

Regional Emergency



PSYCHOSOCIAL SUPPORT NETWORK

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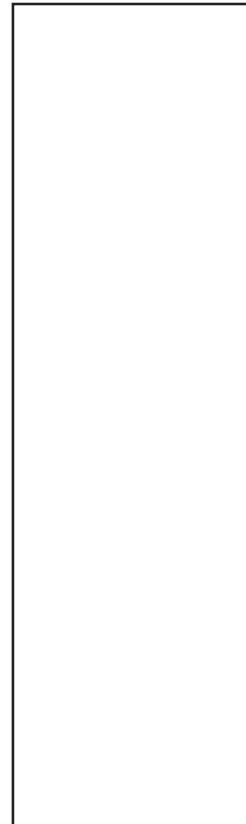
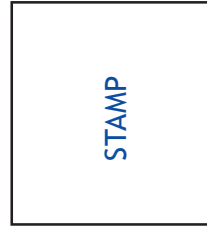
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REGIONAL EMERGENCY PSYCHOSOCIAL SUPPORT NETWORK QUARTERLY NEWSLETTER

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Child Soldiers in Burma Voices from the Frontlines:

Even after having escaped forced conscription, death and torture, child soldiers still face an uncertain future

“I was picked up in Mingalardone [in Rangoon]. If we didn’t agree to join we’d get put in jail, so I became a soldier. I want to go back home... Or otherwise, I’ll join the Karen guerillas,” said a 16-year old Burmese boy who managed to flee from the army but ended up among rebels. The boy, Kyaw Zeya, was among the former Burmese army child-recruits held at a jungle rebel camp belonging to the Karen cultural community. He was among the young army defectors interviewed by an Associated Press reporter. The New Era Journal reported in May 2003 that in March and April, many children unable to bear the suffering and torture under the Burmese government army had fled army quarters and ended up in regions held by divisions belonging to the Karen National Union.

This rare glimpse into the reality faced by the boy-children of Burma comes after the military government had persistently denied that it had been abducting children and forcibly recruiting them into the army to fight the various armed rebel groups operating in the country. Nonetheless, Kyaw’s statement exemplifies the uncertainty faced by child soldiers after forced conscription. Even after having escaped forced conscription, torture and death, the former child soldiers still face an uncertain future. A Karen National Liberation Army commander says that the Burmese military has problems recruiting people into their ranks that it had resorted to forcible conscription. Commander Saw Ner Dah Mya says that the children are to be released and

taken across the border to Thailand where they would be given jobs as laborers.

Ne Myo Kyaw, 16, recalled his experience; “I was coming home at 8pm at night, after tuition, when I was picked up by a car used for collecting porters. They said ‘You have to join the army’ then made us sign up. On the frontline, I had to carry rations and cut posts. I took a lot of beatings. I just want to go back to school now.” According to Aung Myo Oo, 15, “We weren’t happy to be illegally arrested and forced to become soldiers. I wanted to fight back against the guys. I didn’t want to carry a gun anymore. But when the other fought I also fought. I don’t dare to go home to my mum and dad. I am afraid of getting arrested. They can just kill anyone they like.”

The experiences of these children mirror the interviews with more than 36 former and current child soldiers conducted by Human Rights Watch for their report on the situation of child soldiers in Burma. Released in October 2002, the report, entitled “My Gun

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**Refugees Studies Centre
 Adolescents, Armed Conflict and
 Forced Migration Seminar Series**

With support from the Andrew W. Mellon Foundation, the Refugee Studies Centre at the University of Oxford is conducting a seminar series entitled "Adolescents, Armed Conflict and Forced Migration." Held over two terms, the first being slated from April to June 2003, and the second, set for December 2003, is a new endeavor. It aims to move forward thinking about adolescents and their experiences of forced migration and armed conflict. The themes covered by the seminar series include the construction and experience of adolescence in the context of armed conflict and forced migration, suffering and healing, the integration of displaced adolescents, post-conflict resolution, and programme development. For more information, e-mail the Refugee Studies Centre at rsc@geh.ox.ac.uk or visit their website www.rsc.ox.ac.uk. (MPP)

**Philippines
 Survivors commemorate
 Communist Party purge victims**

In solemn ceremonies on May 10, 2003, two Philippine human rights groups commemorated the death of hundreds of activists and members of the Communist Party of the Philippines (CPP) under a series of purges between 1982 and 1989. Held at the Freedom Park of the University of the Philippines Diliman Campus, members and staff of T'bak and the Peace Advocates for Truth and Healing (PATH) sponsored the event. Entitled "Mga Sinawing Bubay ng Kampanyang Anti-DPA: Paggunita at Pagpupugay" (Martyrs of the Anti-DPA Campaign: Remembrance and Paying Respects), the event paid respects to the victims of the anti-deep penetration agents (DPA) with activities, highlighted by the unveiling of a stone marker in honor of the lives claimed by the purge. According to the press statement co-released by the two organizations, "The violent campaigns of Kahos, OPML and Olympia upon review by the CPP Politburo in 1989 were criticized as massive and grave errors and 'sheer madness'". The program included testimonies of survivors of the purge and members of their families, and a candle lighting ceremony. The event also commemorated the murder of the Spanish-era Philippine revolutionary hero Andres Bonifacio and his brother on May 10, 1897. The leader of one

of the factions of the Kataastaasang Kagalang-galang ng mga Anak ng Katipunan (KKK), Bonifacio was accused of treason and of trying to undermine the revolutionary government of his chief rival, Gen. Emilio Aguinaldo. T'bak and PATH, in commemorating both the death of the Bonifacio brothers and the purge victims, called May 10 as "one of the greatest tragedies in Philippine history." The two organizations were one of the leading groups that struggled against the Marcos dictatorship. (MPP)

Resource: "We must never forget," Press release statement issued by PATH and T'bak on May 10, 2003; and a souvenir program of the event. The website of T'bak is www.tbak.net. PATH can be reached through their e-mail, bobgar@ipd.org.ph.

**2003 Reebok Human Rights Award
 24-year old Filipino physician and staff
 of Psychnet member organization among
 four recipients**

Dr. Ernest Ryan Guevarra, a 24-year old physician and a staff of a member organization of the Psychosocial Regional Network, was chosen in April 2003, as one of the four recipients of the 2003 Reebok Human Rights Award. He is a project manager/community organizer of Balik Kalipay, a member organization of the network based in the southern Philippines. Dr. Guevarra accepted the award from John Shattuck, Chief Executive Officer of the John F. Kennedy Library Foundation and former US Assistant Secretary of State for Democracy, Human Rights and Labor. Currently working in Mindanao, Dr. Guevarra has been providing an emergency health response system to over 40,000 refugees in troubled areas in Mindanao. As a student activist, he helped found Medical Students for Social Responsibility and spearheaded campaigns advocating for the health needs of the vulnerable and disadvantaged. When Ernest graduated, he became a volunteer doctor in Mindanao with the Medical Action Group, the Philippines affiliate of IPPNW, providing care to victims of human rights violations.

"My wisdom is not my own. It is the wisdom of the communities and the people who have given me the opportunity to be part of them and experience how it is to face danger and peril, how it is to struggle and survive and how it is to hope and dream. My spirit is not my own. It is the spirit of the youth who despite facing so much uncertainty and hopelessness still strive to regain control of

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NEWSDISPATCH (continued from page 2)

their lives and chart for themselves a better future. My dream is not my own," Dr. Guevarra said in his acceptance speech.

Established in 1988, the Reebok Human Rights Award honors activists thirty years old or younger who — against great odds and often at great personal risk — have made significant contributions to the field of human rights, strictly through non-violent means. Since 1988, 72 recipients from 34 countries have been selected. The Award aims to strengthen the work of these young heroes by attracting international attention to both the recipients and their issues. (MPP)

Resource: Articles entitled "IPPNW's Ernest Guevarra Wins 2003 Reebok Human Rights Award Philippines Physician Tends to Victims of War," and copy of Dr. Guevarra's acceptance speech dated April 10, 2003

**Regional Psychosocial Network
 Website launched**

In March 21, 2003 at the Bahay Kalinaw, University of the Philippines Diliman Campus, the website for the Regional Psychosocial Network was launched. More than 150 guests attended the two and a half-hour affair, among them. Terrel Hill, Representative, UNICEF-Manila, who gave the opening remarks, and Viktor Nylund, UNICEF-EAPRO. Entitled "Moving Across and Filing-Up Spaces," the event was highlighted by the launch of the website. Two of the three books that were launched, were written by the University of the Philippines Center for Integrative and Developmental Studies (UP CIDS-PST). They are entitled "Small Steps, Great Strides: Doing Participatory Action Research with Children" and Integrating Child Centered Approaches in Children's Work. The third book launched was written by UNICEF-EAPRO. Focusing on child soldiers in the region, the book is entitled "Adult Wars, Child Soldiers: Voices of Children Involved in Armed Conflict in the East Asia and Pacific Region." An artistic reading by members of the Philippine Educational Theater Association followed the book launches. A film showing by Bahay Kalinaw on war affected children in Cotabato in Mindanao was also shown. Elizabeth Protacio De Castro, PhD, Associate Professor and Convenor of UP CIDS-PST hosted the event. (MPP) ■

Child Soldiers in Burma... (continued from page 1)

Was As Tall As Me," describes the totally unacceptable situation in Burma. The Burmese government meanwhile dismissed the alarming report issued by the Human Rights Watch, referring to the findings as "preposterous," "unsubstantiated," and "malicious." The international community and human rights groups such as the Human Rights Watch nonetheless, have repeatedly issued calls upon Rangoon and the armed opposition groups for an immediate end to the recruitment of children into their ranks and demobilization. The military as well as the armed opposition groups in this Southeast Asian country were excluded from the infamous list of 20 state and non-state actors annexed to the UN Secretary General's report on child soldiers issued in November 2002. Meanwhile, recruiters for the Burmese army continue to frequent public places and forcibly take boys and send them to camps for training. According to the New Era article, "No place is any longer safe enough of a child to walk alone or even with a parent." (MPP) ■

References: Associated Press Worldstream May 4, 2003; ACR Weekly Newsletter, Vol. 2, No. 22, May 28, 2003.

FORUM: Exploring Possibilities (continued from page 5)

constitutes 'intercultural support?' According to Spencer *et al*, "It is possible for governments, aspects of global governance, UNICEF, NGOs etc. to support grassroots self-help and mutual-help wellbeing action in ways that do not dis-empower and destroy."

Spencer *et al* suggest that, "It may be possible to begin evolving a statement for the Emergency Response Network, firstly of the 'intercultural enabler' role including the nature of the relating between the enabler and the locals, secondly the relating between the enabler and First World Aid organizations, thirdly to begin specifying healing ways, and fourthly, to specify ethics for the enabler and natural nurturer roles." (MPP) ■

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PROFILE ■

Cambodian League for the Promotion and Defense of Human Rights (LICADHO)

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An active member of the Cambodian Human Rights Action Committee, the Cambodian League for the Promotion and Defense of Human Rights (LICADHO) was founded in the wake of the 1991 Paris Peace Accords by Dr. Kek Galabru and other expatriate Cambodians. Officially recognized in July 1992, LICADHO worked in close cooperation with the United Nations Transitional Authority in Cambodia to provide voter education and monitoring of election-related abuses during the 1993 election. LICADHO's program includes the promotion and protection of women's and children's rights and the rights of other vulnerable groups in the country. With a central office in Phnom Penh and twelve provincial offices, LICADHO envisions a democratic society that is peaceful, stable, and whose government and institutions are committed to human rights and social justice. It provides regular training workshops on human rights, legal procedure and democratic principles. It monitors the human rights situation in Cambodia by collecting information on rape, sexual trafficking, torture in custody, extra-judicial killings and other violations. LICADHO's medical team also conducts monthly visits to twelve prisons in the country. Aside from advocating for children's and women's rights, the organization maintains regular contacts with international human rights organizations such as Human Rights Watch, Amnesty International and other organizations. It publishes and distributes comprehensive reports and studies on human rights in Cambodia. ■

Cambokids

Contact Person/Designation:
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Founded in 1999 and working in the field of primary mental health care for children in post-armed conflict communities, Cambokids was the pilot project within the framework of Transcultural Psychosocial Organization (TPO) – Cambodia. It was the result of the TPO-Games Project implemented in Cambodia from January to September 1999. Cambokids' mission is the provision of primary mental health care to children in the community as an extension health care system. Its goal is the prevention of new conflicts and to heal collective trauma. Cambokids employs the following strategies: fighting stress among children in the communities, supporting the children to develop identity, and breaking the conspiracy of silence. The objectives of this child-centered NGO includes, among others, include the development of healing games, activities and materials to help the children in the communities release stress. Cambokids also seeks to improve the information and education for communities to understand the basics of primary mental health care for children. It also works for integration work with other NGOs, and for the use of the potential of volunteers in the community to contribute in the implementation of the organizations' objectives. Included is the production of a manual about the technique and experiences of working with children in the field of primary health care.

FORUM: Experience, Conflict... (continued from page 6)

Canadian First People's "dormitory school experience," Spencer *et al* write, "Does separation have to happen? What do family members themselves think and feel about this 'children into dormitory schools'? What do the youth think and feel about it? Is separation enforced? Separation may massively add to stress and cultural disintegrating in both the younger and older generations and between them... Is something comparable happening in Mongolia? ... In what ways can children and parents be supported to be ecologically together in community?"

Spencer *et al* recommend the identification and tapping of local natural nurturers among the nomad parents and the nomad children. This recommendation is based on the premise that wisdom about local being well is already existent in the local community. Intercultural enabling is the bottom line. "Perhaps they (the nurturers/bearers of indigenous Mongolian self-help)

may pass on to Western 'experts' some of their local profound psychoeducation about simple ways, so that we can take what we want from them to shift our psychobiologies and mindbodies towards our own forms of wellbeing and be better at intercultural enabling."

As part of the conclusion, Spencer *et al* presented a different view of the *dzud* and its role in Mongolian culture. "Perhaps these *dzuds* are opportunities whereby the cultural system re-energizes itself with the most viable adaptive strategies." They see the *dzud* as a time for cultural healing and exchange among the nomads. They note that, "Two critical pathways in a local context may be self amplification and integration. The centralized proposed response offers the potential for inhibition and fragmentation to be visited upon the local context, especially children being separated from parents and extended family." Again, the bottom line is intercultural enabling: "What may be usefully and adaptably learned from experience within other cultures." (MPP) ■

FORUM

The following articles represent highlights of the ongoing discussion between members of the Emergency Psychosocial Support Network. The first article in this forum is a summary of the "Guidelines for psychosocial and mental health care assistance in (post) disaster and conflict areas" (http://www.psychosocialnetwork.org/faq_interfacing.htm#dutch) released on the internet by the Netherlands Institute for Care and Welfare. This document sparked an interesting series of exchanges beginning with Dr. Les Spencer's contributions presented in an article he wrote entitled, "Interfacing Alternative and Complementary Well-being Ways for Local Wellness" (http://www.psychosocialnetwork.org/faq_interfacing.htm) and the comments made by Dr. Elizabeth Protacio-Decastro (<http://www.psychosocialnetwork.org/PESNvol1no1.htm>). Highlights of these exchanges were presented in the maiden issue of this newsletter. The second article in this series is Mr. Bo Viktor Nylund's email (http://www.psychosocialnetwork.org/faq_viktor.htm) which contains his reflections on the Netherlands documents and his response to Dr. Spencer's think-piece. The third article, on the other hand, summarizes Dr. Spencer's rejoinder (www.psychosocialnetwork.org/faq_spencer_et_al.htm) to Mr. Nylund's email. The last article discusses very briefly the key points of the document prepared by Mr. Thomas Shafer entitled, "Psychosocial Impact of the Mongolian Dzud on Children – Recommendations and Action Plans for UNICEF Mongolia" (http://www.psychosocialnetwork.org/faq_mongolia.htm) and Dr. Spencer and his colleagues' commentary (http://www.psychosocialnetwork.org/faq_spencer_dzud.htm) on this report. Full-text versions of these documents may be obtained from the internet links provided.

GUIDELINES for psychosocial and mental health care assistance in (POST) DISASTER AND CONFLICT AREAS

(For a full copy of this document, please see http://www.psychosocialnetwork.org/faq_interfacing.htm#dutch)

The occurrence of numerous wars and armed conflicts, as well as natural and man-made disasters, worldwide results in obvious physical consequences on the affected population. This has prompted an increase in the level of humanitarian aid to victims, but such form of aid should not just be limited to material support. The psychosocial consequences of wars and disasters also have to be taken in consideration. According to the document, "This insight has led to the development and implementation of various projects aimed at psychosocial assistance and mental health care to survivors of man-made or natural violence. Given the background of the previous neglect of the psychological and social consequences of violence, these initiatives are encouraging"

Nonetheless, the document notes the "explosive growth in projects without the necessary co-ordination or quality assurance." It categorizes the necessary knowledge and skills for the provision of psychosocial and mental health care as not yet "sufficiently developed or founded." These guidelines have been formulated by and for organizations involved in the provision of such assistance for refugees, displaced persons, and victims of violence or natural disasters. "Current

psychosocial aid and mental health care concentrate largely on strengthening or restoring a new social balance and on individual rehabilitation. Both forms of care are not only important to the well-being and health of individuals or groups of individuals, but also in terms of providing opportunities for social, economic and political stabilisation." The Netherlands Institute for Care and Welfare notes that, "Psychosocial care for the victims of war and natural disasters demands, by definition, a multidisciplinary approach."

The guidelines outlined in the document pertain to practical aspects of national and international support for survivors of violence and disasters. In presenting the guidelines, the Netherlands document gives the following criteria: One, the goals must be pertinent to the needs of the target group(s). Two, the aid must each the greatest number possible of people within the target group (coverage). Three, the aid must be provided on a continuous basis for as long as it is needed. Four, the interventions must be effective. Five, there must be equal access for all members of the target group (equity), and lastly, the aid must strengthen and utilize the local capacity.

FORUM

➔ Responses

(Mr. Bo Viktor Nylund's email, dated March 23, 2003, containing his thoughts on the Netherlands paper summarized above and his response to Dr. Spencer's article entitled, "Interfacing Alternative and Complementary Well-Being Ways for Local Wellness")

I am writing in response to your think piece on 'Interfacing Alternative and Complementary Well-being Ways for Local Wellness'. We have had a Number of discussions over the past few months, and it has been truly interesting and useful as finally the policies of our own organization are beginning to take shape. Sorry it has taken so long to get back to you...

Let me thank you for taking this initiative, and getting the discussion going on what appropriate psycho-social response in the East Asia and the Pacific Region might look like. The paper includes a number of very good ideas, but perhaps the overriding message is that of the importance, participation and recognition of our beneficiaries by those who are providing assistance. This does indeed get forgotten, and the paper provides an excellent reminder to honor this principle. I have attached your paper to this e-mail, since we now also have a number of new members on the listserve, and it will be good to get them along in this discussion as well. I have requested the Secretariat to send around a list of who is on the list so that we are all aware.

At the outset we should probably make it clear that the 'Guidelines For Programmes Psychosocial and Mental Health Care Assistance in Disaster And Conflict Areas' — on which the 'Western Approach' in the think piece is based — were sent out to the Psycho-Social Network not with an endorsement from UNICEF, but as an example of some kind of 'codification' of sound response.

There are several problems with these guidelines also from a UNICEF perspective, including the fact that they deal with psycho-social and mental health care in one go, which is a difficult thing to do considering the different nature of the two types of assistance. While they certainly can be related, they are also two different things. As far as table included in your paper on differences between Western and Local way is concerned, there are many things in the Western column that would not fit a UNICEF approach, that is, if UNICEF were to be considered 'Western' which I hope is not the case.

Like you, we have problems with words such as 'target' and 'intervention', as the former is a military term, and the second has

very specific legal implications in terms of use of military force and seems to take away from any kind of 'participation' of beneficiaries, including children. Neither are appropriate in the context of humanitarian action. Suppose the main point is, however, that it would be very difficult to agree on the specifics of such a document, as there are too many actors pulling in different directions, and we are not yet ready to clearly state what fits and what doesn't as this is still very much an evolving field.

Turning then to the Local Wellness paper, it would seem that the kind of approaches you are introducing would fit very well in a context where you know that the disaster will strike on a regular basis, such as with the floods in Vietnam, or the dzud in Mongolia, or in situations where the 'emergency' has been going on for a long time. In many natural disasters, you know in advance that the disaster will come again, and you know that people will be affected both psychologically and socially, and as such we should not be introducing new ways of coping with these situations, but using the local way would be very appropriate.

I suppose one could question, however, what the 'effectiveness and timeliness' (knowing that many people will not like these words) of the local approach would be in the context of onset crises with thousands of people fleeing their homes. One can take the minimalist approach of course, and suggest that all of the aid agencies should stay out, that way the conflicts will be solved by themselves. However, if we take the UNICEF Core Corporate Commitments as our point of departure, it is a simple fact that UNICEF's mandate says that we should deliver psychosocial response in emergencies.

The doer will also fail from time to time, that is the danger of doing things in a risky environment, but the humanitarian imperative must prevail. We must deliver humanitarian assistance and protection to the people in need. That is what the humanitarian imperative is all about. Let me emphasize

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Responses (continued from page 4)

this point further: If we take his philosophy on First and Third Worlds to other sectors, would we then not vaccinate children in an emergency because of the danger of crushing local "wholeness"? I think not. Indeed, the mere presence of an international organization can help prevent further violations of human rights, as we have seen in many different situations.

This does not exclude the 'local way', but it would seem difficult to do only the local way considering the context of many of these onset crises. Also, there is the right to play, and the right to receive certain forms of assistance to restore normalcy immediately, which are very important parts of psycho-social wellbeing. These are important elements also of UNICEF's humanitarian and psycho-social response focusing on children, and it would seem that they must come in quickly and 'efficiently' in order for children to be able to deal with other more psychologically oriented issues. All of this with due regard given to humanitarian principles, including taking into account the customs and culture and religion, and involvement of the local communities, including children. The involvement of children is critical, both to keep some of the youth out of trouble, but also because that way the younger children can see their older siblings and friends getting back to some kind of game and play.

It would also seem that we cannot put all of the Western approaches in one basket. There are different ways of doing psycho-social response, and some are better than others. Focusing on individual trauma that is inherent in counseling and treatment may not be the best way to reach communities and large numbers of people in emergencies. It would seem that the Local Way could push an approach to focus on communities and engaging the communities in true participation one step further, but different actors also have different advantages, depending on their nature. Or perhaps the local way and the self-help mode are strategies which take place at the grassroots level which is more suited for organizations working directly with the communities. This is not the role UNICEF plays, for example, but it can help support this kind of an approach.

The idea that "nurterers" and those who can straddle two cultures being rare is quite true. But finding people who are extraordinarily sensitive and have the needed experience to achieve this competency is difficult. Thus,

nurterers are always in short supply. What are the practical implications of this? If we're going to deliver in a 'self-help' mode, we need people who can UNDERSTAND and DO this kind of work on the Regional network roster. Are there skills for project managers that can be easily transferred are there ideas that can be integrated into the programmes/training that Beth and her team [UP CIDS-PST] are developing? It would be important that we agree on some key approaches so that we might be able to take this forward and maximize from local wellness and coping mechanisms that already exist. Bottom line is that psycho-social network should be used to improve the response to psycho-social dimensions of emergencies. ■

FORUM: Guidelines... (continued from page 8)

respondents or the quality of (future) care." While the document refers to scientific research falling outside the scope of the preparation and evaluation of projects, it notes a further distinction. "Scientific research that is restricted to the collection of data about the nature and prevalence of psychopathology may only be carried out if there are convincing reasons to believe that this knowledge will be relevant to the development of policies and to the design of aid programmes." The document calls for the execution and supervision of the research by sufficiently qualified and experienced researchers, with the study designed, implemented and reported "in accordance with appropriate current standards for responsible and qualified research." The importance of informed consent should be the prime consideration in the conduct of research work. Specifically, the document stresses that, "For research involving children below the age of 12 years, the information and the decision as to whether or not to participate goes to the child's parents or caregivers." The research results must be made public through the appropriate scientific or policy forums but any research data that are subject to potential misuse must not be made available to those institutions that are capable of using the information against the participants or their communities.

In summing up the guidelines outlined in the document, it is important to note that they do not provide "an unambiguous answer to every specific situation" and also they do not define the kind of needed intervention. Likewise essential is the underlying assumption that every organization active in the field of providing psychosocial and mental health care has the necessary knowledge and insights to develop high quality and responsible interventions. As noted by Petra G. H. Aarts in the document's introduction, the guidelines are "not just aimed at promoting quality psychosocial interventions and mental health care, but also at stimulating new initiatives in this field." (MPP) ■

FORUM: Guidelines... (continued from page 3)

The guidelines cover areas regarding (1) preparation, coordination and cooperation, (2) planning, phasing and exit strategies, (3) goals, interventions, and methods, (4) political, ethnic, cultural and religious neutrality, (5) project evaluation, and (6) scientific research. For each of these areas, the document presents a description of the target groups, and outlines general standards and specific guidelines.

In discussing preparation, coordination and cooperation, the document states that vital information must be collected. These include the scope, condition and needs of the target group, its' cultural, political, historic, ethnic and religious context. "The insights gained from this information are essential prerequisites of any intervention." Specifically, here are some of the guidelines presented by the document: The preparation phase should make as much use as possible of (assessment) data that has already been, or will be collected by other aid organisations. It notes the importance of coordination and consultation with other aid organisations and local governments for achieving the maximum in terms of the quality and scope of psychosocial and mental health care.

In the section on planning, phasing and exit strategies, the document provides the following general standard. It states, "The goal of psychosocial and mental health care is to provide support and relief to people and communities that are forced to live with the physical, mental and material consequences of violence, suppression or disasters, under circumstances that often constitute a continued threat to human integrity and dignity." It views psychosocial assistance and mental health care as a "necessary bridge" between humanitarian aid and development cooperation. As for some of the specific guidelines, the document notes that both the psychosocial aid and the mental health care must focus on the continuity of provisions and that wherever possible, and relevant, efforts must work towards achieving independence of local partners. This is in the terms of expertise, financing and integration within the local care system. The issue of the balance between striving for continuity of care and the available resources should not be missed.

As for the discussion on goals, interventions and methods, the document provides this general standard: "Psychosocial care should be aimed at strengthening or restoring the social (care) structures (empowerment) and on stimulating culturally suitable coping strategies and skills... Dissemination of 'suitable' and 'situation specific' knowledge and

skills is essential for achieving the stated aim of all aid projects promoting self-sufficiency, independence, and sustainability." Among others, the specific guidelines call for the concrete phrasing, feasibility and relevance of goals, the involvement of representative

delegates of the target groups, the focus on prevention by means of promoting socially and culturally suitable bonds and activities. The methods must strive to restore self-sufficiency and integration of the target group with the rest of the community. The possible burn-out of care providers should also be considered.

The document states as a general standard, that as far as the political, ethnic, cultural and religious neutrality is concerned, "It is an important and internationally accepted principle that medical and psychosocial support is offered regardless of a person's political and religious convictions, sexual orientation or ethnic background. Aid projects should take into account that this principle may come under considerable pressure when put into practice." The guidelines under this area stress the respect for the belief and cultural background of the target groups, but that this "does not mean that all local practices and beliefs need to be accepted and observed by aid organisations." In some situations, the document foresees the development of ethical dilemmas or problems as a result of the principle of neutrality. Also, the planners and implementors should be aware of the dependence and vulnerability of the target groups, who should be protected from abuse by the media.

In discussing project evaluation, the document notes the importance of adequate project evaluation. "In the interest of the development of know-how concerning the design and effectiveness of psychosocial and mental health care projects, the programme or project

evaluation must be given due attention in the planning and budgeting." The organizational aspects of the project as well as the implementation or the effects of the interventions should also be taken into consideration during the evaluations. The document stresses, as part of the guidelines, the active involvement of the local partners in the design, implementation and formulation of the evaluation, which should be cost effective and proportional in terms of the scope and methods to the project and programme. They should also bear direct relevance to the specific and operationalized goals. Independent experts should carry out the evaluation of the results of the interventions.

Finally, in the area of scientific research, the document states that, "Scientific research into the field of psychosocial or mental health care is by no means a necessary part of projects. If research is done – either in combination with aid or not – it must be aimed at the improvement of insights into the condition and needs of the target group, and directly or indirectly benefit the

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FORUM

Exploring Possibilities, Interface and Evolution: The SE Asia Oceania Emergency Response Network, New Frameworks, Quick Response Healing Teams, and Healing Cultural Action

(A summary of Dr. Spencer et al.'s rejoinder [www.psychosocialnetwork.org/faq_spencer_et_al.htm] to Mr. Nylund's email)

The enriching experience of a psychiatrist and psychologist named Dr. Neville Yeomans among oppressed cultural communities in the Southeast Asia Oceania Australasia region forms the backbone of suggestions for new frameworks and for the evolution of "Quick Response Healing Teams" for the SE Asia Oceania Emergency Response Network. In the early 1990s, Yeomans began the journey of evolving the concept of such teams. He also founded the Fraser House, which served as a research center for "studying self-organizing grassroots processes for mutual help in reconstructing of societies devastated by man-made and natural disasters." In what may seem to be a strange notion among Western experts in the psychosocial field, Yeomans conducted a life time and extensive research to demonstrate that "traumatized and dysfunctional people, with enabling support, can engage very effectively in self-help and mutual help in co-reconstituting their lives together."

In their e-mail, Les Spencer PhD (Can), BBS, BSSc., Dr. Dihan Wijewickrama and Dr. Andrew Cramb explain that these "Quick Response Healing Teams" comprise enablers and natural nurturers "who can quickly establish rapport with traumatized locals from other cultures and offer support which locals may accept, and quickly commence supporting local people following a man-made or natural disaster." They note the existence of natural nurturers among a traumatized community, and that with and through these local nurturers, action can be taken immediately. "It may be that within the Network, Small Quick Response Intercultural Healing Teams may act as an interface between locals and First World aid organizations offering support following disasters." They also spoke of the possibility to "evolve a clear understanding of the role of an intercultural enabler and an intercultural enabler organization in the Network." Based from their experience, Spencer et al qualified these intercultural enablers

as people who have been brought up in two or more cultures or who have been an outsider in their own culture. These conditions, according to Spencer et al, gave the enablers "the sensitivities, perceptions and behavioral flexibility to quickly establish rapport and work within the locals' cultural assumptions, frames, worldviews, ways, etc., without imposing the enabler's ones."

Quoting Yeomans, Spencer et al explain the concept of "Quick Response Healing Teams" in the context of describing "Healing Cultural Action" – the heart behind the suggestions they are presenting in their e-mail. It "involves actively fostering and sustaining cultural wellbeing. It fosters people extending their own culture as a balance to other cultures that may be dominant, elitist and oppressive. As well, it is a movement for intercultural reconciliation and wellbeing. It fosters the development of Quick Response Healing Teams to resolve local community and international conflict. It provides scope for people to actively engender and promote values, language, practices, modes of action, arts and other aspects of a way of life (culture). These in turn facilitate social emancipation, intercultural healing, cultural justice, as well as social and environmental wellbeing."

Spencer et al suggest the possibility of exploring new frameworks, such as contemplation on the role of the SE Asia Oceania Emergency Response Network (as well as UNICEF) in the context of the notion "transitional community" – as a "culture (and interculture) of continual improvement." They note the usefulness of engagement in self-reflection in seeking to recognize and reconnect to the source of a particular person or group in the socio-cultural framing of events and processes in question. Spencer et al say that, "This type of connoisseurship may be a fruitful first-step towards reconstituting wellbeing in individuals, organizations and communities." They suggest the usefulness of wider discussion/action in the SE Asia Oceania Emergency Response Network about the delivery of psychosocial responses in

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FORUM

Experience, Conflict and Context: The MONGOLIAN *DZUD*, the UNICEF Action Plans and Recommendations, and Intercultural Enabling

(A very brief summary of the “Psychosocial Impact of the Mongolian Dzud on Children – Recommendations and Action Plans for UNICEF Mongolia,” [http://www.psychosocialnetwork.org/faq_mongolia.htm] written by Mr. Thomas Shafer and Dr. Spencer and his colleagues’ commentary on this report [http://www.psychosocialnetwork.org/faq_spencer_dzud.htm])

The landlocked country of Mongolia serves as the backdrop for this article on experience, conflict, context and intercultural enabling. Annually the country experiences very cold winters, which can reach unusual but disruptive proportions called *dzud*. UNICEF released in March 2003, a document entitled “Psychosocial Impact of the Mongolian Dzud on Children – Recommendations and Action Plans for UNICEF Mongolia.” In it, UNICEF notes that these abnormally severe winters have a psychosocial effect on the children of Mongolia. “Depending on the family, previous coping mechanisms, and previous adaptation to change and hardship, this period of time may make the child particularly vulnerable to physical or emotional abuse, lack of attention needed at a developmental phase, or simply inattention due to the understandable preoccupation of the parent’s own overwhelming dilemmas and emotional traumas. The loss of the parents will transfer to a loss for the child.” UNICEF notes the increasing rates of self-reported depression and a recent World Health Organization survey indicating increased incidence of suicide among young people. According to UNICEF, the *dzud* “presents unique challenges in considering an appropriate psychosocial response.”

UNICEF proposes the rapid identification of a central group or agency responsible for the implementation of all *dzud* emergency activities. It also proposes the provision of recreation kits for children, which may include but not be limited to diaries, writing materials, chess sets, jump ropes, books, and etc. UNICEF proposes the conduct of emergency psychosocial first aid training, both primary and advanced, in the affected areas. Such trainings include topics on strengthening coping mechanisms, the sharing of experiences, problem solving, common reactions to severe stress, and the identification of children who may need help. UNICEF also proposes the conduct of a gardening partnership project, wherein the children are provided “a very interesting and pragmatic diversion from the stress of the *dzud*,” and “a way of giving to her/his family.” Considering the loss of livestock during these severely cold periods, the measure provides a small amount of healthy food for the child and the family at the same time. Noting the popularity

of the radio among Mongolian households, UNICEF also recommends the delivery of public health messages. These include information about the psychosocial effects of the *dzud* on children and families.

Commenting on the UNICEF document, Les Spencer PhD (Can), BBSoc, BSSc., Dr. Dihan Wijewickrama and Dr. Andrew Cramb presented issues regarding the important and dynamic role of experience and context, with cultural enabling as one of the focal points. In writing their comments, Spencer *et al* drew from their experience with indigenous ways in Southeast Asia, Australasia, and Oceania. They presented “possible actions whereby the nurturers of psycho-social and other forms of well-being in the First, Third, and Fourth Worlds may engage together in supporting people in the aftermath of man-made and natural disasters in ways that enrich local way, have positive second and third order consequences, that detract from the well-being of no one involved, and that do not compromise local self help.”

Spencer *et al* raised concerns on possible conflicts from using culturally-inappropriate outside ways in providing local well-being. They noted the possible breakdown of traditional mutual help networking as a result of the adoption of outside ways. Using the provision of recreation kits as an example, Spencer *et al* raised the issue of cultural stripping. “Are ‘show bags’ with ‘trinkets’ and books ‘the answer’? We haven’t a clue. In our culture the ‘stuff’ would not last 5 minutes before being broken and discarded. What are the culture specific games the youth use in their nomadic travels – Are they currently Chicago Bull Basketball and Arsenal Soccer fans? With respect, is cultural stripping happening? Try our games, they are better than yours’.”

They also raised concerns over the government-run dormitories for children, which are seen by UNICEF as “a very important component in caring for children and ensuring their rights during the *dzud*, and need support whenever possible.” Referring to the experience of Australian Aboriginal “stolen children” and the

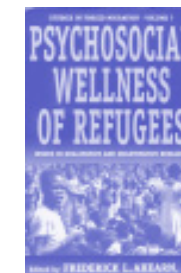
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typescript

Annotated bibliographies of recent and not-so-recent publications, studies, reports and other documents on psychosocial trauma, child soldiers, IDPs, and related issues. Please visit www.psychosocialnetwork.org/online_resources.htm. Works featured in this section are available for reference use at the PST Library.

Psychosocial Wellness of REFUGEES Issues in Qualitative and Quantitative Research

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Described in its foreword as a “benchmark in academic publication on the psychological consequences for people who have been uprooted against their will,” the 25-page book is the seventh in the series of studies in forced migration. It is the latest in the series, published in association with the Refugee Studies Programme, University of Oxford. The volume “brings together noted researchers to discuss the emotional and social impact of forced migration. It reflects the “multidisciplinary nature of the field and includes within its scope international law, anthropology, medicine, geography, geopolitics, social psychology and economics.” The authors of the featured studies look into technical issues in research, such as sample selection, measurement, reliability and validity, and refugee narratives. The volume provides excellent guidelines for researchers.

Part I of the book discusses theoretical issues in qualitative and quantitative research, including a study made by Ahearn, Jr on methodological approaches to the study of refugees. Part II provides case studies of qualitative approaches in the study of refugee psychological wellness. One study in this section features the case of Afghan refugees. Part III meanwhile provides case studies of quantitative approaches in the study of refugee psychological wellness. One study in this section looks into the well-being of former unaccompanied minors, particularly returnees to Vietnam. Part IV looks into case studies

using mixed approaches in the study of refugee psychological wellness. One study centers on a child-centered approach to investigating refugee children’s concerns. Ahearn Jr., a professor at the School of Social Services of the Catholic University of America, ends the book with a conclusions and implications for future research. (MPP)

TORTURE PHILIPPINES Law and Practice



Free Legal Assistance Group (FLAG)
 Foundation for Integrative and
 Development Studies (FIDS)
 Pasig City 2002

Prepared with the financial support of the British Embassy in Manila, the 121-page study explores the practice of torture and the laws regarding torture in the Philippines. The hort introduction describes the case of Marco Palo, a torture victim during the Marcos dictatorship. It describes the legal scenario for the Philippines, which relies on international laws and the Philippine Constitution “in the absence of a specific law banning torture.” The second part of the book discusses the results of a study conducted on a sample of individuals arrested or convicted of various crimes and who are at that time the study was conducted are under the custody of several detention centers and the national penitentiary in Metro Manila. Statistics and descriptions of the various types of mistreatments were presented as they were experienced during arrest, investigation and incarceration. To keep a balanced picture, the study interestingly provides the side of the keepers, or those assigned by law to assume responsibility for the care of inmates. This section discusses a variety of topics, ranging from the allocation of space for inmates to the existence of riots, gang wars, and violence. The third part of the study focuses on the law on torture, detailing international laws ratified by the Philippines. It also discusses core constitutional provisions against torture and gives a comparison, noting the similarities and differences, between the 1987 Philippine Constitution and International Law. The fourth and final part presents an assessment of the prevalence of torture in the Philippines, and gives several recommendations, including ones that are directed to the police and other law enforcers, media, and the general public. The book recommends the enactment of a comprehensive law on torture and the amendment of existing laws. Particular interest is the section listing the features drawn up by FLAG on such a comprehensive law. (JP-MPP) ■