youth and adults.

**Name of activity:** TAXIS

**Aim of the activity:** Participants build trust in one another

**Resources needed:** Space

**Time:** 20 minutes

**Trainer’s notes:** This game requires participants to touch one another on the shoulders or hips. Please divide the group into single gender groups if required.

#### Instructions:

1. Start the activity by explaining:
 

“In a few minutes I will ask you to get into pairs. One of you will be the driver and the other will be a taxi. The taxi will close his or her eyes, and the driver has to move the taxi very carefully, in a way that shows that the driver is to be trusted. The driver must move slowly, in order for the taxi to trust him or her.

Be careful that no-one gets hurt by bumping into things or other people. You may not speak during the activity.”
2. Ask the children to get into pairs.
3. Explain that they will first do a little game to choose who will be the taxi and who will be the driver.
4. Ask the pairs to touch each other’s nose with their finger. The person that touched first is the taxi! The other child is the driver. Ask the taxi to stand in front of the driver.
5. Now say to the children:
6. “Taxi, please close your eyes. Driver, hold onto the hips or shoulders of your taxi and steer your taxi. Drive the taxi round the area/room without crashing it into anything.”
7. After a few minutes ask the children to change roles.
8. When they have both had a turn, ask the children to sit in a circle and close the activity by asking the following questions:
  - What was it like trusting someone else to drive/guide you?
  - What was it like to guide someone else?





Jacob Dall

## Chronic diseases

Chronic diseases are the leading cause of death across the globe, representing 63 percent of all deaths. They are by definition 'long-lasting' (chronic means of long duration) and often progress slowly. They can be divided into two major groups: non-communicable and communicable.

Non-communicable diseases are ones that cannot be passed from person to person. Examples include heart disease, cancer, chronic respiratory diseases and diabetes. Communicable diseases are ones that can be passed from person to person or from animal to person. These include HIV, influenza, hepatitis, tuberculosis and malaria.

Chronic diseases can have a debilitating impact, not only on the person living with the disease, but also on his or her family and other caregivers. In addition to the physical suffering they cause, chronic diseases also often cause financial strain.

National Societies around the world respond in a variety of ways to chronic disease. Activities include:

- counselling and support to people who are ill and to their families and caregivers, through home-visits, support groups and buddy systems
- psycho-education offering information and problem-solving strategies
- advocacy to raise awareness of the challenges faced by affected individuals and their families and to help reduce stigma and discrimination
- rights-based work to protect people who have become ill from discrimination or maltreatment because of their conditions.

## Non-communicable diseases

Risk factors for non-communicable diseases are largely associated with lifestyle and environment. Tobacco use, physical inactivity, unhealthy diets and harmful use of alcohol increase the risk of most non-communicable diseases.

As indicated in the introduction to this section on health, biological, psychological and social factors all interact and affect health and psychosocial well-being. In the case of non-communicable diseases, unhealthy lifestyles often lead to, and/or stem from lack of psychosocial well-being. When people are sick and not able to function optimally, they usually develop an array of challenging feelings such as unhappiness, anger, confusion, hopelessness, despair and grief. At the same time, being unhappy or angry or living with grief or other negative feelings can lead people to stop caring about their health and well-being. Consequently they may choose to live unhealthy lifestyles, despite knowing what the potential risks are.

Unhealthy lifestyles, diets and harmful drinking occur in both high and low income countries. However, four out of five people suffering from non-communicable diseases live in low-income countries as they face lack of access to health care and high risk living conditions. In high-income countries, heart disease and strokes claim fewer lives; cancer patients are cured or survive longer; and people with diabetes have better access to treatment. By contrast, people with these diseases in low-income countries tend to fall ill sooner and die earlier.

### Preventing non-communicable diseases

Non-communicable diseases are largely preventable. By eliminating shared risk factors of tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol, almost 80 percent of heart disease, stroke and type 2 diabetes and over a third of all cancers could be prevented. Early detection, timely treatment and overall improved disease management could also reduce morbidity, disability and death, and lead to better health outcomes.

**SOURCE** World Health Organization: Assessing national capacity for the prevention and control of NCDs: report of the 2010 global survey.

A holistic approach to physical and mental well-being is the best way to assist those with chronic disease. Approaches should thus include programmes and activities that address issues of poverty, access to health services, education on healthy life styles and life skills, etc.



### Peer education programme on the Cook Islands

Two staff from the Cook Island Red Cross National Society expanded an HIV youth peer education programme that was based on training programmes on community-based health and first aid and 'Youth as Agents of Behavioural Change'. The activities they planned included three community health events, with free health checks, information on HIV, free condoms, first aid demonstrations and a two-hour cardio mass zumba (aerobics dancing) party.

The events proved to be a great success. They engaged youth in a wide range of activities, empowering them to make healthy decisions and to take better care of themselves. Their sense of belonging and connectedness was strengthened in the process, which created even more energy to focus on improving their health and shaping a better future for themselves and their friends and families.



Cook Island Red Cross  
National Society





## Community-based health and first aid programme leads to healthy living and a sense of empowerment

Tuvalu Red Cross Society implemented a community-based health and first aid project in 2011. The aim was to build up the National Society capacity to deliver a 'bottom up' community-based programme able to respond to the health, disaster and climate change needs of one community on the island of Funafuti, called Te Kavatoetoe.

Funafuti Island is a small atoll that is only one metre above sea level, which faced problems of overcrowding, limited land and poor soil quality, all making it difficult to grow fruit and vegetables. As most of the food was imported, it was expensive and beyond the reach of most households. In 2010, there were around 500 residents in Te Kavatoetoe, mostly migrants from the outer islands.

A participatory community assessment identified non-communicable disease as one of the seven issues within the community. A number of different activities were set up to equip the residents with knowledge of risk factors, and opportunities to change their lifestyles and become healthier. Examples of the activities were a weekly walking group, sporting events for the youth, home gardening workshops that included container gardening and composting.

Those who were involved in the project reported a sense of empowerment. A community development member who personally benefitted from the project and promoted it to others said: "I participated in the healthy programme including fitness activities and I feel much better than before. I used to weigh 130 kilos, but the last time I was weighed, I was only 84 kilos." Going out walking together was not only about exercise. It gave opportunities for friendships to develop, as well as sharing problems and advice with one another. Participants felt that their overall well-being had improved in increasing social connections with others in the groups and feeling part of island life.



Conor Ashleigh



### Health support by the Bahrain Red Crescent Society

The Bahrain Red Crescent Society runs a programme that promotes the health of people of all ages. Depending on the needs of the target groups, the programme provides physical and emotional comfort through a variety of activities.



**Older people** are visited in their homes or in the care facilities where they live. They are invited to join in with various recreational activities. Sometimes volunteers help to prepare healthy meals. Family members are given information and help in checking blood sugar levels or blood pressure, etc.

**Those with cancer** and their friends and relatives are provided with psychological support. Volunteers participate in public events that raise awareness and funding for cancer support, such as the breast cancer marathon. Volunteers also visit adults and children in hospital, to play and do drawing activities with the children.

Support is also given to people living with diabetes in advising them how to take care of themselves. The Bahrain Red Crescent Society also runs prevention campaigns and participates in activities organised by the Bahrain Diabetic Society, such as children's camps and checking blood sugar levels in public malls, schools and residential care homes for the older people.



### Seham's journey with breast cancer

When Seham was diagnosed with breast cancer, she immediately contacted a friend of hers who was a volunteer with the Bahrain Red Crescent Society, and who had experience in supporting women with breast cancer. The volunteer responded quickly and provided her with information. This helped address many of her questions and concerns. Her friend was able to explain many of the things that Seham did not understand. This support gave her hope and courage to fight the disease.

The volunteer kept in touch throughout Seham's treatment and even brought her food. Seham recalls that when she lost her hair she felt shy and always covered her head when her children were around. With the support of the volunteer, she eventually showed her children her bald head, and even went out in public without a cover. At one point during her treatment, she began to put on a lot of weight due to the medication. She lost confidence in going out, but called on the volunteer who once again supported her through this difficulty.

Seham was able to fight the cancer, and through this journey she has become very good friends with the Red Crescent volunteer. She says if she ever needs support or advice, she is the first person she would call.

## Communicable diseases: HIV and AIDS

HIV has become a chronic disease for people who have access to and respond to antiretroviral therapy. However, despite the progress around the world in saving lives of people infected by HIV and averting new infections, AIDS remains one of the world's most serious health challenges. By the end of 2011, 34 million people were living with HIV and in that year alone, 1.7 million people died from AIDS-related causes.<sup>1</sup>

Women and girls remain at greater risk for new infections due to gender inequality and sexual violence. The number of people living with HIV is greatest in the countries of the global south. However, Western countries, which have generally seen reductions in infection rates, potentially face the re-emergence of the disease, where young people are not adequately educated about transmission. Men who have sex with men and intravenous drug users are particularly at risk.

The psychosocial consequences of the HIV epidemic are enormous for individuals, families, communities, and for entire societies. Besides the physical suffering caused by AIDS-related illnesses, individuals infected by HIV and their families continue to endure stigma and discrimination, leading to feelings of isolation, loneliness, abandonment and guilt. Other common experiences are emotional stress and anxiety and fear of the future and how families will meet their needs when breadwinners pass away.

Psychosocial programmes for people living with or affected by HIV typically address these issues, as well as experiences of grief from losing loved ones, and stress and burnout from caring for people who are very ill or dying. Programmes focus on empowering people with the skills and knowledge they need to make safe choices and change risky behaviour, or on livelihood skills needed to survive economically. The complex ways the HIV epidemic influences individuals and communities calls for multifaceted activities to enable psychosocial well-being.

National Societies involved in HIV programmes support people living with HIV and their families, as well as provide support to community caregivers and Red Cross Red Crescent volunteers involved in HIV-related care work.



### Children and HIV

Children who live in communities with a high prevalence of HIV and AIDS are likely to experience a mixture of difficult and painful feelings, such as sadness, fear, anger, confusion, and guilt over having survived when others have died.

They may have:

- lost someone they loved
- witnessed family members or other loved ones become increasingly ill
- attended a number of funerals
- become orphans or know other children who have been orphaned
- experienced, or know of others who have experienced stigma and discrimination when their positive HIV status was revealed
- possibly become HIV-positive themselves.

They may become more vulnerable to:

- social exclusion from their community
- physical, emotional or sexual abuse
- negative economic consequences (increased poverty, loss of property or inheritance rights)
- increased material and shelter needs
- inadequate health care
- loss of parental guidance or good role models
- lack of affection
- adoption of risky behaviour, such as smoking, alcoholism, drug abuse; some children are forced into prostitution in order to survive
- displacement.



## Support for children living with HIV in Cambodia

The Maelis Centre was established in 2010 through a partnership between Cambodian Red Cross and French Red Cross. It is a psychosocial support centre for children with HIV, where children and their caregivers access psychological, social and educational support and follow up. Specific issues include disclosure of HIV positive status, the ‘emotional heaviness’ of living with a chronic disease and its impact on everyday life, discrimination, disintegration of the family, mourning, abandonment and adolescence.



The following quotes describe the stigma faced in the community:

” *Why would you want to go to school? You should feel ashamed of yourself - you have the virus.*  
Community member asking a child living with HIV

” *Most of the time I stay at home with my sister. Other children don't play with me because I am 'sick.'*  
Young Cambodian girl living with HIV

A range of different activities are conducted, some with the children and others with their family members. Training is also given to caregivers working at orphanages and schools or hospitals, and to staff and volunteers of the National Society. The activities cover a range of different needs, aiming to improve life expectancy and the well-being of those living with HIV.

Examples of these activities are:

- Support focusing on the disclosure of HIV status and issues related to treatment and adhering to the treatment plan.
- Art therapy in individual and group sessions using techniques such as the body map activity (see info box on the following page), to support children who have difficulties to express themselves verbally.
- Health education and recreational activities, such as play activities or reading books with children who are waiting to see doctors at the hospital.
- Self-help groups for children who have problems with the antiretroviral treatment or who are struggling to comply with the adherence plan, and for their parents or caregivers.
- Outdoor activities, such as visits to cultural places of interest like the museum or the palace, to reinforce the social and cultural identity of the children.
- Play and recreational and educational activities, such as computer classes, English lessons, dancing, drawing, and tutoring in the Khmer language, to stimulate psychosocial development and reinforce the children's self-esteem.
- Group discussions with children, adolescents and parents or caregivers to reinforce their understanding of health, HIV and treatment, as well as on child-related subjects such as nutrition, development, emotional support, child rights, etc.
- Caregivers are sensitized and trained on children's care, psychosocial development and needs, children's rights, and health and treatment-related topics.





### Body map activity

Body mapping is an activity where children lie down on a large piece of paper and let someone else trace the outline of their body. This is then the map of their body. It is used as a tool to encourage the sharing of feelings about one's body, or to initiate discussion of different issues related to the body. The children can, for example, be asked to colour the parts of the body where they feel pain, or colour parts of the body where they feel good, or parts of the body where they do not want anyone to touch them, etc.

Case-by-case social support is provided to children and families in their homes, addressing:

- issues of discrimination and stigma in families and schools
- the need for information and referrals to other service providers for specialised support
- identification papers and birth certificates for the children
- the search for extended family members for isolated orphan children
- emergency situations, such as the death of family member and having to find residential care for children, etc.

The programme also includes capacity building for Red Cross volunteers and staff in the form of trainings, discussion groups, case studies, supervision and technical meetings. The success of the Maelis Centre and the home-based care services has encouraged the Cambodian Red Cross to build two similar centres in Sihanoukville and Siem Reap.



French Red Cross

## Sophia's story

Sophia, a 14-year-old girl living with HIV in Phnom Penh, was taking antiretroviral treatment and having regular check-ups at the National Paediatric Hospital clinic. She was referred to the Maelis Centre at age 12, because she refused to take her medication. She told the staff that the pills tasted bad, and because they were so big they made her feel nauseous. She was also sad because of conflict within her family.

At the centre, Sophia participated in a range of psychosocial support activities, including drawing, dance, focus group discussions for adolescents, and art therapy. Her mother also consulted the psychologist and social worker and joined the parents' support group. Gradually, Sophia felt more encouraged.

She still does not like the taste of her medicine, but now understands the importance of taking the pills regularly and what the risks are if she did not take them. She has become a peer facilitator in the adolescents' group and encourages other younger people living with HIV not to give up treatment and have hope for the future. She said, "I now know how to be responsible for myself. I feel I have to share my experiences with the other kids." She has also become as a peer dancing teacher and dreams of becoming a professional dance teacher one day.

## Hero Books

Hero books<sup>4</sup> were developed by Jonathan Morgan and the Regional Psychosocial Support Initiative (REPSSI). Facilitators guide children through the process of making a special book about themselves. Each child is the author, illustrator and main character of their hero book, but to make the process safe for the children, they don't have to use their real names. Hero books can be 'the truth', 'based on the truth', or 'completely made up.' This is for the author to decide.

As the children share their life stories and some of their inner world, they also identify challenges and obstacles in their lives, and explore ways they can deal with them. In the process, they develop heroes, survivors, active citizens and solution-finders. The children grow to see their own story in a new way and this encourages the community to respond to these challenges in an active way. An example of an activity from the Hero Book is given below.

### Activity 10 A Hero in My Life


*Expected time: 30 minutes*

**PURPOSE** To find out what kind of role models the children have, in order to strengthen their concept of a hero. If the hero is dead, this activity can help the child grieve and hold on to positive memories of the person.

**INSTRUCTION**


**Tell the children:**  
We can only learn to be a hero or active citizen through other heroes or active citizens. Maybe there are some heroes in your life, your family, or your community. They might be dead or alive. On the same page, please draw a picture or portrait (head-only picture) of one or two heroes. Then explain why they are heroes, and why they mean so much to you.

*My Granny*



*Because even though she is old she works hard and helps me with my problems she is always smiling and helps other people.*

*My Uncle*



*Because he has made his own business. He has his own truck.*

*Heroes*





### HIV in Malawi

Sub-Saharan Africa is the region most severely affected by HIV in the world. The Malawian Red Cross Society is responding to the psychosocial impact of the HIV epidemic with a multi-pronged approach that targets people living with HIV, orphans and vulnerable children and their caregivers.

Activities include:

- networking, care and support to all target groups, for example through group therapy meetings
- memory and hero work with the children and their caregivers
- groups where different generations come together, such as granny clubs and children's corners, using storytelling, poems, traditional dances, etc.
- livelihood interventions
- family home visits after hospital discharge.

Read more about activities with the grandmothers in Malawi in the section on older people on page 131.

## Substance abuse

There are many reasons why people become dependent on alcohol and drugs. Some seek comfort in the temporary escape from psychological, emotional and physical pain that such substances provide. Sometimes people get caught up in the abuse through peer pressure or because they were unaware of the risks using such substances would lead to.

In times of extreme stress or crisis, risks for developing substance abuse problems increase greatly. For example, rates of substance abuse have been found to increase in situations where people face extraordinary challenges, such as having to deal with loss of family members or loved ones, loss of livelihood or displacement from their home.

Alcohol and drug abuse tend to have a major impact on psychosocial well-being. It affects the addicted person's relationship with others, and often leads to social isolation. Addicted persons often engage with others who drink or take drugs and in this way their dependency can be increased or reinforced. Individuals struggling with substance abuse risk their physical, social and emotional well-being.

Risks for damage to physical health include:

- damage to vital organs like the heart, liver and kidneys
- cancer
- memory loss
- distorted vision, hearing and coordination
- insomnia
- hallucinations
- seizures, strokes, brain damage
- complications of mental illnesses due to the impact of the substance abuse on neurological health.

### What is substance abuse?

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.<sup>5</sup>

Common negative social and behavioural consequences include:

- unpredictable and erratic behaviour that can lead to strained relationships with others
- risky sexual behaviour that may lead to unwanted pregnancy and sexually transmitted diseases
- delinquency, antisocial or violent behaviour
- experiences of arrest and incarceration for drug possession or driving while under the influence of alcohol
- involvement in criminal behaviour to get money for substances
- experiences of stigmatization and discrimination.

In nearly all situations of substance abuse, it is not only the person who has developed dependency on the substance who is affected, but also their family, friends, colleagues and others they interact with. This is a very difficult health challenge to deal with because it is regarded as taboo in most countries and cultures. People who struggle with substance abuse are often stigmatized and discriminated against. When the abuse is severe, the dependent person risks losing support of loved ones and ‘falling out’ of societal support systems.

Substance abuse can also lead to huge financial burdens for the affected individual and his or her family, especially when the abuse interferes with normal everyday functioning. It frequently impacts income-generating activities, sometimes leading to job loss. Children or other dependents may be neglected or exposed to risky situations when an affected parent is unable to provide adequate care and protection because of their substance abuse.

Although anyone who can access drugs and alcohol can potentially develop dependency, there are some populations that are at higher risk than others. These include:

- people who live in poverty and experience feelings of desperation or despair
- individuals whose family has a history of substance abuse
- children with conflict at home and/or lack of adequate parental supervision
- people who have experienced major life changes, such as loss of a loved one, livelihood or home
- delinquent peer groups
- people living in armed conflict.

Red Cross Red Crescent National Societies working with people struggling with substance abuse typically address both physical and psychosocial well-being issues. Common activities in programmes targeting people struggling with, or at high risk for, substance abuse are:

**Preventative education:** teaching children and adults about the risks of taking drugs and drinking alcohol and providing them with tools to help them avoid this path, or with information on where to get help.

**Practical help:** providing injecting drug users with clean needles to reduce risks of infections between users; providing drug users and alcoholics with information on where to access medical and rehabilitative help.

**Emotional and social help:** arranging and/or hosting support groups where substance abusers or their family or friends can meet and share their experiences and challenges.





### Substance abuse in the Ukraine

Ukraine is challenged by widespread injecting drug use and, as a result, has the fastest-growing rate of HIV in Europe. The HIV epidemic in Ukraine remains concentrated among people who inject drugs. In 2006, a joint French-Italian-Ukrainian Red Cross project on harm reduction was launched in the Ukraine.

The project has three main aims:

- to reduce the suffering caused by HIV and AIDS and drug use
- to promote affected people's reintegration into a regular way of life
- to fill an existing gap between the public health sector and the specific health care needs of HIV-positive injecting drug users in Ukraine.

The project targets HIV-positive individuals of all ages who struggle with drug use, as well as their family members, partners and informal caregivers. Most of the beneficiaries face enormous health expenses and loss of employment and social connections. As drug users with HIV-positive status, they are stigmatised everywhere they go, even when using medical facilities.



John Spaul/UNAIDS

The central component of the project is home-based care provided by visiting Ukrainian Red Cross Society nurses. The home-based care includes both medical and psychosocial support. The project supports people in difficult health and social conditions and those who are not able to care for themselves. People can also access consultations at the Red Cross medico-social centres and by phone. The support provided aims to address internal stigma, improve the emotional state and self-esteem of the patients, increase adherence to treatment and to strengthen the patient's abilities to reintegrate into social life. In programmes like this it is recommended that a professional psychologist be available to help with mental health problems.

It is important to be aware of sensitivities when working with patients who are HIV-positive and struggling with substance abuse. Drug use and HIV are both highly stigmatized issues in Ukrainian society. This prevents people from seeking help and receiving support. It is common that family members who live in the same flat as an HIV-positive person are not aware of their status.



### **Providing holistic support**

Although psychosocial issues play a part in why substance abuse occurs, it is important to remember the physical and health aspects of this challenge. This means Red Cross Red Crescent volunteers and staff working in this area need to be trained in medical and physical health care as well as psychosocial support in order to provide holistic support.



## Programmes and activities for specific groups



Thomas Bertelsen

PART

# 4

It is rare in any emergency or crisis situation that all people need exactly the same kind of support. People's needs differ according to their age, gender, what personal, social or material resources they have, and how they have been affected by the given situation. It is, however, often possible to group people with similar needs and develop responses that address a group. This section provides examples of psychosocial support activities that target volunteers, persons with disabilities, children, people who are lonely, and older people.

## Caring for volunteers

Volunteers donate their time and effort to help others in everyday and crisis situations. They come from all walks of life and are of different genders, ages and experiences with a wide variety of skills and personal qualities. The amount of time dedicated to volunteering with Red Cross Red Crescent National Societies ranges from one-off events to regularly scheduled activities, depending on the needs of the National Society and the volunteer's personal schedule.

Volunteer work can range from helping with administrative duties in an office, to providing psychological first aid to people affected by a disaster, or playing with children living in a refugee camp.

A few examples of the many volunteer activities within the Movement are:

- comforting survivors of accidents or disasters
- providing telephone or face-to-face counselling
- helping with search and rescue after disasters
- finding and dealing with dead bodies, or with people who have been severely injured
- serving meals at homeless shelters
- mentoring, supporting and teaching youth and adults
- educating people on public health and safety
- building houses and repairing infrastructural damage
- family tracing
- home care visits
- setting up refugee camps or shelters in conflict situations
- providing first aid and psychological first aid
- providing care and support in hospitals.

### Working in conditions of unrest

Michael Seengeno, a Ugandan Red Cross volunteer, shares his feelings about working in times of unrest: "To be honest, I risk my life when I work in times of conflict. Sometimes we find ourselves having to go out on rescue missions without enough equipment and logistics at our disposal. I had a walk to work during the unrest recently when I had an eerie feeling that a stray bullet could easily land on me at any time. But I put these feelings behind me and focus on saving as many lives as possible. These tragedies happen when we least expect them."

The nature of Red Cross Red Crescent work around the world bears with it certain risks to volunteer well-being. The main risks are outlined below:



### Exposure to traumatic events and stories

Many volunteers are exposed to destruction, death, stories of loss and grieving survivors, and sometimes insecurity in the crisis environment. Volunteers are usually also affected themselves by the crisis they are helping to respond to, either directly or indirectly. Although this makes it easier for them to understand what others who are affected are going through, it is also hard because they too may have lost loved ones, or been through other traumatic experiences.

Losing loved ones or being exposed to death may lead to feelings of guilt for having survived and not having been able to save others, or fear about one's own death. Witnessing or experiencing traumatic events can be very distressing for staff and volunteers, and they may need the same assistance and support that they are providing to beneficiaries.

### Unrealistic expectations

The emotional toll of volunteering in an emergency situation is often something that most volunteers are poorly prepared for. While providing care and relief to others, volunteers often work tirelessly and may neglect their own needs. However, these kinds of expectations are unrealistic and can lead to high levels of stress. It is important for volunteers to recognize their own needs and reactions and to address them.



#### Working with traumatized children

Bisher is a 25-year-old volunteer with the Syrian Arab Red Crescent who spent time doing drawings with young children. A six-year old girl drew red and black circles over and over again. We asked her what she was drawing. "I am drawing my brother," she answered. It turned out that the girl had seen her brother blown to pieces, and she was drawing him as she saw him for the last time.



Jakob Dall

Bisher said, “Listening to this girl’s trauma made my heart feel heavy and gradually depressed me. Although for me it is just a story, but for her it is part of her life.”

### Heroic aspirations

Some volunteers are motivated by the idea of ‘saving the world.’ They want to make a difference for people who are suffering, and do not realise they cannot possibly meet the needs of everyone they encounter in a crisis. This may sometimes lead to feelings of inadequacy or helplessness. Beneficiaries too may have unrealistic expectations of what volunteers can do for them, which may be expressed as frustration and anger towards the volunteers.

### Working conditions

Many volunteers work in harsh conditions and perform physically difficult, exhausting and sometimes dangerous tasks. They are expected, or expect of themselves, to work long hours in difficult circumstances. At times, volunteers work in prolonged crisis situations, and spend so much time away from their homes that they become increasingly detached from their own family and home life. If they are also affected by a crisis event themselves, like a massive natural disaster, or if they face difficult moral dilemmas, they are likely to experience more stress.

### Organizational issues

Organizational issues play a big role in the stress levels and well-being of volunteers. Examples of organizational issues that can lead to stress include:

- an unclear or non-existent job description or unclear role in the team
- lack of information about the crisis
- poor preparation and briefing for the task
- lack of boundaries between work and rest
- inconsistent or inadequate supervision
- an atmosphere at the workplace where volunteer well-being is not valued and where their efforts are not acknowledged and appreciated.

### Feelings of burnout

Ahmad, a 24-year-old volunteer who has worked with the Syrian Arab Red Crescent providing support to children shared the following: “In the beginning, I felt sympathetic toward the traumatized children. Over time, it started to get to me; I felt exhausted and I cried every time I thought about it. This exhaustion affected my studies and friendships. My colleagues advised me to get psychological support.”

When a person experiences burnout, it implies that stress factors have taken over and that the person is so exhausted they are no longer able to distance themselves from their situation. They may forget about their own needs for rest and recreation, and eventually find that they have no more energy, and thus nothing more to give in the form of support to others. Often the affected person is the last one to realize what is happening. For this reason, it is important for the whole team to understand the causes of stress and burnout and to be able to recognize the signs early on.

### Support activities

National Societies have an obligation to support the well-being of their volunteers before, during and after the emergency response. Examples of activities are:



### Warning signs of burnout

Look out for warning signs that volunteers could be close to burnout:

- physical symptoms, such as headaches or sleep difficulties
- behaviour changes, such as risk-taking or drinking too much alcohol
- relational problems, such as temper outbursts or withdrawing from colleagues
- becoming less efficient at work or having difficulty concentrating
- developing a negative attitude toward the job or organization, or toward beneficiaries themselves
- emotional distress, such as continuous feelings of sadness.

**Before:** INFORM & PREPARE before a crisis happens or before the volunteer is sent to help. This includes:

- recruitment and selection of volunteers with the right skills and background
- orientation on what the situation is and what risk factors are involved
- briefing and training
- contingency planning.

**During:** MONITOR & SUPPORT during active response to a single event or prolonged crisis. This includes:

- team meetings
- monitoring individual and team stress
- supervision and additional training
- psychological first aid
- peer support and referral.

**After:** REFLECT & REFER after the crisis is over, or when the volunteers end their work. This includes: team and individual reflection

- appreciation of volunteers
- psychological first aid
- peer support and referral.

At all three time points, a combination of peer support and psychological first aid is one of the most effective approaches for helping volunteers cope with stressful situations and make good use of resources. Read more about peer support on page 25.



Juozas Cernius

**CROIX-ROUGE**  
de Belgique



## Supporting Belgian Red Cross volunteers

Belgian Red Cross offers psychological first aid training to all their volunteers. They call it 'schokdemper' which means 'shock absorber.' All volunteers and staff are eligible for the training. Topics include reactions to critical events, caring for those affected by a crisis, self-care and peer support. One of the most challenging aspects of providing psychological first aid is that in their efforts to support others, volunteers often neglect their own needs.

Belgian Red Cross therefore offers a social intervention service to volunteers following an event. All volunteers and staff are eligible for this support. Information about the service is provided during trainings and in internal publications. These interventions can be organized on request, for groups or individuals.

Defusing sessions and reflection meetings are organised to help pre-existing groups function again. They allow groups to get the whole picture of an event, clarify misunderstandings, regain trust, normalize reactions, identify lessons learned and spot individuals who may need more support.

In 2009, following a dramatic knife attack on a children's nursery, text messaging was used to reach all responders on the day following the event, offering the opportunity to call in, if anyone needed to talk. More than 90 percent of the responders mentioned the message later on and felt it was supportive. People were also called directly, but this took a little longer.

When providing psychosocial support to volunteers and staff, an important question to ask is: "Are you worried about a colleague?" Asking this question helps to identify people who do not initially want to talk themselves. They then receive a non-intrusive call with an offer to talk.

### Support to volunteers' families

American Red Cross have developed a leaflet for families of volunteers who work in disaster response. The leaflet describes what kind of work the volunteers are likely to engage in and what kinds of reactions they may have to this work. Here is an extract:

“When disaster workers return home they are usually tired, and may continue to think about the disaster operation. Though they are safely at home, they may still feel a need to reassure themselves about the safety of their environment. They often feel unsettled because they feel that they couldn't get everything done at the disaster operation.

Disaster experience can also temporarily overshadow everyday events at home and make them seem less important. Therefore at first, your family member may seem preoccupied and less in touch with what is happening at home. Even when they have served in a location that is not far from home, they may need a little time to readjust to life as usual. This will typically change within a week or two as life returns to normal.

Even though you and others may wish to hear all about what happened on the disaster assignment, your family member may or may not want to talk about it or the emotions involved. Many different feelings may be present: being proud, frustrated, angry, sad, tearful or happy; or maybe even saying he or she feels ‘nothing.’ These normal short-term reactions to a disaster experience may take a little time to sort themselves out. Everyone proceeds through this differently.

Keep in mind that your family member will probably not be able to pick up all typical family and work responsibilities until after he or she has taken some time to rest and readjust. Some ‘quiet time’ may be needed so your family member can reflect on the events, and put the experience in perspective in his or her life. Your expressions of support and love can help them work through this important process.”

### Psychological first aid for volunteers

Psychological first aid has traditionally been used to support survivors of emergencies and people affected by conflicts. However, it can also be used in volunteer work as a way for volunteers to support each other through the distressing events they experience. The aim of psychological first aid is to help a distressed person take care of him or herself and regain the capacity to think clearly. Read more about psychological first aid in the section starting on page 21.

### Volunteering after the earthquakes in Christchurch

Paul volunteered after the earthquakes in Christchurch, New Zealand in 2011. The first time Paul felt it difficult to cope, he was at home. The second time it took him by surprise, as he was getting ready to go out to a damaged site again.

“We were all getting very tired,” he remembers. “You try to go home and you've got aftershocks happening all the time. It's not normal. I was put in charge of one site and I got down there and I was all ready to go. I had my kit and I was going to get changed in the van and then I forgot my boots. I forgot my safety boots. It was just a little thing. It completely threw me and I had a meltdown, a panic attack. I got back to base and told them, “I can't be here. I've got to get out of here.” I made my way back to the Red Cross base and talked to Kristen, which was really helpful. It was really nice to know that there was help there if you needed it.”

Read more about the responses to these earthquakes in the section on disaster management, in the section starting on page 53.



### Things to remember

The emotional toll of volunteering can be enormous. It is important to address the needs of volunteers, as well as the people they are helping. Providing psychosocial support for volunteers can often be done at low cost, with some of the most important actions being showing appreciation for the work they do, and providing a supportive environment.







### Ethical considerations

As with all psychosocial support work, it is important to follow standards of ethical behaviour when offering psychological first aid to volunteers in distress. The Movement has its own codes of conduct. These include guidance on confidentiality and roles and responsibilities of the National Society and the volunteer, and give information on insurance cover, referral to specialised services, etc.

Most volunteers will recover well over time. However, some volunteers may have serious distress reactions and may need referral to specialised care. Make sure that these individuals are not left alone and are kept safe until they can receive help. It is important to involve trained mental health professionals to provide counselling and support for people coming back from responses to disasters and conflict situations.



### Colombian Red Cross Society support to volunteers

The Colombian Red Cross Society psychosocial programme targets both Red Cross volunteers and paid staff. It provides psychosocial support in emergencies and disasters, and in programme areas, such as HIV and AIDS, domestic violence, internally displaced people and volunteer care. All branches of the Colombian Red Cross Society must have a team or a person who knows and works with the programme, and who belongs to the psychosocial network. Each branch also has psychosocial support groups for volunteers and staff that develop activities.

The psychosocial programme includes 'Mental Health to Red Cross' which has three levels of training. The first level is very basic, and focuses on introduction and orientation, identifying risk factors related to mental health, referral to professionals and awareness-raising campaigns. The second level focuses on community-based counselling, psychosocial workshops and psychological first aid. The third level is about professional support.

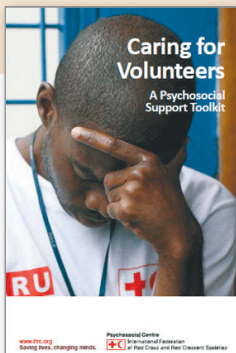
Volunteers are made aware of the support available through the psychosocial support groups, who give information about the programme. Volunteers who need more specialised support are referred to professionals.

Psychosocial support for volunteers is formalized in the psychosocial support policy of the National Society. Two target groups have been identified: persons affected by emergencies, disasters or violence or living in vulnerable conditions; and volunteers and staff involved in humanitarian interventions. The policy states that the psychosocial support should be tailored to fit the needs of the people involved. It should support them during the adaptation to new situations and strengthen their coping skills and recovery. The National Society commits itself to recognizing the role and value of volunteers, to providing volunteers with psychosocial support, and to providing volunteers with psychosocial support and the opportunity to be trained and guided by psychosocial support professionals.

 Cruz Roja Colombiana



See **Caring for Volunteers** for more details.



## Persons with disabilities

The World Health Organization estimates that between seven and ten percent of the world's population, including children and older people, live with disabilities.



### What is disability?

The UN Convention on the Rights of Persons with Disabilities defines disability as “an evolving concept that results from the interaction between persons with impairments, which may be physical, sensory, intellectual or psychosocial, and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”

In the traditional perspective, the focus is on the impairment itself: a person is considered disabled because they are blind, cannot walk, are deaf, suffer from mental illness, etc. However, in this definition disability relates to the relationship between the person, the impairment and the surrounding environment.

Impairment can be more or less disabling depending on the barriers in the environment and on the attitudes of other people. A person living in a building with lots of stairs and no lift is more disabled by not being able to walk than a person with the same impairment living in a house that is easily accessible by wheelchair. Likewise, being deaf is more disabling to a child whose parents do not learn sign language than it is to a child whose parents do learn sign language and enables the child to communicate with the outside world.

Impairments can be caused by chronic diseases, like asthma or arthritis; by a sudden or severe illness; by an accident, or by problems from birth. However, it is clear from the definition of disability above that barriers in society also impact quality of life for persons living with disabilities. Examples include:

**Environmental barriers:** Roads, pavements, streets, staircases, narrow hallways in homes and public buildings. These make access difficult or sometimes impossible for people who use wheelchairs, walkers or crutches. Public transportation, such as buses or trains, is also often difficult to access.

**Information and communication barriers:** For people with sensory disabilities, such as blindness or deafness, access to information and communication with other people can be difficult. For example, public signs are rarely available in Braille for people with vision impairments, and communication for people with hearing impairments is made difficult by a lack of sign language interpreters or voice synchronization devices.

**Institutional barriers:** Institutional barriers can sometimes be the most severe for people living with disabilities, as they are often a combination of psychosocial and environmental barriers. Institutional barriers include educational systems which are not able or willing to include people with impairments; lack of access to appropriate health care; or lack of employment opportunities causing economic dependence. People living with disabilities are rarely represented in political realms and systems, reducing their opportunities to influence policies and services.

**Attitudes and social barriers:** The way society views and treats people with disabilities has a major impact on their ability to be equal participants in society. Often negative attitudes and social barriers emerge from a lack of understanding, which can lead people to ignore, judge or have misconceptions about a person with a disability. One of the most common negative attitudes is focusing on a person's disability rather than on their abilities.

People living with disability are often marginalized socially and discriminated against. For this reason, the psychosocial well-being of people with disabilities is especially vulnerable.

Their psychosocial well-being can be threatened, leading to various consequences:

- Strong feelings of anger and sadness, shame and low self-esteem due to repeated marginalization and ill-treatment by society can lead people living with disabilities to develop anxiety and depression problems.
- Difficulties making and keeping friends due to fear and discomfort that members of society may feel towards people living with disabilities.
- Difficulties of meeting a partner and having intimacy can lead to loneliness and low self-esteem.
- Marginalization may also lead to adopting risky behaviours.

Ensuring that people with disabilities have equal access to facilities, transportation, information and communications is an issue of human rights and is the responsibility of society as a whole. Changes at the policy and institutional level as well as at the individual level in terms of attitude must occur in order to improve the quality of life of people living with disabilities.



Jakob Dall

### High-risk group in emergencies

Emergency situations, such as disasters and conflict, often lead to high numbers of physical injury and psychological impact, which can lead to long-lasting or permanent impairment and subsequent disability.

Persons with pre-existing disabilities face disproportionate risks in emergency situations, and are often excluded from relief and rehabilitation processes. Such exclusion makes it more difficult for them to effectively use and participate in standard emergency response services.

Persons with disabilities are a diverse population including children and older people, whose needs cannot be addressed in a 'one size fits all' approach. Humanitarian responses, therefore, have to consider the particular abilities, skills, resources and knowledge of individuals with different types and degrees of impairments. Persons with disabilities have the same basic needs as everyone else in their communities. In addition, some may also have specific needs, such as replacement of aids or appliances, and access to rehabilitation services. Measures targeting persons with disabilities should not lead to their separation from their family and community networks.

If the rights of persons with disabilities are not taken into consideration in humanitarian responses, a huge opportunity is lost to rebuild communities for all people. It is essential, therefore, to include persons with disabilities in all aspects of relief and recovery.

#### Preparing for disasters

American Red Cross, together with the Department of Homeland Security and the Federal Emergency Management Agency, has developed a booklet called 'Preparing for disaster for people with disabilities and other special needs.' The booklet gives tips to persons with disabilities and their caregivers on how to prepare for disasters. It includes sections on getting informed, making a plan, assembling a disaster preparedness kit and keeping plans up to date.



#### Options for Independence

British Red Cross has a project in Scotland called 'Options for Independence,' where staff and young volunteers work with young people aged 16 to 25 who have disabilities to build their confidence and self-esteem. They work with young people in their home communities and at a residential facility. A personal development programme is designed for each individual, empowering him or her to take control of his or her life.



Options for Independence youth services provide:

- volunteering opportunities
- links to existing community resources
- one-to-one support and access to peer mentoring
- discussion groups and workshops on youth-related topics
- taster sessions where young people try different things and gain life experience and participate in a range of social activities.





Niclas Petersen/IFRC



### Getting up and getting on with it

Many young people with physical disabilities miss out on routine experiences such as taking part in community activities and using public transport. This can affect their self-esteem and self-confidence. When these young people make the transition from being at home to living independently, family ties can be broken and friendships lost.

In order to support those working with the young people making the transition to independent living, British Red Cross has developed a toolkit to help strengthen and improve their psychosocial well-being.

The toolkit has seven sections, which can be used as and when required:

1. *Being me*: Developing self-awareness explores ways of supporting young people in building self-esteem, primarily through understanding and challenging unwanted patterns of thinking and behaviour.
2. *Knowing you*: Building sustainable relationships is a series of training sessions, participants explore how to develop and maintain their own identity while recognizing the natural interdependence of relationships.
3. *A home of my own*: Getting and maintaining a tenancy provides advice for participants starting out in their own home. It outlines how best to integrate with other residents, manage a tenancy and access housing services.
4. *Healthy living*: Ways to live a healthy lifestyle are interactive sessions that enable participants to devise a healthy living plan by offering practical guidance on diet and showing how to incorporate physical activities into their daily routine.
5. *Out and about*: Accessing the local community addresses the challenges that public transport can raise for young people with disabilities. It provides practical tools to help participants develop the skills they need in order to travel independently and with confidence.
6. *Taking my place in the world*: Actively participating in society is designed to help build a sense of culture and community. It encourages participants to work together as an effective team, and ultimately design and run a service project within the local community.
7. *Buddy up*: This provides guidance on managing a buddy mentoring scheme, which can be run alongside any of the six learning themes detailed above.



### Community programmes for older people and persons with disabilities

Hellenic Red Cross has a community programme for older people and persons with disabilities, which addresses both their physical and social difficulties. This is done through health and welfare activities and by involving them in community actions to improve their mobility and self-organization. The variety of activities include:

- providing emotional support
- health care, such as nursing services in their homes, physiotherapy and nutrition seminars
- consultation and provision of useful information, ranging from advice on everyday issues, to information on pensions, how to access geriatric everyday care, etc.
- support and help in case of illness, through visits to the hospital and arranging self-help groups
- accompanying beneficiaries to different cultural, educational, leisure amenities and entertainment facilities such as the choir, theatre, gymnastics, folklore dances, swimming, handicrafts, etc.
- cooperation with other community services and centres for the older people and persons with disabilities.

**SOURCES** [www.redcross.org.uk](http://www.redcross.org.uk), UN Convention on the Rights of Persons with Disabilities: [www.un.org/disabilities](http://www.un.org/disabilities) WHO on disabilities: [www.who.int/disabilities/en/](http://www.who.int/disabilities/en/), The Sphere Project Handbook 2011

## Children

In emergencies and crisis situations children have different needs than adults. Emergencies and crisis events not only threaten children's well-being, but also increase their risk of neglect, exploitation and other types of harm. Their physical, emotional and social development makes them dependent on others for care and protection. How children cope in difficult circumstances and how resilient they are depends on a wide range of factors, including their family and life circumstances, their sense of belonging and acceptance within a community, as well as their gender and age.

These are all things to consider when planning psychosocial activities for children. Activities can vary from play, sports, theatre, workshops, homework help, helping parents and caregivers, supporting schools, etc. Psychosocial activities with children can help them resume everyday activities and strengthen their ability to cope, helping to prevent negative long-term consequences of difficult experiences.

Although the primary target group in programmes for children are the children themselves, many programmes also include activities for parents and caregivers and other community members that influence the children's lives and well-being.



### The children's resilience programme

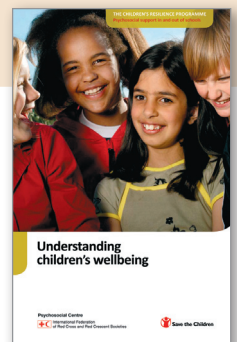
The children's resilience programme is a resource kit developed by the PS Centre with Save the Children for programme managers and facilitators running psychosocial support workshops with children in and out of schools. The workshops can be used with all children, but special attention has been paid to challenges in four areas: children who have been affected by abuse and exploitation; children affected by armed conflict; children affected by disasters; and children affected by HIV and AIDS. See an example of an activity from each track on page 122.

The activities in the workshops aim to help children:

- resume normal, routine activities in the aftermath of or even during crisis situations
- experience less stress
- be physically and emotionally strong and healthy
- be playful and happy
- feel good about themselves and confident in their own abilities
- make good and safe choices
- be more social
- trust others and feel comfortable about sharing feelings
- seek help from other peers and adults
- cope better with everyday challenges
- solve problems peacefully.

In the workshops, the children participate in group tasks, discussions, solo activities and play. Each workshop has a mixture of fun, energizing activities and central activities that address issues related to promoting psychosocial well-being and resilience. All of the activities in the children's resilience programme are low cost, and most materials are readily available in most contexts.

The resource kit for the **Children's Resilience Programme** is available on the PS Centre's website at [www.pscentre.org](http://www.pscentre.org), and hard copies can be ordered by sending an email to [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org).





Jacob Dall

The first five workshops focus on establishing a trusting and comfortable environment and making the children feel safe and secure to share and work together on the challenging issues they are facing. Thereafter, Facilitators can then choose one of four pre-planned workshop tracks or make up their own workshops or adapt any of the pre-planned workshops by selecting activities from the electronic activity bank.



### Activity examples from the four pre-planned tracks

#### Protection against abuse and exploitation: What is child abuse?

**Aim of activity:** To promote understanding of child abuse and the many different kinds of abuse that can be experienced.

**Activity description:** Sitting in a circle, the children are given paper and drawing materials and are asked to draw a picture of what they understand as child abuse. They then pass the drawings around the circle and eventually place them all in the middle of the circle for everyone to see. Based on the different images in the pictures, the facilitator leads a discussion about all the different kinds of child abuse that exist.

#### Children affected by armed conflict: Normal reactions to abnormal events

**Aim of activity:** To help children understand that reactions to difficult experiences are normal reactions to abnormal events.

**Activity description:** The children are read a story about a young boy who has lived in a war situation and reacts by having nightmares and flashbacks and starts feeling afraid and jumpy. The facilitator guides a discussion with the children where they are invited to share their own experiences. The focus is on how these reactions are normal and are a result of the context they live in. After this activity, the children take part in another activity called 'establishing a safe place, where they are given tools on how to deal with intrusive memories or negative thoughts.

### Children affected by disaster: Risks and safety in our community

**Aim of activity:** To identify areas of risk and safety in the community

**Activity description:** The children are divided into three groups and given paper to draw different parts of their community, showing as much detail as possible. Then they are asked to show which areas are risky or safe following the disaster event they have experienced. They are also asked to discuss which areas may be at risk for more damage in the event of a new disaster.

### Children affected by HIV or AIDS: Dealing with loss

**Aim of activity:** To encourage discussion and sharing of what losses the children have experienced.

**Activity description:** The children are encouraged to share in the group some of the losses they have experienced, either in terms of things or people they love. After they have shared and discussed this, they are given drawing materials and old magazines, and asked to make a collage that somehow represents some of their losses. Afterwards, they are given the opportunity to explain what they have created if they want to. Then they are given the option of 'saying goodbye' to the collage in a ceremony together. All the collages are collected and put in a box, and the children take a few minutes to reflect on the loss and say goodbye.

The resource kit also includes a guide for meetings with parents and caregivers that have been designed to:

- raise awareness and understanding of psychosocial and protective needs of children
- explore needs and resources in the local community that impact children's well-being
- explore ways to strengthen community mechanisms to protect children
- enable parents and caregivers to identify children who have problems
- provide the parents and caregivers with skills to help children who react to difficult experiences.

The resource kit also has a three-day guide for training facilitators that is available electronically.

### Psychosocial support for children in Swat, Pakistan

The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009 Swat was under a militant Islamic regime. Boys were abducted; teenage girls and women were forced to wear burkas; threats were made to force working women to resign; schools closed and many were demolished, and there were curfews lasting for weeks. Each day people would be hanged in the bazaar for committing crimes against the rigid laws made up by the militant regime.

In 2009 the Pakistani army moved in to restore power to the government. During the first year of intense fighting between militants and the army, millions were ordered to flee their home and became internally displaced. Many children still remember how they had half an hour to pack up their belongings. They had no idea where they were going or how long they would have to stay away or if their home would still be standing when they returned.

In 2010, Danish Red Cross supported a one-year school-based psychosocial support programme for children and their families, which aimed to help children cope with their emotional scars after the conflict. The core of the programme was 20 guided sessions for





5th and 6th graders; the celebration of four international days for all students; biannual parents-teachers meetings; and four sessions for parents.

Creative activities were used to enhance psychosocial well-being. The activities helped to boost the children's self-confidence in being able to make things. They also provided a safe environment for children to talk about how they felt and what their hopes and dreams were for the future. Quite unexpectedly, facilitators also noticed that several of the children grew confidence in socialising with others.

Communities also became involved by establishing 56 local committees, and four community centres functioned as meeting and learning spaces open for all. At these centres, non-school-going children had the opportunity to participate in ten guided life skills workshops. The community centres also offered activities such as learning new skills and stress management and life skills to members of the community.

### Programmes for specific groups of children

Children who face difficult challenges have been found to benefit greatly from meeting and interacting with others who are in the same or similar situations. They are given opportunities to share their experiences, thoughts and feelings that may otherwise be taboo or difficult to explain to others who are not in the same situation. This can help to reduce feelings of loneliness and help the children understand themselves and their situation better. It is therefore common for National Societies to plan and run psychosocial activities that target a specific subgroup of children and which are planned to address their particular needs and challenges.



Ibrahim Malla

### Living on the streets in Burundi

Between 1993 and 2005, the civil war between Tsutsi and Hutu tribes in Burundi left behind 823,000 orphans. In 2007 there were at least 20,000 orphans living on the streets. Some children had parents or close relatives, but as they had no livelihood or means to support their families, the children took to the streets to survive.

Burundi Red Cross ran a programme specifically targeting street children. Red Cross volunteers played games with the children in camps, and taught them about personal hygiene, sanitization and living together with others. Some of the children were able to go back to their families' homes or to go back to school. Bringing children together for these activities also raised the attention of other humanitarian actors on this particular group of children's needs.



### Creative art activities improving children's self-efficacy

The Japanese Red Cross Society included a children's component, the Kids Cross project, in their community-based psychosocial support programme implemented in response to the Great East Japan earthquake and tsunami of 2011. The project was a collaboration between three organizations and consisted of a mobile workshop team, which moved from community to community.

The activities were semi-guided, creative art workshops for children aged 3 to 12 years old in four communities in the Kamaishi area, Iwate Prefecture, which had been severely affected by the tsunami. The children painted, made badges and made houses, bicycles, towers, or whatever objects they wanted to, with round pieces of cardboard called 'builder cards.' The children's mothers were also invited to participate. It was deemed important to give the children the opportunity to choose what they wanted to create themselves, to give them a sense of control.

Builder cards come in two different sizes, 25 cm and 10 cm in diameter. The bigger pieces had slits around the edges and the children were able to combine the cards easily in various different ways, encouraging their creative imagination. The children could play with the cards on their own or with other children, depending on their preference. The card activity required very basic training for facilitators and minimal help for the children in creating their objects.

The builder cards was a successful activity that not only improved the children's self-efficacy, but also enhanced their sense of social belonging and bonding to their mothers. They experienced special attention and acceptance from the adults through their creations. One mother said: "I also enjoyed creating things with my daughter and I was surprised that she is so creative."

A Japanese Red Cross Society programme manager, said: "I just want children to have fun through creative activities and am amazed how fabulous all the children's work is."



Hisashi Hasegawa/Japanese Red Cross





## Children of parents who have been detained

Four thousand children in Denmark have one or both parents in prison. Danish Red Cross runs support group meetings for children aged 8 to 16, whose mother or father is incarcerated. The meetings aim to:

- help the children realize they are not alone and that there are other children in the same situation
- provide the children with a safe place where they can freely talk about their experiences and feelings
- help the children verbalize and express their feelings and experiences
- enable the children to better cope with their situation and be able to express their needs to others.

Each child and their parent or guardian meet privately with the facilitator before the group meetings begin. These orientation meetings look at individual issues and orient everyone to the aims of the support group meetings. There are ten meetings in a series. A second meeting can be arranged when the series is over.

There are usually three to ten children in each group. Children are grouped together based on age, with no more than three years age difference between the children in each group to encourage peer support.

There are also support group meetings for parents or guardians who are not in prison. They aim to:

- give participants opportunity to meet other people in similar situations
- provide a safe place for participants to share their thoughts, experiences and feelings
- help participants see different ways of tackling their situation and that of their children
- support participants in supporting their children
- provide knowledge about and opportunities for seeking help and support beyond the support group meetings.

Themes for the group meetings with both children and their parents or guardians are planned in advance by the Danish Red Cross volunteers, based on the orientation meetings and general issues that families usually face at this time. Examples of the themes for the group meetings are:

**Introduction:** to the child, age, name, etc; who is in prison, for what and for how long, etc.

**‘When mummy or daddy was imprisoned’:** how was the child told, who told them, what do they remember feeling, etc.

**The prison:** thoughts about life in prison; what it is like to visit the prison, etc.

**Family life at home:** whether the children are concerned about the parent or guardian they live with; how the family is coping; whether it is comfortable to talk about the prison situation in the family.

**Feelings in relation to the parent in prison:** how the children feel when they think about the absent parent; what it has meant for their lives.

**Peer relations:** whether the children have told their friends about the detained parent; how the peers reacted; if they haven’t told anyone, why this is; if any of the children have experienced negative reactions from others, how they have reacted to this; whether the children need support from others to deal with this and if so, do they have the support needed.

” I don’t walk around feeling sad, thinking I am the only one experiencing this anymore. I have found out that there are actually lots of children who are going through the same things as me.

Child who has participated in the support group meetings



**Crime:** why there are laws; why people are punished when they break laws; why it is a punishment to go to prison; why there are so many rules when one visits detainees.

**Days of celebration:** what days are celebrated in the home; how does the family do this now with an absent parent; who participates in celebratory days.

**Prison release:** how the children feel about the moment when the parent is released from prison; and how they feel about the time thereafter.

” Our boy has changed a lot after joining this support group. He has calmed down, become more relaxed and doesn't have problems keeping up in school like he used to.

Mother

## People who are lonely

Many Red Cross Red Crescent National Societies around the world have programmes and activities that target people who are lonely and isolated. They aim to help decrease the feeling of loneliness and encourage the affected persons to participate in social activities if possible.

Helena Laatto/IFRC







Narendra Shrestha/ICRC

Although everyone is at risk for feeling lonely, there are certain groups of people at higher risk than others. For example:

- people whose spouses or life-partners die, especially if they were living only with that person; or who have divorced or who are single
- people who lose contact with their families; or have physically moved from family and friends
- people who become sick and are no longer able to move around or interact easily with others; or are living with disabilities; or with mental health problems
- older people
- people who are discriminated against and regarded as outcasts of society
- people who find it hard to relate with other people socially
- people with mental health problems.

### Loneliness as a natural part of life

Most people feel lonely at some point in their lives. Loneliness is a natural and inevitable part of living, because even though we are social beings, born into families, raised in communities, everyone at some point faces a feeling of loneliness. However, how loneliness impacts people, and how different people react to loneliness, varies greatly. Some people like to be alone for longer periods of time, whilst others struggle intensely with this, especially if they were used to being very close with others or another person.

Loneliness can be caused by separation from one's friends and/or family, or by new and strange situations in life such as changing schools, moving, starting a new job, etc. Sometimes periods of loneliness are unavoidable due to life changes. At other times people choose to withdraw from their regular social circles for personal reasons, yet despite choosing this, they can still feel lonely. Many people feel lonely even though they live in highly populated areas, such as big cities, because they have very little or no close interaction with others.

### Loneliness as a challenge

Intense feelings of loneliness often lead to a vicious cycle. The lonely person feels so sad and depressed that he or she either does not have the energy or desire to be with others. At the same time, others may find it difficult to communicate and interact with someone who is so sad and withdrawn. The lonely person stops making an effort to be social, or others start to avoid him or her. People who are very lonely often feel they have no enthusiasm for life and may stop taking care of themselves. When very severe, loneliness can lead to self-neglect or harm, and even to suicide.

Depression can also lead to feelings of isolation and loneliness, despite being surrounded by family and friends. People who are depressed often feel unable to connect, even though others around him or her may not notice this.



### Danish Red Cross Youth 'Young and Lonely' project

Danish Red Cross Youth has a programme called 'Young and Lonely' for young people between the ages of 15 and 30. It is a social forum with both online and offline contact points. Young people are supported in creating personal, stable networks with other young people by accessing the website or joining social events at cafés, the cinema, etc.

Young people create their own profiles on the website and get to know other people in their age group. They can sign up for newsletters and information on social events in their areas, and find links to relevant sites with services and advice for people facing loneliness.

Red Cross volunteers chat in a safe, web-based forum with lonely young people, and link them with other youth and encourage conversations between them.

The young people are invited to social events, where they meet other young people and Red Cross project volunteers to go and see a movie together, for example, or meet at a café, visit a museum or art gallery, go ice-skating, do sports or cook together.

### Mobile outreach medical services in Japan

After the Great East Japan Earthquake in 2011, state health services were disrupted. In response to this, the Japanese Red Cross Society deployed hundreds of mobile seven-person teams. Each team consisted of two doctors, three nurses, a driver and an administrator. They ran clinics in larger evacuation centres and visited remote areas, providing the public with medical care, particularly the lonely and housebound elderly.

The head nurse in one of the mobile teams, Sayoko Tojo, commented, “Many people are suffering from stress. They are shutting out the world. When someone says something to them, they say nothing back. You get the impression they are afraid and we must be alert to their problems.” The mobile outreach teams worked hard to listen and show empathy.

Dr Yasuo Fujita, Director of the Emergency and Critical Care Centre at Akita’s Red Cross hospital, put it more strongly than that. Having organized responses in some of the areas most affected by the disaster, he said, “The people with the biggest problems are in their own homes cut off from care because it isn’t around the corner any more. You need a car to reach the nearest hospital. It’s why our mobile teams are so needed.”



John Sparrow/IFRC



The Omori team found a 91-year-old man in the mountainous region near Kamaishi. Dependent on his 80-year-old wife and unable to walk unaided, he had been cared for by a visiting nurse who also supplied his medicine. He had not seen the nurse since the tsunami. The giant wave had an impact even on these mountain communities.



### Armenian Red Cross Society psychosocial support to elderly refugees

The Armenian Red Cross Society ran a psychosocial support for elderly refugees project, supported by the International Federation. Twice a week, 70 Armenian Red Cross volunteers trained in psychosocial support visited 490 older refugees living alone, offering practical help and essential emotional support.

The volunteers helped the refugees with chores like shopping and cleaning, remembering their birthdays, distributing food parcels and simply being there to talk, helping them integrate into their adopted country. The volunteers, many of whom were young people, learned compassion and tolerance.

Viktoria was one of the beneficiaries. She lived on the fourth floor of a dormitory next to some empty factories, together with other refugees from Azerbaijan. She and the other refugees had lost their families, friends and personal belongings and felt isolated from the rest of society and need attention and care.

The volunteers' visits and the organized outings to historical places, concerts and other social events were a vital lifeline. With their energy and enthusiasm, the Red Cross volunteers brought joy and light to the lives of refugees, who they often call their second grandmothers and grandfathers.

Viktoria shared, "I came to Armenia 13 years ago. I left behind my homeland, family members and friends, everything that is called home. Thanks to the volunteers, I feel at home, surrounded by people who care for me. This is the most important feeling for people of my age. Maybe the support we receive does not make us richer, but it fills our hearts with warmth, and the sense of uselessness disappears when the volunteers arrive."



### Swedish Red Cross battle loneliness

Visitor services are a lifeline to the increasing number of older people who find themselves living alone. Swedish Red Cross have a service doing just this, battling loneliness that seems to be a growing problem in Sweden.

The older person first receives a visit from the coordinator of the local visitor service to agree on how and when the visits will take place. The visitor and older person are carefully matched. The volunteer is introduced and if it is a good match, they arrange a regular time for visits to take place. The volunteers are trained in social care, first aid and psychosocial support.

"My impression is that older people are always the ones that are neglected," says one of the volunteers. "The Red Cross is truly needed. We are not here to replace the social services. We are taking the place of the husband or the wife who has died, or the children, far too busy these days to take time to visit their parents. In short, we are fellow human beings."

Another activity, which is organized by Swedish Red Cross at Christmas time, reaches out – literally – to people. Red Cross volunteers and celebrities line up to offer hugs to passers-by. This event draws attention to the challenges of Christmas when people who already feel lonely and isolated begin to feel it even more.





## Older people

As health knowledge and expertise improves, more and more people are living longer, steadily increasing the population of older persons. Older people play a very important role in societies, not only as our parents and grandparents, but also as bearers and witnesses of history who guide us with their experience and wisdom. However, ageing comes with many challenges such as loss of independence, diminished physical ability and age discrimination. The ageing process includes biological, emotional, intellectual, social and spiritual changes, which can all have a profound impact on experiences of psychosocial well-being.

While some older people remain highly self-sufficient, others require more care. Many older people are not able to work and face financial challenges and poverty if they do not have a retirement pension or a family to take care of them. This is, of course, difficult for those affected, and poses challenges for the social and health system tasked to care for them.

With the growing move from the traditional extended family to the modern nuclear family of mother, father and children, more and more older people either live alone or are moved to residential institutions. Increasing numbers of older people have minimal contact with their families. This is often because



younger generations are forced to be mobile and move for employment. Many older adults, and especially those who live alone, or whose friends or relatives have died, experience intense feelings of loneliness and sadness.

Disasters or ongoing crises such as poverty, armed conflicts or health epidemics tend to impact older people very seriously. Disruption to social and medical care as well as transport and other basic services make the challenges of old age harder to deal with. Older people may also find themselves with added responsibilities of caring for their grandchildren, if their own children are no longer able to do so.



### Granny clubs in Malawi

The HIV epidemic has caused a shift in household structures and responsibilities in Malawi. At a time in their lives when many older people might have expected to be supported and cared for by their adult children, a growing number are taking on caring roles for family members living with HIV and for orphaned and vulnerable children.

Without their grandmothers' help, many children would have nobody to care for them. The contributions older people are making to the care of orphans are enormous. In southern Africa, 40 to 60 percent of orphans now live in grandmother-headed households. In Malawi alone, there are two million orphans and vulnerable children out of 14 million Malawians. When older people care for orphans, they need care themselves. They face huge challenges, as providing care has major psychological, physiological, economical and health impacts on their lives.

One of the challenges recognised by Malawi Red Cross Society has been that guardians and caregivers, in particular older grandmothers, do not receive any support besides the food packs. In response to this, Malawi Red Cross Society has been establishing 'granny clubs' since 2008, building the family and community resilience of 2,250 families through 30 granny clubs.

Granny clubs are support groups for guardians of orphans and vulnerable children, comprising mostly older women over 60 years. Granny clubs enable networking and peer support, providing the grandmothers opportunities for sharing experiences of caring for and supporting their grandchildren. They visit one another, encouraging social inclusion and providing support in managing children's behaviour. The older people are also trained in and given resources to participate in HIV and AIDS awareness interventions, as well as becoming involved in mobilizing local resources to care for the orphans.

Granny clubs are run side-by-side with 'children's corners.' These are support groups for children aged 6 to 18 years, where the children learn about HIV and AIDS prevention, make hero books, do home work and participate in life skills education and group activities such as singing and sports activities like football, netball, etc. Meetings are also held between granny clubs and children corners to share skills across the generations through story-telling, poems and traditional dances.

### Positive outcomes

Both the granny clubs and children's corners have been found to empower the participants by promoting networking, social inclusion and community dialogue and conversation about solving family and community problems. The activities help to improve psychosocial well-being. Both grandparents and children experience less emotional stress, are more confident, have ideas about their future and have knowledge to help them survive and be able to earn an income.

Other positive outcomes of these two initiatives have been:

- increased peer-to-peer support in both children and grandparent groups
- increased involvement of grandparents in mentoring orphans and vulnerable children and imparting cultural intergenerational skills and values
- improved care, support and protection of the children
- reduced stigma, discrimination and abuse of children and older people
- increased economic well-being of orphaned and vulnerable children's households through strengthening of livelihoods
- attention to the psychosocial needs arising from the grief, shock and trauma associated with the death of loved ones
- improved life planning skills and capacities of the children to plan for their future and face the complex challenges of growing up without parents
- social empowerment and integration of orphans and vulnerable children and of the older people in the communities
- successful use of hero books and memory books as psychosocial tools for the children and older people respectively to address life obstacles and achieve their set goals
- greater involvement of older people in HIV prevention, treatment, care and support.



Tomas Bertelsen



### Training materials used in Malawi

The Malawi Red Cross Society recommend the following training materials to work with orphans and vulnerable children and grandparents living in areas with high rates of HIV:

**International Federation Southern African Region (2010) *Support for orphans and vulnerable children - A basic facilitator's guide on the Red Cross approach to OVC support in Southern Africa - a resource for training volunteers.***

REPSSI manuals:

- Mainstreaming psychosocial support in paediatric antiretroviral medication
- Memory work training for volunteers
- Hero book training for volunteers
- Kids club training for leaders of children corners
- Granny club training for leaders of granny clubs.

Children who have participated in the children's corners say they feel motivated and encouraged by the entire community. The community spirit of "your child is my child and mine is yours" is much stronger.

### Involving older people in volunteer activities

"Older people can provide a wealth of knowledge, wisdom as well as time, participating in social, cultural and civic life as volunteers, mentors and decision-makers. They have much to teach younger generations."<sup>6</sup>

Many National Societies around the world have recognized that an important way of supporting older people and promoting their psychosocial well-being is by involving them as volunteers in social, cultural and civic activities. Older people have innumerable skills and experiences to share with the community and younger generations, and using these skills enhances both their own and others' psychosocial well-being.



### Finding self-fulfilment through helping others in Georgia

Since 2005, the Red Cross Society of Georgia with the support of the International Federation and partners has been working to enhance the well-being of older people through providing services, capacity building and advocacy.

Activities include:

- providing information about local services
- advocating for the needs of older people in local and national ministries
- creating social opportunities through discussion clubs and workshops.

The Red Cross Society of Georgia also provides skills training, such as craft and handiwork, to enable older people to establish their own small businesses, helping them to remain independent and strengthen their self-confidence. Volunteers are at the heart of this initiative, and 200 individuals of all ages contribute their time and energy to support Georgia's older generation.

One 63-year-old volunteer, Nana, works with an entitlement group located at a Red Cross social centre in Tbilisi. Formerly a refugee from the Abkhazia region, Nana leads a team of 14 volunteers who help older people in accessing their entitlements and public



benefits. In close cooperation with the government, her team helped 100 older people access funding for their medication, three older people with placement in a shelter, and two others with government-provided housing.

Nana shares, “I’m happy, because at my age, after so many harsh experiences in my past, the Red Cross Society of Georgia gave me an opportunity to be in charge of a team.” Ten of those who volunteer with Nana are of similar age. However, she also has the opportunity to work with younger volunteers as well. Nana says that they are not only her co-workers but also her close friends. Her work improves her psychosocial well-being through social interaction and giving her a sense of belonging.

### Older generations helping people of all ages in Hungary

In the Jász-Nagykun-Szolnok county branch, Hungary, volunteer hospital helper teams provide practical assistance, personal care, as well as emotional support to older people who are hospitalized or live in residential homes. With an average number of 30 members per team, the volunteer hospital helpers are mostly retired individuals themselves, operating in the areas of Szolnok and Karcag. All volunteers are provided with theoretical and practical training, including classes on psychosocial and communication skills, as well as basic care skills for older people. The training covers the biological, social and emotional aspects of ageing. Red Cross volunteers seek to reduce the vulnerabilities of older people, by recognizing that these aspects of well-being are interdependent and connected.



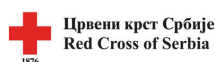
Ibrahim Malla





Younger people can also be in need of support, requiring the guidance and wisdom of someone with more life experience than themselves. In the civic mentors team, older volunteers are well-suited to counsel younger people, who may face challenges at school or in their home life. Mentors provide support with homework and help develop skills, enhancing their mentee's self-confidence and self-esteem. They also provide moral and emotional support. As a result, students participating in the programme had higher grades, were less absent from school, and also had improved relations with family and friends.

The civic mentors team demonstrates the mutual benefit that younger and older people receive through intergenerational solidarity and cooperation. Of the 22 volunteers who participate in the programme, many are older people who have recently retired. Agnes Nagy, Director of the Jász-Nagykun-Szolnok county branch in the Hungarian Red Cross, has noticed the difference that the mentor programme makes in the lives of both its volunteers and recipients: "Most civic mentors were happy to report that their mentees achieved much success in their academic and personal lives. This has meant a lot to the mentors. Not only have they taught children new skills, but they have also learned more about themselves. Through having increased responsibility, mentoring builds self-esteem and improves relationships. This programme contributes to the well-being of mentors and mentees equally."



### Older people helping peers cope with experiences of abuse in Serbia

Abuse is a devastating experience, particularly for older people, who may experience abuse at the hands of someone that they trust and rely upon. The Red Cross of Serbia is taking steps to bring elder abuse out of the shadows through its Home Care programme, which sensitizes and educates volunteers and the general public about elder discrimination and abuse.

The Republic of Serbia has one of the oldest populations in Europe, with 20 percent being 60 years of age and over. While this means that many older people are at risk of abuse, it also presents a unique opportunity: a larger pool of older volunteers who can be drawn upon to help address and prevent the abuse of their peers.

One such volunteer is Svetlana Atanasković. At 73 years old, Svetlana answers a telephone helpline that assists older people with issues concerning health care, welfare, poverty and abuse. In one encounter, she assisted a retired 70-year-old teacher who had had all of her possessions, including her apartment, sold by her relatives. When she finally contacted the Red Cross, Svetlana was able to inform her about her legal rights and helped her obtain a health ID.

Volunteers like Svetlana play a meaningful role in reducing the vulnerabilities of their peers who have been unfortunate to suffer abuse and maltreatment. The training and engagement provided by the Red Cross of Serbia enables older volunteers to reach out in their communities, providing help and hope to those who need it the most.

Read more about support to lonely elderly people in the section on people who are lonely in the section starting on page 127.



### Drawing contest for elderly men in Pakistan

The Pakistan Red Crescent Society ran a school-based psychosocial support programme for children and their families in Swat in 2010. One of the activities associated with this programme was a drawing competition for older men. Before the competition began, the selection criteria were discussed with the community. The community agreed that only men of 60 years or older would participate. This was not usual for Pashtun society, where drawing is usually considered an activity for children only. However, the competition proved to be a good experience for the participants.

Mr. Shehzad, aged 72 years, said: “During the Taliban regime I lost my son in the shelling and it was very difficult for me to talk to anyone about my grief. Drawing this picture has given me the opportunity of telling the story of my son for the first time. I feel very relieved. It’s like someone has taken a huge burden from my shoulders. I am going to do more drawing now. I am sure it will bring back good memories of my son.”

**SOURCE** Coping with Crisis 1/2013.





# Glossary and endnotes



## Glossary

### Active listening

Active listening in support situations requires an ability to focus on the speaker and allow them space to talk without voicing one's own thoughts, feelings and questions while they are speaking. Elements of active listening include trying to fully understand the point of view of the help-seeker; repeating what the help-seeker has said and summarizing what you have understood; exploring the emotional side of the problem; trying to find solutions together with the help-seeker.

### Advocacy

The active support of a person, group or cause; actively speaking in support of a person, group or cause.

### Adverse events

Events that have the potential to lead to undesired and harmful consequences.

### Assessment

The process of gathering data and analyzing it to create information, in this context to establish the status of well-being of a particular population.

### Bereavement

The emotional reaction to the loss of a significant other. Depression associated with bereavement is considered normal in the case of such a loss and is often accompanied by poor appetite, insomnia and with a sense of worthlessness.

### Behavioural surveillance

Behavioral surveillance is a surveillance tool designed to track trends in HIV-related knowledge, attitudes and behaviours in populations at risk of HIV and sexually transmitted infections (STIs). Behavioural surveillance is defined as ongoing systematic collection, analysis and interpretation of behavioural data relevant to understanding trends in the transmission of HIV and STIs.

**SOURCE** <http://www.who-hub-zagreb.org/trainings/m2>

### Burnout

An emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment and pessimism and cynicism.

### Child friendly spaces

The purpose of child friendly spaces (CFSs) is to support the resilience and well-being of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment. CFSs aim to mobilize communities around the protection and well-being of all children, including highly vulnerable children; provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and offer inter-sectoral support for all children in the realization of their rights.

**SOURCE** Inter-Agency Network on Education in Emergencies, Global Education Cluster, Child Protection Cluster, Inter-Agency Standing Committee. Principles for Child-Friendly Spaces in Emergencies. 2011.

### Community

A group of people who live together in an environment, or who share common cultural, religious or other social characteristics. For example, those who belong to the same ethnic group; go to the same church; work as farmers, or those who are volunteers in the same organization.

### Congenital problems

Congenital refers to existing before, during or just after birth. Congenital problems thus refer to problems a person has had since or before birth.

### Coping

The process of adapting to a new life situation – managing difficult circumstances, making an effort to solve problems or seeking to minimize, reduce or tolerate stress or conflict.



**Crisis**

A critical event or series of events that leads to major changes in the lives of the affected. It can be due to natural disasters (such as floods, earthquakes, cyclones, etc) and man-made events, (conflicts, population displacements, large-scale accidents, etc).

**Critical event**

A sudden, powerful event that is outside the range of ordinary experiences and has an impact stressful enough to overwhelm the usually effective coping skills of either an individual or group.

**Crosscutting**

Crosscutting activities are activities that can be used in many different situations and across sectors.

**Defusing sessions**

Defusing sessions are support sessions provided for volunteers and helpers who have been through difficult experiences, for example from helping others during or after a crisis event. Defusing is the term given to the process of talking about something, and giving people the opportunity to share what they have experienced and how they feel about it.

**Disaster**

An unforeseen and often sudden event of natural or human origin that causes widespread damage, destruction and human suffering. A disaster overwhelms local capacity, necessitating a request for external assistance at national or international level.

**Emergency**

A sudden, usually unforeseen, event that calls for immediate measures to minimize its adverse consequences.

**Empathy**

To be able to identify with and understand another person's situation, feelings, and motives.

**Empowerment**

Gaining control of the decisions that impact one's life as an individual or as a group. This is mainly achieved by setting up structures that allow people to regain control over some aspects of life, a feeling of belonging and of being useful.

**Ethical**

Conforming or adhering to accepted standards of social or professional behaviour.

**Evaluation**

An evaluation is an objective assessment that explores if the implemented intervention has achieved its goal. Evaluations look at both the outputs and outcomes of a response and measure to what extent the goals or overall objectives of an intervention have been met, asking the question 'did the change we aimed for come about?'

**Gender-based violence (GBV)**

Violence inflicted on a person due to their gender, whether they are female, male or transgendered. Gender is one of the root causes of violence. GBV can include all types of violence – physical, sexual, psychological, deprivation. Violators can be individuals, groups and/or societies. It can be identified as either inter-personal or collective violence, with sexual gender-based violence during conflict now identified as a war crime. Gender also is a social determinant for types of self-harm.

**Grief**

A natural process of response to loss, conventionally focused on emotional responses but having physical, cognitive, behavioural, social, and philosophical dimensions.

**Life skills**

Psychosocial competencies and abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

**Monitoring**

An on-going observation system to verify whether project activities are happening according to plan.

**Psycho-education**

A method that focuses on strengthening people's capacity to understand their own or family members' reactions to distressing situations.

**Psychological first aid**

Assistance given to people affected by a critical event. The four basic elements are to stay close; listen attentively; accept feelings; and provide general care and practical help.

**Psychological triage**

Psychological triage involves assessing what kind of psychological help a person needs, based on limited information and as quickly as possible.

**Psychosocial**

Refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes the internal, emotional and thought processes of a person – his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

**Psychosocial support**

Refers to the actions that address the psychosocial needs of individuals and of communities, taking into consideration psychological, social and cultural aspects of well-being.

**Psychosocial support programmes**

Any planned programme or activity that aims to improve the psychosocial well-being of people. Programmes may be stand alone or integrated within broader responses.

**Psychosocial well-being**

The positive state of being when an individual, family or community thrives. It is influenced by the interplay of human capacity (psychological and physical), social ecology and culture and values.

**Psychosomatic**

When psychological problems are expressed through physical problems or pain.

**Recovery**

The process of restoring well-being after a critical event or crisis.

**Reflection meetings**

Meetings for volunteers, helpers and other carers to reflect on the experiences they had and to reflect on the process.

**Resilience**

A person's ability to cope with challenges and difficulties, and to recover quickly; often described as the ability to 'bounce back.'

**Self-confidence**

A feeling of trust in one's abilities, qualities, and judgment.

**Self-efficacy**

The extent or strength of one's belief in one's own ability to complete tasks and reach goals.

**Shock**

A biological response created by outside events where the ability to react is paralyzed or frozen. Persons in this state may experience emotional turmoil, apathy or despair. Sometimes a person may not even remember the crisis event.

**Social cohesion**

When referring to social groups, a group is said to be in a state of social cohesion when its members possess bonds linking them to one another and to the group as a whole.

**Stakeholder**

A person, group, organization or system who shares interest in something, for example, in a programme, initiative or community.

**Stress**

A normal response to a physical or emotional challenge which occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges which excite us. At the other end, stress represents situations where individuals are unable to meet the demands upon them, and ultimately suffer physical or psychological breakdown.

**Stress management**

Methods at individual, team and organizational levels that aim to reduce the negative impact of working in a stressful environment.

**Sustainability**

The ability to maintain something – in this context a programme or intervention – into the future.

**Trauma**

Used commonly to describe either a physical injury or a psychological injury caused by some extreme emotional assault. In this context, trauma is associated with severe psychological and physical distress requiring specialised services.

**Unaccompanied children**

Unaccompanied children are those who have been separated from parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

**Vulnerability**

A range of factors that may decrease an individual's or community's ability to cope with distress experiences. Examples include poverty, mental or physical health disabilities, lack of social network, lack of family support, age and gender.

**Vulnerable groups**

Used to describe groups of people living with health challenges (e.g. HIV and AIDS, TB, diabetes, malaria, and cancer), people with physical disabilities and/or mental illness, children and adolescents, older people, women, unemployed persons, people living in poverty, and ethnic minority groups.

## Endnotes

### Note 1

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### Note 2

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### Note 3

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### Note 4

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### Note 5

[www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/)

### Note 6

**Annita Underlin, 2014, Director of the International Federation of Red Cross Red Crescent Societies Europe Zone.**







# Strengthening Resilience

## A global selection of psychosocial interventions

*Strengthening Resilience: A global selection of psychosocial interventions* was developed in answer to the growing demand for guidance on how to implement psychosocial support programmes. It is designed to provide the practitioner with a range of possibilities when planning psychosocial support activities. Drawing on case studies and programme descriptions from psychosocial interventions around the world, the book presents fundamental methods of providing psychosocial support, including concrete examples of interventions, ideas for activities, and how to modify them to suit specific contexts and groups. *Strengthening Resilience: A global selection of psychosocial interventions* provides guidelines for how best to implement psychosocial interventions, and illustrates how broad and diverse the field of psychosocial support is.

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