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From the Editor

One of Intervention’s main goals is to make a link between research and practice. Therefore, I am happy that all of the articles in this issue describe research done within the context of existing mental health and psychosocial support projects. Too often, research findings are detached from the reality lived by the participants and contribute far too little to improve interventions. One important question is: how can we know that an intervention is satisfactory? Another is: how can we appropriately measure outcomes?

Of course, outsiders can formulate criteria, but how relevant are those indicators to the people involved - the so-called ‘beneficiaries’? How can concepts such as ‘reintegration’, ‘well-being’, and ‘social functioning’ be made meaningful in non Western, conflict affected contexts?

Lindsay Stark and her colleagues explore new territory in their article. They present a method to develop locally relevant indicators of reintegration and adjustment for girls formerly associated with armed groups in Sierra Leone. Some of the locally
relevant indicators of successful reintegration may not be surprising, for example: ‘being engaged in income generating activities’, or ‘being invited to weddings and naming ceremonies’. While others, such as ‘being included in bondu’, the women’s secret society, may be unexpected to those unfamiliar with the cultural context of Sierra Leone. The participatory ranking method used in this research, combining focus group discussions and techniques for participatory rural appraisal, is a good example of how local perspectives can be incorporated in the construction of research instruments. With this approach we can ensure that selected indicators are meaningful to local stakeholders and reflect what they themselves find important.

Laura May Ward and Carola Eyber highlight resiliency, a concept that is often talked and theorized about, but is not so easy to operationalize. Their paper situates resiliency, vulnerability and coping strategies within a particular context: that of Rwandan children living in child headed households. Again, their research was done in the context of an intervention project and the results suggest ways that programmes can be tailored to the needs of the children themselves. This article attempts to provide a voice from the children and explores their views on issues of strengths, vulnerability and support. It also makes clear that many children have not only coped with adversity, but have also exhibited considerable strength in dealing with the challenges they face.

Josi Salem-Pickartz reports the results of a survey that describes the living conditions of Iraqi refugees in Amman, from a community mental health perspective, and to identify resources that can contribute to community development initiatives. This survey was conducted by what Salem calls ‘peer researchers’. The interviewers were Iraqi refugees themselves, and the research questionnaire was constructed in close collaboration with these peer researchers. While this research provides useful information on general psychological distress, coping mechanisms, support needs and resources of the Iraqis in Jordan, it did not give definite answers on the reality of gender based violence in the Iraqi refugee community. Salem writes that it ‘proved to be difficult to achieve a common understanding of abuse and violence, as most researchers had little awareness of these issues in the beginning of the training’. This shows how thin the line between ‘intervention’ and ‘research’ can be. Was Salem’s project a research project, or an intervention in itself?

The field report by Monica Bandeira focuses on ex-combatants in South Africa. She highlights interventions by organizations that work with this group, and sketches the perspectives of both ex-combatants and organisation members. The paper concludes that much more effort is needed in terms of successful reintegration. She also emphasizes that ex-combatants have a great deal to contribute to society if they are provided with the opportunities to do so.

The articles by Stark et al., Ward & Eyber, Salem-Pickartz and Bandeira show the strengths and limitations of the methods used. For this journal, it is important to document how organizations and researchers collaborate to make research useful. Needs assessments and outcome evaluations can provide a wealth of relevant data. In practice, however, too often these assessments and evaluations are done in ways that are not feeding into the actual project cycle, and do not sufficiently incorporate the views of local stakeholders.

Therefore, I would like to take this opportunity to encourage our readers to submit
manuscripts that explicitly address how they attempt to use participatory ways of research and assessment to improve their interventions.

Finally, Jane Gilbert, in her beautiful report on ‘psychosocial counsellors’ in Jordan, deconstructs the difficulties and contradictions in the work of the counsellors. This paper is important because she focuses on the helpers themselves. The article describes the ambiguities and dilemmas of the workers on the ground. The counsellors are very committed to helping refugees, but much, maybe too much, is being asked of them. Many experienced distress at the helplessness of the refugees, and at not being able to offer more help. This is neither new nor surprising. Still, it is rarely explicitly addressed in the literature. We hope that Gilberts’ piece will inspire ‘helpers’ in post conflict settings to reflect on their work, their tasks and their dilemma’s.

Please write to us with your feedback!

Peter Ventevogel,
Editor-in-chief
Developing culturally relevant indicators of reintegration for girls, formerly associated with armed groups, in Sierra Leone using a participative ranking methodology

Lindsay Stark, Alastair Ager, Mike Wessells & Neil Boothby

This article describes a participative ranking methodology for identifying local understanding of reintegration and adjustment of potential value in programme planning and evaluation. It was applied in the specific context of girls formerly associated with fighting forces in Sierra Leone. Fourteen discussion groups, utilizing spontaneous listing and participative ranking activities, within a focus group framework, were conducted in 10 communities. Discussions served to identify family support, marriage, involvement in communal activities and income generating activities as locally seen as significant indicators of a girl’s successful reintegration after the war. This method offers a flexible approach to identifying culturally relevant indicators of reintegration that have the potential for wide use in programme planning and evaluation.

Keywords: Sierra Leone, child soldiers, reintegration, methods, indicators, cross cultural, assessment

Introduction
In recent years, increased attention has been given to girls associated with armed forces – a population long overlooked in complex emergencies (Ager et al., 2006). For many years, the humanitarian community has had little understanding of the experiences of girls and young women conscripted into armed groups, and how well these girls reintegrated back into their communities after their escape or release. Research is now emerging that has the potential to critically inform programming and policy for this population (Veale & Stavrou, 2003; Kostelny, 2004; McKay & Mazurana, 2004; Stark, 2006; Annan et al., 2008).

However, there remains a critical challenge in identifying appropriate measures of outcome for girls in such circumstances. How are concepts such as ‘reintegration’ and ‘wellbeing’ to be operationalized – made meaningful – in non Western, conflict affected cultures? For example, in Africa, where physical and mental health are often conceived of in relation to one’s environment, one’s ancestors and one’s relationship with others, the consensus is that the use of Western derived tools and checklists to assess post conflict adjustment will often be inappropriate (Honwana, 1997; Summerfield, 1999; Ager, 2008). A focus on Western concepts of trauma may underestimate the importance of culturally constructed meaning and interpretation of war related events in other contexts (Wessells & Monteiro, 2000). Within these contexts, girls are not just passive victims, but active interpreters who...
make meaning of their own experiences. Additionally, the impact an event has on a child often depends on how that child understands her experiences, her perceptions of her own motivations, and her conception of self (Wessells & Kostelny, 2008). By employing Western measures, therefore, one is at risk of giving privilege to external accounts of wellbeing at the expense of local constructions (Ager, 1997). To avoid that risk argues for a perspective that values local understanding of adjustment and culturally grounded, community based interventions (Peddle et al., 1999). Communities ‘have their own priorities for improving their lives, and their own ways of identifying impact indicators and measuring change’ (Catley et al., 2008).

In order to build an evidence base in support of these local models, increasingly efforts are being made to develop culturally grounded indicators and measures based on local concepts of wellbeing. Bolton and Tang (2002), for example, utilised free-listing (an elicitation method used to identify salient aspects of a domain) to learn about locally relevant tasks in Uganda and Rwanda in order to create a valid tool for functional assessment. Community specific function questionnaires were developed from the free-listing exercise and used in community based surveys. Hubbard’s ‘brief ethnographic interview tool’ offers another alternative to developing locally relevant instruments. This technique involves using a short semi-structured interview, framed around a question, to systematically collect information on a specific topic of interest from a community or population (Hubbard & Miller, 2004).

This paper presents a recent attempt to develop culturally relevant indicators of reintegration and adjustment for girls formerly associated with armed groups in Sierra Leone using a methodology of potential relevance in other settings. A brief background on the conflict in Sierra Leone and the effects it has had on the lives of girls associated with armed groups is first presented. A methodology for constructing locally relevant definitions of successful reintegration and adjustment is then described. Findings using this methodology are briefly outlined.

**Background**

Today, Sierra Leone is one of the poorest countries in the world, consistently ranking near, or at, the bottom of UNDP’s Human Development Index of 162 countries. More than 82% of the population currently lives below the poverty line. The average life expectancy is 42. The under five child mortality (270 per 1000), and maternal mortality (1800 per 100 000 live births), rates are amongst the highest in the world (UNICEF, 2008a).

Ten years of protracted civil war have significantly contributed to Sierra Leone’s current hardship. Throughout the conflict, children, both ‘voluntarily’ and forcibly, took part as combatants. More than 10 000 children were separated from their families, including approximately 8000 children who were abducted and conscripted over the years into the various warring factions. Children as young as 12 participated in the conflict (Williamson & Cripe, 2002). Child soldiers constituted approximately one third of the rebel forces that helped to overthrow the elected government. Of these, a large number were girls who were abducted by the fighting forces and used as camp labourers, or for sexual purposes (McKay, 2005).

In the formal demobilization process, girls associated with the fighting forces were largely overlooked and excluded (Williamson, 2006). This pattern of exclusion
can be seen across many settings and conflicts. Girls have been systematically denied services as disarmament, demobilization and reintegration (DDR) programmes tend to be structured in ways that both formally, and informally, marginalize children, youth and women (Women's Commission on Refugee Women and Children (WCRWC), 1998).

In Sierra Leone, many girls who had been combatants could not pass the official ‘weapons test’ where a child turns in a weapon after demonstrating her knowledge of how to disassemble and reassemble it, in order to enter the DDR process. Only 506, of an estimated 12 000 girl soldiers, participated in the official DDR process. That is an estimated 4% DDR participation rate compared to an estimated 18% for boy soldiers (McKay & Mazurana, 2004).

Typically, these girls witnessed the murder of family members, had their homes burned to the ground, were forcibly separated from their families, and suffered rape and sexual violence at the hands of their captors. Most served as cooks, porters, labourers and bush wives. Some also participated in the fighting where they looted, killed and committed other atrocities (Stark, 2006). As a result, these girls and young women emerged from the war with both physical and emotional wounds, as well as many with small children and babies conceived with their captors. They came from the bush reporting feelings of hopelessness, worthlessness and despair (Abdul-Shereef et al., 2006).

Several years on from the conflict what, for these young women, represents ‘successful’ reintegration back within their communities? This was the question addressed by the current study, as a precursor to an evaluation of programme interventions that had sought to strengthen girls’ adjustment and support such reintegration (Olsen et al., forthcoming).

**Methods**

From March to April of 2007, Columbia University’s Program in Forced Migration and Health partnered with Christian Children’s Fund (CCF) to engage in a participatory process with girls formerly associated with armed groups. The aim of this process was to identify key indicators of successful reintegration. The research aim was to provide a context for girls to enable them to share key understandings, regarding the experience of reintegration, and furthermore, rank indicators of successful and unsuccessful reintegration, in order of importance. The focus was to identify shared local understanding of what marked successful reintegration and that did not involve an exploration of individual girls’ experiences. While care was taken to ensure that interviews did not reopen old wounds, the general expectation and experience was of girls’ eagerness to share what had marked their successful re-entrance into community life.

The team employed a Columbia University developed participative ranking method (PRM) specifically for this purpose. The method combines key principles of focus group methodology and participatory rural appraisal (PRA) activities to elicit local understandings of successful reintegration.

The approach is flexible, can be adapted to local conditions and acknowledges the girls as experts. It allows for the recognition that ‘local people are capable of identifying and measuring their own indicators of change’ (Catley, 1999).

The team visited 10 communities in the districts of Koinadugu, Bombali and Port Loko. These sites were deemed the most appropriate for our initial work and the subsequent programme evaluation because they were some of the hardest hit during the war. Additionally, they were the focal areas of
CCF’s original programming for girls associated with armed groups.

Sample

The sample comprised 14 focus groups, involving a total sample of 166 girls and young women who had been with an armed group at some point during the conflict. Girls came from a variety of tribes including Fullah, Madinko, and Timene. While specific details on the girls’ wartime experiences were not gathered here, past research has documented the variety of wartime roles in which these girls’ served; from porters to sex slaves to combatants (Stark, 2006; Abdul-Shereef et al., 2006). A wide range of girls were sought in order to provide sufficient representation of those associated with armed groups, so that shared understandings of reintegration could be elicited. For this reason they were not selected based on specific wartime roles or other socio-economic or ethnic variables.

Girls were invited to participate from communities where CCF programmes were operating and also from neighbouring communities where girls, formerly associated with armed groups, did not have access to CCF’s services. For girls in CCF’s operational communities, local community mobilizers invited program beneficiaries to participate in the study. These mobilizers lived in the same villages as the girls, and were responsible for helping with the day-to-day support of CCF programmes. The girls, as well as other community members, selected the mobilizers, so that they were both trusted and well regarded. We relied on these mobilizers to extend a verbal invitation to participate in a convenience sample of girls who were programme beneficiaries. For girls in comparison communities, it was necessary for CCF staff to first meet with the relevant chief and explain the purpose of the study. Staff then requested the chief’s assistance to gather girls between the ages of 16 and 25 to meet with the research team the following day. Upon arrival, the girls were individually engaged in private conversations to determine whether they fit inclusion criteria (i.e. whether she was ever abducted or conscripted into an armed group during the conflict). Girls were asked about their wartime experience in the context of a wider series of questions. This served the dual purpose of helping to establish rapport with the girls who were eventually selected for the study, while also masking the specific selection criteria in order to avoid potential stigmatization.

Staff selection and training

Two female Sierra Leonean staff members and two female local social work interns were trained in the methodology. The staff had worked in these villages for a number of years and therefore had extensive experience with the population. This proved to be an enormous benefit to the research. First, it allowed the team to enter the communities with the chief’s and the larger community’s approval. Second, many of the girls who participated in the study already knew and liked the CCF staff. This previously established trust and rapport increased our confidence that the girls were honest and forthcoming in their responses.

Training lasted two days and focused on participatory interview techniques and a structured review of the participative ranking methodology protocol. Training also involved extensive roleplay. Discussions on working with potentially sensitive subject matter and adhering to the ‘do no harm’ imperative (Anderson, 1999; UNICEF, 2008b) were emphasized. These discussions allowed both the local and the expatriate staff and researchers to reflect on the short
and long term effects that the work might have on the girls and the larger communities. The team worked together to create strategies to ensure proceedings were grounded in culturally appropriate language and action. When discussing which local language should be used, it was decided that Krio would be most appropriate for the group discussions.

Protocol

Groups ranged from 9 to 16 participants and were held in private areas, away from the main activities of the village. The facilitator began the encounter with a local song or a prayer, in which all of the girls were invited to participate. She would then explain that the aim of the meeting was to understand the experiences of girls who had returned home after the conflict, and how a person would know whether a girl had reintegrated into the community and was ‘doing well’. Facilitators utilized the same language across the different settings when inviting the girls to share their understanding of what it meant for a girl to be well integrated. Probe questions were routinely asked, such as ‘what makes people like a girl in this community after she has returned home from being with an armed group?’ and ‘how can you tell that a girl is doing well?’ Girls were encouraged to speak freely and it was explained that who said what would not be recorded. It should also be noted that at no time during these meetings did the facilitator probe sensitive issues, such as the girls’ sexual histories during the war. The conversation focused on critical events, practices and experiences that have marked the girls’ successful reintegration since the end of the war, more than seven years ago.

While the girls were engaged in an active discussion about what it meant to be ‘doing well’ and ‘well integrated’, a note-taker recorded the (spontaneously) listed characteristics, qualities and behaviours that were identified by the group. The discussion continued until 10 specific indicators were suggested, or until there were no additional suggestions by girls.

The facilitator then asked the girls to select local objects to represent each of the indicators they had suggested. Over the course of discussions, selected objects included stones, sticks, leaves, a shoe, etc. The facilitator picked up each object in turn and confirmed with the girls which indicator that object represented. The objects were left in a pile on the ground in front of the facilitator.

The facilitator then asked the group to come forward and agree among themselves which indicator was the most significant to a girl’s ability to reintegrate. The object representing that indicator was placed at one end of a line drawn in the ground by the facilitator. The group continued ordering the objects, with the most significant indicator at one end of the line, and the least significant indicator at the other. The facilitator asked the group to verbally justify their placements, which frequently led to lively, animated discussions. In this way, the facilitator aided discussion, but did not direct the process. Readjustment of objects by participants was encouraged, until the group reached consensus on the priorities of the indicators. Throughout the process of placement and readjustment, the note-taker recorded key statements used in negotiating the positioning of objects.

As part of the process of piloting this new methodology, the procedure described above was adopted for 11 of the 14 group discussions. On 13 occasions, an analogous process was adopted to elicit indicators of ‘poor reintegration.’ Girls were asked how a community would know that a girl was not
well integrated after returning from the bush. In nine of these groups, indicators were similarly assigned to objects and ranked in order from most to least significant. In three of the groups, only indicators of poor reintegration were elicited, and in four of the groups, only indicators of good reintegration were elicited. In the groups where both procedures were adopted, the team alternately began with considering indicators of ‘good’ reintegration and indicators of ‘poor’ reintegration.

Results

Spontaneously listed indicators

The number of groups in which indicators were spontaneously mentioned are indicated in Tables 1 and 2. It is apparent that for the most part ‘poor’ reintegration was seen as the inverse of ‘good’ integration.

Girls emphasized the importance of being able to earn money to provide basic necessities for themselves, and their children, as a key indicator of reintegration and wellbeing. When prompted, girls articulated some of the different and preferred forms of income generation. Petty trade, for example, was considered to be more lucrative than collecting and selling firewood. This linkage, between socioeconomic status and well-being supports previous findings from other African contexts (Akello et al., 2006), emphasizing once again the multidimensional nature of mental health and adjustment. In the ranking exercise, often there was animated discussion about the importance of this indicator. Girls argued that income generating activities were a means to some of the other named indicators of success, including good health, ability to attend school, ability to eat well and even a good marriage. As a result of these active dialogues, the income generating activity indicator often moved to the front of the line, ahead of the others.

The majority of group discussions also identified marriage as a critical aspect of being accepted in their community. As previous research with this population has documented, ‘marriage is the norm for older Sierra Leonean girls, who regard being unmarried as a form of social death’ (Abdul-Shereef et al., 2006). Girls returning from armed groups were considered undesirable partners, and formerly married girls were often rejected by their husbands when they returned home.

<table>
<thead>
<tr>
<th>Table 1. Frequency of suggested indicators of ‘good’ reintegration</th>
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<tbody>
<tr>
<td><strong>Indicator</strong></td>
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</tr>
<tr>
<td>Is engaged in income-generating activity</td>
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<tr>
<td>Married/has a good marriage</td>
</tr>
<tr>
<td>Goes/goes to school</td>
</tr>
<tr>
<td>Has children</td>
</tr>
<tr>
<td>Good health</td>
</tr>
<tr>
<td>Eats well</td>
</tr>
<tr>
<td>Emotional and/or financial support from family</td>
</tr>
<tr>
<td>Is invited to join community events and celebrations</td>
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<tr>
<td>Is invited to women’s secret society events</td>
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</table>
Community members also feared and rejected the girls, as was reflected in our group discussions. One girl described the way community members regarded young women who had not married with dislike; for ‘panting behind other women’s husbands.' At the same time, a number of groups emphasized that marriage alone was not a sufficient indicator of successful reintegration, and that the marriage needed to be a ‘good’ one. A good marriage was described as one in which a husband provided for his wife and children, treated them with kindness and did not engage in domestic abuse. To be married, then, is also to be respected and viewed as a valued member of one’s family.7

Having children was also frequently mentioned as an important social achievement. As one girl commented; ‘you cannot be present at a birthing if you haven’t birthed yourself.’ However, some groups offered qualifying statements, noting that it was not good to have a child before marriage, and that it was bad to leave school due to pregnancy.

One of the most frequently cited indicators of poor reintegration was exclusion from bondu, the women’s secret society. This society is responsible for various rites and rituals – from female circumcision to traditional healing practices – and is perceived as a key social support structure for most females living in villages. In many of these villages, girls noted the social importance of being included in activities organized by the society. One girl described rejection from bondu in the following way; ‘if you have seen blood in the war, they [the bondu society women] are scared to have you in the bush. They think that if you see blood [from a female initiation ceremony], you will go back to your old ways from the war.’

A related indicator of poor integration back into community life was ‘bad behaviour.’ This indicator was described by the girls as; ‘acting like you were still in the bush [during the war].’ Groups listed countless examples of bad behaviour. Examples included: thieving, showing elders disrespect, engaging in prostitution, gossiping, acting idly and refusing to help with farm work or household chores.

<table>
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<th>Table 2 Frequency of suggested indicators of ‘poor’ reintegration</th>
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<tbody>
<tr>
<td>Indicator</td>
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<tr>
<td>No income generating activities</td>
</tr>
<tr>
<td>Unable to get a husband/bad marriage</td>
</tr>
<tr>
<td>Not invited to women’s secret society events</td>
</tr>
<tr>
<td>Behave badly (‘like they are still in the bush’)</td>
</tr>
<tr>
<td>Unable to have children</td>
</tr>
<tr>
<td>Does not have good clothing</td>
</tr>
<tr>
<td>Unable to afford good food</td>
</tr>
<tr>
<td>No parents to care for you</td>
</tr>
<tr>
<td>Not invited to (or refuse to join) community activities</td>
</tr>
<tr>
<td>Poor health</td>
</tr>
<tr>
<td>‘Head not steady’ (mentally unstable)</td>
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</tbody>
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using ‘abusive language’, quarrelling and using drugs.

Ranking of indicators

Although ‘spontaneous listing’ of ideas provides a useful measure of the saliency of particular indicators, ranking, i.e. the conscious ordering of such issues with respect to their perceived importance, arguably provides a more reliable basis of relative significance. Table 3 lists indicators by the median (average) rank assigned to them in the 11 groups ranking indicators of ‘good’ integration. Table 4 lays out indicators by median rank for ‘poor’ reintegration.

Of all of the reintegration indicators, having family to care and provide for the returned girls was the single top-ranked indicator. As one girl explained; ‘if you don’t have parents, you won’t feel good. You will receive no encouragement.’ Many girls explained how their reintegration had been aided by family support. One girl explained; ‘my parents were here when I returned. They offered their support by collecting firewood and selling it so that they could feed me with the proceeds.’ Another girl shared; ‘my parents were here when I first came [back] and they encouraged me to forget about the past.’

As is clear from these examples, families provided critical emotional and financial support. Girls also spoke of the lack of family support as an impediment to reintegration. One group affirmed; ‘if there are no parents there to care for a child, that child will die.’

<table>
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<th>Table 3. Median rankings of indicators of ‘good’ reintegration</th>
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<tr>
<td>Indicator</td>
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<tr>
<td>-------------------------------------</td>
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<td>Goes/has gone to school</td>
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<tr>
<td>Has children</td>
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<td>Married/has a good marriage</td>
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<td>Is invited to women’s secret society events</td>
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<th>Table 4. Median rankings of indicators of ‘poor’ reintegration</th>
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shared her own experience, explaining; ‘I never saw my parents again. I had nothing in the home, my child needed medicine and I couldn’t afford it.’

Another highly ranked indicator was whether or not girls were invited to join communal events and celebrations, such as weddings and naming ceremonies. As one girl explained; ‘we were excluded from all of the activities in the community — even the farm work. We were not invited to the community meetings to plan the farm work for the season.’ A girl from another group shared; ‘we were not invited to join in events in the community. For example, one time there was a witchhunt in our community. They sacrificed animals to help find the witch, but we were not allowed to be a part of this. They said we were stinking.’

Aside from being excluded from formal group gatherings, girls described countless examples of being ridiculed, called names such as ‘rebel’ and being excluded from other girls their age.

Another indicator that was consistently ranked highly was eating well. When probed about what ‘eating well’ meant, girls shared a variety of responses. For some girls, eating well meant being able to afford local rice, which is more expensive and was perceived to be better than imported rice. For other girls, eating well meant being able to afford rice at all. Girls spoke of having to supplement their diet, or their babies’ diets, with green bananas, palm wine, bush yams and other items that were considered far less desirable and healthy than rice. Some girls spoke about ‘eating well’ in terms of the number of meals a day. Generally, this meant the number of times a day that girls had a meal that contained rice. Some girls named specialty items that indicated a person was eating well, including items like beef, fish and the local palm oil.

Finally, girls noted the importance of ‘good health’. Many of the girls mentioned health problems that they had brought back with them from the bush. These included rashes and other skin diseases, sexually transmitted infections and stomach problems. Girls noted that, in addition to their own health problems, the health and wellbeing of their children was of critical concern. The health indicator was often mentioned alongside ‘eating well’ and being ‘engaged in income generating activities’, both of which were offered as pathways to ‘good health’.

**Conclusion**

We have outlined a flexible methodology for identifying culturally relevant indicators of reintegration. In the current situation, it served as a basis for eliciting indicators of adjustment and reintegration. This provided rich insight into the factors that were perceived to shape the experiences of girls returning from armed groups in Sierra Leone. These indicators then served as the basis for an evaluation of CCF’s programme for girls formerly associated with armed groups and fighting forces. This programme has been widely hailed as an exemplary intervention in post conflict programming for girls formerly associated with armed groups and fighting forces. However, quantitative efforts to measure programme impact have been limited by the absence of a rigorous, yet culturally grounded, approach. The use of the participative ranking methodology in Sierra Leone laid the foundation for a rigorous evaluation of programme impact, based on indicators developed through open ended and flexible inquiry.

Because convenience sampling was used to identify participants, it is possible that our results may not reflect views typical of most girls in the area. However, we are
reasonably confident that they do so, given the consistency of rankings across groups. Furthermore, the indicators developed on the basis of this research have been proved in subsequent research (Olsen et al., forthcoming) to be sufficiently sensitive to identify differences between those receiving interventions, and those who had not.

This pilot did not seek out the understanding of other stakeholders, but it would be possible in other trials to do so, and to triangulate the responses. The understanding of the girls may be different, for example, from those adopted by NGOs and other agencies. This difference needs to be addressed when identifying programme goals and strategies.

The use of the participatory method described above resulted in culturally grounded indicators that could then be used to measure girls' reintegration in a valid and reliable manner. The strengths of this method include its potential to access local understanding in a meaningful way, that yields quantitative data signifying programme impact. The use of spontaneous listing and participative ranking exercises within a focus group framework promises utility in circumstances where local constructions and their relative salience need to be accessed. This work is a contribution to developing a range of methods that may be useful for programme evaluation, striking an important balance between systematic evaluation and the richness of qualitative inquiry (Program on Forced Migration & Health (PFMH), 2008).

**References**


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2 For further references and methodologies, see Hart et al. 2006 and UNICEF, 2008b.

3 While many children are said to join voluntarily, it is speculated that these youths have few alternatives to involvement in armed conflict. Many enlist as a means of survival after family, social and economic structures collapse during conflict. Others may join due to poverty and lack of work or educational opportunities. Still others are abducted and forcibly employed as fighters, porters, cooks and sex slaves.


6 The case definition for a girl who had been with an armed group was in keeping with the Paris Principles (2007), which defines a child associated with armed groups and fighting forces as “...any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighter, cooks, porters,
a a child who is taking or has taken a direct part in hostilities."


8 For a more in depth articulation of why girls engaged in such behavior, and how it was contained, readers are directed to Stark, L. (2006) Cleansing the wounds of war: an examination of traditional healing, psychosocial health and reintegration in Sierra Leone. Intervention, 4(3).

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Resiliency of children in child-headed households in Rwanda: implications for community based psychosocial interventions

Laura May Ward & Carola Eyber

This article focuses on the resilience of children facing extreme hardship and adversity. It is based on participatory research with children living in child headed households in Rwanda. It emphasizes the importance of listening to children’s voices and recognizing their capacities when designing interventions to strengthen their psychosocial wellbeing. This study shows that children have developed innovative and profitable coping strategies and some have even developed the capacity to thrive through their situation of extreme hardship. The study of these coping strategies suggests that the children displayed resourcefulness, responsibility, and a sense of morality. However, when the stressors in a child’s life became too great, they tended to employ negative, and potentially harmful, strategies to cope. A community based approach should focus on strengthening overall community wellbeing, and should aim to build on the capacities of children, such as their positive coping mechanisms and resilient characteristics. At the same time, it should appropriately address their areas of vulnerability. Existing protective factors should also be identified and further developed in interventions.

Keywords: psychosocial interventions, child headed households, resilience, coping strategies, Rwanda

Introduction

Psychosocial interventions for children, which encompass a broad range of programmes and activities, have been increasing in number in Rwanda since the mid 1990s. At a national level, psychosocial programmes are being encouraged as part of the total aid package for orphans and vulnerable children (OVC)1 (Ministry of Local Government and Social Affairs (MINALOC), 2003). Programming guidelines are not only important for coordination of efforts but also, as highlighted by Boyden (2003), essential so that psychosocial interventions can be tailored through a firm understanding of the social and cultural context of specific populations and individuals. This is true, even when the specific populations and individuals are within the same culture. Boyden comments; ‘the dominant idea of childhood as a universalized and (paradoxically) individualized construct that is built on notions of vulnerability and incompetence has led to interventions that, unintentionally, undermine children’s resilience and denigrate coping efforts’.

Increasingly, attention has been focused away from perceiving children as victims or passive recipients of assistance, instead viewing children as valuable members of society who are active agents of change (Johnson & Ivan-Smith, 1995; Christiansen, Daniel & Yamba, 2005). ‘Agency’ in this case, refers to the children’s ability to participate as ‘active agents in their own development’
(McCallin, 2001). However, when designing interventions for OVC, there is still a risk of focussing on vulnerability, while disregarding their strengths. Interventions with this focus may impede the children's ability to cope, and to reach their potential.

This paper, therefore, takes an in depth look at the vulnerability, strengths and coping strategies of a particular subgroup of children who are living in child headed households (CHH) in Rwanda. Through this particular population of children, ways to build on their capacities and their resilience through psychosocial programming are explored. The aim of this research is to improve the capacity of the community, and the children's overall coping ability.

**Theoretical background: resiliency and the social world of child headed households**

A child's resiliency or vulnerability has been defined by the complex interplay of individual characteristics, and risk and protective factors, in a child's environment (Engle, Castle & Menon, 1996; Stewart, Reid & Mangham, 1997). Risk and protective factors function at various levels; in the attributes of the child themselves, at the household level, within the broader community, and the wider social system (i.e. government and cultural values) (Luthar, Cicchetti & Becker, 2000). Vulnerability and resilience are seen as dynamic processes, where the interaction of various environmental factors and personal characteristics will change over time. Various factors may impact the course of these processes, for example, the child's degree of self confidence, the presence of a caring adult, the household's economic security, access to educational opportunities, the presence of peer support, and community participation within a faith group. Furthermore, the accumulation of one or more stressors may produce an additive affect. Daniel (2005) suggests that the cumulative effect of multiple risk factors reduces the child's ability to form and engage with supportive social networks and undermines their sense of self esteem and self worth. Similarly, the presence of one or more protective factors, and promotion of children's own capacities, should enhance their resiliency and their ability to employ positive coping mechanisms in the future (Duncan & Arnston, 2004).

**Building on positive coping strategies**

Coping has been defined as anything that increases the survival likelihood of the child emotionally and/or physically, whether or not the strategy the child employs is socially acceptable or devoid of appreciable risk' (Grover, 2005). Therefore, these coping strategies can be positive or negative, and in the short term at least, aim to increase the survival of the child. Children facing severe adversity may be forced to deal with the impact of multiple stressors, and therefore, become increasingly unable to cope. In an effort to survive, children may resort to employing negative coping mechanisms that are potentially harmful in the longer term. Young girls, for example, may prostitute themselves in exchange for food, shelter or money. Other children may seek casual work in hazardous environments, such as sand quarries. This underscores the need to provide protection and assistance to children. However, a perspective purely focused on vulnerability will overshadow the children's own competencies and the opportunity to build on coping mechanisms which are positive.

Stewart et al. (1997) suggests that 'successful coping in one situation strengthens the individual's competence to deal with adversity in the future.' Boyd (2003) presents the example of children in middle childhood or adolescence.
She argues that many children in this age group are socially competent and demonstrate ingenuity and resourcefulness that helps them, not only to cope, but also to develop their personal capacities in the midst of adversity. Their coping strategies are enhanced by their ability to think critically, which shows their resilience in the face of hardship. Children’s resilience can, therefore, be promoted through interventions that acknowledge and build on children’s strengths and positive coping strategies.

Definitions of resilience
The concept of resilience brings an important dimension to psychosocial research and interventions. The literature presents varied perspectives of the meaning of ‘resilience’. Spaccarelli & Kim (1995) define a resilient child as demonstrating an absence of psychosomatic symptoms and maintenance of normal development for their age despite adversity. Grover (2005) argues that resilient children make ‘a reasonable adjustment to the demands of daily life’ in the midst of hardship. Luthar et al. (2000) present a definition that has been often used; ‘resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity’. Additionally, children who adapt well despite ‘major assaults on the development process’ are seen as resilient. Though these views correctly recognize coping ability, they also lack sufficient emphasis on the child's own capacities and ability to become stronger when faced with situations of adversity, and thus ultimately equipping them to face challenges in the future. Secondly, such concepts of resilience makes assumptions about the universal development of children, while discounting the ways that cultural and social contexts may impact on a child’s development. A developmental stage that is not uniform across cultures, or even individuals within the same culture, will also factor into children’s resiliency and ability to cope. (Boyden, 2003).

The following definition encapsulates the concept that children develop capacities because of, not only despite, the adversity they have faced; ‘resilience is ... the human capacity to face, overcome and be strengthened by, or even transformed by, the adversities of life’ (Grotberg, 1995). This is the concept that is adopted in this paper, through the careful analysis of children’s own social and cultural context.

Child headed households in Rwanda
In Rwanda, AIDS, the 1994 genocide and other periodic conflicts have undermined traditional care giving structures. So, children that would have normally been cared for by members of the extended family, are left alone. The first national reaction to the huge number of unaccompanied children post genocide was to open children’s centres (ACORD, 2001). By 1996, most centres were shut down, as the National Government’s ‘One child, one family’ campaign policy advocated for reunification, and encouraged absorption of children into households and communities (MINALOC & UNICEF, 2001). And yet, with siblings and peers preferring to stay together, it is estimated that up to 227 500 CHH have evolved within this context (Human Rights Watch, 2003). In 1996, 13% of all households nationwide were believed to be headed by children (ACORD, 2001). Moreover, CHH are considered to be an outcome of the HIV epidemic. Of the 810 000 orphans present in Rwanda in 2003, UNICEF (2003) estimated that 160 000 were orphaned by AIDS. MacLellan (2005) describes the ‘havoc’ wreaked on Rwanda’s children as ‘the double attack of conflict and AIDS, like two horsemen of the apocalypse’.
Psychosocial wellbeing of child headed households

In subSaharan Africa, the numbers of CHH has increased in parallel to the stripping of community, and extended family capacity, to provide social support to affected children. Roalkvam encapsulates the depth of social isolation experienced by children living in CHH in Zimbabwe:

‘One of the most obvious characteristics of the child headed household is its isolation. These households appear to be invisible to their kinsmen, to the community surrounding them, to the state and state apparatus, however weak, who each fail to address, as well as act, in relation to the growing number of children left to stand alone’ (Roalkvam, 2005).

Previous research shows that children living in CHH in subSaharan Africa face a number of socioeconomic and psychosocial stressors (Box 1). Children not only confront adversity in the forms of stigmatisation, social alienation, exploitation and socioeconomic deprivation, but they also often take on sole responsibility for their siblings at a young age. In Rwanda, community social dynamics are complex. It is believed that a lack of trust may undermine the community’s ability to absorb and care for unaccompanied children (Thurman et al., 2006).

An increasing number of studies are being dedicated to CHH as a group requiring special attention. Thurman et al. (2006) has described the extreme social alienation experienced by Rwandan youth who head households. The study reported that 87% of youth surveyed in Gikongoro felt rejected by their living relatives, and only 24% felt that their families would help them in time of need. Additionally, the consequences of displacement or experiencing the death of parents and others from violence or AIDS, can be detrimental to a child’s psychosocial wellbeing. Children in CHH are also vulnerable to physical, economic and sexual exploitation. They often have no one to advocate for them, or are unaware of their rights (MINALOC & UNICEF, 2001). Studies based in Rwanda underscore the need to protect the children’s right to land, education and health (Rose, 2005; MacLellan, 2005; Roalkvam, 2005; Thurman et al., 2006).

Box 1: Psychosocial and socioeconomic wellbeing of children living in CHH in sub Saharan Africa: General themes in the findings from studies based in sub Saharan Africa

- Extreme social isolation, marginalization and stigmatisation
- Lack of sense of security, belonging, and acceptance
- Consequences of past affecting psychosocial wellbeing
- Extreme poverty characterized by insufficient food, clothing, shelter
- Lack of access to social services: health and education
- Exploitation and abuse: neglect, emotional abuse, lack of advocacy
- Exploitation and abuse: sexual and physical abuse
- Exploitation and abuse: property grabbing, denial of children’s rights, lack of advocacy

Sources: MINALOC & UNICEF, 2001; Donald & Clacherty, 2005; MacLellan, 2005; Roalkvam, 2005; Rose, 2005; Yamba, 2005; Thurman et al., 2006.
children's own coping strategies in the face of difficulties and build on their resourcefulness, at the same time as acknowledging the need for proper protection and provision of services.' While presenting a situation of profound social isolation, collaborative studies on the psychosocial wellbeing of youth headed households in Rwanda have also recognized that the small degree of social capital of youth that should be tapped as a potential resource (Brown et al., 2005; Thurman et al., 2006)\(^2\). Donald & Clacherty (2005) intentionally avoid a 'deficit only' perspective in their research with CHH in South Africa. Their analysis revealed that, in comparison to equally impoverished adult headed households, the strengths of the CHH were found in social networks, family interactions and time and money management. Grover (2005) suggests that researching children in CHH may be able to positively demonstrate children's agency, ability to advocate for themselves, and to thrive amid difficult circumstances.

The study

This research was undertaken as requested by The Sharing Way/Canadian Baptist Ministries and the Association of Baptist Churches of Rwanda (AEBR)\(^3\) who work in partnership with community based initiatives coordinated by the AEBR. The AEBR has initiated community based initiatives to buffer the impacts of HIV and AIDS. However, the burden of orphans and other vulnerable children, particularly CHH, is large and therefore they would like to expand further care and support. This study seeks to describe the social vulnerability, coping strategies and resilience of children living in CHH in the AEBR project areas. Ultimately, this information will be used to suggest ways that programmes can be better tailored to support the children.

By providing a voice for the children and exploring the views of the community, the children's strengths and vulnerabilities can be identified and current forms of support can be built upon and adapted to strengthen the children's wellbeing.

Methodology

The methodology of this study was qualitative and participatory in nature, allowing the children and other participants to present their perspective on issues that affect them directly. Participatory approaches facilitate the expression of the perspectives of diverse groups in society. Although participatory approaches have been criticized by Cooke & Kothari (2001) for actually facilitating power inequalities, Hickey & Mohan (2004) argue that this approach can lead to transformation in communities and people, as long as power structures are understood and confronted. In designing community psychosocial programs for children in Rwanda, it is important to understand the power structures already present in the society. Therefore, participatory approaches were used in this study to obtain the 'myriad of positions interests and needs' (Neef, 2003) and to contribute to positive transformation in individual and community lives.

As highlighted by Boyden (2003), 'psychosocial assessments of children often rely on adult's views rather than children's own perspectives'. Duncan & Arnston (2004) also argue that consulting the children for their input in a project may be a process that promotes their psychosocial wellbeing, giving them an increased sense of security. The act of sensitively listening to them will demonstrate that their experiences, opinions and ideas are valued. It is also a way to encourage their role as active participants and rights holders in society. As stated in the UN Convention of the Rights of the Child (CRC), children have a
right to express their opinion and to participate in all matters that affect them (UN, 1989, Article 12).

Cultural norms and participant views were used to form the working definitions and research questions. MacLellan (2005) highlights the importance of contextual factors on the classification of CHH. For example, many children living in CHH are orphans who have lost one or both parents due to conflict or HIV, but there are also some who live with parents that are unable to care for them due to sickness or disability. In Rwanda, many are also separated from their parents due to imprisonment or displacement (MINALOC & UNICEF, 2001).

Therefore, in this study, ‘CHH’ and very concept of ‘child’ were defined by the community. At times, children were considered as those who were not yet married, and in some cases, a household was designated CHH by the community because at the time of the parents death, the oldest child in the household was under 18 years old. Therefore, a total of 104 children aged 5 to 24 participated in this study (Table 1). Surrounding urban project areas were

selected in each of Kigali, Butare and Gisenyi, and were based on accessibility and the presence of local leaders to assist in planning the research.

Research methods employed with children included participatory activities, focus group discussions (FGDs) and semi-structured interviews (SSIs).

Participatory activities used with children aged 5–13 included drawing, mapping and naming. With older children (aged 14 and above), activities used included problem identification and problem solving, construction of timelines, seasonal charts and daily schedules. Following participatory activities, visual outputs were probed and discussions were initiated. In order to get varied community perspectives and to triangulate the views of the children, thematic focus group discussions were done with community groups, such as members of HIV/AIDS support groups and women’s groups. Semi-structured interviews were done with community leaders, such as church leaders and local authorities. Semi structured interviews were also done with child heads of households at their homes.

### Table 1. Description of the children in the sample

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in sample</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger children: ages 5–13</td>
<td>52</td>
<td>12</td>
<td>64</td>
</tr>
<tr>
<td>Older children: ages 14 and above</td>
<td>29</td>
<td>11</td>
<td>40*</td>
</tr>
<tr>
<td>Total number of children in sample</td>
<td></td>
<td></td>
<td>104</td>
</tr>
<tr>
<td>Heads of household (also included in the total sample above)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger children: ages 5–13</td>
<td>3</td>
<td>1</td>
<td>4**</td>
</tr>
<tr>
<td>Older children: ages 14 and above</td>
<td>14</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Total number of household heads</td>
<td></td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>

* Three of the children were older than 18 years.
** The youngest head of household was 9 years old.
Participant observation was also used throughout the research, and was carried out in May and June of 2006. AEBR facilitators were each given a briefing about the methods and the themes to be discussed, and translated from Kinyarwanda into French or English.

Throughout the primary fieldwork, a daily field log was kept, tapes were transcribed and preliminary analysis was done. The early identification of themes served to guide the research process. Subsequently, the raw qualitative data (transcribed micro-cassette recordings, session notes and participatory activity visual outputs) was analyzed manually in several stages. The analysis began with familiarization of the data, this led to detailed coding, whereby categories were formed and data broken down into units of analysis, as described by Denscombe (1998). Further investigation of the data led to identification of subcategories that reflected emerging themes and relationships. Examination within and across categories unearthed the overarching themes and was then put into the context of broader theory from the literature. Data from field notes of unplanned conversations and observations were also analyzed in this procedure, with careful thought given to the authors' interpretation of these events.

The research was clearly explained to all participants and freely given, verbal, informed consent was sought. The children were reassured that continued support from the AEBR would be provided, regardless of their participation in the study. Care was taken to accommodate the schedules of the children, and to make them feel as comfortable as possible.

**Findings**

The situation for the children living in CHH involved in this study is one of severe adversity with multiple stressors, including severe food and economic insecurity, compounded by social alienation and exploitation. What is largely overlooked, however, is the resilience with which they face hardship. In this section, the children's social and economic situation will be described, highlighting the impact of multiple risk factors on a child's resilience. The coping strategies that children employ in the face of their problems will be presented as will a discussion on the children's strengths that are uncovered through this process. The protective and vulnerability processes will be discussed throughout the section, as situations are expressed through the children's perspectives. A case study will follow, demonstrating the importance of tailoring psychosocial interventions toward the unique situation of children in CHH.

**Economic insecurity and social marginalization**

As previously noted by Mann (2004) and ACORD (2001), children living in CHH become overwhelmed by their daily tasks and the days of hard labour that are necessary to meet their basic survival needs. Income was generated mainly through casual work of various forms in the informal sector. However, jobs were difficult to find, frequently unstable, and employers may or may not pay as promised. Jodine's comment shows how the lack of social support is intertwined with economic instability:

*‘You have to do the work in the home, then you have to do the work on the farm, then you have to take care of the younger children, and you have no one to help you, people don't come to visit you and sometimes you don't have enough money.’* (Jodine, 16, Rural Kigali)
food. One of the local church volunteers pointed out that some of the children don’t even know that it is normal to eat two meals a day. Referring to the children, he commented:

‘Once the [church] service is over, the young people do not want to return home. It’s not because they love staying in the church, but no, they cannot return home. They cannot find food to eat. There is a girl who is in Standard 6, Primary School. It is just how she lives. She has a young brother who goes to town to find small jobs. It’s the young brother who comes home with 200 Rwf or 300 Rwf so they can buy food for the day. And for us [at church] we do not have hope that they will have food to eat. And sometimes, they don’t eat.’ (Church volunteer, Gisenyi)

On a boy’s daily schedule, made by gender segregated groups, the listlessness that some children felt is shown in their description of the evening routine:

‘When we do not get the casual work allowing us to get food, we go to sleep waiting for God’s help.’ (Boys, 8–16 years, Butare)

This caused anxiety in the children, especially those responsible for others in the household. Sometimes, efforts to find work were unsuccessful and older children would come home, empty handed and unable to feed the younger ones. This discouraged the children and lowered their self-confidence, leaving them with a sense of powerlessness over their own lives, and of those in their household. Moreover, the social marginalization of the children was shown to intersect and compound all other stressors in their lives.

The effect of multiple risk factors
Children involved in this study were shown to be severely socially isolated, which supports previous CHH research based in Rwanda [MINALOC & UNICEF, 2001; Thurman et al., 2006]. The children revealed that support from neighbours was limited, and the extended family could not often be counted on to help. An AEBR staff member remarked that because of the lack of adult support, ‘there is no one to teach them the ways of Rwandans.’ Therefore, children fail to benefit from social interactions that would increase their cultural knowledge and enhance their sense of inclusion and involvement in cultural activities. These household and community level risk factors may hinder the development of their individual capacities, deepen feelings of loneliness and despair, and place them at an increased risk of exploitation. As Chantal, who lives alone with her younger brother, revealed:

‘The neighbours have rejected me. My relatives have also rejected me. They don’t support me. If I go to them for help, they won’t help me.’ (Chantal, 16, Rural Kigali)

The cause of parental death also played a role on the social support, or alienation, of the children. Some children felt stigmatized by neighbours because they were providing ongoing support to their parents who were in prison⁸. Some children, who lost their parents from HIV, knew that they could approach the support groups that their parents once belonged to for help when needed. However some children, such as Noheli, felt stigmatized by their community:

‘Sometimes people won’t come near me and won’t help me because they are afraid that I have AIDS like my parents.’ (Noheli, 17, Butare)
As Daniel (2005) described, when faced with multiple stressors, children may resort to harmful mechanisms in order to cope. The comments in Box 2 show the depth of isolation that some children feel, and how this negatively impacts their ability to cope with other stressors in their lives. The social problems are exacerbated by deprivation of economic resources, such as no food or income. The girls expressed a link between their isolation and prostitution, an act of desperation that stemmed from social and economic factors. For the girls, however, this harmful practice was not an outcome of mere lack of social support, but of physical and sexual exploitation. Delphine cares for five younger siblings and explains:

‘Men can come if they know the situation of the household. They offer money for sexual favours. They take advantage of my situation.’
(Delphine, 19, Rural Kigali)

Therefore, the added effect of severe economic problems, compounded by social isolation and exploitation, affected the children’s coping ability and forced them to resort to harmful practices.

Peer and community support
In the midst of the social isolation experienced by children in CHH, there were a few positive examples of social support. A few children reported positive relationships with their extended families, saying that they felt free to go to a grandmother or a brother-in-law, for example, with their problems. Others who had been rejected by both the mothers’ and fathers’ extended family could name at least one person, such as a neighbour or pastor, who they could go to for advice. However, the most common emotional support available to the children was not from adults, but from other children, usually those who lived in the same situation. Younger children were more likely to have family members support them, as noted previously by Thurman et al. (2006). Children who were either alone, or the oldest in the household, felt as though they had no one they could confide in, as shown in the remarks of Afissa;

‘In the case where there is a brother or an older sister we can present to them our problems. But when we do not have a brother or an older sister, sometimes we just let the problems drop because we cannot reveal our secrets to someone from the outside who does not care about our problems and who does not have the time to understand and who does not have the time to listen to our stories.’
(Afissa, 15, Butare)
Peer support played an important role for both boys and girls. It was noted that they were very affectionate toward one another. Sixteen year-old Claudine had to stop school to take care of her younger brother. She is part of a group of girls who meet regularly at the local church and explains:

“When I stay here, I feel lonely and sad. When I go there with my friends, I don’t feel so alone, but I feel happy.” (Claudine, 16, Rural Kigali)

Some children who were involved in church choirs, or other activities, expressed that this made them happy; they had an opportunity to interact with other children their age and to have time away from their work. These involvements also served to enhance their self-confidence. This was evident when the girls initiated and presented songs during session breaks with a sense of pride. Peer and community support were, therefore, shown to be protective factors that enhanced the children’s psychosocial wellbeing.

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Resilience and children’s positive coping strategies
In the face of severe economic and social risk factors, some children have not only coped, but have exhibited great resilience through the expressions of their situation, and the way they deal with the challenges they face. The following discussion depicts the gravity of the situation, but also highlights the coping strategies employed and the characteristics that have helped them face, and sometimes overcome, adversity.

The children involved in this study exhibited many innovative coping strategies to deal with economic problems. For example, although several of the children had no land to farm, if they did had plots of land, the children made use of this by cultivating and selling what they harvested during the dry season, so that they could buy soap, clothes and school materials. Others made beer from bananas to sell in the market, or sold freshly grown bananas and avocados. The children showed ingenuity and discernment and used their existing resources creatively and wisely. The younger children also showed an understanding of household finances and some worked small jobs whenever they could, after school or on holidays if they were students.

Children involved in this study face extreme economic and physical vulnerability, and yet their reactions to hardships showed their ability to conduct themselves in a mature way. In a problem solving activity, children were able to discuss their problems, coming to terms with the issues they faced. They also generated possible solutions and identified those that were ‘good’ and ‘bad’. When faced with economic deprivation, the children were able to generate innovative ways to improve household income, as shown in Table 2. Most children were also able to identify coping mechanisms that were potentially harmful, consistently ranking ‘sexual relations’, ‘stealing’ and ‘violence’ (with regard to property grabbing by their own relatives) as the worst options. A group of girls between the ages of 12 and 19 in rural Kigali chose to analyse the problem of ‘sexual abuse’. Their responses demonstrated a developed sense of fairness and justice. They stated that ‘to teach [the abuser] equality of human beings’ was the best option, while ‘to punish the abuser and sentence them to remain in prison until they die’ was the worst option because the person would have no chance to change their life. In the face of severe abuse, sometimes by the only adults in their lives, the girls showed mercy to their own abuser. The girls showed the capacity not only to cope, but also to demonstrate kindness, forgiveness and justice in the face of hardship.
Resilient children and adolescents weighed the importance of earning extra income in the present, against the possibility of securing greater income in the future through education (McCallin, 2001). Both boys and girls showed deep commitment to their families, making sacrifices (such as giving up education or an opportunity to marry) so that a future could be secured for other members of the household. One boy, out of school because of lack of fees and trying to find work, described his hope for a secure future:

‘When I think about the future, I dream of school fees, so that one day when I am finished my studies, I can finance myself.’ (Bosco, 15, Butare)

Protective factors and resilience of CHH
Despite the social isolation, the children desired to live wisely and coveted people in their lives who could guide, support, comfort and advise them. Younger children, describing drawings of what made them happy revealed; ‘people who talk to us’ and ‘people who give us advice.’ During focus group discussions and semi structured interviews, young girls and boys would ask of the facilitator; ‘can you tell us how to live?’ or ‘do you have advice for us?’ An older boy admitted:

‘We do unwise things when we have no one to care, no one to guide us.’ (Jean-Claude, 21, Butare)

And yet, social support from peers, siblings and adults was shown to have a positive impact on the children’s lives, allowing them to express resilient characteristics that they may have developed through their experiences of hardship. While it cannot be claimed that their harsh experiences have lead directly to resilience, the presence of coping strategies indicates that there is some relationship. It is important, not only to

Table 2. Children’s solutions to economic problems
(no school fees, food, nor clothes)

<table>
<thead>
<tr>
<th>‘Good’ options</th>
<th>‘Bad’ options</th>
<th>Neutral responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>To find a well-wisher to help you</td>
<td>To be an escort</td>
<td>To sell fruits and vegetables</td>
</tr>
<tr>
<td>To pray and ask God</td>
<td></td>
<td>To cultivate (farm) for other people to get money</td>
</tr>
<tr>
<td>To do small jobs to get money (or food)</td>
<td></td>
<td>To carry goods from the market and make some money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To get money from washing clothes for other people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To cultivate for other people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To be adopted by rich people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To sell what we have harvested</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Good’ options</td>
<td></td>
<td>‘Bad’ options</td>
</tr>
<tr>
<td>To sell fruits and vegetables</td>
<td>To be an escort</td>
<td>To steal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To have sexual relations to get money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To use violence (property grabbing by their own relatives)</td>
</tr>
</tbody>
</table>

*Compiled results from Problem Solving Diagrams by children and youth aged 12–19 from Rubungo (Rural Kigali) and Butare (Tumba B).
recognize these social protective processes, but to design ways to mobilize and build on them.

How, then, can children facing severe adversity, be strengthened and uplifted in their efforts to cope with their challenges? How can children’s resiliency be encouraged, equipping them to deal with problems in the future?

**Implications for psychosocial interventions**

Psychosocial interventions for children should be tailored to support the individuals within households to confront the issues that they face in the present, while giving them skills, confidence and the ability to sustain themselves in the future. Interventions should have the goal of building the capacity of children in CHH, their households and the community as a whole. Strengthening local efforts may encourage local pride and resilience. (Putter, 2003).

Williamson & Robinson (2006) claim that ‘the material, biological and psychosocial aspects of wellbeing are integrally related, and it is not helpful to try to separate them into separate areas of programming.’ They endorse an integrated approach to programming that seeks to strengthen overall wellbeing.

A household approach would require that a commitment is made to support all constituents of the household for a given period of time. Results of this study show that children living in CHH have a high degree of commitment to each other, and it is important to recognize that strengthening one member of the household means that other members must also be secure.

The strengths revealed through positive coping strategies should be built on, while practices that may cause harm need to be addressed and replaced by more constructive approaches. The principles proposed to guide action are outlined below.

a) **Minimize risk factors through mobilization and sustainable input of resources**

In order to provide integrated and comprehensive support to children living in CHH, financial and material input may be needed in order to minimize risk factors to a level where they can cope positively. A participatory baseline survey, which will also help to mobilize the community and to gather ideas for programming, will serve to identify and address priority areas of risk for children. Creative ways of fostering community participation (mobilising social processes) may include, for example, mobilization of the children and their neighbours to make bricks and provide physical labour, while providing them with iron sheeting and specialized materials for repairing houses. To foster a cooperative spirit and to build on cultural knowledge, food security activities may be planned where community members are used as agricultural instructors for children who may have never learned the techniques commonly used in their area.

b) **Mobilize and strengthen protective social processes**

Building the capacity of the community to care and support the children entails the strengthening of the individual capacities of the children, but also community well-being as a whole. Supporting socialization of the children has the potential to build on their capacities and to further develop their values and cultural understanding. Increasing social interactions in the community may work to build trust and unity. When community members are involved in initiatives to support the children, a sense of pride may be a benefit of their contribution (Putter, 2003). Foster et al. (1996) suggest that the knowledge that there is an organization in the
community concerned about the welfare of orphans may lead to less physical and sexual abuse'.

Ways to enhance socialization of the children include activities that encourage engagement with other children, such as music, drama, sports and encourages children to participate in community events. A mentorship element to programmes can be effective in various contexts, including Rwanda (Brown et al., 2005; Foster et al., 1996). This is also a way to build on existing social linkages through community members, often encouraging and formalizing what they are already trying to do, and to provide advocacy and social support at a household and community level.

(1) Recognize and engage the human capacities of the children and build on positive coping strategies

Another important programming objective for children living in CHH in AEBR communities is to tap into the capacities and values the children have demonstrated, not only to build on this capacity, but also to contribute to community development. Positive coping strategies should be examined, identified and built on when designing programmes for CHH. Faith based organizations may include children in church activities that may encourage children and engage them in spiritual dimensions. Children in this study expressed the desire to increase their ability to deal with conflict and grief, skills that may help them, as well as others. Peer support should be encouraged, for example through the formation of youth associations, where they can discuss their challenges, encourage and advocate for each other. Grover (2005) remarks that many children are capable of self advocacy and that they should be supported in their efforts. They may also be given positions of responsibility in programme planning. Children's involvement in all aspects of the project cycle (baseline assessment, planning, design, implementation, monitoring and evaluation) is critical.

Suggestions for psychosocial programming in Rwanda

Therefore, community based psychosocial programmes should be designed to increase the capacity of the community to care for and support the children in their community. An integrated approach to programming that seeks to strengthen overall wellbeing may include several domains of programming, such as mentorship, community capacity building, sustainable food security, education, income generation, health and nutrition. Capacity building should be continuous and, as much as possible, involve all stakeholders in the community. Trainings could focus on issues such as child rights, HIV and AIDS, peace building and reconciliation11.

Questions that practitioners may use for guiding programme design could include:

a) how, in our community, might the children's creativity, resourcefulness and responsibility be used to enhance community activities and community life, in general; or

b) how can we encourage the children to express their values in ways that strengthen others in the community?

Ways to strengthen the resilience of children could include leadership training and opportunities to exhibit responsibility in a positive and supportive community context. Wherever possible, children should be encouraged to lead the programme, for example, in conducting the initial baseline survey. It has also been argued that in post conflict environments, young people should also be encouraged to take ownership of their development in order to decrease 'the likelihood that adolescents and youth will violently destroy
what they have stake in’ (Women’s Commission for Refugee Women & Children, 2002). Children who have proved particularly resilient should be encouraged to mentor other child heads of household. Capacity building for children could include how to form groups, counselling of peers, peace building and reconciliation, HIV, sexual and reproductive health, and training on practical issues such as literacy, household management, organic farming and small business training.

There remains a great need to identify appropriate assessment measures in order to evaluate outcomes of interventions. It is difficult to employ standardized measures of resilience that are often developed from a Western perspective. Further research is needed to develop tools to measure wellbeing, and to assess the effectiveness of interventions designed to strengthen resilience of individuals, households and communities. Orphans are likely to be socially and economically marginalized throughout their lives, but by concentrating on promoting protective factors, their resilience can be strengthened (Daniel, 2005). These children have faced severe adversity out of necessity, but with dignity and courage have also shown that they can transform trials into opportunities for personal growth. By recognizing and enhancing the resiliency of children, they are given the opportunity to rise beyond mere survival, and to thrive as they face future challenges.

References


National.PolicyforOVC.cfm.


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1 Orphans and Vulnerable Children (OVC) is a term commonly used in policy documents, programmes and interventions. This term will not be used in this paper, as it emphasizes the vulnerability of the children with no reference to resilience.

2 Tulane University School of Public Health, Rwanda School of Public Health, World Vision Rwanda (WVR) and Horizons/Population Council (a USAID funded project) formed a partnership to design, implement and evaluate a psychosocial support initiative for youth headed households in Rwanda. Brown et al. (2005) and Thurman et al. (2006) report findings from the baseline data collection.

3 AEBR = Association des Églises Baptistes au Rwanda (French).
Though it was first anticipated that CHH would be headed by children less than 18 years, the definition was by necessity broadened in the field to include those who were up to the age of 24. This is consistent with MacLellan (2005), who found that many agencies in Rwanda include older youth heads in their programmes and still consider the households to be ‘child headed’. Because of the serious need for many of the older children to access psychosocial and other services, MacLellan argues that it may be disadvantageous to identify a CHH solely on the legal age of the head and that inclusion of older youth as CHH is reasonable and just.

Every attempt was made by the facilitators to conduct this study without imposing their views on the subject matter, though it is recognized that the researcher’s presence in the environment and the subsequent interpretation of events, conversations and conclusions will undoubtedly affect the findings.

The quotations and examples are all from children involved in this study, however, the names are fictional.

100 Rwf = approximately 0.20 USD.

Some children were also paying off debts because their late or imprisoned parents had been condemned of crimes during the genocide. These children were dealing with a financial burden that was compounded by social isolation.

The ACORD (2001) survey showed that 74% of CHH said they had a plot of land, but 81% of the plots were less than 1 hectare.

This is in line with government policies of Rwanda, which coordinates OVC initiatives through the National Aids Control Commission (NACC). The NACC recognizes the importance of comprehensive care and support of OVC and they require that groups working with OVC work in at least three of six defined categories; health, nutrition, formal and informal education, protection, psychosocial support and socio-economic empowerment.

Such an approach would also complement the Governments of Rwanda Strategic Plan for Orphans and Other and Vulnerable Children 2007–2011, where an integrated and multi sectoral response is proposed and outlined (Government of Rwanda, 2006).

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Special Note: putting theory into practice: The initial research was done by Laura Ward for her MSc in 2006 through Canadian Baptist Ministries and their local partner, L’Association des Eglises Baptistes Au Rwanda. At that time, child headed households were identified by the partner as an issue that needed intervention, in addition to the HIV and AIDS work they were doing in the communities. Therefore, this research was taken seriously by both partners, who have since initiated a pilot project, overseen by Laura Ward. The community based, integrated programme was started in January 2007 with 188 households in three areas of Rwanda, with a focus on empowerment though mentorship, training and education, psychosocial support, food security and networking. The project has already made a strong impact in building the capacity of the communities to care for and support their children, and in strengthening the wellbeing of the children themselves.
Iraqi refugees in Jordan research their own living conditions: ‘we only have our faith and families to hold on to’

Josi Salem-Pickartz

Thirty-six Iraqi refugees designed and conducted a community survey among their fellow refugees in Amman/Jordan in July 2007, as part of the 2007/08 CARE International Refugee Programme in Jordan. The survey aimed to capture their living conditions from a community mental health perspective, with a special focus on gender based violence, and to identify resources for community development initiatives. Three hundred and fifty-four Iraqis, between the age of 10 and 86 years, were interviewed through a mixture of institution based and ‘snowball’sampling.

This article highlights the general challenges to studying temporary communities under distress, and the special obstacles to gathering valid and reliable information on sensitive topics, such as violence, in a situation of pervasive fear and mistrust. The main findings are presented and discussed with regard to projects and activities that can strengthen refugee communities’ mental health.

Keywords: Community mental health, Community empowerment, Researching temporary communities under distress, Training lay people in research, gender based violence

Background
Numerous Iraqis fled their country between 1990 and 2003, often under traumatizing circumstances, due to crippling international economic sanctions, periodic air attacks by the Coalition Forces, ethnic discrimination and internal political persecution. Since 2003, the military and civil violence that has accompanied the occupation of Iraq by American and other forces, has led to a high percentage of internal displacements and cross border migration. Emigration has intensified since the bombing of the Al Askari mosque in Samarra in early 2006, which also unleashed heavy sectarian violence. Syria and Jordan have absorbed the largest numbers of refugees. Estimates of the number of Iraqi refugees in Jordan fluctuates between 450,000 and 750,000 (International Organization for Migration (IOM), 2008).

According to the Norwegian Research Institute FaFo report 2007, most refugees come from central Iraq, in particular Baghdad. The majority of them have emigrated together with other family members. Most refugees live in rented apartments in urban settlements and survive on the transfer of money from Iraq or abroad. Their financial resources are, however, becoming depleted with increasing length of stay, in the absence of work opportunities in Jordan, and due to the sociopolitical instability of the region.

Jordan is not a signatory to the United Nations Convention relating to the Status of Refugees of 1951. Refugees consequently do not enjoy legal protection. They are not allowed to work and have limited access to health and social services. At the time of the survey Iraqi children were only able to attend public schools in Jordan if they had
residency status. As of August 2007, the Jordanian government has opened the schools for all Iraqi children. Their numbers attending have, however, been repeatedly found to be comparatively low. Until the end of 2007, less than 10% of the estimated refugee population had registered with the United Nations High Commissioner for Refugees (UNHCR) for refugee status determination (Duncan, Schiesher & Khalil, 2007). Around 20 national and international nongovernmental organizations (NGOs and INGOs, respectively) provide psychological, health, social and educational services specifically to Iraqi refugees, but reach only a fraction of them. Services lack referral and coordination mechanisms (Ventevogel, 2008). In particular, mental health and psychosocial support services are not integrated within the Jordanian public services.

**Principal challenges**

With the exception of the FaFo study, all studies about the situation of Iraqi refugees in Jordan conducted in 2007 by IOM, the International Catholic Migration Commission (ICMC) and the Community Development Centre Sweileh were primarily qualitative, and based on convenience samples. All reports mention difficulties in outreach to the refugees. This is due to hiding and moving within the urban environment because of fear of abuse, exploitation and maltreatment by others, political persecution and assassination, as well as the depletion of their financial resources. Lack of communication and support structures within the refugee community itself has also been repeatedly mentioned. The exceptions are small seeds of self organization among Christians, and some minority groups, as well as refugee committees that have been initiated by some of the NGOs and INGOs.

**Conceptual framework and related research**

The development of the survey was based, among others, on considerations that have been summarized lately in the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007) and the conceptual work of the Psychosocial Working Group (Psychosocial Working Group, 2003). The survey topics were elaborated in detail according to the competence/control and stress/coping models of mental health (White, 1959; Seligman, 1975; Rotter, 1975; Rutter & Garmezy, 1983). Recent studies have indeed shown that, in general, the refugee experience increases both physical and mental health risks (Iglesias et al., 2003), as listed below.

- Arabic refugee communities often experience an increase in mental health problems and gender-based violence (Douki et al., 2003; Khawaja & Twetel-Salem, 2004; Khawaja & Barazi, 2005; Hammoury & Khawaja, 2007; Meffert & Marmar, 2008);
- Humiliation as an experience of unjust and degrading treatment during and after violent conflicts is significantly related to subjective physical and psychological health complaints (Giacaman et al., 2007);
- Long processes of asylum seeking and postmigration living problems impact negatively on refugees’ quality of life, overall functioning and physical well-being (Laban et al., 2008).

**Participatory training and survey development**

*Characteristics of the participants* CARE announced the research project in the Iraqi refugee community committee by word of mouth. All applicants were accepted on the
condition that they committed themselves to the whole of the training and the ethics and obligations of the field research. Two thirds of the 36 volunteers had university degrees. Their age ranged from 27 to 53 years, except for four teenagers who were between 14 and 16 years old. The latter participated together with adult family members and in the spirit of a Child-to-Child Approach. Males and females participated in equal numbers. Prior to the data collection phase, 80% of the researchers had completed three of four peer counselling training workshops. These focused on understanding and dealing with refugees’ psychosocial problems, communication skills and group leadership. Those researchers who were not concurrently involved in such training were supervised and coached by the master trainer and the co-trainer throughout the survey preparation. This was done in order to ensure that they owned the necessary communication skills before going out into the field.

Training programme: The survey design and questionnaire were developed in two interactive, five-day training workshops which were attended by all researchers. The training addressed the following topics, outlined below.

Outline of the training workshops

I. Orientation
   • Key problems of the Iraqi refugee community in Jordan
   • Goals of the survey:
     a) General living conditions, physical and psychological well being
     b) Gender based violence: incidence, perpetrators and victims
     c) Resources for community development: knowledge, skills, communication networks, community activities, facilities, activists, resource persons, and supporters from the Jordanian community

   • Learning about research processes:
     a) Exploration and background information
     b) Guiding questions
     c) Quantitative and qualitative research methods
     d) Standards and protocols
     e) Interviewing skills
     f) Pre-test, data collection, processing and analysis
     g) Dissemination of results
     h) Practical implications

   • Challenges in community research:
     a) Sensitive topics and populations
     b) Trust building
     c) Protection of interviewees and data
     d) Obtaining valid and representative data

II. Composition of research teams:
   • Profile of researchers
   • Principles of team work and group leadership
   • Composition of research teams

III. Development of the survey questionnaire:
   • Brainstorming of questions
   • Testing of questions through researchers’ knowledge of their local community
   • Working groups on guiding questions
   • Testing of questions across research groups
   • Interviewing skills and recording
   • Pre-test and finalization of questionnaire
IV. Survey design:
- Sampling strategies
- Identification of sampling procedure
- Logistics

Overcoming fear and suspicion Establishing trust between the participants, building functioning research teams, agreeing on an effective sampling strategy with minimum bias and maximum safety for the researchers, and reaching a common understanding of violence, proved to be the biggest challenges in the preparation phase. Transparency, democratic dialogue and sound reasoning were introduced from the beginning as basic training values and strategies. They helped to create an atmosphere of self-responsibility and mutual respect.

After CARE explained the general background, rationale and purpose of the survey, the researchers met according to their area of residence in Amman and compiled information about the living conditions, mental health situation and incidents of violence in their areas. It became clear that the social relations between the refugees were not determined by living in the same area in Amman, but by family, neighbourhood and other networks that had already existed in Iraq. Beyond these, refugees were generally cautious, suspicious, and sometimes even hostile, towards each other and their host community. The researchers feared that they would not be welcomed and accepted in the area in which they were living. For these reasons, the idea was abolished to compose research teams and draw samples according to the refugees’ area of residence. Instead, a mixture of institution based and social network snowball sampling was chosen.

Composition of research teams The researchers finally agreed to work in teams of two, according to their choice for safety, practicability and quality control reasons. A total of 18 teams went out into the field. Each four – five teams formed a network, and met at least once a week with their self assigned coordinator in order to discuss research related questions, and for the coordinator to collect the completed questionnaires. All researchers also met once a week at the CARE premises in order to discuss the progress and problems of fieldwork.

Sampling strategy Due to the absence of comprehensive demographic information about Iraqi refugees in Jordan, the following sampling strategy was selected: each research team interviewed 20 refugees. Gender parity had to be strictly considered. Special attention was also given to the various age groups (10–17 years, 18–24 years, 25–45 years, and more than 45 years old). These were interviewed according to the ratio 2:3:3:2. Half of the interviews were conducted at the CARE and CARITAS premises that were approached by many refugees for social, psychological and medical services, and the other half through snowball sampling (Heckathorn, 1997) across the researchers’ personal communication networks, but excluded family members.

Survey questionnaire and its application The survey questionnaire was developed cooperatively, over the several steps that are described above. It proved to be difficult to achieve a common understanding of abuse and violence, as most researchers had little awareness of these issues in the beginning of the training. A patient, cross cultural dialogue and discussion resulted in the adoption of the World Health Organization (WHO) definitions for the purpose of the survey (WHO, 2005). The final questionnaire crystallized through several pre tests that involved self application, mutual interviews and supervised random interviews with
users of the CARE community centre. It included the following main sections: demographic information, current living conditions, physical and psychological health, social relationships, community communication and resources, as well as violence affecting the Iraqi refugee community. Ten of the 53 questions were of an exploratory nature and open ended. They focused particularly on the interviewees’ ideas how to improve the wellbeing of the community as a whole. The answers to the other questions were formatted as multiple choices, or rating scales. The interviewees were, however, always encouraged to provide additional information according to need. Each interview lasted around 30 minutes. One researcher conducted the interview while the second team member wrote the answers down.

Data collection and processing The field phase lasted from July 10–31, 2007. The quantitative data were coded by two refugees according to a predetermined key, and entered into an SPSS (Statistical Package for the Social Sciences) spreadsheet. These entries underwent several control procedures for accuracy and consistency before they were analyzed further by using SPSS 10. The qualitative answers were translated, and consequently content-analyzed by the principal researcher. A draft report was submitted to CARE in October 2007, and a final report in January 2008.

Main results

General sample characteristics Three hundred and fifty-four refugees were interviewed. Females and the age group of the 25–45 years old were slightly overrepresented in comparison to the original sampling key. Approximately 90% had registered with UNHCR for refugee status determination. This indicates a level of awareness and initiative that marks the sample as a somewhat positive selection. Sample characteristics are shown below.

<table>
<thead>
<tr>
<th>Sample characteristics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample size</td>
<td>354</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>164</td>
<td>46.3</td>
</tr>
<tr>
<td>Females</td>
<td>190</td>
<td>53.7</td>
</tr>
<tr>
<td>10–17 years</td>
<td>66</td>
<td>18.6</td>
</tr>
<tr>
<td>18–24 years</td>
<td>78</td>
<td>22.0</td>
</tr>
<tr>
<td>25–45 years</td>
<td>144</td>
<td>40.7</td>
</tr>
<tr>
<td>More than 45 years</td>
<td>66</td>
<td>18.6</td>
</tr>
</tbody>
</table>

Two thirds of the interviewees were Muslims, 13% Christians, and 20% adhered to other faiths (Sabeans, Mandeans, Yazidis, etc.). Half of the sample had left Iraq in 2005 and 2006. Their average level of education was high school (tawjihi). Both the percentage of illiterate respondents and those with higher education increased with age. Around two thirds of the respondents indicated that they had worked previously in Iraq (54% of the males and 75% of the females). Nearly all minors and 90% of the 18–24 years old said that they had work experience. These data may reflect the economic pressure on families in Iraq that has forced more minors and women into the workforce in recent years.

Current living conditions Four out of five respondents lived with their immediate family, and another 10% together with members of their extended family. Six percent of the adults lived alone. Separation, divorce or widowhood affected almost exclusively women, and particularly those older than 45 years. Around 11% of the interviewees, most of them 25–45 years, admitted that they were working illegally. Slightly more men than women worked. Savings and support by family members were the most important financial resources for the refugees. Only
every seventh refugee received assistance from UNHCR or CARE. Of those interviewees who had children of school age, 40% admitted that their children did not participate in any educational activities. As personal wellbeing is very much influenced by people's own perceptions, the interviewees were asked to rate basic aspects of their life: the quality of food, their financial situation, the general housing conditions, as well as their physical and psychological health. Although the average ratings all turned out to be fair, they ranged from very bad to very good. Physical and psychological health: Physical health rated lowest among all of the above components, particularly among the male respondents. Quality of food had the second lowest overall rating. Fifty-nine percent of the interviewees indicated that they suffered from physical health problems. The most frequently mentioned were illnesses that are, among others, related to stress, such as head and back pain, high blood pressure, ulcer, diabetes, irritable colon, etc. (33%), degenerative musculoskeletal diseases (16%), injuries sustained in Iraq (6%) and coronary heart diseases (5%) 10.

When asked about their physical ailments, 14% mentioned, in fact, primarily psychological problems such as anxiety, depression, and ‘going mad’. In a specific qualitative inquiry, 78% of all respondents described their psychological health problems further. They did this mostly in terms of the perceived causes. These were:

- Financial problems (18.8%)
- Bad physical health (15.2%)
- Difficult living conditions (13.0%)
- Loneliness (12.3%)
- Instability (11.9%)
- No future (11.6%)
- Lack of protection and residency, and fear of deportation (10.5%)
- No access to education (10.5%)
- No job (9.7%)
- Being away from home (9.7%)
- Traumatic experiences in Iraq (8.7%)
- Worries (8.7%)

Eighteen percent of the total sample indicated, in addition, that they lived with at least one other family member who had physical health problems, and 16% said that at least one other family member was suffering from psychological problems.

Stressful experiences in Jordan: One open-ended question of the survey asked: ‘what is the most difficult situation that you have experienced since you came to Jordan that still causes you worries and fears when you remember it?’ Fifty-eight percent of the interviewees answered positively. The following were the most frequently mentioned incidents:

- Residency and border police controls, arrest, abuse in custody, threat and execution of deportation (35.3%)
- Problems with landlords, neighbours and children of the vicinity (9.3%)
- Serious health problems, accidents, bad health services (9.3%)
- Difficulties with the residency permit (8.3%)
- Public violence, humiliation, harassment and abuse (8.3%)
- Deception, exploitation and robbery (8.3%)
- Separation or loss of family members (6.9%)
- Difficulties at the Jordanian – Iraqi border (6.4%)
- Deprivation of school attendance, and school based abuse and rejection (5.9%)
- Threats (5.4%)
Lack of work and financial resources to meet basic needs (5.4%)

Perceived obstacles to the normalization of life
Nearly all respondents answered an open-ended question about what they thought were the three biggest obstacles to a normal and healthy life for Iraqi refugees in Amman.

They identified the following main obstacles:

- Difficulties in obtaining residency (68.7%)
- No work permit (52.5%)
- Limited financial resources and high costs of living (41.8%)
- No access to education (31.6%)
- Insufficient health services (30.8%)
- Harsh and inappropriate living conditions, particularly regarding accommodation (19.5%)
- Instability and stress (8.5%)
- Lack of legal protection and threat of deportation (7.6%)
- Practices of the resident police (5.6%)
- Restricted freedom of movement (4.0%)
- Lack of acceptance by the host community (3.7%)

All respondents were aware that these factors caused psychological distress and led to violence within the Iraqi refugee community. Incidents of violence Community violence is commonly gravely underreported in surveys (Ellsberg & Heise, 2005). Researchers on violence usually have to gain the trust of their target communities through patient and long term, community based work before they can access the whole fabric and dynamic of it (Lee, 1993). This research aimed, therefore, only at obtaining first information about patterns of violence that affect the Iraqi refugee community in Jordan. As for the pre test phase it became obvious that respondents would be reluctant to share their experiences. The researchers were consequently asked to keep a final note in each survey questionnaire whenever they observed that the participants obviously knew of incidents of violence, but were hesitant to speak about them. This affected a total of 5.4% of the interviewees, and especially the 10 – 24 year olds. No gender differences appeared in this respect. All interviewees were asked to indicate incidents of violence that they had heard of, observed, been subjected to, or that they themselves had actually perpetrated within the last four weeks. They were asked to describe what kind of violence had happened, where it had happened, and who had been the perpetrator(s) and the victim(s). The provided responses were sparse, frequently incomplete and consequently did not allow further detailed analysis.

Within the last four weeks, nearly every tenth refugee reported to have been exposed to violent incidents, either directly as a victim, or through learning about the incidents. Every 15th refugee had observed situations of violence during this period. One out of 20 refugees also admitted to have acted violently towards others. Verbal and sexual violence dominated in all accounts. Most violent situations had happened in refugees’ homes, or in a public place. According to the data, the different forms of violence seemed to affect all age groups and both genders, and both victims and perpetrators were found in each of them.

Coping strategies All refugees were asked what they did in order to protect and improve their psychological wellbeing. Every tenth refugee did nothing in this respect. Praying and reading the Qur’an or the Bible were the most preferred strategies of handling psychological distress and enhancing psychological wellbeing, followed by talking
to others, going out, sleeping, taking medication or doing sports.

These activities are shown in the table below.

| Activities to improve psychological wellbeing (multiple choices) | | |
|-------------------|-----------------|------------------|-------------------------|
| Pray              | 49.7%            | Do sports        | 11.9%                   |
| Read the Qur’an or Bible | 42.1%          | Doing nothing   | 10.2%                   |
| Talk to somebody  | 28.5%            | Other            | 8.2%                    |
| Go out            | 28.5%            | Listen to music | 6.5%                    |
| Sleep             | 21.5%            | Relaxation exercises or yoga | 3.1% |
| Take medication   | 14.1%            |                  |                         |

**Social support systems** The researchers asked also questions about whom the respondents would turn to if they needed information, comfort in times of emotional distress, or practical help. The interviewees also had to evaluate who had been most and least helpful to them since they had come to Jordan. The following table gives a summary of the findings.

<table>
<thead>
<tr>
<th>Supporters to turn to for</th>
<th>Information</th>
<th>Practical help</th>
<th>Emotional support and comfort</th>
<th>People who have in fact been most helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>14.1%</td>
<td>24.9%</td>
<td>8.5%</td>
<td>39.5%</td>
</tr>
<tr>
<td>My spouse</td>
<td>16.9%</td>
<td>12.4%</td>
<td>36.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>My children</td>
<td>2.8%</td>
<td>2.5%</td>
<td>18.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td>My parents</td>
<td>24.3%</td>
<td>20.9%</td>
<td>35.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>My brothers and sisters</td>
<td>18.1%</td>
<td>19.8%</td>
<td>32.8%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Other family members</td>
<td>14.1%</td>
<td>13.6%</td>
<td>17.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Neighbours and friends</td>
<td>36.2%</td>
<td>13.3%</td>
<td>11.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>from Iraq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current neighbours</td>
<td>9.9%</td>
<td>9.3%</td>
<td>9.0%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Iraqis I met in Amman</td>
<td>18.1%</td>
<td>19.2%</td>
<td>15.8%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Jordanians I got to know</td>
<td>18.1%</td>
<td>13.3%</td>
<td>5.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Staff of organizations in Amman that help refugees</td>
<td>28.8%</td>
<td>23.2%</td>
<td>7.6%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>
and extended family. Every fifth respondent would also ask other Iraqis for practical help, and every seventh respondent would ask Jordanians. Members of the immediate family were primary emotional comfort resources for all respondents. All other members of their social network ranked less.

However, when asked to evaluate who had really been helpful to them since they had come to Jordan, nearly 40% of all respondents said that no one had really been helpful since they had come to Jordan. In contrast to the frequency with which they would seek help from the various groups of their social network, the actual help provided appears to be much less. These findings highlight that present support structures might, in fact, be limited in their efficiency.

The interviewees reported mostly negative experiences with landlords (36.7%), followed by Jordanians who they had met (21.5%), staff of relief organizations (20.3%), current neighbours (18.8%), Jordanian authorities (13.6%), other Iraqis who they had met in Amman (10.2%), and employers (9.0%).

Knowledge of community resources Around one third of the interviewees indicated that they knew of other particularly skilled, helpful, or well informed Iraqi refugees. They thought that some of them would be able to help organize community activities. In contrast, only 11% of them knew of equally resourceful members from the Jordanian host community. Every fifth survey respondent also wanted to help other Iraqi refugees in Amman themselves.

Suggested interventions to improve the situation of Iraqi refugees in Amman Many respondents also saw a huge need to explain the situation in Iraq and of Iraqi refugees in Jordan, through the international organizations and the media, to the government and the general Jordanian public. 'We wish the Jordanian community to understand our situation' was frequently expressed. They also advocated better human rights and legal protection, especially in regard to residency, work, and protection from abuse, and asked the government to take the initiative. They also appealed to their Jordanian and Iraqi brothers to promote mutual understanding and respect, and to establish cordial relations. Some suggested cultural and educational activities for both Jordanians and Iraqis.

When asked what they thought could help to reduce the violence that affects the Iraqi refugee community from both inside and outside, respondents mentioned, in addition the improvement of refugees' living conditions particularly with regard to financial income, health and educational services. They strongly appealed to their own community to apply patience, wisdom, mutual respect, forgiveness and love, and to improve cooperation between each other in order to solve internal violent conflicts. They thought that awareness raising, educational and cultural activities, as well as individual and family counselling, could help in promoting a stronger sense of community.

With regard to addressing domestic violence within their community, most respondents appeared somewhat helpless. Staying silent was particularly suggested to women and children. Praying and reading the Qur'an or Bible were most frequently recommended as active ways of coping with such situations, followed by talking to others.

Responding to situations of violence in public places appeared to be particularly difficult for the refugees. Besides acting correctly and trying to calm the situation down, the predominant advice was to 'accept the situation, keep silent because you do not have residency, and go away.' Only a very few respondents suggested self-defence, or turning to
the police. Similar advice was given for situations of violence at workplaces. Few respondents suggested that refugees should speak to their managers, yet many suggested ‘run away because you do not have a work permit.’ In cases of violence in public institutions, the majority of respondents also advised their fellow-citizens to behave well, keep out of the situation as much as possible, and leave. Few recommended that others to speak up for themselves and complain.

**Gender differences** Gender differences appeared in several areas of investigation. Female respondents seemed to suffer somewhat more from disadvantages in financial means, housing and food than men, but saw their physical and psychological health slightly more positively than their male counterparts. Men and women also used different psychological coping mechanisms. Females resorted to praying, reading the Qur’an or the Bible, and taking medication much more often than males. Males, on the other hand, went out more often, talked to others more, and used sports more frequently than females in order to achieve psychological wellbeing. In regard to their social support networks, female participants had somewhat less access to relevant information than males, but used both other family members and the relief organizations more often than the men as information sources. In comparison to the female refugees, a higher percentage of the male respondents had no one to turn to for practical help. However, male respondents were, on the whole, more active in seeking practical help from both within and outside the family than female refugees. More female than male respondents indicated that they had no one to turn to for emotional comfort. This affected the elderly in particular. Male respondents reported, however, more disappointing experiences with people who they had approached for help than females.

**Age differences** The age groups of the 10–24 year olds rated their overall living conditions as more negative than the older respondents, with physical health being the most distressing life aspect. They were also least connected to sources of information and least aware of the role of refugee relief organizations in providing guidance and support. This age group also had the highest percentage of respondents who indicated that they do not have any one to turn to if they are in need of information.

**Vulnerable groups** Twenty-nine respondents (8.2% of the sample) were found to rate both their physical and psychological health as bad, or very bad. Poor housing and financial conditions were significantly correlated with the perception of poor physical and/or mental health. Further analysis found that respondents with bad or very bad psychological health ratings were more inclined to stay at home, do nothing, or watch TV than refugees who felt that they were in fair, good or very good psychological health. They also turned more often than others to family members for information, emotional support and practical help. Additionally, they hardly ever approached staff of organizations who care for refugees for help.

**Discussion**

The aim of the survey was to describe the living conditions of Iraqi refugees in Amman from a community mental health perspective with a special focus on gender based violence, and to identify resources that can contribute to community development initiatives. The sampling strategy strived to achieve a balance between the need to make use of safe and trustworthy places and channels of communication, and the requirements of random sampling in order.
to achieve maximum representation of the data. The fact that 90% of the interviewees were registered with UNHCR, while UNHCR had only reached 10% of the estimated total refugee population in Jordan at the time of the survey, shows that even the peer researchers were only able to reach a special sector of their community. Due to the lack of appropriate reference data it is impossible to say how representative the findings truly are for the total Iraqi refugee population in Amman. Some similar general demographic information has, however, been obtained in the other studies (see also Gilbert, this issue).

The research process as described above generated much useful information on the target population's general psychological distress, coping mechanisms, support needs and resources, yet fell short of gaining access to the reality of violence, let alone gender based violence.

The poor data quality in this respect can currently be explained only by some hypotheses that the author has drawn from observations throughout years of work in the field of (gender based) violence in Jordan and neighbouring countries, and within refugee populations:

- Gender based violence is a sensitive concept introduced in the Middle East by western oriented scholars, practitioners and agencies. It touches the power relationship between the genders, as still traditionally enshrined in many families. Researching gender based violence questions, and thus potentially threatens, traditional patterns of social relationships. Interviewees might have felt that they needed to protect their social life from any interference, particularly given the distressing living conditions.

- They might have been afraid of talking about violence within the public sphere due to fear of reprisals and lack of legal protection. In the course of the survey preparation, the author listened to numerous accounts of verbal and physical violence against Iraqi men, women, youth and children by neighbours, taxi drivers, shop owners, bosses, officials, teachers and fellow students.

- Coming from the same community, the peer researchers might have shared some of these reservations. They might, consequently, have not been very proactive in their inquiries. Lack of interview experience might have also added to this problem.

The following discussion concentrates, therefore, mostly on implications of the survey findings for the general protection and enhancement of refugees' psychosocial wellbeing.

1. Fulfilling basic human needs in a cooperative Jordanian/Iraqi effort

The interviewees considered their insecure legal status, prejudice, discrimination, harassment and abuse, sparse financial resources, the absence of work opportunities and limited access to health and educational services as major causes of their current psychological distress and obstacles to achieving a 'normal' life. In the spirit of the IASC guidelines, these findings call for psychosocial support interventions that secure, first of all, basic human needs and rights. Surely this can only be achieved through a cooperative effort of both the Jordanian and the Iraqi community, based on listening and learning from and with each other, and through continuous financial support by the international community until a durable
solution is reached. The interviewees contributed many valuable ideas on how to facilitate this process. These could supplement similar national and international NGO initiatives that were started in the course of 2007 under the leadership of the Jordanian government.  

2. Strengthening families’ psychosocial competence and creating multipurpose community centres  
Refugees’ social networks consist primarily of their family, but also neighbours and friends from Iraq, staff of refugee relief organizations and Iraqis and Jordanians they met in Amman. The family is the prime source for emotional support, particularly for refugees with mental health problems, while the others are more often approached for information and practical help. The efficiency of help seems to be generally limited. Many interviewees and, in particular, adolescents, have no support. These findings highlight the need to empower families to take better care of the psychosocial support needs of their members. With additional training in culturally sensitive family counselling strategies the peer counsellors could, for example, become family educators. Through outreach programmes, they could also approach those community members who are – for different reasons – unable to join more centralized community activities. The findings also call for pooling the available refugee community resources, in order to create better sources of practical help by connecting them with the previously mentioned social activity centres. Such centres also need to develop specific programmes for girls and women, adolescents and men.

3. Addressing physical and mental health problems in an integrated manner  
The responses of the many affected interviewees show that they do not differentiate between physical and mental health problems. Physical and mental health education and service provision need, therefore, to be delivered in the primary health care level in an integrated way, and also, eventually as an outreach service through the above mentioned community centres.

4. Strengthening the communion between spiritual and psychological coping skills  
The data show how important spiritual guidance is for most of the interviewees, in order to deal with their difficult living conditions. Psychosocial support interventions need, therefore, to include much space for a respectful dialogue between faith based wisdom and western science based knowledge, about stress and trauma management, and to integrate both in a joined effort of finding meaning and purpose for hardship that is often difficult to bear.

5. Combating violence that affects the refugee community  
Violence from both within and outside the Iraqi refugee community remains a challenging topic of psychosocial intervention. It seems to affect nearly all age groups and both genders as victims and as perpetrators, yet the obtained data is far from satisfying. Violence is, by far, not always understood as a threat to mental health. It is often accepted within families, feared from the side of the host community, and paired with a profound sense of helplessness when it occurs in the public sphere. Trustworthy and well accepted advocates need to embark on patient anti violence awareness raising and education campaigns, for both the Iraqi refugee community and the Jordanian public.
On the whole, the survey documents the continuous high distress among the contemporary Iraqi refugee community in Amman, and the destructive potential that the current living conditions contain in the long run for the wellbeing and development of hundreds of thousands of human beings.

**Afterthoughts**

What has the survey given to the peer researchers? In an evaluation meeting at the end of the field research phase, the researchers expressed the following:

- ‘We have made friends and learnt to work together.’
- ‘We have learnt to do research and study a situation before we take action.’
- ‘We know the situation of our community better and can, therefore, help more efficiently.’
- ‘We have met with so many people who are so much worse off than we are, so that we really learnt to appreciate what we still have.’
- ‘We need to speak out for all Iraqi refugees and lobby for a better understanding between Iraqis and Jordanians.’

**References**


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1 Many people worked together to make the survey a success. Special thanks go to CARE project manager Reema Masoud, for her organizational skills and technical input; Samar Al Nashy, MA Demographics, and Ihssan Ali, BA Biology, for the data entry; Sana Ramadan, MA System Analysis and Computer Programming, for the quantitative data analysis; volunteers Nour Haj Hassan and Remah Ali Milhem for their Arabic-English translations during the training workshops, and finally to Khalid Hashim Al Rawi, M.B.CH.B./Diploma in Public Health, for his professional translation skills and the analysis of the medical data. This report presents the views of its author who was the principal researcher and trainer, and not necessarily of CARE International in Jordan.

2 According to the Psychosocial Working Group, traumatic events such as war and expulsion affect communities in three domains: their human capacity/capital (household livelihoods, skills and knowledge, health and well-being); their social ecology/capital (social relations with families and peers, religious and cultural institutions, links with civic and political authorities);
and their culture and values/cultural capital. The effect can be a disruption and depletion of such community resources, but also a strengthening. Psychosocial interventions aim at strengthening the capacity of communities for coping successfully with changing circumstances.

3 The competence/control and stress/coping models of mental health assume that threats to personal wellbeing result from the absence or insecurity of the fulfilment of basic human needs, previous and/or ongoing experiences of losses, as well as discrepancies between situational demands and individual capabilities to act competently with regard to personally meaningful and developmentally relevant aspects of life. Individuals' general resources, such as health, education, work and communication skills, specific coping skills for stressful situations, and the amount of social support moderate the consequent personal experiences of stress and eventual trauma. Ongoing personal distress increases the risk of developing more serious mental health problems over time. The mental health of a community is characterized by its collective past stressful and traumatizing experiences, the ongoing deprivation and threats that it encounters, its material, human and organizational resources and coping strategies, its social support structures, as well as its self organization and control over living conditions.

4 The principles and strategies of developing refugees' competences as researchers and the development of the survey design and instrument will be elaborated in detail in a future article.

5 The Child to Child Approach encourages and enables children and young people to promote the holistic health, wellbeing and development of themselves, their families and communities worldwide. See http://www.child-to-child.org/.

6 In a snowball sampling approach, additional survey participants are identified according to set criteria upon the recommendations of initial participants. This sampling along with social structures is often used in the study of populations that are difficult to reach.

7 Verbal violence was defined as any use of language that disrespects, insults and humiliates another person and hurts his/her feelings. Physical violence was defined as any threat of inflicting physical pain and injury to another person, and/or the execution of it. Sexual violence was defined as any action that forces a person into a sexual behaviour against his/her will, through the use of force, power and/or authority. Exploitation was defined as any misuse of power and authority for personal gain of emotional, physical or material gratification at the expense of others.

8 The full questionnaire can be requested from CARE International in Jordan.

9 More detailed data can be obtained from the internal document that was submitted to CARE International on January 4, 2008.

10 According to the WHO world data table, in 2000, diabetes rates in Jordan were 8.1% and in Iraq 6% for all over 20 year olds.

11 Well-to-do Iraqi families who reside in Amman were also mentioned by 7.6% of the respondents as benefactors.

12 Both gender and age differences were assessed by comparing the proportions of responses within, and between, the subgroups.

13 At the time of this report (June 2008) CARE International in Jordan, for example, is providing an estimated 7000 Iraqi refugee families in Amman with material and financial assistance, as well as social counselling. It offers various activities (skills training, discussion groups and leisure time activities) in two social activity centres. As far as possible, these are run by refugees. Their goal is to promote a sense of confidence and competence among the refugees, to strengthen their ability to recover from stress and trauma, and to cope with the daily hardships. CARE also currently works with four local NGOs on including Iraqi refugees in the services that they have been offering for a long time to the Jordanian population. In the absence of legal protection it
seems, however, to take time to develop a sense of commitment towards the Iraqi population from within these NGOs.

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**European Training of Trainers: Art Therapy & Trauma**

A two week training (in English) for experienced mental health workers to become internationally competent counsellors/trainers in art therapy & trauma will be held. The training is intended for aid workers from Europe who, in their day-to-day work, encounter one or more of the consequences of torture, natural disaster, war, violence, or abuse and who want to be able to teach *Art Therapy and Trauma* to counsellors from low-income countries in practical interventions. The European nature of the training enables the participants to get acquainted with insights, customs, values and standards from different cultures, as well as expanding theoretical knowledge and practical skills.

Dates and location:
22-26 June and 29 June-3 July 2009, at the Hogeschool Utrecht (University Utrecht) in Amersfoort.

More information? Check www.csw.hu.nl or www.ictep.com

*The training is organized by Hogeschool Utrecht (University Utrecht) and ICTEP (Centre for Treatment and Advanced Training in Art Therapy)*
Power and ethics in psychosocial counselling: reflections on the experience of an international NGO providing services for Iraqi refugees in Jordan

Jane Gilbert

This paper reflects on some of the moral dilemmas inherent in the provision of counselling for Iraqi refugees by highlighting the day-to-day experiences of psychosocial counsellors employed by an international nongovernmental organization (INGO) in Jordan. It is argued that the lack of clarity in role, short term recruitment policies, confused demands on INGOs and the complexity of the political situation of Iraqis in Jordan contribute to profound, and often insoluble, moral dilemmas for local staff charged with providing front line counselling services. These dilemmas are rarely discussed explicitly, but permeate every aspect of the refugee and counsellor interaction. Having identified the issues raised, specific suggestions as to how they may be addressed are put forward.

Keywords: psychosocial counselling, Jordan, refugees, assessment of INGO services

Introduction
This paper stems from work undertaken by the author as part of a review of programmes for Iraqi refugees provided by an international non governmental organization (INGO) in Jordan. The review included office and management systems, training centres and other aspects of the programmes. However, this paper focuses specifically on the provision of psychosocial counselling. Methodology included field visits, direct observation, meetings with staff and partners, and a reflective workshop for all counsellors.

Political context
According to the International Crisis Group (2008), up to five million Iraqis have now abandoned their homes. Half remain internally displaced within Iraq, half have fled to neighbouring countries. Jordan and Syria have taken in the greatest number of refugees and the FAFO Research Foundation estimates that there are now between 450,000–500,000 Iraqis resident in Jordan (FAFO, 2007). Neither Jordan nor Syria is a signatory to the 1951 UN Refugee Convention, and therefore neither is under any legal obligation to recognize or confer refugee status. The United Nations High Commissioner for Refugees (UNHCR) operates under a Memorandum of Understanding with the Government of Jordan (GoJ) that enables only those that arrived prior to 2003 to register as refugees. Those who have arrived after 2003 are registered as ‘asylum seekers’. Under this status, Iraqis are not allowed to work and their rights to health and education are granted by special dispensation of the state, rather than their rights as refugees.
In spite of these restrictions, the Government of Jordan and the Jordanian population at large have, over the last four years, extended enormous generosity, with Iraq refugees being considered ‘guests’. However, given Jordan’s history with Palestinian refugees, there are well founded fears that the Iraqis may not leave, and that the already stretched resources will be pushed to collapse in providing for the newcomers. The influx of large numbers of Iraqi refugees is a strain on the Jordan government and the nation’s scarce resources and ageing infrastructure. The hospitality of the host communities in many areas is waning, and Iraqis are increasingly being blamed for rising property prices and the cost of living. These concerns manifest themselves in a number of ways: restrictions on those entering Jordan from Iraq; residence permits are possible only with significant private funding; access to services is intermittent; and working is illegal. Most Iraqis therefore, remain in Jordan illegally: their initial three-month stay visas having expired. They risk arrest if they work and are highly vulnerable to exploitation.

The Iraqis that have arrived in the last three years come from all social classes, religious and ethnic groups (Jayawickrama & Gilbert, 2007). However, the majority are either middle class or poor, with dwindling resources, little or no access to employment, and are living in cramped, often squalid, conditions in East Amman. Assessments have revealed the confined nature of much of daily life. Salem-Pickartz (2007) found that four out of five people spent time watching TV, and only 5% were involved in activities outside the house. CDC-Mercy Corps (2007) found that 77% of their respondents spent their time sleeping and watching TV. The daily life of very many Iraqis reflects both isolation and grief.

**Remit of international nongovernmental organizations**

Due to the lack of legal obligation to give refugee status to those seeking refuge in Jordan from Iraq, a significant proportion of services and support has been provided by the UNHCR and a small number of INGOs. However, since 2006/7 the size of the problem has had to be acknowledged. As a result, there have been increases in funding and response interest, and the number of INGOs operating in Jordan has increased significantly. Assessment reports reveal considerable consensus regarding the overall situation of Iraqis in Jordan:

- Many Iraqis live in poverty without access to basic services.
- There is an absence of durable solutions and therefore an inability to plan for the future.
- The plight of men and male adolescents is a particular cause for concern, due to fundamental changes in roles within the family, and lack of access to employment and education.
- The absence of legal status creates a climate of fear and prevents Iraqis forming support networks that would enable them to care for their own communities.
- The lack of social fabric makes it difficult to organize efficient outreach provision.
- The lack of a reliable referral system has prevented comprehensive and holistic responses, with programmes tending to be compartmentalized: health, education, non food items, etc.
- Women are increasingly subject to domestic violence and sexual harassment, while the stress and burden of caring for the family often rests with the women.
- It is considered ‘shameful’ and ‘disrespectful’ for many women to express emotions.
outwardly, and prayer and religious belief are used as significant coping mechanisms.

In terms of recommendations, most reports highlight the following:

- The need for the greater development of specialist mental health services;
- Increased outreach provision;
- Greater community involvement;
- Improved case management (to enable appropriate support to be given for complex and multiple problems);
- Improved systems of referral;
- Increased coordination between INGOs and all organizations;
- Greater utilization of strengths and skills of the Iraqi population and involvement in the design of projects for them;
- Setting up more safe spaces for children and families; and
- Expansion of peer counselling programmes.

Assessment reports also outline the limited government provision in Jordan in terms of mental health services, as well as the scarcity of mental health professionals.

**Definition of terms**

The definition of terms within mental health and psychosocial programmes has been the subject of continuous debate for many years. Due to the limitations of space, no further contributions to this debate will be made, but difficulties arising from confusion in definition of terms within Jordan will be highlighted. The terms ‘counselor’ and ‘counselling’ are particularly problematic. Almost all INGOs describe conversations with refugees as ‘counselling’. This makes it extremely difficult to understand what is exactly taking place, and to identify the small number of highly experienced, professionally trained counsellors within Jordan.

IOM (2008: 12) lists the work of INGOs in Jordan as follows:

- “CARE provides psychosocial counselling and rehabilitation activities;
- Mercy Corps is offering basic counselling through Community Development Centres;
- International Rescue Committee is currently carrying out a psychosocial assessment and has planned to establish a mobile unit for basic counselling;
- World Vision is providing basic counselling to the Iraqi community;
- WHO have planned training on specialized counselling;
- International Medical Corps will be offering in the next months training on mental health for general health practitioners.”

In addition to the generalized use of the word ‘counselling’, the following terms are taken from INGO assessment reports in Jordan:

- ‘psychosocial worker’;
- ‘intensive psychosocial training’;
- ‘psychosocial uneasiness’;
- ‘resilience’;
- ‘post traumatic stress syndrome (PTSD)’;
- ‘psychotherapy’;
- ‘psychosocial support’;
- ‘retraumatized’;
- ‘short term mental health interventions’;
- ‘social counselling’;
- ‘psychosocial activities’;
- ‘durable psychological well being’.

All of these terms were used without being defined.

In addition to confusion in terminology, also of great concern is that very few studies have reviewed traditional coping strategies. The author is unaware of any unique approaches
to psychological help which have been developed specifically for Iraqi refugees. A number of professionals providing assistance to Iraqis in Jordan have also commented informally on the limitations of Western frameworks for understanding ongoing unresolved ‘trauma’ (personal communications). Some have also expressed the view that a heavy emphasis on Western modes of intervention/help may actively inhibit the creativity necessary to respond to the uniqueness of the situation of Iraqi refugees in Jordan.

To illustrate, some INGO reports in Jordan prioritize the percentage and type of ‘symptoms’ of emotional distress. For example, one INGO survey identified the problems of refugees as stress (64%), violence (22%), grief (21%) and depression (21%). While there are understandable levels of emotional distress within the refugee population, these sorts of statistics must be approached with extreme caution. If normal reactions to distress are presented as ‘mental health problems’, which then require ‘treatment’, there is a grave danger that funding may only be allocated to mental health services, and that basic subsistence, community and psycho-social approaches may therefore be neglected. Given the exceptionally difficult circumstances in which people live, with so little capacity to plan for a future, fear, a sense of hopelessness and helplessness, a loss of control, anger and frustration, low self esteem, emotional difficulties and behavioural problems, are common and normal reactions. The author is not aware of any report to date, which has commented on what might constitute ‘psychological wellbeing’ in the highly abnormal circumstances in which most Iraqis live.

Below two case studies are presented to help illustrate the living situation for many Iraqi refugees.

Case study 1  Salwa, is a mother caring for four children, the eldest, aged 21, mentally handicapped. Her husband was killed in Iraq, and she has been in Jordan for four years. She was pleased that her younger children now attend school, and she has had one ‘resettlement interview’ with UNHCR. She has debts of JD 200, her rent and electricity is JD 80 per month and she receives JD 170 per month from the INGO. She did receive food packages, but the budget has come to an end so she no longer receives them.

A visit from the field counsellors was undertaken to assess whether there had been any change in her circumstances.

Case study 2  Fatima has one handicapped child and three other sons. She was last seen by the field counsellors six months previously, and this visit was to reassess her circumstances. On the visit last year she was in a room with no furniture, and was extremely distressed. She has also been in Jordan for four years. Her husband is ‘missing’ and her brother-in-law was killed because he was a translator. Now she has furniture and her sons are in school. Her handicapped son is overweight and spends all his time in the same two rooms.

For both of these, and many other families, daily life is severely constrained by lack of funds. Financial assistance and non food items are a lifeline.
Provision of psychosocial counselling for Iraqi refugees
The information in this section has been collated from the author’s direct observations, interviews with staff, a reflective workshop and feedback from focus groups of Iraqi refugees. The INGO described in this paper has counselling centres in Amman and employs 20 counsellors. At the time of the review, only three counsellors had worked with the organization for more than nine months. Most had been employed for six months or less. Counsellors came from a variety of backgrounds, including the commercial sector. A small number had previous counselling experience and a significant number (eight) had previously worked as teachers. Due to the difficulties in obtaining long term funding, staff are employed on short term contracts as either ‘office’ or ‘field’ counsellors.

Day to day work
Office counsellors.
Office counsellors are expected to see five to eight cases per day, four days per week. However, in practice, many see a greater number. Their primary role is assessment in terms of financial assistance and non food items, using a standard assessment form. They also provide ‘psychosocial counselling’, information and referral to other agencies. As the primary task is to complete the form, the opportunities for refugees to talk explicitly about more difficult emotional problems may be restricted. Counsellors were unanimous in saying that the refugees who attended for interviews were most in need of financial assistance and non food items. Other priorities included: resettlement, education for their children (particularly higher education as this is not available to Iraqis in Jordan), work, fear of deportation, poor housing, and rejection/non acceptance by Jordanians. In the counsellors’ experience psychological problems were less common, but this may also be due to the ‘script’ of the interviews.

Field counsellors
Field counsellors are allocated to particular geographical areas, and work in pairs with a driver. They receive direct referrals from the staff at the counselling centres. These include those who cannot visit the office, as well as follow up visits for those who have already visited an office counsellor to check on information provided, and they also carry out reassessments to check for changes in circumstances. (At the time of this review, they were also making assessments for reductions in financial assistance due to project funds having been spent.) There is an expectation among the counsellors and their managers that field based counsellors see a greater number of people. This has an impact, not only on the time available for each case, but is also unrealistic because of the time needed to find particular dwellings, given the density of housing and the lack of clear street addresses. The pressure to transcribe all information electronically also impacts on the stress experienced by counsellors. As most counsellors are under 25 and female, they are also vulnerable to insults on the street from men and boys. The driver’s role is therefore crucial, providing protection as well as support, and skills and knowledge when trying to find particular dwellings in densely populated areas.

Senior counsellors
Senior counsellors spend a significant amount of time checking the basic needs assessment forms that the counsellors have completed. While their objective is to ensure that the recommendations for assistance can be met through existing funding, they, in fact, spend considerable time correcting and editing the English. Senior counsellors
feel frustrated by this, and it is an inefficient and a wasteful use of their time and skills.

*Referrals*

Of the 6500 families seen in 2007, outgoing referrals for more intensive psychological therapy are estimated at 2600 families. Yet, only 150 of these families are actually receiving services. In the view of the counselors, some of the families only attend two or three sessions in order to receive a psychological report to use in their resettlement case with UNHCR. Furthermore, counselors are not sufficiently qualified to deal with ‘severe trauma’ and there is no established referral system due to lack of capacity in Jordan.

**Reflection: the counsellors’ experience of their work**

A day of reflection was designed and facilitated by the author – an opportunity much valued by the counselors. The workshop gave everyone a chance to express their views regarding their work and their perceptions of the refugees’ situation. Overall, counselors were very committed and sympathetic to the refugees’ situations. Many experienced distress at the helplessness of the refugees, and at not being able to offer more help.

‘It hurts my heart to see families with young children and see the helplessness on the parents’ faces that they cannot offer their children basic things and decent food and clothing’

‘I feel with the refugees’ problems, which is mostly their lack of a decent life and the limitation in money and income.’

‘It hurts deeply I see that an ancient civilization has been ended and its people scattered everywhere.’

Some specific difficulties identified were having to carry out reassessments due to reduction in funds and being blamed by refugees for the lack of further funding. Counsellors also had to tell refugees attending the centre for the first time that they could ‘only’ provide counselling. This situation caused great anguish for most counselors as they felt they were going back on promises and commitments already made.

‘Most of the refugees come for financial assistance. When I explain to them that we are here for psychosocial help (which we are not very qualified for, by the way) the refugees lash out at us, and their frustration grows on me. The refugees are not aware that I don’t own all the magical solutions for their problems, and that I myself work under the organization’s laws and rules.’

Many counselors felt unable to provide sufficient help and found it difficult to deal with the resulting frustration and anger of the refugees.

‘At the beginning I used to love what I am doing very much and felt rewarded every day by seeing the smile I put on the refugees’ faces, but after the recent changes when the financial help became limited, and I am supposed to cut even most of the people I already started helping, I feel very frustrated and I find it difficult to take all the abuse (verbal) and frustration from refugees.’

Several counselors considered that they were insufficiently trained for the work they had to do.

‘I am undergoing a lot of stress from work and would appreciate a training for stress management. My educational background is not related to my work. I am doing well in it...’
though, but I think now, since almost all financial help (which is what they really need) is finished, I need to have more specific training in psychotherapy as I am not really qualified for it!

Other difficulties identified included: perceived lack of support and understanding from managers, lack of a comprehensive database system to retrieve information, team difficulties due to the diversity in counsellors’ skills and experience, as well as the emotional toll on counsellors’ themselves. In spite of all the difficulties, counsellors experienced satisfaction in being able to provide assistance and establish a ‘humane’ relationship. They were particularly encouraged when refugees expressed gratitude, rather than anger.

‘That I can make a difference in people’s lives, even if I only listened to them and smiled at their faces, and make them feel that I am ready to listen to them and help them, hearing their thanks and appreciation makes me feel good.’

‘When a refugee tells me: I don’t want anything from you, I just need someone to listen to me.’

**Ethical dilemmas**

Complex ethical dilemmas affect both the INGO and the work of the counsellors. Some of these dilemmas relate to the helplessness they all feel regarding the socio-political situation. Iraqi refugees in Jordan are seen as ‘temporary’, but many have now been resident for at least four years. Their savings and resources have dwindled and it is still not possible for them to legally work to support themselves and their families. Issues relating to maintaining funding for the provision of basic financial assistance are complex. Front line staff are confronted by all of these dilemmas on a daily basis.

**Role and task confusion**

There is confusion within the INGO whether to prioritize assessment for the provision of financial assistance, or to provide ‘psychosocial counselling’. This confusion is exacerbated by the fact that some donors are unwilling to provide funds for desperately needed financial assistance, but will provide funds for ‘psychosocial counselling’. The confusion within the INGO regarding the role of counsellors also means that the counsellors themselves are confused about their role. Counsellors spend most of their time assessing families and individuals for basic needs and financial assistance, but yet their job is described as ‘psychosocial counsellor’. This dual role produces a potential ‘conflict of interest’ within their work, increasing the stress of an already stressful job.

‘If it is financial assistance, why am I called a counsellor? If I am a counsellor, I have not had the training to be competent.’

This confusion of role also has a negative impact on the perceptions of other agencies who assume that the ‘psychosocial counsellors’ have a higher level of competence and capacity than is the case, and of Iraqis who have expectations of the INGO for financial assistance that cannot be fully met.

**Therapeutic relationship**

Counselling is a Western concept with specific underlying assumptions. The counsellor is expected to provide empathy, genuineness and unconditional positive regard. It is assumed that, with the provision of these
conditions, self healing and the fulfilment of potential can take place. The notion of self actualization is fundamental to counseling theory. In situations of acute powerlessness where choices are extremely limited, as is the case with the majority of Iraqis in Jordan, what may need to be provided is ‘sympathetic listening’, rather than counseling.

If the aim is to build a therapeutic relationship, it is confusing for both counselor and refugee that the same person has the power to give or withhold financial assistance, as well as provide emotional support. Asking people for specific information to complete an assessment form can be counter to the development of a therapeutic relationship. While the need to complete the form can limit the counselor’s time/capacity to attend to emotional issues.

People whose basic needs are not met will not be receptive to counseling. Basic needs must come first. Refugees who need financial assistance can become aggressive when told only ‘psychosocial counselling’ is available. Reduced availability of financial assistance puts all staff in the difficult position of having to say no. This breaks previously established relationships of trust, and is not conducive to a therapeutic relationship.

**Training**

Assessment for basic needs does require skilled interviewing techniques. However, interviewing is not the same as providing counseling, and it is not appropriate for those in emotional distress or who have complex psychological problems. If contracts for counselors can only be for a maximum of 12 months, as a result of donors not funding longer term projects, it is not cost effective for the INGO to invest in expensive and high levels of training. Short term contracts also encourage younger applicants, rather than those who may be more experienced, to apply.

**Supervision and support**

Most of the support given to counselors is in response to practical difficulties. There is no systematic supervision system to help counselors deal with the emotional consequences of their work. This is particularly difficult for those who currently are having to break previously established trusting relationships with refugees. Those counselors struggling emotionally tend not to tell others, and/or feel a sense of ‘failure’.

**Language**

Interviews are in Arabic, but internal and external reporting requires that the electronic record be in English. This is a struggle for many counselors, and the numbers of interviews to be transcribed accumulate rapidly.

**Power**

Many Iraqis are desperate for basic subsistence, but are very embarrassed to ask for help. Many had previously significant status and a high standard of living in Iraq, but hopes of returning to this previous life have faded. Counselors have achieved job satisfaction by having the power to make a difference. The present situation, when financial assistance is no longer available, engenders feelings of powerlessness in the counselors and disappointment and frustration in many Iraqis whose resources are quickly running out.

**What needs to change?**

There are many dilemmas presented here which have to be accepted as a reflection of a very complex situation. However, specific changes were suggested, both by the counselors themselves and the consultants, many of which the INGO has already implemented. The recommendations presented here only refer to the provision of
psychosocial counselling and may be relevant for settings outside Jordan.

1. **Prioritise the assessment and provision of financial assistance**

   The first layer of the intervention pyramid in the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings* (IASC, 2007) implies the basic activities necessary for psychosocial wellbeing, such as primary health care services, work and other sources of income, nutrition, basic information, legal position and shelter. Although it seems obvious that the first priority is basic survival – food, water and shelter – this seems more difficult to acknowledge within the environment of a bustling modern city such as Amman. Iraqi refugees living in desperate poverty are only a short distance from modern hotels and expensive shopping malls. Counsellors are observing a severe deterioration in people’s livelihoods, as a result of lack of employment opportunities. This is confirmed by all recent assessments that state that the resources which were available to some of the Iraqis on arrival in Jordan has now been exhausted. Thus increasingly, the Iraqi refugees in Jordan are dependant on the provision of assistance for survival. International organizations need to continue advocacy for additional funding for financial assistance, and the ‘Inter-agency Technical Advice Mental Health and Psychosocial Support for displaced Iraqis in Jordan’, a joint document endorsed by twelve international organizations (UN agencies and INGOs) active in Jordan in May 2008, also stresses basic needs be met.

2. **Separate the functions of assessment and provision of financial assistance, and the provision of counselling**

   In relation to the conflict of interest currently being experienced by the counsellors in this INGO, it is essential to separate financial assessment from counselling and to clarify the tasks being undertaken. However, it must also be recognized that assessment for basic needs and identification of those who may require other services does require skilled, sensitive and supportive interviewing techniques. There is a risk that the role of assessment for financial assistance may prove less attractive to some staff and may be insufficiently valued by other staff, as well as within the INGO.

3. **Clarify the role/responsibilities of counsellors**

   If the functions of assessment for basic needs and counselling were separated it would then be possible to utilize the expertise within the counselling teams more effectively.

   The majority could maintain the essential primary role of assessment and provision of basic needs, and those who were more experienced as counsellors could provide dedicated counselling services. Job descriptions would need to be revised to more accurately list and reflect the skills and experience needed.

4. **Develop clear guidelines for referrals to other agencies for further psychological support**

   A number of assessment reports recommended the development of ‘case management’. This would ensure that the INGO had clear guidelines for referral to other agencies and to ensure that those with complex needs could access the necessary range of services, including psychological support. (Since the work described here, the INGO has appointed six case managers (a new role) and a training programme is being designed by the author.)
5. **Provide support and supervision to deal with the emotional stress of front line staff**

Present team meetings focus mainly on ‘business’ and administrative issues. All front line staff would benefit from:

- Sessions on dealing with their own responses due to their constant exposure to refugees’ difficulties, particularly in relation to field visits.
- Sessions on dealing with the anger and frustration expressed by refugees.
- The setting up of personal supervision/support systems.

6. **Minimize the time front line staff spend on certain tasks**

Staff in the front line of interaction with Iraqi refugees come under huge emotional stress/distress as a result of trying to respond to Iraqi queries and needs, as well as often bearing the brunt of the refugees’ anger and frustration. If an information pack with basic descriptions, contact details and maps of all services accessible to refugees in Jordan were available, it could be distributed by all front line staff. This would greatly assist refugees in making informed choices about where to go for specific assistance, and significantly reduce the time staff currently spends on giving this information. This recommendation has now been implemented.

7. **Set up a dedicated counselling unit**

The IASC Guidelines on MHPSS in Emergency Settings stresses the need for the provision of services on all levels of the intervention pyramid. The absence of services on the level of ‘specialized services’ is recognized as a particular difficulty by most INGOs working in Jordan (Horn & Strang, 2008). On a day-to-day basis, this means that less experienced counsellors have very limited referral options, if any, for those with more complex psychological difficulties. To address this gap and as a contribution to developing local capacity, a dedicated unit for psycho-social counselling could be set up. This would involve identification of more experienced counsellors, investment in further training and major restructuring for the INGO. It could have significant advantages, such as those identified by staff as needing supportive counselling could be referred ‘in house’. Advice, support and training to all other units within the INGO could be provided, e.g. interview techniques, management of ‘difficult’ situations, and discussion of cases when required. Personnel from the unit could make specific links with partners, both to ensure case management for complex cases, and to assess capacity and criteria for referrals to these organizations.

**Concluding comments**

Through a description of some elements of a complex review of services provided by an INGO, this paper has attempted to highlight some of the ethical dilemmas of providing counselling to Iraqi refugees in Jordan. The influence of the present political situation where the majority of Iraqis do not have legal status and INGOs have to negotiate sensitive relationships with the Jordanian government on the provision of basic services is profound, and cannot be accurately reflected here. The irresolvable nature of the situation, the powerlessness felt by most of those working with refugees, and the ever decreasing personal resources of many Iraqis during the last four years means that the provision of basic subsistence must take priority. As an ever greater number of INGOs work in Jordan, it is essential that clarity between the provision of counselling and the assessment for financial help is maintained.
References


1 Information on daily life and coping strategies from this assessment is not included here, but is available from the author.
2 See Williamson & Robinson, 2006; van Ommeren et al., 2006; Ager et al., 2006) for a overview of the issues and IASC Guidelines on Mental Health and Psychosocial Support (2007) for current thinking and terminology.
3 Only part of the collation of the workshop tasks is presented here (more information on structure and outcomes is available from the author).

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Ex-combatants in South Africa: how to address their needs

Monica Bandeira

South Africa held its first democratic elections in 1994. Fourteen years later, it is clear that ex-combatants remain a vulnerable group. A limited disarmament, demobilization and reintegration process has meant that many ex-combatants continue to face serious challenges. A number of non-governmental organizations have taken up the task of addressing the psychosocial needs of this group. This paper describes their interventions and the impact on ex-combatants, as well as the challenges still facing this group. Perspectives from both ex-combatants and organizational members were gathered. The paper concludes that in order to address the psychosocial needs of South African ex-combatants the following changes are required: increased political will, more platforms for consultation, prioritizing economic empowerment, targeted psychosocial healing and recognition.

Keywords: ex-combatants, psychosocial interventions, reintegration

Countries that have experienced armed conflict then face the task of (re)building political, economic and social stability. One of the main areas of concern for these countries is the disarmament, demobilization and reintegration (DDR) of former combatants, as comprehensive DDR programmes have been linked to long term stability (Harsch, 2005). In countries where aspects of the DDR process were poorly managed, such as South Africa, the effects are long lasting and still being felt today. In South Africa, it is estimated there could be as many as 150,000 former combatants (Cock, 2004). These ex-combatants represent a variety of formal and informal, military and paramilitary, formations.

Everatt & Jennings (2006) characterize the demobilization process in South Africa as 'a complete mess'. Many ex-combatants were not included and the process was further hampered by severe administration problems. Nongovernmental organizations (NGOs) have recognized the importance of dealing with these issues. Through work with ex-combatants, the Centre for the Study of Violence and Reconciliation (CSVR) has come to realize that, in order for interventions to be effective on a larger scale, policy change needs to occur. This report attempts to provide an overview of current psychosocial interventions with ex-combatants. It also highlights the needs of ex-combatants and the ways some of these have been addressed. The paper concludes with a set of recommendations.

The research

The six organizations included in this research provide primarily psychosocial assistance for ex-combatants that formerly were in the liberation forces. In total, 20 ex-combatants participated in four focus group discussions, one of which was conducted with only women. The researcher used qualitative methods of data collection and analysis for the study. Instruments with both highly structured and semi structured questions were used. This ensured some
standardization across the sample, while also allowing openness to divergent themes. The results are discussed in two sections: the first summarizes the analysis of the interviews held with organizational members involved in work with ex-combatants, while the second reports on the analysis of the focus group discussions held with ex-combatants.

Organizational members’ perspective
All the organizations said that the focus of their interventions with ex-combatants has changed over time. The most cited reasons were that they have developed broader objectives (for example, to include access to job opportunities) or have become more holistic. The activities offered to ex-combatants fell within four focus areas: psychological assistance, creating support systems, economic empowerment and advocacy.

All the interviewees said that their organizations had plans to continue working with ex-combatants in the future. The main reasons given related to ex-combatants’ continuing need for healing and recognition, and the danger they may still pose to society. ‘(Ex-combatants feel that) “They owe me something because I went out and fought for them.” And this is a group that, I think if there are no interventions to be able to help them, they could be sitting as unguarded missiles that are waiting to be ignited, which could bring instability to the country.’

According to organizational workers the most pressing challenges facing ex-combatants are: lack of skills; lack of recognition; and isolation. Both internal factors, (such as ex-combatants not being healed or being stuck in self-destructive cycles; poor self image; poor relationship skills; inability to set personal goals and plans to achieve these; not acknowledging that they are wounded; anger; post traumatic stress symptoms; and the inability to see opportunities) and external factors (such as: lack of organization in the sector; lack of opportunities from ‘government’; different stakeholders viewing ex-combatants as the sole responsibility of the Department of Defence; and the patriarchal nature of the society) were identified that prevent ex-combatants achieving their goals. When asked what interventions were needed for ex-combatants, most mentioned interventions related to economic empowerment, creating recognition, psychosocial assistance and support in strengthening the sector.

Organizational respondents described how they have attempted to engage with government in different ways and at different levels. Most of these attempts have not proved fruitful.

The ex-combatants perspective
The motivating factors ex-combatants expressed in approaching organizations for assistance included: isolation, a need for psychosocial assistance, perceived benefits and altruism. ‘I don’t have somebody to talk to so when you go to [organizations name removed] you are able to meet new faces and you become relieved.’

The majority of participants described the activities they participated in as focussing on intrapersonal (that is, internal processes) or interpersonal processes (processes relating to relationships with others).

A number of ex-combatants said that they gained nothing from the interventions. Some went on to explain how the interventions brought back painful memories. However, there were those that felt they had gained something in the process. The most frequently mentioned gain was related to their ability to manage their...
anger followed by: increased sense of agency (ex-combatants reported an increase in their own ability to be independent, to manage their anger, to make good choices, to cope with their situation, to forgive and forget, and to stop blaming. They also reported increase self confidence and self awareness); psychological gains (ex-combatants reported feeling relieved and gaining hope, and that it helped them with their trauma, solved their problems or improved their lives. One simply said that what they gained was ‘peace’); social gains (ex-combatants spoke of meeting new people during the interventions with whom they are still in contact. They also said that due to the interventions they are now able to rely on others for help or support); and the beginning of a journey.

‘I am in the process of healing. As I am in the process of healing... I know that I will be well to my neighbour and another person. I cannot say that I am 100% right or say that I can face life. I am still in the process, I am trying to face life and bring back my humanity and my manhood.’

Some ex-combatants say they continue to benefit from participating in the activities offered by organizations. They reported feeling more confident and not feeling so alone. Some felt that the interventions created a basis for healing, while others report the ongoing use of mediation, anger management and life skills.

‘In confrontations, I am able to walk away to calm myself down and come back and tell the person that I was not happy with the way they treated me, instead of starting a fight.’

Ex-combatants raised a number of concerns relating to the lack of post activity support or follow-up from organizations. The greatest problems unsolved by the interventions were financial difficulties and unemployment. This was expressed as the need for money or housing.

‘I feel nothing helps despite being counselled because of hunger, and hunger makes you feel angry you are not working... As the Zulu’s idiom says “hunger makes you angry” When you are always hungry and someone comes to you, you automatically feel angry because you are hungry...’

Almost all of the ex-combatants interviewed felt that organizations should continue to work with them. Some felt that the organizations involved need to change the way in which this happens. Suggestions that follow-up be added, or that ex-combatants should direct the interventions themselves, were made.

Basic needs for employment, housing, financial assistance and access to health care were the most pressing challenges faced by ex-combatants. One of the consequences of these challenges is that they feel they have no other option but to turn to crime.

‘I told them that in 2010, in June, I will be still not working. I will still live the life that I am living. Expect that the tourist, which they say they will send to [name removed] stadium, that their dollars and euros, I will rob them with a petrol bomb. And the one who don’t want to do that, to cooperate to what I am telling him to do, I will burn him.’

According to the ex-combatants, the most frequently mentioned reasons for not achieving their goals were the combined lack of access to jobs and money.

Ex-combatants felt that government should be addressing most of their basic needs; monitoring organizations providing services to ex-combatants and addressing corruption in relation to pensions. They reported having made numerous attempts to engage the government in addressing their needs, but most have proven to be unsuccessful, or have resulted in empty promises.

The research included a woman’s only group as a way of looking at differences, or similarities, to the male ex-combatants and in order to give women a more prominent...
voice. Through the analysis, however, it was found that the female participants did not produce themes that contrasted highly with what their male counterparts presented. There were a few themes that women focused on more than male ex-combatants. These warrant further investigation and include their concern about: the welfare of their children, other ex-combatants and domestic violence and prostitution.

To be honest, we never enjoyed our youth. Some of us have lost our parents in exile, on the other hand we were harassed by the security police... At the end of the day, once one becomes a teenager like myself, you get married and never get to enjoy your youth. So how are you going to be a good mother or good parent when you never had that? The mind is full with things that are not right. The other day my friend said you can take the guerrilla out of the bush but you cannot take the bush out of a guerrilla. So I think...what happened during the apartheid years is still haunting us, it is part and parcel of our lives. . . .and now we are giving birth to children, how are we going to raise those children because now we have mixed emotions inside ourselves. We are not healed, that’s why domestic violence is so rife.’

Discussion and recommendations

Political responsibility or political will Government in general, and relevant government departments in particular, need to recognize the importance of assisting ex-combatants and to develop the political will to do so. Both organizations and the Veterans Associations (VAs) should be more assertive in their attempts to engage the government, in order to increase political will and responsibility. Although the government needs to be aware of the potential for destabilization that this group presents, it should also recognize what ex-combatants could contribute to the country and society.

Economic empowerment The need for economic empowerment of this group is clearly one of the main challenges faced by ex-combatants in South Africa today.

Organizations and ex-combatants view the relationship between economic empowerment and psychosocial healing differently. As shown in Diagram 1, for many ex-combatants only after they are economically empowered can psychosocial healing occur. For organizational members, on the other hand, in order for ex-combatants to be economically empowered, psychosocial healing needs to happen first.

There is no doubt that both are important and the relationship between the two is complex. The question is: can these two be dealt with separately or independently from each other?1

Organizational members may argue that this is not their area of expertise and continue to focus exclusively on psychosocial interventions. The difficulty, however, is that they are often the only ones attempting to assist this group and this raises some ethical challenges. It would seem that the organizations have a number of options available to them (which are not mutually exclusive) when confronting the
issue of economic empowerment, namely they could:

(a) Continue to focus exclusively on psychosocial interventions but would then need to narrow their target group and become more selective in their recruitment.

(b) Develop interventions aimed at economic empowerment that are accompanied by psychosocial support. Organizations would then need to develop the expertise within their organization, or through partnerships, to ensure success of such interventions.

(c) Along with ex-combatants, engage in lobbying and advocacy with government and the private sector to assist with economic empowerment of ex-combatants.

One suggestion could be to combine options (a) and (c), whereby organizations continue to focus on their areas of expertise while at the same time lobby and advocate for economic empowerment opportunities to be created by government and the private sector. All role players: ex-combatants, VAs, government and NGOs should come together to develop an effective economic empowerment strategy for ex-combatants.

Psychosocial healing The continued need for psychosocial healing for ex-combatants is recognized by both ex-combatants and organizational members. For ex-combatants areas of concern include: suicide; trauma; depression; lack of hope; anger; alcohol abuse; and relationship problems. Organizational members, identify similar psychosocial difficulties such as: unresolved trauma, issues of masculinity; poor self-esteem; difficulties with trust; substance abuse; anger; relationship difficulties; and communication difficulties.

South African organizations need to seek to amalgamate their years of experience with current, researched knowledge in interaction with ex-combatants to best inform their interventions. For ex-combatants, an increased awareness of the impact of psychosocial difficulties is needed. The government can play a major role in terms of reaching more ex-combatants in need of assistance.

Recognition Both organizational members and ex-combatants feel that not enough has been done to recognize the important role ex-combatants have played in the history of South Africa. Many feel that this continues to affect them today and that recognition will facilitate the psychosocial healing of this group. Although ex-combatants place
emphasis on economic recognition, both highlight the psychosocial benefits of social and political recognition. Recognition strategies would need to occur through consultation with all stakeholders but is something that does not, necessarily, require a great deal of resources and could be achieved relatively quickly.

**Conclusion**

Although more information needs to be captured and shared, a wealth of knowledge and experience in the psychosocial needs and care of South African ex-combatants is available. South African ex-combatants also hold a great deal of insight and constructive ideas when it comes to addressing their own needs. More consultation and collaborative lobbying could lead to more positive results in this sector. It is clear that ex-combatants have a great deal to contribute to society if they are provided with the opportunities to do so.

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**References**


People that have been ‘forcibly disappeared’ (i.e. presumed to have been killed), in Latin America, have been ignored by the relevant authorities for decades. The first exhumations began in Argentina in 1983 with the regime change. Currently, people and organizations in 14 different Latin American countries are involved in exhumation processes. ‘Resistencias Contra el Olvido’ is a groundbreaking account of the recent history of exhumation processes in Latin America. One of the aims of the book is to contribute to a global process that is currently taking place, of establishing minimum standards regarding psychosocial work before, during and after an exhumation process.

The book is divided into four parts: Exhumations in the context of genocide and massacres; (El Salvador, Colombia, Guatemala, Peru); exhumations in the context of political violence, (Chile, Argentina, Uruguay, Brazil, Paraguay); exhumations and social violence (Venezuela, Mexico and Panama) and selected murders under democratic regimes (Ecuador and Honduras). The final chapter provides an overview and recommendations, prepared and agreed on by all 36 authors. Each chapter gives voice to a special country and follows a general structure: the history and social context of the disappearances, the work of human rights organizations, psychosocial approaches, lessons learned and recommendations. Because of this clear structure ‘Resistencias Contra el Olvido’ allows the reader to look at the same picture from different angles, highlighting different, or sometimes even, contradictory details.

Relatives of those that were forcibly disappeared were the first to establish organizations to coordinate their search for loved ones. In their search for the truth about what happened, why, when, where and by whom, they hope to find justice and rehabilitation on individual, community and societal levels.

All of the contributors describe the difficult, frustrating, discouraging, stressful process in order to realize an exhumation. It is a struggle against illegal and immoral acts by authorities such as: the destruction or tampering of evidence, the provision of false information, hindrance in the identification process, needless delays, statements and press releases that are humiliating for the person who has disappeared and his/her relatives. So far, very few exhumations have led to concrete identification of those that have disappeared. There is success rate of only 3% of individually murdered persons and 30% in the cases of people killed during genocide and/or massacres. More than 99% of the perpetrators have, until now, not been sentenced.

The book also asks the hard question: Is the difficult process, with often retraumatizing
experiences, worth the effort while there is so little chance of success?

It is pointed out that exhumations are part of a larger process. Disclosure of the truth is important, not only for relatives of the disappeared, but also for the society at large. However, the truth is only one part of the Right to a Remedy and Reparation as described in the UN basic principles and guidelines adopted by the General Assembly on 16 December 2005. The truth is required to obtain justice, but truth is unfortunately not automatically followed by the persecution of alleged perpetrators. The search for justice can be a difficult and painful process. Reparation, including: ‘full and public disclosure of the truth’, ‘the search for the whereabouts of the disappeared’, ‘restoration of the dignity, the reputation and the rights of the victim’, ‘a public apology’, ‘judicial and administrative sanctions against persons liable for the violations’, and ‘commemorations and tributes to the victims’ are for some people, even more important than their personal interest.

This book contains a special focus on the psychosocial work involved in the process, which gives it a unique value. In many countries, families get no psychosocial help at all, although some receive support from the family groups themselves (i.e. in Venezuela, El Salvador, Honduras). In other countries, regular psychosocial assistance has been offered (i.e. in Guatemala and Chile). In Venezuela, a number of families, in cooperation with human rights organizations, were able to form a strong, mutually supportive group. They struggled for recognition of the crimes, and after several years, succeeded in getting the graves exhumed. They even succeeded – with the help of national and international institutions and through mobilization of the public opinion – to get a verdict from the North American Tribunal, holding the State of Venezuela responsible for the violations. For this group, in particular, the exhumation process was a healing experience.

Chilean and Guatemalan organizations cooperated with special psychosocial teams. From their contributions we learn about the difficulties in finding the right approach towards victims (neutral vs. involvement), how to fight against the idea of psychosocial work as crisis management, how to establish cooperation with the forensic anthropological teams, how to prepare the relatives for next steps, and how to include cultural values and rites in the work. All of these issues combine to define how the exhumation process is experienced.

This book makes the plea to see the families as key players in the exhumation process and psychosocial assistance is considered to be essential to that end. Psychosocial assistance, in close collaboration with the team of forensic anthropologists, should be available from the very beginning in the exhumation process. To accomplish this includes working on an individual, family, community and social levels in the human, legal and juridical field.

This book is a valuable document for all those working in this field, anyone who is interested in it, and offers a lot to think about. This book also shows the long path required to uncover the truth and to be able to commemorate those who were forcibly disappeared. This book, in itself, is a milestone in the struggle against oblivion.

Ria Stiefelhagen

The word ‘victim’ is usually avoided in psycho-social work. The term ‘survivor’ is preferred to emphasize the resilience of people. However, in international human rights work the word ‘victim’ is often used to emphasize that rights have been violated and injustice is done to someone.

2


This book is about the social world of children in areas of armed conflict. It offers an ecological framework that departs from the view, developed by the Psycho Social Working group, that psychosocial assistance to children in armed conflict areas should not occur through provision of therapy by outsiders, but through holistic support from insiders. Therefore, psychosocial interventions should be based in local communities, and international nongovernmental organizations (NGOs) should focus on stimulating and supporting local initiatives.

Some of the chapters are about the various important structures existing in the natural environment of children: family, peer groups, school and religious organizations. Each of them can either be a resource, or a risk, to the development of a child. These chapters describe the possible influences of these structures, and some of them give examples on how to support these structures. Other chapters discuss the difficulties of special categories of children, such as children separated from their families and former child soldiers. Or special issues, such as the development of Palestinian children affected by conflict, peer relationships in conflict and thereafter; the need for post conflict training and livelihoods for excombatant children to reduce the risk of returning to war are considered.

The various authors – all of them pioneers who seem strongly committed to their work – demonstrate the role children may play in improving their own situation, even in cultures where children are usually not heard very well. For example, Kostelný describes how groups of volunteers, called ‘child wellbeing committees’, were able to reach out to marginalised and vulnerable children and to raise the awareness of the community with regard to the problems of children and opportunities for supporting them. Half of the participants in these child wellbeing committees were under 18 years of age.

I fully agree with the attitude, expressed in this study, that focusing on the resources in the environment of children is usually more fruitful than concentrating on the dysfunction of individual children. However, I also believe that it is very helpful to discuss these resources in relation to the more, or less, universal psychosocial tasks individual children have to face in the various stages of their development. It is also important to take into account the specific environmental factors in a war zone that may complicate dealing with these universal tasks. The book does not offer such a developmental approach: a systematic overview of the various psychosocial tasks connected with particular developmental stages, the psychosocial tasks that may be complicated as a result of armed conflict, and the extra psychosocial tasks some categories of children (such as refugee children) have to deal with. Consequently, the book lacks an overview of the possible contributions of family, peer group, school and religion to deal with these tasks. It therefore also does not bring much order to the already cluttered
field of psychosocial interventions aimed at supporting resource structures. Although the topics discussed in this book are interesting enough, for field workers the book is not exactly a page-turner. It seems to be written for senior programme staff and for academics that still have to be convinced of the fact that one cannot just pick up Western knowledge and Western approaches in helping children and parachute them into a war zone. The field worker is tempted to simply search for the examples from practice. Happily, there are many inspiring examples to be found.

**Reviewed by Guus van der Veer, developmental psychologist, psychotherapist, former Editor-in-chief of Intervention**

**Intervention Journal training manuals: now available in several languages**

For the past three years, *Intervention* has set itself the task of development and publication of training manuals in the field of psychosocial support in (post) conflict areas. Various respected trainers have drawn on their training methodologies. These texts have been translated into several languages, which can be used by local trainers and aid workers in different countries. To date, two types of training manuals have been developed and translated.

- Paediatrician and child psychiatrist Dr. Anica Mikuš Kos from Slovenia has developed the manual ‘Training of Teachers in Areas of Armed Conflict’. This manual originally appeared in English and was thereafter translated into Russian, Albanian and Arabic. A further edition in Tamil is currently in publication.
- Psychotherapist Dr. Guus van der Veer from the Netherlands developed the manual ‘Training Counsellors in Areas of Armed Conflict Within a Community Approach’. This manual appeared originally in English and was thereafter translated into French and Spanish.

These manuals have been disseminated to schools and trainers, and are also being used in North Ossetia, Ingushetia, the Russian Federation, Georgia, the Palestinian Territories, Iraq, Algeria, Kosovo, the Democratic Republic of Congo, Rwanda, Burundi, Uganda, Sri Lanka, Argentina, Colombia, Peru and various other countries. Currently, two other training manuals are being developed by trainers and *Intervention*, which will be translated and published.

- Clinical psychologist Dr. Josi Salem-Pickartz from Germany, who is living and working in Jordan, is developing the manual ‘Training Refugees as Peer Counsellors’. This manual will be bilingual, in both English and Arabic languages.
- Psychologist Prof. Dr. Yvonne Sliep from South Africa is developing the manual ‘Training in Narrative Theatre’. This manual will also appear in a variety languages.

The manuals can either be downloaded via www.interventionjournal.com or ordered via the War Trauma Foundation; e-mail: info@wartrauma.nl. **Based on the World Bank country classification those from low and lower middle income countries may order the manuals for free. For those from other countries, the War Trauma Foundation will charge postage to send the manuals.**
Mental Health in Complex Emergencies

Residential Course in New York: June 27th – July 9th 2009

Course Outline
Mental Health in Complex Emergencies (MHCE) is a collaborative course given by The Centre for International Humanitarian Cooperation, HealthNet TPO, the International Medical Corps, and the Institute of International Humanitarian Affairs at Fordham University. The curriculum will be based on earlier courses held in New York, Geneva, Kampala and London. The training programme targets health, and other professionals, wishing to gain a better understanding of what is entailed in addressing mental health and psychosocial issues in the context of complex emergencies.

Course Content
This is a residential course consisting of two elements:

1. A six day intensive basic module that focuses on the specific context of conflict and post conflict settings. This part of the course will provide practical orientation on a variety of topics, such as how to conduct rapid assessments, designing and setting up mental health services or psychosocial programmes (exploring the differences between them), clinical work and therapeutic approaches in non-Western contexts, the issue of cultural validity, conflict resolution and negotiation, taking care of oneself and dealing with burnout. It will also introduce potential field workers to essentials such as personal security, and logistics, and practical aspects of humanitarian work in the field.

2. (New!) In the second week participants can choose among several optional modules that are currently in preparation. These modules will have a duration of approximately 3 days and focus on specific skills sets, for example: training, child focused psychosocial interventions, research methods, etc.

Who Should Apply?
This is a multidisciplinary training programme for participants from a variety of backgrounds. Professionals applying for the course could be mental health professionals, health professionals, or other professionals, e.g. programme managers. The entry qualifications for the course are:

- Relevant professional background that allows for future engagement in mental health or psychosocial programmes in complex emergencies;
- Either experience in complex emergency work, ideally in mental health or psychosocial programmes, or a background in mental health is required.

For more information on the programme and the course fees please visit: www.cihc.org or email: mail@cihc.org
طورت مبادرات ذات مثول تقليدي لإعداد إدماج البنية التحتية لraisalيون باستخدام منهج التدريب، والمشاركة في:

يضيف هذا المقال تنوعاً للشرح المثير للإعجاب، يتمثل في تحليل معقد، يتطلب مهارة عالية من اتخاذ قرارات حاسمة، باستخدام نظام إعداد إدماج البنية التحتية لraisiloyn، وتسهيلها، وتشجيعها على مشاركة في حل المشكلات المشتركة، في إطار المبادرات المشتركة. لقد ساعدت المنظمات على تبني أن المساحة الأسرية، والزواج، والمشاركة في الأنشطة العامة، والقيام بالأنشطة العامة، لم تعد نادرة، كما نسبت كلها من الجمهوريات الناشئة في الإعداد الداخلي، عقب الحرب، ودعمهم منmithاً لمثل هذه التصورات التي تهدف إلى تعزيز المشتركة، والتعاون، في:

- الكاثوليكية الرئيسية: سيراليون، الجوهرة الأرضية، إعادة الإعمار، المناظر، المشتركة، التمثيل عبر القلب.
- النواحي، النواحي، التمثيل عبر القلب.
- القداسة إلى النواحي، النواحي، التمثيل عبر القلب.
- الحالات النفسية: القداسة إلى النواحي، النواحي، التمثيل عبر القلب.
- النواحي، النواحي، التمثيل عبر القلب.
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- القداسة إلى النواحي، النواحي، التمثيل عبر القلب.
- النواح...
المقاطعون السابقون في جنوب أفريقيا: كيف تتعامل مع احتياجاتهم؟

أجريت جنوب أفريقيا أول انتخاباتها الديمقراطية في سنة 1994 و بعد مرور أربعة عشرة عاماً من الوضوح أن المقاطعين السابقين يظلون جماعة هشة وقد أظهرت إحدى الدراسات أن كثيراً من المقاطعين ما زالوا يواجهون تحديات خطيرة وقد أخذت بعض المنظمات الحكومية على عاتقها مهمة التعامل مع الحاجات النفسية الاجتماعية لهذه المجموعة. و يصف هذا المقال تلك التدخلات ، و تأثيرها على المقاطعين السابقين و كذلك التحديات
1. Formuler des indicateurs culturellement pertinents pour la réintégration de jeunes filles autrefois associées à des groupes armés au Sierra Leone, en utilisant une méthodologie de classement participative

L'article décrit une méthodologie de classement participative visant à appréhender les perceptions locales de la notion de réintégration et d'ajustement, qui offre des possibilités pour planifier et évaluer des programmes. Elle a été appliquée dans le contexte particulier de jeunes filles autrefois associées aux forces combattantes au Sierra Leone. Quatorze groupes de discussion, utilisant l'énumération spontanée et des activités participatives de classement au sein d'une structure de groupes de discussions dirigées, ont été menés dans dix communautés. Ces discussions ont servi à recenser le soutien familial, le mariage, l'implication dans les activités communautaires et dans les activités génératrices de revenus, ceci étant perçu au plan local comme des indicateurs significatifs de la réintégration réussie d'une jeune fille après la guerre. Cette méthode offre une approche souple pour recenser des indicateurs de réintégration culturellement pertinents, qui présente des possibilités d'emploi élargi lors de la planification et de l'évaluation des programmes.

**Mots-clés:** Sierra Leone; enfants soldats; réintégration; méthodes; indicateurs; cross-culturel; évaluation

2. La résilience des enfants dans les familles dirigées par un enfant au Rwanda : implications pour les interventions psychosociales communautaires

Cet article traite de la résilience des enfants confrontés à des épreuves et une adversité extrêmes. Basé sur une recherche participative parmi des enfants vivant au sein de familles dirigées par un enfant, il souligne l'importance d'écouter la voix des enfants et de reconnaître leurs capacités lors de la mise au point d'interventions visant à renforcer leur bien-être psychosocial. L'étude montre que les enfants ont développé des stratégies d'adaptation innovatrices et bénéfiques. L'étude de ces stratégies d'adaptation fait penser que les enfants faisaient preuve d'esprit de ressource, de responsabilité et de sens moral. Néanmoins, quand les facteurs stressants dans la vie des enfants devenaient trop grands, ceux-ci avaient tendance à employer pour s'adapter des stratégies négatives et potentiellement préjudiciables. Une approche communautaire devrait s'appliquer à renforcer globalement le bien-être de la communauté et viser à construire en s'appuyant sur les capacités des enfants – leurs mécanismes d’adaptation positifs et leurs caractères résilients - tout en offrant une réponse adéquate à leurs zones de vulnérabilité. Les facteurs protecteurs existants devraient également être recensés et élargis dans les interventions.

**Mots-clés :** interventions psychosociales, familles dirigées par un enfant, résilience, stratégies d’adaptation, Rwanda

3. « Nous n’avons que notre foi et nos familles pour tenir bon » - Des réfugiés irakiens en Jordanie étudient leurs propres conditions de vie
Trente-six réfugiés irakiens ont en juillet 2007 conçu et mené à Amman (Jordanie) une étude de communauté parmi leurs co-citoyens dans le cadre du Programme International CARE 2007/8 pour les Réfugiés en Jordanie. Cette étude visait à appréhender leurs conditions de vie sous l’angle de la santé mentale communautaire, avec une attention spéciale pour la violence envers les femmes ainsi qu’à recenser des ressources pour les initiatives de développement communautaire. Trois cent cinquante Irakiens âgés entre 10 et 86 ans ont été interviewés sur la base d’un échantillonnage mixte reposant sur les données administratives et l’effet boule-de-neige. L’article éclaire les défis courants rencontrés dans l’étude de communautés provisoires dans la détresse ainsi que les obstacles particuliers pour collecter des données valides et fiables sur des sujets sensibles tels que la violence, ceci dans une situation de peur et de méfiance généralisées. Les principales conclusions sont présentées et débattues en relation avec des projets et activités susceptibles de renforcer la santé mentale communautaire des réfugiés.

Mots-clés : santé mentale communautaire, prise en charge autonome, étudier des communautés provisoires dans la détresse, former des profanes à la recherche, violence contre les femmes

4.1 Pouvoir et éthique dans le counselling psychosocial : réflexion sur l’expérience d’une ONG internationale offrant ses services à des réfugiés irakiens en Jordanie

En exposant l’expérience quotidienne des conseillers psychosociaux employés dans une organisation non-gouvernementale internationale (INGO) en Jordanie, l’article propose une réflexion sur quelques dilemmes moraux attachés à l’offre de counselling pour les réfugiés irakiens. Il y est soutenu que le manque de clarification des rôles, des politiques de recrutement à court terme, des attentes confuses à l’encontre des INGO ainsi que la situation politique complexe des Irakiens en Jordanie, contribuent à créer de profonds et souvent insolubles dilemmes moraux pour le personnel local offrant des services de counselling de première ligne. Ces dilemmes sont rarement discutés de façon explicite mais imprègnent chaque aspect de l’interaction entre le réfugié et le conseiller. Après avoir recensé les questions soulevées, des suggestions spécifiques sont proposées sur la façon de pouvoir y répondre.

Mots-clés : le counselling psychosocial, Jordanie, réfugiés, évaluation des services INGO

5. Ex-combattants en Afrique du Sud : comment répondre à leur besoins

Des élections démocratiques ont eu lieu en Afrique du Sud pour la première fois en 1994. Quatorze ans plus tard, il est évident que les ex-combattants demeurent un groupe vulnérable. Un programme de DDR restreint a causé que beaucoup d’ex-combattants restent confrontés à de sérieux défis. Un certain nombre d’organisations non gouvernementales ont pris le risque d’offrir une réponse aux besoins psychosociaux de ce groupe. L’article décrit ces interventions, leur impact sur les anciens-combattants ainsi que les défis auxquels ce groupe doit se mesurer. Les points de vue des anciens-combattants aussi bien que ceux des membres des organisations ont été rassemblés. L’article conclut que pour répondre aux besoins psychosociaux des ex-combattants
sud-africains, les changements suivants sont nécessaires: volonté politique renforcée, augmentation des tables-rondes de consultation, établissement de priorités dans la prise en charge économique auto-

tome, guérison psychologique ciblée et reconnaissance.

Mots-clés : ex-combattants, interventions psychosociales, réintégration
1. Развитие культурно-значимых индикаторов реинтеграции среди девочек, находившихся во взаимодействии с вооруженными группами в Сьерра-Леоне, с использованием Метода «выстраивания в шеренгу»

Эта статья описывает Метод «выстраивания в шеренгу», который применяется с целью выявить особенности понимания местным населением понятия реинтеграции и скорректировать процесс планирования и оценки программ. Метод использовался в работе с девочками, ранее находившимися во взаимодействии с вооруженными силами Сьерра-Леоне. В десяти сообществах были организованы четырнадцать дискуссионных фокус-групп, в работе которых применялись методы перечисления и «выстраивания в шеренгу». Во время дискуссий обсуждались такие вопросы, как поддержка семьи, брак, вовлеченность в деятельность сообщества и зарабатывание денег – действия, оцениваемые местным населением как важный индикатор успешной реинтеграции девочек в сообщество после войны. Метод предлагает гибкий подход к идентификации культурно-значимых индикаторов реинтеграции, с потенциалом широкого использования при планировании и оценке программ.

Ключевые слова: Сьерра-Леоне; дети-солдаты; реинтеграция; методы; индикаторы; кросс-культурный; оценка

2. Фактор сопротивляемости тяжёлым условиям жизни среди детей Руанды, вынужденных нести ответственность за семью: применение психологических методов вмешательства, ориентированных на сообщество

В статье рассказывается о силе сопротивляемости детей, живущих в бедственных условиях. Опираясь на полевое исследование жизни детей в семьях, где им приходится брать на себя обязанности глав семей, авторы подчеркивают ключевую роль бедства с детьми, целью которых является внимательное выслушивание их мнений и определение их внутренних возможностей. Только с опорой на эти данные можно сделать психологическое вмешательство более эффективным. Исследование показывает, что в ситуации тяжёлых жизненных условий дети сами изобретают инновационные и эффективные способы преодоления трудностей. Изучение стратегий преодоления доказывает, что дети эффективно используют свои внутренние ресурсы и демонстрируют ответственное, высоко моральное поведение. Однако в тех случаях, когда ребенок оказывается в слишком стрессогенной ситуации, наблюдается развитие негативных и заведомо опасных тенденций в его действиях. Подход, ориентированный на сообщество, должен быть сфокусирован на улучшении благополучия всего сообщества и иметь своей целью развитие в детях способности к преодолению с использованием позитивных механизмов сопротивляемости, но при этом не оставляя без внимания и уязвимые области. Во время психологического вмешательства внимание должно уделяться идентификации и дальнейшему развитию уже существующих защитных факторов.

Ключевые слова: психологическое вмешательство, дети во главе семьи, сопротивляемость, стратегии преодоления, Руанда

3. ‘Наша вера и наши семьи – вот вся наша опора’ – иракские беженцы в Иордании сами исследуют свои жизненные условия

Тридцать шесть иракских беженцев разработали и провели опрос среди своего сообщества в Аммане (Иордания) в июле 2007 года, в рамках Международной программы для беженцев в Иордании CARE 2007/8. Целью исследования было получение информации об их жизненных условиях с точки зрения психологического благополучия сообщества, с особой акцентом на проблеме гендерного насилия, а также выявление инициатив по улучшению жизни сообщества. Триста семьдесят четыре иракца в возрасте от 10 до 86 лет приняли участие в интервью, с применением научных методов выборки и метода «снежного кома». В статье освещаются основные проблемы исследования временных сообществ в состоянии дистресса, а также особые препятствия при сборе надежной и валидной информации по чувствительным темам, таким как насилие из-за навязчивого страха и недоверия. Результаты исследования представляются и обсуждаются в статье в контексте проектов, направленных на улучшение психологического благополучия сообществ беженцев.

Ключевые слова: психологическое благополучие сообществ, расширение возможностей сообщества, исследование временных сообществ в ситуации дистресса, обучение проведению исследования, гендерное насилие

Проблема власти и этика в психосоциальном консультировании: отражение опыта работы НПО с иракскими беженцами в Иордании

Оспевшая ежедневный опыт психосоциального консультирования, проводившегося в Иордании одной из международных неправительственных организаций, данная статья отражает проблему морального выбора при оказании консультационной помощи иракским беженцам. Авторы утверждают, что недостаток ясности в миссии помогающей стороны,
краткосрочность проектов, нечеткие требования, предъявляемые МНПО, а также сложность политической ситуации иракцев в Иордании создают непростые, а подчас неразрешимые дилеммы морального свойства для местных сотрудников помогающих организаций, готовых оказывать первичную консультационную помощь. Эти дилеммы, как правило, не обсуждаются публично, однако затрагивают каждый аспект взаимодействия беженца и консультанта. После идентификации поднятой проблемы предлагаются пути ее решения.

**Keywords:** Психосоциальное консультирование, Иордания, беженцы, оценка работы Международных Неправительственных Организаций (МНПО)

5. Бывшие участники боевых действий в Южной Африке

В Южной Африке первые демократические выборы прошли в 1994 году. Через четырнадцать лет стало очевидным, что бывшие участники боевых действий являются одной из уязвимых групп населения. Ограниченный процесс Разоружения, демобилизации и реинтеграции (РДР) показал, что многие бывшие военные продолжают испытывать серьезные трудности. Некоторые НПО взяли на себя задачу по работе с психосоциальными потребностями этой группы. Статья описывает такие попытки вмешательства, их влияние на бывших участников боевых действий, а также выявляет проблемы, характерные для этих людей. В опросах принимали участие как бывшие военные, так и члены организаций. На основании проведенной работы авторы статьи приходят к выводу о том, что для улучшения психосоциального благополучия этой группы, необходимы действия со стороны руководства страны, создание больших возможностей для консультирования, необходимость экономического подъема в стране, целенаправленная психосоциальная работа по выявлению проблем и улучшению жизни бывших военных.

**Ключевые слова:** бывшие участники боевых действий, психосоциальное вмешательство, реинтеграция
Summaries in Sinhala

Summaries in Sinhala

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Summaries in Sinhala

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Resumenes en Español

1. El desarrollo de indicadores de reintegración culturalmente apropiados para niñas anteriormente relacionadas con las fuerzas armadas en Sierra Leone, utilizando una metodología de clasificación participativa

Este artículo describe una metodología de clasificación participativa para determinar las interpretaciones locales en cuanto a la reintegración y adaptación de valor potencial para la planificación y la evaluación de programas. Se utilizó la metodología en el contexto específico de niñas anteriormente relacionadas con las fuerza armadas en Sierra Leone. Catorce grupos de discusión en diez comunidades participaron en actividades espontáneas de hacer listas y de clasificación participativa en grupos focales. Las discusiones sirvieron para identificar el apoyo familiar, el matrimonio y la participación en actividades comunitarias y actividades para generar ingresos como indicadores que la comunidad creía significantes de la reintegración exitosa de una niña en la posguerra. El método ofrece un enfoque flexible para la identificación de indicadores de reintegración culturalmente apropiados y tiene la potencia de ser utilizado ampliamente en la planificación y la evaluación de programas.

**Palabras claves:** Sierra Leone, niños soldados, reintegración, métodos, indicadores, transcultural, evaluación

2. La capacidad de recuperación en familias encabezadas por niños en Ruanda: las implicaciones para intervenciones psicosociales comunitarias

Este artículo se centra en la capacidad de recuperación de niños que enfrentan dificultades y adversidades extremas. El artículo se basa en estudios participativos sobre niños que viven en familias encabezadas por niños en Ruanda y enfatiza la importancia de escuchar a los niños y reconocer su capacidad de crear intervenciones para mejorar su bienestar psicosocial. Los resultados demuestran que los niños han desarrollado estrategias innovadoras y provechosas para enfrentar problemas y que algunos de ellos han desarrollado la capacidad de prosperar a pesar de las dificultades extremas que enfrentan. El estudio de las estrategias para enfrentar problemas sugiere que los niños muestran ingeniosidad, responsabilidad y un sentido de moralidad. Sin embargo, cuando los factores estresantes son demasiado grandes, muchos niños usan estrategias negativas y potencialmente dañinas. Un enfoque comunitario debe centrarse en el mejoramiento del bienestar de la entera comunidad y las capacidades de los niños – los mecanismos positivos que usan para enfrentar problemas y su capacidad de recuperación, y al mismo tiempo debe centrarse en las debilidades de los niños. También se deben identificar los factores protectores ya existentes y elaborarlos para que se puedan usarlos en intervenciones.

**Palabras claves:** intervenciones psicosociales, familias encabezadas por niños, capacidad de recuperación, estrategias para enfrentar problemas, Ruanda
3. ‘Sólo nos quedan nuestra confianza y nuestras familias.’ – Refugiados iraquíes en Jordania investigan sus propias condiciones de vida

Treinta y seis refugiados iraquíes han desarrollado y llevado a cabo una investigación comunitaria en julio de 2007, entrevistando a conciudadanos en Ammán/Jordania. La investigación forma parte del Programa Internacional para Refugiados 2007/8 de CARE, realizado en Jordania. El objetivo de la investigación fue hacer un inventario de las condiciones de vida de los refugiados, desde la perspectiva de la salud mental comunitaria y la violencia de género, e identificar los recursos disponibles para iniciativas de desarrollo comunitario. Se entrevistaron a trescientos cincuenta y cuatro iraquíes, que tenían entre 10 y 86 años, mediante una combinación de muestreo a base institucional y de ‘bola de nieve’. El artículo describe los desafíos que se presentan al estudiar comunidades temporales bajo estrés y los obstáculos particulares que dificultan la adquisición de información válida y fidedigna sobre asuntos delicados, como la violencia en una situación de miedo y desconfianza. Las conclusiones más importantes se presentan y se discuten en relación con proyectos y actividades destinados al mejoramiento de la salud mental en comunidades de refugiados.

Palabras claves: salud mental comunitaria, capacitación comunitaria, estudiar comunidades temporales bajo estrés, entrenar a personas profanas en hacer investigaciones, violencia de género

4. Poder y ética en la consejería psicosocial: reflexiones sobre la experiencia de una ONG internacional que ofrece servicios a refugiados iraquíes en Jordania

Este artículo se centra en la experiencia diaria de consejeros psicosociales empleados por una organización no gubernamental internacional (ONGI) en Jordania y reflexiona sobre algunos de los dilemas morales inherentes a la consejería para refugiados iraquíes. Se argumenta que la falta de claridad en cuanto a los papeles, las políticas de reclutamiento a corto plazo, las demandas confusas que se hacen a las ONGI y la complejidad de la situación política de los iraquíes en Jordania contribuyen a dilemas morales profundos, y a menudo insolubles, del personal local empleado para ofrecer servicios de consejería de primera línea. Aunque estos dilemas casi nunca se discuten explícitamente, se extienden a cada aspecto de la interacción entre el refugiado y el consejero. Una vez identificados los asuntos en cuestión, se presentan sugerencias específicas para solucionarlos.

Palabras claves: consejería psicosocial, Jordania, refugiados, evaluación de servicios ONGI

5. Ex combatientes en Sudáfrica: cómo atender sus necesidades

En 1994 se celebraron las primeras elecciones democráticas en Sudáfrica. Catorce años más tarde, resulta que los ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable. La realización de un proceso DDR limitado significó que muchos ex combatientes aún forman un grupo vulnerable.

Este artículo describe estas intervenciones, el impacto que tienen sobre los ex combatientes y los desafíos que enfrentan. Se han investigado los puntos de vista de los ex combatientes y los miembros de
las organizaciones. El artículo concluye que, para poder atender las necesidades psicosociales de ex combatientes sudafricanos, se deben realizar los cambios siguientes: aumento de la voluntad política, más plataformas que se puedan consultar, priorizar la capacitación económica, curación psicosocial focalizada y reconocimiento.

Palabras claves: ex combatientes, intervenciones psicosociales, reintegración
Summaries in Tamil

Summaries in Tamil

Summaries in Tamil

In this document, the summaries are written in Tamil and cover various topics. The text appears to be discussing different aspects or subjects, with specific references to essays, articles, and possibly academic or literary works. The content is written in a formal and structured manner, typical of academic or research-oriented writing. The document likely serves as a collection of summaries or extracts, possibly for educational or reference purposes.

The summaries may include detailed descriptions, analyses, or interpretations of the original texts, focusing on key points, arguments, or conclusions. The writing style suggests a high level of detail and precision, aiming to convey the essence of the source material comprehensively.

The overall purpose of this document seems to be to provide condensed versions of the original texts, making it easier for readers to grasp the main ideas without delving into the extensive details of the source materials. This could be particularly useful for those who need to quickly understand the core arguments or findings in various academic or literary works.
summaries in tamil

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