GENDER, CONFLICT TRANSFORMATION & THE PSYCHOSOCIAL APPROACH

Toolkit

Introduction

Dear Reader,

Over the past few years, international co-operation has become increasingly aware of the impact that situations of violence exert on individuals and on society. A psychosocial approach takes into consideration, for instance, the effects of structural and armed violence on the emotional state and the everyday social relations of individuals, as well as on social and political structures.

The present working tool is meant to facilitate the integration of psychosocial methods into the existing programme of international co-operation. The toolkit explains the relevance of psychosocial thinking in activities unfolding in a context with structural and armed violence, while demonstrating what this implies in everyday work. Although the focus of this toolkit is on regions of conflict, most of the individual «sheets» contained within are useful for work in other contexts as well. Indeed, it can be pointed out, for example, that psychosocial interventions have become a key component of emergency aid in the wake of natural disasters or epidemics, over and above medical assistance, delivering food and providing shelter.

The toolkit delves into the basic concepts of the psychosocial approach, discusses the psychosocial condition of various target groups, and outlines the psychosocial aspects of different sectors.

This toolkit was born of a common initiative on the part of the Gender Unit (GOV) and COPRET with the intention of linking gender, conflict transformation and the psychosocial approach, while illustrating their mutual influences. To facilitate the introduction of this new theme we offer support and guidance that will make the first steps of implementation easier.

We would like to express our deep gratitude to the OPSI (Office for Psychosocial Issues) for their splendid work, the exciting process, and the excellent co-operation.

We look forward to hearing from you and thank you in advance for your suggestions and feed-back.

Yours sincerely,

Maya Tissafi
Gender Unit (GOV)

Elisabeth von Capeller
COPRET

Organisations

CGAP	Consultative Group to Assist the Poor
CINAT	Coalition of International NGOs Against Torture
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment
CRS	Catholic Relief Service
SDC	Swiss Agency for Development and Cooperation
DFID	Department for International Development
EDA	(Federal Department of Foreign Affairs)
FIZ	Fraueninformationszentrum Zürich
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
IDEA	International Institute for Democracy and Electoral Assistance
ICRC	International Committee of the Red Cross
INEE	Interagency Network for Education in Emergencies
IOM	International Organisation of Migration
ISHHR	International Society for Health and Human Rights
OCHA	Office for the Co-ordination of Humanitarian Affairs
ODI	Overseas Development Institute
OPSI	Office for Psychosocial Issues
OXFAM	Oxford Committee for Famine Relief
RHRC	Reproductive Health Response in Conflict Consortium
Tdh	Terre des Hommes
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organizations
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNHCR	United Nations High Commission for Refugees
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation

Other abbreviated terms

AIDS	Acquired Immune Deficiency Syndrome
DDR	Disarmament, Demobilisation, Reintegration
HH	Humanitarian Help
HIV	HI Virus
IDP	Internally Displaced Persons
IC	International Cooperation
NGO	Non-Governmental Organisations
PCM	Project Cycle Management
PTSD	Post-Traumatic Stress Disorder

The toolkit at a glance

Psychosocial work and the relevant tools with which to approach it have, over the past 10 years, found a growing acceptance in the field of international co-operation (IC). There is no crisis or conflict area where trauma and the emotional state of the victims is not discussed. Psychosocial concepts and methods have become increasingly important, especially in recognising the necessity to support gender-conscious conflict transformation processes. Even so, many people working in development or relief organisations still only have a vague idea of what is actually meant by psychosocial. While literature on the issue of trauma is extensive, but confusing and contradictory, a brief introduction into the subject matter of psychosocial work in the context of international cooperation does not yet exist.

This toolkit aims to bridge that gap. It explains to both the staff of the Swiss Agency for Development and Cooperation (SDC) at the central office and the co-ordination offices and to the partner organisations how relevant the psychosocial way of thinking is for work in conflict and post-conflict areas. It also shows how regular development and relief activities can be adjusted in order to support the emotional and social recovery of the population. The toolkit does not, however, intend to replace psychological textbooks or manuals on gender and conflict transformation, or different areas and sectors of intervention, from HIV/AIDS to water and sanitation, but aims to convey a way of thinking and make suggestions as to how it can be put into practice.

It is not necessary to read through the entire toolkit. Each of the 21 sheets or chapters can also be understood individually. Each sheet contains definitions, theoretical explanations, practical suggestions or checklists, examples for illustration and references to further articles and manuals. These elements make it easier for readers to get involved with the subject matter and enable them to give additional attention to those elements in their projects that promote the empowerment of project participants under the difficult circumstances that

prevail during and after conflicts. The toolkit is divided into three parts, each of which deals with different aspects of the psychosocial approach:

Part 1: The basic concepts of the psychosocial approach

Sheets 1 – 7 provide the conceptual framework. Basic terms and concepts are explained in this part, tools are recommended to facilitate analysis and central questions regarding the management of projects and staff from the psychosocial perspective are discusssed. The terms introduced in this part are frequently used in the other sheets of the toolkit. For this reason, it is advisable to have a look at some of the chapters of the first part.

Part 2: The psychosocial problems of various target groups

Sheets 8 – 14 deal with the problems of different groups of conflict-affected people. The Sheets begin by describing the central aspects of disempowerment experienced within each group, and then identify the main psychological and social issues that need to be dealt with in order to help people to cope with the consequences of war and violence.

Part 3: Psychosocial aspects in various sectors and areas of intervention

Sheets 15 – 21 cover selected areas of intervention that are of primary importance in regions affected by war and crisis. In this section, activities and methods are identified that are either already widely practised or could be further intensified in order to give people additional psychological and social support within the framework of the respective sectors. These Sheets are to be understood as an illustration of the psychosocial approach and as a suggestion, not as a guideline or instructions on how to act.

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Part 1

Title	Contents
Sheet 1 Gender, conflict transformation and the psychosocial approach: an introduction	What is the psychosocial approach? How does the psychosocial approach relate to gender and conflict transformation?
Sheet 2 The psychosocial approach: conceptual framework and key terms	What brings about disempowerment in conflict and post-conflict areas and what does this mean for working with an empowerment approach? Explanation of the key terms: threat/fear, destruction/trauma, loss/mourning and empowerment.
Sheet 3 Psychsosocial aspects of development work in virulent conflicts	How can projects react to the fragmentation of communities? Explanations of community dynamics and suggestions as to how to deal with chronic fear among staff and the marginalisation of victims of the conflict.
Sheet 4 Dealing with the past	What are the preconditions for genuine reconciliation and a lasting peace? Description of different ways of dealing with war crimes and supporting its survivors.
Sheet 5 Tools of analysis	**5a. Empowerment tool** Analysis of disempowerment and the perspectives for empowerment of individuals, families, groups and communities. **5b. Sequential traumatisation tool** Defining the traumatic sequences in a given context.
Sheet 6 Project Cycle Management in the psychosocial field	How does one incorporate the principles of the psychosocial approach in planning, implementation and evaluation? A checklist.
Sheet 7 Staff of the Swiss Agency for Development and Cooperation (SDC) and its partner organisations	How do fear and distress in project participants affect the well-being of staff members? Prevention of burnout, secondary traumatisation and conflicts within the team.

Part 2

Title	Contents
Sheet 8 Gender-based violence	What is gender-based violence and what are the needs of women and men affected by it? Key psychosocial issues to support the prevention of gender-based violence and work with the victims; mainstreaming of measures against gender-based violence.
Sheet 9 Refugees and internally displaced persons	What are the most important psychosocial issues for refugees and internally displaced persons? Traumatic sequences for refugees and internally displaced people and possible ways of supporting them.
Sheet 10 Ex-combatants	What are the most important psychosocial problems with which ex-combatants and their families have to come to terms? Traumatic sequences for ex-combatants and possible ways of supporting them.
Sheet 11 Disappeared and murdered persons	What is the course of the mourning process for the relatives of murdered people and for the family members of the disappeared? Traumatic sequences for affected families and possible ways of supporting them.
Sheet 12 Torture and political prisoners	What is the nature of the mental destruction caused by torture? Traumatic sequences for political prisoners and torture victims, and possible ways of supporting them and their families.
Sheet 13 Trafficking	What are the typical psychosocial issues that have to be dealt with by the survivors of trafficking? Traumatic sequences for trafficking victims and possible ways of supporting them.
Sheet 14 HIV/AIDS	How can HIV-positive people live better with the disease? Psychosocial issues that need to be addressed in each sequence of the disease.

Part 3

Title	Contents
Sheet 15 Health	How can health workers address the impact of the conflict? Dealing with trauma and psychosomatic reactions within the framework of normal health care; dealing with the victims of landmines.
Sheet 16 Education	How can schools provide psychosocial stability for children and teach them how to live in peace? Integrating the experiences of children in the classroom; combining teaching contents and methods; strengthening the connecting role of school; supporting the teachers.
Sheet 17 Employment and income	Why do so many income generation schemes for conflict-affected people fail? Key psychosocial issues relating to income generation in conflict and post-conflict areas.
Sheet 18 Food aid and nutrition	What is the effect of powerlessness and dependence on nutritional status? Key psychosocial issues relating to food aid and suggestions for the empowerment of food aid recipients.
Sheet 19 Water and sanitation	What does hygiene have to do with trauma? Key psychosocial issues associated with water, sanitation and hygiene promotion.
Sheet 20 Shelter and housing	What is the correlation between improved social structures and the sustainability of shelter projects? Key psychosocial issues associated with transitional and durable housing solutions.
Sheet 21 Natural disasters	What is the difference between trauma caused by a natural disaster and trauma caused by war and persecution? Basic principles of psychosocial support in the event of natural disasters.

Gender, conflict transformation and the psychosocial approach: an introduction

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International co-operation and the psychosocial approach

Since the beginning of the 1990s, and in particular after the genocide in Rwanda in 1994, crisis pre-vention and constructive conflict management have become central to international co-operation. Besides reconstruction and development of the economy and infrastructure it has become important to deal with the consequences of violence for women and men, support reconciliation processes, protect human rights and re-establish a basic sense of social belonging. These issues, many of which are fairly new to inter-national co-operation, imply a special focus on the psychological and social realities of people's lives. If this does not occur, the risk of failure is high. Why did ex-combatants in El Salvador, despite adequate agricultural training, tend the land they received at the end of the war so poorly that they lost it again? Why do women who have been bold resistance fighters give up all their public activities at the end of the war, return to domestic work and allow them-selves to be abused by their husbands? Why is it that in Gaza domestic violence against women has increased and at the same time the ability of these women to defend themselves has decreased? Why can a history of conflict not simply be put aside or be forgotten? The psychosocial approach helps to answer these and other questions, and provides a conceptual framework as well as analytical tools and procedures to make international co-operation, especially in conflict regions, more effective and more sustainable. It complements and completes the instruments on peace-building (Peace Building, 2003), Conflict-Sensitive Programme Management (2005), and the principles of gender mainstreaming (Gender Equality in Practice, 2003) that were developed by Swiss Agency for Development and Cooperation (SDC).

Violence and the perspective of conflict transformation

In areas of war and crisis, conflict is determined by direct, structural and symbolic violence. Direct violence is carried out by specific actors. Structural violence refers to conditions of power and ownership structures that lead to unequal opportunities for specific groups in the population, e.g. women, the poor and minorities. Symbolic violence (Bourdieu) refers to the symbolic order (ideology, culture, social forms of organisation, institutions, legal principles, etc.) that perpetuates and reproduces existing power structures by obscuring them, idealising them or declaring them an expression of natural laws.

Human Security

Human security in its broadest sense embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfil his or her own potential. Every step in this direction is also a step towards reducing poverty, achieving economic growth and preventing conflict. Freedom from want, freedom from fear and the freedom of future generations to inherit a healthy natural environment – these are the interrelated building blocks of human – and therefore national security.
Millenium Report, United Nations, Kofi A. Annan, 2000

The aim of conflict prevention and management must be to combat violence in all its forms and comprehensively improve the security of the population (see box below). Similarly to the different forms of violence, conflicts always affect us on a personal, structural and cultural level. Conflict transformation does not strive to eliminate conflict but to change it for a better, more just and peaceful society: «Conflict transformation is to envision and respond to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships» (Lederach, 2003). Conflict transformation therefore means reducing violence by changing and developing the conflict in all its aspects and dimensions, from society to the inner life of the individual.

Gender and conflict

In the relationships between men and women the power structures determined by direct, structural and symbolic violence gain particular relevance. In armed conflict, the relations between men and women change and these shifts will reflect back on the conflict. There are local differences in the changes in gender roles and identities and these must be analysed carefully in their specific contexts. Nevertheless, several central points tend to be similar:

- **Sexual violence**
  There is an increase in violence against women in both the domestic and the public spheres.

- **Shift in responsibilities**
  Economic crises and security problems make it harder for men to carry out their traditional role as breadwinners and protectors of the family. Women devise survival strategies for themselves and their children, but often at a high emotional cost and to the detriment of their health. They take on new roles managing commu-

nal tasks and transforming conflict; some join the armies of the conflicting parties.

- **Women gain autonomy but not much political power**
  By taking on new tasks women gain more power in the domestic sphere, sometimes also in the community. However, these changes usually do not automatically lead to more political power. Women are often not represented in the official peace process and when the men return home they are moved from many positions.

- **Gender identities are tenacious**
  While the gender roles change in war, the old desires and fantasies of what is masculine and what is feminine remain. People say that things will never be the same again, but pre-war ideas are deeply entrenched and both men and women defend them. Inner images change much more slowly than outer reality. This is particularly true when these changes have not been voluntary but are a reaction to traumatic experiences or a survival strategy developed in adverse circumstances.

An essential prerequisite for gender-conscious conflict transformation is the genuine participation of women in the peace process (see box). However, a change in gender relations toward more equality is a slow process. It requires changes not only in society but also in every household and every individual. The following typical psychosocial issues support this process:

- dealing with the mental well-being, the experiences and histories of men and women and with their ideas of the past and the future;
- supporting developments that allow women to gain more autonomy and to increase their real participation in local power structures;
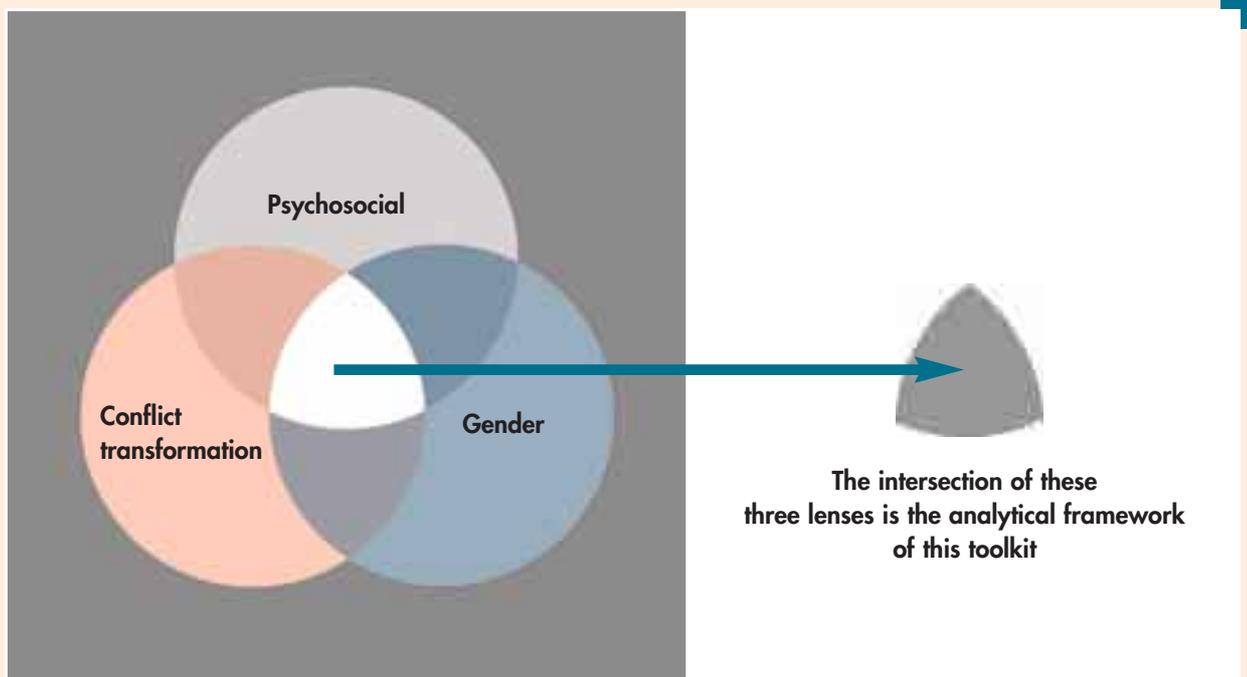- public discussion of gender-based violence and psychosocial support for victims.

UN Resolution 1325 on women and peace and security
In the year 2000 for the first time in its history the UN Security Council addressed the role of women in solving conflicts. A resolution was passed which recognizes that gender perspectives and the special needs of women must be incorporated in conflict management and peace-building at all levels. It affirms that gender equality should be central to every UN mission and acknowledges that women require protection during armed conflict. It also holds governments and non-state parties fully accountable for any abuse they commit.

Three «lenses» for understanding reality

The psychosocial approach, conflict transformation and the gender focus intersect and complement each other. However, although they deal with related subjects, they involve historically separate areas of research that have each developed specific concepts and strategies. These different interrelationships are increasingly being recognised and defined. One could regard the three areas as different lenses through which realities can be examined. This toolkit explains the psychosocial approach, always including its overlap with the «lenses» of conflict transformation and gender.

Psychosocial

Conflict transformation

Gender

The intersection of these three lenses is the analytical framework of this toolkit

Resources

Lederach, J.P. (2003)
The Little Book of Conflict Transformation.
Intercourse: Good Books.

SDC (2003)
Peacebuilding – SDC Guidelines.
www.deza.ch/ressources/resource_en_2411 1.pdf

SDC (2003)
Gender in Practice – A tool-kit for SDC and its partners. To order: info@deza.admin.ch

SDC (2005)
Conflict-Sensitive Program Management (CSPM). Mainstreaming the Prevention of Violence in the International Cooperation. www.deza.ch/ressources/resource_en_ 24650.pdf

The psychosocial approach: conceptual framework

- The psychosocial approach addresses the well-being of individuals in relation to their environments.
- Psychosocial key words are: threat/fear, destruction/trauma, loss/grief.
- Chronic fear leads to a culture of silence and makes people unable to handle conflict.
- In conflict regions trauma is a reaction to destructive social or political events that overwhelm people's ability to cope. Trauma develops in sequences.
- Disturbed mourning processes are a key problem of violent conflict.
- If we strive for empowerment we must first examine the nature and extent of disempowerment. Empowerment is not only a question of gaining insight into one's situation, but also of actively addressing one's suffering and trying to change social power structures.


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What is psychosocial?

«Psycho» refers to the psyche or the «soul» of a person. It has to do with the inner world – with feelings, thoughts, desires, beliefs and values and how we perceive ourselves and others. *«Social»* refers to the relationships and environment of an individual. It includes not only the material world but also the social and cultural context in which people live, ranging from the intricate network of their relationships to manifold cultural expressions to the community and the state. The inner world (psycho) and the outer world (social) influence each other. In short, «psychosocial» deals with the well-being of individuals in relation to their environment.

The psychosocial space

livelihood/infrastructure

individual processes   social processes
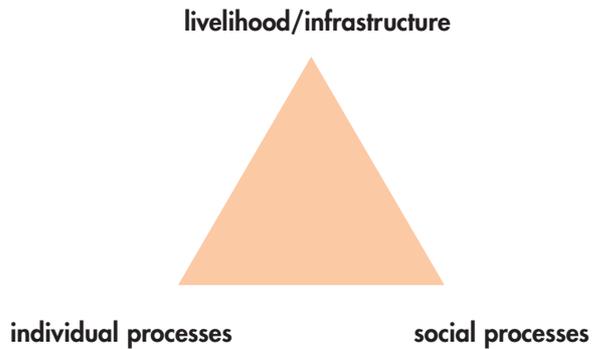
All projects of international cooperation are in some way concerned with improving people's livelihoods or the infrastructure, with the individual well-being of people and with changes in society. A particular project may focus more on one or another of these areas. Nevertheless, whatever the specific focus may be, all three aspects will have a bearing on the project and the project itself will in turn influence these aspects. The psychosocial approach focuses on the inter-relationship between these different dimensions.

In international cooperation «psychosocial» appears in three different ways.

■ **Psychosocial as a scientific method**
Psychosocial methodology focuses on the understanding of the relationship between individuals and their environment. Both aspects are equally important. This approach links individual and collective dimensions of reality. It develops a holistic understanding of psychological and social processes. Psychosocial methods are not restricted to so-called psychosocial projects, but can be applied in any project.

■ **Psychosocial organisational principles**
In addition to typical issues of organisational development (effectiveness, efficiency, communication processes, etc.) there is a particular focus on the relationship between the organisational structure, the individual staff member and the area of work. The quality of work will be improved and burn-out prevented if self-reflection and self-protection are strengthened and team members are empowered within the organisation to shape projects and deal with conflicts.

■ **Psychosocial projects**
Psychosocial projects are created specifically to deal with the psychological and social dimensions of destruction. These projects are usually located in the sectors of education, health and social work. They almost always focus on interventions with individuals and groups defined as having special needs and problems, as, for example, victims or perpetrators or people living in extreme poverty.

Key words in the psychosocial approach

During war and crises, key social processes correspond to certain mental processes. These are:

Social Process		Mental Process
Threat	⟷	Fear
Destruction	⟷	Trauma
Loss	⟷	Grief
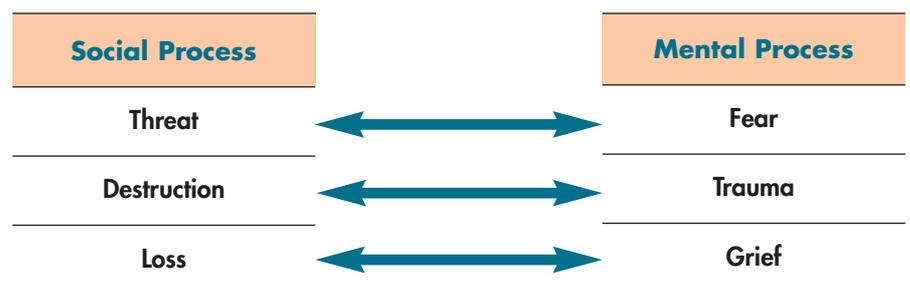
Threat/fear

Fear is a psychological and physiological process that helps to sense danger and avoid it. Simple everyday precautions such as looking left and right before crossing the road are based on learning processes connected to the experience of fear. In acutely threatening situations, there are three different fear-driven reactions: 1. flight, 2. attack, 3. breakdown and/or complete surrender.

Fear and the culture of silence

Fear is usually a temporary phenomenon. However, if the threat becomes chronic, then fear becomes chronic too. It becomes part of the individual's mental structure and gains an existence that is independent of the original threat. This may result in people staying psychologically on guard even if the actual danger has long gone. Chronic fear is the social by-product of living in areas of war and conflict. The behavioural patterns it induces are constant watchfulness and reserve, which lead to social withdrawal. Feelings and opinions, especially if they draw attention to one's own weakness, are only expressed with great reticence. People do not wish to appear vulnerable nor do they want to burden others with their insecurity or anxieties. This culture of silence isolates the individual and weakens families and groups because people no longer share their concerns. The suppressed feelings will ultimately be expressed, although usually in a context that makes it impossible to acknowledge and deal with them in a suitable manner. This increases the fear and deepens the silence.

Chronic fear reduces people's ability to protect themselves

Constant tension is expressed by increased irritability and aggressiveness. At the same time it becomes more difficult to handle conflict in a meaningful way. It becomes harder to speak openly even about everyday matters; trivial differences of opinion or conflicts of interest are perceived as dangerous. People can no longer distinguish between those situations which are safe and those which are dangerous. Sometimes fear is simply denied and individuals endanger themselves and others because they no longer perceive the dangers.

Fear needs to be integrated, not overcome

What needs to be overcome, therefore, is not fear itself but the denial of fear, and the increasing inability to handle conflict. If chronic fear is perceived and acknowledged, it loses much of its destructive force and can, with time, be adequately integrated into the individual's mental structure and social relationships. People are then better able to protect themselves.

Destruction/trauma

Violent conflicts lead to destruction, not only of material things, but also of emotions and social relationships. When a house is destroyed by bombs people not only lose their dwelling, they also lose a place of refuge and belonging. Those who have died leave traces (images, memories, histories, experiences, developments) in the survivors. The psychological equivalent of destruction is what we call trauma. Trauma changes the individual's view of the world permanently, even if some of what was destroyed can be repaired later.

Trauma is a process

The word 'trauma' comes from Greek and means wound. A psychosocial trauma is a deep emotional wound, a response to social and political destruction that overwhelms the individual's capacity to cope. A traumatic breakdown can result after a single event or after a series of events that become traumatic because of their cumulative effect. The social and political process that causes the trauma will also determine its further course. Trauma is therefore a process shaped by the interaction between the social environment and the mental state of the individual. Psychosocial trauma should not be misunderstood as the psychological result of a clearly circumscribed or specific event. For example, the trauma of an American veteran of the Vietnam war involves not only his war experiences but also the degree of his social and political isolation

or integration after the war. The traumatisation of the family members of those who disappeared in Argentina developed not only from what happened during the dictatorship but also from the way in which these crimes were dealt with afterwards. The process of trauma thus continues in a healing or destructive way after wars, direct violence and persecution have come to an end. It is not usually difficult to determine when a traumatic process began, but very often difficult to know when it has stopped.

Trauma is a psychological process but its development is shaped by socio-political events. This interrelation is best reflected by the concept of sequential traumatisation which describes the course of the traumatic process according to specific historic periods. Hans Keilson, who invented the term, defined the following sequences for his work with Jewish war orphans in the Netherlands:

- the enemy occupation of the Netherlands and the beginning of terror against the Jewish minority;
- the period of direct persecution, which included the deportation of parents and children and/or the separation of children from parents;
- the post-war period, during which the main issue was the appointment of guardians (Keilson, 1992). The key decision that had to be taken here was whether to leave the children in the Dutch foster families who had taken care of them during the war, or whether to return them to their Jewish milieus of origin, which were also traumatised. Both possible decisions had positive and negative implications.

In our adaptation of Keilson's concept we have identified the following six sequences to describe the situation in conflict and post-conflict areas.
- Before the traumatic process
- Beginning of the persecution
- Acute persecution: direct terror
- Acute persecution: chronification
- Time of transition
- After the persecution

The most important traumatic sequence begins after the persecution. If a house is on fire, one tries to put out the flames. It is not until afterwards that the true extent of the damage can be perceived. The burning house is part of the trauma, but so is the time afterwards. It is often at this point that people become ill. Help is possible and useful in all traumatic sequences; however this support must be guided by the specific possibilities and limits of each sequence (→ Sheet 5b: Sequential traumatisation).

Trauma and the family
Traumatic processes change not only the individuals directly affected, but also their entire environments since traumatisation changes the ability to communicate and to form bonds. If a father is tortured, not only is he traumatised, but his wife and children as well. They have waited for him, fearing for his life, and when he returns he may be a broken man who does not speak to them and whose personality has completely changed.

Family members who are born years after the initial traumatising event can still become part of the traumatic process. Although the victims try to forget the traumatic terror and do their very best to keep it to themselves it will inevitably affect their children. If they do not talk about it, they remain strangers to their children; if they try to communicate their experiences (the better option), they must speak about the terror. A survivor of the Holocaust, for example, did not tell her daughter anything about her life in the concentration camp, but she always called her child «my small blonde angel of death». The daughter was confronted with traumatic fear long before she understood to what it referred. In this way one generation can «inherit» trauma from the previous generations.

Trauma, symptoms and the course of illness
Trauma implies a lifelong vulnerability that under certain circumstances may lead to pathological symptoms. Since the traumatic process takes place in a particular social, cultural and political context, symptoms can only

be understood in reference to this context. Behaviour that is regarded as a symptom in a certain setting could be perfectly normal in a different situation.

Any approach that reduces trauma to a mental or physical pathology must be strictly avoided. Trauma is not simply an illness but always a social and political process as well. Project partners should therefore be encouraged to develop their own context–specific definitions and treatments of trauma. The Post Traumatic Stress Disorder (PTSD) approach, for example, is insufficient because it can only diagnose individuals, disregarding the cultural and social specifics. Its main drawback is that it reduces trauma to a disease of the individual, like any other. PTSD thus ignores and dislocates the relationship between individual suffering and the political context, thereby adding to the marginalization and victimisation.

Nevertheless, this kind of conceptual limitation should not lead to an attitude towards trauma that forgets or denies the profound psychological damage. Symptoms should be defined and described within their specific contextual meanings. Certain symptoms that are described in the diagnostic criteria of PTSD (American Psychiatric Association, Diagnostic and Statistic Manual of Mental Disorders, 4th edition, 1994), for example, seem to be present in most social contexts. The victims of trauma experience the traumatic events again and again, either in the form of involuntary images, thoughts or perceptions, or also as illusions or hallucinations (flash-backs/intrusive thoughts). They avoid stimuli that are connected with the traumatic event (numbing) and suffer from constant, exaggerated vigilance (hyper-arousal). In the long term, severe trauma can often lead to depressive symptoms. Even if these symptoms that arise in different contexts resemble each other, their significance may vary considerably and many other symptoms that are not mentioned in this list may also be observed. We frequently encounter disturbances of social behaviour, in particular an impaired ability to communicate

Min Bajracharya

and work. Family structures may collapse; people may display anti-social behaviour and develop severe psychosomatic illnesses; traumatisation makes it more difficult to come to terms with loss. Since traumatisation generally entails the experience of extreme violence and aggression, it may often impair the individual's capacity for healthy aggression, e.g. self-defence.

Healing?
Traumatic experiences never disappear completely from the mind; the goal can therefore not be healing in its usual sense. Those affected by trauma may, however, learn to integrate the traumatic experiences into their lives and find a way out of the role of the victim. They may at some point be able to lead a fairly normal life. However, their suffering, which is linked to the social process both in origin and throughout its development, will not stop. Support therefore should not be limited to the individual working through of trauma. Equally or maybe even more important is society's acknowledgment of what has happened: in this way the extreme suffering of individuals can be shared and collectively contained. Trauma work is not just a social and medical issue but a cornerstone of the peace-building process (→ Sheet 4: Dealing

with the past). Support for trauma victims is possible and necessary in all traumatic sequences (→ Sheet 5b: Sequential traumatisation).

Loss/grief

Threat and destruction always imply loss. People lose their homes, cities are destroyed, family members, friends and acquaintances die. People lose their life projects, their hopes and aspirations. In the end, after everything has been taken away, loss is all that remains. Loss is directly linked to threat and destruction, but must nevertheless be perceived as a separate social category. Loss and dealing with loss are part of everyday social experience and determine what happens in society at large, especially after the acute conflict has come to an end. The psychic counterpart to loss is grief – which is the way in which we deal with loss. The course of the mourning process determines whether the loss is integrated and psychologically accepted and can thus become history, or whether it continues to affect life negatively.

The two phases of mourning

The mourning process can roughly be divided into two phases. In the first phase it is a question of acknowledging and accepting the loss. Initially the loss is often denied; those who have lost loved ones may try to strike a deal with fate, for example, offering something very valuable in exchange, if only their loss is undone. They feel lonely and abandoned. This phase is dominated by anger and it ends with an acknowledgement of the loss. The next phase of the mourning process entails returning to a reality which no longer contains that which was lost. People then reflect on the lost relationship; they remember the strengths and weaknesses of the loved one. Those who grieve process the significance that the loss had for their own lives, and transform it into a memory without a future (Volkan, 2000). The feelings in this phase tend to be closer to what we generally regard as grieving. The length of an uncomplicated mourning process varies, but it is rarely shorter than 1–2 years.

Complicated mourning process

If the loss is violent, the mourning process is never uncomplicated. The circumstances of the death cannot be fully grasped and are in principle unacceptable. Often family members are not able to bury their dead with dignity because the bodies of their loved ones are missing or their deaths are mired in political controversy. They cannot really share their pain with anyone. Unstable conditions, the traumatisation of the survivors and the struggle for survival make it even harder for people to go through an ordinary grieving process. If the mourning process comes to a standstill and cannot be completed, people are at risk. Emotionally they cannot let go, they remain embroiled with death and therefore do not engage with life again. Depression, increased susceptibility to disease and excessive medication and substance abuse are typical symptoms. After violent conflict it is essential to deal with the losses and the dead and to allow for grieving to take place; this is at the core of individual coping and the reconstruction of society and peacebuilding. (→ Sheet 4: Dealing with the past; Sheet 11: Disappeared and murdered persons).

The core of the psychosocial approach: empowerment

Empowerment and disempowerment are core concepts of psychosocial efforts worldwide. These terms are used in very different political circles. Some put more emphasis on self-reliance, the elimination of social welfare structures and the development of market forces. Others focus on overcoming and eliminating social injustice and on expanding the opportunities for individuals to shape their own lives. Both interpretations underline the capabilities and the responsibility of the individual. Both lines of thought were developed in the USA in the 1970s. Barbara Solomon's book «Black Empowerment: Social work in Oppressed Communities» appeared in 1976. A year later «To Empower People» was published by the neo-conservative thinkers Peter Berger and Richard Neuhaus. Internationally this concept has been further developed, par-

Deza/John Paul Kay (Photo Filter)

ticularly by organisations linked with the women's movement. «Empowerment» is widely used in international cooperation, though often without a clear definition.

«Empowerment» contains the word «power», which has many different meanings, including agency, strength, capability, competence, authority, vigour etc. The following dimensions of power are key to the empowerment concept.

■ At the individual level, power can be understood as «power within». People are able to recognise their own situation as shaped by adaptation, dependence and/ or oppression, and they develop a wish to change. They understand that they have the possibility to influence and shape their own lives – that they have the power to act, to make decisions and to solve problems.

■ Empowerment includes «power with», i.e. the realisation that individuals are not alone but are part of a group and that change can take place when people work together. This power involves thinking, acting and networking with others in a social context.

■ The third level is concerned with the changing of social power relations. It is a question of oppression and marginalisation and of reducing the power of dominant groups (power over). The goal should be participation in power in societal processes.

Empowerment is not limited to developing more positive feelings about oneself and gaining insight into one's situation. It also means doing something about it. It means actual participation in the social process with a realistic prospect of changing existing power structures.

Different aspects of women's empowerment
- **Personal empowerment:** self-confidence, self-assurance, self-respect, opportunities and greater freedom
- **Legal empowerment:** formal legal security, making use of existing laws, influence on legislation, reproductive rights
- **Social empowerment:** visibility and social presence, participation in public life, respect by other members of the community, networking
- **Political empowerment:** participation in political groups and political organisations, influence on political institutions, participation in international political processes, participation in UN conferences
- **Cultural empowerment:** power to shape cultural definitions, influence the symbolic order; maintaining or expanding women's culture and position in religious systems
- **Economic empowerment:** economic literacy, property and means of production, income and decision-making power in reference to money, reduction of dependence, risks and stress, economic organising, social security, influence on economic policies

Adapted from: Rodenberg and Wichterich, 1999

To achieve empowerment, the nature and extent of disempowerment first has to be closely analysed. Disempowerment is the product of the process of destruction, at both the individual and the social level. It may have a sudden and traumatic beginning, or it may be entrenched in culturally determined power and relationship structures.

Empowerment is only possible if this destruction is recognised. People who have undergone great suffering have certain resources to help them survive and can be resilient. However, in order to mobilise people's strengths it is important to not deny their weaknesses. By coming to terms with the losses and the adverse life changes and by facing the feelings of helplessness and despair, they can develop and use their own resources in a better way. Disempowerment and empowerment are therefore always related to each other.

Resources

Psychosocial Working Group

www.forcedmigration.org/psychosocial
This group which consists of leading US-American NGOs and specialised universities suggests a conceptual framework and elements for best practice standards in psychosocial interventions. The website provides further literature. The Psychosocial Working Group is on the website of Forced Migration Online that provides access to relevant documents, manuals und guidelines in working with refugees and displaced persons.

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Psychosocial aspects of development work in virulent conflicts

- Every project is inevitably part of the conflict and must continually monitor and analyse whether its activities are still appropriate to its rapidly changing surroundings or whether they contribute to an aggravation of the conflict.
- The acute conflict intensifies the mechanisms of stigmatisation and marginalisation of the direct victims. Great care must therefore be taken in project work not to aggravate this exclusion process any further.
- To ensure that staff members can work effectively in the acute conflict situation, they must be provided with basic knowledge on the effect that fear, trauma and loss have on people and how to address these issues.
- In addition, staff members need to confront the issue of dealing with their own fear at regular intervals within the teams. Concealing fear not only endangers staff members' safety of staff members, but also undermines their motivation and effectiveness.
- Fear, the effect it has on people and ways of dealing with it are a central issue of work with target groups in conflict areas.

Deza/Ana Feric

Working in and on conflict

The context of international co-operation is becoming increasingly determined by fragile social and political conditions and by violent conflict. Programmes and projects can try «to work around the conflict», that is, try to circumvent it, or they can consciously take account of the conflict and minimise its risks «working *in* the conflict» and/or make a direct contribution to transforming it «working *on* the conflict». Working *around* the conflict is a common approach, but it is eventually doomed to failure because projects are inevitably part of the conflict. If this fact is overlooked, the real situation of the population is not recognised and only those least affected by the conflict will benefit.

The Swiss Agency for Development and Cooperation (SDC) strives to work both in and on the conflict. In the framework of Conflict-Sensitive Programme Management (CSPM) its focus is on the prevention of violence and the transformation of the conflict. Two central questions arise here.

- What is the nature of the conflict (main features, virulence, prospects of development work/change)?
- How do the programme and the conflict affect each other?

The first question is concerned with assessing which of the intervention measures can reduce violence and exploring how much scope there is for the programme. The second question investigates whether project activities may inadvertently aggravate the conflict (Do no Harm) or how the programme can contribute to a positive change in its course.

In the interest of transforming direct, structural and symbolic violence, SDC supports the empowerment of marginalized groups. In virulent conflicts, however, empowerment is a delicate and complicated matter, because chronic fear and traumatic experiences reduce people's ability to act, communicate, and change community dynamics.

Deza/Toni Linder (Photo Filter)

Fragmentation and exclusion: the problem

The consequences of threat and fear

People live in a constant state of insecurity. Bewildering and unexpected things are happening all the time, but it is difficult to understand why and what they could mean. At the same time, one always has to be prepared for the worst. This all-pervasive fear erodes social networks and interferes with communication and understanding the meaning of things. People no longer speak about their own suffering and are impaired in their awareness of the suffering of others. They often do not take part in communal activities and stay away from groups. Even among the like-minded, dialogue becomes more difficult.

The change in social structures and social roles

Virulent conflicts change social structures. People take on new roles and lose old ones. Women often have to do men's work, men can lose their influence as head of the family and children sometimes become soldiers; many become impoverished, others suddenly become rich. These social processes sometimes release feelings of excitement, but often they lead to feelings of confusion, uselessness and a lack of self-esteem. Some people can no longer live up to their former role expectations, while others fulfil their new roles so well that they are in conflict with the image they previously had of themselves.

The marginalisation of the victims

Mistrust, an increasing shortage of resources and the growing polarisation of power all contribute to increasing the dynamics of exclusion. The threat of marginalisation and exclusion for direct victims is higher than for anyone else. They are isolated and stigmatised, because the neighbours fear that, if they help, they will be «contaminated» and become the next victims. Friends and neighbours often feel helpless and do not see anything they could do to offer support in view of the victims' overwhelming suffering.

Exclusion and stigmatisation of the victims is an expression of the fragmentation and

destruction of the collective social structure. People become used to the injustice, the sight of dead bodies and the increasing loss of values. Mistrust and fear take over and «might is right». Basic ethical principles and human values become more and more eroded; many experience this as an elementary loss.

Linking and empowerment: what is to be done?

Working in conflict areas calls for flexibility. The main questions concerning the nature of the conflict and the interaction between the conflict and the programme must be re-addressed regularly, in order to adjust the project activities accordingly. To make this possible, it is important to advance the understanding of the causes of the social and mental fragmentation and acknowledge them. It must always be an additional aim of project interventions in areas of conflict to counteract fragmentation. This is the only way to actually facilitate empowerment. In awareness of this fact, the following aspects should receive priority attention.

Encouragement of communication and keeping in touch with the outside world

When interaction between the members of a community or region becomes more sporadic, or even breaks down completely because of the fear, mistrust and restricted mobility to which people are subjected, the encouragement of communication and the transfer of reliable information becomes a relevant part of project intervention. Staff members should keep in touch with as many people as possible, and encourage communication amongst the members of the community by creating new opportunities of getting together and also making use of the existing less formal spaces of social interaction for their work. This helps to stabilise the fraying social structures and promotes exchange and dialogue, especially among members of the same networks or among the members of the same district, town or village. Before opposing sides can talk to each other, dialogue among the members of the same community needs to be nurtured. It is always important to establish contact

between the population and the outside world or strengthen the connections. The withdrawal of governmental bodies, project workers, political representatives etc. from areas of conflict not only leads to a shortage of resources, but also increases fear and hopelessness and the feeling of being left alone and forsaken. This is the reason why the pursuit of development objectives should not be the only basis for deciding whether or not a project should be continued. It is important for the social and emotional survival of the population to maintain social bonds, relationships and links to the outside world. The maintenance of networks must also be recognised as a useful contribution for future work in the aftermath of the conflict and should therefore be included as an objective in the project's logical framework.

Managing fear

Mistrust of everyone and everything, combined with silence about one's own vulnerability, is an appropriate survival strategy for people living in an unpredictable and violent environment. The price of this is social and emotional isolation that in turn reinforces fear and mistrust. In order to interrupt this vicious circle, project work must endeavour to create spaces where people may show weakness and express their feelings. People should be invited to talk about their fears without infringing on their intimacy, but also without remaining on a superficial and non-committal level. The purpose of such conversations is to be able to talk about fear, planning as good a protection as possible from whatever is threatening them on the one hand, and overcoming self-isolation and loneliness on the other (→ boxes entitled «The effect of conflict on feelings» and «Possible ways of managing fear»). It should not be expected that such talks will eliminate fear. They can only make fear more bearable and more manageable.

Helping people understand what is happening to them

When staff members respond to the current situations of participants during their project work, they must proceed with care and

sensitivity to ensure that they neither endanger themselves, nor the people to whom they are talking. It is sometimes not possible to speak openly about traumatic experiences, even if people would like to. The conflicting parties could interpret the discussion of such issues as an attack on their politics and punish the activity correspondingly. In such cases staff members should approach matters less directly and not talk openly about the kidnapping of community members in a group discussion during a health project, for example, but perhaps broach the issue by discussing the effects of stress on pregnancy or the general effects of fear on the behaviour and development of children. If someone has recently been arrested or disappeared and people in the community are afraid to talk openly about it, instead of talking about the prevailing situation, staff members can discuss what happened in a similar case in another area, and the feelings of the people there. It has a relieving and stabilising effect on people living in difficult and fearful situations to be supplied with simple information on the effects of traumatic experiences on children, adults, families and communities

and to talk about their experiences in a suitable manner (→ Mental health in emergencies, Sheet 15).

Coping with changes in social roles

Changes in social roles will always be unsettling for the people involved. They have to learn new skills and endure greater or unaccustomed forms of stress. These changes always affect their self-image and identity.

Team members in conflict areas are always faced with changing roles, particularly gender roles. When practical solutions are being discussed, e.g. if women have to cope with the burden of extra work or generate more income, the psychological effects of these changes must be dealt with as well. Women frequently find the additional responsibility rewarding and empowering. However, they almost always feel insecure as well, sometimes even guilty, because they have had to give up their former existence which corresponded more closely to society's expectations of their role as a woman. Role changes that are solely perceived as a loss are even more difficult to adjust to, e.g. the father who can no longer fulfil his role as breadwinner.

Empowerment processes will only work if acknowledgement of the loss is coupled with the questioning of traditional roles, i.e. if it is possible to make these role changes an issue which can be worked through.

Working with victims

The support of widows and widowers, orphans, families of the disappeared, victims of rape etc. is usually referred to specialised psychosocial projects. However, these projects are almost always only located in areas with large numbers of affected people, in urban centres or refugee camps. The question then arises as to what to do with the families directly affected but living outside the reach of organisations that offer specialised support.

Many development projects are not designed to support the individual. However, it is advisable, not just for humanitarian reasons, to

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The effect of conflict on feelings

- Dissociation and suppression of feelings may sometimes be useful in order to avoid shame or to endure a dangerous situation. Later, however, these feelings must be acknowledged if people are not to lose their ability to feel altogether.
- Strength is important, but it is sometimes necessary to risk showing weakness. One can best protect oneself if one acknowledges one's weakness even in a dangerous situation.
- Even in the direst circumstances, light-heartedness, laughter and falling in love are permissible. This is not a betrayal of those who suffer, but is natural and healthy.
- Feelings of guilt are frequently not so much the expression of actual guilt, but more a desperate attempt to reduce one's powerlessness by increasing one's responsibility: «The more responsible I am for my misfortune or, the more I can find the reasons for my misfortune in my own behaviour, the less I am a helpless victim». However, this kind of «self-empowerment» converts external destruction into self-destruction, which makes it all the harder to combat.

expand project strategies to include work with those directly affected. Victims are overt symbols of the conflict and are therefore stigmatised and isolated. By dealing with them, we make it clear that we are not prepared to ignore the consequences of the conflict, the new dimensions of exclusion and marginalisation. Such work gives the project and its team added motivation and authority to talk publicly about the costs of war.

Direct victims can be supported in many different ways. Whatever form the support may take, the helpers must always at least be willing and able to listen to the victims and to acknowledge their suffering (→ Mental health in emergencies, Sheet 15). It is not possible to complete a mourning process during virulent conflict. The families of those murdered should nevertheless be helped to carry out their death rites and mourning rituals as well as they can and to give voice to their feelings of loss. (→ Sheet 11: Disappeared and murdered persons)

Supporting staff in working with fragmented communities
Coping with risk and fear
Staff members in areas of conflict are frequently exposed to high risks. They are in danger of being arrested or abducted, get caught in the crossfire or are pressed by the conflict parties to supply them with information. In an environment of this kind, their work is accompanied by constant fear which, in the long run, has a considerable influence on their well-being and their work motivation (→ chronic fear, Sheet 2).

SDC works extensively on the protection of its staff. It concentrates on analyses of risks, draws up guidelines on how to deal with conflict parties and dangerous situations and provides relevant training. This support is essential to protect staff members from threat. It is equally important, however, to train staff to cope with chronic fear.

Possible ways of supporting people directly affected by the conflict
- **Breaking through the isolation.** Establish contact, ensure that project team members or others pay regular visits, integrate victims into community activities.
- **Acknowledging the suffering.** Introducing activities and looking for solutions to the problem should always be only the second step. Initially, staff members should get involved with the victims and their feelings. This requires active listening, i.e. listening with empathy, respect and the desire to understand the victim's situation by not denying, but rather acknowledging the destruction and injury she or he has suffered.
- **Establishing social networks.** Build up networks with institutions that can provide the necessary resources (emergency aid, legal aid, grants and loans, skills training, agricultural advice, referral to specialised medical services etc.).
- **Ensuring that further support is provided to the victims by the community.** Community members should be helped to understand the experience and feelings of people who have suffered violence or loss. Community work should focus on reducing their exclusion and extending their support.
- **Monitoring human rights violations.** Detailed records of human rights violations must be compiled to support the defence of human rights during the conflict as well as the rehabilitation and reintegration of the victims in the aftermath of violent conflict. Comprehensive information on the nature and extent of the violations is required if a society is to be able to deal with the conflict after the end of the war (→ Sheet 4: Dealing with the past).

The Archives of Chile's Vicaría de la Solidaridad
The Vicarìa de la Solidaridad of the Catholic Church in Chile provided legal advice for victims during the Pinochet dictatorship. In 1976, the year it was founded, the Vicaría was already dealing with 11'000 cases. Month after month they documented hundreds of arrests and compiled evidence which was published abroad. This work was continued under extremely difficult conditions until 1992. After the dictatorship, the extensive documentation of the Vicaría was an important basis for truth commissions, court trials and the reparation efforts of the government. Without the work of the Vicaría, the peace and reconciliation work in Chile would have been much more difficult.

Possible ways of managing fear

If staff members are not accustomed to talking about their feelings, executive staff members will have to set a good example. Senior staff should broach the issue of fear in official meetings, so that they can signal to other staff members that it is legitimate to express feelings. The introduction of a new culture of verbalising emotions requires a continued effort and on behalf of executive staff a certain level of preparation and knowledge about how to organize such conversations (→ Sheet 7: Staff).

■ Take up the issue of fear in your team sessions, just as naturally as if you were talking about security. Begin by explaining why you find it important to talk about fear, and elaborate on how chronic fear can impair staff motivation and have an effect on their safety, and on how it affects family life and teamwork. Afterwards, and in all the meetings that follow, ask the participants what they themselves find disturbing, what they are most afraid of. Draw up a list and let the group members select one experience of fear that they would like to talk about in greater depth. It is important that everything said should be taken seriously. If staff members feel they are being criticised, it will impede open discussion.

■ Always discuss a specific situation that causes fear in order to gain a deeper understanding of exactly what gives rise to fear among staff members. People must subsequently be helped to stand by their feelings, even if they cannot immediately do anything to change them. This emotional exchange is not merely a means of developing more effective forms of action, but already has value in itself and is an aim of such talks in its own right. But the main point of such an exchange is, of course, above all, to develop ideas on how to cope better with the situation and assess the amount of risk that is really involved. Staff can discuss more effective measures for protecting themselves, whilst retaining at least a minimum of control over the situation.

■ The more individual staff members know about their own fears, the easier it will be for them to work with their partner organisations or target group. They will then find it easier to recognise how others feel, how they might react to fear, and that it relieves and protects them to talk about it rather than to keep it to themselves.

■ Frequently, external pressures aggravate conflicts and tensions among the members of a team. Staff members often fail to recognise the context in which such emotions are developing, so that the conflicts become more intricate and it becomes increasingly difficult to find a solution for them. It is particularly important in situations in which staff members are exposed to risk that they should be able to give each other mutual support and protection. For this reason, it is important to deal with team conflicts, if necessary with the assistance of external supervisors.

In the offices of many development and relief organisations, it is unusual to talk about emotions at an official level. However, when the safety of staff members is jeopardised, feelings are definitely no longer a luxury, but become an integral part of self-protection. If fear is not sufficiently understood and integrated, it becomes a risk factor in itself. People who suffer from chronic fear and deny the fact are frequently no longer capable of assessing situations reliably. They either overestimate the risk, or take bigger risks each time without being aware of the fact. This is why it is necessary to create space for dialogue in each project and in every office, so that staff members can not only discuss risks at regular intervals, but also reflect on their fears.

Acquiring knowledge and skills

In conflict situations, staff members may try not to become involved with the fears and experiences of the target population. By avoiding involvement, they wish to protect themselves in two ways: on the one hand, from the danger to which they may be subjecting themselves by associating with those who have been targeted by the conflict parties, and on the other hand, from confrontation with immense suffering and strong emotions. It is particularly difficult for staff members who have themselves been through experiences similar to those of the target population (e.g. intimidation, abduction etc.). If staff members are expected to react to the experience of the population in terms of linkage and empowerment, they themselves must first of all feel capable of coping with these issues and at least have learnt to acknowledge and endure their own insecurity and fear. They must be given the opportunity to take a closer look at their own difficult experiences and gain sufficient understanding of the effect of political violence on individuals and communities. Only when staff members have given enough thought to the consequences of rape or the effects of threats on families and on the behaviour and feelings of schoolchildren, for example, will they be ready and able to have discussions of this nature in the community. A

Meinrad Schade

short workshop is, in general, not enough in the way of preparation. Instead, staff members should be provided with the opportunity to reflect and acquire further knowledge at regular intervals with the support of resource persons. This will help them to develop strategies and techniques of taking up relevant issues with individuals and communities. (→ Sheet 7: Staff). In this context also the trainings in mediation offered by SDC can be of help (www.sdc.admin.ch → Services → Courses).

Deza/Toni Linder (Photo Filter)

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Dealing with the past

Peter Damman/Agentur Focus

- A past that has become taboo, excluded from open discussion, cannot become history, and thus poses a threat to present and future stability. Public and collective processes of remembering are thus an essential part of conflict transformation.
- The way the post-conflict political system deals with the perpetrators and victims of the past determines its moral and legal credibility.
- Healing perspectives for victims always require the acknowledgement that their individual suffering was a part of the social process and is a collective issue. This de-individualises suffering.
- Reconciliation does not mean forgetting and forgiving, but rather remembering and transforming.
- The objective of transforming violent conflicts is not to abolish conflict, but to promote the ability to deal with it constructively, i.e. to handle differences without the use of violence.

The power of the past

When war and destruction come to an end and a time of peace and reconstruction can begin, everyone would like to forget the past as quickly as possible, albeit for different reasons: the perpetrators because they fear vengeance; the victims because they would like to leave the horrors they have experienced behind them; and those who tried to stay uninvolved because they do not want to get drawn into new conflicts or feel responsible for what happened. At the same time, all kinds of actors try to exploit the past for their own purposes, knowing only too well how effectively it can be used to manipulate people's emotions. No matter how hard people may try, the horrors they have experienced cannot be eradicated from their minds. The saying that «time will heal all wounds» is an illusion. Without necessarily being aware of it, people think in historical terms and build the future on their past. Successful conflict transformation and genuine hope for peace depend on the specific ways in which societies manage to deal with war

events so they become part of history. If this fails, e.g. because people try to repress the memory of these events, they turn into a menacing threat that haunts the present and future. Examining the past is inevitably a long-term task. Even sixty years after the end of the Second World War, for example, the discussion about perpetrators and victims in Germany remains a delicate and essential part of the political process.

Reconciliation

Reconciliation after violent conflict has been an issue since the beginning of human history. However, the more scientific conceptualization of the term and its introduction into con-flict management and crisis prevention were initiated by Christian and to some extent religiously motivated NGOs. Meanwhile, «reconciliation» has become a central feature of peace-building in almost every area of conflict. Critically, however, the definition of reconciliation differs considerably between the Islamic, Hindu, Jewish, Confucian, Buddhist and Christian cultures and there is a danger that the instrument of reconciliation might be regarded as yet another feature of a dominant Western and Christian outlook on the world. However, efforts are being made to secularise the term and fill it with meaning that is convincing in the different cultural and religious contexts.

Reconciliation can best be described as a long term, complex and contradictory process.

The process of reconciliation is not:	The process of reconciliation is:
■ an excuse for impunity;	■ finding a way to live that permits a vision of the future;
■ only an individual process;	■ the (re)building of relationships;
■ an alternative to truth or justice;	■ coming to terms with past acts and enemies;
■ a quick answer;	■ a society-wide, long-term process of deep change;
■ a religious concept;	■ a process of acknowledging, remembering and learning from the past; and
■ perfect peace;	■ voluntary and cannot be imposed.
■ an excuse to forget; nor	
■ a matter of merely forgiving.	
Source: IDEA, 2003	

The four components of the reconciliation process are

- **the rule of law** (Retributive, Restorative, Compensatory Justice)
- **remembrance, memory work and collective mourning processes**
- **developing the capacity to handle conflict**
- **social justice**

The rule of law

The transition to peace, which is frequently linked with the introduction of a democratic system, requires a fundamental reform of the legal system and a change in the attitudes of the people working within this system, especially the judges. Transitional justice deals with the wrongs of the past, with the aim of establishing new norms, revoking impunity and introducing a culture of human rights.

There are three legal concepts, each involving specific risks, advantages and disadvantages in coming to terms with the crimes committed in the past: retributive justice, restorative justice and compensatory justice. Whereas retributive justice focuses more on the punishment of offenders, restorative justice is primarily conccerned with the restoration of the rights of the victims and concentrates on rec-

onciliation and mediation. Compensatory justice has mainly to do with compensation and reparation payments. The focus varies, but all three concepts deal with the establishment of truth and justice.

Retributive Justice

covers legal criminal proceedings in national and international courts of justice.
Proceedings of this nature give a clear signal that perpetrators should be punished. However, such proceedings often take a long time and can only take place if the existing power structures permit them and there is sufficient evidence. In the case of national proceedings, the degree of involvement of the country's judiciary in the crimes during the conflict is decisive, as is the degree of corruption when the proceedings take place. Particularly when the balance of power is fragile politicians may fear that proceedings could rekindle new conflicts. In the case of international court proceedings, the victims question the extent to which their local concerns are likely to be considered. The courts are also often accused of applying «the law of the victors». Differences frequently arise between the local, culturally-linked sense of justice, and the more «Western» oriented culture of international law. Despite the objections to retributive justice, criminal proceedings are what most people call for after a war. The significance of retributive justice is obvious in countries like Chile and Argentina. There, decades later, offenders linked with the dictatorships were charged, even though amnesties and other laws had been passed in an attempt to «draw a line» under the past. When the number of perpetrators is very large, the new regime may be interested in allowing a large part of the population to switch their allegiance to the new regime, without explicitly revoking their past loyalties. In these situations the interest in criminal justice will be quite limited.

Restorative Justice

cannot satisfy the desire for the perpetrators to be punished, but acknowledging the injustice gives the victims back their dignity.

Victims pursue five key objectives through legal procedures and truth commissions

- The public restoration of their personal dignity and that of their family members.
- The initiation and legal procurement of supportive and helpful measures to enable personal and social rehabilitation and reparation, as far as this is possible.
- The experience of being given protection and earning respect in the context of their own readiness to give evidence of the pain they have suffered. This includes witness protection and avoiding new humiliation in court, particularly for gender-based violence; specific provisions are needed to enable women to give evidence on gender-based violence.
- The holding of offenders responsible for their deeds and public acknowledgement that they are not above the law; this aspect of their punishment may be more important for the victims than more direct forms of punishment, as, for example, prison terms, although this is still a controversial issue.
- The opportunity to come to terms with the contradictory implications of the truth. The victims hope the truth will bring enlightenment and relief, but the truth can also be painful; losses are permanent, the pain inflicted may be relieved, but it does not disappear. Establishing the truth is therefore, at best, a means of facilitating the mourning process.

Throughout the world, truth commissions are regarded as a way of breaking the silence surrounding the crimes of the past. Based on evidence given by the victims and perpetrators, the commissions establish the truth about past crimes and thus provide society with an effective orientation that counteracts historical revisionism. This process facilitates the social healing of the victims, at least to some extent. When the state gives official confirmation to the relatives of disappeared and murdered persons of what has happened to their family members, this not only helps them through the mourning process, but also shifts the problem from the personal psychological sphere to the social and political process where it belongs. Nevertheless, truth commissions cannot heal the victims. «Revealing is healing», the slogan of the South African Truth and Reconciliation Commission, is a misconception, since in fact it is a very complex and long-term process for the victims to come to terms with their experience.

Medicus Mundi

The more fragile the political equilibrium after the conflict, the weaker the commissions: it is often impossible to investigate some of the crimes because those responsible for them have too much power. But even with powerful commissions, like the one in South Africa, the consequences for the perpetrators may be limited. There the offenders were granted amnesty in return for giving evidence. This was difficult for many victims. The public nature of the commission also creates other problems. Many of the victims, in particular women who had experienced rape and been tortured, decided not to give testimony. They feared new abuse and public disgrace if they presented testimony in front of the commission.

Truth commissions are not an alternative to a court of justice. Although retributive justice and restorative justice cannot replace each other, they do complement each other and sometimes even overlap. A key issue in any court of justice is to establish the truth. A truth commission, although it usually does not actively prosecute anybody, can recommend such prosecutions or, as in South Africa grant amnesty. However, neither of these two forms of justice leads directly to social harmony. Neither truth nor punishment can give back to the victims what they have lost. Nor do they solve the social conflicts, but the legal norms provide a framework for addressing such conflicts in a non-violent way. Reconciliation is promoted, but not finalised in this process.

Compensatory Justice
deals with the need of support and compensation for the victims in post-conflict societies. It is necessary to distinguish between paying compensation and psychosocial rehabilitation and reintegration measures.

■ *Compensation payments* may frequently serve a purpose, as they help to reduce material deprivation, but they will remain inadequate because they cannot undo the wrong. For example, they create a moral dilemma for the family members of disappeared persons who can put material support from the state to good use, but at the same time may feel that they are being paid for their dead. This is no argument against the compensation in itself, but it

should be considered in the wording of relevant laws and when dealing personally with the victims.

Compensation payments in the form of rights, such as the right to free health care or free admission to college or vocational training are slightly less morally contradictory for the victims. The crucial issue here is defining exactly who is entitled to such benefits. In countries with high levels of poverty, measures of this kind inevitably provoke feelings of envy towards the allegedly privileged victims. This envy manifests itself all the more when the public does not perceive certain groups of those entitled to the privileges as being victims (such as refugees returning from exile or victims who hold different political views to their own). Questions are also often raised when former combatants receive compensation payments and privileges, while some of their victims are left empty-handed. Granting particular rights must therefore be linked with explaining the reasons why certain people receive social privileges and others do not.

- *Psychosocial rehabilitation and integration* measures for victims are an integral part of sustainable conflict transformation. As a rule, however, the measures which are necessary, from physical rehabilitation (e.g. artificial limbs for the victims of landmines) to psychotherapeutic treatment, overtax the national budgets. Generally a few years after the end of the conflict the funds of the international donors for rehabilitating victims diminish drastically. Meanwhile it becomes evident that the treatment of the victims will take far longer than had originally been expected. We know from research on the survivors of the Holocaust that trauma-related mental problems appear many years after the original traumatic events, in old age and also in children and grandchildren, but this knowledge is unfortunately not used for planning rehabilitation measures in areas of war and conflict.

The following points should be observed when giving psychosocial support to victims

- From the beginning, the rehabilitation rights of the victims must be legally assured.
- Rehabilitation activities should be anchored not only in the health system, but as far as possible also in community development and the educational process. The partnership between NGOs and the state should be given particular attention in this sector.
- Professional staff (e.g. teachers, clergy, local healers, child carers, nurses, etc.) must acquire a basic knowledge of traumatisation processes so that they can help afflicted persons in whatever contexts they encounter them.
- The insensitive introduction of Western medical concepts (the concept of Post-Traumatic Stress Disorder, for example) should be avoided, because it obscures the social character of suffering and tends to misrepresent a political problem as individual psychopathology. Individualised forms of help must, however, be developed for those suffering from extreme forms of traumatisation. The aim must be the professional training of local trauma experts who have a contextualised conception of the traumatic process (→ Sheet 15: Health).
- From the very beginning, the psychosocial measures should be planned on a long-term basis. Raising false expectations of a quick cure should be avoided.

Remembrance and collective mourning processes

Coming to terms with the past is not limited to legal procedures, but is part of the cultural process. Collective memory can be fostered and developed by means of remembrance sites, monuments, public discussions and audio and visual productions of an artistic and documentary nature, or by writing. These multiple confrontations with the past promote the process of conflict transformation by deindividualising and socialising the grief experienced. Remembrance is the processing and transformation of the past in the present; it is a continuous process of discussion, out of which perspectives for the future are developed. Shaping memory through collective symbols is not possible without conflict, but a space is created where conflicts can take place without violence and where they can be explored and redirected. The risk of manipulation will, of course, always be present. Of central significance, however, is that collective symbols and forms of remembrance break through the «wall of silence» and produce new and different opportunities for dialogue within the community.

For the victims, collective memory work is also significant in a personal sense. The social conflict has left physical imprints on their bodies, leaving them with wounds and scars that are often experienced as a disease. Even though many victims may need individual treatment, it is equally true that part of their illness can only be dealt with with the help of the whole community. Through the acknowledgement that victims receive in the collective memory processes, social reintegration is promoted and individual suffering is diminished by being shared in the collective.

Locating the disappeared and the burial of the dead is a vital part of remembrance and collective mourning processes. In most areas of war and conflict, there are large numbers of disappeared or hastily buried people who were not given proper funerals. If successful, forensic experts and search parties who investigate the whereabouts of the «disappeared» can provide families with definite proof, end the uncertainty and give them the opportunity of paying tribute to their dead relatives by providing them with a proper funeral (→ Sheet 11: Disappeared and murdered persons). People are prepared to live with their sorrow, but they are not prepared to forget their dead.

Developing the capacity to handle conflict

When coming out of violent conflict and starting on a process of democratisation, people need to readjust. Behaviour patterns which have been acceptable for a long time are now no longer appropriate. During the acute conflict, most people have learnt to remain passive, to wait and see what decisions others make, to risk as little as possible and avoid discussions to protect their lives. Now that the conflict is over, individual initiative is called for. People are suddenly expected to voice their wishes and opinions and participate actively in community development. This reorientation is only possible if a) internalised and chronic structures of fear are challenged and b) blind acceptance of authority and authoritarianism are overcome. Respect for human rights need to be learnt and should go beyond an acceptance of legal norms to include a process of psychological growth and liberation.

Enabling people to develop their inner capacity to handle conflict constructively or, in the words of T.W. Adorno, to free themselves from imposed immaturity, is an essential function of the education system (→ Sheet 16: Education), but not of the education system alone. Many social processes can provide learning experiences, for example, free elections. When, at the end of the dictatorship in Chile, a vote was held to decide whether Augusto Pinochet should remain in office, most people initially did not believe their vote would count and feared that the outcome of the plebiscite would not be acknowledged and that it would be violently suppressed. The main focus of the anti-Pinochet campaign was therefore laid on the effort to help electors overcome their fears:

"Vote «no» without fear and without violence". «No» won the vote, effectively changing the future of the country.

Social justice

Reconciliation is only possible when the structural causes of the conflict have been dealt with and removed (→ Sheet 1: Introduction). If the power structures continue to be managed in an undemocratic manner, if economic exploitation and inequality determine social reality, peace is threatened. Social justice therefore remains the central issue in overcoming the past.

If social justice can be achieved at all, however, it will only develop through a long-term process. People must be given the opportunity to have their say in this process and contribute to its development. This is the only way that people learn to cultivate tolerance and recognise that fundamental objectives cannot be achieved within a short time.

DEZA/Andrée-Noëlle Pot/Keystone

Key questions for monitoring projects
- Is the significance of «dealing with the past» known? Are the following points being considered and integrated into the project: rule of law; remembrance, memory work and collective mourning processes; help and rehabilitation for the victims; educating people to handle conflict constructively?
- Does the project have a long-term vision of conflict transformation and have the activities of the project been adapted to this vision?
- Does the project deal with the persistence of conflict on the micro- and macro-social levels?
- Is peace work not only an official programme, but an everyday practice wherever possibilities for cooperation exist? Are connectors emphasised and dividers avoided in the sense of Do No Harm (Mary Anderson)?
- Is the development of the peace process carefully analyzed and documented?
- Is the support programme for victims adapted to the local context? Are the political, social, health and economic dimensions integrated into a holistic approach to the project?
- Is there a healthy conflict culture in the project? What efforts are being made to generate and develop it? Are discussions valued positively? Are attempts being made to promote successful mediation processes, even if only on a small scale?

Resources

Anderson, M.B. (1999)
Do No Harm: How Aid can Support Peace –
or War.
Boulder: Lynne Rienner Publishers.

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Options for Aid in Conflict: Lessons from Field
Experience
www.conflictsensitivity.org/resource_pack/8_
do_no_harm_local_capacities_for_peacepro-
ject_323.html
*Short Summary of the Do No Harm frame-
work.*

**Berghof Center for Conflict Management
(2005)**
Handbook for Conflict Transformation.
www.berghof-handbook.net
*This handbook includes articles by leading
representatives of the conflict transformation
debate, on central concepts, instruments and
lessons learnt from the analysis and handling
of conflict, on experience made with structur-
al reforms and violence control and on differ-
ent approaches to rehabilitation and reconcili-
ation.*

Boraine, A. (2004)
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revised-boraine-ottawa-2004.pdf

Hamber, B., Kelly, G. (2004)
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Occasional Paper published by Democratic
Dialogue, Belfast.
www.brandonhamber.com/pubs_papers.htm
*A discussion on central elements of the recon-
ciliation process.*

Hamber, B., Wilson, R. (2002)
Symbolic Closure through Memory,
Reparation and Revenge in Post-Conflict
Societies. Journal of Human Rights, Volume 1,
Number 1, (March 2002), pp. 35–53.
www.brandonhamber.com

International IDEA (2003)
Reconciliation after Violent Conflict:
A Handbook. International IDEA: Stockholm.
www.idea.int/publications/reconciliation/ind
ex.cfm
*The manual gives a good summary of the
principles of the reconciliation process and
the most important instruments for its imple-
mentation. It outlines the advantages and dis-
advantages of the individual concepts in dif-
ferent contexts.*

Institutions and **«think tanks»** that deal with
conceptual and practical aspects of the recon-
ciliation process:
- International Center for Transitional
  Justice, US:
  www.ictj.org
- Initiative on Conflict Resolution and
  Ethnicity, UK:
  www.incore.ulst.ac.uk
- Center for the Study of Violence and
  Reconciliation, South Africa:
  www.ijr.org.za
- Research Initiative on the Resolution of
  Ethnic Conflict (RIREC),
  www.nd.edu/%7Ekrocinst/index.html

Empowerment analysis

- This instrument helps to understand the complexity of the psychosocial situation while at the same time helping to reduce it to a level at which it becomes possible to develop concrete project activities.
- This instrument helps to identify destruction and fragmentation and to comprehend that coping with them is a central part of the process of empowerment. Only by acknowledging the extent of the destruction can people discover resources that are still available and be motivated to use them.
- This instrument ensures linkage between both the individual and collective levels, and the social and psychological levels.
- This instrument can be used at the planning stage and also to evaluate the effectiveness of current project work. The best way to apply this tool is to work through it with the project team or with members of the target group.

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Instructions

Describing the problem: fragmentation and destruction

First of all, decide on which level you would like to begin with the analysis.

- *Are you working with clients?* – If so, then begin with the level of individuals and the family and then analyse their community and society. If your clients are also active members of specific social or political groups, it is also advisable to define the problem with reference to the group level.
- *Are you working with groups* (e.g. mothers' groups, youth groups, consumer groups, savings groups etc.)? – If so, then begin with the group. Afterwards analyse the relationship between the group and its community. The last step is to select some of the group members in order to analyse the individual and family levels. This will depend on how much time and information you have.
- *Are you working on the community level* (advocacy, governance, or with a big target group, e.g. all ex-combatants or refugees in a district)? – If so, then begin with the analysis of the community or society. It is, however, of utmost importance in this context that you subsequently analyse individual cases as well, so that you have an improved understanding of the situation of the target group and are also capable of planning activities in terms of their impact on the individual level.

The questions help you to describe the problems accurately. You can answer them in sequence. If you occasionally cannot answer a question, just leave a gap. Should other issues occur to you that are not broached by the questions but are relevant to the problem, please include these in your account.

Linking: joining together what has been pulled apart

If you analyse the effects of threat and fear, destruction and trauma, loss and mourning, i.e. examine fragmentation in detail, you can work out from the collected data how connections can be re-established, and thus help people to recover. This process, which furthers the empowerment of individuals, groups and communities, is called linking. There are three steps involved in the process.

Improving the situation: formulate objectives

The first step determines what must be done to improve the situation of the individual or family, to make the group more functional and the community or society more able to integrate people and generate feelings of solidarity. The questions that help you to formulate these objectives must be answered on the basis of the problem description. You must therefore think of a solution for each of the problems depicted and then express this as an objective. It is important not to confuse objectives with activities. At this stage, we are not interested in activities. The main point is to develop an exact idea of what has to be changed.

Developing perspectives of action: define activities

In the second step, you consider which activities could help the individuals and families, groups and the community to achieve the objectives you have set. This is divided into three stages.

- Arrange your objectives in a hierarchy of priorities. If, for example, a woman is being abused by her husband because she has not given birth to a son, but the family is also poor, you ha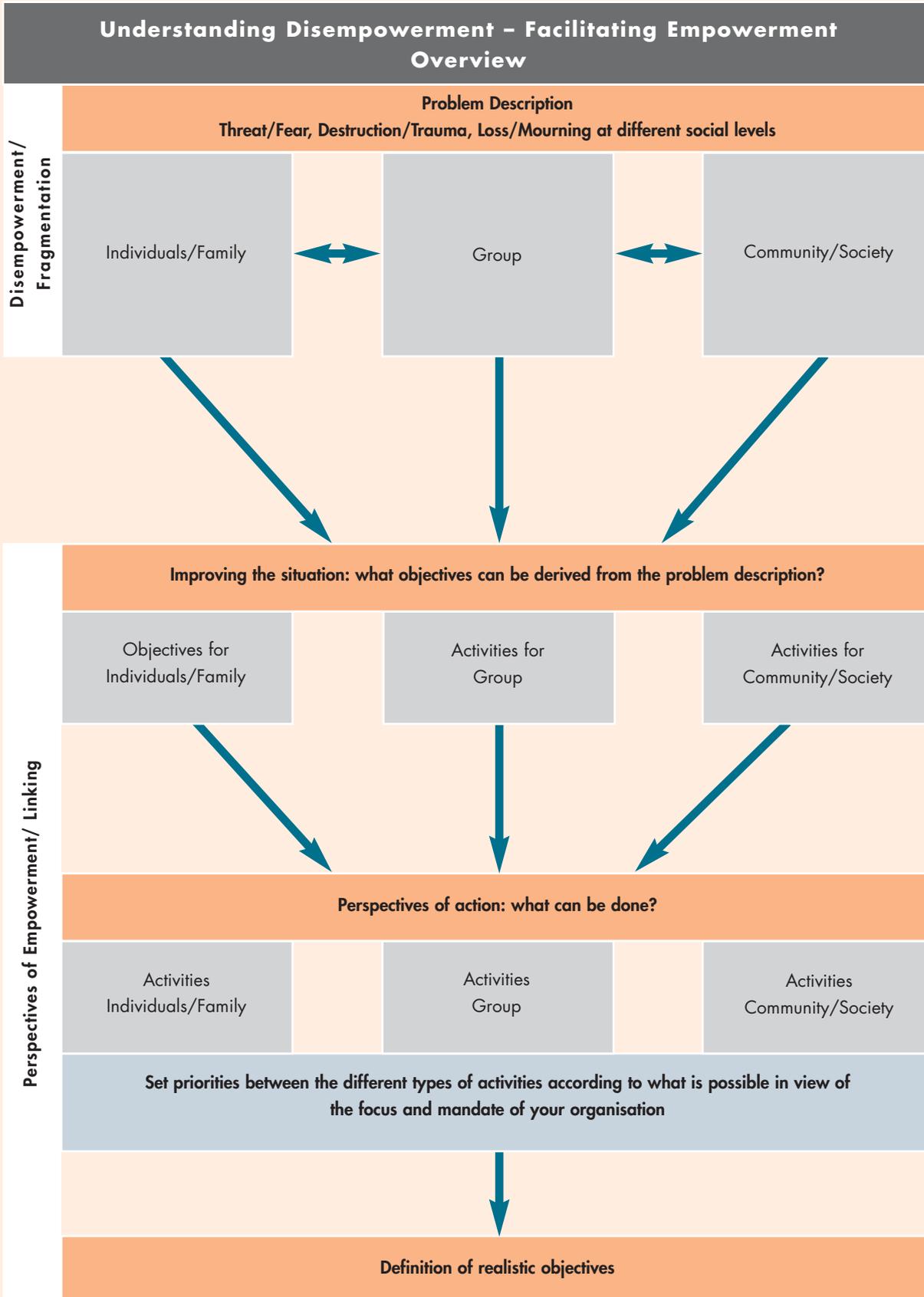ve to decide which priority to give to the various objectives that arise out of this situation in order to bring about change.
- The focus of your work should be in accordance with your institutional mandate. In which areas are you in a position to do something? But at the same time you must ask: what can be done to ensure that areas that are not covered by the mandate are nevertheless attended to? Is there any way you can establish a network or motivate others to take on a task? This line of questioning will help you to understand exactly how your activities contribute to the whole process of empowerment. It will reduce the danger of 'not being able to see the wood for the trees', or losing sight of the whole context of the situation by concentrating on your limited area of intervention and will clarify your own orientation towards the set goal.
- Define the activities. The activities are the means with which the project objectives can be reached. They must be formulated with reference to the description of the problem.

Define realistic objectives

In the last step, you formulate objectives that can be realistically achieved by your organisation within your project, i.e. you do not say what you would like to achieve ideally, but what you think you really can achieve.

This tool was inspired by a model of the KwaZulu-Natal Programme for Survivors of Violence, Higson-Smith, C. (2002). Supporting communities affected by violence. A casebook from South Africa. Oxford: Oxfam

Understanding Disempowerment – Facilitating Empowerment
Overview

Disempowerment / Fragmentation

Problem Description
Threat/Fear, Destruction/Trauma, Loss/Mourning at different social levels

| Individuals/Family | Group | Community/Society |

Perspectives of Empowerment/ Linking

Improving the situation: what objectives can be derived from the problem description?

| Objectives for Individuals/Family | Activities for Group | Activities for Community/Society |

Perspectives of action: what can be done?

| Activities Individuals/Family | Activities Group | Activities Community/Society |

Set priorities between the different types of activities according to what is possible in view of the focus and mandate of your organisation

Definition of realistic objectives

Disempowerment processes
Fragmentation and destruction: problem definition – Individuals/Families

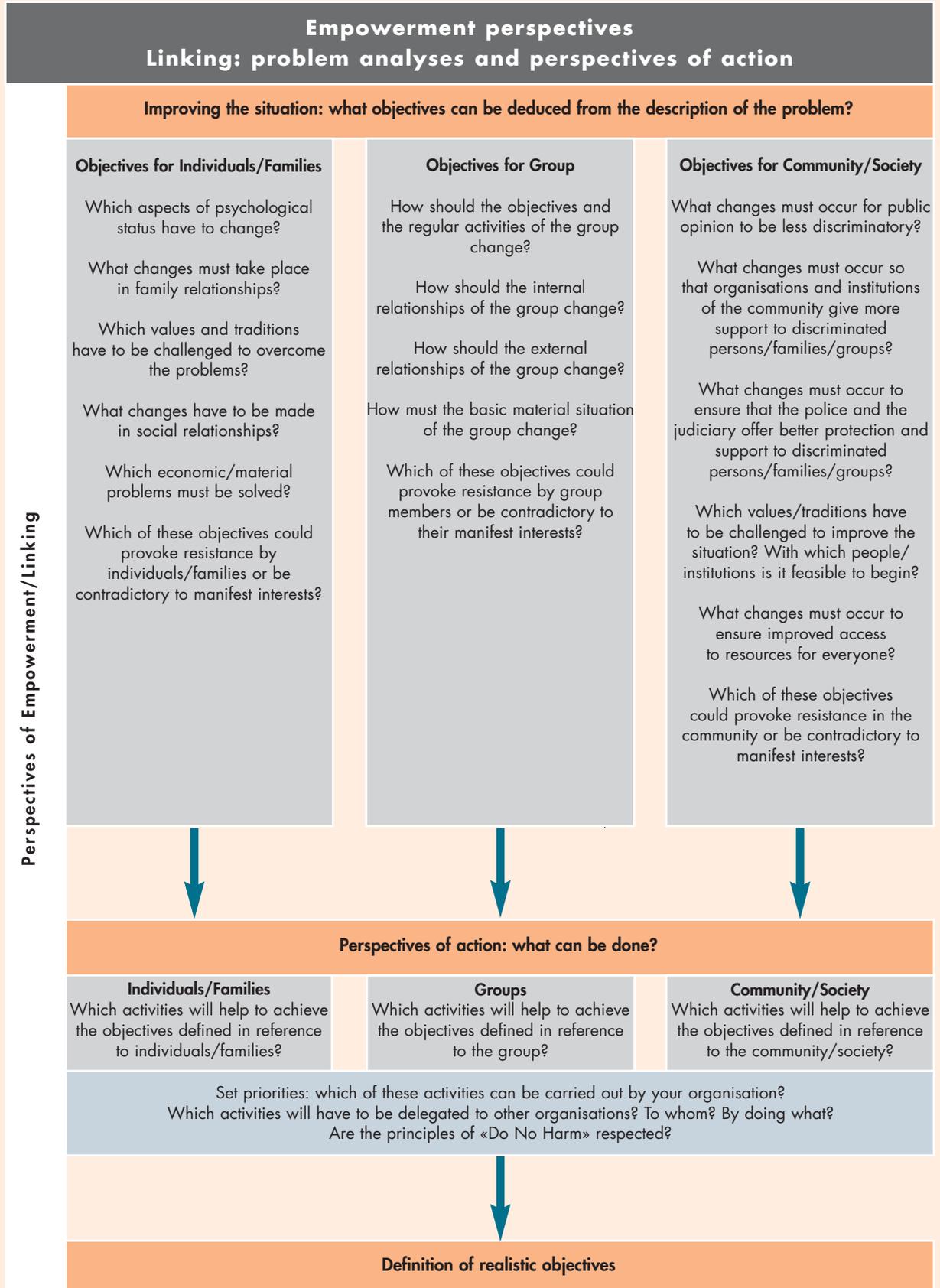| Social	Material	Psychological
■ How threatening is the situation?	■ What does the person/family live on? What is their income?	■ How does the person feel (fear, insecurity, suppressed feelings, hopelessness, resentment, shame anger, depression, etc.)?
■ What kinds of relationships exist between the family members? What conflicts, hierarchical structures and alliances do they have?	■ Can the person/family fall back on savings/assets/property?	■ What characterises the emotional climate in the family (fear, mutual suspicion, lack of mutual support, no clear boundaries, lingering conflicts etc.)?
■ How well are the children looked after/protected? Do they go to school?	■ Is the person/family indebted? Are they financially dependent?	
■ How are the relationships with neighbours/friends, colleagues at work etc.? Is the family isolated, or part of a reliable social network?	■ What kind of accommodation do they have? Is it adequate?	■ Are there physical illnesses in the family and, if so, what significance do they have?
	■ Has the person/family any qualifications/abilities/skills/capacities which could help improve the material situation?	■ Does the person/family have any particular emotional and social qualities and strengths?
■ Do social values/traditions, or the destruction of such values and norms play a role in their social situation?	■ How long has the material situation been like this? How was it previously?	■ How is the present emotional situation linked with the biography of the person and with the family history?
■ What are the positive aspects of their social situation? What resources exist, that can be used?		
■ For how long has the situation been the way it is now?		

Disempowerment processes
Fragmentation and destruction: problem definition – Group

- How was the group formed?

- How does the group define itself: main issues, tasks, objectives, characteristics/criteria of membership?

- Which factors stabilise the group?
  - External factors (hostility/approval of the outside world, social/political conditions in the community, legal framework, active protection by other organisations etc.)
  - Internal factors (solidarity, mutual support, improvement of material basis of members, gaining knowledge, security etc.)

- Which factors destabilise the group or lead to a loss of members?
  - External factors: threats, rejection by social environment etc.
  - Internal factors: conflicts, rigid hierarchies, dynamics of exclusion; suspicion, fear etc.

- Is there a strict division between the group and its social environment/non-members? Is it difficult or easy for outsiders to get in touch with the group?

- Since when has the situation been like this?

Disempowerment processes
Fragmentation and destruction: problem definition – Community/Society

- Who supports the discriminated persons/families/groups (e.g. refugees, ex-combatants, widows, victims of gender-based violence etc.) and/or deals with the issues and problems related to them? How do the persons/families/groups react?

- Who is discriminating against these persons/families/groups and the issues related to them, and in what way (e.g. schools, church, health services, clubs, consumer groups, political organisations, companies, relief funds etc.)? How do the persons/families/groups react to discrimination?

- What is the public opinion of these persons/families/groups and their issues? Who influences public opinion? How do these persons/families/groups react to public opinion and influence it themselves? How do community members and the persons/families/groups communicate with each other? Is there evidence of hate, resentment or fear?

- How do the police/legal system/traditional institutions of justice react towards these persons/ families/groups and their issues? What is the attitude of these persons/families/groups towards judicial authorities?

- What role do values and/or traditions play in the attitude of community members towards these persons/families/groups and their issues? Where and how are these values generally conveyed? What possibilities exist for people to discuss and challenge them?

- Does the presence of these persons/families/groups increase/reduce the material resources of the community members? How are relief efforts for these persons/families/groups seen by the rest of the community?

Empowerment perspectives
Linking: problem analyses and perspectives of action

Improving the situation: what objectives can be deduced from the description of the problem?

Perspectives of Empowerment/Linking

Objectives for Individuals/Families

Which aspects of psychological status have to change?

What changes must take place in family relationships?

Which values and traditions have to be challenged to overcome the problems?

What changes have to be made in social relationships?

Which economic/material problems must be solved?

Which of these objectives could provoke resistance by individuals/families or be contradictory to manifest interests?

Objectives for Group

How should the objectives and the regular activities of the group change?

How should the internal relationships of the group change?

How should the external relationships of the group change?

How must the basic material situation of the group change?

Which of these objectives could provoke resistance by group members or be contradictory to their manifest interests?

Objectives for Community/Society

What changes must occur for public opinion to be less discriminatory?

What changes must occur so that organisations and institutions of the community give more support to discriminated persons/families/groups?

What changes must occur to ensure that the police and the judiciary offer better protection and support to discriminated persons/families/groups?

Which values/traditions have to be challenged to improve the situation? With which people/institutions is it feasible to begin?

What changes must occur to ensure improved access to resources for everyone?

Which of these objectives could provoke resistance in the community or be contradictory to manifest interests?

Perspectives of action: what can be done?

Individuals/Families
Which activities will help to achieve the objectives defined in reference to individuals/families?

Groups
Which activities will help to achieve the objectives defined in reference to the group?

Community/Society
Which activities will help to achieve the objectives defined in reference to the community/society?

Set priorities: which of these activities can be carried out by your organisation?
Which activities will have to be delegated to other organisations? To whom? By doing what?
Are the principles of «Do No Harm» respected?

Definition of realistic objectives

Analysis of sequential traumatisation

■ This instrument helps to define the process of traumatisation within a specific social and cultural context and to understand the historical development of the current problematic situation. It compels people to break through the timelessness of the horror of traumatic experience and to understand its development in a temporal sequence consisting of past, present and future. This instrument helps to understand the suffering and destruction experienced by the individual in relation to his or her social context.

■ This instrument can be used both during the planning stage of the project and also to reflect upon and evaluate the work on a day-to-day basis. It can be used for work within the project team, with a target group or an individual.

■ This instrument can either be used on its own or as a complementary tool in the empowerment analysis. It does not include instructions on how to deal with trauma, but helps to achieve an overall understanding of the situation and is a pre-requisite for developing meaningful plans for action.

Instructions

■ It is imperative that you should read Sheet 2 (The psychosocial approach). You first need to understand what trauma is before you can actually begin to use the instrument.

■ The instrument is a framework for analysis, i.e. it contains elements for each traumatic sequence, on the basis of which you can identify a particular psychosocial context. This context is defined on the one hand by socio-political events that have influenced everyone's lives (e.g. a military coup or a series of arrests), and on the other hand, by the personal experiences of the group/individuals whose situation is being analysed (e.g. Mrs. X has been tortured, Mr. Y's relatives have disappeared, our village was burnt to the ground etc.). As you analyse each sequence, you can concentrate more on one or the other kind of event/information. This will depend on the objective of your analysis, i.e. on whether you are interested more in the development of a particular part of a country or more in individuals, e.g. a group of women in a village. Whatever the case may be, you should try to include both kinds of data in your analysis.

■ Start by getting a general idea of the framework for the analysis. Note that there are six different sequences. Then decide which sequence currently applies to your country. Obviously you can analyse the traumatic development only up to the sequence in which you currently find yourself. You will then be able to analyse a minimum of two sequences and up to a maximum of six sequences.

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Prior to the start of the traumatic process
Basic features
Here we are concerned with the structures within which people live before a conflict breaks out. This «normal» process of living can, of course, also have been shaped by traumatic experiences such as personal critical incidents (e.g. car accidents, etc.), structural violence (poverty) and historical experiences (war and persecution during the previous 50 years) with which the people have not yet come to terms.

Sequential Tr

A rough framework of t
in a given social conte
the concept by

After the persecution
Basic features
The conflict has come to an end. The persecution ceases, often the rule of law has been more or less re-established and lives are no longer at risk. The traumatic process itself does not end, although the actual threat no longer exists. More importantly, it is this phase which is decisive for the development or prevention of long-term individual and social pathology.
Possibilities
Mourning processes, work on aggression, dealing with the past, development of long-term plans for the future, truth, justice, reconciliation, long-term trauma processing.
Impossibilities
Forgetting the past, preventing the past from affecting the present.

Flight
Acute persecution always includes expu
is also part of the traumatic experi
experienced similarly to the sequence
are separate traumatic se
(→ Sheet 9

Period of transition
Basic features
Peace negotiations take place or a ceasefire is declared. The conflict has not yet completely come to an end, but the full-blown persecution has ceased. Sometimes there are certain liberties in this transitional period and sometimes this is the point where the repression becomes really intolerable. Transitions can be very brief, but they may also last for several years. During the transition a vision of the future becomes possible for the first time, while at the same time the impossibility of changing the past is confirmed. This is a time of radical change and personal crises.
Possibilities
Overcoming fear, activation and/or strengthening of social networks, non-violent communication, burying the dead, developing plans for the medium-term, exchange of experience across the political and social divides created by the conflict (parallel narratives), trauma processing.
Impossibilities
Reconciliation, safety.

aumatisation

**the traumatic sequences
ext – An adaptation of
Hans Keilson**

Beginning of the persecution
Basic features
This phase, which is the first traumatic phase in the strict sense, is the moment at which a conflict has already gone beyond the point of no return, but the threat is not yet immediate or absolute. For instance, it makes a difference whether one is being persecuted oneself and can go into hiding, whether a neighbour is arrested or whether one is arrested oneself.
Possibilities
Self-protection and analysis of the dangers, coping with fear.
Securing of social networks under altered circumstances.
Exchange of experiences across the political and social divides created by the conflict (parallel narratives).
Impossibilities
Making long-term life plans, social trust, long-term trauma processing.

Acute persecution: direct terror
Basic features
This second sequence is characterised by immediate, existential and traumatic experiences: arrest, torture, murder and destruction.
Possibilities
Emergency aid, survival techniques and self-defence.
Psycho-social crisis intervention, perceiving the link between the socio-political process and personal suffering.
Coping with fear, providing safe places.
Impossibilities
Long-term development, working on aggression, non-violent interaction, stable spaces in which communication is safe, mourning processes, long-term trauma processing.

/Exile
ulsion and flight. However, living in exile
ience. Subjectively this is frequently
of transition. Fleeing, exile and return
quences in their own right
P: Refugees)

Acute persecution: chronification
Basic features
Closely related to the previous sequence and sometimes alternating and developing in a vicious circle with it within a framework of war and persecution there are also recurring phases of calm. In conflicts that have escalated to an extreme degree there are repeatedly both individual and social elements of acute and latent terror or manifestations of a chronic state of terror.
Possibilities
Self-protection, stabilisation of social networks, psychotherapeutic support, coping with fear, (partial) mourning processes. Permitting weakness, expanding the limits of trust, providing slightly more stable spaces for social communication, exchange of experience across the social divides created by the conflict (parallel narratives), trauma processing.
Impossibilities
Reconciliation, development of long-term prospects of change, adequate processing of aggressive tendencies.

Analysis of sequential traumatisation

■ Flight and exile are associated with a particular form of traumatisation and follow their own sequential pattern (→ Sheet 9: Refugees and Displaced Persons).

■ Begin your analysis by reading through the basic features of each traumatic sequence. Then decide what characterises this particular episode in the history of your country and of the group that is carrying out the analysis.

■ Start with the first sequence, «Prior to the start of the traumatic process». The description of this first sequence includes a decision as to which problems already existed at a time that one remembers as being still «normal» or peaceful and also an estimation of when this time came to an end.

■ The second sequence, «Beginning of the persecution», may be short or prolonged. It is important to understand that there is always a phase in which the terror is not yet absolute, but when the first signs of it have become evident or it has just begun.

■ The third and fourth sequences, «Acute persecution: direct terror» and «Acute persecution: chronification», are closely linked and often alternate with each other, which is why they are shown with arrows pointing in opposite directions. It is not always easy to distinguish between the two, but important to do so. In wars and dictatorships, much more time is spent waiting for new catastrophes to happen than in a phase of acute destruction. In these phases of waiting, which is referred to here as «chronification», it is sometimes possible to do some of the project work that could not be carried out during the phase of acute terror. It is thus important to differentiate between the two.

■ The fifth sequence, «Period of transition», can be very short or quite long. War often breaks out again during this phase, and a relapse into sequences three and four may thus occur.

■ The last sequence, «After the persecution», is psychologically the most complex. When this sequence is described, particular attention must be paid to the situation of the victims, to the manner in which they are – or are not – being cared for, and to the processes of social reconciliation, i.e. the legal and social process of dealing with the past and the crimes committed, etc.

■ Once you have identified the current traumatic sequence, look at all of your previous statements together so that you get an overall view. In the process, you must bear in mind that past sequences also always play a role during the prevailing traumatic sequence, while at the same time something new is added. It will make a difference to your work, for example, if you are dealing with a massacre in your village for the first time in the current sequence, or if a similar problem already occurred in an earlier sequence and is now being repeated.

■ The last step is to take another look at the current traumatic sequence and discuss the plans for your concrete project work along the guidelines of the «possibilities» and «impossibilities» mentioned in it.

Project Cycle Management (PCM) in the psychosocial field

Questions for projects and programmes

The planning of psychosocial interventions is based on the analysis of the situation following the guidelines given in Sheet 5. The following tools provide additional assistance for the planning process.

■ Conflict-Sensitive Programme Management (CSPM): how does the project analyse the conflict and contribute to conflict transformation and peace-building? To what extent does the project encourage social stability and reduce social tensions? Indicators must be developed to monitor and validate the hypotheses formulated in response to these questions (→ SDC, 2005).

■ Gender analysis: gender relations change in times of crisis. Psychosocial activities must help women and men to come to terms with these changes, while encouraging the establishment of greater gender equality. To support gender-sensitive planning, the tool «Gender and the logical framework» is used as a basic grid for planning psychosocial intervention (→ SDC, 2003).

■ In addition to the instruments used for conflict and gender analysis, the following questions must be answered in the project cycle management of psychosocial intervention.

Deza/Marc Kollmuss (Photo Filter)

Objectives of psychosocial interventions

Question	Explanation
How do you describe the material, social and psychological problems of the target population? **Have you analysed the situation at the micro-level (the individual, small group) and the macro-level (community/society) and do you know how these levels are interlinked?**	**The psychosocial field is multidimensional** The relationship between the well-being of the individual and the social dynamics of the community or society must be analysed, even if the planned project activities will concentrate more either on individual needs (e.g. in counselling) or on influencing political structures (e.g. in advocacy). The same basic principle applies to the analysis of the material, social and psychological problems of the target population. Each project usually addresses one of these three dimensions more prominently than the others. In a conflict context, however, all dimensions should be given adequate attention, either by the project itself or by networking with others.
Are the proposed objectives of the project realistic or are you promising too much?	**Realistic objectives are part of the healing process** People in crisis areas often try to deceive themselves as to the extent of the losses and destruction. They hope against all odds that everything will turn out for the best. In addition, in international cooperation they sometimes have unrealistic expectations of the success that can be achieved by the partner organisations. Psychosocial interventions aim to help people rebuild their lives after having accepted the reality of their situation. In every sequence of the conflict or the traumatic process there are both possibilities and limitations for psychosocial support (→ Sheet 5b: Sequential traumatisation) which vary greatly from one context to another. In no sequence, however, can people be completely cured within a few weeks or months. If projects generate unrealistic expectations, they become part of the denial which they were intended to overcome. Realistically, healing in conflict situations often means no more than recognising the loss, providing support or companionship and preventing a development for the worse.
Is your limitation of the target group appropriate? **Does your definition of the target group cause division or promote cohesion in the project area?**	**The relationship between different social groups is of psychosocial relevance** The members of the target group are part of a social network, they relate to other groups or keep their distance from them. These relationships, which are often conflict-ridden, have to be considered and worked through, as they can be decisive for the course of a conflict as well as for the psychosocial well-being of the members of a particular group. It is of utmost importance for the integration of ex-combatants, for example, that the population of the community in which they live should benefit from project activities. It is necessary to work with the social environments of women who have experienced violence in order to enable them

	to recovery. Facilities for internally displaced persons should also be made accessible to the local population. There is seldom much point in defining a target group too rigidly and on too narrow a basis: anyone working with traumatised children will also have to speak to their parents. Anyone working with war veterans will at least need to be in touch with their families as well.
How does your intervention relate to the long-term nature of the problem?	**Psychosocial conflict transformation always requires a long-term perspective** «War is what comes after the bombs, the years of suffering helplessly with a disabled husband and no money, or struggling to rebuild when all your property has been destroyed.» (Bennett, Bexley, Warnock, 1995) – The long-term nature of psychosocial work implies the need to strengthen the capacity of good project organisation from the very beginning and to support basic and specialised training of staff financially and technically. In some situations, it is also expedient to invest in the infrastructure of the partner organisation. Donors in Bosnia paid inflated rents for years. If they had supported the building or purchase of apartments or houses at the outset, it would have been easier for the partner organisations to continue with their work later on, when funding had been drastically reduced.

The process of implementation

Question	Explanation
Was your approach or method of dealing with the target group developed in reference to the context in which you work or was it imported?	**Psychosocial work has to be conceived anew in each context** The uncritical transfer of concepts from one context to another is counter-productive. Local conditions determine the nature of the psychosocial intervention. Instead of thinking in general terms such as «trauma» or «PTSD symptoms» etc., attention should be centred on «self-made diagnoses» and accurate descriptions of the problems of the groups of people requiring support. A restrictive approach along the lines of a purely medical framework is to be avoided.
How can you ensure regular communication between colleagues in the different areas of your project?	**The psychosocial approach calls for interdisciplinary work** As the material, social and psychological dimensions reinforce one another, all members of the team must be provided with sufficient information and knowledge to enable each of them to communicate with specialists in other areas of the project. Interdisciplinary communication of this kind does not take place automatically and must therefore be supported by institutional structures.

How do you facilitate the empowerment of your colleagues?

Are your colleagues, including your field workers, involved when relevant decisions are made or do they just carry out the tasks they are given?

People who are not empowered themselves are unable to support the empowerment of others

In many societies, hierarchical communication and the subservience of subordinates is the normal pattern and this is reproduced in the project organisation. Despite this, staff members with this kind of background are instructed to facilitate the empowerment of the target group. Although this contradiction cannot be completely resolved, appropriate measures should be taken to encourage the empowerment of staff. They should be involved in decisions of significance for the project and the organisation to which they belong. Donors can encourage and support processes of this kind within their partner organisations. Empowerment is also supported by developing professional capacity and by recognizing work experience as a professional qualification (e.g. counsellors who learned on the job and in training workshops should be treated as professionals even if they lack the academic degrees of psychologists or social workers).

Have you built time for reflection into your activity plans?

Is the team supervised and/or supported/guided on a regular basis by an external expert?

Self-reflection and the prevention of burnout are the best way to sustain the quality of work

People feel unable to cope with the overwhelming demands of the crisis. They are constantly confronted with powerlessness, despair and death. Permanent threats of new disasters lead to chronic fear. In spite of superhuman efforts, the resources of staff members are undermined and eventually the quality of their work deteriorates. Supervision and external guidance are thus not a luxury, but an indispensable support for the teams (→ Sheet 7: Staff). Supervision by an external expert and «intervision», i.e. discussion of cases or work-related problems with other staff members, enable participants to reflect on their own emotional state and review the successes and failures in their work in order to find new, creative solutions.

Monitoring and Evaluation

Question	Explanation
Are you documenting the processes or just outcomes and outputs? **Have staff members allowed sufficient time in their activity plans for documentation of their work?**	**The documentation of work processes supports both the monitoring and the development and improvement of the work** In crisis situations, there is never enough time to do everything. Staff members are always under pressure. Appeals to record the developments of individual clients in writing or to document processes in communities is therefore often dismissed. Furthermore, we often work with people who are reluctant to write. It is nevertheless important to find an appropriate method, not just to count and measure results, but to describe them as a process. Such documentation helps to develop a more precise understanding of the tasks and is a precondition for an appropriate adaptation of activities to changing realities. Good documentation also helps at a later date to understand processes in retrospect in a broader context, and hence to pass on valuable experience. Documentation is therefore a key issue, and must be integrated into work at an early stage.
Do your indicators reflect the complexity of the psychosocial work?	**Defining psychosocial indicators is difficult** Psychological and social processes are complex and linked with particular value systems and subjective assessments. Measuring progress is therefore complicated. Projects try to avoid this difficulty either by restricting themselves to quantitative project management information (how many people were counselled etc.) or by making very general and hazy statements (e.g. «X traumatised children are healthy and have been successfully socially reintegrated»). If indicators only focus on final results and do not reflect the complexities of the development that took place, a meaningful assessment of what has been achieved is impossible. Questionnaires and tests are less suited to this purpose than a description of the individual process or an individual assessment of changes. Here, the views of beneficiaries as well as those of staff members are of interest.
How flexible are you in the adaptation of activities and objectives?	**A constantly changing environment demands flexibility** In a complex emergency, developments often cannot be predicted accurately. It is, moreover, difficult to have an adequate psychosocial understanding of the target group and its context in the early planning stage. It is often precisely the things that are not said and which cannot be documented using standard assessment methods that turn out at a later date to be of central significance. For this reason, it is advisable to reflect at regular intervals on the work that has been done. This ensures that activities are neither carried out strictly according to plan (but without addressing the actual problem), nor informally modified without any official change in the project plan. Supervision can offer significant assistance in this area.

Does the evaluation reflect the process of psychosocial work?	**Guided self-evaluation is the ideal solution** If the project is not able to provide adequate documentation of the work processes and to reflect regularly on its activities, the best way to evaluation how effective it has been is guided self-evaluation. This gives members of staff space in which to reflect on the difficulties of their work, analyse processes of change in the target group and develop creative ideas. Especially for those staff members who work under great pressure and have insufficient opportunity for such self-reflection, guided self-evaluation offers a way to support their personal and professional development.

Resources

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Conflict-Sensitive Program Management in the International Cooperation (CSPM).
Mainstreaming the Prevention of Violence.
www.deza.admin.ch/ressources/deza_product_en_1426.pdf

SDC (2003)
Gender in Practice. A Tool-Kit for SDC and Its Partners.
To order: info@deza.admin.ch

Websites
www.mande.co.uk
www.eldis.co.uk

Staff of the Swiss Agency for Development and Cooperation (SDC) and its partner organisations

- Maintaining the psychosocial stability of staff is an institutional responsibility.
- Aid workers in conflict areas are in danger. Exposure to continuous pressure and confrontation with suffering and helplessness can eventually make people ill.
- Local aid workers' direct experience of the conflict is an advantage but only if it is discussed and worked through.
- Aid workers are best protected against burnout if they regularly receive further training and if their problems are discussed and dealt with in the organisations in which they work.

Deza/Silvia Voser (Photo Filter)

The myth of invulnerability

Staff working in international co-operation and at all organisational levels are affected to various degrees by the insecurity and fear, suffering and hopelessness of the populations with which they are working. This has an impact on their work and their well-being. Effective work in a disaster or crisis situation requires knowledge of the local situation. It also requires a complex blend of closeness and distance, of emotional engagement and cool reflection, of omnipotence (believing one can change everything) and sober acknowledgement of one's limits, of strength and of weakness. Frequently it becomes difficult to live with these contradictions and team members may sink into a feeling of despondency or indulge in manic fantasies of omnipotence. Being aware of these risks reduces the chance of such adverse developments. However, it is unfortunately still the case that in many areas of international co-operation the mere mention of such problems is considered an expression of dysfunction or a sign of weakness. What we are dealing with here is not disease, but a necessary and inevitable emotional impact that urgently needs to be addressed, particularly in the context of trauma and destruction.

In international co-operation the word «help» is now seldom used, but in the personal motivation of aid workers this word plays an important role, and for good reason. Someone who occupies the role of helpers in a crisis do not feel helpless because they are active and useful and that prevents them from feeling devastated. However, even the best help cannot prevent the real and terrible consequences of a catastrophe. There will therefore also be the need to acknowledge loss and feelings of despair, even though this may at first glance seem to be the opposite of help.

International staff members

International staff members need intercultural competence. They have to be able to look at their ideas and values, their actions and reactions and see how they are affected by power and differences. One can only get to know foreign cultures if one realises the extent of one's own involvement in social power structures and is able to question one's own cultural and religious affiliations. When the power relations make it possible for staff members' ideas to be implemented (for instance in defining the problems and the solutions), it becomes particularly important for those staff members to be aware of their own background. Fascination with that which is foreign can easily turn into racist judgements and attitudes if the daily frustration caused by discrepant views of professionalism and organisational culture is not counterbalanced by experiencing the positive aspects of the different ways in which people relate to each other. This, in turn, is only possible if international aid workers are emotionally open to the people with whom they live and work.

International staff members are often faced with demands and requests that are outside their area of responsibility. When they refuse to help or refer people on, they may feel guilty and inadequate although their decision was professionally sound. Staff may become annoyed at the «unreasonably high» expectations of those seeking aid. Someone looking for help may rationally understand that the International Committee of the Red Cross (ICRC) delegate cannot find his wife for him. Emotionally, however, his dissatisfaction with the delegate and his notion that she could help him if only she wanted to, may give him some emotional stability and can help him avoid facing his own helplessness and despair. It may even serve to temporarily overcome these feelings. This is just one example of how the everyday work of aid staff may involve complex psychological processes which they have to try to understand and deal with as best they can. The hope that problems of this kind can always be solved in a completely rational way turns out to be an illusion and the frustration of staff members increases.

International staff members have a status that they have to live up to; this can make it all the more difficult for them to ask for help when they have personal problems, such as feeling depressed or alienated. Staff members in supervisory positions very rarely have access to adequate counselling.

Protection by the institution of the psychosocial stability of its staff

The psychosocial stability of staff members is not a private or personal issue, but the responsibility of the whole institution. At every level within an organisation the well-being of staff members is a valid and important issue; emotional composure and neutrality should not be demanded under all circumstances. Feelings of weakness, fear, anger or grief should not be quickly dismissed as special problems for psychological experts to deal with. At SDC headquarters and co-operation offices the following measures can contribute to supporting the psychosocial stability of staff members:

- training of management staff to enable them to regularly attend to these issues and discuss them in the team;
- using the pre-departure seminars to prepare participants for the significance of psychosocial processes in conflict areas (trauma, fear, grief);
- providing further training on this topic at regular intervals;
- making opportunities for staff to receive coaching (in face-to face talks, telephone contacts, e-mail) the rule, not the exception;
- integrating this issue into the security concept;
- making sure that inquiry into the individual situations and well-being of field staff members needs to be part of their debriefing when they are at SDC co-operation offices or headquarters;
- fostering a culture in which there can be recreation and celebration: opportunities to travel out of the conflict area regularly, staff parties or outings, social events, dinners and so on to strengthen team spirit and cohesion;
- establishing a code of conduct for staff members as a protection against abuse (→ Sheet 8: Gender-based violence).

National programme officers at SDC

National programme officers at SDC offices are relatively privileged but they are nevertheless affected by the war along with their fellow citizens. In order to fulfil their responsibilities as leaders of projects and programmes properly they need to be aware that they too are affected and they also need to understand the difficulties of the staff members of partner organisations (see below).

It is rightly expected of local staff members that they will identify with the goals of SDC and also that they will be able to fulfil a liaison function because of their knowledge of the language and the local situation. Conflict may develop between commitment to the employer and loyalty to one's own people and values. These conflicts are not a problem as such, but they can become detrimental if they are not discussed. It is therefore in principle useful for the SDC team to reflect regularly on the problems of intercultural communication and international cooperation.

Staff members of local partner organisations

Staff members of local partner organisations are often traumatised themselves and belong to the population with which SDC works. This has consequences for their work. Since they share values and have had experiences similar to those of the people they are helping, they feel connected to them and enjoy their trust. These very similarities, however, can make it painful and sometimes even unbearable, to deal with project participants. The parallels to one's own experience not only generate empathy, they also create resistance. A man who does not allow himself to grieve for a lost member of his own family will find it difficult to allow others to mourn. A woman whose past painful experiences make her avoid close relationships with men will find it difficult to allow a client with a similar history to fall in love. Closeness to the victims will only be a real advantage if the «blind spots», processes of suppression and denial, are continually attended to.

In a crisis, those who can help others are to some extent privileged. They have something they can do and thus do not feel completely helpless. Once again, this advantage may conceal a hazard: aid workers feel that they must be strong even if they feel helpless or in despair. However, if the helping role becomes a rigid pose, staff members are no longer convincing and their risk of burning out increases. In addition, since the ultimate goal of help is to make oneself superfluous, it will hinder the empowerment of others if someone needs the role of helper as a psychological crutch.

Should victims be recruited for work with victims?

The question is often raised as to whether work with certain groups may be assigned to members of this same group. Should young people with disabilities be looked after by someone who also has a disability? Should the self-help group of widows be led by a woman who has lost her husband? Should the HIV/AIDS-programme be headed by someone who is infected?
Advantages: empathy, personal knowledge of the situation and possible strategies for tackling the problems, credibility with stakeholders, role models for project participants.
Disadvantages: a lack of distance can lead to over-identification or to a sense of inner separation from project participants.

Provided that staff members regularly reflect on their responses to their work (supervision, coaching, support), employing members of the target group can be a powerful political signal and motivate stakeholders.

Deza/Beni Güntert (Photo Filter)

Working in conflict areas is dangerous and chronic fear among team members (→ Sheet 2: The psychosocial approach; Sheet 3: Psychosocial aspects of development work in virulent conflict) reduces their ability to deal with conflict. People respond to the aggression around them by dissociating and denying their own aggression. Little by little every conflict in the team will tend to escalate because each new conflict will contain all the unresolved conflicts from the past. In the medium term this almost always leads to the self-destruction of the team, either in a big eruption or by increasing staff fluctuation.

Most team members in psychosocial projects are women. In societies dominated by men, social professions are often not highly regarded. "Caring for others" is seen as the natural extension of typical mothering functions. It is important to take account of these gender problems in projects and to encourage staff members to take themselves seriously and to support them in getting their professional competence acknowledged. In addition, the conflicts arising from the demands of a family (care of children, housework, opposition of a woman's family to her professional work, etc.) and the demands of the organisation (efficiency, working hours etc.) must be dealt with openly in the team.

Values and conflicts of values: an example

Women who are not attached to men are stigmatised in Nepal. Thus it was not surprising that an older unmarried health counsellor strongly identified with her client, a young widow and mother of a malnourished child. Because of her own experience as a single woman she could empathise with this woman whose husband's death had turned her into a social outcast overnight. This solidarity came to a sudden stop when it became clear that the widow sometimes went out with girlfriends and that on those occasions she also met with men. The health worker closed herself off from her client and thereafter no real contact and thus also no effective counselling was possible. Although she spoke in gender-conscious ways the health counsellor could not accept the widow's violation of the strict rules of chastity for single women.

This example shows the extent to which personal experience may influence one's perception of a situation and consequently also distort one's intervention. Often the values of the institution and the similar general convictions of a staff member may contradict internal, usually unconscious values and attitudes which are the result from unreflected psychosocial experience. Values play an important and positive role in international co-operation. However, these must be internalised and reflected upon regularly during the work process, otherwise they will either have no effect or will be undermined.

Hazards for staff members in conflict areas

■ **Burnout**

A symptom of burnout is engaging too strongly or too little in one's work. Boundaries are either not set at all or overly rigid. People are no longer able to assess their own efficiency. Staff members feel they are working more and more, but actually they are getting less and less done. Priorities get confused and the line between what is personal and what is professional becomes blurred. Eventually people become physically or emotionally ill.

■ **Secondary or vicarious trauma**

Working with traumatised people and in extremely traumatising conditions leaves traces. If people are surrounded by hunger, death and despair, they begin to suffer emotionally. Because the suffering of others is so overwhelming, one's own suffering may be neglected and one's privileges may lead to feelings of guilt. The first manifestations of vicarious trauma are that staff members start making more mistakes in their work; in the medium and long term they often become ill.

■ **Projections on to clients**

Either one's own inability or the generally hopeless situation is projected on to the clients and they are blamed for it. Hierarchical structures and the inability of dealing with conflicts positively in the institutions facilitate this process. Instead of thinking about why a certain strategy of support does not work and how it could be changed, one's own achievements are always viewed in a favourable light and the clients are blamed for their continued suffering. In theory work continues, but in reality it is increasingly ineffective and inefficient.

Protective mechanisms for staff in conflict areas

In order to avoid vicarious traumatisation and burnout and to ensure the quality of the work, it is necessary to establish stable structures for supervision/coaching and external guidance in all projects right from the beginning. The following activities are useful.

■ **Participatory structures in the organisation**

It is important to foster a vigorous culture of discussion and participation in the organisation. The more empowered staff members are, i.e. the more opportunities they have to participate in decision-making processes and actually influence the work, the better for the general climate of the institution and its effectiveness.

■ **Fostering the ability to deal with conflict**

Feelings need to be communicated and conflict needs to be dealt with. It makes sense to provide special training for this as well as to have stable supervision/coaching structures. The objective of supervision and coaching is not control but the creation of a safe space where staff members can discuss their work problems and their own emotional situation. Supervision and coaching should be done by a person from outside the organisation. It can be complemented by mutual support by colleagues.

■ **Reporting and feedback structures**

Good documentation of one's work and the readiness of others to pay attention to it is part of good mental hygiene and functioning self-protection.

■ **Further training**

Regular participation in workshops and further training, occasionally outside the project or even in another country, give staff members the opportunity to step back and think about their work and additionally provide a little respite from the daily workload.

■ **Training of specific abilities**

Staff members in conflict areas must learn to deal with extreme experiences. In such situations it is important to take one's own emotions seriously. The following problem areas need to be addressed:

- relationship to death;
- dealing with loss;
- fear and awareness of fear;
- vulnerability;
- dealing with feelings of helplessness;
- dealing with feelings of anger.

All these issues should have been reflected on in reference to one's own life experience and used in reference to the new experience. Here it is important that:

- dissociation is avoided as far as possible;
- emotions are permitted but not imposed on others;
- boundaries are set that allow for true commitment, yet ensure availability of private spaces to promote mental hygiene.

In many crisis areas the establishment of counselling and support structures is not easy. Here necessity can be the mother of invention. During the dictatorship in Chile a team of psychotherapists recorded their case discussions on an audio-cassette and sent it to Mexico. Colleagues in Mexico City listened to the cassettes and sent their comments back to Chile.

Deza/Maya Tissafi

Some self-help advice for work in extreme situations

■ You can only help others if you are also ready to help yourself and allow others to help you. You can only show interest and compassion to others if you have this interest and compassion towards yourself. Even during the worst emergency, time must be found to think and become aware of one's own feelings. There must be time for private things and moments of respite and distance.

■ Take yourself seriously. If you feel ill or out of sorts, try to find out what is wrong. If you are happy, savour it. Even in disaster areas people may laugh and there may be moments when they enjoy their work.

■ If you feel depressed, annoyed, confused or very tense over a longer period of time, if you suffer from insomnia, headaches, stomach-aches or digestive problems, these may be signs of psychic difficulties. Don't wait until it becomes unbearable. Find someone you can talk to at an early stage.

■ If you talk about your problems with somebody else make sure that the other person really listens to you and gives you room to explain. Do not accept advice that is too quickly given. Talking with a friend or a counsellor gives you the opportunity to think. Do not try to solve your problems alone.

■ We all make mistakes. Talk about your difficulties with your colleagues at your workplace. Somebody who tries to appear perfect is not being honest; avoid harbouring this illusion about yourself. Admitting a mistake will not damage your authority.

■ If you have a conflict with someone, try to talk directly to this person about it. Do not spread rumours about others and do not say things about others that you would not be willing to say to their face. Do not humiliate yourself or your colleagues.

■ Be aware of annoyance and anger in yourself but also if it permeates the atmosphere at work. Most people are afraid of their own and other people's aggression, even more so in a violent environment. If anger is suppressed, it frequently finds a way to express itself later on, but then often at an inappropriate time and place. Learn to tackle conflict.

■ When you hear about or witness terrible things it is normal that you react to them. In the presence of a mother weeping over her dead child, it is only natural that you become sad and perhaps weep as well. There is nothing wrong with that, on the contrary. However, your own grief does not need to impede you in offering help to the mother.

■ Do not remain silent about or suppress disturbing experiences. Speak about them with others; then they will be less likely to haunt you in your dreams. If you temporarily do not have anybody to talk with then write your experiences down.

Resources

SDC (2003)
Gender in Practice. A Tool-Kit for SDC and Its Partners.
To order: info@deza.admin.ch

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Gender-based violence

- Gender-based violence damages the intimate core and therefore the identity of the victim. The highest potential for harm lies in sexual violence.
- The taboos associated with sexual violence lead to emotional isolation and social marginalisation. This deepens the existing wound.
- Support of the victims of gender-based violence must go hand in hand with the prevention of such violence.
- The role of gender-based violence in war must be exposed and the perpetrators held accountable.
- Combining rehabilitation with research and advocacy can turn work against gender-based violence into a form of self-help for the victims.

Deza/Ana Feric

What is gender-based violence?

In gender-based violence, the perpetrators appear to attack the victims because of their sex, but in fact the key issue here is the employment of violence via gender and using gender differences to assert power and/or to establish gender norms. Gender-based violence always damages the inner core of a person and is most destructive as sexual violence. Power and superiority are demonstrated by demeaning and humiliating the other and this becomes anchored in the victim's inner core and identity. Gender-based violence is usually violence by men against women, men and children. However, this violence is also reproduced by women, for example, in the way they relate to men, in the education of their children, or in their attitudes towards their daughters-in-law. In patriarchal societies, gender-based violence is part of social reality and the psychological structure of men and women. Changing violent relationships thus implies changing the behaviour, norms and beliefs of men and women.

Deza/OMS (Photo Filter)

Since 1998 the Rome Statute of the International Court of Justice has recognised the following forms of gender-based violence as war crimes and crimes against humanity:

- rape;
- sexual slavery and trafficking;
- forced prostitution;
- forced pregnancy;
- forced sterilization;
- other forms of sexual violence of comparable severity.

In addition to the definitions set out in the Rome Statute, gender-based violence also includes:

- sexual exploitation by those who are there to offer aid and protection (staff members of a humanitarian organisation who demand sex in exchange for material support or privileges or the soldier who grants safe passage in return for sex);
- domestic violence;
- dowry and honour killings;
- enforced marriages of minors;
- genital mutilation;
- all forms of social, emotional and physical violence to enforce gender norms.

Different international bodies denounce gender-based violence and call for active measures by governments[1].

[1] Convention on the Elimination of all Forms of Discrimination against Women (1981), UN declaration on the Elimination of Violence against Women (1993), Bejing Declaration and Platform for Action (1995) and UN Security Council Resolution 1325 (2000).

Sexual violence in war

The rape and sexual slavery of an enormous number of women and girls in armed conflicts since the 1990s have been well documented by women's organizations and human rights organizations. However, rape and sexual violence have always been part of warfare and used as a strategy in combating resistance. This violence directly violates women and indirectly undermines social structures. Rape not only humiliates women, but also their families. In many societies the honour of men and of the community is defined through women's bodies. Sexual violence creates feelings of extreme shame and humiliation in the victims and their families, who try to protect themselves against it by stigmatising and excluding raped women. The affected women therefore attempt to avert the perceived shame by keeping their experience secret. If this is not possible, their families often force them to stay silent towards the outside world. This emotional isolation and social exclusion is one of the most destructive effects of the experience of violence. In addition to the socially enforced silence surrounding sexual violence, the women themselves are often psychologically not able to give voice to the suffering they have undergone and to distance themselves from it. It is because the most intimate core of their being has been violated that it becomes so difficult for them to defend themselves. The aggressor has invaded her body and taken up residence in her self. This makes it very hard to relocate the suffering to the outside. Instead, many women express their injury by harmful behaviour towards their own bodies and the «products» of their bodies, their children. Increased emotional and physical violence towards children is a further effect of sexual violence towards women.

Sexual violence against men is particularly common when they have been taken prisoner and as a form of torture (→ Sheet 12: Torture and political prisoners). They are raped, forced to perform homosexual acts, stand and walk around naked and so on. The pictures taken in Abu Ghraib prison are a clear example.

The prisoners are not honourable warriors but a naked heap, stripped of their dignity and held under the soldier's boot. This humiliation and injury is an all-out attack on the masculine self-images of the prisoners. In a world shaped by patriarchal structures, the taboos and stigmatisation associated with such violence are all the more extreme. The violence inflicted on men is spoken of even less often than the violence inflicted on women.

Domestic violence and conflict

Country-level studies quoted by UNICEF show that 20–50 % of women have experienced domestic violence (UNICEF, 2000). This most common form of gender-based violence increases in the period before, during and after armed conflicts. The militarisation of society is accompanied by increased gender division. The image of the subservient and supportive woman who needs to be protected reinforces that of the combative and armed man. However, these images may be in stark contrast to the actual conditions in which men are often forced into a passive role; a catastrophic economic situation makes it impossible for them to generate sufficient income; the humiliations of occupation and the extent of repression prevent them from effectively protecting themselves and their families. In this situation women take over roles which have previously been clearly defined as male tasks and contribute to the family income and become active in the public sphere. This shift in gender relations creates conflict and men often compensate their frustration and insecurity with violence. This tendency is aggravated by the brutalisation and traumatisation of those men who have taken an active part in the armed conflict and who bring the war into the domestic sphere when they return.

The experiences of Mr M after the military coup in Chile
During his imprisonment Mr. M was abused and tortured in many ways. However, the worst situation for him was when he and his fellow prisoners were forced to masturbate in front of an officer. An older fellow prisoner did not manage to reach orgasm and was half beaten to death. Mr M experienced his own orgasm as extremely destructive, a complete surrender of his self to the military. When he was released he was impotent for a long time and it was not until many years later that he was able to talk with his wife about the background to this. His impotence was a symbolic attempt retrospectively to defend himself against the degradation inflicted on him, although it actually repeated the destruction by giving it power far beyond the prison gates.

Family honour under occupation
Palestinians are humiliated every day at the West Bank and Gaza checkpoints. There is a strategy to this treatment, says the Israeli writer Yitzhak Laor, which is to send a message to the population in the occupied areas: «We are present everywhere, we will split the Palestinian territory in every way, we will control you.» In recent years regulations and restrictions for women in Palestinian households in the name of family honour have become stricter. Women's organisations report increased domestic violence. Is there a connection between the affront to masculinity that the subjugation creates and the bitter determination of many men to defend their honour where they still can? Although the occupation did not create patriarchal family structures, the continuous assault on human dignity, together with active support of traditional power structures has reinforced rigid social and political values. Women who during the first Intifada organised themselves and discussed gender relations in public have almost vanished from the political arena; furthermore, they are asked to postpone such «divisive» topics until after the national question has been solved.

Peter Damman/Agentur Focus

Disempowerment processes and gender-based violence

Gender-based violence increases in conflict situations but is prevalent in all societies. The following comments on disempowerment and possible activities to prevent gender-based violence and support victims are generally valid.

Extent of destruction

Because the victims do not openly talk about their trauma it is difficult to assess their suffering adequately. Specialized tools (RHRC, 2004) facilitate an initial analysis. However, it is not until practical work with those affected has taken place that a more precise assessment of the social and emotional consequences for the victims and their families becomes possible. Because of the strong taboos associated with this subject it may sometimes be helpful to call on outside experts to bring up the issue and carry out the assessment.

Fragmentation of social relationships and feelings

The consequences of gender-based, and especially sexual violence that are described below occur frequently. However, depending on the context, the way they are evaluated may differ.

Individuals/families
- Social stigmatisation
- Physical injuries, sometimes unwanted pregnancies, infection with HIV and other sexually transmitted diseases
- Psychosomatic illnesses
- Depressive states (despair, loss of interest in one's surroundings, loss of appetite, lack of self-esteem, suicidal tendencies)
- Altered relationship to one's own body (now perceived as contaminated and devalued, feelings of rejection towards one's body)
- Sexual disorders, marital problems (fear and disgust when touched)
- Disturbed relationships (impaired relationships with family members and friends through anxiety, distancing and suspicion).

- Dysfunctional parenting (reduced caring, violence toward children)
- Changed perception of oneself and the world (feelings of weakness, vulnerability and of not belonging)
- Addiction, self-destructive behaviour.

Source: Medica Mondiale, 2004

Communities/Society
- Altered social relationships
- Increased health expenditures
- High maternal mortality
- Reduced productivity
- Corrosion of people's sense of justice because the violence is denied and the perpetrators are not punished
- Crumbling of values
- Reinforcement of gender-based inequalities.

Empowerment perspective: support and prevention

The support of the victims of gender-based violence must go hand in hand with the prevention of such violence. Different facets of this issue must be tackled simultaneously.

Possibilities for support of victims

Support means working directly with those affected as well as training staff in health and education, police and judiciary so that they can deal appropriately with the victims of gender-based violence. The extent to which victims of sexual violence can recover is crucially related to how post-war society handles the crimes and how the perpetrators are held accountable (→ Sheet 4: Dealing with the past).

The dynamics of conflict cause increased violence towards women and that violence continues in the domestic sphere after the war. It is therefore important that programmes take a long-term view. From the beginning, investment should be sufficient to build up professional skills and to protect staff from burnout (→ Sheet 7: Staff).

When working with the victims of gender-based violence the following psychosocial issues tend to be of special relevance.

Affected individuals/families
- Overcoming the isolation of victims
- Improving ability to cope with illness/ physical injury
- Developing strategies to overcome extreme fear and stress
- Gaining more control over one's own body and one's own situation
- Making shame and guilt a topic and less of a taboo
- Expanding the boundaries of trust
- Developing strategies to help cope with one's relationships with the opposite sex, parenting and gender identity
- Improving family dynamics, promoting acceptance in the community. Sometimes it is extremely difficult reintegrating survivors into their group of origin. Alternatives may have to be seriously considered.

«They don't want to be helped, they don't deserve it any better.»

Often in our work with victims of gender-based violence we come across people who very reluctantly seek help and who subsequently return to the violent circumstances, not only because social and economic conditions force them to but because they themselves seem to wish to do so. This is frustrating for staff members of support organizations who sooner or later suspect that it is the victims' own fault and that they did not want any help. In fact, the problem is of a different nature. The victims have not only experienced violence, but it has become part of their identity and of their social relations. They feel guilt for their experiences and believe they have no right to receive help. They can no longer imagine a different world. In order to extricate themselves from terror, abuse and oppression the victims need the kind of strength and self-esteem that has often been largely destroyed in them. Their apparent tolerance of violent and exploitative conditions corresponds to their basic feelings of hopelessness. It also works as a kind of shield: by not even trying to change things, the pain of disappointment is avoided. The anger of staff towards victims who do not protect themselves against further experiences of violence unhappily confirms this survival strategy of dismissing oneself as a hopeless case. This vicious circle can only be stopped if staff of support projects are prepared to face severe frustration, and do not blame or feel resentment towards the victims but are ready to accompany them on the complicated path to change.

On the level of communities and societies
- Discussion on how gender-based violence is used in warfare
- Discussion on the connections between gender-based violence and the relationship between men and women in society, gender roles and gender images
- Combating stigmatisation and promoting the positive acceptance and acknowledgement of the victims
- Making the perpetrators accountable (→ Sheet 4: Dealing with the past).

Possible interventions to prevent violence
Prevention measures can be divided into the following categories.
a) Specific measures to protect women from violent attacks (e.g. in the construction and organisation of refugee camps, by promoting social structures that support protection etc.)
b) Improving legal protection (improving legislation, e.g. criminalisation of gender-based violence)
c) Changing public attitudes towards gender-based violence. Domestic and sexual violence should become socially unacceptable
d) Changing male behaviour. This in particular entails the discussion of role models, male identity and the relationship between male sexuality and violence
e) Promoting gender equality because power inequality is at the root of gender-based violence.

Prevention requires working directly with men, from journalists to members of the local football club, from peer motivators to religious leaders (→ UNIFEM, 2000).

Prevention also means demonstrating the consequences of gender-based violence. Such advocacy is often successfully carried out by organisations that also work with victims. Connecting victim support with research and advocacy not only makes them more convincing but also gives their work with these people a clear political dimension.

Code of conduct for national and international staff
Time and again the exploitation of women and children by staff members of aid organisations has been revealed. «If a girl is not willing to have sex, the next time food is handed out, she will be told that her name is not on the list» is how a woman in Sierra Leone described the power of aid workers. An investigation of UNCHR/Save the Children in 2002 in refugee camps in West Africa revealed the widespread abuse of children. A code of conduct for national and international staff members is an essential measure to stop these violations.

Dealing with gender-based violence in all sectors
During the wars in former Yugoslavia, the projects that were established and funded were generally stand-alone and specialised. They were in part inspired by Western models of women's shelters and individual therapy settings. Nowadays, however, approaches are favoured that combine these specialised psychosocial facilities with mainstreaming this issue, i.e. addressing gender-based violence in all sectors of development. The graph below is to be seen as a kind of grid that shows the relationship of the activities in different sectors.

It must be kept in mind that gender-based violence is a fraught issue in every society and because of its connection to intimacy, discussions quickly become stereotyped and judgemental. Sometimes barriers are erected against the issue by citing local cultural conditions and values, as if these were immutable. On the other hand, some believe that Western models and perspectives of identity can be introduced wholesale, as though when it comes to issues of gender the local context could simply be disregarded or just needs to be overcome. The tension between these conflicting cultural norms needs to be kept in mind in any specific situation; it must be reflected upon and addressed.
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Spectrum of activities for preventing gender-based violence and supporting the victims

Income generation
Providing training for trainers so that they become aware of how the problems may affect motivation and achievement of trainees and how these can be supported

Health
Preparing personnel for these issues, in particular in the areas of reproductive health and HIV/AIDS

Education
Preparing teachers so that they can think about these topics and address them in the classroom

Governance
Women take active part in the peace process

Women participate in politics

Gender-based violence is included in Dealing with the past

Legislation to punish perpertrators, persecution of perpertrators

Appropriate training of staff

Psychosocial
support for victims
Promoting self-help initiatives
Contribution to overcoming isolation
Psychological counselling
Legal advice Social support

Prevention
Increasing awareness of masculinity/feminity
Discussion of dealing with sexuality and aggression
Awareness raising on the significance and consequences of gender-based violence

Food and other humanitarian aid
Code of conduct for staff members

Involving female staff in distribution of food and other goods

Housing, water
Organising refugee camps so that women and girls feel safe

Appropriate arrangements for access to water, washrooms, well-lit public spaces

Multi-sector programme

In the Great Lakes region in Africa SDC supports a multi-sector programme for women and children who are victims of sexual violence. The health sector, for example, includes free HIV/AIDS tests. The psychosocial sector comprises «Maisons d'ecoute» where victims can obtain emotional support, legal advice and economic support; at the same time staff are being trained to deal with victims of sexual violence . The third sector is called «Plaidoyer» and is aimed at increasing public awareness of the subject. The programme makes extensive use of networking between different local organisations and actors. Thus, not the programmes of individual NGOs, but the platform that they have created for work on these problems is funded.

Resources

Admira (2005)
Work for Care. A Trainers' Manual. Sexual and Domestic Violence During and After War. www.transact.nl
Lesson plans for training workshops about many aspects of domestic and sexualized violence.

African Rights (2004)
Broken Bodies, Torn Spirits – Living with Genocide, Rape and HIV/AIDS. www.peacewomen.org/resources/Rwanda/marked.pdf
This documentation of the long-term effects of sexual violence towards women during the genocide in Rwanda in 1994 impressively describes the situation of the women affected and their specific needs.

Medica mondiale e.V. (Eds.) (2004)
Sexualisierte Kriegsgewalt und ihre Folgen. Handbuch zur Unterstützung traumatisierter Frauen in verschiedenen Arbeitsfeldern. (Sexualized War Violence and the Consequences. Handbook for the Care of Traumatized Women) Mabuse Verlag: Frankfurt a. Main.

Reproductive Health Response in Conflict Consortium (RHRC)
www.rhrc.org
The website provides many useful manuals.

RHRC (2004)
Gender-Based Violence Tools Manual for Assessment & Program Design, Monitoring & Evaluation in Conflict Affected Settings. New York. www.rhrc.org
Detailed instructions for assessments and programme design, job descriptions for staff members.

RHCR (2004)
Checklist for Action. Prevention and Response to Gender-Based Violence in Displaced Settings. GBV Technical Support Project. RHRC Consortium/JSI Research and Training Institute. www.rhrc.org
Ideas for possible interventions to address gender-based violence in all sectors.

UNICEF (2000)
Domestic Violence against Women and Girls. Innocenti Digest No.6
www.unicef.icdc.org/publications/pdf/digest6c.pdf

UNIFEM (2001)
Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. www.unifem.org

UNIFEM (2000)
With an End in Sight. www.unifem.org
Compilation of experience in the prevention of violence against women, particularly in developing alternative rituals for the initiation of girls und in working with men to change attitudes towards violence in communities.

UNHCR, UNIFEM, UNICEF also offer guidelines, checklists und manuals.

SDC (2003)
Gender in Practice. A Tool-kit for SDC and its Partners. To order: info@deza.admin.ch

Vann, B. (2002)
Gender-Based Violence: Emerging Issues in Programs Serving Displaced Populations. RHRC
www.rhrc.org/pdf/gbv_vann.pdf
Compilation of experience with programmes, emerging standards and lessons learned.

Refugees and internally displaced persons

- Nobody becomes a refugee of his own free will. Flight is always a situation of coercion and an emergency.
- The traumatic process of refugees does not end in the safe country to which they have fled. It merely enters into a new phase.
- There is always tension between the local population and the refugees. This problem often does not receive adequate attention, although it is possible to deal with it within a framework of shared experiences and well-facilitated discussions. Sometimes tensions are deliberately fuelled for political reasons. This creates a great potential for conflict, characterised by reciprocal projections of insecurity and real ignorance of each others circumstances.
- Even for refugees who can go back to their home countries, returning, in terms of carrying on with life as it was before, is impossible. They have changed and so has their country. However, under certain circumstances and with the necessary support, a productive new start in life is possible.
- Internally displaced persons may not cross state borders, but their situation is nevertheless just as precarious as that of the refugees who have had to leave their country. They are usually more difficult to identify than refugees, have no special status and receive no specific aid.

Sequences of flight and remigration

Refugees and internally displaced persons (IDPs) are the inescapable consequence of war and persecution. At present, an estimated 40 million people are refugees or IDPs. Their problems are often reduced to the need to be provided with material goods and physical safety although, in reality, complex psychosocial processes of destruction (trauma, loss, existential uncertainty) are involved. Displaced people dream of a return which is practically impossible, for even re-migration means beginning anew, not returning to life as it was before. In addition to these psychosocial issues, refugees and IDPs are also sometimes HIV-positive, victims of gender-based violence, or at risk of being subjected to violence in the refugee camps. Some are family members of disappeared persons, or have survived torture. These issues and the problems in the different areas of refugee support (shelter, income generation, health etc.) are dealt with in the other sheets of this toolkit.

Peter Damman/Agentur Focus

The sequential traumatisation of refugees/ IDPs: a summary
Adaptation of a concept by Hans Keilson

First traumatic sequence: from the beginning of persecution to the decision to flee

Second traumatic sequence: during the flight

Third traumatic sequence: Transition I – the initial period at the place of arrival

Fourth traumatic sequence: The chronification of the temporary situation

Fifth traumatic sequence: Transition II – The remigration

Sixth traumatic sequence: after the persecution

| From refugees to returnees | From refugees to migrants |

Deza/Ana Feric

The special problems of internally displaced persons

When civilians cross a state border during flight, they become refugees and can claim international protection. It is much more difficult for people who flee within the borders of their own country to find protection and support, as the status of these «internally displaced persons» is not recognised by international law. In 1998, UN special representative Francis Deng defined this group of people in the «Guidelines on internally displaced persons» as follows:

«Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.»

This definition encompasses a wide range of situations in different political contexts. In Bosnia, for example, the IDPs are those people who became victims of the mass «ethnic cleansing» that took place during the war within the present national borders. In Nepal, on the other hand, people flee individually or in small groups because they are subjected to repression in their villages. It is often impossible to distinguish between them and those who have left their villages because of the constantly worsening economic situation.

Another problem is whether internally displaced persons as defined above should be awarded special status and, if so, for how long. This factor determines whether or not they are given support. In Angola, for example, internally displaced persons are considered to be integrated after a period of six months and thus lose all their rights for further assistance.

Sequences	Key issues and perspectives of empowerment
From the beginning of persecution to the decision to flee	The decision to flee is always involuntary and is characterised by two contradicting emotions: feelings of hopelessness and despair in recognition of the fact that there is no other way out and feelings of resistance and searching for a solution, motivated by the desire to save one's own life and the lives of the other family members. Internally displaced persons often hope, more so than refugees, that a return will soon be possible as they have remained in their home country. However, this frequently proves to be an illusion. **Key issues** ■ Does the decision to flee have to be made suddenly, or is there enough time to consider and plan the action?

From the beginning of persecution to the decision to flee

- Has the decision been made by the person concerned, or has it been made entirely by others (e.g. eviction after imprisonment)?
- Was it possible to say goodbye?
- How extreme were the traumatic experiences that led to the decision to flee?

Perspectives of empowerment

In spite of the limited possibilities of supporting someone in this phase, the following three issues should always be addressed.

- How real is the threat?
- What preparation is needed to cope with potential difficulties during flight and in the country/place of destination?
- In what way can the person bid farewell?

During flight

Flight can continue for months. Refugees are sometimes in great danger and are subjected to new traumatic experiences during flight. They are shocked and struck by the experience of having lost everything, but must at the same time summon sufficient strength to aim for a destination and seek refuge there. Chaos, limited understanding of the situation and overwhelming anxiety lead to decisions which are not always conducive to survival.

Internally displaced persons often hope to be able to fall back on known resources (e.g. friends or relations), but this often turns out to be an illusion.

Key issues

- Is the person concerned alone, with his/her family, or part of a large group?
- Has the flight been organised professionally (brokers, agents etc.)?
- How much self-determination is possible? To what extent is the refugee at someone's mercy?
- Will the flight take him/her into a different language area/country?
- How long will the flight take?
- Where will the flight end (in a refugee camp, at the home of friends etc.)?
- What traumatic experiences may the refugees make during their flight?
- Do social networks exist to which they could realistically refer?

Perspectives of empowerment

As in the previous phase, opportunities to help are only limited at this stage. It is of primary importance to:

- assist with supplying material goods;
- help to reflect on the risks and threats;
- allow for moments of rest.

The arrival at the destination is usually a shock. It is very different from what people had expected and there is no real guarantee of safety. The refugees feel overwhelmed by the countless survival problems which have to be solved all at once. It is only now that they become consciously aware of the psychological wounds that have been inflicted on them. Their main concerns are:

- accommodation (camp, collective centres, own home etc.);

Transition I – The initial period at the place of arrival

- the legal situation (residence status – right of abode, work permit, protection from criminal assault);
- economic survival.

An additional contradictory situation arises for IDPs: there is often almost no visible difference between them and the population at the place of their destination; they can easily hide and find their way about. On the other hand, they discover that they have become strangers and outcasts in their own country. In the long term, relatives and friends are less ready to help than expected and conflict becomes unavoidable. It begins to dawn on them that they are not visiting, but on the run. Accommodation in a camp or collective quarters is particularly stressful. Even though the internally displaced persons are taken care of there, the marginalisation and shame vis-à-vis the local population, of which they were still a part only a short time ago, is depressing.

Key issues
- Security: the decisive basis for any kind of stabilisation is existential security (right of abode, regulation of accommodation etc.).
- Autonomy: after experiencing the powerlessness which led to the flight, support activities must respect and strengthen the autonomy of the refugees as far as possible.
- Integration: the feeling of unfamiliarity and not belonging can be dealt with and alleviated by efforts to promote integration. (Particularly difficult with internally displaced persons, as they often do not admit to being «strangers»).
- Acknowledging the special situation of internally displaced persons is particularly important in the initial period, both to help the host population understand their situation and to oblige the national government to provide adequate assistance. IDPs frequently become second-class citizens, lose their political rights for administrative reasons, have difficulty in organising the schooling of their children, etc.

Perspectives of empowerment
- Provide legal aid
- Offer psychosocial support, form groups
- Offer material support/shelter
- Build capacities to generate income
- Encourage interaction with the population of the place of destination.

Chronification of the temporary situation

Two stages are distinguishable in this sequence, although not every refugee goes through both of them.
- In the first stage there is adaptation to the circumstances, despite the fact that they are perceived to be temporary. This makes it easier to maintain relationships with the home country/place of origin and defend the old identity, but hinders integration.
- In the second stage the situation is accepted and a change is no longer really expected. This facilitates integration, but involves a more decisive breach of identity and old bonds can only be inadequately maintained.

Chronification of the temporary situation

Key issues

- Over- or under-adjustment becomes chronic.
- Insecurity
- New traumatic experiences (e.g. racism, problems with public authorities, conflict and strife with friends and relatives, difficulties in generating income etc.)
- Difficulty in redefining identity according to the new circumstances
- Transgenerational conflicts related to the integration process
- Conflict between loyalty towards the country of origin/home town and identification with the country of immigration, between identity as a refugee and the longing for normalcy
- Mourning process over the loss of the homeland.

Perspectives of empowerment

- Provide psychosocial support (main focus: looking towards the future, developing long-term life plans)
- Build up a capacity for income generation
- Improve command of language spoken by the host community
- Education, vocational training
- For IDPs, additionally: encourage integration while acknowledging their specific problems. Although the special status which may possibly be granted to them is important and right in the initial phase, it must not be allowed to lead to further marginalisation. Programmes to reduce poverty should, for example, always be aimed at IDPs as well as at the local population.

Transition II – the remigration

This sequence covers the period of the (in-)voluntary decision to return, the return journey and the initial time in the home country. The enforced return generally causes either severe retraumatisation or is experienced as new trauma. Even when the return is voluntary, however, it is always a crisis situation.

This process is also difficult and potentially traumatic for internally displaced persons, but less of a risk because the distances are geographically shorter and they have a better chance of preparing themselves for it. Because they are frequently not officially recognised or supported, it is not unusual for them to be financially worse off than other groups of affected people when they return. Not all IDPs wish to return. If they have built up a new, economically meaningful existence at their original destination, the compulsory return to precarious circumstances can be experienced as a second expulsion and lead to a repetition of or a new form of trauma.

Key issues

- The voluntary nature of the return must be guaranteed
- The economic circumstances on return are precarious
- The home country/hometown seems strange, illusions and dreams are shattered
- Leaving the (hated) country of exile/place of refuge is unexpectedly difficult

Transition II – the remigration

- Conflicts develop between family members and (former) friends because of the difficulty of communicating different experiences, and because the mutual idealisation erodes when people meet every day
- After a long stay in the host country/place to which they have fled, there is often a conflict of interests within the family. Parents may wish to return against the will of their children, who now feel much more at home in the place of exile.

Perspectives of empowerment
- Assist refugees and IDPs in their preparations for the return (economically and psychologically)
- Establish a connection with the relevant support structures in the country/place of origin to which they are returning
- Provide orientation and counselling in all matters concerning the organisation of life after the arrival in the home country/place of origin – in addition to psychological support.

After persecution

From refugees to returnees

Although returnees may feel at home again in the long run, they can never completely return, in the literal sense of the word. Exile remains part of their life experience – positive because of the new skills they have acquired there, negative because of the sense of not belonging. In the families of the returnees, the involuntary migration process remains an issue for generations.

Key issues
- Those who did not go into exile may reject the returnees. They may condemn them as traitors and cowards and see them as rivals on the job market.
- The returnees may suffer from feelings of guilt for having left the country during the crisis.
- The returnees find it difficult to adjust.

Perspectives of empowerment
- Organise skills training/access to credit and other means of facilitating economic integration.

From refugees to migrants

Many refugees and IDPs never return. They remain in the country/place of exile where they are integrated and/or form new minorities.

Key issues
- Addressing identity problems
- Supporting social affiliation and sense of belonging
- Avoiding ghettoisation
- Promoting cultural diversity in the public sphere.

Perspectives of empowerment

Activities now no longer involve the former refugees/IDPs alone, but the entire population. It is vital to promote both inter-cultural competence and communication and real participation in social and political processes.

After persecution	■ Provide psychological support, organise self-help groups ■ Promote communication and understanding between returnees and the local population ■ Address the socio-political conflict between those who stayed behind and the returnees.

Deza/J. Mieville (Photo Filter)

The local population and the refugees

There is always tension between the two groups. The local population is afraid of the strangers. They try to defend the resources, which are frequently limited anyway, in face of the newcomers and have a tendency to envy the refugees their provisions from the relief organisations. On the other hand, the refugee population suffers because it is refused permission to work and is marginalised and isolated. Although the internally displaced persons are not as different from the local population as the refugees and also often have no access to aid programmes, they are also regarded with suspicion.

Interactions between the two groups of the population must be actively encouraged. Structured encounters allow common interests to be discovered and fears and conflicts to be addressed and thus mitigated. A problem analysis/needs assessment, or other means of documenting experiences and requirements, should always be carried out with the

refugees and the local inhabitants to make clear what effect the changed situation is having on the lives of the members of both groups. If they are from different cultural groups and linguistic communities, the refugees should be encouraged to learn the local language, while the local population should be introduced to the culture of the refugees.

Child refugees

Child refugees are more at risk than adults. They do not understand what is happening to them and often cannot be adequately protected by their parents, who are themselves under threat and feel vulnerable and insecure. The situation of unaccompanied minors is even more precarious: they are left entirely to their own devices. They are often forced into exploitive relationships (trafficking, child labour etc.), or forcefully recruited by the conflict parties.

For this reason, special measures are justified to support child refugees. Children should be given an opportunity to develop (→ Sheet 16: Education) and put the skills they have learnt during their fight for survival to good use. Peer groups play an important role, and their formation should be encouraged rather than hindered. Most important of all, however, is the development of reliable, long-term relationships with adults who provide the children with recognition, love, stability and orientation. The loving attitude of the adults is just as important in this process as the ability to set limits without being authoritarian. In this way, a space is created for children to mourn their losses and gain new confidence.

Changes in the structure of relationships

As a basic principle, flight always implies confrontation with different organisational structures, forms of communication and patterns of relationships and values. In a UN refugee camp, for example, the UNHCR decides how food should be distributed, thus assuming the role of the traditional head of household and consequently initiating a process of debasement in some families. Similar processes are experienced by refugees from strictly patriarchal communities who come to Europe and are confronted with entirely new forms of relationships such as greater gender equality.

Refugees frequently react to this threat to their identity by longing for certainty: they continue to cling to traditions which even in their country are perhaps no longer strictly observed and to which they had previously not really adhered themselves. In reaction to changes that they experience as too abrupt and violent, they develop and exaggerate a traditional and self-marginalising attitude. The encounter with foreign customs and practices nevertheless also offers them the opportunity to challenge repressive traditions of their own.

These contradictions give rise to conflict which usually develops between the sexes and/or the generations within refugee families or groups. The empowerment of women and adolescents is perceived as a threat by many men. It causes extreme uncertainty and anxiety, to which they do not know how to react. There is a great danger that the potential «losers» of these conflicts will react violently or with depressive passiveness. While supporting the empowerment of women or adolescents, it is therefore necessary to deal with the potential conflict it may cause in the families. It may be essential to work with men, too, or to provide spaces for discussion for all members of the family.

Deza/Samer Mohdad (Photo Filter)

The painful opposition between those who stayed behind and those who return

In the middle of the 1980s, when a group of adolescents in Chile were discussing the issue of exile and return, those who had remained in their country initially adopted a very hard line: they alone had really suffered under the dictatorship, while those in exile had led a very good life abroad. Eventually, one of the returnees broke into tears: "I've been back in Chile for eight months now. Since I arrived I've been imprisoned three times. I've been beaten up and kicked by the police. That was not really so bad, though. It was what I'd expected. But to find out in the end that my comrades still felt I was different and didn't belong, even though I had risked just as much as all the others, been beaten up as much as they had, besmirched and scared as much, that was too much for me. And right now in this discussion I have the same feeling. For you, I will always remain a stranger, I will always remain different and there's nothing I can do to change it. Before I came back I spent 10 years in exile and there, I was «the Chilean», the foreigner. I sometimes think that there is no such thing as «coming home»."

Deza/Samer Mohdad (Photo Filter)

Resources

Websites

www.forcedmigration.org
www.unhcr.ch
Material, guidelines and manuals on the issue of refugees und internally displaced persons:

Ghanem, T. (2003)

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Ex-combatants

- Regardless of their tasks, all those who have been members of the combat units of conflict parties should be defined as combatants.
- Demobilisation and demilitarisation are complementary objectives in a post-conflict society. At best, demobilisation can be the first step of demilitarisation.
- Frequently, mental problems do not become obvious until after demobilisation. It is not only what has been done to combatants that has a traumatising effect, but also the acts of cruelty of which they themselves were capable.
- Men and women experience life as soldiers in a similar way to some extent, but there are also great differences. All interventions during the demobilisation and reintegration process must take the different gender experiences and gender needs into consideration.
- The destroyed childhoods of child soldiers must be acknowledged and addressed, likewise the fact that they have been forced into premature adulthood.

Dhruba Basnet

Demobilisation and demilitarisation

The disarmament, demobilisation and reintegration of combatants are key elements of demilitarisation in a post-conflict society. Peace can only have a chance when combatants renounce their identity as soldiers and genuinely return to civilian life. This is a protracted and complicated process. Special programmes that address the specific problems of ex-combatants are needed, although care must be taken to ensure that such measures lead neither to new marginalisation and stigmatisation nor to privileges that are not justified in the eyes of the rest of the population. The issue of ex-combatants is, however, only one aspect of demilitarisation. It also includes the democratic control of the armed forces and their arms and the development of a culture of non-violent conflict management.

Olivia Heussler

Who is a combatant?

Traditionally, the term refers to people registered as combatants by their command structure. However, the combat units of conflicting parties also include irregular combatants who are only temporarily deployed, e.g. women and children who do propaganda work, carry material, care for the sick and are forced to carry out sexual services. Thus, the Cape Town Principles, established to deal with the problem of child soldiers, suggest that everyone should be defined as a combatant who was part «of the regular armed forces, including amongst others cooks, messengers, and girls recruited for sexual purposes…» (→ Resources). The question also arises as to how to classify family members who move with troops and give occasional assistance.

Given the realities of modern war, a successful demobilisation strategy must define the term «combatant» as inclusively, but also as accurately as possible with reference to the specific conflict.

Men and women experience life as soldiers in a similar way to some extent, but there are also important differences. UN Security Council resolution 1325, refers to the different needs of male and female combatants during demobilisation and reintegration and states that gender-specific interventions must be developed.

Some combatants are perpetrators, some are victims and some are both. Some have been forced into their role, while others have taken

up fighting voluntarily. Some act simply as citizens of their states, while others fight because they identify with a cause of liberation and change. Reintegration depends on how such differing histories are taken into account. It is crucial that programmes avoid a false and potentially destructive homogenisation of ex-combatants.

Traumatic sequences in the lives of combatants

Combatants can be perpetrators in a direct sense, but they are often also victims. During the war they have exerted violence, witnessed the violence of others and may have been subjected to severe violence themselves. Either during the war or when the war is over, these issues become pressing problems

and may lead to mental crisis. After the war, the warrior identity becomes meaningless. Individuals cease to be members of the institution which has protected and sustained their past identity. In civilian life, a new evaluation of reality, of ways to behave and not to behave and of past experiences takes place. Though complex, this is ideally a learning process, but it can also lead to a severe identity crisis.

Sequence	Key issues and perspectives for empowerment
The beginning of life as a combatant	People join armies for various reasons: poverty, a desire for revenge, out of conviction or for adventure. For women, the wish to escape from their traditional role can also play a part. When conflicts intensify, armies try to fill their ranks by conscription or forced recruitment. Potential candidates may try to abscond, but are pursued or stigmatised as unpatriotic, cowards and draft dodgers. Immediately after recruitment, prospective combatants are subjected to the strict hierarchy of the military and its mission. Training necessarily includes a process of desensitisation towards violence, i.e. acquiring the ability to experience, tolerate and exert extreme violence. Experiencing shame and humiliation and learning to cope with them play an important part in this training process. **Key questions** ■ How did recruitment take place? Was it voluntary or enforced? Did it involve violence towards the recruits or their families? If the recruitment was voluntary, what were the reasons? ■ How old was the person when he or she was recruited? ■ How successful was the transformation process from civilian to soldier? How brutal was the break with the previous identity?
War	The life of a soldier is moulded by unconditional obedience towards superiors, a very close bond with comrades and moral disengagement, i.e. the disconnection from or renouncement of one's own moral beliefs. After a conflict many soldiers can be tormented by their consciences when they think what a capacity for cruelty they had during the war and how they were able to revel in violence, as though intoxicated. Not only is the death of a comrade or the abuse they have experienced traumatic for them, but also the loss of their own humanity, which they may even have enjoyed to a certain extent. Even more than men, women experience a contradiction in their roles. Some of them take on leadership functions, thus learning new skills and gaining new experiences. Others, participating in armed combat, operate in roles which were traditionally male. Yet at the same time, they may also have been exposed to sexual violence perpetrated by men against them or against other women who were only recruited for (sexual) services or against the civilian population. Female combatants therefore become part of a system which gives some of them the chance to step out of traditional roles, but which at the same time aggravates the abuse of women. **Key questions** For how long was the person concerned a combatant? What role did they assume? How did they behave towards the civilian population and enemy soldiers? How did they behave towards the other members of the group? How were they treated by the other members of the group? What aggression have they experienced towards themselves and their own troops? Were they

War

taken prisoner? Were they injured?
What did they value about the life of a combatant? What did they learn
during that time?

The end of the war and demobilisation

Demobilisation is the process that turns combatants back into civilians, judging
by outward appearances, at least. The UN standard Disarmament, Demobi-
lisation and Reintegration (DDR) procedure deals with arrival at collecting
points, the hand-over of weapons and uniforms, official discharge from the
military command structures and, depending on the programme, transporta-
tion to the place where the ex-combatant intends to live. The process is politi-
cally and logistically complicated. Although a series of defined steps and
checklists exist to facilitate the process (→ Resources), these only deal margin-
ally with the considerable psychosocial problems of this sequence. In some
social contexts demobilisation may occur in a less structured or different way.
Whether there are official programmes or not, many combatants return to
civilian life independently. Their psychosocial problems are the same as those
of officially demobilized ex-combatants, but more difficult to address.

Key issues
- To a great extent, the demobilisation process is geared to men with
  weapons. Other soldiers, especially female soldiers, are not registered
  and thus stay clear of the camps, or camp elsewhere as family members
  who apparently have nothing to do with the demobilisation. The require-
  ments of women (such as separate accommodation, protection from poten-
  tial assault, health care) are, for the most part, not adequately considered
  at the demobilisation camps.
- During the demobilisation process life as a soldier ends, while a new
  existence has not yet begun. Regardless of whether those concerned are
  happy about the cessation of warfare, they may have both good and bad
  memories of the conflict and feel anxious about their future. These ex-
  combatants are consequently in a state of disequilibrium and may be in
  need of support. They must learn to take responsibility for their own lives
  again.
- The main problems in this phase are adequate registration of the people
  to be demobilised and their repatriation to their place of origin or to the
  place where they intend to live. This is a complex procedure, since for
  various reasons (feelings of guilt, fear of rejection, the wish to start a new
  life) ex-combatants may initially often not tell the truth about where they
  come from or their age, family status, etc. and find it difficult to envisage
  their future as civilians and to trust others. Thus, collecting usable data
  within the framework of a trusting communication and providing ex-com-
  batants with an initial orientation is not just a simple administrative act, but
  a psychosocial intervention in the literal sense of the word.

Perspectives of empowerment
- Supply information (on training and job possibilities, the situation at their
  destination, rights and obligations as ex-combatants).
- Provide health care and health education, in particular concerning
  HIV/AIDS. Attend to various aspects of reproductive health for women.

- Offer an opportunity to reflect on traumatic experiences and perspectives on how to deal with them in the future.
- Offer group discussions on the future and the anxieties associated with it.
- Offer group discussions on human rights and rights for women.

Reintegration

In this phase, ensuring future economic subsistence often becomes the most pressing issue. It is equally vital, however, that ex-combatants reintegrate with their families, communities and society. This is a drawn-out process which has a decisive influence on whether soldiers succeed in becoming civilians or whether they re-arm themselves and become a security risk. In this context, dealing with ex-combatants who have demobilised themselves and are not part of official programmes becomes a relevant issue.

Key issues
- Most reintegration programmes include material assistance which often takes the form of cash paid over a certain period of time, or occasionally land allocations and sometimes training and start-up equipment. This reintegration assistance sometimes causes envy in very poor countries (such as Angola, for example) and leads to a renewed stigmatisation. Successful reintegration can only take place in combination with accompanying psychosocial programmes (→ Sheet 17: Employment and income).
- Adequate care is often not provided for ex-combatants with medical problems, disabilities or mental (trauma-related) problems. They are often only offered primary health care. Psychological counselling and long-term specialised medical care are rarely given.
- The broken identities of the ex-combatants – their loss of power, their uncertainty about how to behave as civilians, their struggle to take responsibility and their traumatic memories – need to be addressed. The question as to whether they have learnt anything during the war that could now be used productively is also important.
- Female ex-combatants must come to terms with the perceptions they have of themselves as women in society: many of them have difficulties in subordinating themselves to the needs of the family after their experiences as combatants, while others wish to return to an «undamaged» life and resume their traditional roles now that the stress of war has ended. Either way, the emerging role conflicts need to be addressed.
- Attention needs to be paid to alienation ex-combatants may feel from the people with whom they were involved before the war because they have been through different experiences. Communities reject men and women for different reasons. Women are often rejected because they have or are seen to have transgressed social norms of female behaviour.
- Ex-combatants have to learn to cope with feelings of aggression. How can the uninhibited acceptance of violence which they learnt in the war be challenged and «unlearned»? How can an increase in or a repetition of violence be avoided in personal relationships, especially within their families.
- Communities need to learn how to deal with the problems of perpetrators and the past. Often, combatants have taken part in missions against their

Reintegration

own towns and villages (some of them under compulsion). Others may return from the war visibly ill, mentally and socially maladjusted.

■ Ex-combatants have to learn to cope with their anger and shame when they feel that the community and their immediate social circles do not show enough appreciation of them and marginalise them politically. In other cases, they may have to deal with the difficulties of idealisation. While the public might value their activities as heroic, they themselves might feel ashamed and guilty but with no right to express such feelings.

■ Ex-combatants who are officially not registered because they have demobilized themselves should be actively identified and efforts should be made to enable them to access support services. The specific ambivalences and contradictions of their situation need to be addressed.

Perspectives of empowerment

■ Take the specific problems of women into account when reintegration payments are allocated (they may not have the right to a bank account of their own, for example, or may not be allowed to own land).

■ Include the experience of ex-combatants in skills training and give women, in particular, the opportunity to undergo vocational training and to assume responsibilities which are not typical for women. Combine psychosocial counselling with activities that generate income.

■ Include women's organisations in the effort to integrate female ex-combatants.

■ Encourage veteran organisations to participate in the political process and support them not only in the pursuit of their interests, but also in critically questioning their experiences and their war identity. Support organisations that address the concerns of women.

■ Start a community dialogue on the problems that arise when integrating ex-combatants. Inform the population of the problems ex-combatants have.

■ Offer specialised psychological support whenever necessary – not just for the ex-combatants, but also for their families.

■ Dealing with the past: soldiers must be held to account for their crimes, even if they were following orders from their superiors (→ Sheet 4: Dealing with the past).

■ Integrate ex-combatants in normal reconstruction programmes, while at the same time taking their specific problems into account.

Child soldiers

The «Optional Protocol to the UN Convention on the Rights of the Child on the Involvement of Children in Armed Conflict» (2000) stipulates that children under the age of 18 may not be compulsorily drafted. Exceptions are permitted for recruiting volunteers for governmental armed forces: the age limit for them was fixed at 16 on the insistence of Great Britain, the USA, Russia and China. The Rome Statute of the International Criminal Court defines recruiting children under the age of 15 as a war crime. Although the same traumatic sequences apply to children as to adults, the following additional psychosocial issues are of relevance.

The beginning of life as a combatant

Street children, very poor children and children who have been separated from their families during flight are in particular danger of being recruited as child soldiers. However, children can also be forcibly recruited from villages, often in extremely brutal ways.

War

In war children learn to accept a primitive world order in which the mighty rule the weak, in which there are only leaders and followers and nothing in between. In this system, children are tormented and they torment others. But at the same time war is an adventure, a space in which comradeship develops and children learn to cope with complex situations in an «exciting» environment.

During demobilisation

The age of a person at recruitment or demobilisation should first be considered in order to decide whether she or he can be registered as a child soldier. From a psychological perspective, age at the time of recruitment is important. However, a child can become an adult during a war, and if so must be treated like an adult.

To be classified as a child soldier guarantees some protection. However, this should not be a reason to free those classified as child soldiers from responsibility or to infantilise them.

Child soldiers are victims and perpetrators at the same time. Both aspects of their past have to be accepted. Their traumatisation often does not manifest itself until after demobilisation. In the demobilisation camps children, especially girls, must be protected from assault and manipulation by adults.

Peter Damman/Agentur Focus

For child soldiers the problems sometimes do not begin until after the war
When José was 8 years old, his parents were killed by troops of the Salvadorian government. A year later, the boy joined the Guerrilla, with whom he found a new home and the chance to fight against his parents' murderers. For years he had no symptoms and was considered a good and reliable soldier. After the peace agreement he returned to school, but this turned him into a «nobody». Instead of being socially successful and endowed with the power of the gun, he was now only a schoolboy of average intelligence without an important function, without significance for the community. It was not until then that José became ill. The loss of his parents and the loss of his second family, the Guerrilla, drove him to despair. No one was interested in his story, his heroic deeds, his courage and his sorrow. Everything seemed to have been in vain. José's mental problems must be understood as resulting from sequential traumatisation, the beginning of which was marked by the murder of his parents and in which the peace agreement paradoxically meant the collapse of the structures supporting him.

During reintegration
Children and adults often have different notions of their reintegration. Children wish to be accepted by their parents and siblings. The parents would like their children to agree to accepted norms again, behave appropriately towards the opposite sex and treat adults, in particular those with a higher status, with respect (Jareg, 2003).

The following key issues must be considered when child soldiers are reintegrated.

- Mediation between parents and children: to start with, both parties have to get used to the new situation because they have changed since they were separated. They may need assistance in defining their roles anew and learning to deal with one another without resorting to violence.
- The relationship between adolescent ex-combatants and the community: discussion should be encouraged on the subject of mutual responsibility and forms of support.
- Organised learning: education or training should never be offered to ex-combatants alone, but always be made available to all the other children in the community as well. Ex-combatants occasionally need special assistance (catch-up courses) to ensure that adolescents do not have to go to school with small children. Teachers should be told about the problems of ex-combatants and know how they can support these pupils.
- Child soldiers often need help to handle their war experiences; ideally such support should be integrated into other activities at school such as play, peer group activities, etc.
- Training and income generation: as with adult ex-combatants, specific skills learnt during the war should be incorporated into the training of adolescents.

- Games and recreation: games are important, but they are important in conjunction with all the other activities mentioned here, not as a substitute for them. Games are a valuable opportunity for working through emotional conflicts symbolically. Games are a chance to re-experience aspects of a childhood that was lost too early.

As with adult female ex-combatants, girls have specific problems which centre on the question of their acceptance despite their experiences. Girls who are rejected by their families are in danger mentally and socially.

Healing rituals

In many African countries, organisations that look after child soldiers have noticed how effective the rituals are that purge returning combatants of the crimes they have committed during the war. The ceremonies take different forms, but they generally acknowledge the fact that the children have had terrible experiences and done dreadful things during the war, and that they are incapable of returning to the moral and social order of their group without support. The children often spend some time alone in the course of these ceremonies, or with a healer outside the community boundaries, and prepare themselves for their return. Afterwards, the symbols of their identity as warriors, such as their clothes, are destroyed. The ceremonies help the community to admit the child again, contaminated though it has been by death and terror, and symbolically strengthen its relationship to the members of its family and its group.

The healing effect of these rituals in dealing with the psychological and social consequences of the war is now also acknowledged by relief and development agencies. But just as ex-combatants normally make use of all the healing systems that are offered at once, supporting agencies should proceed pluralistically as well. This said, healing rituals alone do not offset unemployment and a lack of education. They are also often not powerful enough to dispel mistrust and anger among the victims of the conflicting party to which the returning combatant belonged. Additional social measures and psychosocial supports may therefore be required when reintegrating ex-combatants.
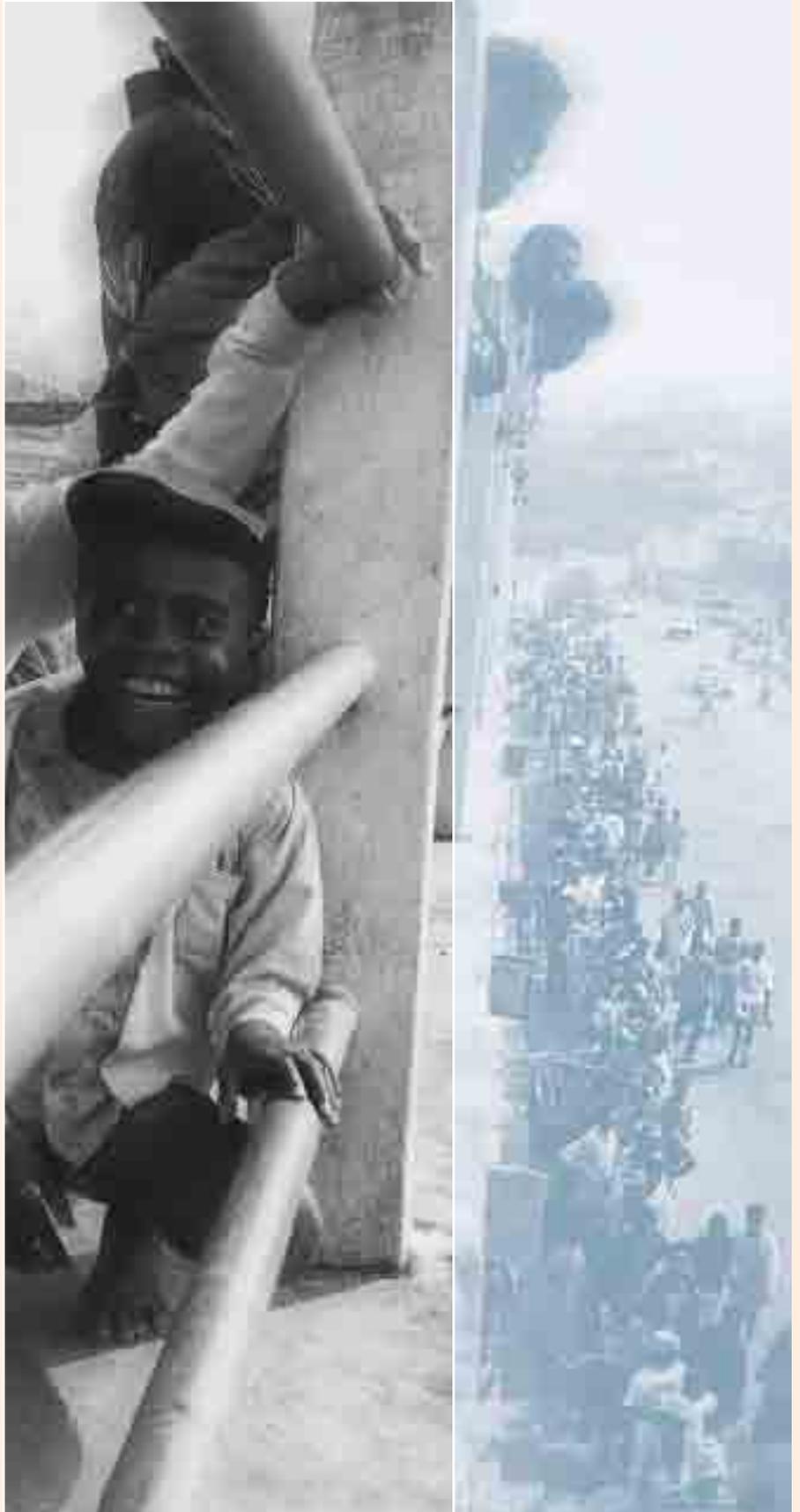
Deza/Beni Güntert

Resources

Child soldiers

Cape Town Principles and Best Practices on
the Prevention of Recruitment of Children into
the Armed Forces and Demobilization and
Social Reintegration of Child Soldiers in
Africa.
www.unicef.org/emerg/index_childsoldiers.html

***Department of Peacekeeping Operations
(1999)***
Disarmament, Demobilization and
Reintegration of Ex-Combatants in a
Peacekeeping Environment. Principles and
Guidelines.
www.un.org/Depts/dpko/lessons/DD&R.pdf
*Helpful central issues and checklists on the
organisation of the demobilisation process.*

Coalition to Stop the Use of Child Soldiers
www.child-soldiers.org/
*Important website for issues concerning child
soldiers.*

Fusato, M.(2003)
Disarmament, Demobilization and
Reintegration of Ex-Combatants.
www.beyondintractability.org/m/demobiliza-
tion.jsp
*Short review of the problems of DDR and a
well-commented bibliography of documents,
all of which are accessible via the internet.*

Jareg, E. (2003)
Crossing Bridges and Negotiating Rivers –
Rehabilitation and Reintegration of Children
Associated with Armed Forces, Save the
Children Norway.
*Short but informative article summarising the
problems of ex-combatant minors.*

Women
Farr, V. (2002)
Gendering Demilitarization as a
Peacebuilding Tool. Paper 20. Bonn: BICC.
www.bicc.de/publications/papers/paper20/
paper20.pdf
*Discussion on the most important questions of
gender-related demobilisation and reintegra-
tion. Commented checklist for the demobilisa-
tion and reintegration process of women.*

Watteville de, N. (2002)
Addressing Gender Issues in Demobilization
and Reintegration Programs.
Washington: The World Bank.
www.womenwarpeace.org/issues/ddr/DDR
Watteville.pdf
*Compilation of the specific needs of women
and girls during demobilisation and reintegra-
tion. The appendix contains a questionnaire
for assessing the needs of female ex-combat-
ants and a list of intervention measures.*

Disappeared and murdered persons

Meinrad Schade

- Violent losses are always traumatic and are followed by complicated mourning processes.
- The most important preconditions for individual and collective mourning processes are knowledge of the circumstances of the death and the proper burial of the dead.
- The families of missing persons live in a state of uncertainty. They often remain trapped in the terror of their loss and may be unable in the long term to complete their mourning.
- The social condemnation of the crimes together with support offered to the families of disappeared and murdered persons are of central significance for the transformation of the conflict and appropriate mourning processes.

Loss is the key issue

The key psychosocial issue involved in the support of the families or loved ones of persons who have either been murdered or have been disappeared is the confrontation with this loss. A loss of this kind is always traumatic and results in a disturbed mourning process (loss/grief, Sheet 2). The issue is, however, also of political significance, as the dead are the most tangible expression of destruction. How the dead are dealt with is a crucial factor in determining whether the culture of war can be replaced with a culture of peaceful coexistence when the conflict is over (→ Sheet 4: Dealing with the past).

Disappeared Persons
The dilemma of the relatives

In contrast to those who are told of the circumstances in which their relatives have died, or who are able to bury their dead, the families or loved ones of disappeared persons are left in a state of uncertainty. They have no information or, at best, conflicting information on the whereabouts of their loved one and have not seen the dead body. They must therefore decide for themselves when to give up hope of a return. If they resolve that the disappeared person is dead, it may feel as if they had betrayed and killed their loved one themselves. If they carry on with life in apparent loyalty, as though the disappeared person were still alive, they are denying the reality of loss in their everyday experience. This dilemma is an inescapable paradox and can drive the families to «madness».

Nevertheless, with time the people concerned learn to live with the new reality. The families reorganise their lives around the continual search for the disappeared person. Instability and uncertainty become permanent realities that characterise the «normal», everyday functioning of the family. Orientation towards a future without the disappeared person, as, for example, when a wife beginning a new relationship, or focussing on other activities not linked to the search for the husband, can be experienced as a lack of loyalty and lead to profound feelings of guilt.

Sequence	Key issues and perspectives of empowerment
Acute persecution: chronification	Most families of disappeared persons are subjected to massive intimidation and threats when they try to find out the whereabouts of their relatives. They are often isolated and other members of the community are afraid to show solidarity with them. **Key issues for the support of families** ■ Searching for the disappeared persons and obtaining information on what has happened to them ■ Recognissing and understanding the dilemma ■ Handling the loyalty conflict which the disappearance is creating and enabling future-orientated activities ■ Overcoming isolation and joining forces with others who have been through a similar experience and/or with whom the experience can be shared ■ Learning to cope with the anguish ■ Accepting and dealing with conflicting emotions towards oneself, the family and towards the disappeared person ■ Expressing symbolically the intermediate position between the previous social role (mother, father, wife, husband, etc.) and the role which cannot be assumed until proof has been given of the death of the disappeared person (widow, widower, etc.); ■ Enabling acceptance of the loss, without it seeming to become a death sentence for the disappeared person. **Perspectives of empowerment** ■ Offer legal advice and assistance ■ Offer psychosocial counselling, organise self-help groups ■ Support political organisation of families ■ Support human rights work on the issue of forced disappearance.
In exile	Dependants who have had to leave the country feel even more helpless than other family members because they cannot actively search for the disappeared persons. Besides the issues mentioned above, a main feature of work with exiled dependants is coping with their feelings of powerlessness and guilt.

After persecution

After the end of the violent conflict, the most important objective is to find out what has happened to the disappeared persons. In most cases, death is confirmed at some point. The dependants then have to come to terms with the certainty of their bereavement. If the body is found, this helps the mourning process but is a traumatic experience, because the remains may bear no resemblance to the person lost. On the other hand, if the body cannot be found, some uncertainty remains. The mourning process continues to be complicated.

Key issues for the support of families
- Finding out what has happened to the disappeared person
- Establishing a «place of rest» for the deceased, even if the body has not been found
- Accompanying the bereaved through this new phase of the mourning process
- Helping to overcome the fear of looking forward, of making a fresh start
- Dealing with the past (→ Sheet 4).

Perspectives of empowerment
- Offer psychosocial counselling
- Help families to
- ensure that efforts are made to find the body and investigate their case
- lobby for public acknowledgement of the crime
- ensure that the perpetrators are punished and justice is done
- receive compensation and/or reparation
- pay a symbolic tribute to the dead if the bodies are untraceable or take part in other rituals of mourning.

Deza/Toni Linder (Photo Filter)

Recognition and representation of the «neither-nor-status»

A woman whose husband has been disappeared is neither a wife nor a widow. She is «neither-nor» and both at the same time. The dependants of disappeared persons live in a liminal state for which no society has a name. Recognising the reality of this intermediate status is thus essential for the mental health of those concerned. The Chilean government, for example, introduced a pension for the families of disappeared persons after the end of the dictatorship. These families could therefore claim state support without first having to prove the death of the victim. Another way of coping with liminality is by doing human rights work. Family members share their personal suffering with others in political activities, thus creating symbolic representation of their in-between status: they are, for instance, neither wives nor widows, but through their activism can become the publicly recognised wives of disappeared persons.

Politicised mothers

In most cases it is the women who organise themselves when members of their family are disappeared, in keeping with their traditional roles as mothers and wives. The Argentinean «Madres de la Plaza de Mayo», for example, set an example with their actions to make public the disappearance of their children and this inspired many women in other countries to organise themselves. They had a long way to go before they were internationally recognised and had to overcome not only their fear of the armed forces, but also the social conventions that confined women to the private sphere. Their experiences led to the development of their political awareness. Soon, they were no longer just challenging the junta, but also the patriarchal notions of femininity.

The empowerment of women through resistance to terror is somewhat ambivalent. On the one hand they are actively striking back, overcoming traumatic helplessness and thus effectively widening their scope of action. Yet on the other hand this empowerment comes from the losses they have suffered and so it

has a bitter after-taste. It can contradict the previously accepted perception of their own roles (e.g. a home-bound wife), creating a sense of guilt. Linking the empowerment process with the identity of a «relative of the disappeared person» is counter-productive in the long term: those affected are defined by their loss and they are not necessarily taken seriously beyond this issue.

The difficulty of reconciliation after having suffered terrible injustice

«Alive they took them away, alive we want them back», the «Madres» demanded in Argentina. They forced the state not only to identify each dead body wherever possible and to throw light on the crimes of the past, but also to take the offenders to court and punish them. It was thus impossible to forget and deny the past. Knowledge of the facts does not, however, simply lead to acceptance and to closure of the mourning process. Mourning merely enters a new phase. However the cited demand of the «Madres» (e.g. «Alive we want them back») also reflects a certain denial of reality and demonstrates how complicated the mourning remains. It needs to be acknowledged by society for generations to come. The aim should never be to forget the past nor to compel the family members of victims to forgive the crime (→ Sheet 4: Dealing with the past).

Murdered Persons
The traumatic loss

The more sudden and brutal a death and the less it is accepted and integrated socially and politically, the more complicated the mourning process becomes. The way losses are experienced is determined by the circumstances of death and the meaning socially attributed to it. It makes a difference whether someone dies after a long illness or whether they were murdered in front of their house or were killed in action as a regular soldier.

In contrast to the situation of the disappeared persons, there is no doubt about the death of people who have been murdered or were killed in combat. In view of the circumstances

of the death, it is nevertheless extremely difficult to accept the fact and often an endless mourning process sets in: the family members cannot let go of the deceased and they remain trapped by terror and despair. They suffer from guilt and rage which they direct towards themselves and feelings that range from passivity and hopelessness to the wish to die in order to be closer to the deceased (loss/grief, Sheet 2).

The mourning process is linked over a long period with fear of the conflict and the violence inflicted during the conflict. The brutality of the death is imprinted on the mental image of the deceased and colours the wide range of emotions, e.g. from love to hate, felt for the deceased during his or her lifetime. These emotions have to be rediscovered during the mourning process. Only then will it be really possible to «bid farewell» to the loved one and at the same time keep an integral memory of him or her. After a brutal death, people often deny their own negative feelings, hoping that they can thereby symbolically protect both themselves and the deceased from the real aggression that was involved with the circumstances of the death. Positive emotions are exaggerated, but can naturally not be upheld when confronted with the existing mental images of terror. For example, the memories a man from Angola had of his father, were distorted by the mental image of his being beheaded by the Portuguese in front of their house. It took many years for him to also be able to remember the loving father who used to tell him stories, as well as the father who would occasionally beat him.

Deza/Samer Mohdad

Sequence	Key issues and perspectives of empowerment
Acute persecution: chronification	While the search for a body is going on it is usually not possible for mourning to begin. Often, the dead body is not handed over and burials are impeded. The relatives themselves may be subjected to persecution. When the conflict becomes chronic, it is occasionally possible to bury the dead. The mourning process can set in, but is constrained by the lack of security (physical, livelihood) as long as the conflict continues. **Key issues for the support of families** ■ Talking about the dead person and helping the dependants review and understand their reactions after the murder ■ Acknowledging the feelings of the surviving family members, not denying them or warding them off ■ Helping organise physical survival (income, accommodation, childcare, etc.) now the deceased is no longer able to fulfil his or her social role ■ Documenting the crime/human rights violations, so that, where possible, records on each victim will be available later. **Perspectives of empowerment** ■ Offer psychosocial counselling to the surviving family members ■ Encourage community support of the surviving family members ■ Support human rights work and documentation of cases ■ Adapt the death rites and mourning rituals to the circumstances.
After the persecution/war	When the war is over, the social and political conditions can be stable enough for the surviving members of the family to deal with their losses. At the same time, the social and political situation can be further stabilised by public debate on the victims of the war. **Key issues for the support of families** ■ Reviving the «frozen» mourning process ■ Burying the dead ■ Overcoming the fear of looking towards the future, of making a fresh start ■ Dealing with the past (→ Sheet 4). **Perspectives of empowerment** ■ Offer psychosocial counselling ■ Help families – with the process of exhuming and reburying the dead who have not been given a decent burial – to lobby for public acknowledgement of the crime – to ensure that the perpetrators are punished and justice is done – to obtain compensation and/or reparation.

Mourning rituals and death rites

Friends and neighbours assemble for the mourning ritual and reassure the families that they are not alone with their bereavement. Their acknowledgement of the loss transforms the personal sorrow into a suffering that can be

shared with others, at least to some extent. The ritual furthers the mourning process of the bereaved and helps heal the community, contaminated as it has been by the violent death and weakened by the loss of one of its members.

The death is acknowledged in the death rites and tribute is paid to the deceased. Most societies believe the dead move on to another dimension of existence. Death ceremonies aim to facilitate this transfer and define the new relationship of the bereaved to the dead. «We carry out burial rituals so that the spirits of the dead will rest in peace and not create problems for the living,» an Angolan healer explained the significance of the ceremony for the psychological and social order.

The problem of the widows

In most societies, men and women are treated in a fundamentally different way after the death of their spouses. Once the official mourning period has elapsed, men usually live the lives of ordinary male members of the community again. It is a different matter for widows. Almost everywhere, women are defined by their relationships with their husbands. A wife who is suddenly no longer dependent of her husband and therefore no longer under his protection and control can be perceived as a threat to the system. In many African societies and in the Hindu context as well, she is associated with ritual impurity and subjected to strict, sometimes lifelong restrictions. The anthropologist Maurice Bloch observed that women are associated with the contaminated aspect of the deceased of whom they were a part; their ritual impurity and their mourning are the channel through which the community regulates the confrontation with death (Ramphele, 1996).

When parties to a conflict acclaim their dead as heroes, their widows become symbols. Ramphele (1996) describes with bitterness how the claim of the South African anti-apartheid forces on their dead often conflicted with the needs of the mourning wives, who had to do justice to the social memory of the killed combatants while at the same time con-

Healing the living by honouring the dead

The Zimbabwean NGO Amani Trust, carried out research in 21 health centres in Matabeleland and discovered that in 1999, 12 years after the end of the repression of the Ndebele by the Mugabe government, 20% of the clients had thought of committing suicide in the two weeks before the investigation and 49% of all patients showed signs of depression. The Amani Trust offered to give them trauma counselling. In the process of this work, the psychologists learned that the people suffered tremendously because they had been unable to bury and mourn their dead according to local custom. Their relatives had been disappeared or killed and soldiers had prevented relatives from burying them properly. The spirits of the dead could not rest in peace. Amani stopped the trauma counselling and instead began a process of opening mass graves and identifying the bodies by simple forensic methods. This was followed by proper funeral rites. Another ceremony was held a year later which inaugurated the spirits as ancestors. By paying public tribute to the dead and enabling them to become part of the cosmos of the community, the living could be healed. They were able to mourn according to their custom and finally allow the events which had led to the deaths of their family members to become history.
Source: Eppel, 2001

fronting their own personal loss, which had to do more with anger, frustration and sadness than with pride. However, the mourning processes of political widows and of the mothers of martyrs are partly facilitated by the political meaning given to the death of their loved ones. The mourning process may also be disturbed if the personal pain is regarded as politically inopportune, as is the case in Palestine, or when the women are perceived only in their role as representatives of the dead.

Psychosocial support for widows must include developing public awareness of the social conditions of their suffering. The internalised restrictions must be addressed and the right of the women to develop their own wishes supported. The widows' problems cannot be resolved individually. Their marginalisation must be openly challenged. Overcoming their stigmatisation is a social process and an essential part of gender-sensitive conflict transformation.

Resources

Edelman, L., Kordon, D., Lagos D. (1998)
Transmission of Trauma. The Argentine Case.
In: Danieli Y (ed.), International Handbook of
Multigenerational Legacies of Trauma.
New York: Plenum Press.

Eppel, S. (2005)
Healing the Dead to Transform the Living:
Exhumation and Reburial in Zimbabwe.
In: Borer, T. (ed.), Telling the Truths. Truth
Telling and Peacebuilding in Post- Conflict
Societies. University of Notre Dame Press:
Notre Dame

Guzman Bouvard, M. (1994)
Revolutionizing Motherhood. The Mothers of
the Plaza de Mayo.
Wilmington: Scholarly Resources.
*This is an excellent outline of the story of what
is probably the best-known organisation of
the family members of disappeared persons.
It can be used as a source of inspiration for
people in a similar situation.*

Hamber, B.,Wilson, R. (2002)
Symbolic Closure through Memory,
Reparation and Revenge in Post-Conflict
Societies.
www.brandonhamber.com/publications/jour-
symbolicclosure.htm

Ramphele, M. (1996)
Political Widowhood in South Africa: The
Embodiment of Ambiguity. Daedalus.
www.findarticles.com

Torture and political prisoners

- No-one survives torture a hero. No matter how one reacts under the pressures of torture, it is wrong; for one either betrays one's wish to survive, or one betrays one's own convictions.
- The effects of torture continue for a long time after the horror is over, for its victims are left with the feeling that they have actively contributed to their own destruction.
- Even being released from prison turns out to be a traumatic process for most victims.
- As torture and political detention also have a traumatic effect on people's social environments, not only the victims themselves, but their families, too, are in need of legal and psychological support.

Deza/François Rohner (Photo Filter)

Definition of Torture (Anti-Torture Convention of the UN, 1984)
Article 1: «For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.»

Torture

The aim of torture is never merely to extract information, but in all cases to destroy the victim directly and symbolically. The victim is to be physically and mentally crushed, and his/her destruction is at the same time symbolically to demonstrate to friends, comrades and the victim's entire social environment that a victory over the oppressors is impossible.

Insufferable physical pain is inflicted on people when they are tortured. Rape and sexualised violence are always part of torture, both for men and for women (→ Sheet 8: Gender-based violence). By means of physical violence, a mental dilemma is built up that breaks down the prisoner's resistance. Prisoners are given the choice of either betraying their political convictions and their comrades and thus defending their lives, or defending their convictions and thus betraying their will to survive. Even if victims are not politically active at all and know nothing of what the torturers are interested in, they find no way out of this dilemma for, as they have nothing to say, they invent something or in other words they lie, and in so doing make matters worse for themselves. Or they say nothing, but then appear to be stubborn and thus endanger their lives. No matter what kind of a background the prisoner comes from, in the end the decision she or he makes under torture always proves to be wrong and is always associated with abandoning the essence of what makes life worth living. The technique of forcing people to make a vital decision between unacceptable alternatives is certain to drive them to madness. Psychologists call this pitfall a double bind. It only works in a relationship of total dependence of the kind that exists between a mother and her new born child. The relationship between the torturer and the torture victim is similar in terms of dependence. The torturer however, does not want to nurture the life of «his child», but to destroy it. The torture victims have no other choice but to submit to this dependence. If they rebel and repeatedly provoke new ordeals that eventually lead to death, they may have succeeded in remaining silent and liberated themselves from their tormentor, however, this would be tantamount to a radical submission to the destructive objectives of the torturer. On the other hand, if they speak and thus give up resistance, they are also submitting and their lives seem to lose all meaning.

The destructive consequences of torture persist for a long time after the horror has come to an end, because the persons' mental structure has been shaken to the core. The victims are left with the conviction that they have actively participated in their own destruction. They suffer from feelings of guilt and loss of self-esteem. No-one survives torture a hero. Many former prisoners try to convince themselves and others that they have remained unharmed. They have the understandable desire to have suffered less destruction than they really have and are also afraid of being pitied by others. They view this pity as a form of degradation, as confirmation of the fact that the torturers have achieved their aim and that they can no longer face others as equals.

Trauma resulting from torture not only destroys the ability to love and to work, but also the healthy capacity to hate. As a rule, the degree of hatred that torture victims have endured leaves them unable to feel – let alone express – real anger over what they have been through. They frequently behave in a self-destructive manner, however, and sometimes turn violent towards their families or friends. This lack of aggression towards their persecutors or reorientation of aggression towards themselves or their loved ones, is a consequence of the fact that the feeling of aggression as such has been «occupied» by the torturer. It is as if the torturer has virtually slipped under the victim's skin and cannot be expelled.

Political prisoners

There is no common definition for political prisoners in international law. In general, people are regarded as political prisoners when they have been arrested or sentenced to long-term imprisonment because of their political convictions, have had to do without legal assistance etc. The circumstances under which people who break the law are classified as political prisoners vary. It is relatively easy to define dissidents as political prisoners, even if there is no freedom of speech in their country and they have thus been found guilty of violating existing law. It is more complicated when someone uses violence against an unjust regime and is arrested. Is this person entitled to the special status of a political prisoner? This question has been answered differently in different contexts. Whether or not someone becomes a political prisoner is ultimately decided not on the basis of the respective national law, but on the basis of international debates on how the political situation in the countries concerned should be interpreted and the relevant international conventions.

Deza/Fritz Berger (Photo Filter)

Sequences	Key issues and perspectives of empowerment
Arrest and torture	Arrest, and the torture that often immediately follows it, are traumatic experiences of an extreme nature, irrespective of whether or not the victims have been able to prepare themselves consciously for this possibility. Family members and friends are also directly affected by what happens to their loved ones and thus become part of the traumatic situation. **Key issues** ■ The circumstances of the arrest (in the presence of family members or alone, unexpectedly or expectedly, by official state authorities or by the secret police/paramilitary groups) ■ Mortal fear and danger of death for the arrested person, insecurity and fear for the family members who have not been arrested ■ The question as to whether it is possible to ensure any kind of minimal rule of law (acknowledgement of the arrest, statement of the reasons for it, contact to the outside world and legal assistance, no torture). **Perspectives of empowerment** ■ Psychosocial and legal support for the family members: – determine place of arrest; – enforce official acknowledgement of arrest; – organise legal assistance for the prisoner; – establish direct contact to the prisoner; – talk about insecurity and fear in the present situation. ■ Mobilise national and international support ■ If possible, organise psychological support for prisoners (e.g. lawyers, ICRC delegates etc.): facilitate contact to fellow prisoners, invite them to talk about their emotional situation, jointly analyse the threats and risks of the situation and encourage the prisoners not to risk their lives by demonstrating false heroism.
During imprisonment	Prison life is characterised by the fact that, although everything is regulated in detail, at the same time everything is arbitrary. For example, prisoners often do not know if and when they can expect a trial or if they are to be kept in prison for weeks or years. The daily routine of prison life, on the other hand, is meticulously regulated, while the prisoners are treated like infants and are bereft of all forms of autonomy. This process is aggravated by the abuse of power and sporadic or regular maltreatment by the prison officers. Prisoners develop feelings of solidarity with other prisoners, but some relationships are also characterised by violence, maltreatment and abuse. Even so, prisoners slowly but surely become accustomed to the conditions of prison life. What they formerly regarded as being exceptional circumstances and as the destruction of the world as they knew it has now become the world they live in. Families become accustomed to life without the prisoner. Even if visits are permitted, feelings of alienation gradually develop. Family members and

During imprisonment

prisoners try not to burden each other with their troubles. Intimate communication thus becomes increasingly difficult.

Key issues
■ Familiarisation with and acceptance of prison life
■ Dealing with the traumatic memories of torture
■ Shaping the relationship between family members and prisoner
■ The legal situation of the prisoner and his/her family.

Perspectives of empowerment
■ Support for prisoners:
– fight for acknowledgement of the status of political prisoner;
– provide legal assistance;
– fight for better conditions in prison;
– fight for access to information (e.g. newspapers, books);
– support group formation among the prisoners;
– support the development of plans for the future while in detention (education, writing, research, etc.).
■ Psychosocial support for family members (e.g. talk about fear and ambivalent feelings towards the prisoner and oneself, support improvement of material situation, help family members to overcome difficulties they have in communicating with the prisoner etc.).
■ Mobilisation of national and international solidarity.

Release from/after imprisonment

Although many prisoners dream for years of their release, in the end it proves to be traumatic. Life in freedom turns out to be conflict-ridden, and it becomes particularly clear that the relationships with the rest of the family are disturbed. Much has changed in the meantime and the ex-prisoners often feel helpless and out of their depth. They painfully miss the friends they made in prison. The less their experiences correspond with the dream of freedom which, over the years, made prison life tolerable, the more traumatic freedom seems to be.

Key issues
■ Dealing with the trauma of release
■ Settling down to life outside prison
■ Dealing with the unexpected feelings of loss in regard to prison and the prison inmates
■ Dealing with the conflict-prone relationships between the ex-prisoner and family members
■ Dealing with legal uncertainty and the danger of being re-arrested.
■ Fighting for acknowledgement that the detention was illegal and thus a violation of the law.

Perspectives of empowerment
■ Psychosocial support for ex-prisoners and their families (re-orientation, acknowledgement of the multi-layered losses for everyone involved, restoration of direct communication with each other etc.)
■ Legal and political support with the aim of seeing that justice is done.

Resources

Amnesty International
www.amnesty.org

The Coalition of International NGOs Against Torture (CINAT)
www.apt.ch/cinat.htm

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)
www.cpt.coe.int/en/

International Committee of the Red Cross
www.icrc.org/

International Society for Health and Human Rights (ISHHR)
www.ishhr.org

Trafficking

- Preventive measures must take into consideration the fact that trafficking is frequently carried out by people the victims know and trust.
- The safety and wishes of trafficking victims should be the main priority of all support activities.
- The degree of traumatisation is also influenced by the manner in which the victims are treated after their rescue – by public authorities, helpers and their own families.

What is trafficking?

Trafficking is a modern form of slavery. Initially, the term was used only in connection with the trading of women and girls for the sex industry. Today, however, the expression 'human trafficking' is applied to all activities by which people are traded into an exploitive relationship that violates their rights of self-determination. Women and girls are usually sold into prostitution or exploited as domestic staff. Children and adults are traded for their labour. Trafficking also plays a role in the trading of human organs.

Trafficking capitalises on people's desire to improve their lives by migrating. Human trafficking is stimulated by the high demand in the countries of destination and by immigration laws, especially in Western countries which render legal travel almost impossible. Trafficking is, however, more than the smuggling of people, i.e. their illegal transportation across borders for money, and it is more than an exploititive employment contract. We do not speak of 'trafficking' unless the following factors are present:

■ **loss of control:** the person concerned cannot change his or her situation because s/he is being threatened, for example, or bonded in debt;
■ **the compulsion or wilful misrepresentation:** the person in question is either forced into the situation or, more frequently, misled by false pretences;
■ **violation of ethical principles and laws:** human rights, laws, and ethical principles are broken in the process of recruitment, transport and sale of a person;
■ **commercial intent:** the exploitation of the person generates a profit for others.

These factors characterise a traumatic situation (→ Sheet 2: The psychosocial approach). When women and girls are traded for the sex industry or for some other kind of sexual exploitation, trafficking is a form of gender-based violence (→ Sheet 8: Gender-based violence).

Positioning trafficking in the conflict sequences

The trafficking of people is a worldwide phenomenon, independent of whether a country is affected by conflict. However, trafficking is more likely to occur when there is no rule of law, when protective networks of relationships have been destroyed and when material needs are great. Human trafficking occurs in all conflict sequences (→ Sheet 5b: Sequential traumatisation), but it happens more easily while great numbers of people are fleeing and thus are especially vulnerable. Women and children in refugee camps are particularly exposed to risks.

Sequence	Key issues and perspectives of empowerment
Before trafficking takes place	**Key issues** Trafficking is promoted in the country of origin by the following factors: ■ economic deprivation prevails and there are limited opportunities for income generation; ■ the judiciary and police are ineffective or involved in the trafficking business themselves; ■ there are no regulations concerning labour migration and hence no protection from exploitation during the migration process; ■ the general public knows little of the fate of the victims and the methods of the traffickers; ■ women are discriminated against, many children work and live in exploitative conditions; ■ displacement and migration processes. **Perspectives of empowerment** ■ Preventive measures must be multidimensional and orientated towards the protection of those groups which are particularly vulnerable because of their precarious economic and social situation. *Examples: the «Terre des hommes» foundation is trying to reinforce existing protective mechanisms for migrants (e.g. systems enabling contact between families and children who have to look for work away from home).* *In Moldavia SDC is supporting a pilot project promoting income generation for particularly endangered groups.*
Recruitment	**Key issues** Recruitment scenarios of the following kind are particularly common: ■ trafficking victims have been misled by agents, job agencies, advertisements etc.; ■ family members, neighbours and other people known to the victim established the contact between him or her and the trafficking agent, complicity or not, with or without financial gain; ■ many women and especially children who end up in trafficking situations originally sought to escape from an intolerable and often violent family background; ■ children are sometimes sold by parents who are well aware of the dangers. Both the manner in which a trafficking victim is recruited and the development of the trafficking process until they lose control of the situation contribute to the degree of traumatisation. If the victims have been misled, they may blame themselves for what has happened and if they have been misled by people they know, this breach of faith shatters their ability to trust anyone again. **Perspectives of empowerment** ■ Potential trafficking victims must be informed about the methods of traffickers. However, the effectiveness of information campaigns is limited if those concerned have been sent knowingly into the situation.

The exploititive relationship

There are different forms of exploitation, but the situation is generally characterised by a loss of control and a feeling of helplessness on the part of the victims. They are screened off from the outside world and kept in check by the threat that something will happen to them or their family members if they were to seek help.

Rescue/exit and support in the country of destination

Key issues

Exit is made possible by police action, by the intervention of NGOs and using information from members of the public such as the clients of prostitutes. After the exit, victims are in real danger, as they have witnessed criminal dealings and have knowledge of the persons or organisations involved.

In most destination countries, legal requirements prevent victims from staying as long as they might wish, or as long as they would need in order to recover sufficiently from the traumatic experience.

Perspectives of empowerment

- The views and wishes of victims must be given absolute priority. This is less self-evident than it seems. Sometimes rescue actions are initiated even though the security of those rescued cannot be guaranteed and no prospect of a genuine improvement in their situation can be offered. In such cases the concern of the rescuers is to defend their own ideas of morality and the interests of their organisation, the success of which they and many donors define by the number of people they have liberated.

- It should be made possible for the victims to generate income. Many victims only entered into a migration process that ended in slavery because they wanted to earn money and they are often heavily in debt.

Return

Key issues

Trafficking victims should always return on a voluntary basis. The security of the victims must be guaranteed. If people are simply deported, they are at risk of being re-trafficked, for they may still owe the traffickers money and are often just as badly off financially as they were before. If they have given evidence against the traffickers, their safety is threatened.

Perspectives of empowerment

- Network with specialised programmes in the countries of origin in order to ensure that the returning persons will be supported adequately
- Take appropriate measures to protect the victims.

Example: Brazilian Witness Protection Programme. Unfortunately, this programme still remains an exception. In most countries, the protective measures are inadequate.

Integration and long-term recovery

Key issues

Psychosocial support projects must develop a good understanding of the disempowerment process suffered by victims and adapt activities accordingly (→ Sheet 5a: Empowerment analysis). The most frequent issues and problem

Integration and long-term recovery

areas are: the experience of helplessness and violence, medical problems including HIV/AIDS, sexually transmitted diseases, malnutrition, injuries etc., physical threats, stigmatisation by the community of origin, financial distress. If a victim has been sexually abused, the consequences are similar to those of gender-based violence (→ Sheet 8: Gender-based violence). The situation is aggravated in the case of children by the fact that many of them have been sold, deserted and betrayed by their own family members. Therefore they are prepared to do anything in return for affection. They have not only been severely harmed physically, but also in their basic emotional development.

The following issues must be dealt with to support the victims. They must be supported to:
■ handle their feelings of guilt; victims often blame themselves for the situation; they should be able to realistically assess their own part in their situation and acknowledge that only the perpetrators can be held responsible for their suffering;
■ cope with their shame;
■ rebuild their ability to trust other people;
■ handle their anxiety and stress;
■ return to their families of origin and/or cope with a new beginning;
■ regain control over their bodies and their own situation;
■ improve their relationships with their children or spouses;
■ create a basis for material existence;
■ provide health care and develop plans for a life with HIV/AIDS for those infected.

Perspectives of empowerment
■ Counselling, therapy, self-help groups
■ Income generation and vocational training (→ Sheet 17: Income and employment)
■ Support the whole family during the reintegration phase. This is particularly important when dealing with children. Possibly identify and prepare a foster family or find an alternative solution within the community
■ Legal measures, protection measures
■ Efforts to reduce the social stigma (cf. measures recommended to deal with gender-based violence, Sheet 8: Gender-based violence).

Raising awareness of staff members

The Swiss Agency for Development and Cooperation SDC informs its staff on the problems of trafficking before they leave Switzerland for their destination abroad. National and international staff members should also receive further training in the country, as they may possibly be confronted with this problem not only through their work, but also in their private lives e.g. as clients of sex workers or as employers of domestic staff.

Resources

The literature on trafficking is extensive. Countless reports, articles, manuals and guidelines can be consulted on the internet. The following is a small selection.

www.childtrafficking.com – *On this website of the Terre des hommes Foundation, over a hundred documents can be found which are arranged according to the subject area (migration, re-integration, rehabilitation etc.). The documents have been selected well and each has been provided with an abstract.*

Dottridge, M. (2004)

Kids as Commodities? Child Trafficking and What to Do About It. International Federation Terre des hommes. www.tdh.ch
Compilation and discussion of various aspects of child trafficking.

Kvinnoforum (2003)

European Good Practice on Recovery, Return and Integration of Trafficked Persons. A Study Commissioned by the Swedish Ministry of Foreign Affairs.
www.kvinnoforum.org/PDF/goodpratice.pdf

International Organisation for Migration

www.iom.int
Information about the activities of the IOM in the area of combating trafficking. Particularly recommended: Revisiting the Human Trafficking Paradigm. The Bangladesh Experience.
www.iom.int/DOCUMENTS/PUBLICATION/ EN/Full_BangladeshTrafficking_Rpt.pdf

EDA (2004)

Leitlinien für aussenwirksame Massnahmen zur Prävention des Menschenhandels sowie zum Schutz der Opfer (Guidelines for the Prevention of Human Trafficking and the Protection of Victims). Bern: Federal Department of Foreign Affairs.
These guidelines form the framework for international co-operation in trafficking cases. They describe the preventive and rehabilitation measures implemented, in particular in the countries from which trafficking victims come. At present, support is focused on the Eastern European countries. This commitment may possibly be extended to more countries in the future.
Can be ordered:
PA IV, Sektion Humanitäre Politik und Migration, Bundesgasse 32, 3003 Bern
PAIV-Flüchtlingspolitik@eda.admin.ch

HIV/AIDS

Medicus Mundi

- HIV/AIDS poses an additional threat to life in areas affected by war and must be taken just as seriously as armed conflict and hunger.
- Safer sex campaigns and access to condoms are also crucial for prevention in conflict areas.
- Measures taken against sexual violence are essential in the battle against HIV/AIDS.
- The isolation resulting from stigmatisation must be overcome.
- HIV/AIDS is no longer simply a death sentence. People with HIV and AIDS therefore require treatment and assistance in developing plans for their lives and improving their quality of life.
- Dying and death remain relevant in connection with HIV/AIDS and must be a focus of discussion.
- Staff members must be encouraged to reflect on the problems and taboos they may have with HIV/AIDS.

HIV/AIDS is a key issue in conflict areas

The disruption of social structures and the substantial increase in sexual exploitation and sexual violence during a conflict multiply the risks and vulnerability of the population. The problem is further aggravated by the collapse of existing preventive, curative and psychosocial health care. HIV/AIDS is thus a key issue in every conflict sequence and requires a multi-sector approach in order to prevent and deal with the consequences for the well-being of the population. The SDC toolkit entitled «Mainstreaming HIV/AIDS in Practice» provides excellent assistance (DEZA, 2004), along with numerous manuals and guidelines by other organisations. This sheet provides a brief orientation that focuses on selected psychosocial aspects of HIV/AIDS and gives staff members of SDC suggestions on how to deal with the subject.

Disempowerment process and empowerment strategies

AIDS is no longer simply a death sentence. Antiretroviral (ARV) therapies can bring considerable improvement to the quality and duration of life. Nevertheless, infection with HIV and the course of the AIDS disease is still a traumatic process. It is all the more traumatic because most people do not have access to ARV therapies and because in war and conflict areas people are being deliberately infected and marginalised. Thus, besides the inherently traumatic nature of the disease, the socio-political processes add to the traumatisation of individuals and their social networks. Similarly, it is becoming increasingly important to address the problem from a psychosocial perspective, particularly since some relief organisations, rather than adopting evidence-based health practices and policies, have started to attach greater importance to religious convictions in matters of prevention (with underlying apportioning of blame, condemnation of sexuality and denial of reality).

Sequences	Key issues and perspectives of empowerment
Before infection	HIV/AIDS is connected with sexuality and consequently most people do not speak about it. In war areas, there is the additional complication that power relations between men and women change (→ Sheet 1: The psychosocial approach) and Sheet 8: Gender-based violence), and that the general risk of infection increases due to a breakdown of social structures and health care systems. However, country and situation-specific risk factors can only be accurately identified by analysing the context in detail. War may sometimes lead to a decrease in mobility, for example, and this can reduce the danger of the infection spreading. **Key issues** ■ Sexist ideologies and sexual violence are rife in war areas. ■ When death is everywhere, as a result of the political situation, the risk of HIV/AIDS may seem less threatening. Furthermore the consequences of infection are initially almost imperceptible. ■ The need for intimacy, protection and pleasure increases as a reaction to threat and stress. But in times of war people are frequently separated from their usual partners; they may be away from home as members of the army or as refugees and they may be missing friendship and support. All these factors increase the probability of short-lived sexual relationships with many different partners. ■ Women often have less power to choose their sexual partners. In addition, they are frequently compelled to exchange sex for essential goods as a survival strategy. ■ Where there are fewer women, sexual contact between men takes place more frequently, although such contacts are usually highly stigmatised. ■ In conflict areas, there may be limited access not only to information, but also to condoms.

Before infection

■ Sexuality is a matter of drives and desires and is normally characterised by a lustful loss of control. Although it is thus not easy for reason to prevail, this relieves no-one of their personal responsibility.

Perspectives of empowerment
■ Give priority treatment to the mainstreaming of HIV/AIDS, addressing AIDS-related problems in all sectors of society in conflict areas
■ Ensure access to condoms
■ Work towards prevention of gender-based violence, in particular domestic violence and sexual violence in war. This will help reduce HIV infection.
■ Promote income generation for women
■ Encourage communication in relevant groups on the subject of sexuality, HIV/AIDS and stigmatisation; help them to deal with fears and taboos
■ HIV/AIDS prevention has to promote reason in a matter which is, in essence, not reasonable. Desire is a matter which cannot and should not be forbidden, but it is possible to learn how to act responsibly while still obtaining satisfaction.

HIV-positive

Uncertainty about one's own HIV status is paralysing and prevents people from being able to make conscious decisions about their future. At the same time, fear of having the infection confirmed and of stigmatisation is often so overwhelming that it prevents people from taking the necessary steps to find out for certain. Moreover, tests are not always available in war areas.

The way in which the infection was transmitted has an effect on the mental state of a person found to be HIV-positive. If a woman has been infected by an enemy soldier who raped her, she will have completely different feelings about the illness and herself than if the infection has come from her husband. Whereas in the first case she must come to terms with feelings of helplessness, humiliation, rage and the risks of social marginalisation, in the second case she will also need to cope with the complexity of her relationship, her assessment of the infidelity and her loss of faith in her husband.

It is difficult to talk about HIV/AIDS and to deal with some of the key issues related to it, especially in an area of conflict. Whether any of the following psychosocial issues are addressed, and to what extent, must be decided in each individual situation.

Key issues
■ Tests must never be imposed on people and make sense only if treatment and care can be provided to those testing positive.
■ The stigmatisation of people who ask to be tested must be opposed.
■ Women and men who are tested HIV positive must be able to talk about their feelings, their situations and their problems. In the process, they need to deal cognitively and emotionally with the shock of infection and the situation in which it was transmitted.
■ For victims of sexual violence, these issues are connected with the injury to their bodies and the violation of their sexual identities (→ Sheet 8: Gender-based violence).

HIV-positive

■ Those infected and also their social contacts must be informed that HIV infection is not the same as the illness of AIDS. When one has become infected it is important to develop a perspective in life which allows friendship and sexuality under the changed circumstances, but which does not spread the virus further.

Perspectives of empowerment
■ Administer post-exposure prophylaxis for victims of rape and medical staff members
■ Make tests available
■ Generate Mapping-Our-Lives-Initiatives (→ www.aidsfocus.ch), support self-help groups (e.g. for people living with AIDS)
■ Organise psychosocial discussion and counselling of groups on sexuality, especially for risk groups such as soldiers
■ Promote Safer Sex campaigns
■ Establish facilities for the counselling and treatment of HIV-positive women and men in countries with a high prevalence of infection
■ Train medical staff to give compassionate support when patients are informed of a positive test result and later during treatment. Medical staff members must first deal with their own fear of the virus in order be capable of taking on these tasks. They also must learn to cope with the helplessness they may feel when confronted with the suffering of HIV-positive people.

Living with the disease

People who are HIV-positive will sooner or later become weaker and more susceptible to additional diseases if they are not given appropriate treatment. Their health expenses increase, whilst their ability to work is reduced or lost completely. They will have increasing difficulty in playing their roles in their family and community. In conflict areas, health care is often inadequate and thus treatment of diseases caused by weakness of the immune system is difficult. In conflict regions, the issue of AIDS may seem irrelevant to people and individuals suffering from the disease may be abandoned to their fate. In such regions, particularly, all endeavours must be aimed at disentangling the general circumstances causing traumatisation from the specific problems involved in dealing with a severe illness. The battle for life and against the disease requires that individuals do not give in to the logic of war, which has little regard for life at all.

Key issues
■ Breaking the social silence surrounding HIV and AIDS
■ Dealing with the possibilities and limitations of medical treatment and one's own capacity to act and fulfil social roles
■ Dealing with the problems caused by the disease and the changes in relationships within the family (e.g. between parents and children)
■ Dealing with shame, helplessness, hopelessness, anxiety, grief and frequently also with the guilt and rage felt by those infected, added to which are the loneliness and isolation caused by the stigmatisation and the anxiety within the social environment

Living with the disease

■ Dealing with the systematic infection of people as part of warfare.

Perspectives of empowerment

The focus of a programme depends to a great extent on the specific context in which it is being carried out. In a refugee camp, for example, the possibilities and risks of intervention are very different to those in a community located in a war zone. Activities could include:

■ advocating access to ARV therapy;
■ working at reducing social stigmatisation;
■ supporting self-help groups;
■ providing individual assistance for the development of income-generating activities adapted to the course of the disease;
■ helping parents to prepare their children, who may soon be left on their own;
■ giving psychosocial support to children whose parents are suffering from AIDS;
■ preparing the sick for death and supporting them;
■ encouraging memory work (a process of reflecting on the history of one's own life). People suffering from AIDS, in particular mothers and fathers put their family histories, traditions and wishes down in writing. Knowledge of the different family traditions can be a support to the children, because it shows them the context they come from, whilst helping them to retain memories of their parents (→ www.aidsfocus.ch). The memory work enables people with the disease to validate their lives in an active manner, rather than passively submitting to their fate.

Coping with death

Dependants have to cope with the loss and find their way in a world without the deceased. It is a traumatic experience for a child to lose its mother and/ or father. The lack of emotional and physical care after the death of parents often causes severe developmental problems. The disease and death of parents can also imply having to live in poverty.

The following key issues and suggested activities focus on surviving children, although most of these items are also valid for surviving adults.

Key issues for the surviving children

■ Organising their lives and protecting themselves from violation and abuse
■ Mourning their parents
■ Obtaining emotional support from other adults
■ Overcoming isolation and preventing stigmatisation.

Perspectives of empowerment

■ Encourage legal and community-based measures to protect children from trafficking and other forms of exploitation
■ Find solutions for the care of the children in the community, such as foster families etc.
■ Train the skills needed to take on new roles and responsibilities, e.g. securing a livelihood

Coping with death	■ Bring them together with other children in a similar situation and avoid isolation/separation, e.g. by including children with different psychosocial problems ■ Train teachers, social workers and foster parents to recognise the needs of these children.

Dealing with HIV/AIDS at the workplace

Staff members of the Swiss Agency for Development and Cooperation (SDC) are confronted with the subject of HIV/AIDS in two ways: firstly, HIV/AIDS is an issue within all programmes and secondly there is the possibility that colleagues may be infected or die. The SDC toolkit entitled «Mainstreaming HIV/AIDS in Practice» (SDC, 2004), describes how the battle against HIV/AIDS can be incorporated into the general programme and explains the principles of how to deal with HIV/AIDS in the team. The code of conduct as laid out on the toolkit's CD-ROM underlines the principle of avoiding discrimination and practising solidarity when dealing with infected people. Perhaps the most important prerequisite is the basic principle that a spirit of openness, confidence and helpfulness should be ensured in the organisation, as formulated in the code. This is not an easy thing to do where the taboo topic AIDS is concerned. More than 6.5 million people are infected in South Africa, for example, but people still speak about «this thing» behind closed doors. Programme officers and experts often avoid embarrassment by talking about technical problems and sta-

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tistics. They rarely speak openly about the heart of the problem, about sexuality, illness and death or about guilt, shame and disgrace. This is understandable, as it can be difficult to speak about taboos of this nature at the workplace where other concerns may hinder trust between members of the group. It is nevertheless of vital importance that staff members become aware of what they find so frightening and repulsive about HIV/AIDS, and of how they feel in the presence of infected people. The objective of such a discussion is to confront one's own anxieties and experiences which have a subconscious influence on the work on this issue. Where dying of AIDS has become a mass phenomenon, open discussion can also provide some relief and clarity.

The objective must consequently be to create space at the workplace that allows staff members to reflect on their own personal feelings. In many societies, it may perhaps be easier to hold such discussions in groups of the same sex. It may also help if psychologically trained facilitators rather than people from inside the organisation support the process.

Resources

SDC documents

SDC (2002)
SDC AIDS Policy 2002 – 2007.
www.deza.ch/ressources/resource_en_2375
3.pdf

SDC (2004)
Mainstreaming HIV/AIDS in Practice.
A Toolkit with a Collection of Resources,
Checklists and Examples on CD ROM for
SDC and its Partners. Bern.
www.deza.ch/ressources/resource_en_2455
3.pdf
*Information about dealing with HIV/AIDS in
different sectors and at the work place.*

SDC (2005)
Gender & Humanitarian Aid. Why and How
Should SDC Integrate Gender into
Humanitarian Aid? Bern.

General information
Epstein, H. (2005)
God and the Fight Against AIDS.
In: New York Review of Books, Volume 52,
Number 7.
www.nybooks.com/articles/17963
*Account of the successful HIV/AIDS campaign
in Uganda and the ominous consequences of
the new US policy of abstinence.*

Inter-Agency Standing Committee (2003)
Guidelines for HIV/AIDS Interventions in
Emergency Settings.
www.humanitarianinfo.org/iasc
*List and explanation of the HIV/AIDS minimal
interventions per sector in conflict and emer-
gency settings. References to further literature
and relevant websites.*

Spiegel, P. (2004)
HIV/AIDS Among Conflict-Affected and
Displaced Populations: Dispelling Myths and
Taking Action. Paper presented at: 20th meet-
ing of the Inter-Agency Advisory Group on
AIDS, United Nations High Commission on
Refugees, February 9 – 10, 2004; Geneva.
http://intranet.theirc.org/docs/Dispelling%2
0Myths%20and%20Taking%20Action%20-
%20IAAG.pdf

**Swiss platform HIV/AIDS and international
cooperation**
www.aidsfocus.ch
*Introduction to the concepts of memory work
and mapping our lives and references to
manuals on the subject. Information also on
current discussions and the activities of affili-
ated organisations.*

UNAIDS
www.unaids.org
Information und Manuals.

Children
Regional Psychosocial Support Initiative
www.repssi.org
*This website includes descriptions of projects,
reports and manuals.*

HUMULIZA (1999)
Manual for Psychosocial Support of Orphans.
Tanzania
www.terredeshommes.ch/humuliza
*A very useful manual for work with children
who have lost their parents.*

Women, victims of sexualised violence
African Rights (2004)
Broken Bodies, Torn Spirits – Living with
Genocide, Rape and HIV/AIDS.
www.peacewomen.org/resources/Rwanda/
marked.pdf
*An impressive study of the manifold problems
of HIV- positive victims of sexual violence in
Rwanda.*

Health

Deza/Marc Bleich (Photo Filter)

- In emergency situations, trauma-tised patients need trauma-conscious psychosocial intervention rather than individual psychiatric treatment to stabilise their situation
- The pattern and the course of disease are always related to the patients' experiences in conflict areas.
- Traumatisation frequently manifests in the form of a psychosomatic disorder.
- Medical staff must be able to recognise these connections and deal appropriately with the traumatic experiences of patients.

Strengthening mental health in conflict areas

Today, mental health is an integral part of WHO-recommended health interventions in conflict areas, together with the prevention and management of contagious diseases, treatment of injuries and reproductive health. The integration of mental health in primary health care is a significant development, for traumatisation is not simply another illness. Traumatic processes have a decisive influence on any kind of disease and need to be taken into consideration in the course of each medical treatment.

Mental health in emergencies

In most countries, the basic psychological and psychosocial care of the population is not covered by the public health system, even in times of peace. During conflict, the need for psychosocial assistance becomes greater and more apparent. Medical staff members are, however, not adequately prepared for work of this nature. In addition, the relationship between staff and patients is not generally marked by trust and health personnel do not usually have much experience in the sensitive guidance and counselling of patients. It is therefore of the utmost importance to establish suitable structures to increase the staff's capabilities. Psychological interventions must be adapted to the sequential development of emergency situations.

■ **Acute emergency situations**
During acute emergency situations, it is important to acknowledge the reality of the destruction and to signal readiness to help, yet without forcing assistance on anyone. Strong emotional reactions, which under other circumstances may require treatment, are normal after a traumatic experience. The need for professional assistance may only become evident after some time. People who still find it difficult to share their experiences and emotions months later require particular attention. As a rule, specialised trauma treatment is not called for in this phase so much as the offer of a supportive relationship. Also from a psychosocial perspective, it is important to keep in mind the basic guideline that in the midst of disaster the main priority is to organise survival. Only later will it be possible to decide whether other interventions are also necessary.

As has been repeatedly pointed out in this toolkit, both mental health and social health are decisively influenced by factors that have nothing directly to do with the health system. To improve mental health in emergency situations, the WHO (2003) therefore recommends interventions that

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increase the physical security of the target population, secure people's livelihoods and prevent or counteract the fragmentation of social structures (e.g. tracing family members, re-opening schools, socially integrating widows, organising shelter to keep members of the same communities together etc.). In addition, the burial rites, mourning rituals and social and spiritual healing methods of the population should be supported.

■ **After the emergency and during chronification of the conflict**
In addition to social and economic interventions, sufficient capacities need to be developed for psychological first aid to be provided for the population. Medical and paramedical staff as well as staff members of community projects and educational facilities need to acquire basic knowledge of trauma and learn about communication techniques, to enable them to listen to people and offer them adequate support without over-estimating their own therapeutic abilities and thereby increasing the suffering with counterproductive activities (e.g. by urging patients to tell more than they would wish). Training should therefore also include learning to recognise one's own limits.

■ **The consolidation phase**
In the longer term, primary health care should be structured in such a way that the mental health element is never ignored, so that staff members can recognise specific war-related clinical symptoms and take people's life experiences into consideration when treating all kinds of medical problems. NGOs have accumulated valuable knowledge over the years in their work with traumatised people and their experience is an important resource in this process of integrating mental health into the primary health care system. Such co-operation is also useful for the specialised NGOs, because it gives their work a longer-term perspective. Years after the end of the conflict, this co-operation will

still benefit the community using this service. It can generally be assumed that traumatic processes are passed on for at least three generations in a way that is relevant to health.

Treatment of traumatised patients

Some patients need specialised help immediately after the acute emergency situation, and some also at a later stage. Such treatment needs to be organised by community health care structures in co-ordination with special (psychosocial) projects. Like the process of traumatisation itself, the treatment of traumatised patients is always a long-term undertaking. Although many treatment methods are now offered which claim to bring relief within only a few sessions, thus far no evidence has been provided that a speedy and sustainable recovery is actually possible. On the other hand, the long-term problems caused by traumatisation are well documented. This is a consequence of the basic nature of traumatic processes that is characterised by persistent emotional vulnerability and influenced by the socio-political process (→ Sheet 5b: Sequential traumatisation). Trauma treatment aims to acknowledge the suffering and integrate the trauma into the life of the person affected in a non-destructive way. Trauma work is very much concerned with enabling mourning processes to take place. The exclusive focus on ridding people of their symptoms is thus a potential danger: the lack of symptoms tends to be equated with an absence of suffering and loss. It is, however, at the recognition of suffering and loss that trauma work should aim.

It is a fundamental principle that traumatisation processes develop differently in different socio-political and cultural contexts, and therefore locally developed and locally appropriate models of treatment are called for (→ Sheet 2: The psychosocial approach). Traditional forms of healing can play a positive role in the treatment of trauma patients, but they also often do not provide an adequate response to the consequences of destruction through modern warfare. Since

Recognition of traumatisation by the health care system

After the dictatorship in Chile, victims of political persecution were given the right to receive free medical treatment, irrespective of whether the illness had a proven connection to their trauma. Patients were thus spared the humiliating and re-traumatising experience of having to justify their need for help. Within the framework of a national health care programme, government hospitals also created centres for therapeutic treatment of trauma patients. Patients who had special medical needs due to traumatisation could be referred by these centres to appropriate doctors, who were provided with an explanation of the patient's traumatic backgrounds. Later, the health care programme was extended to include victims of domestic violence.

In the Netherlands, after the Second World War questions regarding experiences during the war became a standard part of taking the medical history of psychiatric patients. The health care system thus acknowledged the effect of war on health long before trauma became a regular diagnosis.

the traumatisation process continues to develop during treatment, the way it is treated (for example, if it is defined as a disease) can have a significant influence on the course it will take. Traumatised people in Latin America (Chile, Argentina, Uruguay), for example, did not want to be treated in clinics, but in human rights organisations. They wanted therapy, certainly, but not as a consequence of a diagnosis which would have classified them as being mad, rather as the result of a clinical assessment that recognised the connection between their personal suffering and the political persecution they had suffered.

The significance of trauma for regular health care

In the biomedical model, there is clear dualism between body and mind. However somatisation, the physical expression of mental or social suffering, is of particular relevance in conflict areas. Medical staff in Africa observed that malaria symptoms, headaches or insomnia occurred more often after flight or the loss of a family member. The symptoms disappeared when this causal relationship was acknowledged and dealt with. Medica Mondiale compiled a list of the symptoms they observed amongst victims of sexual violence in war (see box). Like all lists of this kind, this list is,

of course, not complete, as symptoms are a symbolic language which can only be read in the patient's social context. Medical staff in crisis regions must learn to understand this symbolism.

Traumatisation can increase the severity of disease. The medical examinations of trauma patients in Chile, for example, indicated that although they suffered from the same diseases as other Chileans, the illness was generally more severe and more resistant to treatment than in other patients who were not traumatised. Some traumatic experiences also result in complex anxiety attacks which need to be taken into consideration during medical treatment. A patient who has been tortured with electricity, for example, may develop a severe anxiety state during an ECG recording years later because the technical procedure returns him emotionally to the torture situation. Even when the patient makes a conscious effort, she or he has no control over such reactions. The heart rhythm changes as a result of the anxiety reaction and affects the ECG recording.

Psychosomatic disturbances resulting from sexual violence
■ Gastrointestinal symptoms such as chronic diarrhoea, constipation, gall bladder disorders, stomach ulcers
■ High blood pressure, feeling of pressure in the chest
■ High pulse rate
■ Bronchial asthma
■ Insomnia
■ Dizziness
■ Tinnitus (ringing in the ears)
■ Trembling
■ Increased susceptibility to illness and infection
■ Increased sensitivity to pain: headache, backache, persistent muscular tension, joint pain.
Source: Medica Mondiale, 2004

Reproductive health

The relevance of war experiences for reproductive health was understood for the first time in the wars in former Yugoslavia and Rwanda. Until then, the emphasis regarding women's health had been on their function as mothers: prenatal check-ups and assistance in childbirth, occasionally postpartum care and family planning (McGinn et al, 2004). At the UN International Conference on Population and Development in 1994 in Cairo, the specific sexual and reproductive health care needs of refugees and displaced persons were officially recognised for the first time. As a result of this, international organisations formulated guidelines and the attention is now paid to the following areas in reproductive health care:
■ safe motherhood, including emergency obstetric care;
■ gender-based violence;
■ sexually transmitted infections (STI), including HIV/AIDS;
■ family planning;
■ adolescent reproductive health.

There are comprehensive guidelines and manuals on all aspects of sexual and reproductive health in conflict areas. Detailed reference is made to the psychosocial aspects of gender-based violence, STD/HIV/AIDS and adolescent reproductive health (→ Resources). However, it is noticeable that exactly the same emphasis, guidelines and explanations are formulated for Safe Motherhood Programmes as for programmes in stable settings. However, a woman's experience of war can have a critical influence on her attitude towards being a mother, which in turn has an effect on the course of pregnancy, birth and the care of the child (→ more on this issue in Sheet 18: Food aid and nutrition). Health guidelines for complex emergencies acknowledge the special psychosocial needs of victims of gender-based violence. However, not all women who have been subjected to traumatic experiences are victims of gender-based violence. There are many other reasons why a woman might be ambivalent towards a pregnancy or a newborn child, for instance if one

of her children has been killed or if she has had to leave a child behind when fleeing. Family planning services must also take the history and circumstances of clients into consideration. In general, the birth-rate remains relatively stable when a conflict becomes chronic. Nevertheless, the development of the conflict often plays an important role when couples plan their families. In the mid-1990s, women in Sarajevo stopped having children, whereas women in a different political context may be encouraged to have as many children as possible (in Palestine, for example, where demography is an important factor in the conflict, or in a Sudanese refugee camp in the mid-1990s, after the refugees had survived a massacre) (McGinn, 2004).

Psychosocial aspects of the treatment of landmine victims

The rehabilitation of landmine victims presents a particular problem in most war areas. As a rule, landmine victims require a complex combination of medical, orthopaedic, psychotherapeutic and sociotherapeutic treatment. Landmine victims have become disabled and therefore display a visible sign – a stigma – of their trauma. In many post-war communities they are hidden away or marginalised and excluded. They can no longer offer their services as they would previously have been able to in the very competitive labour market. Even if they are supplied with artificial limbs and given the appropriate physiotherapeutic treatment, their problems are by no means over. For some of them, the only way of generating an income is to remove the prosthesis and go begging. Survival strategies and medical rehabilitation thus sometimes militate against one another. Because landmine victims suffer from very specific physical problems, the fact that they are also emotionally traumatised is easily overlooked. In a single instant they have lost their social roles, their health and their self-images. They undergo a process of extreme disempowerment. Effective work with landmine victims must therefore include the following aspects.

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■ Both medical (orthopaedic and physiotherapeutic) and psychosocial (therapy, education, re-integration) rehabilitation must be provided. These two aspects should be co-ordinated with one another and interlinked. The main objective is to encourage the experience of self-empowerment.
■ Social stigmatisation must be challenged and dealt with.
■ Landmines and their dangers must be included in awareness training and advocacy.
■ Landmines must be removed.

Active participation of landmine victims is desirable in all these activities. It is not just a matter of doing something for these people, but rather with them.

An amputee's desire for a motorbike outing

In a project for landmine victims in Angola, the manufacture of prostheses by patients was successfully combined with social intervention. However, in this project the difficulty of addressing the needs that victims have as a result of their very real traumatisation without stigmatising them was shown by addressing only their disabilities, instead of also treating them as normal people with normal needs. A man whose leg had been amputated asked his physiotherapist to drive him to a nearby swimming pool. He wanted to do his physiotherapy exercises there. The physiotherapist tried to dissuade him, as he knew that the pool was not filled with water at the time. However, the patient became so furious that the physiotherapist sat him on the back of his motorbike and rode off to the swimming pool. But even as they stood at the empty pool, the patient continued to insist on going for a swim. The physiotherapist became angry too, and finally they rode back to the project. It was not until much later that the project team began to understand what had happened. The physiotherapist and his patient had established a relationship in which they could no longer recognise the completely normal wishes of a person and deal with them. Their communication was limited to the issues of illness and disability. The patient had to conceal his wish to go for a little joyride on the motorbike as a «fit of madness». The physiotherapist had initially only been able to accept the whole business as a «mental disorder» and had merely been surprised at his own angry reaction and wondered whether he ought to have remained more friendly, more «therapeutic».

Deza/John Paul Kay (Photo Filter)

Resources

Desjarlais, R. et al (1996)
World Mental Health. Problems and Priorities in Low-Income Countries. New York and Oxford: Oxford University Press.

McGinn, T., Casey, S., Purdin, S., Marsh, M. (2004)
Reproductive Health for Conflict-Affected People. Policies, Research and Programmes. Network Paper 45. Humanitarian Practice Network. London: ODI.
www.odihpn.org
History and frequent deficiencies of reproductive health services in conflict settings.

Sphere Handbook (2004)
Minimum Standards in Health Services (Chapter 5)
www.sphereproject.org/handbook/index.htm

WHO/UNFPA/UNHCR (1999)
Reproductive Health in Refugee Situations – An Inter-Agency Field Manual.
www.unfpa.org/ermgencies/manual

WHO (2000)
Reproductive Health During Conflict and Displacement. A Guide for Program Managers.
www.who.int/reproductivehealth/publications

WHO (2003)
Mental Health in Emergencies. Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors.
Genf: WHO.
www.who.int/mental_health/media/en/640.pdf
Brief guidelines for the introduction of mental health in health care.

Education

Deza/Silvia Voser

- In times of conflict, educational programmes give children a feeling of security and normalcy.
- During conflict, children experience and therefore learn a lot. This knowledge must be included, integrated and given due consideration in educational programmes.
- If people's conflict-related experiences are not pushed aside, but used as the starting point of educational activity, this can become an essential contribution to dealing with trauma and conflict.
- Teachers and educators must be given the opportunity to consider their own experiences in the conflict and find better ways of protecting themselves. They will then be able to react more adequately to the needs of their students.

Education helps to deal with trauma

Educational opportunities (pre-school, school, occupational training, adult education etc.) provide people, in particular children living in conflict and post-conflict situations, with stability and new horizons for the future. Furthermore, official educational institutions are frequently places in which children and their parents from all sectors of society can meet in pursuit of a common objective. Good educational programmes can thus make an essential contribution to conflict transformation while at the same time helping to cope with trauma in an unobtrusive and effective way. Before this becomes possible, however, teachers need extensive support and further training since as a rule they have not been prepared for such activities in their own training.

The importance of education in emergencies

All guidelines on the psychosocial support of children in complex emergencies point out that the re-opening of schools or continuation of schooling must be treated as a top priority. The Basic Education Coalition (2003, page 2) points out the following reasons.

■ In times of conflict, education programmes provide security and a sense of normalcy to children. It is a life-saving and life-sustaining activity that instils hope, dignity and a sense of purpose for the future.

■ Well-designed programmes introduce new survival skills to children. Children may be taught how to avoid landmines, protect themselves against sexual abuse, deal with anger, and resolve interpersonal conflicts.

■ For children in war-torn countries school can be an essential psychological intervention, a critically important step on the road to recovery.

■ Schools in refugee camps help to occupy parents and children, create productivity during periods of displacement, and allow people to more easily return to normal life at the end of a conflict.

Key psychosocial issues for education in conflict

The central issues that should be given attention by educational programmes in conflict and post-conflict situations have been compiled in well structured manuals (→ Resources). From the psychosocial point of view, the following key issues need to be given priority and dealt with:

■ **Linking education to the learning experiences of daily life**
Children and adults learn survival skills in conflict situations. To put this positively, one could say that they learn to adapt to unexpected situations, to control their feelings, to manage situations of privation in a creative way (making a lot out of a little), to make decisions and act quickly and efficiently and to differentiate between important and less important things. Many of them acquire organisational skills, come to know solidarity and friendship and begin to understand socio-political processes. Put in negative terms, it could be said that children and adults lose the capacity to reflect, that they employ defence and survival techniques which only serve to reach

Deza/Entraide protestante

short-term objectives and are as a rule useful neither to the individual nor, in the long term, to the community. Values collapse, while people learn that only might is right, and subservience and passivity are conducive to survival. Hence, during the conflict children and adults learn many things that can protect and help them, but can also be destructive and counterproductive, depending on the context and situation. A basic principle of education must therefore be to take the children's experience of life seriously and not to push it aside but, on the contrary, to make it the focal point of their education. With the assistance of good educational programmes, children can be helped to assess, develop and make use of their skills.

■ **Dealing with trauma**
Educational institutions (pre-schools and schools) cannot substitute for therapeutic treatment, but they are almost always the best place to deal with the problems, fears and losses of children. Children often express themselves through play or talk about their experiences when conversing with a trusted adult. If their teachers and educators listen to and pay attention to remarks, they help the children to feel more relaxed and perhaps develop ideas of how to solve their problems. When teachers and educators contain the experiences of children, their families and communities, they are contributing to the development of collective structures of understanding and working through these experiences without individualising or pathologising them.

■ **Dealing with conflict**
Dealing with trauma cannot be seen as something separate from dealing with conflict. Pre-schools and schools are ideal places for children to be helped to think about conflict-related experiences and problems and to solve conflicts in ways other than by using force. When teachers and the children discuss the reasons for the conflict and the effects it is having, it is

most important to be aware of which sequence the conflict has reached. During the conflict, pupils should learn that there are various ways of perceiving reality and the different way of seeing things should be respected (? box: parallel narratives). It is always an essential part of dealing with the conflict to recognise that pre-schools and schools are places for everyone and that administrative staff and teachers must actively encourage the integration process, especially of those children who for cultural, economic or political reasons or out of fear for their safety stay away from educational institutions.

■ **Cooperating with families and communities**
Pre-schools and schools are places of integration, not only for children, but also for their parents. They must co-operate closely with the parents, since on the one hand the children's welfare and learning success depends to a great extent on the psychosocial situations of their parents, and on the other hand the educational institutions can only function well with the active participation of the families. The goal should always be a relationship of mutual support between the teaching staff and the parents.

■ **Coping with the war experiences of the teachers and educators**
Not only children suffer in a conflict. Teachers and educators experience the same daily events as everyone else and are often, as influential members of the community or as opinion leaders, under additional pressure to obey the dictates of the conflict parties. Every meaningful educational programme must above all invest in the support and further training of teachers so that they can perform their duties. Teachers must be given the opportunity to reflect on their own situation and to be able to improve their own security.

Parallel Narratives

In co-operation with Israeli and Palestinian teachers and historians, the Israeli Dan Bar-On and the Palestinian Sami Adwan have written a history book for use in schools in which they describe how the respective opposing sides interpret significant historical events. Take, for example, the Balfour Declaration of 1917: the Israelis regard the British promise to give the Jewish Community a national homestead as a natural result of the Zionist Movement, which in turn is explained as the reaction to modern-day anti-semitism, the disappointment over the continuing inequality between Jews and Christians in Europe and deep religious convictions. For the Palestinians, on the other hand, this gesture of the British is a direct continuation of European colonialism, which began with Napoleon, continued throughout the 19th century and with the Sykes-Picot Agreement of 1916 deprived the Arabs of the national independence for which they had been striving. According to the Palestinian version in the school book, 1917 was the first of a series of dates like 1948, 1967, and 2002 that brought death, destruction and social dislocation to the Palestinians. From the perspective of the Israelis, however, these dates are mainly associated with Arab aggression. On each page of the book by Bar-On and Adwan, students find one column with the Israeli version of history and another column with the Palestinian version. They are invited to fill in the empty column between the two with their own comments and ideas.

By means of this parallel depiction of the Palestinian and Israeli interpretation of history, the schoolchildren learn that there is more than one truth. However, the aim of the undertaking is not to accept the view of the opponent or to achieve reconciliation. In view of the present political situation that would not be possible. But the children learn something about each other, and also that there are people on different sides of every conflict with their own stories, victims and heroic deeds.

Prospects of empowerment in the educational field

Strategies that address the key psychosocial issues are explained in detail in the existing guidelines and minimum standards for education in emergencies (→ Basic Education Coalition, INEE). They are valid for all forms of education: day nurseries or pre-schools, formal schools, adult education and informal education. The following paragraphs give a brief overview of important recommendations.

- **Enable children to come to pre-school or school**
  The reasons for children staying away from school need to be clarified and discussed with the children, their families and in the community. For possible actions see also: «Send girls to school», below.

- **Incorporate key issues and key problems in class**
  Guidelines for educational processes in conflict and post-conflict situations all point out that certain key issues should be dealt with: HIV/Aids, landmines, various health issues, skills for conflict management. Locally relevant topics should also be included. All of these issues should be linked to and integrated into the teaching of normal school subjects (see also Sheet 21: Example «Waiting to be helped…» on the issue of learning after an earthquake). Unfortunately, however, it can be observed time and again that teachers may, for example, speak in the health module about the necessity for hygiene to prevent diarrhoea, but that they hardly ever talk to their students about reactions to fear or about the emotions of children who have lost a parent. Teachersand educators should be in a position to talk with individual students and in the class about issues that are of direct concern to children.

- **Promote democratic values and behaviour**
  Peace education introduces concepts such as the acceptance of differences, self-confidence and self respect, non-violence, human rights, children's rights, justice etc.

These issues are important and meaning-ful, but need to be linked to the experi-ence of school as a whole. Educational institutions are part of the social order, and schooling is organised within a corre-spondingly authoritarian framework. Children and adults should, however, not simply learn by heart what human rights are, but should be able to cultivate skills that lead to a more respectful attitude towards differences and increased solidar-ity with others. In the process, they need to experience that peace education is linked to other subjects they study.

■ **Adjust the curriculum**
Key issues and future needs for the children and their communities must be reflected in the curriculum. Gender stereotypes or stereotypes of particular social and ethnic groups should be removed as quickly as possible from school books in the interest of promoting equity and tolerance. The

Where do children learn solidarity?
In Sierra Leone, many families lack even the basic necessities. Only some of the school children bring lunch with them from home. The smaller children are more privileged in this respect. As early as the pre-school stage, those who have brought lunch with them do not share it with the other children, although they do not eat it all themselves. Instead, they keep a portion of it for their elder siblings, who threaten them with a beating if they do not give them food. The teachers do not interfere; they have become accustomed to injustice in the years of scarcity and the rule of the strong. But where, if not at pre-school or school, should injustice be challenged? Where, if not here, should children and parents discuss the question of justice and exploitation or develop a new culture of sharing and mutual support? To ensure that teachers contribute toward the development of democratic values and peace education, they must be given the chance to reflect on their own experi-ences and to learn that peace education is not an additional abstract sub-ject that is to be taught, but that it is linked to the reality of normal, every-day life.

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Deza/Toni Linder (Photo Filter)

curriculum should be checked by representatives of all relevant groups of the population. In the case of refugees, the curriculum should be acceptable both in the host country and in the country of origin.

■ **Invest in further education and support of teachers and educators**

Teachers and educators in conflict situations need a minimum of knowledge of the effects of fear, trauma and loss on children. Purposeful training of teachers does not seek to impart knowledge on psychosocial issues in isolation, but helps teachers to integrate these issues into their regular lesson plans and educational activities. How, for example, can one talk to students about a sibling who has been kidnapped? How can one structure lessons so that children with weak concentration powers do not lose the thread? Which learning methods further the children's ability to manage conflicts etc.? The teachers need help so that they can link the contents with appropriate teaching methods. Purposeful further training, however, not only conveys the correct contents and participatory methods, but also offers space where values can be questioned and teachers can gain personal experience in democratic decision-making and interaction.

Send girls to school

A quarter of the girls living in developing countries attend school for less than 5 years. The number of female students almost always falls during and after a conflict. Girls stay away from school because their safety is threatened, because their families cannot afford to pay for it, or because the social restrictions that apply to girls become more severe. The following suggestions for actions to protect girls from violence and enable them to attend school demonstrate how schools and teachers could take up conflict-related issues and thus deal with trauma and exclusion.

Psychosocial measures to facilitate the integration of girls in schools

Problem: Girls stay away from school because they risk being subjected to (sexual) violence	
Level of intervention	**Activities**
With the children	■ The teacher supports the girls who have become victims of violence. The teacher also ensures that the girls are integrated in the class. ■ Discussions with the children about (sexual) violence, about their fear of it and possible prevention: how can children cope better with fear? How can girls defend themselves better? How can children protect each other and what support do they expect from adults? ■ Training the children to act self-confidently and negotiate skilfully; groups of children negotiate with adults on preventive measures and other forms of support. ■ Children communicate their thoughts on the subject to other children and adults in a newspaper they have written, in songs, through stage plays, or in various other ways.
In the community / with the parents	■ Discussion with the parents on the issue of (sexual) violence and the support needed by the victims. Discussion on the fear they have for their children and on how they can protect them better. ■ Discussion with the school committees on the issue, resulting in a decision on strategies to be pursued for the better protection of children. ■ Co-operation with existing groups that campaign against sexual violence and for human rights.
School management / Teachers	■ Enable teachers to address the issue. ■ Improve safety precautions to prevent violence on the way to school and in school (organise escorts for girls; organise school buses; supervise the school grounds etc.) ■ Assume a clear stance on the issue of (sexual) violence and pledge the staff to a code of conduct.

Arguments for and against integrating psychosocial issues into educational activities

- **Argument:** the children are still too small. They should not be bothered with things that they do not really understand anyway. **Counter-argument:** even the smallest children register what is going on around them and react to it. Naturally it is important to find a way of speaking about the issues that is suitable for their age group. Most adults are afraid of addressing issues such as war and death because they have no answers. More than answers though, children need someone willing to listen to them.

- **Argument:** I am not able to care for the problems of individual children because, after all, I am there for everyone and have to devote myself to the whole group. **Counter-argument:** time can always be found to talk with individual children, during breaks and recreation, for example. But it often turns out that an individual problem is actually something that concerns the whole group or that the group can help to cope with the individual problem. If, for example, a child's mother has died, this child has an individual problem, but the associated issues such as death, mourning, fear, questions about what happens with the body, whether there is such a thing as a soul etc. are topics that interest all children. Speaking about it in the group can help the child who is directly affected feel less alone.

Resources

Annan, J. et al (2003)
Handbook for Teachers and Training for Teachers.
www.forcedmigration.org/psychosocial/
papers/WiderPapers/Widerpapers.htm
Excellent handbook. It explains psychosocial concepts in simple language and contains many practical examples and exercises.

Basic Education Coalition
www.basiced.org/facts/crisis_situations.pdf

INEE Interagency Network for Education in Emergencies (2002)
www.ineesite.org/guides.asp
Concise summary of all aspects of education in emergencies, helpful checklists and useful bibliography.

Peace Research Institute in the Middle East (2003)
Learning Each Other's Historical Narrative: Palestinians and Israelis.
Beit Jallah: Prime Publication.

Employment and income

- Income-generating measures must be linked to previous experiences and skills, yet take account of the disruption brought about by war.
- Traumatisation reduces the ability to earn an income.
- Women have to overcome great obstacles. These may sometimes include their own ambivalence towards their new role.
- Standardised skills training can be counterproductive.
- Income-generating measures work better if skills training is combined with psychosocial counselling.

Income generation is a key to recovery

For large parts of the population economic hardship is often the cause of armed conflict, and it is always a consequence. The problems become particularly acute after the war when international support wanes but economic destitution persists.

Programmes for integrating ex-combatants, supporting refugees or rehabilitating victims of violence usually include support for income generation. Economic disruption and political upheavals on the one hand and the psychosocial situation of the target group on the other explain why results in this area are often unsatisfactory.

Deza/Oswald Iten

Income–generating measures for very poor people can be a challenge even in more stable conditions. They include four components:

- enhancing self-esteem and coping with individual psychosocial problems and obstacles;
- training and networking (upgrading technical and personal skills, establishing social networks);
- providing access to financial services, credit, and secure saving services and help to avoid or overcome the dept-trap;
- promotion of a facilitating environment (conflict transformation, creating a legal basis for all groups, including women, to have equal access to resources, macroeconomic policies to promote economic development in the interests of the disadvantaged, etc.).

These topics play an equally important role in crisis areas. They are discussed in numerous publications and manuals (→ Resources). However, this literature does not usually deal with the fundamental psychosocial issues that affect people's abilities to generate income in conflict and post-conflict regions.

Key psychosocial issues for successful entrepreneurship

- **Traumatisation**

  Successful entrepreneurs are self-confident and interact easily with people. They are creative, willing to take risks and have a vision for the future. People with traumatic experiences, however, have much more contradictory characteristics. They have learned to survive under extreme adversity, to maximise resources and to adjust continually to new circumstances. On the other hand they often suffer from a lack of self-confidence and are more likely to be suspicious and withdrawn, longing for security and unable to imagine a better life in the future (→ Sheet 2: The psychosocial approach: conceptual framework). The reasons for traumatisation and the resulting key issues vary between target groups (→ Sheets 8–14: Psychosocial aspects of and approaches to the problems of different groups of victims). But whatever these particular problems are, they will affect the performance and achievements of participants in income generation programmes.

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■ **Disruption and continuity**
What kind of training makes sense in a specific economic environment, and how can it be organised to actually prepare people for employment or entrepreneurship? This is a question for all income-generating programmes, but in conflict and post-conflict areas it has to be considered in relation to the disruption caused by the armed conflict and its consequences for each individual and for the economy. People who have lost everything or have to start from scratch try to use the skills and experience they acquired before the war. However, this may be difficult, because the pre-war world no longer exists and in some cases people may simply try to deny this reality. The healing process involves coming to terms with altered conditions of life and work while at the same time honouring and protecting people's historically evolved identities. Disregarding experience or ignoring a person's specific identity is therefore always a recipe for economic failure. Trainees and the programme providers need to accept the reality of the disruption, but at the same time pick up some of the unravelled threads so that people's experience is acknowledged, thus permitting some measure of continuity.

■ **Obstacles and obstructions for women**
Usually women have to take over more economic responsibility in conflict areas and this may even be the first time that they become active outside the domestic sphere. They may have to overcome considerable obstacles that range from resistance within their own family to legal discrimination and unco-operative loan providers.

If they succeed, they are filled with self-confidence and pride at their achievements and abilities, which often go far beyond what society expects of women. At the same time they suffer from self-doubt and feelings of guilt and struggle with feelings of contempt for their husbands who have failed to live up to their role as providers for their families. Such feelings are shaped by ideas of what roles men and women should occupy. These internalised images are deeply entrenched and often outlast changes in external reality by many years.

A negative example
During and after the war, Bosnia was full of textile workshops. Almost every NGO that worked with women was offering tailor training. This appealed to the women because it was associated with their longing for an intact world as it had been before the war, when the textile industry had been an important employer enabling many women to earn their livelihoods. However, after the war the infrastructure was destroyed and international manufacturers had long since shifted to countries with much lower wages and a more stable environment. Right from the beginning the textile workshops made no sense economically, but they were defended by the NGO directors and their clients. Foreign organisations assisted in this collective denial by providing the funds.

A positive example
Not far from Sarajevo a former steel worker was offered substantial funding by an NGO to start up as a farmer. He refused this and instead set up a smithy in an old barn, together with two former colleagues. They shod horses and also developed a procedure for producing a particular kind of bolt that was in great demand for the reconstruction of houses. These former steel workers had found a creative way to use their pre-war skills under new conditions.
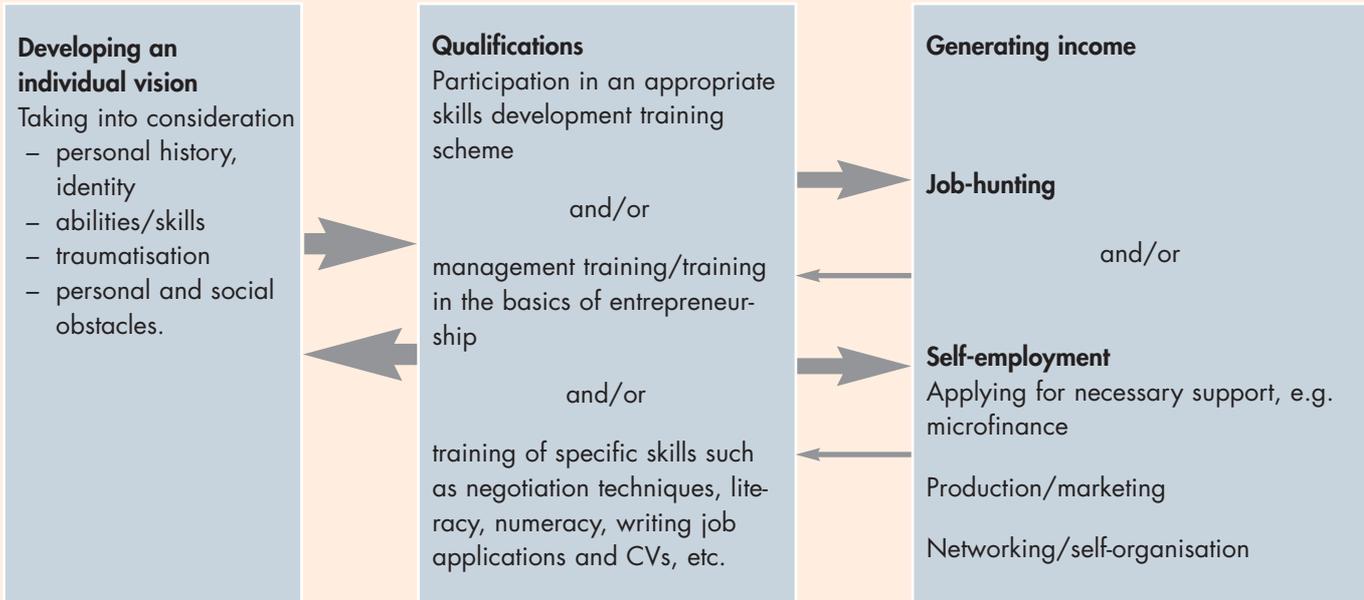
Deza/Silvia Voser

Role models and women's actual work experience strongly determine the supply of and demand for skills training. Thousands of cosmeticians, hairdressers or seamstresses are being trained in every crisis area in the world. Although it often makes no economic sense, it is understandable that women should try to start from their previous experience. Throughout the world most women work in the areas of food production and processing, textiles, health and cosmetics, handicrafts, tourism, trade and education.

An income-generating programme for women would strive to use the women's resources without falling into gender stereotypes. It would deal with the contradictory feelings of women towards their new roles so that participants would be more open to taking advantage of possibilities and meeting challenges. It would also address – directly or by networking – the restricting social and legal conditions that prevent women from succeeding in generating income.

Promoting employment and income

Income-generating measures are most effective when combined with activities that deal with the experience of war. Throughout the process, starting from the decision to improve his or her income and continuing all the way to successful activity on the market, men and women need support. With this assistance the programme participants can try to find individual solutions which take their particular resources and needs into account as far as possible. At the same time they learn to overcome their isolation by increasing their social contacts, in peer groups or in self-help groups, from which they may get encouragement, emotional support and better information

A process of continuous support

Developing an individual vision
Taking into consideration
– personal history, identity
– abilities/skills
– traumatisation
– personal and social obstacles.

Qualifications
Participation in an appropriate skills development training scheme

and/or

management training/training in the basics of entrepreneur-ship

and/or

training of specific skills such as negotiation techniques, lite-racy, numeracy, writing job applications and CVs, etc.

Generating income

Job-hunting

and/or

Self-employment
Applying for necessary support, e.g. microfinance

Production/marketing

Networking/self-organisation

Support by self-help groups or psychosocial groups combined with more targeted psychological and practical support of individual members if needed. Further development of individual vision.

Models linking professional qualification with psychosocial support

■ **Psychosocial organisations counsel and support participants of vocational training programmes**
   The psychosocial project ensures psychological and social support for people who wish to improve their economic situation. It works closely with training facilities and micro-finance organisations.

South African peer groups
The KwaZulu-Natal Programme for Survivors of Violence supports young people who have registered for skills development training provided by other NGOs. In peer groups the young South Africans practise better communication and presentation skills and discuss the problems they have with their training and, at a later stage, with job-hunting. Support from the group encourages particularly the young women to continue to pursue their professional ambitions in spite of resistance from their families. Many group members, sometimes after a number of false starts, eventually manage to earn a regular income. Without the support of the peer group many of the participants, who were often previously dropped out of school, would not have been able to cope with the frustrations of training and job-hunting.

■ **Income-generating programmes provide psychosocial support**
   Training programmes are extended to include psychosocial support measures for participants. This support continues even after the training has been completed.

Swisscontact provides psychosocial counseling in Sri Lanka
Swisscontact identified unemployed young people from different ethnic groups and set up an 18-month training contract with them. The young adults first take part in different training programmes in order to get an idea of what they are good at and what interests them. Later on, they specialise and articulate their own plans for income-generating activities. During the whole period they regularly participate in group sessions, exchange experiences and also organise cultural activities. In these interactions the young people can work through their emotional and social problems. Because of their different ethnic backgrounds the exchange and interaction between the participants is also a contribution to conflict transformation. Throughout the whole process the young people are supported by a Swisscontact counsellor.

Often vocational training providers are reluctant to undertake counselling, which they believe is not part of their core business. Inevitably, however, trainers will be faced with the difficulties of course participants and if the organisations do not acknowledge such psychosocial problems, the trainers themselves will be left trying to cope alone.

However, with appropriate training and supervision, trainers can be empowered to support their students better. This will increase the participants' chances of success and will thus benefit the programme.

Regardless of how the counselling of participants is organised, genuine communication

needs to take place between all staff involved in training. The trainer must be in regular touch with the leader of the self-help group so that they can co-ordinate their support for each participant. In many projects there is no such exchange, and so instead of counselling and skills training reinforcing each other, they run side by side.

Problems with groups

Groups play an important role in the approaches described here. In a conflict situation, however, group work is not without its problems. An all-pervasive suspicion expresses itself in a refusal to take part in a group or to engage in its work. If the approach entails consciously working with the impact of the conflict, the participants' fear of groups can be made a topic of discussion and worked through. It is more difficult for programmes that require group cohesion but which are not willing to respond to the specific psychosocial conditions in crisis areas, as is the case with many microfinance programmes. For example,

joint liability groups, which should be formed by people who trust each other and accept liability both for their own loans and those of the other members, often do not work very well. Literature on microfinance in post-conflict regions repeatedly points out that loan holders refuse to participate in groups and that loan providers therefore sometimes have to dispense with group meetings and group guarantees altogether, or reduce the size of the group to 3 to 5 members.

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Resources

Income generation, skills development, entrepreneurship promotion

Guidelines, tools for assessment, planning and implementation of programmes can be found on the SDC website:
www.deza.admin.ch > Themes > Employment and Income

Gender
SDC (2003)

Gender-Oriented Entrepreneurship Promotion. Strategies and Tools along the Project Cycle. Bern.
www.deza.ch > themes > income and employment.
A good overview of the special problems of promoting entrepreneurship for women and a compilation of useful tools

Empowerment
Mayoux, L. (2003)

From Marginalisation to Empowerment. Towards a New Approach in Small Enterprise Development. Paper presented to SDC Employment and Income Division Workshop SED and Empowerment, Gerzensee.
www.intercooperation.ch/sed/2003/wks-sed-and-empowerment/presentations/mayoux.pdf

Vocational training
www.vetnet.ch

Extensive material on vocational training. The website includes a detailed description of the counselling approaches of Swisscontact in Sri Lanka.

Microfinance
Consultative Group to Assist the Poor CGAP

www.cgap.org
CGAP is a consortium of development agencies working together to expand access to financial services for the poor in developing countries. CGAP was created by these aid agencies and industry leaders to help create permanent financial services for the poor on a large scale. The website provides useful tools and information about microfinance but does not particularly relate to the needs in conflict situations.

Doyle, K. (1998)

Microfinance in the Wake of Conflict: Challenges and Opportunities. USAID.
www.microfinancegateway.org/content/article/detail/14561
A survey of microfinance in conflict areas.

Tamsin, W. (2001)

Microfinance during and after Armed Conflict: Lessons from Angola, Cambodia, Mozambique, and Rwanda.
Durham, U.K.: Concern Worldwide/ Springfield Centre for Business in Development, DFID.
www.cgap.org/about/faq10.html

Food aid and nutrition

- Dependence on food aid changes family structures and community relations. Even when, in the ideal case, sufficient food is successfully distributed amongst all members of the community, the social conflicts that inevitably develop need to be dealt with.
- Whether nutrition is adequate is determined by the amount of food available and the means to prepare and consume it safely. The latter depends not only on the availability of adequate knowledge on the subject, but also on the psychosocial well-being of people.
- Tension, conflicts in the family or trauma have an effect on the nutritional status of people, especially of pregnant women, adolescent girls and children. For this reason, families not only need to be given information on health and nutrition, but frequently psychosocial support as well.

Food aid undermines self-esteem

In financial terms, the provision of food to people in crisis areas represents the most significant intervention of emergency aid. Seen from the perspective of the recipients, dependence on food supplies is perhaps the most obvious expression of their own powerlessness. Their inability to cater for themselves undermines self-respect and social structures. At the same time, emotional pressures and trauma often prevent them from feeding themselves properly. Seen from the psychosocial perspective, the disempowerment effect that the provision of food has on people must be reduced and accompanying education on nutrition should place special emphasis on the connection of people's nutritional status and their psychosocial problems. Staff members of aid organisations must be made aware of this.

Deza/Zalmaï Ahad (Photo Filter)

The influence that fear, trauma and grief have on people's nutritional status has hitherto received little attention in the numerous international nutrition guidelines for different population groups, particularly for children, pregnant and breastfeeding women, adolescent girls, the elderly, the chronically ill and the disabled (→ Resources).

Key psychosocial issues connected with food aid

Food aid is a complex and politically highly delicate form of aid. Mary Anderson's concept of «Do No Harm» was originally based on an analysis of the aggravating effects that the manipulation of food aid has on conflicts. The restriction of access to food is a frequently-used strategy in war, while at the same time food aid can serve as a source of income for the parties in conflict. From the perspective of the aid workers, the central issue is therefore how to ensure that the food reaches the target population, especially its more vulnerable members, whilst preventing the «loss» of food supplies to the conflict parties. (Advantages

and disadvantages of existing strategies and principles of dealing with this problem → Jaspars, 2000).

Viewed from the perspective of the people receiving aid, the following key psychosocial issues need to be dealt with.

- ■ **More inequality and exploitation as a consequence of deprivation**
  The scarcity of food, both within families and within communities, leads to an increase in marginalisation and exploitation. Children, the elderly, the disabled and also women are at particular risk because of the power structures within the families and the way families function. Even if starving people attempt to be just, there is nothing they can do other than share out the scarcity. Parents are forced to frustrate their children and refuse them legitimate needs, or must leave these unfulfilled. Pressures grow, and the ensuing conflict becomes inescapable. In the communities the struggle to share the scarce food sup-

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plies may further marginalise those who are socially weak and politically without influence. Women are often forced to exchange sex for food.

■ **Powerlessness and passivity**
The social and political process that leads to people finally becoming dependent on food aid often traumatises them. While they are grateful to get food at all, this dependence on hand-outs intensifies the experience of being powerless and dependent and anger is sometimes directed at the aid workers.

■ **The change in social roles**
In the process of food becoming scarce and later on when food aid arrives, a change takes place within the families. The men who have traditionally provided for the family, are no longer capable of doing so because of the change in circumstances and feel debased. This often leads to a growing feeling of passivity and hopelessness and more frequent conflicts within the families.

UNHCR is the better husband
In a refugee camp in Tanzania, male Hutu refugees from Burundi complained that the women no longer obeyed and respected them. The only law the women now observed was the «UNHCR law». It was no longer the men who were providing for the families, but the UNHCR, with its strict ruling that each woman and each man have the same right to food, shelter and protection. The women were now convinced, as the men believed, that «the UNHCR is the better husband». The women appreciated the new opportunities these regulations offered them, although some of them reacted to the changes with conflicting feelings. An employee of one of the NGOs explained, for example, that she was giving half of her wages to her husband to ensure that he would not feel humiliated by the fact that she was earning the main part of the family income.
Source: Turner, 1999

■ **The consequences of fear, trauma and grief on nutritional status**
Even if food supplies finally reach the families, malnutrition may remain a problem. The reason for this is the close correlation between the psychosocial situation and nutritional status. Complicated psychological and social circumstances have an effect on the nutritional status of many people, but small children, in particular, react with eating difficulties or digestion problems. The parents' war experiences are therefore not only of vital significance to their own health and nutrition, but also have a direct influence on the prospects of their children's development. Victims of sexual violence, for example, will frequently react by rejecting their own bodies and by becoming more ambivalent about their children (→ Sheet 8: Gender-based violence). And mothers who have to live in constant conflict with relatives are sometimes not capable of providing adequately for themselves and their children, independently of how well they are informed about correct care practices. The connection between the depression of mothers and the malnutrition of children has been clearly documented in the relevant literature. The support of mothers is therefore the basis for the adequate care of their children.

Breastfeeding in times of war

In a rehabilitation centre for malnourished children in Kabul, a conspicuously large number of children were less than 6 months old. They had all either not been breastfed at all, or were not exclusively breastfed. *Action contre le Faim* identified the main reason for this as being lack of knowledge of the importance of breastfeeding and the psychosocial situation of the mothers (Bizouerne, 2005). They almost always lived in conflict with their mothers-in-law, had no support within the family and frequently suffered from insomnia, severe anxiety or nightmares. As a result, they were unable to become emotionally involved with their infants and paid hardly any attention to them.

The close link between nutrition and psychosocial well-being becomes most apparent in conjunction with breastfeeding. Some mothers can not produce sufficient milk because of the pressures to which they are subjected. Their children frequently become ill, not only because of the inadequate quality of the substitute food, but also because they react strongly to what is happening emotionally in the relationship associated with the food intake. The mother who breastfeeds her child is not just feeding it, but also communicating with it, generating basic trust. The baby is being held – factually and symbolically. The small child knows nothing of war and family conflicts, but it senses the terror through its relationship to the adults who are feeding it and reacts with eating disorders, diarrhoea and skin rashes. Babies cannot talk. Their food intake, digestion and skin are hence the only means of communication for them. This close link between the nutritional status and psychosocial well-being of children and their parents also applies to older children, even if it is no longer so immediate and direct.

Prospects of empowerment and food aid

When food aid initially arrives, the first concern of the aid workers is to get the food to its destination and distribute it as quickly and justly as possible. The key psychosocial issues mentioned above cannot therefore be considered until the situation has reached minimal stability. This phase of relaxation, however, which can begin when people experience that they can rely on the regular distribution of food, has a particularly decisive influence on the development of the traumatic process. It is therefore vital at this stage to help people regain a certain amount of control over their lives. The following measures further the psychosocial stabilisation of populations that depend on food distribution.

■ **Encourage self-organisation**
The participation of the population in the distribution of food stabilises community structures. However, at this point, existing mechanisms of marginalisation must be limited as far as possible. It is of great importance that traditionally less powerful groups are also represented in the distribution committees and that they are positioned at strategically significant points of the distribution system.

■ **Ensure the safety of women**
The sexual exploitation of women (sex for food) by aid workers and other people is reduced when women are employed at strategic positions in the distribution system.

■ **Discuss the effects of food aid on the family**
Women and men should have the opportunity to talk about the changes which war, being forced to flee and depending on hand-outs bring about and the resulting conflicts and debasement in their families. The issue should be taken up by different community groups. Community leaders and group facilitators need to be made aware of this problem so that they can lead these discussions.

■ **Promote food security**
Sooner or later, food aid is almost always supplemented by measures to promote food security (primary production, income-generation etc.). This is of prime importance from the point of view of activating the population that is dependent on food aid. The success of such activities, however, also depends on the staffs' abilities to explore the personal histories and experiences of the men and women who are participating in such programmes, and to respond with adequate interventions (Sheet 17: Employment and income).

■ **Inform health and nutrition staff about the influence of emotional factors on nutritional status**
The correlation between the psychosocial situation of a family and the weight of the children, the nutritional status of pregnant women and adolescent girls is not clear enough to many staff members working in nutrition programmes. An awareness of this correlation in crisis areas is, however, indispensable, as well as the knowledge that the situation cannot be improved only by telling people how to change their practices. Mothers might feel additionally pressurised by such advice because they think they cannot fulfil the requirements of being a «good mother». They consequently often stay away from counselling sessions or ostensibly agree with the suggestions of the health staff but do not change their behaviour. This in turn leads health staff to look down on their clients and classify them as lazy or uneducated (→ Sheet 7: Staff members). Programmes must therefore include the appropriate training measures for staff and invent new structures that allow for psychosocial support of project participants.

■ **Psychosocial support of the target group**
An effective change in the nutritional situation, particularly that of children and pregnant women, is often only possible if there has been a change in the situation of the family, or if the war experiences and cur-

Deza/John Paul Kay

rent living circumstances can be addressed. To accompany families through a process of this nature requires time and patience. It is unrealistic to expect chronically overburdened or unmotivated medical or paramedical staff members to find this time. Volunteer health promoters or neighbourhood support systems offer better opportunities (house visits, group discussions, self-help groups, individual counselling or similar activities). If the project works with groups, staff must be aware of who does not join the groups. Frequently, precisely those community members who are worst affected and most vulnerable are least able to participate in groups.

Resources
Guidelines
Emergency Nutrition Network
www.ennonline.net - Forum for the exchange
of experience between practitioners and
scientists in the area of nutrition/food aid.
*A comprehensive bibliography of guidelines
on food aid and nutrition in emergencies,
and special guidelines for infant nutrition pro-
grammes.*

Sphere Handbook
Minimum Standards in Food Security,
Nutrition and Food Aid (Kapitel 3).
www.sphereproject.org

The distribution problem
Jaspars, S. (2000)
Solidarity and Soup Kitchens: A Review of
Principles and Practice for Food Distribution
in Conflict. HPG Report 7.
London: Overseas Development Institute.
www.odi.org.uk/hpg/papers/hpgreport7.pdf
*Summary of the problems and risks involved
with the distribution of food in conflict situa-
tions, policies/experiences of different agen-
cies (ICRC, CARE, CRS, WFP), each with a
different approach.*

Turner, S. (1999)
Angry Young Men in Camps: Gender, Age
and Class Relations Among Burundian
Refugees in Tanzania.
Working Paper No 9. UNHCR.
www.unhcr.ch/refworld/pubs/pubon.htm

**Correlation between disempowerment and
malnutrition**
Bizouerne, C. et al (2005)
Conflict, Mental Health, Care and
Malnutrition: Designing Relief Programmes
with Trauma in Mind. In: Humanitarian
Exchange No. 30, June 2005.
www.odihpn.org/documents/humanitarianex-
change030.pdf

Engle, P.L. et al (1997)
The Care Initiative – Assessment, Analysis
and Action to Improve Care for Nutrition.
New York: UNICEF.

Weyermann, B. (2003)
Unravelling Malnutrition. Challenges of a
Psychosocial Approach.
Kathmandu/Lausanne: Terre des hommes.
www.opsiconsult.com

WHO (1999)
A Critical Link. Interventions for Physical
Growth and Psychological Development.
A Review. Geneva: WHO
www.who.int/child-adolescent-health/publica-
tions/IMCI/WHO_CHS_CAH_99.3.htm

Water and sanitation

- Conflicts in communities during the implementation of water and sanitation projects can and must be dealt with.
- Mourning and trauma may affect the course of infrastructure projects in the sectors of water and sanitation, e.g. when people oppose or destroy technically sensible solutions.
- The standard of hygiene in collective centres or refugee settlements influences not only people's health, but also their psychosocial well-being. At the same time, it is often difficult for people suffering from the effects of trauma to devote adequate attention to personal hygiene and to the cleanliness of their environment.
- Even though women bear the main responsibility for supplying their families with water all over the world, they are still not sufficiently involved in the planning and implementation of infrastructure projects. In conflict situations, their participation is frequently hindered by the additional work load they have to cope with due to changes in roles within the family.

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Access to water in conflict areas

To date, water has probably never been the sole reason for the outbreak of violent conflict. Nevertheless, it is playing an increasingly significant role in connection with war and conflicts. Water becomes an instrument of warfare especially when certain population groups are denied access to it. However, problems with water are always one of the consequences of warfare. When infrastructure has been destroyed and populations displaced, a lack of water and a polluted environment present a serious threat to people's health. Organising water and sanitation is therefore a high priority of emergency aid and reconstruction. The relief organisations often focus on the complex technical aspects of this task. However, water is emotionally and symbolically charged and closely linked with many areas of life. With their interventions, water specialists thus also contribute to the psychosocial development of communities. And staff working in psychosocial projects can sometimes do more to rebuild social structures by attending to the population's water problems than by focusing on psychological counselling.

Hygiene – key psychosocial issues

The Sphere Handbook (→ Resources) begins its water and sanitation chapter with a section on hygiene promotion. This is no coincidence, for the purpose of water programmes is to contribute to the improvement of health and well-being, and this is only possible if the population is also informed about adequate standards of hygiene and assumes responsibility for itself and its environment. It should always be taken into account, however, that hygiene is a more complex issue than it may perhaps seem to be.

Dignity, resistance and communal latrines

When more than 70'000 refugees arrived in southern Nepal from Bhutan in 1992, the relief organisations followed international standards and provided communal latrines in the camps as a first step while at the same time beginning to organise the construction of family latrines. However, the refugees refused to use the communal latrines, as they deeply contradicted the Hindu concepts of privacy and purity. Back home they had gone into the fields and had taken great care never to use an area that had previously been used by someone else. Every visit to the communal latrines meant ritual pollution for the refugees, and with it, an assault on their self-esteem. The camp administration was at a loss, as it was to take 16 weeks to build the minimum number of smaller toilets required. Finally, it established Sanitation Committees, whose duty it was to talk with people and organise the construction of family latrines. Before the committees could become effective, cholera broke out and the camp inhabitants had no other choice than to use the communal toilets, after all. Extensive discussions were now held as to where the latrines should be built and how they should be designed and kept clean so that the refugees would be able to use them (Chalinder, 1994).

The toilet crisis could perhaps have been avoided if the relief organisations had been better informed about the cultural taboos. However, it was inevitable that sanitation would become a source of conflict in these camps, because for the Hindu refugees the latrines symbolised shame, anger and sadness over the loss of their homeland and their traditional way of life. The Sanitation Committees, who finally managed to enter into discussion with the camp inhabitants on these issues, did not just succeed in improving hygienic standards in the camps. They also enabled the refugees to reflect on how they could defend their self-esteem and dignity under the conditions of exile.

- **Interaction between hygiene and psychosocial well-being**

  Protection from illness in the cramped living conditions of camps and collective accommodation requires a kind of behaviour from refugees that is new to many of them and must first be learnt. At the same time, under these new circumstances it is often difficult to maintain the personal and cultural standards of hygiene to which people have been accustomed. The issue of optimal cleanliness is therefore a source of conflict and the fact that hygiene is also linked to self-esteem and well-being makes it particularly complicated. Traumatised people frequently find it difficult to look after themselves. It has been observed in many empowerment projects for women that growing self-confidence and mental recovery are also reflected in their outward appearance. The initial self-neglect gradually gives way to greater diligence in caring for themselves, their children and their living quarters. Although, on the one hand, adequate hygiene is a prerequisite for making people feel better and healthier, at the same time people also need to have a certain amount of control over their situation before they can feel the need to attend to their personal hygiene and the cleanliness of their environment.

- **Cultural factors**

  Sanitation – disposal of excreta and solid waste, drainage and vector control – and in this field especially the issue of toilets, is a technical and cultural problem. If people's feelings and experiences are not taken adequately into consideration, the programme can fail. The participation of the users in the planning, construction and maintenance of the system should therefore be encouraged as far as possible.

Water supply – key psychosocial issues

For many years it has been generally acknowledged that (drinking) water schemes can only be a sustained success if the users, and especially the female users, are involved in planning, construction and maintenance. The requirements for a water project in a refugee settlement are, however, quite different from those in a community in the midst of a war zone or in a town needing reconstruction after a war. However in all cases, conflicting interests regarding the location of water points, equal access to water for everyone, priorities for the use of water etc. must be negotiated collectively. Key psychosocial issues arise from the context of each specific situation and cannot therefore be generalised. Three issues, however, always prevail.

- **The fragmentation of the communities**
  As all people need water, water projects can function as «connectors» (Mary Anderson): in the interest of common utilisation of water, people from different political and social groups can be called upon to co-operate. In communities badly damaged by conflict, however, mutual suspicion, the marginalisation of stigmatized or politically unpopular community members and disturbed communication processes frequently hinder such attempts. For projects to be successful, it is necessary to deal actively with such conflicts. This often requires much time and it always requires the capacity of project staff to induce transformation processes.

- **The local meaning of water**
  Certain war experiences and events also change the attitude of the population to

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water, and thus influence future water projects. In a village in Angola, for example, the population refused to develop a water source close to their village. Only later did the technicians understand that people had been murdered at this location and not properly buried. The village inhabitants did not want to drink water that had been collected in the area of an unofficial cemetery. At the same time they were afraid of the dead who would not be able to find their peace as long as they had not been properly buried. The project therefore had to support the mourning process of the community members while organizing the drinking water supply.

In Duschanbe, the capital city of Tajikistan, silty water flowed into the domestic water system in 2005. Before the civil war in the 1990s, the water had been clean. The dirty tap water was consequently not only an annoyance to the population and a threat to its health, but was a symbol of the destruction of their country which they noticed every day. An improvement of the water quality would not just bring a positive change to their standard of hygiene, but would also be a real contribution towards dealing with the population's trauma.

■ **Participation of women**
As women have the main responsibility for supplying the family with water all over the world, their participation in projects contributes decisively to the success of a water scheme. Although this is generally known and is mentioned in all of the guidelines (Sphere, 2004; Sever, 2004 etc.), the effective involvement of women fails time and again because they are overworked, for example, or because there are still staff members who are not yet gender-sensitised etc. The work load of women increases in crisis areas, as they have to take on the additional work of their absent husbands. But in this precise situation, an adequate water supply system can considerably improve the situation of women.

Empowerment strategies for water and settlement hygiene

■ **Gain a good understanding of the target group**
An awareness of local knowledge and the values that are linked with water and hygiene prevent mistakes of the kind that were made, for example, with the refugees from Bhutan (see box).

■ **Analyse the conflict**
For the water project to contribute to a transformation of the conflict, staff members must understand the conflict and must work towards equal access for everyone to the resources. This requires mediation skills and/or experience in community development and in working with the principles of «Do No Harm» (Anderson).

■ **Deal with trauma, support the mourning process**
Cultural, technical or financial reasons may prevent an easy agreement on how to solve a problem. But when opposition becomes particularly strong, further questions have to be asked. Are the opponents defending their pre-war identity, or the previous system (see box)? Does a particular procedure, or do possible consequences related to the project create anxiety? Staff members should not regard conflicts of this kind as a mere obstacle. On the contrary, the resistance points to real difficulties. If the water specialists can discuss these problems with people, they not only increase the probability that the project will be successful, but also contribute to the psychosocial well-being of the participants.
Psychosocial experts also sometimes find it easier to address grief and trauma if they can start off by dealing with people's specific material problems such as the supply of water. The design of a public space next to a spring in a village in Bosnia, for example, helped to deal with a clash between a group of displaced people and the local population. The people who had been driven out of Srebrenica were living in a camp that was separated by a hill from the next village. Exactly half way between the camp and the village there was a spring that was used by both groups. By joining forces to develop the spring as a place of encounter, social contacts developed and people began to talk about the different ways in which they saw things and the concerns common to both population groups. Discussions in therapy sessions could not possibly have led to comparable results.

■ **Deal with the connection between hygiene and psychosocial well-being**
If staff members are to succeed in encouraging adequate hygiene standards, they should be aware of the fact that people do not change their behaviour just because someone asks them to do so. Refugees who either have no wish to or are not able to become accustomed to new standards of hygiene are perhaps also expressing their feelings about their situation in this way. During hygiene promotion sessions and in conflicts arising from the maintenance and utilisation of sanitary facilities, the people involved should be encouraged to reflect on how their situation will have to change to enable them to look after themselves and their environment with greater care.

■ **Enable women to take a decisive part in projects**
Staff members should work towards reducing the obstacles hindering the full participation of women, both in consultations and construction and, at a later date, in the administration and maintenance of the water and sanitation systems (→ further suggestions in: Fong, 1996; SDC, 2004)

■ **Consider needs of refugee women in relation to water points and sanitary facilities**
Water points and washing and toilet facilities must be planned in a way that they meet women's specific needs for privacy and safety.

Hand pumps and the reluctant departure from the old system

During a fact-finding mission conducted by SDC in Moldavia in 2000 the representatives of the water works requested facilities which in size and technical complexity were reminiscent of the Soviet supply systems. The Swiss team had to invest a great deal of energy convincing the Moldavians before they finally agreed to a solution that was technically and financially realistic (Kaufmann, 2003).

The opposition of the negotiating partner towards the plan, which had been adapted to meet the local requirements and was based on wells, hand pumps and the catchment of spring water, was also influenced, amongst other things, by their sorrow over the collapse of the Soviet Union and their injured pride. In the poorest country in Europe, the change to another system meant economic insecurity and a scarcity of means for the civil services.

People frequently associate issues with water that have nothing directly to do with it. These issues should be addressed as far as possible and dealt with. Sometimes, it may even suffice to respectfully acknowledge the difficult emotional situation of the project partners and to avoid any further humiliation.

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Shelter and housing

Deza/Dino Beti (Photo Filter)

- The loss of a home has an impact on people far beyond that due to the material loss.
- Shelter and housing programmes are an integral part of conflict. They may aggravate social and political conflicts or help to address them.
- Involvement in the construction and administration of housing can help users to cope with their losses and develop plans for the future.
- Participation becomes psychosocially relevant if it extends beyond involvement in the needs assessment.

A place to live

Housing provides protection and security and is an expression of the identities and dignity of the people living in it. The loss of a home is psychologically and socially very hard to bear because part of one's identity and sense of belonging is lost along with it. By co-operating with the target population to design new accommodations, shelter and housing projects become part of the psychosocial process that helps victims to cope better with their losses and develop new plans for the future.

Temporary solutions – key psychosocial issues

Transitional shelter means «shelter which provides a habitable covered living space and a secure, healthy living environment, with privacy and dignity, to those within it, during the period between a conflict or natural disaster and the achievement of a durable shelter solution» (Oxfam 2005, p. 11).

People in crisis areas often try to delude themselves as to the extent of the loss and destruction. This phenomenon can also be observed in the transitional shelter sector. Although experience has shown worldwide that this phase may often last for years and sometimes even for decades, many participants behave as if it were a matter of bridging a short time gap with temporary solutions. This denial of reality can be observed at all levels.

- The donor organisations approve budgets for a year and assess projects according to a short term cost-benefit logic. Consequently, they award contracts to organisations that budget the lowest cost per person to be accommodated.
- The implementing organisation follows this logic and drops everything from the programme which, although it might increase the likelihood of sustainability, requires higher initial investment.

- Political representatives and authorities are often unwilling to provide sufficient space for accommodation or to take those legal and political measures necessary to integrate refugees in the longer term.
- People using transitional shelters are traumatised by the circumstances under which they have lost their homes and by the political circumstances that compel them to depend on emergency aid. The situation at the place of refuge may be difficult to endure. Shelters may be too small, allowing little privacy, forcing people to participate in unfamiliar group structures which are often experienced as degrading. People harbour the illusion that their stay will only be temporary. Although their behaviour is passive and watchful, anger builds up within them and social conflicts accumulate.

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A key issue in the planning and implementation of transitional shelters and settlements is therefore to acknowledge middle to long-term perspectives. It is necessary to help the target population develop a realistic idea of the time likely to be spent in temporary accommodation and to help them confront their powerlessness and passivity by promoting autonomy.

Empowerment perspectives and temporary solutions

Together with the provision of or improvement of living space, the organisation of its users as early as possible is a vital step in conflict management. The opportunity for them to participate in the construction, conversion or extension of their housing varies according to the situation. Oxfam (2005) differentiates between the Emergency Phase, when the influx of refugees is very high, and the Care and Maintenance Phase that begins when the situation becomes more stable. The organisation of a target population becomes easier after its most urgent needs have been satisfied. Nevertheless, structures enabling users to participate in the management and maintenance of their housing space should be developed as quickly as possible in the interests of sustainability and the psychosocial recovery of the victims.

- **Establish dialogue**

  A regular dialogue must be established between users and the technical staff of the implementing organisation. If both parties not only get together when acute problems arise, but also have discussions at regular intervals on how to simplify the use of facilities and develop joint solutions, social and emotional conflicts will arise less frequently. Women must be given the opportunity to be represented in users' delegations and to express their views, since their perceptions and concerns are different from those of men.

- **Encourage participation in maintenance work**

  As far as possible, repairs should be carried out by the users themselves. The train-

Powerlessness and destruction

In a collective centre in the former Yugoslavia, the sanitary installations were destroyed completely several times at intervals of only a few months. They were subsequently repaired by technicians from the nearby town, only to be destroyed again a few months later. Staff members of the responsible relief organisation could not understand this phenomenon. They accused the people in the centres of being unreasonable or even insane. However, when one of them made the effort to talk with the inhabitants at greater length, it emerged that people's nerves were frayed because a solution to their main problem, the return to their places of origin, seemed less probable than ever. The crowded housing conditions, moreover, were a major burden on family relationships and most people could not see any way to earn money. In this powerless situation, people looked for the one place where they could demonstrate power and where the overcrowding of the centre would be particularly noticeable: they directed their rage at blocked toilets and smashed them up. The regular repair work done by local technicians could neither solve their main problem of living in exile, nor could it prevent the toilets from continually becoming blocked. Because of this, feelings of aggression and worthlessness increased. In discussions with the inhabitants, ways of preventing future toilet blockages could be considered and the staff came to a better understanding of how difficult the situation was for the refugees.

ing input required to enable them to do so should not be assessed simply from the view of cost and maintenance efficiency. Having responsibility for the condition and maintenance of their own accommodation helps refugees to identify more with the housing and to feel better in it. If they acquire the necessary technical skills,

moreover, they have a qualification that can be useful in the future. This applies to both women and men.

■ **Promote initiatives to improve accommodation**
At some point, people may start to extend and improve their dwellings. In principle, this should be encouraged, as it is an attempt to adapt themselves better to the situation, to recognise their own needs, think up ways of satisfying them and then begin doing so. This way of dealing with the situation can support or encourage mobilisation in other spheres of life as well. It is therefore important to bear in mind, even during the planning and building of transitional shelter, that its occupants should be able, and are even expected, to carry out alterations on their accommodation at a later date.

■ **Encourage representation and advocacy**
Users who have organised some form of co-operation with others in their living area, be it in a camp or a collective centre, can argue more convincingly in their dealings

with the outside world, e.g. with the implementing organisation or with authorities that need to be persuaded to provide more living space or to allow refugees to purchase their homes, for example.

■ **Develop plans for the future**
Empowerment of the population as a result of their participation in the management and maintenance of their living space has a positive effect on the development of plans for the future and participation in activities in other areas (e.g. education of children, economic survival etc.). Shelter programmes can contribute not only in their own right to the development of livelihood prospects (for different forms of participation, Oxfam, 2005 and Barakat, 2003). They also benefit from networking with organisations that support refugees in the development of economic, social (e.g. integration in the provisional place of abode) and political perspectives.

■ **Respect needs of women and men**
Various organisations, including SDC, have drawn up checklists to ensure that

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the needs of women are considered in the planning and implementation of shelter and housing programmes (→ Resources).

Durable solutions – key psychosocial issues

Houses are sometimes repaired or rebuilt for their original occupants even before the end of a conflict, or in its aftermath or after a natural disaster. People who cannot or do not wish to return to their places of origin need to be settled permanently elsewhere. Solutions which have previously been regarded as temporary are frequently transformed into permanent solutions by means of additional constructional measures.

The key psychosocial issues associated with the implementation of durable solutions are almost always as follows:

 – overcoming powerlessness and passivity;
 – dealing with grief about the loss of the former home;
 – social and emotional integration in the old/new place of residence;
 – differing requirements of various groups, especially of women and men.

These problems can be adequately dealt with if, in every phase – from the planning stage through building to the necessary maintenance measures – all of the participating parties are included, i.e. the occupants, the technical experts, the authorities and the local community. In the interests of long-term social re-construction, any conflicts that arise in this process must be negotiated with transparency. To master this task, the whole process must be accompanied by people or organisations with experience in conflict management, psychosocial work and/or community development.

Prospects for empowerment and durable solutions

■ **Site selection**
A decision of prime importance regarding the key issue of social integration is the selection of the construction site. There are many factors that influence this choice – access, security, infrastructure, property rights and other legal issues, topography etc. These factors must, however, not be allowed to let people forget that the location of the site will have a decisive influence on the course of social re-construction. Does the site make social integration possible, or does it contribute to marginalisation, does it support interaction with the rest of the population or the formation of ghettos? In the long term, the relationship between the occupants of the planned housing and the rest of the population is influenced by the location of the new settlement.

The process that eventually leads to agreement on the building site is often marked by conflict. During this process, it is important to discuss the views and wishes of all parties involved. If, for example, authorities were to decide that the best location for an orphanage were on the edge of town, this attitude would have to be critically challenged in the interests of the orphans' social integration. If the population were to imagine that the best place for refugees would be outside their village, because

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they would have water there and also the least to fear, it would be part of a psychosocially relevant planning process to discuss controversial opinions of this kind so that agreement can be reached on more suitable arrangements.

■ **Decisions on design and material**
Discussions with users about how they used to live, which different functions their accommodation had for women, men and children, what the occupants loved about it, what they found practical, what they did not like and would prefer to do differently today, is important for the planning of lasting solutions. At the same time it helps to deal with the grief over the loss of their homes. If people become sad or annoyed during a discussion of this nature, it should be regarded as normal and not as a reason to break up the meeting. What the design of the house looks like at the end of the talks and which materials are to be used depends not only on the wishes of the future occupants, but also equally on technical and economic considerations. These factors need to be discussed with the users. It is important not just to ask what they would like and subsequently to make all decisions without them, but really to involve them in the decision-making. This means that the technical and financial constraints will have to be explained and a compromise reached between what people would like and what is realistically possible. In the course of such a dialogue, technicians also learn to respect the statements of future users as a source of information on what is really important to them and subsequently to develop appropriate technical solutions. This real participation may seem time-consuming, but it improves understanding of the planned house or settlement, facilitates emotional acceptance and reduces the potential for future conflicts. The design should allow for the possibility that users may wish to modify their houses at a later date.

■ **Restoration of public buildings**
When public buildings are repaired or rebuilt, regular consultations should be held not only with the competent authorities, but also with the people that are to use them professionally – doctors, nursing staff, teachers, schoolchildren, etc. They are equivalent to the occupants of private houses and will later have to live and work in the facilities. Their participation not only helps to improve the design of the facility, it also helps users come to terms with the altered situation.

■ **Considering possible social changes at the planning stage**
Occasionally, the divide between different parties involved in the process of housing construction is so deep (e.g. when people refuse to share infrastructure etc.) that it can not be influenced during the planning phase. Planning should nevertheless be based on the assumption that, in the interests of conflict transformation, the groups must sooner or later co-operate more closely with each other. The plans of housing schemes and buildings should be planned in a way that will facilitate social change rather than hinder it.

■ **Participation in construction**
Houses can be built by contractors, by the users/owners or by the community. Each option has advantages and disadvantages, both technical and economic (see Barakat, 2003). In the interests of psychosocial recovery, it is desirable that house owners/users and local professionals play a significant role in the construction process. It helps the families and communities to overcome passivity and to identify more strongly with their new homes. This self-build approach with the use of local expertise and raw materials can also help to strengthen social structures. However, programmes must ensure that local mechanisms of domination and social exclusion do not adversely affect the process.

Social integration with the help of building measures
For many years after the war, internally displaced persons and refugees, for the most part elderly people and single mothers, still lived in collective centres in Serbia. They had not managed to get themselves organised and find a way for themselves in the new reality. To support the integration of these marginalised groups, the Department for Humanitarian Aid of SDC encouraged them to move out of the collective centres by building two blocks of flats for members of the target group and local people. The buildings were constructed on separate sites to avoid an agglomeration of poor families. Each building contained 5 apartments for 2 people and a large apartment for foster families. SDC thus laid the foundations for a social housing scheme in Serbia and allowed for continuation of the supportive relationships which had developed in the collective centres, while preventing the formation of ghettos for single mothers and elderly refugees.

■ **Women and men**
Women and men have different perceptions and requirements regarding their housing. Women must therefore be represented and have their say at each stage of the programme, but especially in the planning phase. Women must also be involved in the building phase. Construction work is one of the few activities in areas of conflict and post-conflict for which wages are paid and it should also be open to women. Sometimes hindrances may need to be removed before women can participate – e.g. the resistance of men, or the reorganisation of child care responsibilities – if necessary with support from the project.

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Compilation of advantages and disadvantages of different approaches to the planning and implementation of transitional and permanent housing.

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Detailed guidelines for central aspects of the planning, implementation and evaluation of transitional shelter sector programmes.

SDC/Humanitarian Aid (2004)
Best Practices of Durable Solutions in the Balkans and the Caucasus.
Can be ordered through: SDC/HA, Humanitäre Hilfe und SKH, Sägestrasse 77 Köniz, 3003 Bern; hh@deza.admin.ch

SDC (2006)
Gender & Humanitarian Aid.
Why and how should SDC integrate Gender into Humanitarian Aid?
SDC: Bern

Natural disasters

- Natural disasters are more of a social phenomenon than their name at first indicates.
- Children, women and men affected by the disaster should not be treated as helpless spectators and recipients of support, but must be actively involved from the outset in improving their situation.
- Psychosocial support in the reconstruction process should focus on improving security, bringing together family members, improving communication, and providing support during the mourning process rather than isolated trauma therapy programmes.
- Reconstruction programmes must include measures for disaster prevention and preparedness. These efforts are relevant from a psychosocial perspective as they assist people in dealing with the past experience of helplessness.

Deza/Marc Kollmuss

Key issues of reconstruction after natural disasters

Psychosocial assistance has become a central feature of emergency interventions, in addition to medical support, food aid and provision of shelter. Psychosocial support is aimed at strengthening people to deal with their dreadful experiences, with fear, anger and helplessness and to ensure their active participation in rebuilding their lives.

Trauma

The suddenness, vehemence and unbelievably destructive force of natural disasters frequently lead to traumatisation amongst the victims. In a few moments, people may lose everything that has been part of their lives, family and friends, their homes and their job. The initial psychological reaction is one of shock; the victims may collapse completely, or may carry on functioning but seem to be absent as though in a trance. Some enter into a state of hyperactivity. Gradually, people realise that what at first seemed to be a nightmare has actually happened. Slowly, the full extent of the consequences dawns on the survivors.

Trauma caused by natural disasters must be understood as a sequential process, in the same way as when it is caused by socio-political events. However, in contrast to political trauma, the cause is usually a clearly defined and limited event. Moreover, the social value attributed to the suffering of victims is different. No-one denies victims of a natural disaster the right to feel bad and to need help. However, the social circumstances are generally complex since natural disasters cause most of the devastation in poor areas. Nevertheless, here it is easier to deal with collective trauma and loss than in the case of armed conflict – the destruction is blamed mainly on forces of nature and not on other people, and any difference between individual and collective perceptions of the events is usually small. In other words, even though people's experiences may be horrifying, at least there is a basic social cohesion, a congruence of individual and collective perceptions.

Grief

Losses are immense and overwhelming. There has been no time for farewells, and many survivors will have made futile attempts to rescue family members. Frequently, it is not possible to find, identify and bury the dead. Also, family members often have no time to think of the dead; the fight for their own survival is more important. These factors make a normal mourning process almost impossible (→ Sheet 2: The psychosocial approach and Sheet 11: Disappeared and murdered persons).

Fear

After the disaster, fearfulness is common. It consists of several aspects.

■ Involuntary recurrent memories of the disaster that occur as part of the mind's attempt to come to terms with the traumatic shock, but which are experienced as a repetition of the horror.

Deza/Beat Krättli

- Panic at any new frightening event because the ability to differentiate between lesser and greater degrees of danger has been lost, or because it seems to make sense always to assume the worst.
- Permanent fear of a fresh disaster, being an unconsciously determined attempt to overcome the experienced helplessness by developing a capacity to predict future doom. People try to compensate for the powerlessness experienced during a disaster by pretending that they know what the future holds and will thus be better able to prepare and protect themselves.

Strategies of empowerment

From the psychosocial viewpoint, it is crucial that the victims are not condemned to helpless watching and waiting but, on the contrary, that they participate as soon as possible in the work of actively dealing with the catastrophe themselves. This is not only a successful way of speeding up reconstruction, but also promotes individual healing.

Waiting for aid instead of organizing self-help

In 2001, there were two severe earthquakes in El Salvador within a few weeks. More than 26% of the population became homeless, and in many villages, the population had to move into tents. Schools were closed. On government instructions, the people waited for the army to arrive so that they could start clearing up and reconstructing houses. However, the rainy season was close and new dangers were foreseeable. Meanwhile, staff of aid organisations painted pictures with the children and played sports with them. Schools remained closed as it did not occur to teachers that biology and geography could possibly be better taught in the open air. The children naturally enjoyed all of this, but neither they nor their parents were really taken seriously. Instead of encouraging them to improve their situation, e.g. by digging water drains as a protective measure against flooding during the rainy season, they were left to wait. Instead of giving the children a chance to participate in self-help, they played games. Instead of addressing trauma and anxiety, this authoritarian support strategy confirmed the survivors' dependency and helplessness and thus degraded their psychosocial situation.

Sequence	Key issues and perspectives of empowerment
Before the catastrophic event	Many areas struck by a natural disaster were seen as being vulnerable long before the catastrophic event. Prevention and preparedness, however, are often not considered attractive for donors and governmental authorities and the observance of precautionary measures such as building regulations is not enforced. In addition, some areas are marked by severe structural or direct violence, and this makes implementing any form of prevention even more difficult. **Key issue** ■ Prevention and preparedness. **Perspectives of empowerment** ■ Community organisation – a community is better able to get matters organised and recover more quickly if it was well-organised before the disaster. (Example: neighbourhood disaster support project in Turkey: SDC/HH, 2005) ■ Land-use planning, zoning, building codes ■ Protective structures (e.g. dikes and dams, proofing, retrofitting) ■ Preparedness (e.g. emergency services, early warning systems, etc.) ■ Individual preparation (knowledge about adequate responses in case of disaster, savings, etc).
During and immediately after the catastrophic event	Catastrophes can occur within seconds, but more often they will happen over several hours, if not days. The tsunami wave came and went within minutes, for example, but much time passed before people were really safe. How this initial phase is experienced has a considerable influence on the course of the traumatisation process. During this time, the situation is chaotic and marked by a loss of orientation, shock, injuries and a lack of even the most basic requirements for survival. Victims react very differently: those who can actively help others fare better, because they feel more in control, but most react with despair and hopelessness. In this phase, the basic traumatic process of destruction of psychological structures occurs, yet at the same time determination to survive can initiate individual and collective efforts to reorganise life. Aid workers should, for this reason, not only assess the amount of damage but also the degree of self-organisation already achieved. The phase beginning immediately after the event and ending with the arrival of relief from outside is usually short. However later on it is this phase that most clearly shapes people's memories.
After the disaster – the first months	The central issue in this phase is to ensure immediate survival and develop initial plans for the future, usually with help from outside. Short-term solutions must be found to deal with emergency situations, while at the same time the long-term aspects of reconstruction and of the psychological processing of events must not be forgotten.

After the disaster – the first months

Key issues
- Organising for survival of the disaster
- Dealing with loss, anxiety and despair
- Understanding what has happened
- Development of perspectives for the future.

Perspectives of empowerment
- Organise aid with a view to development.
- Provide information on the availability of resources and services and on the reasons for the disaster and its anticipated further course (aftershocks, further flooding etc.).
- Bring and keep families and communities together; support efforts to contact or trace others; provide common shelter for members of the same communities.
- Ensure some degree of privacy (e.g. providing family spaces).
- Establish a routine, especially for children: open schools as soon as possible.
- Counteract helplessness by including people in decision-making regarding the organisation of everyday life.
- Provide psychological first aid (→ Sheet 15: Health and WHO, 2003) – i.e. listen compassionately, give emotional support, reassure people that their form of grief and their reactions to the disaster are normal and not a sign of mental disease, support them in finding their own solutions to problems, encourage social contacts. Space should be created for communication between people who know each other.
- Retrieve, identify and bury the dead.
- Encourage religious or cultural forms of collective mourning.
- Protect women: in chaotic and lawless circumstances women are particularly at risk. Establish mechanisms to protect them (as in how shelter is arranged and the distribution system for resources) and provide opportunities for women to lodge complaints.
- After disasters, people are almost always given aid in the form of goods (food parcels etc.). Experts are debating, however, whether cash support might be more appropriate. From a psychological point of view, everything that encourages the self-determination and autonomy of the victims is sensible. Money could be more supportive of self-determination than the supply of goods. In the end, however, it depends on the specific context. (→ Houghton, 2005: List of the advantages and disadvantages of cash payments).
- The psychosocial aspects involved with specific sectors of aid such as shelter, water and health are referred to in different sheets in this toolkit.

Chronification/Reconstruction

This phase often lasts much longer than originally expected, yet at the same time external assistance is decreasing. The prevention of further disasters is an essential component of the reconstruction effort. This certainly includes technical measures, but other aspects of equal importance are the battle against the corruption, which often makes legal provisions irrelevant, and the struggle against social disparity, which makes part of the population particularly vulnerable to disasters.

Chronification/Reconstruction

Key issues

- People begin to understand that their losses are irreversible. For many this means, in addition to the loss of family members, a long-term change for the worse in regard to livelihood and social status (e.g. widow).
- Changing community structures – caused by the death or migration of many of its members, but also because of the shifts in social standing (some have become rich, many have become poor).
- Space for individual and collective mourning is required. Remembrance also is important in relation to prevention.
- Individuals and communities have to develop new plans for the future.

Perspectives of empowerment

- Develop individual and collective preparedness to mitigate future disasters, to help survivors come to terms with what has happened and cope with the powerlessness experienced.
- Promote awareness of trauma and an understanding of mourning processes and of chronic anxiety amongst professionals (teachers, members of the medical staff, community workers etc.).
- Address helplessness and powerlessness by adopting an empowerment approach to reconstruction efforts.
- Support collective and individual mourning processes, public remembrance.
- Livelihood: if possible, use local resources (boat-builders, construction specialists. local materials etc.), promote income generation, revitalise markets. Provide initial support during the unproductive season to prevent people getting into debt.
- Ensure that schools are used not only for the education of children, but also as a place where all members of the community can develop skills.

Children

After the tsunami, very good psychosocial guidelines for the support of children were developed by the Save the Children Alliance. They discuss the following five basic principles.

■ Lack of emotional support, separation of family members and the grief and despair of adults have an even more negative influence on a child than the disaster itself. Supporting adults therefore always contributes to the welfare of children.

■ Under no circumstances should children be separated from their parents. It is vital to support children in the search for their parents or, if they are dead, for their relatives. The informal care of children by other adults they know is only unreasonable if the child might be at risk. In all other cases, informal systems of this kind (material, emotional, social) should be supported.

■ Children should not be removed from the disaster area, but if despite all efforts this cannot be avoided, adults known to them should be informed and measures taken to ensure that the children reach their destinations safely.

■ Establish routine and normalcy, open schools and nursery schools.

■ Provide child friendly spaces.

Source: Save the Children, 2004 and 2005.

Deza/Marius Born (Photo Filter)

Resources

Houghton, R. (2005)
Tsunami Emergency. Lessons from Previous Natural Disasters.
www.alnap.org
The article also provides a checklist which helps to decide whether to provide cash or material support

Save the Children Alliance (2005)
Psychosocial Care and Protection of Tsunami Affected Children – Guiding Principles.
www.savethechildren.org.uk
These principles are helpful and precise and give a brief, clear summary of the current state of the discussion. They draw attention to the significance of psychosocial processes, but point out the dangers of a counterproductive focus on psychopathology.

Save the Children Federation (2004)
Separated Children: Care and Protection of Children in Emergencies A Field Guide.
www.savethechildren.org.uk
A detailed and well-written guideline for dealing with children in different kinds of emergencies

SDC (2005)
Being Prepared for Natural Disasters (Vorbereitet sein auf Naturkatstropen).
Neighbourhood Disaster Support Project Turkey.
www.deza.ch/ressources/resource_en_24637.pdf

SDC (2005)
Cash Projects – An Innovative Form of Direct Support.
www.deza.ch/ressources/resource_en_24647.pdf

Tsunami Help for Sri Lanka (2005)
Psychosocial Issues
http://tsunamihelpsrilanka.blogspot.com
Sensible advice, guidelines for and experience gained during relief work in tsunami-affected areas.

Van Ommern, M. et al. (2005)
Mental Health in Emergencies.
In: Bulletin of the World Health Organization 83 (1), p 71–77.
www.who.int/bulletin/volumes/83/1/en
In addition to this article, the contributions made by Derrick Silove and Derek Summerfield to the discussion are also noteworthy. All three authors refer to the importance of encouraging the development of social processes after a disaster.

WHO (2003)
Mental Health in Emergencies. Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors.
Geneva: WHO.
www.who.int
Brief guidelines for the introduction of mental health to primary health care.

On the continuum of emergency aid development
www.anlap.org
www.odihpn.org

Deza/Peter Mc Farren (Photo Filter)