



# **PSYCHO-SOCIAL AND MENTAL HEALTH PROGRAMMES**

***USEFUL RESOURCES  
AND  
INFORMATION TO GUIDE INTERVENTIONS***

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# Overview

In recent decades, inter and intra-state conflicts have taken their toll increasingly on civilian populations, mostly women and children. Civilian targeting has had severe physical and psychological implications on these individuals and their societies. Humanitarian aid organizations have adjusted their programs and policies accordingly. In addition to traditional programming to address the physical and most basic needs of war-affected populations in the form of food, water and shelter, organizations have developed programs to address the psychological suffering of war-affected populations.

Organizations have provided assistance increasingly in the form of psycho-social interventions marking a relatively new trend in programming. Significant concern for the psycho-social effects of traumatization was spurred in the early 1990's as a result of the conflicts in the Former Yugoslavia that led to its disintegration, and the consequent displacement and traumatization of individuals in this region. The international community's continued and growing interest in the psychological impact of war is revealed in the steady proliferation of literature, the sheer number of projects and resources allocated to psycho-social assistance. As studies and medical professionals purport the devastating effect of psychological distress and traumatization on the well-being of societies in the short and long-term, organizations work to mitigate the suffering of war-affected communities. Implications of such widespread suffering has led to interest across a number of sectors (e.g. health, education) and professions (e.g. medicine, development).

As the need for assistance is clear, how to go about providing it, is, in many ways, not as clear. In light of this, the Health and Community Development Section (HCDS) decided to support a research project that had as its objectives to:

- 1) reveal in further depth the state of psycho-social and clarify relevant terms;
- 2) shed light on debate and discussion surrounding psycho-social assistance;
- 3) examine and discuss approaches of organizations highlighting who is doing what and where; and
- 4) compile a resource guide useful to those in the field and HQ.

This endeavor and accompanying research, derived from project documentation, guides, communication and reports from numerous organizations and individuals, has shown that, as the adage goes, psycho-social interventions are many different things to many different people. It is, according to existing literature, interventions that meet both psychological and social needs (hence

the term psycho-social). A continuum of interventions put forth by the UNICEF and the Centre for Crisis Psychology illustrates the wide range of projects that fall within the psycho-social classification or categorization in its "Psycho-social Spectrum". Interventions range from specialized mental health services to unstructured social and play activities for children. The former type of assistance requires trained professionals (another area of considerable discussion) while the latter may require only materials.

There is a significant amount of literature available on identifying and recognizing needs and general guidelines in meeting those needs. A large portion of existing texts focus on general activities and aspects that pertain to the promotion and protection of the psycho-social well-being of children affected by armed conflict. A number of reports and documents have as their focal point interventions for and considerations that are critical to assisting women. Most that touch on psycho-social well-being and mitigating psychological distress among women come from literature on the effect and recovery of those who have survived sexual and gender-based violence (SGBV). And a number of key aspects of interventions have been agreed upon by a number of organizations including adherence to a community-based approach, attention to culture, identifying individuals with special and immediate needs. Experience has shown as mandates reflect that interventions require cultural sensitivity lest effectiveness and sustainability be compromised in turn jeopardizing the most fundamental objectives.

The question remains, how can such objectives be translated into a programming reality on the ground? While organizations have taken significant steps in developing guidelines and approaches, supplementing their work with conferences and publications, the field could benefit from greater inter-agency collaboration with respect to terms, specific guidelines, assessment, and information-sharing. Moreover, the roles of organizations have not been clearly defined as there is no one agency that plays the lead role in ensuring collaboration at Headquarters and in the field. Furthermore, among and across agencies and sectors there is considerable debate and confusion as to the most appropriate and effective approach.

A number of areas and issues require further clarity to ensure effective programming and resource allocation. First, how do psycho-social interventions differ from mental health ones? Is an individual's psycho-social well-being different from their mental health? If so, what is the difference? Second, if a critical aspect of intervention is community participation and ownership, is an organization violating these very principles if it sets up a psycho-social intervention when the community is asking for an income generating (IGA) one? One illustration of identifying needs and meeting them as they are defined by participants was pointed out in an IRC Kosovo Assessment mission where an

individual questioned as to his needs, responded, "Put a roof over my head and then I will tell you what my psycho-social needs are."

Does this then mean that an IGA or one that provides both economic security and therefore, promotes psychological well-being can then fall into the rubric as well? If an IGA is coined as such, then which interventions are not then psycho-social? Where, then, is the line to be drawn and by whom? Moreover, braced with the objective of providing effective assistance to individuals whose expression of distress (and meaning in life) is set within a cultural context often different from that of a humanitarian aid worker, how can an organization be certain that it will "do no harm" as the humanitarian aid credo requires? And what are the implications of training individuals to assist using a western approach to address suffering of individuals from a non-western culture?

Finally, the field lacks widely accepted monitoring and evaluation mechanisms and is further hampered by insufficient longitudinal research. In light of this, how can organizations be certain that their programs and policies are most effective? How can they draw links between components and intended outcomes? And then are organizations best equipped to defend existing programs and lobby for additional resources to continue such programs? How can an organization know that it is adhering to the objective "to do no harm" if it does not have evidence to substantiate its argument? And how would it know that by adopting an approach of non-intervention that it would not be doing even more harm?

This document includes background information on resources and acts as a guide for further information with a particular focus on those resources pertaining to children and women. It is a small selected collection of resources (guides, considerations, article summaries and references for further information) that aims to assist and direct anyone who is interested in contributing to this field, learning more about it and obtaining sources that might assist them in their work.

**To obtain additional materials on this topic contact:**

HCDS, UNHCR, Case Postale 2500  
1211-Geneva 2 Depot, Switzerland

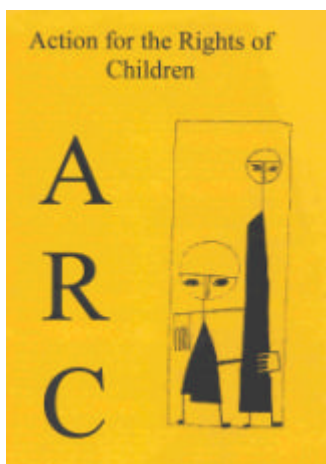
# PSYCHO-SOCIAL ASSISTANCE FOR REFUGEE CHILDREN

## Guide to selected resource materials and related readings

*Including information on peace education and emergency education*

### GENERAL GUIDES FOR THOSE WORKING WITH CHILDREN

**ARC Resource Pack: Working with Children. Revised Draft, August, 2000. 88 pages.**



Action for the Rights of the Child (ARC) was initiated by UNHCR and Radda Barnen as a direct response to the UN study on the Impact of Armed Conflict on Children. It has for a primary goal to “increase the capacity of UNHCR, government and NGO field staff to protect and care for children and adolescents during all stages of refugee situations from emergency interventions until durable solutions.” Resource Packs are divided into foundation issues and critical issues. Foundation issues packs include: International Legal Standards, Child and Adolescent Development, Durable Solutions, Working with Children, Situation Analysis, Community Mobilisation. Critical issues packs include: Separated Children, Child Soldiers, Landmine Awareness, Reproductive Health, Disability, Exploitation and Abuse, and Education. The packs are supplemented by an ARC Facilitator’s Toolkit.

For further information contact David Nosworthy, ARC Project Coordinator, UNHCR, Case Postale 2500, CH-1211 Geneva 2 Depot, Switzerland, Tel: 41 22 739 8240, Fax: 41 22 739 7374, email: [nosworth@unhcr.ch](mailto:nosworth@unhcr.ch)

**Children in War: Community Strategies for Healing, Save the Children USA, University of Zimbabwe, Duke University, 1995. English. 31 pages.**



Manual for field workers and “others helping war-affected children”. Draws on experiences with different populations and discusses programs that have been successful. Includes an analysis of project implementation. Meeting in 1994 included experts in child psychology, psychiatry, community development issues and non-profit program management who came together in order to pool their experiences and knowledge and to document strategies that worked to “mobilize communities on behalf of war-affected children”.

Emphasizes the importance of building upon refugees’ resources. Although programs may differ, they begin with a “shared vision” where grassroots participation is critical. Maintains that the “clinical approach of Western psychology” may not be appropriate for children who live without safety and basic necessities. Moreover, it is costly and would be inaccessible for large numbers of people.” Also highlights the important of economic opportunities and the development of life skills and highlights that interventions must be grounded in social, political and economic realities. Discussion focuses in particular on work done by SCF in Mozambique. Includes a diagram of the continuum of community mobilization.

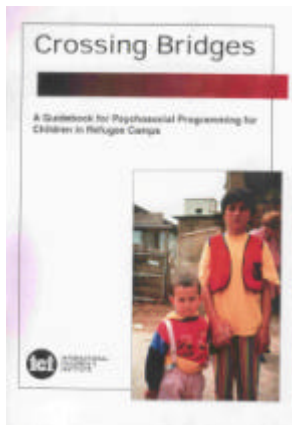
To obtain copies contact: Save the Children, USA, [www.savethechildren.org](http://www.savethechildren.org)



**“Communicating with Children: Helping Children in Distress” by Naomi Richman. Development Manual 2, Save the Children, London, 1993. 106 pages.**

Useful for those developing services, and training and supervising others to help children in situations of social crisis or conflict and useful for community workers, teachers, social, welfare and health workers, staff in children’s homes or hostels and street educators. Chapters focus on the following issues: communication; getting to know each other; children showing us how they feel; blocks in communication; giving support and advice; talking about death and separation; talking with disabled children; working with groups; talking with family; organizing support for yourself and other staff. Includes appendix focusing on “running a workshop.”

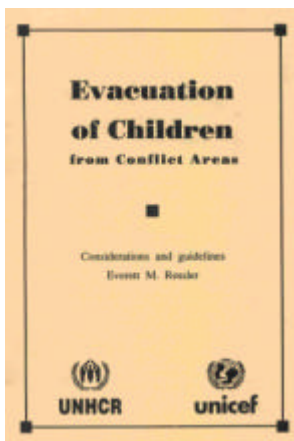
To obtain copies contact Save the Children UK, [www.savethechildren.org.uk](http://www.savethechildren.org.uk)



**“Crossing Bridges: A Guidebook for Psychosocial Programming for Children in Refugee Camps,” International Children’s Institute, January 2000. 236 pages. Training video. Draft. English.**

Divided into three parts: (1) Understanding the Impact of Armed Conflict and Displacement on Children and Their Families; (2) Psycho-social Management in the Field-Refugee Camp Operations Guide; and (3) Psycho-social Programming for Children: Strategies and Activities. Developed to “serve as a practical guide to implement and conduct psycho-social programs for children in refugee camp contexts. Programs encourage children’s self-expression through the establishment of structured activities (recreation, play, expressive arts, storytelling and story writing).” Aims to “provide supportive environments and activities where children can safely play, learn and begin to heal.” Information has been drawn from ICI’s experience with war-affected children in Southern Europe and refugees in Canadian schools.

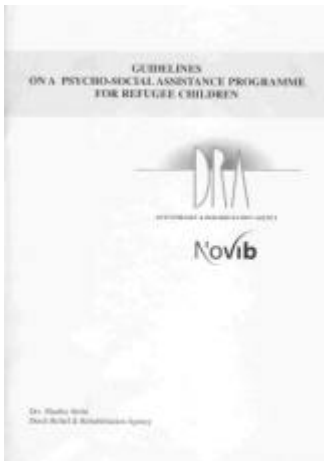
For information contact ICI, P.O. Box 218, 1217 Greene Avenue, Montreal, Quebec, H3Z 2T2, Tel.: (514) 695-6757, Fax: (514) 874-0866, email: [icimtl@globetrotter.net](mailto:icimtl@globetrotter.net)



**“Evacuation of Children from Conflict Areas: Considerations and Guidelines,” by Everett M. Ressler, UNCHR and UNICEF, 1992. English. 32 pages.**

Based on the UNHCR/UNICEF mission to the FRY in August/September 1992. Focuses on major issues pertaining to the evacuation of children. The conclusions and commentary section focuses on major principles of intervention. Includes a joint UNHCR/UNICEF statement and a document on “Further considerations regarding the evacuation of children from the Former Yugoslavia.”

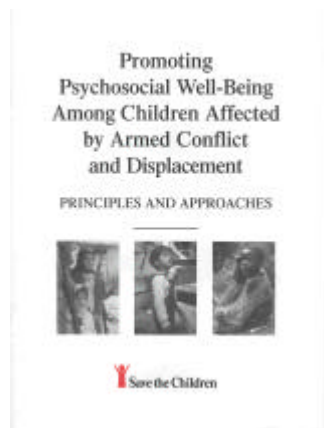
To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva 2 Depot, Switzerland



**Guidelines on a Psycho-social Assistance Programme for Refugee Children, Drs. Maaïke Stolte, Dutch Relief and Rehabilitation Agency (DRA), 1995. English. 53 pages.**

Divided into three sections, this booklet addresses: 1) Principles and Approaches Found in the Literature; 2) The Community Services Programme of DRA in Benaco, Tanzania; and 3) Recommendations for Interventions Regarding Refugee Children. It encourages a community-based approach and addresses groups in need of special attention, specifically unaccompanied minors, disabled, abused and neglected children, and street children. It touches on issues of training and sustainability.

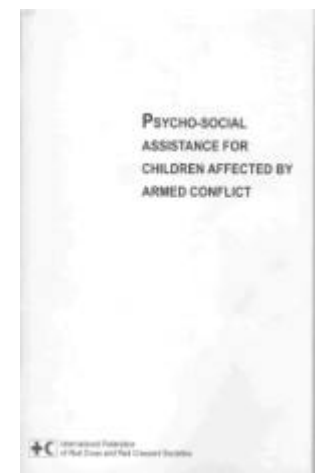
For information on how to obtain copies contact: DRA, Laan van Meerdervoort 192, 2517 BH The Hague, The Netherlands. Tel: 31 (0) 70 310 5050, Fax: 31 (0) 70 356 07 53, Email: [mailbox@dra.org](mailto:mailbox@dra.org)



**Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Save the Children, July 1997. English and French. 15 pages.**

Developed by child psychiatrists, psychologists and social workers – to clarify some key issues and share ideas on how best to assist children affected by armed conflict, in terms of understanding their needs and developing programs to address them. Describes types and degree of suffering often experienced by children and resulting reactions and highlights critical considerations for psycho-social interventions.

To obtain copies contact Save the Children Alliance Working Group on Children Affected by Armed Conflict and Displacement, SCF, 1620 I St., NW, Suite 202, Washington, DC 20006, USA, Tel.: (202) 293-4170, Fax: (202) 293-4167 or from The Alliance Secretariat in Geneva. Also on website: <http://savechildren.or.jp/alliance/conf.html>

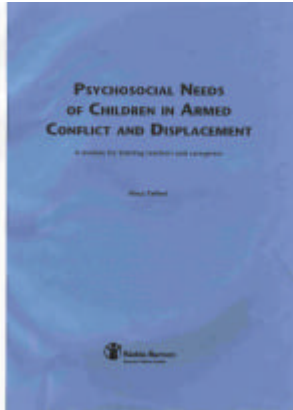


**Psycho-social Assistance for Children Affected by Armed Conflict, International Federation of Red Cross and Red Crescent Societies, 1999. English. 69 pages.**

Designed to “assist and encourage national societies in their activities in favour of children affected by armed conflict.” Divided into three objectives: 1) satisfaction of basic needs and promotion of the children’s physical well-being; 2) psychological recovery and promotion of children’s emotional well-being; and 3) reintegration into the community and promotion of the children’s social development. Addresses the following topics: emergency assistance, assistance for physical rehabilitation and care, economic support and generation of income, structural support for the reconstruction, rehabilitation or creation of community services, detection and treatment of PTSD, counselling and guidance, psychological and emotional support. Also discusses reintegration of ex-combatants, vocational training, recreational activities, education and reconciliation.

For info contact IFRC, P.O. Box 372, CH-1211 Geneva 10, Switzerland, Tel: 41 22 730 42 22, Fax: 41 22 733 03 95, email [secretariat@ifrc.org](mailto:secretariat@ifrc.org), website: [www.ifrc.org](http://www.ifrc.org)



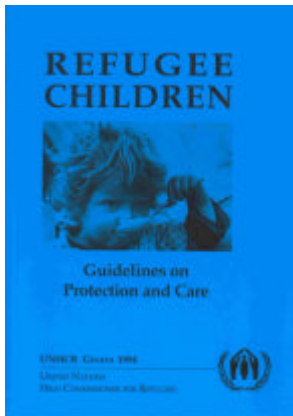


**“Psychosocial Needs of Children in Armed Conflict and Displacement: A module for training teachers and Caregivers” by Hirut Tefferi, Radda Barnen, Swedish Save the Children. English. 38 pages.**

For training teachers and caregivers. Goal of module is to equip readers with knowledge and skills that will enable them to understand and appreciate the behavior of children they are expected to teach in school. Divided into several units including: introduction to psychosocial needs; effects of conflict and displacement on children; common symptoms of psychosocial problems that are observed among children; coping with problems people face during wartime (how they interact and share emotions/feelings); role of the school in helping children to cope with problems; approaches teachers and other school staff could use with children affected by conflict and displacement; and children’s rights. Includes a summary, revision and a glossary of terms.

For information contact: Radda Barnen, Swedish Save the Children, Torsgatan 4, 107 88 Stockholm, Sweden  
tel ( +46 ) 8 698 90 00, fax ( +46 ) 8 698 90 14 website [www.rb.se/bookshop](http://www.rb.se/bookshop)

**Refugee Children: Guidelines on Protection and Care, UNHCR, Geneva, 1994. English, French, Spanish. 182 pages.**

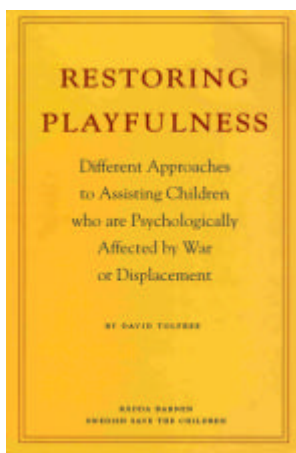


Primarily aimed at UNHCR staff but it is also for its operational partners, whether “voluntary organizations, UN agencies or Governments.” Discusses relevant issues from the “point of view of children’s needs and rights.” Detailed index for quick guidance for field. Chapters include: Refugee Children and CRC, Culture, Health and Nutrition, Prevention and Treatment of Disabilities, Personal Liberty and Security, Legal Status, Education, Unaccompanied Children, Durable Solutions and Operational Framework. Overview of UNHCR’s view on a child’s specific needs in every domain.

Chapter IV addresses psycho-social well-being. Maintains that psycho-social well-being is crucial to a child and that during “refugee situations they face greater risks to their psychological development.” Includes prevention measures and advises on helping children directly, through the community and family. Checklists on general conditions and condition of parents, children and services. List of sources for additional information.

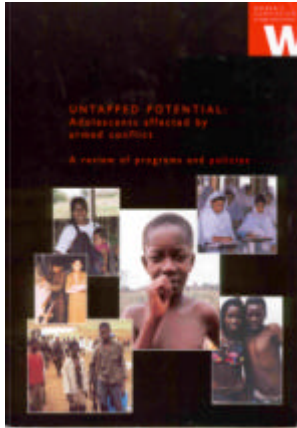
To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva 2 Depot Switzerland.

**“Restoring Playfulness: Different approaches to assisting children who are psychologically affected by war and displacement” by David Tolfree, Radda Barnen, Swedish Save the Children, 1996. 212 pages.**



Based on the experience of seven programmes implemented or funded by Radda Barnen. Addresses first key themes and issues among them: the importance of understanding cultural traditions, norms and coping mechanisms, the role of religion, traditional healing and political ideology; the importance of play; the need for timely intervention; and supporting staff involved in psycho-social assistance. It also focuses on case studies undertaken on programs in El Salvador, the Former Yugoslavia, South Africa and programs focusing on the unaccompanied children from South Sudan, psycho-social care for children with refugee backgrounds in Sweden, and strategies for restoration by collective action.

To obtain copies contact Radda Barnen, Swedish Save the Children, Torsgatan 4, 107 88 Stockholm, Sweden  
Tel ( +46 ) 8 698 90 00, fax ( +46 ) 8 698 90 14 [www.rb.se/bookshop](http://www.rb.se/bookshop)



**Untapped Potential: Adolescents Affected by Armed Conflict: A Review of Programs and Policies, Women's Commission for Refugee Women and Children, January 2000. English. 151 pages.**

Focuses on “trends in major sectors” including those in education, livelihood, health, psychological and social or “psychosocial” and protection. Section focusing on psychosocial issues addresses suffering and needs specifically of children. Addresses individual factors that play a role in the extent and type of suffering experienced by the child. Also focuses on the “gaps and barriers” and the importance of “building on family strengths and incorporating community participation.” Calls for the understanding and use of local culture and realities. Highlights the importance of tracing and unification programs and puts forward a number of conclusions pertaining to the area of psychosocial interventions.

To obtain copies contact The Women's Commission for Refugee Women and Children, 122 East 42<sup>nd</sup> Street, New York, NY 10168-1289, Email: [wcrwc@interescom.org](mailto:wcrwc@interescom.org), [www.interescom.org/wcrwc.html](http://www.interescom.org/wcrwc.html)

**War Brought us Here: Protecting Children Displaced within their own Country (Summary and Report).**



Addresses the threatening circumstances that refugee and displaced children face throughout the world providing figures and maps. Addresses children's rights as set out in legal instruments and addresses gaps in protection. Focuses in particular on refugees' suffering in Angola, Columbia, Kosovo, Sierra Leone and Sri Lanka (including an individual's suffering and own experience in the country). Includes a “global call to action” specifying recommendations for governments, the UN and the UK Government.

To obtain additional copies contact Save the Children UK, [www.savethechildren.org.uk](http://www.savethechildren.org.uk)

## WORKING WITH UNACCOMPANIED MINORS

**Guidelines on Policies and Procedures in Dealing with Unaccompanied Children, UNHCR, Geneva, February 1997. English. 15 pages.**

Focuses on legal aspects and implications involved in dealing with unaccompanied children seeking asylum.

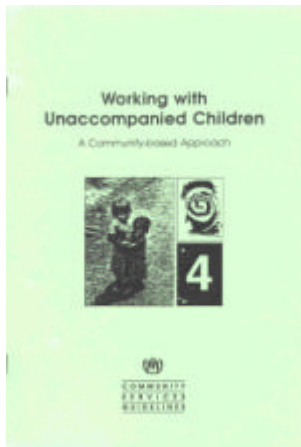
To obtain copies contact UNHCR, Case Postale 2500, CH-1211, Geneva Depot 2, Switzerland.

**Working with Separated Children (Guide, Manual, Training Exercise and Sample Forms), Save the Children.**

Chapter 1 is “mainly for staff who have not previously been involved at management level in emergencies, or who do not have experience of emergencies where work with separated children has been part of the overall response. It explains the general principles that should underpin work with separated children in emergencies, including the need for inter-agency collaboration and for links with other aspects of the relief programme.” Chapter 2 is aimed at “anyone involved in the planning and management of emergency programmes for separated children.” Chapter 3 is for “NGOs and other implementing medium or long-term racing programmes.”

To obtain copies contact Save the Children. Also can be found on: <http://www.oneworld.org/scf/onlinepubs/guide>).

**Working with Unaccompanied Children: A Community-Based Approach, Community Service Guidelines, UNHCR, 1996. English. 97 pages.**



Sets out major guidelines related to the Convention on the Rights of the Child. Divided into four sections. Part I sets out children's needs defined as such; Part 2 touches on initial steps (identification, registration and tracing). Part 3 addresses organized care (Community-based approach) and Part 4 focuses on "getting the social history together" (i.e. preparing and conducting interviews, documentation and completing the social history form). The annexes provide 1) a brief overview of child development stages; 2) sample social history form format, health card and interim care arrangement agreement form; 3) Relationship chart; 4) sample questionnaires; and 5) transfer, unification and repatriation forms. A short-list of key reference documents follows.

To obtain copies contact: Senior Community Services Officer, Community Services Unit, PTSS, UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.

## GAMES FOR CHILDREN

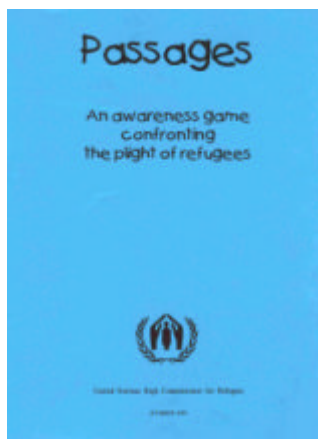
**Cognition Through Games: A Handbook for Workshops for Children Ages 7-14, Belgrade, 1993, Community Services Program and Technical Support Section, May 1994. 122 pages.**



Contains 15 workshops for younger children and 12 workshops for older ones. The workshops keep to the same basic structure: introductory games and the main theme followed by closing games. Each workshop also contains a larger number of introductory and closing games (total of 96) "and detailed instructions for the leader, with a lot of observations, recommendations and warnings of possible difficulties to spoil the flow of the process..." The workshops are divided into two age groups (ages 7-10 years and 11-14 years), last two hours and often require materials. Includes a catalogue of games where each game has a brief description. "The extra value of the handbook is that the foundation of the whole concept of the workshops has been well-based on the direct psychological investigation gained with refugee children during the year 1993." Their basic idea in "creating these workshops was through them to help the children gain a feeling of competence and articulate a series of very important internal experiences which are not touched upon nor fostered during formal schooling."

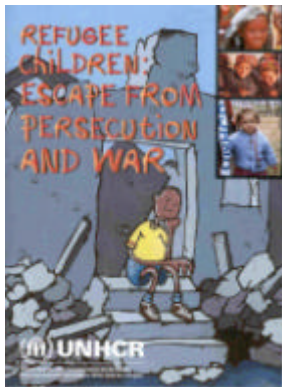
To obtain copies contact: Community Services, UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.

**Passages: An Awareness Game Confronting the Plight of Refugees, UNHCR, 1995.**



UNHCR's new educational tool, it is a simulation game designed to create a better understanding of the problems of refugees. This game was created as "games are one of the best methods to help people understand phenomena, which are complex and far removed from their everyday lives. Text states that by "playing this game, participants will: discover the concrete problems which confront refugees, feel the psychological anguish caused by separation and flight, adopt a more welcoming attitude towards refugees...". It can be used by people of different ages, groups of different sizes in both an indoor and outdoor setting. Part I: Game Leader's Dossier. Part II: Game Modules.

To obtain copies contact Community Services, UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.

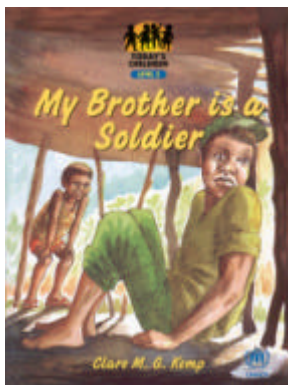


**“Refugee Children: Escape from Persecution and War,” UNHCR, 2000. 31 pages.**

Basic guide for children on the work of UNHCR in the world including Short stories about refugee children’s experiences for older children/host community and other non-refugee populations. Discusses children’s needs for food, clean water, health care, school and focuses on their memories and hopes for the future as well. It focuses on emotional reactions of some refugee children to traumatic experiences.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.

## FOR CHILDREN



**Applin, Barbara Today’s Children (Children’s Stories with Teacher’s Notes) Levels I, II and III. Short stories.**

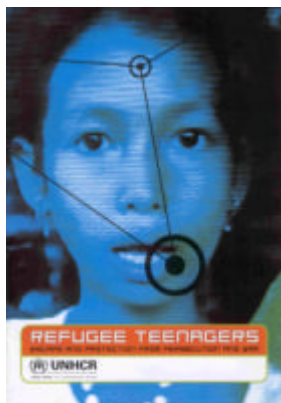
The stories listed below come with a teacher’s guidebook (13 pages) that provides background on the stories that they tell stories of children’s courage and determination. Additionally, it specifies the age recommended for each book and also has a detailed section on things to do before reading, while reading and after reading.

Level I Books: Cry Baby, On the Other Side of the Hill; Level II Books: The Red Shadow, The Lost Children; and Level III Book: My Brother is a Soldier.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.

**CARLY, UNHCR, 1999. English.**

“Carly ran away because fire fell from the sky, and no one cared about a child who was alone and terrified.” This “is an educational tool designed to tackle themes such as cultural differences and exile with children aged 5-8. It includes a 7 minute animated film, notes for the teacher, a handbook which provides the necessary teaching material (story, drawings).” To obtain additional copies contact UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2.



**Refugee Teenagers: Escape and Protection from Persecution and War, UNHCR, Quarterly publication. English. Short booklet.**

Intended for adolescents and teenagers to inform and educate as to the prevalence and plight of teenage refugees throughout the world. It focuses on a number of refugees including pictures and layout and includes personal stories and perspectives from teenage refugees.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva Depot 2, Switzerland.



**“When you are forced to flee...”, UNHCR, OSAR (Swiss Agency for Refugee Assistance, Lausanne) and Swiss Coalition of Development Organizations, Lausanne and Berne). English, French, German, 1995. 8 pages.**



A fold-out short booklet depicting visually the plight of two refugees. Each page has activities for the child (e.g. deciding out of a group of objects which would be the most important to have in an emergency, etc.) It includes a board game (for two to six players) where 30 squares (each containing a picture) pose a different dilemma and require the person whose token lands on the square to follow the directions. Very interesting and instructive for children. Asks what the participants would do to make the lives of the refugees more pleasant.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211, Depot 2 Geneva, Switzerland.

## **FOR MENTAL HEALTH SPECIALISTS WORKING WITH CHILDREN**

**WHO Child Care Facility Schedule: With User's Manual (WHO/MNH/PSF/90.3), 1990, English.**

In the context of changes in family structures, and an increased number of working mothers, this is an attempt to ensure the quality of day care. In this schedule WHO has listed a set of 80 criteria which are considered important for attaining quality. Includes a glossary for assistance and a list of references. Covers (providing guidelines and minimum requirements) in the following areas: physical environment, health and safety, nutrition and food service, administration, staff-family interaction, staff-children interaction, observable child behaviour, and curriculum. Geared more to the needs of relatively large day care centers (at least 30, 50). Field Tested. Not a formal WHO publication. The document may be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

To obtain copies contact WHO Division of Publications, Geneva, Switzerland, [www.who.int](http://www.who.int)

## **ADDITIONAL RESOURCES**

### **“Learning to Cope” (Video), Save the Children Sweden’s Emergency Standby Team’s Work with Refugees from Somalia, Save the Children Sweden.**

According to Swedish Save the Children, the video “follows a group of Somali refugees who fled by boat. It describes a school for Somali refugees in the Al Gehin refugee camp in nearby Yemen. The school provides an example of how Save the Children Sweden works to improve the situation for refugee children. The teaching gives these children necessary education and it also provides them with an equally necessary daily routine, to help them cope with their traumatic experiences and memories. The film demonstrates the importance of evaluating needs and resources and illustrates how to build upon traditional patterns.” Code no. 2116, SEK 150, 1997. From Publications Catalogue 2001, Swedish Save the Children.

### **Separated Children in Europe Programme, Statement of Good Practice, SCF, EU and UNHCR, 1999. Prepared by Wendy Ayotte acting as Consultant to the Save the Children members. 20 pages.**

This is a joint initiative of some members of the International Save the Children Alliance in Europe and UNHCR. Separated children are young people under 18 years of age outside their country of origin and separated from both parents or caregiver. The programme aims to realize the rights and best interests of separated children and young people who have come to or across Europe by establishing a shared policy and commitment to best practice at national and European levels. A statement of good practice sets out the policy and practice basis for the programme’s work.

Discusses program’s purpose and mandate. Section B focuses on principles and things to take into consideration (best interest, non-discrimination, right to participate, bi-culturalism, etc.) with accompanying legal references. Section C touches on good practices (access to territory, trafficking, identification, appointment or adviser, registration and documentation, age assessment) with legal references. Appendix includes: list of information to be gathered about a child and list of international and regional instruments used (pertaining to refugee, general international human rights instruments, children international and regional instruments, Hague conference on private international law and Europe)

Copies of this statement in English may be obtained from: Kate Halvorsen, UNHCR Senior Policy Advisor, 11B Rue van Eyck, 1050 Brussels, Belgium, Tel: 32 2 627 1759, email: [halvorse@unhcr.ch](mailto:halvorse@unhcr.ch) and David Wright, Advisor, Save the Children, 23 The Mall, Old Town, Swindon SN1 4JA, UK, Tel: 44 1793 422531, email: [davidwright@dialin.net](mailto:davidwright@dialin.net). Please contact David Wright for information on obtaining copies in other languages.

### **Summary Update of Machel Study Follow-Up Activities 1998/1999**

UNHCR has identified five areas of concern: unaccompanied and separated children, adolescents, education, sexual exploitation and child soldiers. More needs to be done to address the needs of adolescents through providing structured activity acts as a protection tool, that will reduce the likelihood of sexual exploitation, recruitment into armed forces and other risks. These groups require special health care that includes education on contraception and STDs, the consequences of early marriage, support and advice for unwanted pregnancies. Addresses sexual exploitation, which is strongly associated with situations of forced population movement where women and young girls and in some cases, men and boys are vulnerable to attack both during their flight and while in exile.

UNHCR and its partners are working towards preventive measures (such as education,

sensitization, awareness-raising, camp layout) as well as curative measures (such as health facilities for victims of violence, counselling, information and follow-up on STDs and HIV/AIDS). Refugee children and those having been voluntarily repatriated to their countries of origin are among those at highest risk of illegal recruitment into armed forces. UNHCR has a strong mandated interest in ensuring the protection of children affected by armed conflict. UNHCR programmes have shown that family reunification is a principal means of rehabilitating child soldiers.

Non-formal education, skills development and income-generation activities for adolescents are, moreover, fundamental tools which enable child soldiers to reintegrate into their communities. As one element of the ARC project (see resources for children above), a specific resource pack has been developed which addresses issues related to child soldiers from defining who they are, addressing prevention and monitoring activities, to discussing their rehabilitation and reintegration into their communities. Considerable progress has to date been made on the implementation of the ARC project. A comprehensive series of training material has been developed and distributed to the field via a number of regional resource teams. A list of follow-up activities undertaken in 1998/1999 is attached to the report.

**“Survivors: Rehabilitation of Children in Armed Conflict,” Number 1, UNICEF, New York, October 1992.**

Aims to “contribute to an on-going discussion exploring both the specific problems of children affected by armed conflict, and the conceptual framework and practical methodology for reaching and rehabilitating these children.” (p. i) Begins with a report of the interregional training workshop on children in armed conflict, which took place in October 1991 in Mombasa, Kenya. Addresses significant issues, providing a global overview of armed conflict and sections on 1) negotiating peace for children; 2) unaccompanied children; 3) disability prevention and rehabilitation; 3) helping children with psycho-social problems; 4) education for peace; 5) transition from conflict to development. Also includes a summary and conclusion.

**Trauma and Disability Education web-site**

This site has a useful description of PTSD and its symptoms and has a significant amount of information and a number of resources to address Post-Crisis Children’s Psychological Disorders. The site is divided into a number of sections, including: Questions and Answers (regarding defined disorders), Mental Health Help Sheets, Trauma Help Sheets, Treatment Manual, PTSD Conferences, Trauma Mailing Lists, Projects, American Organizations, International Organizations (only 4 are mentioned), and some valuable links. For further information see [www.pitt.edu/~ginie/disability/free\\_helpsheets.html](http://www.pitt.edu/~ginie/disability/free_helpsheets.html).

Web site also includes information on education and psychological distress in countries in crisis that aims to “provide rapid access to knowledge and expertise about education to relieve psycho-social trauma in nations in crisis.” You can gain information on Post-traumatic Stress Disorder, learn from others through project reports, find out about guidelines for working with traumatized people, and refer to expertise links. For further information see <http://ginie1.sched.pitt.edu/trauma/main-content.html>.

## PEACE EDUCATION

### **Global Information Networks in Education (GINIE)**

GINIE has for its objective to improve educational quality in nations and regions generationally threatened by chronic instability created by armed conflict, natural disasters, and/or economic and political crises. Dedicated to helping those working in education in nations in crisis and transition. Ginie users are the growing number of education professionals, policymakers and responsible others throughout the world working in basic education (literacy, numeracy, recreation) and supplemental education for crises. It has regional, country, theme and reference pages. Web site has links to info on other programs such as the PEER program (Programme for Education for Emergencies and Reconstruction Project); the Protection of Children and Adolescents in Complex Emergencies; education for peace and reconciliation; and education and psychological distress in countries in crisis. One of current topics is “psycho-social trauma education”. Project partners have included the Asian Development Bank, Plan International, UNICEF, UNHCR, UNESCO, the World Bank and the Soros Foundation. <http://ginie.sched.pitt.edu>

### **Peace Pak, Flagship Project, Associated School Project Network**

Includes teacher’s handbook, activity cards, posters, masks and puppets, video, appeal to world leaders and information on what makes a good teacher. Also comes with a booklet, peace scroll, manual for human rights education (preliminary version) and a primary school kit on the United Nations. To obtain copies contact: ASPnet Co-ordination Unit, UNESCO, 7 Place de Fontenoy, 75352 Paris 07 SP France, Tel: 33 (0) 45 68 10 80, Fax: 33 (0) 45 68 56 22, Email: [aspnet@unesco.org](mailto:aspnet@unesco.org)

### **Teacher’s Guide and four story books developed for the Tolerance Education Programme.**

The Tolerance Education Programme was developed and funded by UNHCR with full support of the Government in the Republic of Kyrgyzstan. Includes a general introduction to the teaching of tolerance have been produced as part of a series of books. The programme is used with students from Grade 6 and above.

### **Tolerance: The Threshold of Peace. Betty A. Reardon, UNESCO, 1997, 3 volumes, approximately 120 pages each. English and French (Spanish will follow)**

“This publication is a practical guide for teachers and has to be seen in the framework of UNESCO’s action in the field of education for peace, human rights and democracy, and as a contribution of the Organization to the United Year for Tolerance. Three units focus, respectively, on teacher training, primary education and secondary education. To obtain copies contact UNESCO or refer to [www.unesco.org/education/hci/toleranc.thml](http://www.unesco.org/education/hci/toleranc.thml)

## EDUCATION

### **TEP “school in a box”**

Focuses on emergency response experiences and psycho-social awareness in Rwanda. “ In light of the pervasive levels of trauma exposure, grief reactions and emotional distress in the aftermath of the genocide, the core group of national trainers participated in a third day of training to raise awareness about the impact of psychological trauma among children. This activity followed the two-day teacher training that was developed nationally for the introduction of the TEP.



A six-page training guide for understanding basic trauma theory, identification of trauma symptoms in children of different ages, and guidelines for methods of verbal and physical expression was provided to the 60 teachers that participated in the initial training. It was expected that a core group of these teachers would continue to train other teachers in both the TEP methodology and trauma awareness at the prefecture level, following a “cascade” approach into the communes. From a psycho-social perspective, this trauma intervention was designed to acknowledge the need to normalize children’s daily life, which was often symbolized by the re-opening of primary schools, re-establishing previous school routines and providing educational materials to pupils and teachers.”<sup>1</sup>

## **ADDITIONAL RESOURCES**

### **GENERAL**

Action for the Rights of Children: A training and Capacity-Building Initiative on Behalf of Refugee Children and Adolescents

Commercial Exploitation of Children: The Health and Psychosocial Dimensions, Submitted by WHO, World Congress Against Sexual Exploitation of Children, Stockholm, Sweden, August 27-31, 1996. Report.

Majekodunmi, Ben, “Protection in Practice: The Protection of Children’s Rights in Situations of Armed Conflict”, UNICEF Experience in Burundi, UNICEF, 1999.

Protection of Children and Adolescents in Complex Emergencies, Conference Report, Redd Barna, UNHCR and Flyktningeradet.

Psychosocial programmes for war affected children and Adolescents in FRY carried out by the Institute for Mental Health in Belgrade: Best Practices, Present Needs and Suggestions. Short article.

UNICEF Assistance in Federal Republic of Yugoslavia to Psycho-Social Programmes for Children in Crisis, 1997. Booklet.

### **PEACE EDUCATION**

Contents of the Peace Education Programme (Formal Education and Community Education); proverb cards and scenarios.

GINIE web site (contains a number of useful references, publications, books, etc., see above for further information, <http://ginie.sched.pitt.edu/pr/index.html>)

LOI on Education for Life Skills, Peace and Conflict Resolution Programme in Kenya (Letter dated 14 February 2000)

### **EMERGENCY EDUCATION**

“Ensuring Educational Quality in Crisis Settings”, USAID Africa Bureau, Basic Education Summer Training Program, Amherst, MA July 16-29, 2000 John Hatch (USAID) and Maureen W. McClure (University of Pittsburgh)

Handbook for Emergencies, UNHCR, Second Edition, sections on Health and Community Services.

Pigozzi, Mary Joy, Education in Emergencies and For Reconstruction: A Developmental Approach, UNICEF, NY

Rapid Educational Response in Complex Emergencies: A Discussion Document by Pilar Aguilar and Gonzalo Retamal, UNESCO-IBE, UNESCO-UIE, UNICEF and UNHCR, published by the international Bureau of Education, Geneva, 1998.

“Refugee Education in Complex Emergencies, Forced Migration and Post-Conflict Transitions,” UNHCR.

Refugee Education Trust, Proposal for an independent fund to be established for refugee post-primary education as a lasting result of the 50<sup>th</sup> Anniversary of UNHCR in December 2000.

Refugee Run Education: The Somali Refugee Primary School in the Republic of Yemen, Helen Gezelius. Radda Barnen, Save the Children, 1996. 28 pages.

Revised (1995) Guidelines for Educational Assistance to Refugees, UNHCR, PTSS, Geneva, June 1995.

# PSYCHO-SOCIAL ASSISTANCE FOR REFUGEE WOMEN

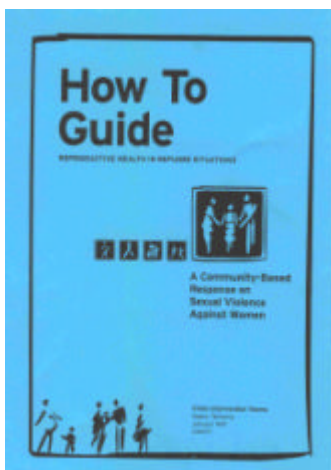
## Guide to selected resource materials and related readings

### GENERAL GUIDES FOR THOSE WORKING WITH WOMEN

#### How to Guides. UNHCR.

Currently seven How to Guides have been written including:

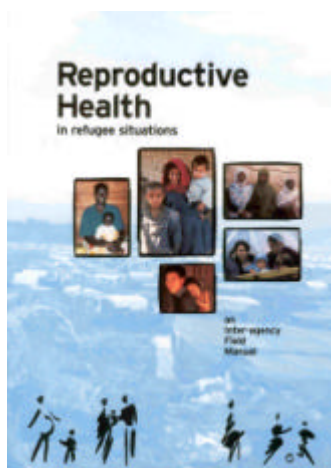
- Reproductive Health in Refugee Situations: A Community-Based Response on Sexual Violence Against Women, Crisis Intervention Teams, Ngara, Tanzania, 1997, UNHCR.
- Reproductive Health Education for Adolescents, Guinea, 1998;
- From Awareness to Action: Pilot Project to Eradicate Female Genital Mutilation, Ethiopia, 1998;
- Building a Team Approach to the Prevention and Response to Sexual Violence: Report on a technical assistance mission, Tanzania, 1998;
- Strengthening Safe Motherhood Services: Report on a participatory approach to strengthening Safe Motherhood Services, Tanzania, 1998;
- Monitoring and Evaluation of Sexual Gender Violence Programmes, Tanzania, 2000.
- Sexual and Gender-Based Violence Programme in Guinea, 2001
- Sexual and Gender-Based Violence Programme in Liberia, 2001



Easy to read and access information format. Documentation of field experiences that demonstrate “innovative approaches to sexual violence against women.” Should be used and adapted as appropriate for each refugee setting. Q & A format and useful annexes.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva 2 Depot, Switzerland

#### Reproductive Health in Refugee Situations: An Inter-Agency Field Manual, WHO, UNFPA and UNHCR, 1999. Updated from 1995 version. 135 pages.



Provides basic information, discusses components and interventions to consider, guiding principles of intervention, quality of care, IEC and Needs Assessment, and Minimum Initial Service Package (MISP). Addresses social and psychological factors of life in refugee camp, that if can lead to a breakdown of traditional social structures, frustration, boredom, alcohol and drug abuse, and feelings of powerlessness that may contribute to aggression and sexual violence.

Educational, recreational and income-generating activities are therefore encouraged. And the response to each incident of sexual violence must include protection, medical care and psychosocial treatment. Addressing suffering of refugee and varying reactions among survivors and those affected by their suffering. Highlights that survivors should be treated with empathy care and support and community-based activities (identifying and training traditional, community-based support workers, developing women’s support groups or support groups specifically designed for survivors of sexual violence and their families; creating special drop-in centers for survivors where they can receive confidential and compassionate care) should be established. Furthermore, document maintains that all activities must be culturally appropriate and must be developed in close cooperation with community members. Quality counselling by trained workers, such as counsellors, nurses, social workers, psychologists or psychiatrists preferably from the same background as the survivor should be provided as soon after the attack as possible.

To obtain copies contact agencies listed on back cover.

## GUIDES FOR PREVENTION OF AND ASSISTANCE TO SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE



**Introduction aux Techniques de Counselling dans la Prise en charge des Victims de Violence: Manuel de Formation des Formateurs – Module B, Organisation Mondiale de la Sante (WHO/HSC/PVI/99.7/a2), 1997, Limited Distribution. French and English. 224 pages.**

It is one part of a two-part series being produced by WHO. The module is used for training trainers to provide counselling to victims of violence and was designed in the context of helping those suffering in Rwanda. It is divided into nine sections: introduction, integrality of services provided to victims of violence, communication, technical aspects of interpersonal communication, counselling and advising, first interview, qualifications of counsellor, pain and difficulties experienced in counselling; and an exercise in applying the counselling techniques.

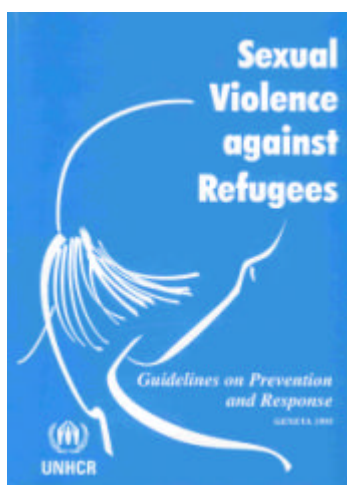
To obtain additional copies contact WHO Publications Division, Geneva, Switzerland, [www.who.int](http://www.who.int)



**Population Reports: Ending Violence Against Women, Issues in World Health, Series L, Number 11, Center for Health and Gender Equity. English. 43 pages.**

Detailed description of several issues pertaining to violence against women: culture, child abuse, how violence harms women, what health providers can do and lessons learned. Also focuses on sexual coercion, the impact of sexual violence on reproductive health and threats to development. Includes an “agenda for change.”

To obtain copies contact the Center for Health and Gender Equity, 6930 Carroll Avenue, Suite 910, Takoma Park, Maryland, 20912 USA Tel: 301 270 1182, Fax: 301 270-2052. Email: [change@genderhealth.org](mailto:change@genderhealth.org), [www.genderhealth.org](http://www.genderhealth.org)



**Sexual Violence against Refugees: Guidelines on Prevention and Response, UNHCR, Geneva, 1995. 99 pages.**

Addresses ways to prevent the occurrence of sexual violence and how to respond when incidents occur. Focuses on need for education, training and information campaigns and highlights the need for refugees to receive legal awareness training, leadership and skills training, and education. Defines terms and applications and addresses those most vulnerable and the situations in which violence can and is most likely to occur. Focuses on physical, psychological and social consequences of sexual violence and underscore the variety of psychological and social implications of sexual violence on individuals and their families.

Chapter 3 includes practical guidelines asserts that survivors of sexual violence ‘must be examined and assessed in a number of areas one of which is psycho-social. Section 3.9 focuses on psycho-social response highlighting common psychological reactions, impact on children, care of victims, effects on family members and counseling. Annexes include a checklist for responding to an incident of sexual violence; a confidential sexual violence form; and information on other tools and sources.

To obtain copies contact local UNHCR office or General Legal Advice Section (HQPR02), UNHCR Headquarters, Case postale 2500, CH-1211 Geneva 2 Depot, Switzerland, Fax: 41 22 739 73 53.



### WHO Fact sheets, WHO, Geneva, Switzerland.

Short discussion (up to 4 pages) of issues related to violence against women. Some specific topics addressed: violence against women, female genital mutilation (FGM), women and HIV/AIDS, essential obstetric care. Sheets include definition and prevalence of problem, related health issues and implications and WHO activities to address it. Several fact sheets are released each month and they are numbered chronologically.

To obtain copies of fact sheets contact WHO Publications Division. Fact sheets can also be found on [www.who.int](http://www.who.int).

## REPORTS



### **“A Safe Space Created By and For Women: Sexual and Gender-Based Violence Program,” Phase II Report, Sydia Nduna and Darlene Rude, International Rescue Committee, Kibondo, Tanzania, March 1998.**

In October 1996, IRC decided to implement a Sexual and Gender-Based Violence (SGBV) Program. This document provides an “overview of how IRC staff work with women refugee leaders to design specific intervention strategies, such as providing appropriate responses to survivors of sexual and gender violence, educating men, and strengthening leadership skills.” Among issues and achievements addressed are: the establishment of drop-in centers, managing staff stress, engaging male leaders, punishing perpetrators and serving the needs of children. Other considerations addressed are violence against men and inter-agency networks.

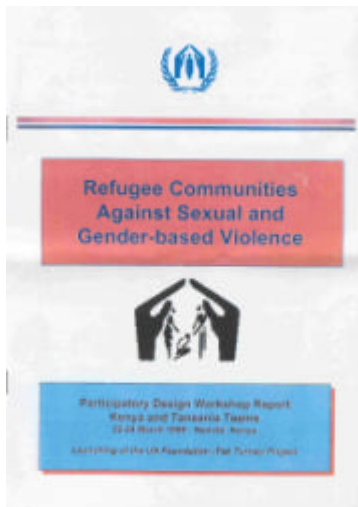
To obtain copies contact IRC, 122 East 42<sup>nd</sup> Street, New York, New York 10168-1289, USA, Phone: (212) 551-3000, Fax: (212) 551-3180 e-mail: [irc@theIRC.org](mailto:irc@theIRC.org), website: [www.theintrescom.org](http://www.theintrescom.org)

**Psycho-social Consequences of the Somalia Emergency on Women and Children: A Report to WHO and UNICEF by Jane S. P. Mocellin, Consultant, Disaster Research Unit and Department of Psychology, The University of Manitoba, June 29, 1993.**

A useful example of an in-depth assessment of psychological distress and suffering. Highlights the important role that culture plays in the experience of illness and in assessment and identification of suffering and needs focusing on women and children from Somalia. Highlights that interventions must be built on an understanding of the Somali culture as there should be simplicity in the implementation of programmes. Underscores women's reliance on community for support and argues that the "interactive effect of religion and medical approaches should not be overlooked" as religion seems to be an important coping strategy in stressful situations.

Mocelling suggests building trust between traditional healers and scientific medicine and provides a number of specific recommendations for assistance programs. She argues that the emergency in Somalia needs to be examined on a wide perspective and that prior to the report, the psychological damage caused by the killings and related events of the civil war has been underscored. She also maintains that if psychological distress among persons who go to health centers is unrecognized, the primary health system can be easily overburdened. Immediate recognition of mental distress and its efficient management can greatly reduce pressures on health systems in a post-war situation.

**Refugee Communities against Sexual and Gender-Based Violence: Participatory Design Workshop Report, Kenya and Tanzania Teams, March 22-24, 1999, Nairobi, Kenya.**

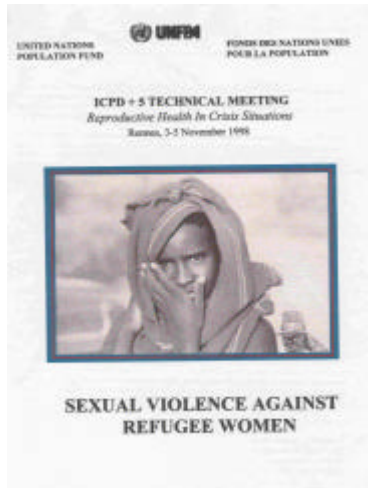


In 1998, UN Foundation (UNF) awarded USD 1.65 million to UNHCR to strengthen its efforts (and those of other humanitarian actors) to prevent sexual violence against women and adolescent girls in refugee situations in 5 countries in Sub-Saharan Africa, and to put in place services to respond compassionately to survivors. The workshop was held to initiate the project in Kenya and Tanzania with the objective of arriving at a clear understanding of the scope, objectives and expected outcomes of the Project. It also aimed to determine how the Project fits within our overall mandates and responsibilities as humanitarian actors to prevent sexual violence against refugees and respond to survivors.

A number of major issues are addressed and conclusions and next steps are put forth. The following topics are addressed (session summaries): country profiles, ideal situation, the strategic framework, defining the problem, security concerns, the firewood dilemma, sector summaries (protection, health, community), coordination mechanisms (Kenya and Tanzania) and standardized reporting.

To obtain copies contact HCDS, UNHCR, Case Postale 2500, CH-1211, Geneva 2 Depot.





**“Sexual Violence Against Refugee Women,” ICPD+5 Technical Meeting: Reproductive Health in Crisis Situations, Rennes, November 3-5, 1998, UNFPA Prepared by Candice Moral, UNFPA/ERO, Geneva.**

Touches on several aspects of sexual violence. Provides definitions, addresses most vulnerable, causes, magnitude, health consequences. Looks at situations in the Former Yugoslavia, Kenya and Rwanda. Focuses on responsibilities of governments, refugees and refugee workers, women, local/IO/associations and community. Lists policies and services provided on the physical safety of the victim, medical response, psychological response, law enforcement, responses given by the community and by organizations. Section on psychological response focuses on work in Kenya, Tanzania, Croatia and Bosnia-Herzegovina. Touches on critical issues. Also addresses legal aspects and provides information on lessons learned and sets out a number of recommendations.

To obtain copies contact UNHCR, Case Postale 2500, CH-1211 Geneva 2 Depot, Switzerland.

**Violence Against Women Database, WHO, June 2000. WHO, Violence and Injury Prevention (VIP), Geneva 27, CH-1211, Switzerland, Tel: 41-22-791-3480, Fax: 41-22-791-4332, [pvi@who.int](mailto:pvi@who.int). Database manager: Iris Tetford, email: [tetfordi@who.ch](mailto:tetfordi@who.ch)**

A database designed to process, manage and analyze information on areas of concern for women’s health. The database contains more than 1700 documents related to: domestic violence against women, rape and sexual assault and other forms of violence against women. Database provides access to unpublished materials (reports, etc.) Majority of documents are in English. Coded by keywords, easy to find documents. For developing countries many can be found on-line. Documents are located in Iris Tetford’s office, 6<sup>th</sup> Floor, WHO. Documents can be photocopied at WHO.

## **ADDITIONAL RESOURCES AND SUMMARIES**

**Building Partnerships through Equality: UNHCR Good Practices on Gender Mainstreaming, UNHCR, May 2000.**

Gender mainstreaming is a process and a strategy to achieve the ultimate goal of gender equality. More than 500,000 Rwandans were living in camps in the Ngara and Karagwe regions. Through a series of UNHCR consultations with refugees and the Tanzanian Government, it was decided that unarmed teams of refugee guardians would be formed. Seeking to promote equality of opportunity, UNHCR staff, working in close cooperation with NGO partners, hired qualified refugee women, with a number of positive outcomes for promoting gender equality in camps. Female guardians provided refugee women an important alternative for reporting incidents of gender-related violence. As a result, harassment at distribution centres decreased noticeably, and the reporting of incidents of gender violence to police increased. Community service officers (CSO) facilitated the creation of trained psycho-social counsellors and Crisis Intervention Teams (CITs) as a first line of response to domestic violence, sexual violence and other psycho-social crisis. Likewise, with the support of Community Services, a Refugee Women’s Association was formed to address women and children’s issues, working in relation to female guardians.

**“A Life Free of Violence: Campaign to Eliminate Violence Against Women in Africa,”  
Project Proposal Document for UNIFEM.**

The pervasive nature of the problem was accurately captured in the 1995 HD Report, which stated that “In no society are women secure or treated as equal to men. Personal insecurity shadows them from cradle to grave, from childhood through adulthood, they are abused because of their gender.” Along with physical abuse, restricted access to sources of power and commodification of women (trafficking, forced prostitution, commercialization of women’s bodies), psychological abuse is one of the main categories in the VAW campaign in Africa. Psychological abuse (is) sexual harassment, degrading portrayal of women as sex objects by the media, their treatment as perpetual minors by the judicial system and institutions of society, polygamy. The document states that “African women have endured extreme violations of their human rights as a consequence of the violent conflicts that have plagued some countries on the continent. In such instances, women have been particularly targets and victims of physical, sexual and psychological atrocities committed by war and combatants.” And, in addition, “there is a tendency to ignore the more subtle forms, most of which are perpetuated through various institutions of society such as the family, religion, legal, political, educational, economic and the media; socio-cultural practices and the state...”

**Groenberg, Mia, “The Treatment of Mental Problems of Female Refugees,” Paper presented at the Third International Conference of Centres, Institutions and Individuals concerned with the Care for Victims of Organized Violence: Health, Political Repression and Human Rights.**

Discusses how a clinical psychologist (Mia Groenberg) worked with two refugees. One was from a Latin American Country and the other was from a country in the Middle East. Specifically, she touches on the complexity of reactions to violence. Groenberg tells that often women will be recommended or will come to a psychologist for other reasons (e.g. somatic problems, worries). She discusses the difficulty in addressing the issue.

**“Rapport d’Appreciation des violences sexuelles commises au Kosovo,” UNFPA, Mission de D. Serrano Fitament, Psychologue Consultante UNFPA de 27 avril au 8 mai 1999 en Albanie. Consultant’s email: [rano@wdcom.com](mailto:rano@wdcom.com)**

Objectives of report were to assess the sexual violence realities among the refugees from Kosovo, to delineate the target population and appreciate widely the number of victims as well as to review answers provided by national community and IOs and to propose an appropriate plan of action to take care of the victims immediately and in the longer term. It was undertaken following media reports of widespread sexual violence against women. The mission was held in Albania and Macedonia. Camps and families were visited and women refugees and health providers were interviewed.

The Consultant determined that no specific organization was committed to investigating sexual violence and that no association had taken the lead in the “psychological treatment of women who were traumatized by sexual violence.” However, at the time of writing, a number of NGOs were planning psycho-social interventions. The experiences that women endured were horrific including multiple rapes, torture, and murder of unborn children. Living within the society where rape is taboo poses serious difficulties for women who are left to cope with what they experienced. Women will often keep their experiences secret as it is a source of shame to their families and community. Although a woman might be able to accept giving birth to a child from rape, often the families and communities will not. The consultant asserts that the coordination of psychotherapeutic interventions be undertaken immediately by someone experienced in post-traumatic stress immediately. Furthermore she recommends increased sensibilisation within the refugee community to the problems that result from sexual violence in order to diminish stigma associated with the survivors of such acts. Furthermore,



she maintains that a section on psycho-traumatic problems must be incorporated into trainings for organizations that work with refugee populations.

**“UNHCR’s Women Victims of Violence Project (WVV Project) in Kenya”, Project review.**

Examines the implementation of UNHCR’s Women Victims of Violence Project (WVV Project) in Kenya that was launched in October 1993. Due to the fighting which erupted between rival factions in Somalia following the collapse of the Siad Barre regime in January 1991, some 219,000 Somalis had been granted refugee status in Kenya by December 1993. WVV project was established in order to: 1) promote a community-based response to protection and to the prevention of sexual assault and other acts of violence; 2) promote consciousness-raising amongst the public, including the refugee community and the law enforcement agents on the emotional and physical consequences of sexual violence on its victims; and to 3) provide counselling and therapy to treat physical and emotional trauma following sexual assault.” Document discusses the difficulties faced in the development and implementation of the project and steps taken to address these difficulties and provide psycho-social assistance where needed.

One initiative undertaken was the periodic publication in Somali and in English of a newspaper (the Refugee News Carrier) that was widely distributed among Somali refugees in Kenya as well as in selected areas of return in Somalia. The newspaper provided information concerning services available to women, the consequences of sexual violence, as well as the importance of peace, reconciliation and civic responsibilities. This innovative approach, in which in time the refugees themselves participated, combined with the training workshops and counselling activities mentioned earlier, contributed towards the motivation of community support for the survivors where little or no support existed previously.” The project also has refugee counselors who “assist the survivors and their families – including babies conceived in rape – to live as normal and productive lives as possible, together.” Discusses lessons learned and recommendations.

**Refugee Communities Against Sexual and Gender Violence: Launching of the UN Foundation (Ted Turner) Project in West Africa – Mission Report to Guinea, Liberia and Sierra Leone, May 21- June 11, 1999.**

The mission’s purpose was to “work with UNHCR and partners to plan for the utilization of project funds to strengthen the capacity of humanitarian actors to prevent sexual and gender violence against refugees and put in place systems to respond compassionately to survivors.” During the mission, five mini-workshops were held in four different sites where more than 125 UNHCR, NGO and Government actors participated. Their participation was an effort to increase their understanding of the problem of sexual and gender violence against refugees and to examine how their day-to-day work can be strengthened to prevent gender violence and respond appropriately to survivors. Participants defined what is meant by sexual and gender violence in each context – initially it was thought to define rape, but after some heated debate, participants began to realize that the issue of gender violence is much larger, more complex, culturally defined and comes back to our basic issue of our mandate to protect all refugees equally...” It was determined that “much more work is needed to raise the awareness of humanitarian actors on how to accomplish this, and thus the Project will focus on building the capacity of actors to ensure that their actions protect all refugees and respond to needs of survivors in a multi-sectoral approach with the community in the driver seat of this work.” Includes mission timetable and map.

**Lang, Hazel J., “Women as Refugees: Perspectives from Burma,” Cultural Survival Quarterly, Spring 1995, pp. 54-60.**

Women's voices have usually been omitted from traditional state-centered analyses of war, conflict and refugee movements. Including women and their experiences is clearly needed for more accurate understandings of socio-political life. Rape in war has long been ignored as a human rights abuse, and in the fourth Geneva Convention has been misrepresented as a "crime against honor." In the context of Burma, thousands and thousands of women have suffered from the effects of war and many are forced to flee. Includes stories from women (mainly Karen, Karenni, and Mon) in the eastern border areas of Burma. Women in the border areas of Burma have been victims of rape, torture, forced portering (of military supplies), slave labor, and road guarding.

**Forbes Martin, Susan, "Women Refugees Face Special Health Problems, " People, Volume 18, Number 4, 1991, pages 13-15.**

Refugees and displaced women are particularly susceptible to water-borne diseases, as they are generally responsible for storing and collecting water. Health complications also arise from female circumcision, a practice common in some parts of Africa and the Middle East that carries over into refugee and displaced persons camps. Some refugee and displaced women suffer from mental health problems. At the very least, refugee and displaced women face emotional problems and difficulties in adjustment resulting from loss of family and community support. Article states that more serious mental health problems are not uncommon, arising from torture and sexual abuse before or after flight. Rape and abduction are common in many refugee situations, and depression and PTSD often follow such experiences.

Common symptoms experienced by survivors of traumatic events include anxiety, intrusive thoughts, and sleeping and eating disorders. Existing services too often overlook female-specific needs and counselling regarding STDs is generally inadequate. Few if any programmes focus on the needs of adolescent girls, even though early marriages and pregnancies are a reported cause of poor health. Rape counselling problems are few in number although many refugee women have been raped. Other mental health services are also lacking in most refugee camps. Not are counselling programmes available for women who have undergone the trauma of dislocation. Many programmes are still primarily focused on curative services.

**International Protection of Refugee Women: A Case Study of Violence Against Somali Refugee Women in Kenya**

Maintains that the situation of refugee women is particularly precarious. Due to the sexual violence in Somali refugee camps in Kenya, WVV was established. A report by HRW issued in 1993, states that "Over eighty percent of the refugees are women and children. Many were the victims of violence, including rape, as they fled war-torn Somalia. "They came to Kenya to escape these dangers only to face similar abuse." The WVV project played a critical role in improving security in Dadaab camps. Fencing was put in place (thorn bush gates). The Project also "provided for increased financial and material assistance to the Government of Kenya in order to enable Kenya to fulfil its responsibility to provide for the physical security of refugees..." UNHCR is also requesting to the Government of Kenya that they provide female police officers in the camps to enable female refugees to report any assault matters to a female officer.

#### **ARTICLES FOR FURTHER INFORMATION**

Checklists for Cultural Assessment, Australian Centre for International & Tropical Health & Nutrition, The University of Queensland, Queensland, Australia.

“Combating Sexual Violence in South Africa”, IDRC Best of Reports Online, September 2000.

Embracing Participation in Development: Wisdom from the Field – Worldwide Experience from CARE’s Reproductive Health Programs with a step-by-step field guide to participatory tools and techniques, October 1999.

Jonathan Mann Award for Health and Human Rights given to 2 Kosovar Physicians: Drs. Dobruna and Brovina for setting up clinics for women and victims of violence and providing assistance to Albanians.

IRC Sexual and Gender Violence Program, Project Document, for program starting in 1996

Kam, Almaz, “PTSD and Bosnian Victims of Rape and Crime,” International Conference on Uprooted Muslim Women, November 12-15, 1994, Sharjah, UAE

“L’Honneur viole des Kosovars: Des centaines de jeunes Albanaises du Kosovo ont subi la soldatesque serbes – Un traumatisme que les ONG humanitaires prennent fort mal en compte,” L’Express, aout 26, 1999.

Lorch, Donatella, “Campaign of Rape Emerges in Rwanda”, International Herald Tribune, May 16, 1995

Management and Care of Women Victims of Violence,” WHO, Orientation Workshop, February 11-14, 1997, Kigali, Rwanda. (WHO/HSC/PVI/99.8) English, French.

Marshall, Ruth, “Refugees, Feminine Plural,” Refugees, Volume II, 1995.

McKinley, James C., “For Women in Rwanda, Torment and Fear Live On”, International Herald Tribune, September 24, 1996.

Mission Report – Tanzania and South Africa – Sexual and Gender Violence Programming and Designing Youth and HIV/AIDS Initiatives,” February 8, 2000.

Moral, Candace, “Magnitude of Sexual Violence” (paper), September 1998.

Ogata, Sadako, “Refugee Women: the Forgotten half”, Our Planet, Volume 7, Number 4.

“Pain Too Deep for Tears: Assessing the Prevalence of Sexual and Gender Violence Among Burundian Refugees in Tanzania,” Sydia Nduna and Lorelei Goodyear, International Rescue Committee, Revised, September 1997.

Perrin, Dr. Pierre, H.E.L.P.: Cours de Sante Publique pour la Gestion de l’Assistance Humanitaire, Comite International de la Croix Rouge. Francais et Anglais.

Psycho-social questionnaire administered by UNICEF, designed by Kevin Hancock in 1988.

“Sexual Violence Against Refugee Women” ICPF + 5, UNFPA

Sexual Violence Prevention and Response: Launching of the UN Foundation (Ted Turner) Project in West Africa, Participatory Design Workshops, Guinea, May 1999.

“Survivors of Violence Project,” Mission Report, UNHCR, Gueckedou, Guinea, August 31, 1999 by Eva Ahlen, CSO.

The Mental Health of Indigenous Peoples: An International Overview, Department of Mental Health, WHO/MNH/NAM/99.1, WHO, Geneva, 1999.

“Violence Against Women,” World Health Organization Fact Sheet Number 239, June 2000.

## **FOR FURTHER INFORMATION**

### **JOURNALS**

Humanitarian Affairs Review  
<http://www.humanitarian-review.org>

Journal of International Migration and Integration  
<http://jimi.metropolis.net/ab11.html>

Journal of Traumatic Stress  
<http://www.wkap.nl/issuetoc.htm/0894-9867+13+3+2000>

Coping with Crisis (Psychological Support Programme Newsletter), Danish Red Cross, 1998 and 1999  
[www.redcrpdd.dk/coping](http://www.redcrpdd.dk/coping)

Forced Migration review  
[www.fmreview.org](http://www.fmreview.org)

### **ARTICLES**

Agger, Inger, The Blue Room: Trauma and Testimony Among Refugee Women: A Psycho-social Exploration, Zed Books, March 1994.

Rethinking the Trauma of War, Edited by Patrick J. Bracken and Celia Petty, Save the Children, 1998.

Psychosocial Problems of Refugees, Compiled and Edited by Ron Baker, The British Refugee Council and European Consultation on Refugees and Exile, 1983, 1985.

Refugee Emergencies: A Community-Based Approach, Community Services Guidelines, UNHCR, May 1996.

Catalogue of Emergency Response Tools, UNHCR, May 2000.

Psychological Consequences of War in Afghan Children, Psychiatry Centre for Afghans, Shaheen Town, University Road, P.O. Box No. 641 G P.O., Peshawar, Pakistan.

## ORGANIZATIONS CONTACT INFORMATION

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717 East River Road  
Minneapolis, Minnesota 55455 USA  
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N 119  
One Hospital Drive  
Columbia, MO 65201  
[www.hsc.missouri.edu/~umicpt/mucenter.shtml](http://www.hsc.missouri.edu/~umicpt/mucenter.shtml)

Dutch Relief and Rehabilitation Agency  
Laan van Meerdervoort 192  
2517 BH The Hague  
The Netherlands  
Tel: 31 (0) 70 310 50 50  
Fax: 31 (0) 70 356 07 53  
Email: [mailbox@dra.org](mailto:mailbox@dra.org)

Reference Centre for Psychological Support  
Danish Red Cross  
27, Blegdamsvej. P.O. Box 2600  
DK-2100 Copenhagen O  
Tel: 45 35 25 92 00  
Fax: 45 35 25 93 60  
[www.redcross.dk](http://www.redcross.dk)  
email: [Mette-Sonniks@redcross.dk](mailto:Mette-Sonniks@redcross.dk)

The Forced Migration Projects  
400 West 59<sup>th</sup> Street, 4<sup>th</sup> Floor  
New York, NY 10019  
Tel (212) 548-0655  
Fax: (212) 548-4676  
Email: [refugee@sorosnt.org](mailto:refugee@sorosnt.org)  
[www.soros.org/migrate.html/](http://www.soros.org/migrate.html/)

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Fax: (617) 496-5530  
Director, Richard F. Mollica, PhD.  
[www.hpvt.harvard.edu](http://www.hpvt.harvard.edu)

The World Federation for Mental Health  
1201 Prince Street  
Alexandria, Virginia 22314 USA  
Tel: 703-838-7543, fax: 703-519-7648  
Email: [wfmh@erols.com](mailto:wfmh@erols.com)  
[www.wfmh.org](http://www.wfmh.org)

World Health Organization  
Department of Mental Health and Substance Dependence  
1211- CH Geneva, Switzerland  
[http://www.whomsa.org/it/text7/01\\_department.html](http://www.whomsa.org/it/text7/01_department.html)  
[www.who.int](http://www.who.int)

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915 N. Wolfe Street, E8006  
Baltimore, MD 21205  
Email: [gburnham@jhsph.edu](mailto:gburnham@jhsph.edu)  
(from list of HELP participants in May 2000)

Dr. Matthew J. Friedman  
International Society for Traumatic Stress Studies  
60 Revere Drive, Suite 500  
Northbrook, IL 50062

## WEB SITES

### PSYCHO-SOCIAL

World Association for Psychosocial Rehabilitation (WAPR)  
<http://www.candido.org.br/wapr/>

International Journal of Psychosocial Rehabilitation  
[www.psychosocial.com](http://www.psychosocial.com)

Psychiatric Rehabilitation Journal  
<http://www.bu.edu/prj/>

Comite Francais pour la Rehabilitation Psychosociale  
[www.rehabilite.org/accueil.htm](http://www.rehabilite.org/accueil.htm)

### MEDICAL/MENTAL HEALTH

Mental Health related links  
[www.candido.org.br/wapr/links.html](http://www.candido.org.br/wapr/links.html)

Mental Health of the Cornerstone of Health  
[www.mentalhealth.org/cornerstone/index.cfm](http://www.mentalhealth.org/cornerstone/index.cfm)

Mental health net  
[www.mentalhelp.net](http://www.mentalhelp.net)

Internet mental health  
[www.mentalhealth.com](http://www.mentalhealth.com)

NIH Health Information  
[www.nih.gov/health](http://www.nih.gov/health)

MedWeb: Mental Health Psychiatry/Psychology:  
[www.gen.emory.edu/medweb/medweb.mentalhealth.html](http://www.gen.emory.edu/medweb/medweb.mentalhealth.html)

Refugee Mental Health Program – KEN – useful links found at:  
[www.mentalhealth.org/links/refugee.html](http://www.mentalhealth.org/links/refugee.html)

Center for Psychiatric Rehabilitation  
<http://www.bu.edu/sarpsych/>

Nations for Mental Health  
[www.who.int/msa/nam/](http://www.who.int/msa/nam/)

Psychology Web Pointer  
<http://www.cuillin.demon.co.uk/psych.html>

American Psychology Association  
[www.apa.org/](http://www.apa.org/)

Online Dictionary of Mental Health  
[www.shef.ac.uk/~psysc/psychotherapy/index.html](http://www.shef.ac.uk/~psysc/psychotherapy/index.html)

Dartmouth's PTSD Research Library Site:

<http://dciswww.dartmouth.edu/cgi-bin/dcis/wdi?&alexandria.dartmouth.edu&51001&PILOTS%20Catalog&s>

Annals of Emergency Medicine  
[www.acep.org/annals](http://www.acep.org/annals)

British Medical Journal  
[www.bmj](http://www.bmj)

CDC-MMWR (Morbidity and Mortality Weekly Report)  
[www.cdc.gov/epo/mmwr/mmwr\\_wk.html](http://www.cdc.gov/epo/mmwr/mmwr_wk.html)

JAMA – Journal of the American Medical Association  
[www.ama-assn.org/public/journals/jama](http://www.ama-assn.org/public/journals/jama)

NEJM  
[www.nejm.org](http://www.nejm.org)

## **HEALTH RELATED SITES**

Africa Health:  
[www.sas.upenn.edu/african\\_studies/about\\_african/ww\\_heal.html](http://www.sas.upenn.edu/african_studies/about_african/ww_heal.html)

Center for International Health Information  
[www.cihi.com/resource.html](http://www.cihi.com/resource.html)

Intellihealth  
[www.intellihealth.com](http://www.intellihealth.com)

National Women's Health Information Center  
[www.4woman.gov](http://www.4woman.gov)

Office of International and Refugee Health  
[www.osophs.dhhs.gov/ophs/oirh.html](http://www.osophs.dhhs.gov/ophs/oirh.html)

European Union  
[www.ldb.org/vl/top/top-euro.html](http://www.ldb.org/vl/top/top-euro.html)

Netlinks- Population, Health and Development  
[www.jhuccp.org/netlinks/](http://www.jhuccp.org/netlinks/)

Red Cross and Red Crescent Movement  
[www.icrc.org/eng/links](http://www.icrc.org/eng/links)

International Centre for Migration and Health (ICMH)  
<http://www.icmh.ch/>

International Centre for Migration and Health links  
<http://www.icmh.ch/links.htm>

UNAIDS  
[www.unaids.org/revised/cube\\_frame.html](http://www.unaids.org/revised/cube_frame.html)

USAID



[www.info.usaid.gov/about/resources/](http://www.info.usaid.gov/about/resources/)

WHO

[www.who.int/home/othersites/index.html](http://www.who.int/home/othersites/index.html)

WWW Virtual Library – International Health

[www.ldb.org/vl/top/top-inth.html](http://www.ldb.org/vl/top/top-inth.html)

WWW Virtual Library – Public Health

[www.ldb.org/vl/index.html](http://www.ldb.org/vl/index.html)

Academy for International Health Studies

[www.aihs.com](http://www.aihs.com)

African Studies Center, University of Pennsylvania

[www.sas.upenn.edu/african\\_studies/AS.html](http://www.sas.upenn.edu/african_studies/AS.html)

Asian Development Bank

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

Canadian Society for International Health

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

Demographic and Health Surveys

[www.macroit.com/dhs](http://www.macroit.com/dhs)

Doctors of the World (Medicins du Monde)

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

Doctors without Borders (Medicins sans Frontiers)

[www.dwb.org/index/html](http://www.dwb.org/index/html)

European Public Health Alliance

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

Francois-Xavier Bagnoud Center for Health and Human Rights, Harvard University

[www.fxb.org/afxb/projecs/fxb\\_center.html](http://www.fxb.org/afxb/projecs/fxb_center.html)

Global Health Council

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

Health Development International

[Home.earthlink.net/~rufim](http://Home.earthlink.net/~rufim)

Institute of International Health, Michigan State University

[www.msu.edu/unit/iih](http://www.msu.edu/unit/iih)

World Federation of Public Health Associations

[www.apha.org/wfpha/basic.html](http://www.apha.org/wfpha/basic.html)

World Health Organization

[www.who.int](http://www.who.int)

International Emergency and Refugee Health Program (CDC)

[www.cdc.gov/nceh/programs/internat/ierh/ierh.html](http://www.cdc.gov/nceh/programs/internat/ierh/ierh.html)

International Institute for Health Promotion, American University  
[www.healthyamerican.edu/iihp.html](http://www.healthyamerican.edu/iihp.html)

International Union for Health Promotion and Education, New York University  
[www.iuhpe.nyu.edu](http://www.iuhpe.nyu.edu)

Pan American Health Organization  
[www.paho.org](http://www.paho.org)

PopNet  
[www.popnet.org](http://www.popnet.org)

## **UN SYSTEM**

United Nations  
[www.unsystem.org](http://www.unsystem.org)

United Nations Children's Fund  
[www.unicef.org](http://www.unicef.org)

United Nations High Commissioner for Refugees  
[www.unhcr.ch](http://www.unhcr.ch)

United Nations Development Fund for Women  
[www.unifem.undp.org](http://www.unifem.undp.org)

United Nations Development Programme  
[www.undp.org](http://www.undp.org)

United Nations Population Fund  
[www.unfpa.org](http://www.unfpa.org)

OCHA IRIN  
[www.reliefweb/dha\\_ol](http://www.reliefweb/dha_ol)

OCHA Relief Web  
[www.notes.reliefweb.int](http://www.notes.reliefweb.int)

## **EDUCATION-RELATED SITES**

UNICEF Education in the Programme Division:  
[www.unicef.org/pdeduc/education/peace\\_ed.html](http://www.unicef.org/pdeduc/education/peace_ed.html)

**Global Information Networks in Education**  
<http://ginie.sched.pitt.edu>

### **Other sites on ginie:**

Information and guidelines  
(<http://ginie1.sched.pitt.edu/trauma/main-content.html>)

Mental Health and trauma Help Sheets  
([www.pitt.edu/~ginie/disability/helpsheets\\_links.html](http://www.pitt.edu/~ginie/disability/helpsheets_links.html))

Treatment manuals  
([www.pitt.edu/~ginie/disability/helpsheets\\_links.html](http://www.pitt.edu/~ginie/disability/helpsheets_links.html))

## **EMERGENCY-RELATED SITES**

Alertnet  
[www.alertnet.org](http://www.alertnet.org)

UN website providing information to humanitarian relief organizations. Updated daily  
[www.notes.reliefweb.int/](http://www.notes.reliefweb.int/)

US Agency for International Development  
[www.info.usaid.gov/](http://www.info.usaid.gov/)

Interaction  
[www.interaction.org/](http://www.interaction.org/)

Sphere Project  
[www.sphereproject.org/](http://www.sphereproject.org/)

WHO-EHA (WHO Emergency and Humanitarian Action Department)  
[www.who.int/eha](http://www.who.int/eha)

WHO-HINAP (Health Intelligence Network for Advanced Contingency Planning)  
[www.who.int/eha/hinap](http://www.who.int/eha/hinap)

Famine Early Warning System (FEWS)  
[www.fews.org](http://www.fews.org)

Global Disaster Information Network  
<http://www.gdin-international.org/home.html>

## **TRAINING CENTERS AND COURSE INFORMATION**

**Columbia University**, New York, NY, USA. Short term course on public health in complex emergencies and semester course on psycho-social issues/interventions. [www.icmh.ch](http://www.icmh.ch)

**Disaster Mental Health Institute, University of South Dakota.** One of goals of Institute is to “provide training in disaster mental health for mental health professionals interested in and involved in this emerging field of psychology.” Undergraduate Minor in Disaster Response, Major Area of Concentration in Disaster Response for Psychology Majors, Doctoral Specialty Track in Clinical/Disaster Psychology, Graduate Certificate in Disaster Mental Health). ([www.usd.edu/dmhi/coe/education.html](http://www.usd.edu/dmhi/coe/education.html))

**Grupo de Accion Comunitaria and the University Institue Rafael Burgaleta (Universidad Complutense de Madrid).** Diploma in Mental Health in Political Violence and Catastrophe organized by the It is an on-line 300 hour Diploma to be held in Spanish from January to November 2001 thought for Latin America culture and reality. Contact: [gac@org.arrakis.es](mailto:gac@org.arrakis.es) <http://www.eurosur.org/~gac/persenta/index.html>

**Humanitarian Assistance Training Inventory (HATI)** includes descriptions of training materials and activities offered by UN agencies, Red Cross/Red Crescent Movement, IGOs, NGOs, Bilateral Aid agencies and academic an training institutions. ([www.reliefweb.int/training](http://www.reliefweb.int/training)) Additionally there is an ECHO grant facility for Training,

Studies and Networks in the Humanitarian Field for 1) training initiatives; and 2) studies and networks in the humanitarian field (see web-site posting for further information)

**McGill Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University**, Montreal, Quebec, Canada. Research in training in the following areas: Social Psychiatry including: psychiatric epidemiology, social causes and consequences of psychiatric disorders, psychiatry in primary care, social treatments, rehabilitation and prevention strategies and evaluation services. And Cultural Psychiatry including: mental health of indigenous peoples, ethnocultural minorities, immigrants and refugees, international community mental health, indigenous healing practices, ethnopsychology and ethnopsychiatry and cultural critique of Western psychiatric theory and practice.  
[www.mcgill.ca/psychiatry/transcultural/html](http://www.mcgill.ca/psychiatry/transcultural/html)

**Network on Humanitarian Assistance Course (NOHA)** in Brussels. A three-week module entitled SOS Sante. <http://europa.edu.int/en/comm/echo/echonews/12.html>

**Oxford Brookes**, MS in Development Practices with a concentration in Complex Emergencies, International Humanitarianism, Refugees and Displaced People, and Urban Development. [www.multidb.com/interactiontraining/](http://www.multidb.com/interactiontraining/)

**Peace and Development Centre (PDC)** Geneva, Switzerland, Founded by Johan Galtung, Course guide. Advanced Professional Certificate. Training Calendar for 2000 included courses on PTSD and Reintegration of Combatants. Description of courses is available from center. Contact: Peace and Development Center (PDC) of Geneva, Villa Moynier, 20B rue de Lausanne, 1202 Geneva, Switzerland, Telephone: (+41 22) 9000 820, Fax: (+41 22) 738 4012, Email: [info@peacetraining.ch](mailto:info@peacetraining.ch), <http://www.peacetraining.ch/activities.html>

**Physicians for Human Rights. Courses on “Aiding survivors of Torture” and “Caring for Refugees”**. Taught in June 2000. Contact Natalie Audage: [naudage@phrusa.org](mailto:naudage@phrusa.org) or refer to [www.phrusa.org](http://www.phrusa.org)

**Tizard Centre, University of Kent**. European MA in Migration, Mental Health and Social Care. It is a part-time course over a two-year period and includes modules on the social and mental health care needs of minority ethnic groups and refugees, transcultural psychiatry and service provision for refugees. The course is run in conjunction with the Universities of Utrecht, Netherlands and Orebro, Sweden. It is aimed at refugees, mental health professionals, managers, social workers and members of voluntary organizations involved in the provision of services to ethnic minority groups and/or refugees. Contact: Dr. Charles Watters or Lucy Williams at the Tizard Centre, University of Kent, Tel: 00 44 (0) 1227 82771. For further information: [www.ukc.ac.uk/tizard](http://www.ukc.ac.uk/tizard)

**University of Melbourne . Graduate Diploma in Mental Health Sciences** (Transcultural Mental Health). The syllabus (including issues to be addressed, essential readings) is included on website. [www.ccs.unimelb.edu.au/graddip/](http://www.ccs.unimelb.edu.au/graddip/)

## DATABASES

**InterAction’s Disaster Reponse Training Database**. Courses indexed by name of institution and topic. <http://www.multidb.com/interactiontraining/>

## CURRENT RESEARCH

Psychosocial research being undertaken by Dr. Lorraine Majka at University of Pennsylvania, [lmajka@hotmail.com](mailto:lmajka@hotmail.com) and [lmajka@midway.uchicago.edu](mailto:lmajka@midway.uchicago.edu) (information from her is forthcoming)

For Studies Concerned with mental health  
See Resource Centre: Applied Health Research in Emergency Settings  
[www.who.int/eha/resource/pubs/Resinvent/mhealth.html](http://www.who.int/eha/resource/pubs/Resinvent/mhealth.html)

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