

# PSYCHOSOCIAL CARE AND PROTECTION OF TSUNAMI AFFECTED CHILDREN

## Guiding Principles

### Introduction

Exposure to natural disasters has a devastating impact on the psychological and social well-being of children, adolescents and adults. It is now widely accepted that early psychosocial interventions that help to mitigate the effect of trauma, alleviating psychological distress, and strengthen resiliency must be an integral part of humanitarian assistance. In the case of children and adolescents, psychosocial interventions also aim to maintain or re-establish their normal development process. The broad framework for planning and implementing psychosocial programs is provided by a) the relevant Articles of the Convention on the Rights of the Child, and b) UNHCR Guidelines on Protection and Care of Refugee Children.

### What do we mean by “psychosocial”?

For the purpose of this statement, “psychosocial” refers to the dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other.

“Psychological effects” are those which affect different levels of functioning including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions), and behavioural. “Social effects” pertain to altered relationships, family and community networks, and economic status.

### The following principles based on a body of evidence should guide psychosocial programming

- ❑ Nearly all children and adolescents who have experienced catastrophic situations will initially display symptoms of psychological distress, including intrusive flashbacks of the stress event, nightmares, withdrawal, inability to concentrate, and others.
- ❑ Most children and adolescents will regain normal functioning once basic survival needs are met, safety and security have returned and developmental opportunities are restored, within the social, family and community context.
- ❑ Some children will require more specialized interventions to address their suffering and help restore their flow of development. Immediately after traumatic events, activities and opportunities which allow children to talk about or otherwise express painful experiences and feelings, such as physical and artistic expression, are most beneficial if facilitated by people the children know and trust, and have continued contact with.
- ❑ However, “trauma counselling”, should never be the point of departure for psychosocial programming, because structured, normalizing, empowering activities within a safe environment will help the majority of the children recover over time.
- ❑ Trauma counseling should never be provided unless an appropriate and sustained follow-up mechanism is guaranteed. Defense mechanisms exist for a reason and breaking them down before the child is ready and in a safe physical and emotional environment leaves

him/her open and vulnerable to a re-traumatisation. There are serious risks associated with trauma counseling carried out by nonprofessionals.

- ❑ Dramatic consequences for a child's life pathway can have more damaging consequences for the individual's well-being than the traumatic event itself (an example would be a child's loss of parents having to grow up as an orphan, or destruction of school system leaving children without education).
- ❑ The psychosocial well-being of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed through concurrent parent-focused psychosocial interventions.
- ❑ Children – and adults' – participation in decisions which affect their lives has a positive effect on their mental health, empowers them and helps them to regain control over their own lives.
- ❑ Grounding all psychosocial interventions in the culture, unless it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.

### **Psychosocial interventions based on the above principles:**

- \* Reconnect children with family members, friends and neighbors
- › \* Foster social connections and interactions
- › \* Normalize daily life
- › \* Promote a sense of competence and restore a person's control over one's life
- › \* Allow for expressions of grief within a trusted environment, when the child is ready and follow-up is guaranteed

- ❑ Listen to children and adults before acting. Ensure that interventions are based on consultation with the affected communities, reflect what they need and take into consideration the age and stage of development of the children involved.
- ❑ Understand and respect the culture and religion of the affected population; give material and other support so that grieving and mourning practices and rites can take place.
- ❑ Help children, family members, friends and neighbours find out what happened to those who are missing, and find each other, and let them know that efforts are underway.
- ❑ Set up "child-friendly" spaces as soon as possible and activities that normalize the lives of children, give them a sense of safety, structure and predictability through drawing, puppet-making and playing, drama and songs, story-telling, sports, non-formal education, etc. These activities also allow for the release of any stored distress.
- ❑ Restore normal schooling as soon as possible.
- ❑ Encourage children to ask as many questions as they want, and be ready to answer them truthfully.

- ❑ Focus and build on interventions that strengthen the population's resiliency and resources, and current and traditional ways of coping when they are in the best interests of the child.
- ❑ Involve youth in organizing activities for younger children: undertakings that give an affected person a sense of accomplishment has a healing effect.
- ❑ Involve children, their families and communities in the psychosocial recovery process, discussing with them their perceptions, and how they see their needs.
- ❑ Set up support group discussions, as much as possible accompanied by involvement in concrete and meaningful activities that give a sense of accomplishment and control over one's life: recreational and non-formal education for children, common interest activities for young people, sewing, gardening, building, leading children's activities etc.
- ❑ Promote and support interventions which preserve and reinforce the cohesion of the family, and discourage any which risks separating children from their families.
- ❑ Promote activities and opportunities to allow children to express their experiences and feelings so that they may make meaning from and integrate them into their lives, as much as possible within a familiar environment and only if:
  - The child is ready for this expression – eliciting emotional material too early can cause more distress and potential harm to the child.
  - We can ensure further, on-going comfort and help.
- ❑ Identify referral services for the small number of children and adults who will need professional, medical assistance (some of these people may have had pre-existing psychiatric illnesses).
- ❑ Assess the need and provide support to adults caring for children for example provision of crèches or child focused activities (e.g. child friendly spaces) which allow adults some time to recover and re-energise them so that they can provide the support children need.
- ❑ Provide training to those caring/responsible for children so that they are comfortable dealing with children's natural distress and recognise children who may need more specialised support.

These Guiding Principles represent the views of the following agencies: the International Rescue Committee (IRC), Save the Children UK (SC UK), the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR) and World Vision International (WVI).

Organizations working on behalf of children are strongly encouraged to endorse these principles.

**Other References:**

*Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches*, International Save the Children Alliance, 1996.