

THE CHILDREN'S RESILIENCE PROGRAMME
Psychosocial support in and out of schools



Understanding children's wellbeing

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

 **Save the Children**

Booklet 1: Understanding children's wellbeing

IFRC Reference Centre for Psychosocial Support
c/o Danish Red Cross
Blegdamsvej 27
DK-2100 Copenhagen Ø
Denmark
Phone: +45 35 25 92 00
Mail: psychosocial.centre@ifrc.org
Web: www.ifrc.org/psychosocial

Save the Children Denmark
Rosenørns Allé 12
1634 Copenhagen V
Denmark
Phone: +45 35 36 55 55
Mail: redbarnet@redbarnet.dk
Web: www.savethechildren.dk

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Editors-in-chief: Anne-Sophie Dybdal and Nana Wiedemann
Authors and editors: Pernille Terlonge, Tina Juul Rasmussen and Wendy Ager
Contributors: Annemette Danielsen, Ferdinand Garoff, Johanne Brix Jensen and Louise Vinther-Larsen
Coordination: Martha Bird
Production manager: Lasse Norgaard

The Children's Resilience Programme, available as a resource kit in English and French, comprises:

Booklet 1: Understanding children's wellbeing,
Booklet 2: Programme manager's handbook,
Facilitator handbook 1: Getting started,
Facilitator handbook 2: Workshop tracks.

The resource kit is available online on www.ifrc.org/psychosocial and www.savethechildren.dk

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Foreword

It is with pleasure that we present this resource kit for planning and implementing children's resilience programmes. This material has been developed through cooperation between the International Federation of Red Cross Red Crescent Societies and Save the Children. It builds on our experiences with psychosocial support and child protection in emergencies, and draws on lessons learnt from both organizations as well as from local and international partners and UN agencies. With this material we aim to contribute to the on-going effort to deliver quality programmes for and with children, to create lasting change and improve the lives of children and their caregivers.

We acknowledge the tremendous assistance we have received in developing this programme and hope it will be a useful resource in strengthening children's wellbeing worldwide.



Nana Wiedemann
IFRC Psychosocial Centre



Mimi Jakobsen
Save the Children Denmark

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Introduction

Children face various challenges in our world today. How children cope in very difficult circumstances and how resilient they are depends on a wide range of factors. 'Understanding children's wellbeing' has been written for people who take care of children in difficult circumstances, looking at how children react to crises and how to help them.

This booklet can be used as a stand-alone resource or as part of the children's resilience programme. It has been written for parents, teachers, community workers, trainers – both those people who are directly caring for children and those who are supporting or training others in their work with children. It looks at psychosocial support and child protection, and describes how activities in the children's resilience programme can be used both within formal school settings and out of school in all kinds of child friendly spaces.

'The Children's Resilience Programme – psychosocial support in and out of schools' is a joint initiative of Save the Children and the Reference Centre for Psychosocial Support of the International Federation of Red Cross and Red Crescent Societies. It has been developed for organizations involved in planning and implementing psychosocial interventions with groups of children and their caregivers. In addition to this booklet, the resource kit has two handbooks with structured workshops for children affected by abuse and exploitation, armed conflict, disaster, or living in communities with high rates of HIV. The kit also has a handbook for programme managers and an electronic activity bank.

For more information about the resource kit and how to order it, please see details on p. 2.

Children's safety and wellbeing

Children are especially in need of care and protection when faced with very difficult circumstances. Whether children find themselves caught up in a natural disaster, for example, or in an armed conflict or are affected longer term by HIV within their community, it is vital to focus on the needs and wellbeing of children. At all stages of a crisis situation, children are particularly vulnerable – it is unfortunately the case that crises increase children's risk to neglect and exploitation and other types of harm. This is why the protection of children is integrated into the activities of the children's resilience programme.

How children cope in difficult circumstances and how resilient they are depends on a wide range of factors. These include their family and life circumstances, their sense of belonging and acceptance within a community, as well as their age and gender. Sometimes children who have gone through extremely difficult times need particular care and support to help them cope and recover. Helping children at a certain point in their lives can help them resume everyday activities, and strengthen their ability to cope, which



Child

The word 'child' refers to every person below the age of 18 years, unless adulthood is reached earlier, under the national law applicable to the child. The International Convention on the Rights of the Child states that children have a right to education, safety, security and protection.

can help to prevent negative long-term psychosocial consequences. This is what this booklet and the children's resilience programme is about.



Louise Dyring/Save the Children

The children's resilience programme focuses on situations where children are especially in need of care and protection.

What is psychosocial support?

Psychosocial support focuses on the social and psychological aspects of people's lives. The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimension of a person and how these interact. The psychological dimensions include internal, emotional and thought processes, feelings and reactions. The social dimensions include relationships, family and community networks, social values and cultural practices.

Psychosocial support involves strengthening the systems that provide protection to children. This means improving the capacity of the adults including parents, teachers, local leaders and government representatives, who are all 'duty bearers' – to respond adequately to children's needs

and to their right to protection from abuse, neglect and harm. The section on child protection looks in more detail at what helps children in these circumstances and how psychosocial support can potentially shield children from harm and distress.



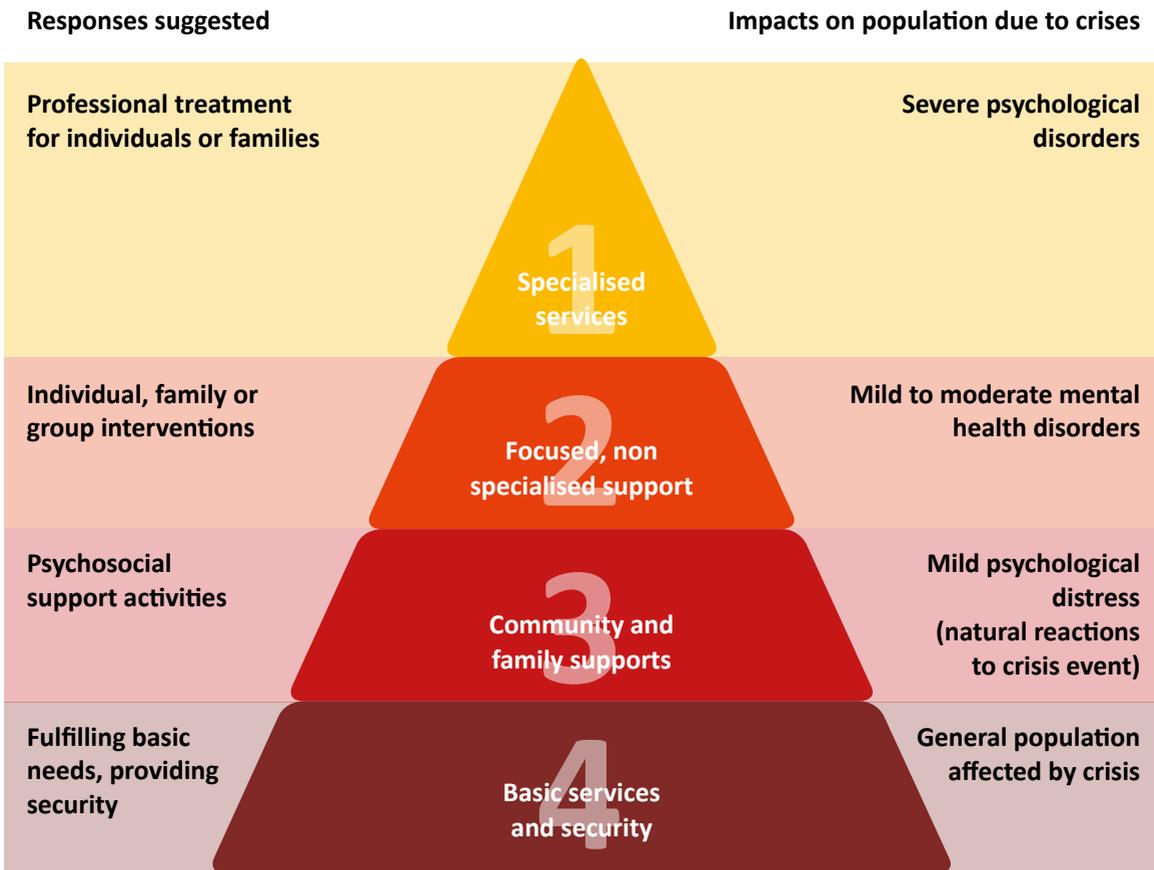
Louise Dyring/Save the Children

! **COMMUNICATING WITH CHILDREN**
 Children caught up in crisis events need information. They need to know what has happened and why, in order to rebuild understandings about the world and themselves. Encourage caregivers to talk to children about what has happened, if the children actively seek information.

Children, as well as adults, react in different ways to stressful events and crises. Although entire communities are affected by crisis events, very few people usually need specialised services because of severe reactions. Most people can be helped through the provision of basic services and security, including psychosocial support.

The pyramid below illustrates a layered system of complementary supports. The layers represent the different kinds of support people may need, whether at times of crisis, at an early stage of recovery or in the on-going situations of distress experienced by people over many years.

Mental health and psychosocial support services



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

All the resources in the children's resilience programme are aimed at providing support at levels 3 and 4. This means that the psychosocial support activities are open to any child who has been impacted by a crisis. Specialised or focused services for children are not covered in this booklet. However information is given about making referrals where these are needed.

The three domains of skills and knowledge, emotional wellbeing, and social wellbeing provide a good framework for understanding how psychosocial programmes and activities can impact children's wellbeing, for example:

Skills and knowledge

- learning how to resolve conflicts
- improved peer communication
- making good choices

Emotional wellbeing

- hope for the future
- sense of control
- self-worth

Social wellbeing

- ability to interact
- solve problems with others
- sense of belonging to a community

Activities that provide psychosocial support are many and varied. Some examples are: psychological first aid after a crisis (comforting and listening to the affected person), support hotlines, discussion groups, visiting services, practical courses on reactions to crises, activities in and out of schools (where children can play and regain trust and confidence), and vocational training.

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COMMUNICATING WITH CHILDREN

Encourage children to ask questions and let their questions be the guide. It is important to give children age-appropriate, honest explanations and reassurances about their situation.



Tunisian Red Crescent

Psychosocial support activities vary according to the needs of the affected population.



With Different Eyes

'With Different Eyes,' conducted in Bam, Iran, after the earthquake, is a good example of children regaining self-esteem and a feeling of control. Fifty-five children participated in a photography workshop where they had the opportunity to demonstrate their perspectives of and feelings about the disaster. Their photos and words were published in a book.



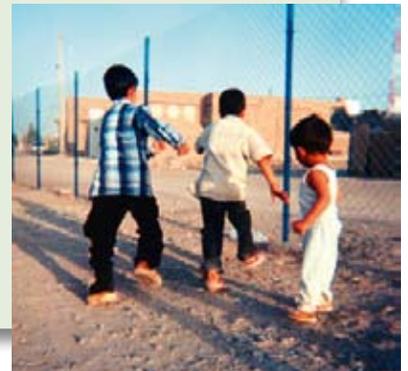
"I took a photo of my brother. Since the earthquake, he always sits inside the tent feeling upset. He thinks of the people who lost their lives and sometimes even cries for them. I had a bad feeling when I took this photo. I feared that our situation would always be the same. I hope that Bam will rebuild stronger than before, within two years."

Ayoub Pourjamshidi, 11 years old.

"I took a photo of my camp. I saw that the children in the camp were happy and playing. So I took their photo to show their happiness. At that moment, I felt hope for the future, wishing to see more and more children playing. I know that we will have a good future and that people will continue to work for a better life. I have not lost any of my immediate family, but too many relatives."

Saideh Amandadi, 12 years old.

Iranian Red Crescent and the IFRC, 2004.



The two facilitator handbooks and the electronic activity bank in the children's resilience programme provide many varied activities to promote children's wellbeing in the three domains. These activities can be carried out in schools or other settings where groups of children can meet regularly. The box on the next page presents one of the activities from Facilitator handbook 2: Workshop tracks.



COMMUNICATING WITH CHILDREN

Say positive things, such as:
 "You are good at lots of different things..." or "I can see you have done your best..." rather than saying negative things, such as:
 "You are no good at..." or
 "You always fail at...."

8.3 What happened to our community?



To encourage the children to share their experiences, through telling the story of what happened to their community as a result of the disaster.



Space for group work.

Ask the children to make groups of four or five.

Explain that they will now have about 10 minutes to prepare a silent story that they have to mime to the other groups. It should be about three to five minutes long, telling the story about something that happened to the community as a result of the disaster.

After 10 minutes, ask each group to show their silent story. Ask the children who are watching to try to put words to the story as they are watching the mime. At the end of each group's story, take some time to talk about what the group did. Ask questions to stimulate talking, such as:

What happened? Who did what?

What were the feelings of the people in the story?

Was this something that happened everywhere in the community or only in some places?

What do you think could be done differently if it happened again?

Complete the activity by asking the questions below:

What was it like doing these mimes?

What has it made you think about, in terms of your community and the impact of the disaster?

Developed for this resource kit.



Tomas Bertelsen/Danish Red Cross

Children performing a role play to show what happened to them during a crisis.

Psychosocial support and resilience

Resilience refers to the ability to react or adapt positively to a difficult and challenging event or experience. It is the ability to bounce back or to get through difficult experiences in a positive way.



Anne Kari

Friendships are very important sources of support for all children.

Although children are very different from one another, there are certain factors and capabilities in children's lives that have been shown to influence their level of resilience. These are called 'protective factors' which give people psychological 'cover' and help to reduce the likelihood of negative psychological effects when faced with hardship or suffering. Some examples of protective factors are:

Individual characteristics such as self-esteem, having healthy interpersonal communication skills and positive relationships with caring adults.

A positive family environment that provides affection, love, care, support, positive interactions, discipline, fairness and positive role models.

Friends who are good role models and a source of fun and acceptance.

A positive school experience where teachers and mentors are supportive. This promotes children's overall wellbeing by giving them opportunities for achievement, and improvement in skills, knowledge and confidence.

A healthy community plays a crucial role in providing acceptance and protection and in promoting growth and development through the participation of children as valued members.



'Psychosocial support is the process of facilitating resilience within individuals, families and communities.'

The International Federation of Red Cross and Red Crescent Societies: IFRC Psychosocial Framework of 2005-2007.



Separated – and reunified

In the Democratic Republic of Congo, thousands of people have fled their homes because of fighting. And while fleeing, children often become separated from their parents. Alone, they follow groups of adults, as they don't know where to go. Also many children and young people have been recruited into armed groups.

Jibu was only five years old when he was separated from his parents when they fled the fighting in their village. Jibu stayed in a foster family. Save the Children found his parents and after two years of separation Jibu was reunified with his father. "I'm happy to go back home. I'm also sad to leave Mum (his foster mother) because she is very kind to me. Once I'm home, I'll tell my parents to take me back to visit Mum. I will miss my friends too."

Jibu's father never thought he would see his son again. "I can't describe my feelings and surprise when one day, two weeks ago, one of your people came to tell me that you've found my Jibu. I couldn't believe that my son was alive. He looks healthy and has grown up. I swear that I'll never ever be separated from my son again."

Save the Children



Louise Dyring/Save the Children

Children generally benefit from attending school. Apart from educational benefits, the school environment can boost children's sense of achievement and confidence and thereby their wellbeing, if the teachers and parents are supportive. Children attending school are also less likely to be exposed to trafficking or recruitment into armed groups etc.

Community-based psychosocial support

All aspects of people's lives are affected by the social and cultural norms and practices of their community. And so, the effects of crisis events, ways of dealing with loss and grief and modes of coping can vary from culture to culture, even from village to village or family to family. The loss of family members, the possibility of permanent disability or dealing with psychological shock, for example, are all likely to be interpreted in a wide variety of ways. Any intervention must build on an understanding of existing norms in order to succeed.

The community should be involved as much as possible in identifying problems, discussing solutions and deciding on what concrete activities to carry out. Using the community's knowledge, values and practices, psychosocial responses are more likely to be meaningful and effective. A greater level of accountability and ownership may also be achieved. Ownership gives people a stronger feeling of self-worth, importance and influence.

Psychosocial support in and out of schools

In school

Schools have been found to be ideal settings for providing psychosocial support in many countries, both as the entry point to the community and for assisting children following a crisis event.



During Cyclone Sidr in Bangladesh, children contributed to the emergency response by identifying vulnerable children in their communities and organizing the distribution of non-food items, as well as organizing activities in child friendly spaces. [Save the Children, 2007.](#)

As an entry point to the community, schools are often centrally placed, accessible venues and as institutions are highly valued in communities. Teaching staff are usually highly respected and their engagement in psychosocial activities frequently mobilises the participation of parents and other community members in the psychosocial response.



Rob Few, Freelance/IFRC

Psychosocial support activities can be integrated into the school curriculum and everyday practice.



Till Mayer / IRC

! COMMUNICATING WITH CHILDREN

Supportive communication with children means acknowledging their feelings about a situation; taking one's time when responding and really hearing the whole story. Communicate at the child's own level, and gently encourage them to talk about their experiences and feelings at their own pace.

Enabling children to return to school is a crucial part of normalizing life after a crisis event. It restores some predictability in daily routine, reconnects children to other children and to teachers, and provides a context within which children can process the experiences they have just been through. As teaching staff may often be burdened by dealing with losses and disruption in their own lives, it is good practice to help them too, which in turn will enhance their potential to support their students.

✓ Many schools and villages in the Ayerawady Delta embarked on psychosocial social programmes to help people overcome the impact of Cyclone Nargis in May 2008. Staff and volunteers from the Myanmar Red Cross paid regular visits to parents who had lost their children, they organized games and events for entire villages and they trained teachers, monks and community leaders in psychosocial support. In one school one of the teachers invented a new song where the children sang louder and faster and drummed harder and faster on their tables for each verse. The idea was to show them that they were in control and could make more noise than the sound of heavy rain on corrugated iron sheet rooftops which scared many children during the months after the cyclone.

Myanmar Red Cross, 2008

If education is conducted and organized well, it will provide a safe and secure environment that ensures:

- routine and structure
- focus and hope for the future
- activity and stimulation
- interaction with friends
- support from teachers.

Schools also play a vital role in the protection of children. Education often provides an alternative to being recruited to fighting forces or exploitation. Care must be taken that schools are safe and secure. Teachers can play a significant role as role models who children can trust.

As the case study about teachers in Yogyakarta in Indonesia shows, teachers also gain from engaging in psychosocial support and protection of children. Research has shown that teachers use a more child-centred approach as a result. This in turn can lead to improved relationships between teachers and students.

Schools are also the place where children find new friends and play with other children. Close friendships are extremely important in fostering empathy, trust, intimacy and confidentiality.



In Yogyakarta, Indonesia, teachers reported that the training and support they received as part of the psychosocial intervention run by Indonesia Red Cross after the earthquake in May 2006, helped alleviate their own sense of distress, whilst also improving their interactions with students. An evaluation in 2008 found that the programme was viewed very positively by teachers who felt it had improved their relationships with their pupils through changes in practice and attitudes, new perspectives and confidence. Disaster preparedness activities appear to have reduced anxiety and simulations were highly appreciated.

Indonesia Red Cross, 2008.



Jakob Dall/Danish Red Cross

Teachers may also be in a position to identify and to report cases of domestic violence or child abuse. In emergencies schools can register children who need particular follow up, protection or support from specialized services, such as mental health clinics. It is recommended that staff and volunteers are trained to identify children with special needs.

Out of school

It is also possible to run structured activities outside traditional school settings. Child friendly spaces are widely used in emergencies as a first response to children's needs and an entry point for working with affected communities. As they can be established quickly and respond to children's rights to protection, psychosocial wellbeing, and non-formal education, child friendly spaces are typically used as temporary supports that contribute to the care and protection of children in emergencies.



Save the Children

Psychosocial support activities can be run in safe, out of school settings.

They also serve as a bridge to early recovery and to longer term support for vulnerable children. Although different agencies call these spaces different things – child friendly spaces, safe spaces, child centred spaces, child protection centres or emergency spaces for children – the idea and purpose is the same: to help children deal with crisis events and promote positive coping by creating safe spaces where they can play, learn and feel supported.



Sense of place

The main impact of a crisis event is often a devastating feeling of 'loss of place' – grief, displacement, disorientation, anger and alienation. In this context the school represents a physical and emotional space which children are familiar with. If school buildings are destroyed or not accessible, re-establishing teaching activities in another interim setting will carry the same meaning. The structure with meaningful activities eases pain, relieves tension and promotes a sense of place, not only for children but for the entire community. Whereas 'loss of a sense of place' leads to psychosocial distress and confusion, the 'reestablishment of a sense of place' leads to increased psychosocial wellbeing. School-based psychosocial support activities therefore help children re-establish a 'sense of place' and overcome losses following a crisis.

J. O. Prewitt Diaz, and A. Dayal. A Sense of Place: A Model for Community-Based Psychosocial Support Programs. The Australasian Journal of Disaster and Trauma studies. Vol. 2008-1.

In summary, child friendly spaces aim to:

- provide opportunities for children to play, acquire skills, and receive social support
- mobilize communities on issues of protection and promotion of wellbeing of all children, including highly vulnerable children.



Louise Dyring/Save the Children



Children's Clubs

"My aunt beats me, when I ask if I can do my homework instead of doing the dishes. And at school my teacher beats me when I haven't done my homework. But I WANT to go to school. It is my right, you see!"

14-year old Jeneba lives in Gray Bush, one of the many slums in Freetown, Sierra Leone. Every Saturday afternoon she attends the local children's club, established by Save the Children. Here children get to meet and talk about their problems, learn about their rights, play and form friendships.

Children's clubs help children who have experienced natural disasters or conflict. The clubs are open to all, including the most vulnerable, and help the children share their experiences, and give them back a sense of normal life. The clubs are useful in communities where many children do not attend school or where their rights are not respected. Here they may learn important life skills that they do not learn at school or at home. The clubs also help children to understand their rights and to gain the confidence to play a part in making decisions with the adults in their communities.

In Sierra Leone some children experienced stigma as a result of being involved in the war, and the children's clubs helped them to rejoin society and be accepted again. Children's clubs teach children to value everyone in society and to respect each other.

[Save the Children](#)



Children say...

"The time just after the earthquake was terrible. We lived in a camp where it was freezing. And my sister was dead. I became more happy when the school in the camp started. It is nice to be with the other children and I like the teacher. It is good to have something to do every day."

7 year old boy in Pakistan after the earthquake in 2005.

"The best thing was when the schools opened again. And being part of this programme has helped me a lot. Now I can stand in front of a group and say something without being afraid. We have also been down to the beach, to look at the ocean again. Before, nobody dared to go down there. Now we are not afraid anymore. We have also made a plan for what we should do if a big wave comes again – but I still get a little nervous when the weather gets stormy. I don't think I will ever forget what happened when the tsunami came. All children should be able to be part of a programme like this. I have been a lot happier since I took part in it."

Girl in Banda Aceh after the tsunami of 2004.



Jakob Dall/Danish Red Cross

Child protection

Violence against children can occur in many settings: homes, schools, orphanages, religious institutions, prisons, hospitals and refugee camps. When an armed conflict or a disaster occurs, children are at increased risk of being subjected to violence from family and community members, as well as from outsiders. It is important to understand that these special risks can compromise children's psychosocial wellbeing.

The impact of crisis events and difficult circumstances on children depends on:

- the nature and duration of the event, whether it is an ongoing conflict or a crisis event like an earthquake, typhoon, tsunami
- whether the crisis is seen as life threatening or not
- the effect and severity of the crisis, including whether the child has suffered physical injuries, lost loved ones or witnessed injury, abduction or death of loved ones
- the resilience of the child
- the presence of and access to a functioning child protection system
- the resources and capabilities of families to meet the child's needs.



The inter-agency agreed definition on Child Protection (in Emergencies) CP(iE) is 'the prevention of and response to abuse, neglect, exploitation and violence against children (in emergencies).'

Child Protection Working Group (CPWG) 2010



Difficulties in the family

A child's safety and wellbeing is threatened if:

- there is conflict between parents or caregivers
- children are exposed to violence or exploitation within the family
- parents or caregivers are ill (mental or physical, substance abuse etc.)
- parents are suffering extreme stress or anxiety
- there is child abuse (physical, sexual, verbal or emotional abuse or neglect)
- parenting styles place the child at risk e.g. by being over-protective, being too lenient or too strict, or burdening the child with excessive responsibility.

Children are more vulnerable to abuses of power than adults, due to their age, size, lack of maturity, lack of experience, limited knowledge and dependency. Children therefore need protection.

Generally, children are always at increased risk in difficult situations. However, their vulnerability is often increased in the immediate aftermath of a disaster or a sudden conflict. In the chaos that follows, children may be lost and separated, moved from family to family or hospital to hospital, placing them at much greater risk to abuse of all kinds.

Threats may include:

- emotional abuse
- physical abuse including family violence
- sexual abuse including rape, mass rape and other forms of exploitation
- commercial exploitation (hazardous child labour)
- harmful practices
- trafficking, abduction for labour or sex
- recruitment into armed forces or groups
- maiming, injuries, death
- family separation
- detention
- forced migration.

Adapted from Canadian Red Cross: RespectED and Child Protection in Emergencies: Priorities, Principles and Practices, Save the Children 2007.

Although all children live with some risk of experiencing violence and other threats, some children are at higher risk than others and are in special need of protection and advocacy. These include unaccompanied children, children with disabilities and children living in institutions. Vulnerable children may need to be a special focus for a period of time, but care is needed not to reinforce stigma or difference.



Jakob Dail/Danish Red Cross

Children are a particularly vulnerable group and need protection from harm.



Particularly vulnerable children

- Unaccompanied, separated or orphaned children
- Children in institutions
- Children without birth registration
- Children in conflict with the law
- Children living in absolute poverty
- Working children
- Children without access to education
- Children with disabilities or special needs
- Marginalized children
- Children in emergency settings
- Child mothers
- Adolescents
- Child-headed households
- Children with severe emotional and social reactions



Louise Dyring/Save the Children

Violence, abuse and exploitation of children

Child abuse is any form of physical, sexual or emotional mistreatment or lack of care that causes harm to a child. Different types of child abuse include: family violence, emotional abuse, physical abuse, neglect and sexual abuse. Abused children most often experience a combination of different forms of abuse and neglect.

Violence against girls and boys is a widespread problem. It is present among all ethnic groups and all communities in most cultures and countries. Incidents of violence and abuse often increase after disasters and in situations of armed conflict.

Recruitment into armed groups and forces In situations of armed conflict, children are regularly recruited into armed forces or groups. This may be forced or voluntary, and children take on a range of roles including fighting, acting as spies or messengers, cooks and porters, and for sexual purposes. Recruitment exposes children to a number of extreme risks, such as death, physical injury, psychological damage and sexual abuse. Return to civilian life can pose many challenges for both children and communities. Psychosocial programmes have proven a good entrance back into society.

Family violence is any action that causes physical, sexual or emotional harm to another person in the family, including hitting, humiliating, or isolating someone. Alcoholism, substance abuse, aggressive behaviour and a belief that violence is an acceptable way to relieve stress all contribute to increasing the risk of family violence. Children who witness violence between family members may learn that violence is acceptable and that hitting someone smaller and weaker can be tolerated. This can lead to bullying among children. Other children may be very impacted and even traumatized by the violence.

Emotional abuse consists of constant attacks on a child's self-esteem. It is psychologically destructive behaviour by a person in a position of power, authority or trust. While physical scars may heal, emotional hurt may continue to cause pain long after the abuse. Emotional abuse may be about rejecting or ignoring, refusing to acknowledge, hear or support a child, or to deprive a child of essential emotional needs. Emotional abuse can also involve degrading the child through insults, criticism, mockery, imitation or name-calling. Isolating a child from others and cutting him or her off from normal social experiences is also emotional abuse. Another form is to terrorize (coerce or intimidate a child into extreme fear) or to corrupt through constantly displaying or encouraging anti-social, harmful or illegal behaviour.

Physical abuse occurs when a person in a position of power or trust purposefully injures or threatens to injure a child, for example through hitting, shaking, burning, slapping, or kicking. Physical abuse is usually connected to physical punishment and may be confused with physical discipline.

Children who have accidents in the course of everyday activity often get bruises or wounds in areas such as the forehead, knees and elbows. Children who are physically abused often have bruises and cuts in unusual or unexpected areas, such as on their back, face and side of their head, buttocks, upper thighs, lower legs, and lower abdomen. One suspicious bruise does not necessarily mean abuse is occurring, but a pattern of suspicious bruising can indicate abuse.

Neglect is the conscious failure to provide for children's basic needs, such as shelter, nutritious food, adequate clothing, education, medical care, rest, a safe environment, exercise, supervision, and affection or care. The need for healthy, caring attention begins before birth and lasts until a child becomes an adult. Denying children their basic physical and emotional needs at any stage of childhood can have strong negative impacts,



Unaccompanied and separated children

Unaccompanied children are those who have been separated from parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children are children who have been separated from parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives.



Talia Frenkel/American Red Cross

including poor development, poor health and even death. However, neglect is not to be confused with poverty-related lack of access to health services, education etc.

Sexual abuse occurs when an older or more powerful child, adolescent or adult uses a younger or less powerful person for sexual purposes. Children and youth are unable to give consent to a sexual act with an adult because they do not have equal power or equal knowledge or because they are afraid of or dependent on the adult. Sexual abuse betrays

trust; it robs children of their childhood. When the perpetrator profits economically or socially from the abuse, it is called sexual exploitation. Child sexual abuse falls under two categories: contact and non-contact.

Perpetrators of abuse are most often somebody the child trusts and knows, and it is common that children protect them and struggle to keep the abuse a secret. In many cases nobody intervenes, with the result that the child remains dependent on the person hurting him or her.

Perpetrators of abuse often use a process called grooming to make the child dependent on them. Grooming starts by the perpetrator pretending to be a friend. After the person has made a connection, they will take the first step to engage in sexual acts. They will convince the child that everything is normal. They might give gifts. They

might say things like, "This is our secret – no one else should know." They might threaten to hurt the victim or the victim's family and say that it is the child's fault.

Children's reactions to violence and abuse

Children may not talk about abuse they have experienced because they might be frightened or try to pretend it is not happening. They may be taught to believe that abuse is normal, or they may be in denial. When a child still likes or loves the person who is hurting them, this might also make it more difficult to tell. She or he might think it is their own fault, and therefore not want to tell or be embarrassed and ashamed. Children might also fear that they will break up the family or get into trouble. They may not realize what is happening is wrong or they may simply not know whom to tell.

Children who have experienced abuse from a caregiver or someone else they trusted tend to have ambivalent emotions towards this person. This means that anger and an urge for revenge as well as a feeling of love and loyalty for the perpetrator may be present at the



Sexual abuse

Sexual abuse through contact:

- Touching the child's sexual areas
- Forcing the child to touch another's sexual areas
- Holding or embracing the child in a sexual manner
- Having sex vaginally, anally or orally
- Torturing the child sexually
- Using objects to sexually penetrate a child's body.

Sexual abuse through non-contact:

- Showing the child pornography
- Forcing the child to watch sexual acts, listen to sexual talk, or look at the sexual body parts of another person
- Forcing the child to pose for seductive or sexual photos or videos
- Teasing about sexual body parts
- Making the child the object of unwanted watching
- Subjecting the child to intrusive questions or comments.

Canadian Red Cross: [RespectED](#)

same time. It may be more difficult for the child to express his or her feelings of anger, compared to when the perpetrator is a stranger.

A child's ability to engage in trusting relationships may be seriously damaged, having been the subject of abuse. Much sensitivity and patience will be needed to help such children to bond again with trustworthy and responsible adults.

Children's reactions to stressful events

Children's ways of reacting to stressful events are often different from those of adults. These differences need to be recognized and taken into account when providing assistance to children.

Some children become withdrawn and are unable to talk about the event or suffer periods of denial, acting as if the event has not occurred. Others are not able to stop talking about the event or playing parts of the stressful experience over and over again. Children are often confused about the facts and their feelings and might need help in understanding. Stressful events disrupt their beliefs in a trustworthy and predictable environment and children may need some time in order to regain this trust. However, with adequate support most children will be able to continue their development in a healthy and positive way.

Children have the same emotions as adults, but may express them differently. Reactions depend on their developmental stage (see the box on the next page). Children may experience strong visual images of the events, display repetitive behaviour which may be re-enacted through play or have trauma-related fears and changed attitudes towards people and life.

Children can have very strong reactions to seeing images of a frightening event in the media. Watching TV news of a hurricane or earthquake, for example, weeks after the actual event can cause children to feel very afraid that it is all happening again.



Details that matter

Veenu and her friend, both 7 years old, were victims of a hostage taking. After this experience they do not want to go to school alone any more. Parents in the neighbourhood take turns accompanying the children to school. The girls are happy with this arrangement, except when one of the fathers takes them. Listening to the children talk about their fears, the volunteers realize that this man walks behind the girls, which reminds them of the hostage taking. After suggesting he walk in front of the girls, the problem is solved. [Red Cross Red Crescent Societies operations in the field.](#)



Common stress reactions related to different age groups

Babies (birth to 2 years)

Even though small children do not have words to describe an event or their feelings, they can retain memories of particular sights, sounds or smells. They may cry more than usual, be clingy, irritable, passive or emotional.

Toddlers (2 to 6 years)

Pre-school children often feel helpless and powerless after a crisis. They typically fear being separated from parents and revert to behaviour like thumb sucking, bedwetting or fear of the dark. Play activities may involve aspects of the event that has been experienced, where the child enacts the event over and over again. Some young children show signs of denial and withdrawal.

Young children (6 to 10 years)

The older child is able to understand more complicated issues. This can result in a wide range of reactions, such as guilt, feelings of failure or anger that the event was not prevented, or fantasies of playing rescuer. Their behaviour may appear moody as they attempt to deal with increasing feelings of inadequacy and the need to establish control. Some children want to talk about the event continually.

Teenagers (11 to 18 years)

Adolescents may show responses similar to those of adults. Isolation, irritation, rejection of rules and aggressive behaviour is common. Some teenagers may become involved in dangerous, risk-taking behaviour, such as reckless driving, alcohol or drug abuse, self-harm and may develop eating disorders. Others become fearful.

Impact on schooling

Children usually show a decline in performance in school and work tasks, or they become perfectionists, trying harder and harder to be perfect in order to avoid the previous consequences.

Children's grief reactions

Children have an understanding of death as something irreversible, universal and inevitable, and show clear signs of grief at a very young age. Babies at about 6 to 8 months of age begin to show grief, when separated from the caregiver for a sustained period of time, e.g. looking for the caregiver, exhibiting despair or resignation. Babies younger than 6 to 8 months may not show grief, but they may show other signs of distress such as irritability, sleeping or eating disorders. They may not specifically look out for the person who they have been separated from, but they may show stress reactions, when common routines with their caregivers are suddenly disrupted.

Children have the same type of emotional reactions to loss as adults, such as shock, anger, sadness, guilt, anxiety, fear, etc. Nevertheless, from an adult's point of view, children's grief reactions may sometimes look strange as children's grief may be abrupt and not continuous. Children may switch abruptly from intense grief reactions to play and having fun. Young children often cannot verbalize their grief. It is more common for them to express their feelings through behaviour and play. Children may also show excessive anxiety when separated from parents or other significant caregivers.



A child's grief

Pedro, an eight-year-old boy, who lost his mother in a car accident, attends her funeral. He is standing beside the grave crying very intensely, when suddenly a small cat appears. Immediately he stops crying and begins to play with the cat while the funeral goes on. After everybody has gone, Pedro sits down at the grave and reads a bedtime story to his mother. He refuses to leave the graveyard until his uncle suggests that they can go and get a big candle to put on the grave.



Reuters



Ways to mourn

Birsan, a 10-year-old girl whose father committed suicide, did not attend the funeral. Several days later she writes a letter to her father and goes to the graveyard in order to bury the letter in her father's grave. Miguel, a 16 year old, spits from a very high bridge for a deceased friend whose wish had been to do this before he died.

Rituals help to 'keep contact' with the image of the deceased person as well as cope with guilt feelings. Something can be done for the deceased person, such as fulfilling a task he or she has not been able to do in his life.

Who protects children?

Children themselves can play a crucial role in their own protection if they have awareness and knowledge about wellbeing and protection. The family is usually the source of daily care and support and provides protection to children, if it is functioning well. In a stressful situation, children tend to look towards their caregivers for guidance about how to react. Younger children in particular look to parents and other family members for clues. Caregivers are children's main resource of security and in the aftermath of a crisis, children need their continuous guidance and care. They are often only doing as well as their parents. In such situations, one of the best ways to help a child is through helping the parent or caregiver.

The community is responsible for identifying and responding to children at risk. This may be through school, or a health clinic, or other local organizations. The overall legal framework developed by local and national authorities provides for children's protection and wellbeing in its laws, policies and standards.

Child protection involves 'measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children' (Save the Children 2007). It involves protecting children from different kinds of harm like physical violence, hazardous child labour, verbal abuse and any other situation where children risk being harmed. It should not be confused with the protection of all children's rights, which is the responsibility of everyone working with children.



Speaking up

"The father and mother of a family that lives near me were beating their children. So I went to see them at their home. The father told me to go away and that it wasn't my business, but I didn't leave and I told them that it wasn't right. At the beginning I was scared, but I felt I had committed myself to the school council so I had to do it. I think it is better for the children now, but there is no guarantee."

Establishing school councils as part of the 'Violence Free School' project in Afghanistan has provided children with a forum in which to speak. Just like nine year-old Azada from Mazar-i-Sharif in the Balkh Province did. She is part of her school's student council, a place for children to form opinions and influence their own situation. Other children, just like Azada, show bravery when required and it works. Children are listened to by grown-ups.

[Save the Children](#)

In planning and implementing any programme or activity to help protect children, there are at least three important priorities:

- prevention is crucial
- coordination between sectors is vital
- responses should be integrated to benefit all children.

This means that any existing local protection and psychosocial support mechanisms should be considered and referral pathways identified. This will ensure that the programme is integrated with the local child protection network.

Children's rights and needs

Working for children to have the best possible start in life and to ensure that children's rights are universally recognized is the most effective way to bring about positive and lasting change for children.

The International Convention on the Rights of the Child is an international framework for promoting children's rights adopted by the United Nations. The Convention is the most ratified convention worldwide. All countries but two are state parties to it. Once a state has ratified the Convention, the state is obliged under international law to do its utmost to realize all rights for all children in their jurisdiction.

Children are seen as 'rights holders' and child rights encompass every aspect of life, usually described under four general headings of:

- non-discrimination
- the best interests of the child
- the right to life, survival and development
- the right to participate.

In Facilitators handbook 1: Getting started, which is part of the resource kit for the children's resilience programme, you can find more information about children's rights as well as suggestions for workshops and activities.

Note that in some countries it is inappropriate to raise awareness of children's rights, especially if it is a context where many children's rights are not being met and their parents and caregivers are not in a position to change this situation. Raising awareness of unfulfilled rights may cause parents and caregivers to feel inadequate and frustrated, and this may have negative repercussions for their relationships with their children.

In this case, workshops that focus on children's needs can be organized instead. These workshops aim to raise awareness on what children need to be healthy and strong, how they can help each other achieve this, what support they can get from their community and what their own responsibilities are to keep healthy and strong.



Jakob Dall/Danish Red Cross

Raising awareness of children's rights should be done with care and sensitivity so as not to make parents and caregivers feel guilty if they are not in a position to fulfil all rights.

How to help children



The Sri Lanka Red Cross Society

Provide children with as much age-appropriate information as possible.

All activities and interventions should be based on the primary consideration of how children can best be helped, given the challenges they face. This final section gives general guidance about helping and communicating with children in difficult circumstances.

Provide information to children

Children caught up in crisis events need information. They need to know what has happened and why, in order to rebuild understandings about the world and themselves. Often, family members have the difficult task of talking to children about death and hardship. They may worry that they will make things worse. This is not unreasonable. Confronting a child with too many facts may be problematic. Especially when the child has been the victim of violence or sexual abuse, confrontation may be very harmful. However, problems may also arise if questions are not answered clearly. If things are left vague or indeed are not explained at all, then the child may lose trust in the adult and become silent or withdrawn.

If children actively seek information, take the time to talk with them and help them understand what has happened. At the same time, be very careful not to overwhelm children with information they have not asked for. Encourage the child to ask questions and let the child's questions be the guide. An environment should be established where the child feels safe enough to express his or her feelings.

It is important to give the child age-appropriate, but honest explanations and reassurances about loss. If possible, the child should be reassured that the family/group/community members will stay together and help each other to overcome the loss.

Observe the child

In order to recognize distress in children, you need to listen to them and observe their behaviour. Compare the child's behaviour to that of other children in the same setting. Is it the same as the behaviour of other children?

Observe the child at play:

- Does the child play in a way that is typical for his or her age?
- Does the child show a lot of anger, frustration, or fear?
- Is the child beginning to wet the bed again at night?
- Does the child cry a lot and cling to you or other people?
- Is the child withdrawn or aggressive?

Talk to the child about everyday things and observe how the child responds:

- Does the child listen and understand?
- Does the child's understanding seem appropriate to his or her age?
- Does the child appear upset and confused?
- Is he or she able to concentrate or respond to questions?

Talk with parents and other adults who know the child:

- Is the child behaving differently in any way?
- Has the child's personality, behaviour or outlook on life changed greatly?
- Do the adults think the child needs help?



Louise Dyring/Save the Children

Children often show they are in distress through their behaviour.



COMMUNICATING WITH CHILDREN

Show respect – do not shout or verbally abuse a child. Do not assume you know a child's opinion. Encourage and support a child's efforts and speak respectfully as you do to others – say "please" and "thank you." Listen to the child and look at the child when he or she is talking and pay attention.

Use supportive communication

When children experience stress in some way, they tend to become more vulnerable and may start behaving more aggressively or cling to their caregivers. Adults can tend to communicate with children in critical, negative tones. This approach will not help. Instead of responding to children as if they were being naughty or irritating, it is important to support them and focus on strengthening their self-esteem.

Children differ from adults in the ways they cope with their fears. It is therefore crucial to first understand the child's point of view. Create opportunities for children to express themselves. Explain that their reactions are normal and understandable under the circumstances.



Supportive communication

- is the key to opening doors to the child. A child who feels understood and supported tends to be more secure, confident and have a stronger sense of self-esteem – all of which are qualities that will help throughout life.
- is just as effective and important with teenagers and children, as it is with adults. If an adult listens to a child carefully and non-judgementally, this will support the recovery and growth of the child.
- with children includes acknowledging their feelings about a situation, really hearing the whole story and taking your time when responding. It also means not interrogating. Communicate at the child's own level, and gently encourage them to talk about their experiences and feelings at their own pace.

Do not make false promises; but try to re-establish the sense of trust and safety, which is so essential for children's wellbeing. Do not ask children to forget what happened or not to talk about their experience, but encourage questions. Children often have many questions that they may need to ask again and again. This requires patience and continued encouragement.



Supportive communication with children

Be positive

DO use positive supportive phrasing such as:

- “You are good at lots of different things...”
- “I can see you have done your best...”

DO NOT use negative phrasing such as

- “You are no good at...”,
- “You always fail at...”

Give clear and positive instructions

DO use ‘do...’ a lot more, and explain things simply and carefully so that you and the child have realistic expectations.

DO NOT use ‘do not...’ all the time.

DO NOT expect children to know how to do things on their own.

Show respect

DO encourage and support a child’s efforts, speak respectfully as you do to others – say “please” and “thank you.”

DO listen to the child attentively and look at the child, when he or she is talking and pay attention.

DO NOT put a child down verbally. Do not shout or verbally abuse a child.

DO NOT assume you know a child’s opinion.

DO NOT underestimate a child’s intelligence.



Jakob Dall/Danish Red Cross

Provide extra care and maintain routines

In the aftermath of a crisis event, children need increased care in order to regain trust. Caregivers should allow children to be more dependent on them for a period of time. Where this is possible, this may involve more physical contact than usual, not sleeping alone, having the light on, etc. It is important to give children time and opportunity to grieve and recover. Even behaviour more typical of younger children might need to be supported for a period of time.

Caregivers should maintain familiar daily routines in and around the home as close to normal as possible, as this will give children a feeling of security and control. Encourage children to continue their schooling.



© Suzanne Akasha/Danish Red Cross

Providing children with opportunities to express their views is important for their self-esteem and feeling of worth in their community.

Let children be active and participate

In very difficult circumstances children may feel especially helpless and vulnerable. The experience of being allowed to actively engage in the rebuilding process and to take decisions is very important for the child to regain self-esteem and a feeling of control. Therefore adults should provide opportunities for children to actively structure their own environment, express their feelings and take their own decisions wherever this is possible.

Support the child in mourning

If a child is in mourning for someone who has died, it may be important to talk to the child about the deceased person and help the child remember. It is very important to observe the child's reactions carefully and provide relevant support. At times the child may need personal space for quiet reflection and thought.



Take care when talking about death

Talking to children about the death of someone close needs to be done carefully. Keeping talking about the person who has died – offering information, remembering memories and stories, and sharing feelings – is one of the most important things, as children journey through grief. One of their greatest fears is that they will forget the person who has died.

When children ask difficult questions, there is no automatic need to give a long explanation. It is often best to start by asking, “What do you think?” and then building on their answer.

Younger children may be confused by some of the everyday expressions that people use when someone dies, such as describing the person as ‘lost’, ‘gone’ or ‘passed away’. It is best to keep language simple and direct. Saying that someone has ‘died’ or is ‘dead’ is honest, helps to avoid confusion, and encourages acceptance.

It may be best to say something like: “People have all sorts of beliefs about what happens after someone dies. (...) These are some of the things that people believe ... and I believe this ... I wonder what you believe? You may change what you believe as you grow older.”

Winston's Wish: www.winstonswish.org.uk

Since cultures differ greatly in how to mourn, it is important to understand the families' beliefs about the nature of death and the rituals that surround it. Children absorb and interpret the beliefs of their families and sometimes find their own answers to things that are difficult to understand.

In every culture, rituals are a very important part of mourning. They provide a process of saying good-bye to the deceased person as well as dealing with the loss. They also signal when it is time to go on with life. For children simple rituals may be a great help to cope with events, and children often invent their own rituals. Participating in adult rituals is also important for children.

ACT if abuse is suspected

In most countries, child abuse is formally against the law. The International Convention on the Rights of the Child states in Article 19 that children must be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”



Memory boxes

Memory boxes help children to remember someone who has died in a positive way. Things that once belonged to that person e.g. letters, photos, can be put in the memory box. Tell the child that sometimes remembrance is painful. The memory box can be put away after a time, but should be available when needed. Adolescents may also like to use memory boxes or other means of remembrance.



Erden Coplen



COMMUNICATING WITH CHILDREN

In dealing with bereaved children or children who have been through traumatic experiences, adults sometimes forget that children need to have fun and be happy. In order to recover, children need to take time to play.

If you as a teacher or a programme worker know or reasonably suspect child abuse, concerns should be reported to supervisors or other managers with responsibility for child protection within the organization or institution. Social services or police forces may also be contacted.

Children's reactions to violence and abuse differ according to age, gender and culture, but all children who are abused suffer. They are left with emotional hurt, shame and often self-blame. Children need to know that abuse is never their fault.



When abuse is suspected or disclosed, we must ACT:

- A:** Acknowledge the child's situation and feelings.
Access support and help: report.
- C:** Carefully listen to what the child says.
Comfort the child; ensure the child is safe.
- T:** Take notes: document what the child says and what is observed.

Canadian Red Cross: RespectED

Refer children if necessary

Children's reactions to death and other crisis events may vary greatly depending on the context, age and personality of the child. Although most children will adapt to the situation and cope over time, it will sometimes be necessary to find professional help for a child, if this is available. Children who have had emotional difficulties before the event, for example a child who has been bullied in school or who is developmentally disabled, as well as children who appear to be 'frozen' or in a state of shock immediately after a crisis event, may be especially at risk.

A child should show some signs of improvement around one month after a crisis event. After six months, the child should certainly have returned to a more normal pattern of activities. However, in on-going crisis situations, children cannot be expected to return to normal routines and behaviours. In these circumstances, be sure to compare the child to others in the same situation. If there are any doubts about the recovery of a child, seek advice from a supervisor or a professional expert. This may include seeking further advice from or sharing information with relevant individuals or organizations.

If a child changes significantly, and shows no signs of improvement, seek professional help. Some signs of significant change are:

Emotional: continuous sadness, talking about ending his or her life

Physical: weight gain or loss, headaches, nausea

Psychological: nightmares, anxiety, difficulties in learning or concentrating

Behavioural: dangerous or risk-taking behaviour, alcohol or drug use, hyperactivity or passivity, withdrawal from social activities or play.

When referring a child, be aware of the standards, guidelines and legal framework related to the service in question and always take into account that the referral should be in the best interest of the child.



Do's and don'ts of helping children who have been abused

DO

- Ask general, open-ended questions: "Do you want to tell me about that?"
- State observations: "I see you have bruises on your legs."
- Validate feelings: "I see that you are upset."
- Express concern: "I need to know that you are safe; let's try to get some help."

DON'T

- Ask leading questions like, "Did your neighbour do this to you?"
- Draw conclusions like, "Have you been beaten?"
- Analyze through remarks like, "You must hate your father for doing that!"
- Make promises such as, "Everything will be alright if you report."

Canadian Red Cross: RespectED

Getting more information

This booklet has focused on child resilience and psychosocial interventions. Save the Children and the Reference Centre for Psychosocial Support (PS Centre) work with all children regardless their legal or social status, and have extensive experience with refugees, ethnic minorities, internally displaced children, child soldiers, and other children experiencing abuse, neglect, violence and exploitation. The range of interventions to reach these children includes family tracing and reunification, support to education, basic medical coverage, feeding centres, advocacy for schools, elimination of the use of children in armed groups, support to economic livelihoods, and psychosocial support.

To get more information about Save the Children and the International Federation of Red Cross and Red Crescent Societies, and other organizations, please visit these websites:

For links to IFRC and local Red Cross Red Crescent Societies:
www.ifrc.org

For links to Save the Children and member organizations:
www.savethechildren.org

For more information about psychosocial support:
 The IFRC Reference Centre for Psychosocial Support at www.ifrc.org/psychosocial

Save the Children Resource Centre at <http://resourcecentre.savethechildren.se/>

Save the Children Child Protection Initiative (CPI) at <http://resourcecentre.savethechildren.se>

Action for the Rights of Children (ARC) at <http://www.arc-online.org>

The Mental Health and Psychosocial Support Network at <http://mhpps.net/>

Organizational mandates

Save the Children International is made up of 29 national organizations who work together to fight for children's rights and deliver immediate and lasting improvements to the lives of children. From emergency relief to long-term development, Save the Children secures and protects children's right to food, shelter, healthcare, education and freedom from violence, abuse, and exploitation. In May 2009, Save the Children launched the Global Child Protection Initiative to strengthen children's right to be protected from abuse, neglect, exploitation and violence.

The Reference Centre for Psychosocial Support (PS Centre) was established in 1993 and is a delegated function of the International Federation of Red Cross and Red Crescent Societies, hosted by the Danish Red Cross and situated in Copenhagen, Denmark. Its primary function as a 'centre of excellence' is to develop strategically important knowledge and best practice which will inform future operations of the Federation and National Societies. The centre was established to promote, guide and enhance psychosocial support initiatives carried out by Red Cross and Red Crescent National Societies globally. The mandate of the PS Centre is to mainstream psychosocial support in all National Societies.

How to help children in crises

This book is part of a resource kit that guides the planning and implementation of a children's resilience programme. The activities described here aim to help children build strength and resilience so they can cope positively with difficult life situations. The material has special focus on the impact of armed conflicts, disasters, abuse and exploitation and living in a community with a high rate of HIV.

The full kit comprises a booklet on understanding children's wellbeing; a handbook for programme managers, and two handbooks with structured workshop activities for children in and out of school and a guide for holding meetings with parents and caregivers. All four books and additional material and activities are available electronically online and on a USB stick.

You do not necessarily need all four books to organize great activities for children. Most of the materials can be used as stand-alone resources but as a full set, they enable a good understanding of how to implement the children's resilience programme.

