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ABSTRACT

This book describes the process of assessment, intervention, and evaluation undertaken with refugees from Mozambique on the cessation of hostilities in 1994, to address the psychosocial needs of the refugees. Chapters 1-3 describe the refugees' experiences and the refugee settlement, and present research results on the impact of the traumatic experiences on psychosocial functioning. Chapters 4-10 provide detailed information and guidelines on the development and implementation of the program. The program was community-based and community owned, evolving from continuous interaction with the whole community, expatriates, Zambian hosts, and the refugees themselves. These groups interacted to define problems; identify strengths and resources; and develop resources and strategies that were culturally appropriate, inexpensive, and sustainable in support of children and families. The three-part intervention is described in detail as: sensitization; work in existing institutions such as preschools, primary schools, and women's clubs; and work in the villages, including programs for women, men, and children. The final chapter provides conclusions and recommendations. Included in the eight appendices are outlines for training sessions for interviewers and teachers. (Contains 32 references.) (KDFB)

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SURVIVING VIOLENCE

A Recovery Programme for Children and Families

PS 024376

Shirley Fozzard

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SURVIVING VIOLENCE

A RECOVERY PROGRAMME FOR CHILDREN AND FAMILIES

Shirley W. Fozzard

**International Catholic Child Bureau
Geneva, 1995**

THE AUTHOR

Shirley Fozzard is a graduate Medical Social Worker with extensive experience in social work education and practice. She has two sons, and two daughters in law, one Mozambican and one Japanese, and two grand-children.

She has worked in Child Guidance in the U.K., with families in distress in Child Protection in Canada and as a specialist in Foster Care in the U.K. and Hong Kong. She started teaching at adult education classes in the U.K. and Hong Kong, contributed to CQSW training and as a external assessor for the Central Council for Training and Education in Social Work (CCETSW), and was responsible for the coordination and development of training for residential and community workers in Cambridge for seven years.

Her first experience with refugees was in Hong Kong, in the closed camps for Vietnamese Boat People. It was there she became aware of the special and extreme distress of refugees and the traumatising effects of the violence they experienced prior to, during and after flight from Vietnam.

The programme described in this book which took place in Zambia, has led to an enduring love for Africa and its people, with more recent experience in Zimbabwe, Malawi and Mozambique as a consultant social worker and trainer.

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PREFACE

The 1989 United Nations Convention on the Rights of the Child establishes a number of universal rights for children. They include the right to protection, to a name and nationality, to adequate housing, recreation and medical services, to love and understanding, to education and to

"be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow man."

All too often these conditions are denied to the refugee child, particularly where he has been subjected to and/or witness to purposive acts of violence.

"All these events - assassination, rape, torture, destruction of his home - treacherously and silently invade the child's sense of self. If the child represses his memories of the events he has witnessed, they can appear in a disguised form as nightmares, delusions of persecution, a generalised sense of anxiety and/or somatic symptoms."

It is clear that children are the most affected by traumatising experiences because their personalities, and by extension their sense of identity are still at the stage of formation. Faced with such experiences, the child's psychological development may be arrested and he may lose confidence in himself."

Dr Jorge Barudy

INTRODUCTION

In 1987, the Geneva-based International Catholic Child Bureau (ICCB) held a workshop in Oxford, England, to discuss the design of training programmes in mental health issues for non-professional staff in refugee camps, and intervention programmes for refugee children to alleviate the effects of the refugee experience.

Although the findings and recommendations of this workshop, and the work of others in the field were helpful in informing and developing the programme in Ukwimi, these were not and could not appropriately have been used as a blueprint for action. For any programme to succeed, the views, aspirations, needs and strengths of the community in which it is to take place must be taken into account. If the programme is to be effective, the community must accept it as their own.

« One cannot expect positive results from an educational or political action programme that fails to respect the particular view of the world held by the people. Such a programme constitutes cultural invasion, good intentions notwithstanding. » (Freire, 1972)

The plan for a programme to address the psychosocial needs of a community of refugees in Ukwimi based on a process of detailed assessment, community based interventions and evaluation was developed by Margaret McCallin, Director of the ICCB Refugee Children's Programme. The aims were:

- to assess the impact of forced migration, war, civil violence and family and community disruption on the social and emotional development of the children;
- to assess the mental health and psychosocial needs of the adults, especially as these relate to their ability to establish daily child care routines in constrained circumstances;
- to develop culturally appropriate, community-based models for training and intervention programmes to address the psychosocial needs of the children.

It was anticipated that the methodology would need to evolve in conjunction with the full community, though there was an assumption that a process of assessment, intervention and evaluation would be followed, with careful recording of process and content.

The programme in Ukwimi was initially implemented in collaboration with Save the Children Fund (USA) which, at the time (1989), was responsible for the Community Development Programme in the settlement. The ICCB funded a consultant (the author of this book) to work on this programme. It was agreed that the consultant would also carry out studies to assess the social and emotional needs of the community resulting from their experiences, and determine the feasibility of implementing an ICCB project to address psychosocial needs. This initial phase lasted for three months. As a result of the assessments carried out with the community, and a sharing of the resulting information with the refugees and agencies working in the settlement, the ICCB implemented what has come to be known as "The Trauma Programme" in January 1990.

The collaboration with SCF (USA) lasted until their withdrawal from the settlement in June 1990. At this point the ICCB worked with Refugee Services (Zambia), a local NGO which assumed responsibility for the Community Development Programme. The ICCB consultant worked in the settlement as Programme Co-ordinator until August 1991 when RS(Z) subsumed the programme under their overall activities. As the programme developed, and thus refugee ownership of the project, continued, a refugee, Mr Elias Mwale, was appointed as Programme Co-ordinator in January 1993. The ICCB has continued with financial support of the project, collaborating with and being advised by RS(Z).

Aims of the book

- To assist the reader in understanding the effects of indiscriminate violence, particularly on women and children, from personal experience and/or as a witness.
- To describe the process of detailed assessment followed by a programme of community based interventions with evaluation to assess the effectiveness of those interventions for refugees from Mozambique in Ukwimi Refugee Settlement, Zambia, who had been subjected to indiscriminate violence.
- To offer some guidelines for the replication of the work carried out in Ukwimi in other settings, for refugees, displaced persons or other communities that have had comparable experiences.

The book cannot be taken as a manual to be followed or a blueprint for action. It does, however, show how the process in Ukwimi developed and it is hoped that readers in similar situations will be able to draw from it.

Who the book is for

The book was originally planned for workers in the field of refugee assistance, for programme planners, managers in NGOs, anyone responsible for short or long term interventions following disasters where violence had been a component..

It may also be of use to social workers, community workers, medical personnel and volunteers, concerned at the current level of violence and seeking community based initiatives to address that violence.

General readers may also find much to interest them as the text is not technical and the book gives an insight into the background to the violence, personal accounts and describes the lives of the refugees in their host country, Zambia.

Acknowledgements

A number of organisations and individuals made this programme possible, and their contribution is gratefully acknowledged:

- Kindermissionswerk (Germany) and Kinderpostzegels (Netherlands) for programme funding.
- Save the Children Federation (USA), who agreed to the development of the programme within their Community Development Programme in the Settlement and gave practical assistance in the form of transport and accommodation.
- Refugee Services, Zambia, who assumed all the responsibilities of SCF when they withdrew from the Settlement in June 1991.
- Lutheran World Federation, the lead agency in Ukwimi who agreed to the inclusion of the programme and whose staff in Ukwimi gave continuous support.
- Médecins Sans Frontière: Dr Eric Kamp.
- World Food Programme: Tony Morniment.
- Danish Volunteer Service, and their Ukwimi representatives, Karl Eric Storm and Yutte Svensen.
- The Refugee Programme of YMCA (Zambia) who took over co-ordination of the project in April 1994.
- In particular, all the refugees in Ukwimi without whom the programme could never have succeeded.

CHAPTER 1

VICTIMS OF WAR

"Before the second war started in Mozambique, we had a good culture. Afterwards people dreamed only of fighting, and of teaching the children how to run when enemies come and how to kill them."

Mother in Ukwimi

The people in Ukwimi, a refugee settlement in Zambia, fled from neighbouring Mozambique to escape the horrors of a bloody and protracted civil war¹. While some still bore the physical scars of the atrocities involved, many more carried psychological scars that would take longer to heal.

Men, women and children alike told how they were forced to watch as family members and friends -- some of them young children -- were tortured and killed. Some children witnessed the rape of their mother or sisters. One boy forced into conscription for the anti-government force Renamo told how he had been forced to pluck a duck alive to accustom him to inflicting pain. Other conscripts were involved in killing their own family.

Not all the people in Ukwimi experienced the brutalities of the conflict at first hand, though many did. But for all, whether forced to flee with nothing but the clothes

¹ The text for this book was prepared prior to the elections held in Mozambique in October 1994. The refugees from Ukwimi have now repatriated to Mozambique and are rebuilding their lives. Many thousands of refugees in other countries are experiencing similar events, and for this reason it is considered that the story of the Ukwimi refugees is worth telling.

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on their backs or after a planned departure, the refugee experience itself was traumatic. Apart from the violence many had experienced, they were affected by fears about the fate of family members, concern about the loss of their home, uncertainty about their future and the problem of adjusting to life in a refugee settlement in a foreign country. As a result, many of the men, women and children showed symptoms of anxiety, stress and vulnerability.

The Ukwimi refugee programme -- which came to be known as the Trauma Programme -- was developed to ameliorate the effects of these traumatic experiences. It was designed as a community based self-help programme -- drawing on the human resources available within the refugee community. Teachers, health workers, administrators and traditional birth attendants were all pivotal. But so too were the men, women and children of Ukwimi who learned to help themselves through helping others come to terms with the horrors they had witnessed. Instead of being encouraged to forget, they helped each other to remember and found support in sharing what they had experienced.

The refugees in the programme, who came from Tete Province, maintained that their part of Mozambique was good. Before the war disrupted their lives they lived mainly as subsistence farmers, growing crops such as maize, cassava, sorghum, cabbages, rape, onions and tomatoes and keeping goats, pigs and cattle. Their diet was supplemented by fish from nearby rivers and by game which was readily available.

But Mozambique has always been a country prone to natural disasters. Over the years drought, floods and cyclones have claimed the lives of thousands of people, decimated crops, destroyed livestock and rendered vast tracts of land unusable. Under such circumstances people were used to moving home and starting again.

The civil war which was to change their lives began not long after Mozambique won its independence from Portugal in 1975 -- the result of a 10-year struggle by Frelimo, the Mozambican Liberation Front. After Independence, Frelimo established a one-party socialist state. One woman recounted how she lost a leg after stepping on a land mine during the war for Independence. She maintained that civilians were innocent victims then, but not targets as they were to become in the civil war that followed.

The political problems which have beset Mozambique stem largely from its strategic position on the coast, its proximity to South Africa and the political complexities of this troubled region. When Mozambique gained independence in 1975, neighbouring Southern Rhodesia was still struggling, and any hopes of a period of stability for Mozambique were soon dashed. In 1976, with the imposition of sanctions against Southern Rhodesia, Mozambique closed its income generating transport routes to and from its neighbour. At the same time, and for the following

three years, the Mozambican Government allowed the Zimbabwean liberation movement, ZANU, to operate out of the country. Southern Rhodesia retaliated with attacks on Mozambique and with the recruitment of Frelimo dissidents and formation of the Mozambican National Resistance (MNR) -- known as Renamo to the rest of the world and to the refugees simply as "the bandits".

Ken Flower, the former head of Southern Rhodesian Security claims responsibility for the formation of the MNR in 1976. When independence came to Zimbabwe in 1980 there were hopes that the activities of Renamo would cease. Instead they found new backers and the attacks intensified.

"Unfortunately the influence of white minority rule did not end with Independence for Zimbabwe. Ian Smith's regime had armed and trained a band of disaffected Mozambicans... South Africa took over the backing for the MNR when the Smith regime fell from power in Southern Rhodesia...The MNR's campaign is to attack economic targets, disrupt transport, destroy communal villages, health posts and schools and terrorise the local population. There are twin goals: to ruin the already unsteady Mozambican economy so that it will become more pliable to the overall political/economic regional strategy of the South African Government and to maintain the dependence of other Front Line States on South African trade routes, Mozambique being their only alternative outlet." (Bray, 1987)

The reports that follow were made by the children, women and men in Ukwimi. For each person, the accounts recalled horrendous memories still affecting every aspect of their lives.

Fatima Phiri, Assistant to the Programme Director, and herself a refugee, interviewed the children known to have had direct experience of Renamo. The interviews were part of her work to assist the children and not just to gain information. They proved invaluable in understanding the background and needs of the refugees. Although Fatima was one of the few women privileged to go to school in Mozambique (95% of the women in Ukwimi had not) she had no prior knowledge of English before coming to Ukwimi. In talking with the children she recorded in Portuguese, later translating into English. The age and gender of the child is as stated, but names have been changed.

Maria Daka age 9 years:

"I was in Morowera Boma where I was staying. At night, Renamo came in my village. They found everybody sleeping. People couldn't run so well because they were sleepy and bewildered. Some died that night

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because they did not know which way to go and ran straight into the hands of Renamo."

Samson Tembo age 13 years.

"This boy said that his mother was sitting near the fire shelling beans. The Renamo came and tied up his father and mother. They slashed his father's head three times and knifed his mother in the back. Then Renamo asked the people whether the couple had any children and they said there were none. Then Renamo took four cows, a goat and all the clothes they possessed. Samson and his brother went with their brother-in-law to Zambia."

Tales of brutality and bestiality were frequent, with the victim's distress often compounded by suffering personal indignity as well.

Margaret Tembo age 10 years:

"Renamo came inside our house and took everything we had. They told us to burn our houses and we obeyed. Then Renamo told us to leave the place.... It was then that my father was surrounded and killed. Then Renamo told my mother to take all her clothes off as well as mine and my sister's. So we came to the border area naked."

Ruth Sakala age 12 years:

"Then my uncle was killed by Renamo and hacked into pieces. And they piled stones on top of him. They killed many other people and burned the bodies on the fire. Then they told us to follow them and carry their things.

During our journey with Renamo we saw other people burned alive inside their homes by Renamo. In one village we found a woman who was boiling water to make beer. They told the woman to cook her daughter in boiled water so she did. She couldn't refuse.

Then we ran away at night, to Chikalawa, border area. On the way back many people died. It was a pitiful journey."

Some of the most distressing descriptions came from those children who had not only witnessed violence, but had been injured themselves.

Tinho Banda age 7 years:

« Renamo came to the village and told the people to contribute mealie meal, goats and chickens. Then they singled out the people they were going to kill. First the Chairman was axed to death in front of his wife and children. His son, Tinho, ran crying to his mother. Then Renamo killed Tinho's mother and the baby on her back. Finally they came back to Tinho, striking three blows at his neck with the axe. Tinho survived and was taken to Katete hospital in Zambia before coming to Ukwimi.»

Information from the women on their experiences prior to coming to Ukwimi was obtained in a variety of ways. When walking through the villages with an interpreter many were ready to talk. Although their lives were full, with the endless and repetitive tasks in the fields and at home, they still found time to sit outside their houses, some smoking the locally produced tobacco, some brewing and drinking beer, others just sitting while they talked and rested.

Attendance at the women's clubs also made it possible to learn at first hand about their experiences of Renamo and their perceptions and concerns about their present way of life in Ukwimi. Here, information was obtained by Lucy Tembo, the Zambian Senior Woman Organizer in Ukwimi.

Maria Banda:

"It was in June 1990 when we had an assessment for the disadvantaged women that I came across a woman who was very badly affected by the terror in Mozambique. When I was interviewing her she could not concentrate and I thought she was mad. She revealed that she had been raped twice by Renamo. I found she was unable to take care of the younger children and was always annoyed and beating the older ones.

On one occasion she was holding a sharp knife. She began to cry saying that when she looked at it she was reminded of her brother and friends who were attacked with that kind of knife. She even started crying.

Two weeks later she told me the reason she had been beating up the older children was because when she was raped the children had

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watched instead of going away. "They were just crying," she said. "Six men, one after another, went on me and my children were not supposed to see my nakedness."

It was unusual for a woman to admit to being raped because she would be disgraced if people found out. It was doubly damning to have been raped in front of her children in a culture where a child is not allowed to see his parents naked, where knowledge of sex is reserved until the child is mature and thus marriageable, and where it is taboo for a mother or daughter even to watch the other dancing.

Joyce Phiri:

"She heard guns in the village and tried to find somewhere to hide, to take cover. She found someone dying from gunshot wounds so ran again. In running she found herself among Renamo. She was with a group of people by this time and Renamo started shooting. She took cover among the dead bodies. The horror of it still comes back to her. All the blood and the dead people. They could not stop to bury the dead when Renamo left but ran."

When the dead were left behind, attempts would sometimes be made to return to pay their respects and bury them in the traditional way, but usually this proved impossible. The women from one village described how there had been so many corpses, the dogs and pigs ate the rotting flesh.

While some attacks resulted only in the loss of food, presumably as stores for the Renamo soldiers, in others there seemed no limit to the bestiality involved.

Joana Tembo:

"Joana described how her Uncle was taken away. When they went back to try to find him they found him tied to a tree, arms and legs spread out. His stomach had been cut open and his neck slit. It was a horrible sight. They cut him down and buried him."

The ways in which these women expressed themselves varied from the impassioned to the emotionless. For some, even to think about the events would make them cry. Others, like one woman who had lost three children and her husband, sat shelling maize as she talked without any apparent display of feeling.

The women's experiences - in Mozambique, during flight, at the border and in Ukwimi - were all described with an emphasis on the suffering endured. One of the most common statements was: "We are suffering, we are used." Underlying this was a sense of feeling powerless to effect change and of the inevitability of hardship and sorrow.

The experiences of the men in Ukwimi were also recorded, together with their perceptions of Ukwimi. Seven of the eight pre-school teachers were men. They shared their accounts of their flight from Mozambique, and were very forthcoming about their current lives. Although some men in the villages were prepared to talk to Fatima, this was more difficult. Within the culture it is normal for women to talk to women and men to men. It is not normal for a man to share his life and feelings with a woman.

The Social Development Assistants, all of whom were male, were very helpful in providing general information, and occasionally acted as interpreters at the Community Development Meetings where 99% of those attending were men, and where only men contributed. For the men, their role as protectors of the family had been shattered by their experience of Renamo. They had been powerless to stop what was happening, powerless to protect their wives and children.

During the first training course for the pre-school teachers they were asked, as part of an exercise to write down their experiences, their last and most vivid memory of Mozambique. One example, from Kaitano Tembo, was:

"I was at school when Renamo came. They rounded up the Head Man, his wife and their children and tied them all together. All the people were called to witness what would happen to the leaders of Frelimo.

A soldier was asked to lead the killing. He chose an axe but this was too sharp. He selected a more blunt one.... so they would suffer more. He started by hacking the husband to death and then the wife. Then the children one by one. The youngest he picked up and smashed against a tree. They killed them all that way."

The men explained that they had tried to protect their children. Many had obtained guns for this purpose, but in the face of an attack they were usually powerless.

The children's accounts revealed how some of the men tried to protect themselves by informing on others who were associated with Frelimo, usually leaders or rich men and who were "more valid targets" than themselves. In the discussions none of the men admitted they themselves had behaved in this way, but all agreed that the memory of this would be very hard to live with. Failure to comply with the demands of Renamo meant death, and some did things they will never be able to forget.

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One of the hardest things for families to live with was not knowing what happened to their menfolk. They may have been dead or they may have joined Renamo. Reflection on the two possible options left children confused and distressed. They could hardly wish their father dead, yet the thought of him as part of Renamo killing other children like themselves was unbearable.

The phenomenon of survivor guilt has been well documented. Beverley Raphael (1986) says that *"the guilt of survival comes from many sources, among them relief at not having died oneself; the sense that one's own life may have been purchased at the cost of another's; guilt for those one did not save; guilt over those who were influenced perhaps to their deaths by one's decisions; guilt over being as one always knew 'undeserving' of being saved."*

One of the pre-school teachers could never come to terms with the guilt he felt for the death of his brother. He never explained the exact circumstances, but said his brother had been killed not for himself but because he was a teacher. He spoke of this as being a recurring source of anguish. Why his brother and not him?

It was not surprising that, after their experiences in Mozambique, some of the men now had a sense of inadequacy. With no clear sense of direction for the future, some turned to drink. The women brewed beer from sorghum or maize and both men and women drank it, usually in single sex groups. For some with little else to do, drinking took up a large part of their time - with the inevitable consequences of family neglect, spouse abuse and self neglect.

There was a continuing problem of violence in the settlement. While the reaction of some was to withdraw and become fearful, others were described as being on a short fuse, using excessive force to make a point and lashing out at the children. There were also cases of extreme violence against women. In Mozambique the presence of the extended family would have afforded some degree of protection for the woman, since the husband would have been answerable to her family. Abuse of the elderly was also occurring in Ukwimi - an unusual occurrence in a society where age is respected. In one incident a man used a large lump of wood to inflict injury on a woman and her mother in the middle of the village. It was so excessive that a link with the brutalities seemed more than probable.

CHAPTER 2

UKWIMI REFUGEE SETTLEMENT

« We are suffering; we are used »

Women in Ukwimi

The majority of the refugees settled first along the Zambian border before being moved to Ukwimi. Some had been there for up to three years, married to Zambians and settled in villages. When Renamo incursions across the border resulted in Zambians being killed, the Government decided to remove the refugees and create a special settlement. The site chosen for Ukwimi was virgin bush in the Eastern Province of Zambia, 65 km south of the nearest town, Petauke. When Ukwimi first opened in May 1987 there were only 250 Zambians in the area living in 12 villages and the settlement took its name from one of these villages. The land was donated by the Zambian Government and in the course of three years the area was transformed from uninhabited bush to a real community.

The Settlement could be reached along a gravel road. At the time of the project, there was no telephone and no mains electricity. Everywhere there is dust, a red/brown dust that is blown into every nook and cranny. During the dry season, there are strong winds that blow away the topsoil, sometimes whipping up whirlwinds so strong that thatched roofs are destroyed.

A 90 km network of main roads was established in the Settlement to extend over a 310 sq. km area. These roads were maintained by hand - a continuous task in the face of encroaching plant growth and the onslaught of the rains.

The administrative centre was known as the "BOMA". There are two definitions for this: "British Overseas Military Administration" and "British Overseas Management Administration". Both are a legacy from the colonial period but the

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name has stuck for the administrative centre everywhere in Zambia. All the Government and Agency (NGO) staff had their offices at the Boma, apart from the police, who are located near the gate.

When the ICCB project was launched in 1989, there were three schools in the Settlement, for Zambian and Mozambican children. Three more were under construction and were due to open at the beginning of 1991. There was a central clinic, later supported by three additional smaller clinics. Community Centres were constructed as part of the Skills Training programme and used for classes, community meetings, and by the women's clubs.

The Lutheran World Federation/Zambia Christian Refugee Service (LWF), was responsible for the reception of refugees in Ukwimi, infrastructure development (roads, boreholes, building), agricultural development, technical services and school building and development (but not education). LWF was the lead agency in the Settlement, the Manager chairing the Steering Committee for Settlement Development.

The health and sanitation services were developed by Médecins Sans Frontières (MSF France). Once established, the clinics were handed over to the Ministry of Health, and responsibility for sanitation passed to Refugee Services (Zambia). The World Food Programme provided basic foods for the refugees during the so-called period of dependency, the first two years of their stay in Ukwimi. After two years they were expected to have become self-sufficient through subsistence farming.

The Save the Children Federation (USA) was originally responsible for community development: establishing the village and satellite (groups of villages) structure to encourage the refugees to take on the responsibility for developing their own community; development of women's clubs; the construction and running of pre-schools; the initiation of a co-operative (later the responsibility of LWF); the development of a Skills Training programme (funded by the Otto Beneke Foundation and run by Danish volunteers); and the establishment of a fruit tree nursery, with financial backing from Austcare.

The Government representatives in the Settlement were from the Ministry of Home Affairs and responsible for security. The Ministry of Education staffed the schools from the outset. The Ministry of Health presence increased after the withdrawal of MSF in October 1990.

There was no police presence in the Settlement before the end of 1990. Prior to that any problems had to be dealt with by the police in Petauke, but the lack of both transport and a telephone placed an impossible burden on everyone.

In June 1991 SCF withdrew from Ukwimi. A new agency, Refugee Services (Zambia), RS(Z), set up jointly by UNHCR and the Government, moved into the Settlement to take over the functions carried out by SCF, and with a brief to take up any work still needed when LWF also would depart.

Ukwimi became a large and complex development. Because of its isolation, the Settlement had to be self sufficient, and this required certain resources which are hard come by in Zambia. Transport was a major problem. Poor road conditions damaged vehicles which could then lie idle for long periods due to the lack of spare parts. Most people found a bicycle the best form of transport.

Water, one of the essentials of life, was crucial in determining the site for Ukwimi. The sources here are deep, too deep to be tapped in shallow wells. Each village had a bore hole. The pumps for operating these were not complicated but they were made in Germany and the spare parts too had to be imported. They were in constant use throughout the day as women and children drew water for cooking, washing and bathing. The water was pure but regular checks had to be made to ensure there was no contamination. A major concern when all the agencies withdraw was who would maintain this equipment. There was no other source of water to sustain the population except in the rainy season when the rivers were full. Five dams were constructed in Ukwimi, but these would not contain enough water for all to survive.

Ukwimi was an agricultural settlement and the emphasis was on encouraging self sufficiency. The first refugees to arrive stayed some time in the Reception Centre. They were then given tents and supplies before being taken into the bush where they would build their homes. Once the settlement was established, new arrivals were screened and given ID cards before being taken to the village location. They were given basic tools - an axe, slasher and hoe - and the first part of their food supply and then required to make homes for themselves and begin the cultivation of their fields. Each family was given two hectares of land. After two years they were required to be self sufficient.

For anyone who has seen or worked in a refugee camp where a climate of dependency is perpetuated, the system in Ukwimi made a very positive and welcome contrast. It is dehumanizing to be in a situation of total dependency where others make all the decisions and where children respond more readily to the guards than to their parents.

In Ukwimi, the plan to enable refugees to take full responsibility for their lives was commendable. However, at the time insufficient account was taken of the high proportion of unaccompanied women with families, the disabled and the elderly. How could they be expected to clear their fields and build their homes without the assistance of a man? For many of the women the hardships imposed by the policy of self

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sufficiency caused as much distress as their experiences in Mozambique, thereby compounding the symptoms of their trauma.

By the end of 1990 there were more than 21,000 refugees in the Settlement and, with an annual birthrate of 4.8%, it was not expected that any more new arrivals would be settled in Ukwimi. Settlement was always by arrival time, and not by family or tribal group. The two main tribes, Senga and Chewa, are closely related and similarly affiliated to the indigenous Zambians of the area with the same language. There are some differences but communication is not difficult and any problems were easily overcome.

The villages were constructed so that they blended into the background of the bush. The houses were built in the traditional way, using locally available materials. They had a wooden frame, mud walls and a thatched roof made out of bush grass. Some were built on stilts in an attempt to combat the cold and enable a through draft in the heat of the summer. This enabled a fire to be lit underneath in the winter months and gave some protection against the rats which regularly infested the place, eating clothing and biting hands and feet in the night. This method of construction has been used for generations. Some of the properties were decorated, using wood ash which is white and different clays that are readily available. The pictures were quite simple and traditional: animals, flowers, sometimes the name of the resident. Others have reminders of the war that has been left behind, soldiers, guns, helicopters.

The village was never silent at any time of the day, though there might at first be little sign of the refugees. There were always the chickens scratching about, a few children playing and small groups of men or elderly women sitting in the shade outside their houses and talking. At all times the fires were smouldering, ready to be fanned into action as soon as needed. If one should go out there was always a neighbour's fire from which some embers could be carried in a piece of bark to rekindle the hearth. The fire was important since the preparation of food takes much time. Often it was the children who carried burning embers and it was not unknown for them to fall and be burned.

In many ways the lives of the refugees were much as they would have been in Mozambique where the women who do most of the work in the village after the men have built the house. Their tasks start early, preparing food, sweeping the surrounds of the house, and caring for the children. The appearance of the village is important, and this is one way in which it is possible to determine some of those who have been badly affected by their experiences in the war and by their refugee status. In common with the depressed anywhere, one of the first symptoms is a deterioration in personal appearance and environmental care.

Much of the women's work is related to the food they must produce for the family. This must be prepared for storage, stripping the maize and pounding the grains, shelling beans and ground nuts. The staple food is nshima, prepared from powdered maize and water. The introduction of hammer mills was extremely important for the refugees. The women preferred to walk many miles to the mill rather than do the pounding themselves. The mill turned out a finer mealie meal which they found more palatable, even though it was not as nutritious.

Other foods which the refugees were used to eating were not always available. When life was already hard, it was particularly distressing for them not to be able to prepare foods that they were used to and enjoyed. When people are under stress, their diet can be very important. Familiar food is a comfort.

For the first two years the refugees received an allocation of basic foods from the World Food Programme. The only sources of protein in this were beans and golden soya. Although soya is highly nutritious, it was unfamiliar to the refugees who found it difficult to accept, despite demonstrations of how to use it, and explanations of its nutritional value. Lack of protein was a constant problem in the settlement and the cultivation of ground nuts was encouraged as an alternative source of protein.

Although day-to-day survival in the villages took a lot of time and energy, the refugees retained an outstanding ability to get beyond their hardships and enjoy life. Singing and dancing are very much part of their culture and enjoyed by all, usually with the addition of home brewed beer.

While Ukwimi continued to provide a safe haven for the refugees and an opportunity to live much as they would have done in Mozambique, for many it was still not "home" and most will return to their own country now that the war has ended. It is a rural settlement with little opportunity for the few professional people to practise their skills and extremely difficult for them to settle, especially those who used to live in towns.

CHAPTER 3

THE CONTRIBUTION OF RESEARCH ACTIVITIES TO THE UKWIMI PROJECT ²

Introduction

The research work conducted in Ukwimi was designed as a needs assessment. It was considered important to understand how the refugees psychological well-being had been affected by their experiences. At the outset, it was intended that information gathered at this stage of the project would be shared with both the refugees and the agency personnel working with them.

Coping with the effects of a series of negative life events can be difficult enough even with access to normal social support systems. Refugee settlements, however, can rarely be termed as caring environments and the refugee population is ill-prepared for the change in life-style that confronts them. When this is coupled with widespread experience of traumatic events in the community, the chances for the refugees to overcome their difficulties are limited.

The discussion of the findings from the research studies served to validate the perceptions of the community, both refugees and staff. For many of the refugees this was an important step towards accepting and understanding many of their emotions and feelings as normal. Previously they had been reluctant to speak of how events had affected them. When they realised that their difficulties and problems were shared by

² This chapter was written by Margaret McCallin, Director of the ICCB Refugee Children's Programme.

many others, this gave them some relief and hope of working towards improving their situation.

Thus the concept of 'normality' directed both the methodology of the research, and the ways in which the research findings were implemented in the subsequent intervention programmes. Our aim was not to identify the incidence of specific mental health problems, but more to understand from the context of the refugees' experiences the complexity of inter-related factors which may affect their psychological well-being. Our interpretation of the information, therefore, was guided more from within a stress model than a "sickness" model. That is to say, the effects that were identified were conceptualized as normal responses to situations of extreme stress, rather than "symptoms" that denoted mental illness.

To state that so many per cent of a refugee population is suffering from depression, anxiety disorders, or post traumatic stress disorder really adds little to our understanding of how to respond. It can also be counter-productive, as the situation may appear so overwhelming as to defeat any response implemented within a Western therapeutic model.

Many of the Mozambican refugees had experienced traumatic or life-threatening events, which would undoubtedly have serious mental health consequences. Focusing only on the experience of trauma, however, leaves aside the extent to which members of the community are also affected by the disruption of normal life, and the instability and uncertainty that confronts them in the settlement. Implementing specific mental health programmes may marginalize those who are identified as traumatized whilst failing to address the needs of others who may be suffering severe consequences due to the influence of other stressors.

The information from the research activities does in fact indicate a cumulative and pervasive impact on the refugees' psychological well-being due not only to the experience of trauma, but also to current life events and living conditions. Given this situation, it was considered more appropriate, therefore, to set the process of intervention within the community, rather than to implement a more traditional therapeutic model.

Results of the Research Activities

1. The Adults

In the course of the research studies, we sought to identify the influence of traumatic events, and daily life events and living conditions on the refugees'

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psychological well-being. Two studies were conducted, the first of which involved interviewing 110 women. (McCallin & Fozzard, 1990)

Stress related to traumatic events

Based upon reports of the situation in Mozambique and discussion with the refugees, a number of traumatic events was described. For each event, the women were asked whether they had been victims directly, or had witnessed, or knew of someone who had suffered the event. They were asked to what extent they experienced pain or distress when thinking about the event (a great deal; to some extent; a little or not at all), and how often they thought about it (frequently; sometimes; never). Table 1 details the percentages who had been direct victims of a traumatic event.

Of the women interviewed, 87 reported experiencing trauma - a total of 698 events in all. They had been direct victims of trauma in 244 (35%) instances. For those situations where they reported witnessing, or knowing of another person who had been a victim, the individuals involved were predominantly family members.

One woman was completely alone in the Settlement. Whilst she reported never having been harmed directly, she had been forced to watch the abuse, torture and subsequent murder of her husband and all her children. This would constitute a very particular form of victimisation. The experience of victimisation was the most devastating for the women. Even an awareness of the seriousness of the situation in Mozambique, did not prepare us for the shocking extent to which these women had been exposed to traumatic events.

Table 1: Percentages for Victims of Traumatic Events

1	Witnessed a murder	44.0
2	Injured by violence	11.0
3	Raped/sexually abused	2.0
4	Interrogated or detained	12.8
5	Tortured	32.1
6	Threatened/humiliated by verbal abuse	40.3
7	Experienced a house search	39.4
8	Forced to participate in military activity	20.2
9	Property or cattle taken	41.3
10	Separated from her children	23.9

The experience of traumatic events creates considerable stress for the women, as memories of their experiences intrude frequently upon their thoughts. Their capacity

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to cope with their present situation is severely affected by their previous experiences. This intrusion of thoughts about disturbing events is very common for people who have experienced trauma and is emotionally debilitating. They do not simply remember that an event occurred, but relive it, with all the emotions of fear, horror and personal vulnerability that were experienced at the time. Many of the women were exposed to multiple trauma. The effects of this are likely to lead to depression, generalized anxiety, low self esteem and feelings of powerlessness and vulnerability.

Current stressors

Thirteen daily life situations were described. As with the questionnaire for traumatic events, the women were asked to what extent each situation caused them strain or distress, and how often this occurred.

Table 2: Percentages for Stress Associated with Daily Life Events

1	Thinking about family in Mozambique	77.0%
2	Thinking about the political situation in Mozambique	77.4%
3	Thinking about the violence and fighting in Mozambique	84.4%
4	Financial troubles	73.4%
5	Difficulties in relationship with husband	36.0%*
6	Difficulties in relationship with children	50.5%
7	Problems caused by relationships with people in the host community	24.7%
8	Exposure of children to violence caused by situation in Mozambique	44.0%
9	Children's educational prospects	55.5%
10	Mother's own health	65.0%
11	The health of her children	69.7%
12	Access to medical facilities	43.1%
13	Thinking about what the future will bring	56.8%

* Percentage computed for married women only.

Table 2 details the percentage of women reporting stress associated with each situation. The questions were intended to reflect daily personal concerns of the women, taking into account the situation from which they had fled, and the stresses that could arise as a result of the abrupt change in their circumstances.

The situation in Mozambique caused them great concern. Given their own experiences, it is not surprising that the majority of them think about and are affected on a daily basis by the on-going violence. Certain of the situations described, e.g.

concerns about money, health, education, family relationships, also occupy them a great deal. These concerns are not surprising for people in an impoverished and uncertain environment. Over-laying them, however, and certainly compounding their effect, are the worries about their families, and the events occurring in Mozambique which were reported by the majority of the women.

The Relationship between Trauma and Daily Life

The women's scores were correlated for intensity of stress related to traumatic events and current stressors. There is a direct relationship between scores for the two conditions. If a woman experiences high levels of stress associated with traumatic events, she will also experience high levels of stress associated with current stressors. Those women who had been multiply traumatized were thus the ones who were experiencing most difficulties with everyday situations.

"Many persons... have suffered such overwhelming experiences of horror and loss that their attitude has become one of waiting for their own catastrophe... Constant anxiety progressively confuses the analysis of real risks and of the limits of threat in relation to personal security. People devote a major portion of their time attempting to control fear or to feel secure. With this as the goal, the personal sphere of activity and social participation becomes limited." (Salimovich, Lira and Weinstein, 1989)

Being a victim of just one traumatic event in itself has the effect of raising to a significant degree the stress associated with daily life events. Many of these women were direct victims of violence not once, however, but several times. Their experiences are likely to affect them severely. The effect of daily life events, which are in themselves stress-provoking, is certainly compounded by the experience of trauma.

Intervening Factors

The information on stress due to traumatic and current life events was related to certain factors in the women's living conditions, particularly the extent to which they had access to family and community support structures. Certain conditions, generally termed Vulnerability/Protective Factors, can be important in determining how people will respond to stressful life events. They can serve to protect an individual, diminishing the impact of exposure to stressors on mental health. (Punamaki, 1986) Alternatively by their absence, they can increase an individual's vulnerability with the likelihood that exposure to stressful life events will have a negative impact on psychological well-being. Table 3 describes the principal factors in the women's social support network.

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Table 3

1	Married	76.1%
2	With the husband in the settlement	73.4%
3	Average number of children	5.6%
4	Family size	1-11 Children
5	Members of extended family living in the same household	28.4%
6	Members of the extended family nearby and seen frequently	47.7%
7	Extended family a source of support	57.8%
8	Family an additional source of stress	9.2%
9	A family member to whom they can turn for emotional support	71.6%
10	Friends nearby	64.2%
11	Affiliation to a religious group	57.8%

The majority of the women do have access to family and community support structures, which normally are seen as protective factors in times of stress. Certain of these factors operate in a differential manner to diminish, but not totally alleviate, the stress associated with specific events and experiences. Certain conditions in the women's present situation serve to lessen the impact of stress associated with traumatic events. Living in the same household with members of the extended family, perceiving the family as a source of support and having friends nearby are all positive factors which significantly reduce levels of stress related to traumatic events.

One explanation for these effects is that the women are able to share their experiences. Being able to talk about disturbing events particularly with someone who has been in the same situation, or who knows and is sympathetic to what you have experienced, can reduce their impact.

Two conditions in the women's personal situation also influence the extent to which they are affected by current stressors. Women who are unmarried and women who perceive the extended family as a source of stress are significantly more affected by these daily concerns than the other women. These two conditions would appear to increase the vulnerability of the women, making them less able to cope with their daily problems.

It is encouraging to see that, despite the very stressful situation experienced by the community, certain of these support factors are operating in favour of the women. Theoretically, however, one should not expect too much in the way of positive influence from this source. The woman's family is likely to have suffered similar

traumatic experiences, and will also be affected by present conditions of life in the settlement. They may themselves not have emotional resources to support her. The results do indicate those women who are likely to be most vulnerable, and also which factors in the women's social network function to support them.

Differences Between Men and Women

In the second study 102 men and 110 women were interviewed. The same sets of questions were asked as in the first study, with the addition of new items relating to current stress. The Demoralisation Scale from the Psychiatric Epidemiological Research Instrument (PERI) was also used in this study, as a measure of psychiatric outcome.

Concerns relating to daily life events occupy both men and women to a considerable extent. There is a tendency for the women to worry more about general concerns, such as their relationships with their partner or their children. The men focus more on the specifics of their situation, such as attention to health and educational needs.

With respect to the experience of traumatic events, the study revealed that in most cases the men had been victimised to a greater degree than the women. The average number of events involving the men as victims was 3.4; for the women it was 2.0. They also reported higher rates of witnessing or knowing of traumatic events. As in the first study, it was predominantly members of their families who had been victims of these events.

Of all the traumatic events described, that of forcible military activity had the most pervasive impact on the extent to which both men and women are affected by daily life concerns. It is likely that this event in fact subsumes many others. That is to say, during this period most people who were taken by Renamo had probably experienced other forms of victimization, or had seen others victimized. The fact of being forcibly taken, which implies a sense of helplessness and vulnerability, can in itself influence the refugees, but it is the implication of all the other events that were experienced at that time that most likely accounts for the particular influence of this variable.

Greater exposure to trauma does not appear to entail higher levels of emotional distress for the men. The results from the PERI Demoralisation Scale (see Table 4) indicate in fact that the women experience more elevated levels of emotional distress.

With the exception of Confused Thinking, Feelings of Self Esteem and Psychophysiological Symptoms, the psychological well-being of the women is affected to a greater degree than that of the men. It is important to note that these results do not

imply that the men are unaffected. The results reveal gender differences only in terms of the degree to which men and women are differentially affected. Both the men and women who participated in the study are severely demoralized.

Table 4: Mean Differences By Gender On Demoralisation Scale

	Men	Women
Anxiety	11.38	13.41*
Confused Thinking	4.16	4.24
Dread	4.21	5.62*
Helplessness	4.08	6.26*
Health Concerns	2.89	3.32*
Self Esteem	11.33	11.51
Psychophysiological Symptoms	8.78	9.08**
Sadness	3.86	4.81*
Total Demoralisation Score	50.25	57.27*

* Denotes a statistically significant difference between the two groups.

** Questions on this scale asked about symptoms that closely match those of malaria. Due to the high incidence of malaria in the population, results for this sub-scale have been treated with reservation.

One explanation for this differential effect may be the extent to which the men report greater access to protective factors than the women. A 'Protective' Index was generated using certain of the Vulnerability/Protective Factors (see Table 6). The mean scores on this index were significantly different for men and women: Men = 8.19; Women = 6.54.

The men are much more likely to have a partner with whom they live, and to have greater access to their own extended family. This presumably reduces the burden of family concerns for them. In these two respects, the women who are alone, or without family nearby, will be more vulnerable to negative consequences for their emotional well-being. The men also experience greater social support outside the family network, through friendships and membership of clubs, committees and religious organisations. This might imply that they have more time for these activities than the women. To some extent, this may be linked to the greater number of women who report that they work. This question was worded to determine how many of the refugees had an opportunity to work outside the home. However, their responses to this question refer to work activities related to their family life: tilling their fields and household work. These activities take up a considerable portion of the women's time, leaving them little for additional activities. Any emotional support they do experience from friends or family is likely to occur during shared activities related to their family responsibilities.

Table 6 : Protective Index

		Men	Women
1	Works	61.8	83.6
2	Married/Lives with someone	94.1	66.0
3	Extended family in same household	24.5	22.7
4	Extended family nearby	82.4	57.3
5	Family member who gives emotional support	66.7	71.8
6	Friends	78.4	42.7
7	Religious affiliation	55.9	45.5
8	Someone to talk to if worried	72.5	53.6
9	Member of a Club or Village Committee	50.0	17.3
10	Family perceived as a source of support	55.9	49.1
11	Family perceived as a source of stress	18.0	23.0

Trauma and Emotional Well-Being

The experience of traumatic events does not appear in itself to influence the refugees' feelings of demoralisation. When scores on the Demoralisation Scale were compared for victims and non-victims, there was no difference between the two groups. One might have anticipated that the personal losses of the refugees would be reflected in the degree to which they experience emotional distress. Their living conditions and the influence of daily life stressors also affects them, however. Their level of demoralisation appears to be the sum of the negative effect of their experiences. This may blur *"the capacity to discriminate emotionally among individual losses, the response being to the total loss, irrespective of its individual components."* (Lima et al, 1987) Less than any individual events, it is the interactive effect of the negative conditions they experience, reflecting both past and current life events, that influences their emotional well-being.

What emerges most significantly from both studies is the need to consider the complexity of the situation confronting the refugees. A range of inter-related stress factors directly influences their psychological well-being, the effects of which are mediated to a greater or lesser extent by certain conditions of life in the settlement. In such a situation it is difficult to portion out the relative effects of specific conditions. Their efforts to cope could be conceptualized as an emotional balancing act, with the effect of the experience of trauma, in conjunction with current life stressors, being such as to tip the scales against them.

The horror of their traumatic experiences is very distressing, and can lead to a focus on this situation to the exclusion of other conditions. There is a temptation to think that refugees who have not been "traumatized" are unaffected. The data reveal that this is not the case. If interventions are directed only at what are considered the consequences of exposure to trauma, then the needs of many people suffering extremely stressful conditions will be left unattended.

2. The Children

One of the principal concerns of the research studies was to determine those psychosocial risk factors which might influence the children's developmental needs. An assessment was made of the effects of events within their own immediate experience, and also the extent to which they were affected by conditions which influence family functioning.

Information on young children aged 7 to 12 years was obtained from the mothers who participated in the first study outlined above. Information was collected on the child's experiences, and the mother also completed a Stress Assessment Schedule, which describes behaviours that children under stress are likely to manifest. The mother was asked to what extent she observed these behaviours in her child: frequently; sometimes; never.

119 adolescent refugees aged 13 to 17 years were interviewed directly, using a version of the Stress Assessment Schedule modified for self-report, and for the age group in the study. The adolescents also provided information about their living conditions and their own experience of traumatic events.

The Influence of Trauma

As with the adults, the experience of trauma was broken down into those events in which the children had been victims, and those where they had witnessed or knew of another person who had been a victim.

Young children had experienced a total of 173 events, and had been victims in 59 (34.1%) of these events. Of the 114 events which the child had witnessed or knew about, 50% involved family members. The experience of trauma was confined to 48 of the 110 children in this study, who had been multiply traumatized.

The adolescents had experienced trauma to a greater degree than the young children; a total of 362 events. These were reported by 82 of the group, with 37 having

no experience of the events described. A total of 98 (27.1%) cases of the child as victim were reported. Family members accounted for 39.1% of victims of events which they had witnessed or knew about.

The behaviour of the majority of both young children and adolescents was characterized by generalized feelings of anxiety and fearfulness. Witnessing or knowing of a traumatic event had a measurable effect on the extent to which both groups manifested stress-related behaviours. The more events a child had experienced, the more he/she would be affected.

Those children who had been victims of trauma were particularly affected. This was evident in the differences in scores between high and low scoring children. For the younger age group, the average score on the Stress Assessment Schedule for the high group was 37.9; for the low group it was 4.0 (High and Low scores were determined by taking the upper and lower 25% of scores). The 28 children in the high scoring category had been victims in 41 instances, and those in the low scoring category in 11 instances. Certain items were more likely to be checked for children who had been victimized, indicating a very strong effect on their social and emotional development. They are the ones who most likely blame themselves for the events they experienced; express hopelessness for the future; are lacking in trust and confidence; are angry and vengeful; and lack trust and confidence in themselves and others.

Family considerations

The emotional well-being of the young children is significantly affected by the mother's levels of stress associated with both traumatic events and current life events. The more a woman reported difficulties in relation to these situations, the more her child would manifest stress-related behaviours. This effect was particularly apparent for children whose mothers had been victims of trauma. Knowing that a parent has been victimized can in itself be stress-provoking. "The children's feelings of extreme vulnerability are related to the harm inflicted on the figures that represented their security and protection ... Children observing their parent's helplessness in face of danger, also feel defeated and defenceless" (Salimovich et al., op.cit.). What emerges from the studies is that many of the children are developing in a negative and unstable environment. Both mothers and children are under stress. "*The emotional state of the mother mediates between the children's psychological functioning and experience of traumatic events*" which can lead in turn "*to an additional stress on the mother*" (Punamaki, op. cit.). The danger for the children in these situations is the potential for a vicious cycle of un-met needs. A mother under stress, with her own emotional needs un-met, is not likely to be able to establish effective and sensitive child-care routines for her children.

Other information from this community indicates that there is a high incidence of family violence, particularly as experienced by the women, and alcohol consumption is at times excessive. The extended family system has been severely disrupted, due either to the violence in Mozambique, or because families did not always move intact. This has resulted in further negative consequences for some children, particularly those in female-headed households which have lost traditional family support structures.

Consequences for the Children

The events experienced by the adults, and the living conditions which now confront them have a serious impact on their own psychological well-being. Parallels can be drawn from related research studies which have application to the conditions experienced by many refugee women. Experiencing a poor and stressful environment, for example, is considered a contributing factor to the development of what has been termed an "apathy-futility" syndrome in neglecting mothers, who are described as "*incompetent, passive, apathetic, unresponsive*" (Polansky et al., 1968 & 1981).

Many refugee women are observed as being distant or uninvolved with their children, but this is not always understood as a function of their own reaction to the events they have experienced. The babies and toddlers, often considered less at risk for harmful consequences to their psychological development, will be especially vulnerable to the consequences of this "psychologically unavailable" pattern of caregiving. The adverse effects of their experiences on the mothers' emotional well-being may be such as to disrupt the development of a normal affective relationship between mother and child.

In the course of a longitudinal comparison of children in different abusive situations, it was concluded that "*the psychologically unavailable pattern was particularly devastating to the child's development*" (Egeland & Erikson, 1987). A sharp decline in intellectual functioning was observed, and the children manifested attachment disturbances and subsequent lack of social/emotional competence. Failure to thrive has also been attributed to situations of emotional neglect. (Schakel, 1987)

Given the results from the research studies with the Mozambican refugees, the implications of such information for the development of refugee children is considerable. One would anticipate that strategies to address the problem, incorporating both child and parent-centred interventions, would result in a more positive developmental outcome for the children. Reaching the children through their families, as well as by intervention directed specifically at their needs, can re-establish a balance in their lives, which may have been disrupted as a result of family dysfunction.

Healthy development depends on the fulfilment of a range of needs in inter-related domains. Good health and nutrition, for example, are recognized as having a positive effect on a child's social and psychological development. *"Less widely recognised, however, are the more recent findings that developmentally sensitive inter-action with a child - namely, psychologically and cognitively - has a direct and measurable impact on both the health and nutritional status of the child"* (Himes, 1989). The research studies indicate that the emotional well-being of the Mozambican children is influenced by the well-being of their parents. It is important, therefore, that we consider the context of the child's experiences when implementing intervention programmes. Focusing on treating only those negative outcomes observed in the children may have limited benefit, and will not necessarily occasion an improvement in their overall situation. By also addressing the needs of the parents, the possibility exists to *"build on the natural opportunities that arise within the family to foster the full development of the child's potential"* (Himes, op.cit.).

The needs of the parents must also be understood from within the context in which they are functioning, and by identifying those factors that give rise to emotional distress. By focusing on the consequences of disturbing life events, therapeutic models of intervention tend to be concerned with "closure" on one-time traumatic events, such as natural disaster, or witnessing the murder or abuse of a loved one. In this context, therapeutic intervention is both necessary and beneficial.

The research studies with the Mozambican refugees, however, reveal a continuous, on-going process that has a negative effect on the refugees' emotional well-being. In such a situation, less than closure on the events, they need to be able to develop coping strategies to enable them to confront their situation with some measure of personal control. We cannot change many of the conditions that they experience. Sadly, they are inherent in any situation of forced migration. Increased awareness and understanding of how they are affected by these conditions can, however, assist in the development of programmes of intervention that facilitate a more constructive response to their psychological needs.

As stated earlier, the research studies were designed to inform the process of intervention with the Mozambican refugees. The results, however, also have a wider application as they increase our understanding of the ways in which refugee communities respond to the negative life events which confront them. They offer an opportunity for developing a more sensitive and informed response to psychosocial needs occasioned by forced migration.

CHAPTER IV

PLANNING THE PROGRAMME

"Our research has shown that, in many situations it might be better and less costly as well to strengthen available informal ties to kin and community than it would to introduce additional layers of bureaucracy into delivery of services."

Professor Emmy E. Werner

The temptation for a consultant is to proceed as the expert, "the one who knows". Indeed this is a much more comfortable position for the professional. It is not so easy to be the one asking the questions, with no clearly formulated plan to share and follow. After all, the professional has been called in to advise, so why all the questions?

The most effective role in Ukwimi for the Project Co-ordinator was to act as a catalyst, to gather all the available resources, human and material, and enable the community to develop ways of using these to resolve their problems and build on their strengths.

Although one of the first tasks was to carry out detailed assessments, a number of interventions began in parallel with this. These involved a training programme for the pre-school teachers and work with the Women Organizers in the villages through the clubs for the women. Similarly, the process of assessment was not confined to the beginning of the programme, but continued throughout, with identification of further need for assessment being manifested as the programme developed.

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The main component of the emotional and social assessments for the refugees was the use of detailed assessment schedules. The first of these was completed in 1989. (McCallin & Fozzard, 1990) The assessments demonstrated very clearly the extent of the problems. The women were identified as experiencing distress as a result of current stressors and stress related to the traumatic events in Mozambique. The children were also found to have been affected by trauma, leaving them a legacy of fearfulness and vulnerability. Nor was this confined to those children with direct experience of the violence. Many were responding to the high anxiety in the mothers. Thus highly stressed mothers were producing highly stressed children (see Chapter III).

While the research findings were crucial for the development of the programme, so too was the observation and open ended discussion among the refugees and the staff who had been working in the settlement since its inception in May 1987. For example, the programme was designed to address the psychosocial needs of the refugees, but when they pointed out that current physical discomfort from the lack of clothes and adequate food were major causes of distress, it was evident that more than psychosocial interventions were needed.

There is a tendency in assessment to look only at problems, with subsequent intervention consequently implemented within a "sickness" model, or a medical model of care that concentrates on the sickness, or the "dis-ease" being experienced. Treatment follows with an aim toward cure. This is not in any way to disparage the necessity of medical care. However, in addressing psychosocial needs, a different model that assesses and incorporates personal, cultural, community and environmental resources was deemed to be more appropriate.

Werner and associates (1971) found that some individuals triumph over their environments. She was not looking at children who were refugees, but at high risk children from families in extreme poverty, children suffering abuse and neglect, the product of alcoholic or drug addicted families. Instead of becoming casualties, some not only survived, they thrived. She identified these as resilient children.

"We identified a number of protective factors in the families, outside the family circle and within the resilient children themselves that enabled them to resist stress. Some sources of resilience seem to be constitutional: resilient children tend to have characteristics of temperament that elicit positive responses from family members and strangers alike. We noted these same qualities in adulthood. They include a fairly high activity level, a low degree of excitability and distress and a high degree of sociability....Resilient children also seemed to find a great deal of emotional support from outside the immediate family."

Professor Werner concluded that *"assessment and diagnosis, the initial steps in any early interventions, need to focus not only on the risk factors in the lives of*

children but on the protective factors... Our research has shown that, in many situations it might be better and less costly as well to strengthen available informal ties to kin and community than it would to introduce additional layers of bureaucracy into delivery of services."

Certainly in Ukwimi, a key element in the programme was the identification of the human resources within the community in efforts to ameliorate the effects of their experiences on some of the refugees. In the widest sense, the community was identified as the main resource, where the stronger, more resilient members would support the others. More specifically, certain members of the community were identified to take special roles in the process.

Before formal assessment could begin, the community had to be consulted to ensure the appropriateness of the questionnaires, to translate and back translate the schedules. For the interviewing a small team of Zambians and two refugees were selected. In the first sequence, only women were involved in interviewing the mothers, but when the adolescents were to be interviewed, men were included to interview the boys. Some of the interviewers were already involved in community work, but all were asked to attend a training programme to prepare them for the task. The purpose of the study, how to obtain their samples, context of the assessment and methodology were discussed. Guidance was given on interviewing, setting the interview, timing, asking the questions, putting the respondent at their ease, filling in the papers, concluding the interview, supporting the respondent and reassuring on confidentiality. Each interviewer then carried out one interview which was checked before proceeding with the rest. (See Appendix 1 for Training Schedule for Interviewers)

An assistant was needed for the Project Co-ordinator. Although the Mozambicans and the Zambian hosts shared much in culture and lifestyle, it became apparent that a shared experience of life in Mozambique, of flight, possible experience of Renamo and certainly living in one of the refugee villages rather than on the Boma, was desirable. Despite pressure from colleagues to choose a Zambian, Fatima Phiri, a Mozambican refugee, was selected. She had come to Ukwimi with her three children, her sister and the sister's severely handicapped grandchild. Fatima's husband had divorced her while they were in Mozambique. He too was in Ukwimi in another village with a new family. Shortly after coming to Ukwimi, Fatima had been sent on a six-month English course. Although this gave her some ability to write, she was often very hesitant about speaking in English. However, the advantages of her refugee experience far outweighed this. Many of her interviews with the children will be found throughout this book.

The Community leaders were another important resource in developing the programme. As they regularly attended a variety of meetings, there was no need to call a special meeting to discuss the programme. Instead their support and involvement

was sought at regular scheduled meetings. The women, with their key role in the lives of the children were also valuable resources for the work among themselves and with the children. The identification of a group of women to work in the villages was a very important feature of the programme.

As the ICCB project was initially subsumed under the SCF programme, resource personnel from SCF proved very important right from the start. At that time there were two Women Organizers, one of whom, Lucy Tembo, was promoted to Senior Woman Organizer by Refugee Services (Zambia) when they assumed control of the Community Development Programme following the withdrawal of SCF. Lucy was trained both as a teacher and as a social worker in community development and it soon became apparent that she had a very special relationship with the women. She both liked and respected them and they her and Lucy soon became a great source of support and inspiration to us all.

For work in the pre-schools, the help of Mr Chitundu, the Pre-School Co-ordinator, was also invaluable. Other colleagues in SCF included the Community Development Assistants and the Project Manager without whose support nothing could have been achieved.

In identifying people to be involved from other organizations working in the settlement, it was important to determine their willingness to participate, as well as their knowledge, skills and experience. Their role, as for all those taking part, was in providing information, developing space within their programmes for interventions to address the special needs of the refugees still affected by their experiences, and assisting the general process of establishing need within the community. The role of colleagues in the Ministry of Education, Ministry of Health, LWF, MHA will all be referred to in the chapters on interventions.

In developing any programme there is also a need for some material resources: a base from which to operate, some means of transport and some basic equipment for recording information. SCF provided the base, together with transport in and out of the Settlement. Beyond this, the programme had to be self sufficient and it would have been inappropriate to try to introduce resources that could not be sustained. The assessment of resources **within** the Settlement was important. In providing toys, for example, for use in the village programmes, as many as possible were made in the villages using traditional methods. Some were also made by the refugees at the skills training centre, using scraps of old materials and old clothes from the warehouse.

Fatima was given a bicycle to carry out her work. But she still had to contend with the poor state of the roads, the heat and then the rain - apart from the long distances to be covered. Every aspect of the development of Ukwimi depended on resources. A great deal of money was donated but there never seemed to be enough for the smaller

but essential items like paper and pencils. At one stage in 1989, the pre-school teachers failed to keep records - simply because they had no pens or pencils.

To have planned any programme in Ukwimi without particular attention to the resource of time would have been abortive. Indeed, as the programme developed the concept of time took on new meaning. Very few refugees and few of the Zambian staff had watches. Many would tell the time by the sun. As a result, meetings rarely began on time.

The refugees had to do the heavy work in the fields in the cooler parts of the day. They were up before dawn, returning as the day became too hot. It was pointless to try to see them in the mornings, inconsiderate too. For Zambian staff the working day also started early, and they supplemented their income through work in their own gardens and fields. It was important to recognize, therefore, that since people were required to be self sufficient through subsistence farming, their priority in use of time must be respected if their co-operation was to be obtained.

The time of year was important in planning. Planting and harvest time would be no use to start any new programmes. No one would be willing to attend. In a farming community tasks for survival must take priority. It would be unreasonable to expect people to neglect them and any plans for intervention had to take this into account.

Funerals were another important consideration. Whenever a death occurred in a village everything would grind to a halt. It is traditional in the culture for everyone to attend the funeral which includes the period of mourning in the village, preparation and sharing of food and the actual burial. For a whole day there will be no other activity, and a longer period for the immediate family who will sit with and comfort the bereaved and each other.

Cultural considerations were important too. For these refugees, proximity to and tribal allegiance with the part of Zambia in which Ukwimi was situated meant that they were fortunately able to retain much of their own culture.

"If we want to help people to be healthy we must do so in a way which is part of their own culture system." (Eisenbruch in ICCB workshop report, 1987)

Dr Maurice Eisenbruch, in working with refugee children in the USA, identified the need to maintain culture as critical in the process of recovery from the traumatizing experiences they had suffered. In Ukwimi, where the refugees were, on the whole, able to maintain their culture, this was a resource upon which to build.

A great deal of time was spent gathering information, in order to understand the traditional ways of child bearing and issues such as coping with illness, sorrow, marriage or death.

The refugees had access to their traditional means of healing through spiritual healers, witch doctors and the use of traditional herbs - often using these in conjunction with Western medicine. This was accepted by the clinic staff, although their tolerance was occasionally tested. On one occasion they had to endure a long drumming session outside the clinic sick room where a man lay dying.

The project was aimed at helping the refugees to cope with the effects of their traumatic experiences. What would be the traditional way of coping? Crying was acceptable for both men and women. It would be normal to talk about problems. Rituals might be performed, drumming and the use of herbs. Drinking and dancing were more than social activities and seen as valid means of coping. For those with strong beliefs, this proved a great support in coping with distress.

CHAPTER V

INTERVENTIONS

« No child should see things like that .»

Policeman in Ukwimi on seeing
children's drawings of the war

The 1987 ICCB Workshop had only considered possible interventions to assist the children in refugee settlements. However, it soon became obvious that in Ukwimi, as in any situation where children are the target for assistance, it was vital to consider the needs of the parents as well. The research showed that the mothers were reacting to the traumatic events they had experienced and to the current hardships. It was therefore vital to develop ways in which they too could be helped.

"According to the systemic model, the child and the symptoms he presents are not viewed in isolation but in the context of a wider system of family and social networks....Thus the child is affected in both a positive and a negative way not only by his personal history, but also that of his family, the community, the culture and the society to which he belongs. In this process of growth and development, the child assimilates and transforms the world around him so that it becomes part of his personality. For this reason, the child's experiences in the early years of his life play a fundamental role in the development of internal resources to which he can have recourse throughout his existence in order to be able to find creative solutions in situations of conflict. If his physical and emotional needs are unmet and he is confronted with a threatening life situation this process can be disrupted and his progress towards normal development adversely affected" (Barudy in ICCB Workshop, 1987).

Dr Barudy emphasised the need for psychotherapy for the children. Although he was referring to a situation where there is access to professionals, such as psychologists, psychiatrists, and psychotherapists, the principles of what he proposed

applied to the potential to offer assistance in Ukwimi. In this situation the use of Western methods to relieve distress would have been inappropriate. Experts in Post Traumatic Stress Disorder are now agreed that the crucial factor in the process of treatment is not to help the victim forget, but rather to learn to live with the memory of what has happened.

"It is important to emphasize that the child cannot attain acceptance of traumatizing situations if he tries to repress or deny them or to provoke situations leading to forgetfulness. Mental health involves understanding the experience lived through in the past. If the child does not understand what has happened to him, or what he witnessed, he will never be able to rid himself of the horror and his imagination will aggravate his suffering in that it will cause him to feel guilty, to feel abandoned, to create fantasies, etc....It is vital that he understands what he has experienced. Why did I have to flee? Who killed my father and why? Why did my father let it happen? Why didn't my mother protect us?" (Barudy, op. cit.)

The overall recommendations of the Workshop were that there should be a range of interventions for children of different age groups: infants; 18 months to school age; school children; children with disabilities; and adolescents. It was possible to achieve this in the Ukwimi programme, apart from a separate focus on the disabled, of whom there were remarkably few in the Settlement. One interesting feature of growing up within this culture was the ability of the children to mix across age groups. As soon as the girls could dance they would be accepted into the group, with no age barrier, each taking their turn. The younger ones seemed to learn from the older ones who expected to take this role.

In considering the methodology for the different age groups, a number of key practitioners in the field were consulted. Not all were working with refugee children, but all had experience with children suffering from the after effects of life threatening traumatic events. Professor Yule, from the Department of Psychology, at the Institute of Psychiatry in London, worked with child survivors of the Herald of Free Enterprise ferry disaster. He worked with 13 of the 22 survivors, 10 of whom were between the ages of eleven and fifteen, and found that all the children had difficulty in sleeping. This was true of both the children and adults in Ukwimi. Professor Yule organized groups to enable the children and the adults to meet fellow survivors on a regular basis.

"While the children are clear that merely being together is helpful and this is undoubtedly true, we feel that other things also happened. In the children's group, they were allowed to express their sadness and fears and so learn that others shared similar reactions. They were encouraged to think of strategies and out of the discussions emerged some practical ways of coping with their problems. In the adults group, parents were also relieved to learn that some of the uncharacteristic

behaviours shown by their own children were also exhibited by others. They were able to discuss how to react to problems presented by their children and, lastly but not least, they were able to face their own reactions to the disaster and share these." (Yule & Williams, see bibliography p. 130).

Ofra Ayalon, from the University of Haifa, undertook research and fieldwork among children under stress, producing from this a book she described as "*a handbook for the caring professions, for promoting coping skills*" (Ayalon, 1987). The book offers a variety of strategies to assist the children:

- stories and poems to stimulate discussion of children's personal experiences;
- free writing to exercise the imagination;
- dramatic play which is effective in solving inter-personal and intra-psychic conflicts;
- simulation games as highly motivational training opportunities for meeting unexpected complicated situations;
- drawings and painting and other non verbal modes of expression.

Ayalon was particularly concerned with the role of the teacher in helping the children, and stressed the need for recognition by the teachers that situations of stress cause distress for children. In addition to the presentation of specific opportunities for the children to address the symptoms of distress, she emphasized the need for the development of small nurturing groups in the class and the creation of an atmosphere of encouragement.

Neil Boothby, working for SCF(USA) in Mozambique, developed a training manual for "Helping Traumatized Children", based on the work of the Lhanguene Initiative (see bibliography p. 128). After detailed assessment of the children he recommends a programme of intervention to include sociodrama, drawing and talking, dance and singing, sports and recreation.

The ICCB Workshop emphasized the development of training programmes for local workers but envisaged these in rather more formal terms than was found to be appropriate in the Ukwimi context. Certainly some training programmes were held for the teachers and pre-school teachers, but for the refugee village workers who were previously unused to any formal education, this would have been inappropriate.

Thus the intervention programme in Ukwimi evolved from a combination of detailed assessment of need and potential resources within the Settlement to meet that need. The experiences of other professionals were used as guidelines to be taken into consideration. The resulting community based programme, outlined in the following chapters, comprised:

- **Sensitization** (Chapter VI): creating awareness within the whole community of the experiences of the refugees and the ways in which this was affecting their ability to function in the settlement and identifying the potential within the community to tackle their problems.
- **Work in existing institutions:** involving the Clinic (Chapter VII), Pre-Schools, the Schools (Chapter VIII) and the Women's Clubs (Chapter IX).
- **Interventions in the villages:** involving children, women and men (Chapter X).

The third phase of the programme was the evaluation. Whenever possible this was linked to the assessment process, by means of pre- and post-intervention administration of assessment schedules, and by determining whether set objectives had been met.³

Guidelines

The following guidelines may be useful in developing a programme for intervention in different but comparable settings. While it is not suggested that the Ukwimi programme be seen as a rigid model, certain principles are important:

- ☛ It is important to consider the work of others in the field in preparation for the project. All too often, programmes re-invent the wheel because no consideration is given to work that has previously been accomplished.
- ☛ A process of assessment, intervention and evaluation should be followed. Evaluation should be linked to the original assessment.
- ☛ Assessment should determine the strengths and potential within individuals and the community, not just the problems.

³ In addition, an independent evaluation of the programme was carried out in November 1992 by John Williamson of Christian Children's Fund.

- ☛ Community based interventions should be developed using the potential identified within the community rather than introducing more sophisticated Western methodology that may be familiar to the proponents, but not to the community.
- ☛ The innovator/consultant/programme co-ordinator needs to respond to the situation rather than moving in with a pre-conceived plan of action. The appropriate position to assume is that of catalyst, not expert.
- ☛ In addition to detailed research, it is crucial that the views of the community are taken into account.
- ☛ Resources within the community need to be determined from the outset.
- ☛ Care should be taken not to introduce resources that cannot be sustained.
- ☛ Culture is important. Only interventions that are culturally appropriate will be effective.
- ☛ Wherever possible, at all stages within a project, personnel from within the community should be the most active. They have the shared language, culture and life experiences. Traditional boundaries which may exist between men and women in communication and social intercourse should be respected.
- ☛ The interventions developed should reflect as far as possible needs that can be met.
- ☛ The process of developing the programme needs to be seen more in terms of evolution than concrete planning. It must be open to modification and change as new needs and resources are identified.

CHAPTER VI

SENSITIZATION

« We smile on the outside, but cry on the inside.»

Refugee, Ukwimi

The aims of sensitization were twofold:

- to develop awareness within the whole community of the nature of the experiences suffered by many of the refugees, the trauma of being exiled from their country and how this affects daily living; and
- to enable the community to recognize their strengths, the way in which these could be harnessed to help the refugees in the course of their daily lives instead of bringing in mental health specialists to take up that role.

As a result of the sensitization process it was anticipated that participants would:

- begin to identify some of the symptoms of distress manifested by those refugees who had experienced the violence and/or been seriously disorientated by the refugee experience;
- become aware of the kinds of behaviour that were symptomatic of their experiences, and not a demonstration of laziness or lack of co-operation;
- recognize when a refugee was in need of help and understanding, rather than condemnation for failure to conform or achieve;

- suggest ways in which the community might work to assist those most in need;
- begin to identify people within the community with the particular strengths needed to support and help others;
- become aware of some of their own needs, strengths and potential to assist the community and be prepared to participate in ongoing programmes to assist those most in need;
- appreciate the need for all who have experienced traumatic events or who are under stress to be able to talk about those events and stress in a supportive environment.

In developing the process of sensitization, it was important that individual sessions should be tailored to the education, experience and expectations of the target group. While formal sessions were appropriate for some, this was not true for all. Indeed, some of the most useful work took place informally, seizing on a comment from someone and using the opportunity to make a point.

In all formal meetings the approach was geared towards encouraging the participants to draw out the key elements for themselves. Only then was a summary of the findings of the ICCB research and implications for work in the settlement shared with the group. It was important for participants to recognize that they already had access to the information, had already seen some of the problem areas and had the means to effect change. This empowerment of the community in the resolution of its problems became the focus of subsequent activity.

As each sensitization experience required a different approach, these will be described in some detail.

The clinic

A meeting was held in a rondavel on the clinic campus and attended by all the staff: the clinical officers, nurses and other paraprofessional and domestic staff. All were experienced health workers who had worked in rural health centres in other parts of Zambia. All participants contributed without difficulty in outlining the following observations.

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- The mothers were said to over-emphasise their own and the children's complaints. They would come back again and again for the smallest problem.
- Many were in a world of their own - often unresponsive and needing to be called many times.
- Some were absent minded, even at the feeding programme, and seemed unaware of what they were doing. Sometimes they would automatically keep on feeding their children without paying attention to what they were doing. One baby actually choked to death in this way.
- Loss of memory was common and staff often had to go through instructions over and over again.
- Lack of personal care was common. Although the clinic staff emphasized the need for good hygiene not all the mothers responded.
- Hysterical behaviour had also been observed in the clinic. Mothers sometimes over-reacted to the situation as if unable to control themselves.
- A consistent concern of the staff was that the mothers did not seem to respond to their infants.

Ironically, while the discussion was still in progress, a mother with two young children sat immobile for an hour outside waiting for attention at the clinic. The two year old just sat while the other, a baby, made no sound and the mother did not move. Asked to comment on this, the clinic staff all agreed that this immobility was all too common in the refugee children. The mothers held their babies on the back in the traditional manner, but made no attempt to stimulate them.

Only after the group had identified their concerns were the research findings shared with the group, confirming and adding to their own observations. The group then discussed ways in which they could help alleviate some of the problems they had so clearly identified.

Staff were encouraged to respond to the needs of the mothers, to recognize that many were still suffering from the effects of their experiences in Mozambique, and that they needed understanding and not criticism. It was agreed that a service should be developed at the clinic which enabled patients to express their worries and talk, not just be given pills - a service modelled along the lines of the medical social work service in western hospitals.

Primary schools

The staff in the three schools were seen in separate groups at their own schools. At their request they met in a full staff group for later stages of the programme. All the teachers in the schools were Zambians and employed by the Ministry of Education. Although there were a number of teachers among the refugees they could not be employed in the government schools. Some, however, were employed by SCF in the pre-schools.

The teachers, like the clinic staff, were asked whether they observed any differences between the Zambian children of their previous experience and the refugee children - all of whom shared a common language and culture.

The observations of the staff from all three schools were remarkably similar. The teachers said some of the refugee children were more aggressive and fought a lot. Others showed their aggression verbally rather than physically. Many were socially handicapped. They found it difficult to mix with each other and many tended to be loners. They had poor concentration and had to be told something many times before they could remember it. They were slow in adapting to anything new and took a long time to learn anything. Daydreaming was common. Some were very fearful and nervous; many were withdrawn. Others were emotional and easily irritated. Some always wanted something to eat.

The results of the research were shared, confirming what the teachers themselves had so accurately observed. The meeting then discussed the responsibility of the teachers in offering positive role models and in providing consistent care and control. The need for understanding was also raised. Many of the children should be seen as troubled and unhappy rather than naughty. The teachers confirmed that corporal punishment was still used to control children identified as "difficult". This led to a discussion about whether children who have already been subjected to too much violence should be subjected to corporal punishment in school. The teachers requested some sessions on how to identify and assist the troubled child in class and from this arose the programme of intervention in the schools.

Shortly after this meeting, the head teacher of Ukwimi School reported on an incident at the school involving a fight between two boys. One of them ran away and stayed in the bush and when he was caught, he was brought to her for punishment.

"Normally he would have been punished, but I thought about what we had discussed. I asked him about his experiences in Mozambique. He had witnessed the Renamo raids and had had to run and hide. For him the reaction at a time of threat is just that - to run away and hide in the bush. I realised that he needed understanding, not punishment."

SCF Colleagues

The meeting with SCF colleagues was held during a staff workshop to discuss the Community Development Programme. Fifteen of the staff members were present including three refugees. Their observations about the refugees were familiar. The children behaved as if they were older than their age. They tended to start drinking and smoking at an early age and girls as young as 9 behaved like adolescents. Both children and adults seemed to have poor memories and they had difficulty in learning anything new. The boys tended to be on a short fuse and physically violent. One boy stabbed another at a football match. Men used physical violence within the family more than was usual. In the traditional setting, the woman's family would protect her, but this did not happen in Ukwimi where families were often split up.

One of the skills trainers talked about a young man in his group who had left. He had been unable to concentrate, was unable to sit still and fearful to learn. He said he recognized now that he was troubled, though in the group he was difficult to handle. He had not thought before that the experiences prior to coming to Ukwimi might have been important.

Some members of the group were particularly resistant to the idea that it is necessary to discuss traumatic events. Surely it was better to forget, to assign such bad experiences to the past and get on with their lives? This kind of advice was common but it was dangerous advice. Bad and frightening experiences, things too hard to face, may not be acknowledged, but they do not go away. Instead they may return to trouble the person in the form of dreams and nightmares. They can make the individual physically ill, tired and often depressed. To have told the refugees to forget what they had experienced would simply have compounded their distress.

Ministry of Home Affairs, the Messengers

The four "Messengers" in the Settlement were responsible for keeping order and ensuring the smooth running of the Settlement. Responsible for security, they were always called upon to accompany any important visitor to the settlement, they saluted their superiors and their manner of speech was authoritative. They also saw themselves as taking on something of a social work role in dealing with marital disputes, excessive drinking and cases of violence. Their perception of the best way to ensure the smooth running of the Settlement, was to adopt an authoritarian approach.

It was important, therefore, to establish common ground, since the social work approach is more relaxed and informal, relying more on listening than talking and telling, recognizing that it takes time to effect changes in behaviour. Key issues covered in the first part of the session included:

- violence breeds violence;
- when there is a violent situation, a calm approach is needed to reduce tensions, rather than exacerbate the problems;
- refugees as much as anyone have the right to be treated with respect.

The Messengers were able to identify that many of the men were "on a short fuse and easily roused to violence". Sharing the research findings on the refugees' experiences of Renamo and the current stresses in Ukwimi, we could agree that the refugees had suffered much hardship and that life now is tough. But then many people have tough lives, and in Zambia many people were worse off than they were. There was agreement on the reasons for their behaviour but less on the method for dealing with this.

The group was interested in the findings for the children and could relate the terrible experiences they had suffered to the relative comfort of the lives of their own families. However, they still saw some of the older boys as a problem. Even in the process of relating cause and effect, there was the same difference of approach to possible solutions as with the men - the authoritarian as opposed to the social work model. They were interested in the interventions to be carried out through the ICCB programme without perhaps fully understanding the concepts. *"We are trying to do the same job really ... ensure the smooth running of this Settlement"*, they said.

LWF, the Agricultural Extension Workers

The Agricultural Extension Workers employed by LWF were responsible for the development of improved agricultural practices. This included training in seed rates, use of fertilizers, planting, weeding, ridging, harvesting and storage of crops. They also gave special training to the best farmers in the villages so that they could demonstrate the improved techniques to the other villagers. In addition they encouraged the development of horticulture, so that a wide range of vegetables could be grown.

At the time all the extension workers were men, although most of the work in the fields is done by the women. To complicate matters further, it is the men in this culture who attend all the meetings. It was simply assumed that the men would tell the women what to do after a meeting.

At the first meeting, the agricultural extension workers were asked what problems they had in working with the refugees. Their list corresponded largely with that of the clinic staff and teachers. They were a very responsive group - interested to hear about

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the research and the interventions. They said the meeting gave them more understanding of the reasons why the refugees behaved the way they did. The following day, one of the extension workers came to one of the women's clubs to talk with them and demonstrate techniques for growing vegetables - the first such occasion.

The police

At the meeting with the police which was held soon after their arrival in the Settlement at the end of 1990 a different approach was taken. The background of the refugees was introduced together with the reasoning behind the ICCB research and interventions. In this instance the violence aspect was stressed and the relevance of this to police work discussed. Could they say how they themselves had reacted to witnessing the first act of real violence? One spoke of vomiting at the first post mortem, loss of sleep after witnessing something really serious. Another said he could never eat meat after a post mortem.... even now.

These experiences were then compared to those of the refugees who had experienced or witnessed excessive acts of violence. The drawings done by some of the refugee children were shown to demonstrate the children's perceptions of what they saw in Mozambique. How did they think this would affect the children? They were particularly interested in these, commenting that they would not really have understood without them.

"No child should see things like that", one said.

The implications for their work were clear. They identified the need to support and befriend particularly the older children living near to the police station.

When more officers were appointed to the Settlement, the Officer in Charge asked for a further meeting to brief them. He asked for the drawings the children had made and for an opportunity to help his new colleagues understand the special needs of the refugees.

The Red Cross in Ukwimi

It was not until the end of 1990 that a meeting was held with the Red Cross in Ukwimi. The organization was well known to the refugees as being responsible for their transfer from the border areas and the provision of material assistance at that time.

The Ukwimi Detachment of the Red Cross was formed in 1988, but had been inactive following the death of the local Chairman. When they first arrived in Ukwimi some refugees had joined the Red Cross on the assumption that there would be some assistance for them. Instead they found themselves called upon to give assistance. Their most important function in the Settlement was operation of the tracing service in an attempt to locate and reunite missing relatives.

When a meeting of the Detachment was held to revive interest and elect new office bearers, the opportunity was taken to discuss the ICCB programme. Several of the people present, both refugees and staff, expressed interest in the Red Cross taking responsibility for some activities to meet the psychosocial needs of the community - a policy already established by the International Federation of Red Cross and Red Crescent Societies. In order to facilitate this development, a representative attended the counselling course for the teachers. It was unfortunate that this involvement could not have been initiated at an earlier stage.

Guidelines

- ☛ Sensitizing a community to the problems, needs and resources within it is crucial and must underpin any specific programme to be developed within it.
- ☛ Sensitization takes time. It cannot be hurried and even then not everyone will respond positively to it.
- ☛ Different groups and locations require different approaches, formal meetings, small group discussions, presentations within other meetings, informal meetings and work with individuals.
- ☛ The needs and experiences of the participants in any group must be respected. Staff working with refugees and other groups with special needs, themselves need support. They cannot be asked to do all the giving.
- ☛ Management needs to recognize the needs of staff and make adequate provision for relaxation, time off, discussion and support. Work well done needs to be praised and criticism constructive and not destructive.

- The attitudes of staff and all the community requires analysis. In this instance the problems of identification with extreme distress, personal experience of traumatic events, personal fatigue and burnout were particularly important as well as the need to present an image of success.
- The methods in groups for sensitization need to reflect the experience and personalities of those present.
- Whenever possible the participants should lead the development of the group, sharing their perceptions with any formal findings used to reaffirm what is already known rather than using a didactic model for information given.
- During the process of sensitization it is important for the person initiating the process to be sensitive to the needs, aspirations, strengths and problems of the group and to learn from them. This is not a one way process.

CHAPTER VII

WORK IN EXISTING INSTITUTIONS CLINICS

*«If we had known this was important,
we would have done it before».*

Refugee mother
at the feeding unit stimulation
programme playing with her child

In Ukwimi normal child rearing practices had, in many cases, been adversely affected and mothers were often unresponsive to their babies. Even during breastfeeding there would be no interaction between them, the child becoming in turn less and less responsive. There was also a breakdown in the normal sexual pattern, with women becoming pregnant a few months after the birth of the child instead of after the normal two-year interval. At this point they would immediately stop breast feeding. There was no powdered milk substitute in the Settlement because of the hygiene risks so the child would be forced to take solid foods instead.

The mother would then concentrate on her responsibility for the unborn child, rejecting any overtures from the other by her side. She would continue to carry the child on her back but no attempt to reach the breast would be allowed. Often a bitter herb was smeared on the breast as a deterrent. The child would sometimes cry for a week, refusing to eat and it was at this point they were very vulnerable. It was not unknown for such a child to die - another traumatic experience for the mother which left more emotional scars as well as making them physically weak. While attempts

were made by the clinic to stop this process and allow a full two years before a further pregnancy, the desire to replace those lost in Mozambique was too strong for many.

Health problems were not uncommon in the Settlement although cases of severe malnutrition (both Kwashiorkor and Marasmus) were rare, and the Zambian children were the most vulnerable. Where there was need, a feeding programme was set up by MSF, to establish both a restorative diet and train the mother in improved food provision and preparation.

There were other debilitating conditions which made the Ukwimi children lethargic. These included bilharzia, malaria, worms and anaemia which were all common. It was important to be aware of these and not make an assumption that all were responding to stress. In some cases the symptoms of lethargy, lack of interest and general malaise were the result of physical rather than psychological factors. For many there was an element of both, but where the physical factors existed it was important that these be addressed. This called for co-operation with MSF and the Ministry of Health staff, referring people who were sick as well as carrying out the psycho-social programmes. The interventions had to be a part of the treatment in the clinic, not separate from it.

The first focus for the stimulation activity was at the feeding unit for the malnourished children. Later it was decided to launch a parallel programme in the under fives clinic in order to target more people.

The aims of the programme were threefold:

- to facilitate nurturing for the children through a process of encouragement of the mothers;
- to stimulate the children through play; and
- to help the mothers to see the importance of interaction with their children in enabling them to develop socially and emotionally as well as physically.

During the stimulation programme it was anticipated that:

- by example and encouragement, the mothers would be helped to establish or re-establish normal responsiveness to their children;
- mothers would be encouraged to support each other in caring for their children, particularly those exhibiting symptoms of distress;

- mothers would be given dietary guidance in caring for their children;
- mothers would begin to recognize the importance of play in the development of their children;
- children would be encouraged to play with a range of play materials, alone, in groups and with the mothers;
- guidance would be given to mothers on providing play items from any readily available materials;
- infants would actively be encouraged to develop mobility, crawling and walking;
- an atmosphere of activity rather than passivity would be developed among the women and children attending the clinic;
- interaction between children would be encouraged to develop social skills.

Dr Elizabeth Jareg, a child psychiatrist who works for Redd Barna, prepared field guidelines for "Psychosocial Factors in Relief Work During Famine and Rehabilitation". These were helpful in designing the programme, though the conditions were different and the programme needed to focus as much on the mothers as on the children.

The first stimulation session at the clinic took place in March 1990. The women were all sitting under the trees waiting for their turn to be seen at the feeding unit. The report taken from the session reads:

"We gathered them together to try to encourage some interaction with the children. One mother picked up her child and encouraged her to jump with her feet, bouncing her on her lap. Another gave her child a plastic bottle and encouraged him to move it around.

One mother sat with unblinking eyes in a world of her own, one child on her back and another on the floor beside her. We tried to encourage her to hold the child's hands and clap them together as the mother beside her was doing, but she had no idea what to do and eventually gave up. A few minutes later the child, watching the child beside her began exercising her hands and then started to clap.

As the children became more lively the mothers became more lively too and there was a lot of laughter and smiles. "If we had known this was important, we would have done it before," one of the mothers said".

It was not appropriate for a white person to continue the programme as many of the children were very fearful of a white face so Fatima Phiri, the Programme Assistant, agreed to take over.

One of the first tasks was to make some toys for use in the sessions out of the very limited resources available. The only way to obtain materials was to seek the help of LWF which was responsible for the distribution of clothes to new arrivals. Inevitably some of these were in poor condition and could not be used. These rags included materials such as thick heavy wool or fur fabric, odd socks and torn vests. These were collected and then made into soft toys - animals, soft balls, dolls and puppets - with the help of the Skills Training co-ordinators. In addition Fatima made some clay toys - aeroplanes, cars, balls and dolls.

By the end of June 1991 a report on a stimulation session at an underfives clinic reported:

"Children seem to be enjoying the balls... mothers and children joining in... Throwing to children and child to child. Mothers talking with the children and each other.

Fatima, sitting quietly with the toys in front of her, gently moves from one to another... a toy... just a few words... keeping at the child's level... not pushing.

One mother puts a doll on the back of her child with a chitenge... like her baby... The child delighted with this.

Another child waiting with his mother to attend the main clinic is encouraged by Fatima to join in as she has watched his furtive glances at the activity. Fatima starts with a ball, moving between her hands... he does not respond... he turns away... Talking very quietly... back to the soft ball which he has now taken up... watching the others.... Then a smile and joining in... Fatima turning to me indicates that she will not look at him or he will stop.

The children are all getting more active. There is a lot of noise. Not so easy for the clinic staff who have been used to silent inactivity except for the crying."

Over the period, Fatima reported a marked improvement for some of the children. Some remained fearful and would still cling to their mothers at an age when they would normally be more active. While some of the mothers were still not responding, others were learning, as much from the others in the group as anything else.

Guidelines

The programme here did not require many materials, was not complicated and could be adapted to a variety of settings.

- ☛ Staff who will be affected by the programme must be involved and see the value of it from the outset.
- ☛ The programme needs to be integrated as a part of the established routine of the setting in which it is to operate.
- ☛ Aims and objectives for the programme need to be clearly stated and agreed with participating personnel in advance.
- ☛ The person responsible for the programme must have a good working knowledge of the normal development of children and of the needs of children and how these may be met.
- ☛ Leadership of the group must be sensitive, not over-directive, moving at a pace that is acceptable within this context.
- ☛ Participants must have the right to withdraw from the programme.
- ☛ The programme must be open to modification in the light of experience and after consultation with other staff and participants.
- ☛ The progress of the programme should be recorded to chart progress of the group and individuals within it.

CHAPTER VIII

WORK IN EXISTING INSTITUTIONS SCHOOLS

"They killed my brother because of me. I was a teacher."

Pre-school teacher - Ukwimi

1. WORK WITH THE PRE-SCHOOLS

There were eight pre-schools in different villages within the Ukwimi Settlement. They had been built by the villagers using traditional methods: pole and daka (mud) but with a concrete floor provided by SCF for greater durability. Each had half walls to allow plenty of air to circulate and a thatched roof. There had been a total lack of maintenance since the schools were completed and by the end of 1989 they were in a very poor state of repair. In some, logs had been placed on the floor for seating but in most the children either had to sit on the floor or bring along stools which their fathers had made out of hunks of wood. When school ended for the day the children left in small groups, singing as they went and holding the stools on their heads.

All the teachers were refugees, with teacher training and experience in Mozambique. There were few resources in the schools, just a blackboard with an inadequate supply of chalk and a few books to write in. There were no teaching aids. The Pre-School Association of Zambia had been called in to train the teachers in how to make materials, but it was difficult to follow up because there were no raw materials - no paper, glue, paints, or anything to make toys out of apart from clay and odd bits of wire.

After a period of observation and consultation, it was agreed that two main areas of concern should be tackled. In the first place, the aims and objectives of the pre-schools and their methods of teaching and classroom management needed to be re-considered. All the teachers were using rigid methods such as rote learning which they had learned in Mozambique. It was important to help them develop an environment and curriculum for learning through play and activity. At the same time, the teachers themselves needed support and encouragement. It was important to offer support in a way that would increase their self respect. In examining the teaching methodology, one of the major problems highlighted was that some children in the pre-schools were as old as eight, nine and even ten. There was a shortage of primary school places and this was the only alternative school available. These older children needed some more formal teaching.

Secondly, the objectives of the SCF project needed to be addressed more specifically, with attention to the needs of those children traumatized by their experiences and presenting symptoms of distress.

It was decided to hold a series of three training sessions for the teachers. The first was held in August/September 1989 for the eight teachers and they were joined part way through by their newly appointed assistants. During February/March 1990 a follow up course was held for the teachers at their request and in October 1990 a preparation course was held for the twelve new teachers who were due to start work in January 1991.

The setting and timing of the courses was very important. Some of the schools were many kilometres from the central point at which accommodation could be found. Two of the participants had to walk at least one and a half hours each way to attend the course.

Course 1

A programme was prepared, modified in the first session (Appendix II), translated and shared with the participants. They were asked to identify their own objectives for attending the course and these were shared and used in the evaluation process at the end. The course comprised six three-hour sessions starting at noon to enable the teachers to get home before dusk - although the sessions often went on for longer whenever the discussion became lively.

It was important to start in a formal way, to start as the teachers would expect a course to be, to consult them on content and to respect their knowledge and experience in order to gain their co-operation. Without this, nothing could have been achieved. At

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first they all wanted to sit in rows as they were used to, but gradually a circle was formed and the sessions became more informal as the teachers relaxed with the development of trust.

At the first session time was taken to get to know the teachers, to learn something of their experiences, how they came to Ukwimi and their past and present lives. Small group exercises were developed, partly to accustom the teachers to the idea of working in small groups and to encourage full participation. The physical, social, intellectual and emotional needs of children of different ages were examined, together with the ways in which the children in Ukwimi have missed out.

Signs and symptoms of distress were discussed at some length by the group. It was clear these teachers could understand from their own experiences what the children were going through. But could they identify differences in these children from those they had taught in Mozambique? Most could, and they came up with an almost identical list to that of the Zambian teachers in the Primary schools.

They were encouraged to identify one particular child in their class who would be a focus for discussion, the child they were most worried about. This was followed by sessions to discuss and experience methods of helping the children in the classroom, through drawings, drama, songs, dancing and stories. Much emphasis was placed on working with the children in small groups, encouraging their participation as we were doing in the sessions, raising confidence and self esteem. Teachers were encouraged to develop their own style, to work things out for themselves and to be creative. It was agreed that each class should have an assistant and the job descriptions were written by the group, translated into English and agreed by the SCF Project Management (Appendix IV and V).

Although this could only be a short, introductory course, it was hoped that all the participants would benefit to some degree. They all said they had learned a great deal and were very responsive to an opportunity to share ideas, build on old skills and learn new ones. Their involvement had made them feel respected again. They all felt their individual objectives had been met by the course.

Course 2

This was a follow-up course for the same group of teachers held after the research findings were available and the extent of the problems more clearly identified. The programme is outlined in Appendix VI.

All the teachers had revised their teaching methodology and were using small groups. A plan for the day was being made and the needs of individual children were being considered; they had identified that children learn from each other as well as the teacher; they were concentrating on ways of working with the whole group instead of singling out the most troubled for attention; creating a caring environment; and acknowledging the importance of play.

What the teachers wanted out of this follow-up course was more help in developing ways of assisting the troubled child; how to help the families; and what to do for children not in the school. The emphasis was very much on children under stress.

After discussing the results of the ICCB research, it was important to return to the teachers' own experience. In the second session they were asked to think about the most terrible thing that had happened to them. They could write it down, draw it and could choose to share or not to share it. Some laughed to relieve the tension but in the silence that followed, shoulders became hunched, some had tears in their eyes. As they finished there was some anxious laughter again. Two of the teachers chose to share their experiences which included the killing of family members. Asked if they would prefer to forget, they agreed but accepted that they could not. When did they feel the worst? At night, they said, or when they had nothing specific to do. Then thoughts crowded into their minds and they felt bad. Did they talk about it? Sometimes, they said. The knowledge that others have had similar experiences can help but the pain can be very great at times. They were encouraged to talk with each other whenever they felt the need to do so. Next they were asked to think about the most enjoyable experience they had ever had, sharing it with the group if they wished. They recalled events such as going to college and crossing the border to freedom. Gradually each person relaxed, smiling this time. The group was asked to look around, could they see how everyone had relaxed?

This method was talked about as a way of getting to sleep. Professor Yule, head of the Traumatic Stress Clinic at the Maudsley Hospital in London, who worked with the Zebrugge ferry disaster victims, suggested the use of a Walkman with favourite music to block out the intrusive thoughts, but this was impossible here. The blocking would have to be achieved by thoughts only. Those who tried this said later that it worked. It was crucial that the teachers should be able to get some respite for themselves if they were to be able to help the children.

The following week, the needs of the children were addressed in more detail. The detailed assessment that had been used the previous year as an aid to the teachers in identifying children in need was revived. All the teachers were asked to complete these for the children they were most worried about in their class (Appendix III). This would be re-done at the year's end for evaluation.

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The teachers were encouraged to view their role as observers and listeners rather than as the talker if they wanted to see what was wrong in the class or with a particular child. They were asked to sit in pairs and do a listening exercise. One would speak for two minutes while the other listened and vice versa. They were allowed to choose the topic themselves. They found it impossible to do because they all wanted to talk, not to listen. This was an important learning point for them in their role as carers in the classroom.

A whole session was devoted to learning how the Mozambicans cope with distress within their own culture - an important consideration in developing strategies for use in the classroom. Some explanations of the psychological mechanisms in operation were also shared, looking at the mechanisms of projection, suppression, repression, avoidance, denial, rationalization, identification and de-sensitization and how these manifest in adults and children. Some of the teachers found this difficult and, working through an interpreter, it was not always easy to be sure what had been said -although all welcomed the opportunity for the discussion.

One whole session was devoted to the teachers sharing songs and developing some for use in the classes. They had a natural harmony. They explained that the pitch of a song is an indicator of the emotion being expressed, low pitch for grief, high pitch for celebration. We shared songs that are traditionally heard, including:

*"We are children of Frelimo,
True we are children of Fr. limo,
We were born in Mozambique.*

*Frelimo won,
True, won country of Mozambique,
Samora died in country,
True was born in Mozambique.*

*Mondlane died in country,
True was born in Mozambique,
We are children of Frelimo,
True were born in Mozambique,"*

It is impossible to convey the low and haunting melody that accompanied this. It was a song to be sung with the children, to remind them of home and allow them to express some of their feelings of loss in a secure place.

The next session concentrated on story telling. Ofra Ayalon's theory of "bibliotherapy" was discussed: *"the planned use of writing of myths, folk tales, poetry to enhance coping mechanisms. It enables the audience to be wrapped up in the story,*

carried away by the plot and identify with heroes in a safe environment. It enables them to express fear, despair, anger, rage. It helps to soften emotions - can help to translate distressing experiences into pleasurable fun." (Ayalon, op.cit.)

In telling a story the teachers were encouraged to:

- Be relaxed.
- Use rhythm or a chant to get the children involved.
- Be sensitive to the children.
- Encourage the children to talk about how they feel.

The idea of using drama was not new to the teachers, although they had not attempted it so far in the Settlement. This may have been due to lack of confidence. At the training session on drama, they were asked to make up a drama with a message. All the assistants were also there - making a good-sized group. The need to be able to take on both good and bad roles was raised and the importance of being able to discuss what they have done and how they felt about it afterwards.

The drama enacted by the group was a Renamo attack. The men were either Renamo or men from the village under attack, the women going about their business in the village. As Renamo approached there was a lot of shouting and the women began to run. One re-enacted leaving her baby behind and returning later to retrieve it. There was a great deal of violence. In the discussion afterwards the group said they had re-experienced some of the fear from the real attack but this time they had felt in control, not controlled as before.

The penultimate session was used to look at ways in which the teachers could help the parents and families both of the children in school and those who were not. The role of the family in the care of the young child was discussed together with ways in which that had been affected through becoming refugees.

They identified some of the parents' concerns:

- Helping their children learn English for school was impossible.
- They could not protect themselves against Renamo and were now unable to protect themselves against the hardship of life as a refugee.
- Many had lost a father, mother, siblings, uncles, aunts - the entire extended family.
- They were unable to provide a homeland for their children.
- They could not provide security and faced an uncertain future.

- They saw authority vested in the Ministry of Home Affairs and the NGOs and not in themselves as parents.

They were concerned about the amount of drinking in the villages, which was growing all the time. This was seen as very important since what was then happening in the home was just as likely to cause distress as what had previously happened to them in Mozambique. The group pinpointed certain limitations in the role of a teacher and it was recognized that in cases where there are problems at home, the best course is for the teacher to offer a good role model together with good consistent care and control in the classroom.

The teachers agreed to hold some informal play sessions in the villages once each week for those children unable to be enrolled in school or pre-school through lack of places or parental refusal. Not all followed this up. This was hardly surprising since, in addition to their teaching jobs and spending one afternoon a week at the training sessions, they were still subsistence farmers with all the demands of self sufficiency. They did not earn enough as teachers to provide for themselves and their families.

The teachers carried out a survey to determine the numbers of children not in any kind of schooling and on the basis of this it was agreed that 12 new pre-schools would open in January 1991. They agreed to the development of gardens, with fruit trees provided by SCF, but many of them failed due to lack of water or theft of seedlings.

A morning snack was introduced to supplement the children's diet as the teachers found that so few were having any food before school. They were always worried about the state of the children's clothing but, although Skills Training and Women's Clubs were eager to make clothes for the children, there was never any material available. As a result, many of the children were poorly clothed and some dressed only in rags. The teachers were also concerned about the state of the children's health. They asked for medical examinations to be carried out on a regular basis, after identifying many cases of bilharzia, worms and general malaise for which parents were not taking them to the clinic.

A description of a visit to one school, taken at random, may serve to illustrate the progress made by these teachers over the period. The timetable on that particular day comprised:

1. Free play.
2. Song, Good Morning.
3. Registration.
4. Discussion of health issues and then all hands checked for cleanliness.
5. Pre-writing, learning the alphabet.
6. Activity centre, clay modelling.

7. Break, free play.
8. Nature walk.
9. Tell what has happened.
10. Games. Cat and mouse. Two by two.

« The children were obviously used to working in small groups now and very confident. They no longer needed to seek attention from the visitors. All of them took turns to tell a story. One child told a traditional tale: a man going to collect wood sends a small child to collect eggs from an eagle. The child collects one at a time. (Singing and counting at this point helps to teach number.) The child collects nine eggs before being eaten by the eagle.

Other children told stories they had made up. There were plenty of willing tellers! Their work books also showed what progress there had been. There was letter and number work and a lot of coloured drawings. All the work is now taken to the teacher to be marked. There was now a great deal of positive reinforcement, plenty of "ticks" and other marks of praise. The older children's written work was of comparable standard to that of primary school children of the same age . »

Course 3

This was designed to prepare the twelve teachers who were due to open new pre-schools in the Settlement in January 1991. The course programme, designed in conjunction with the teachers who had attended the previous one, is outlined in Appendix VII.

By October 1991, when the course was held, a new Community Development Assistant had been appointed to the Settlement. He could speak Portuguese and the teachers found this very reassuring since it was the medium for instruction in Mozambique and therefore confirmation of their professional status. He also translated the course programme and all the hand outs which had to be taken all the way to Lusaka (400 kms away) for duplication as there were no photocopying facilities in Ukwimi.

A key element in the course was the completion of a child study. All the participants were asked to identify a child in their village for this study and were given guidelines on how to complete the task. They were asked to gain parental permission, record their observations, ask the child to make a drawing if they could and complete an assessment sheet (Appendix III). They were asked to observe physical, intellectual,

Surviving violence

social and emotional development. The aim was to encourage the teachers to focus on individual children rather than on the class as a whole.

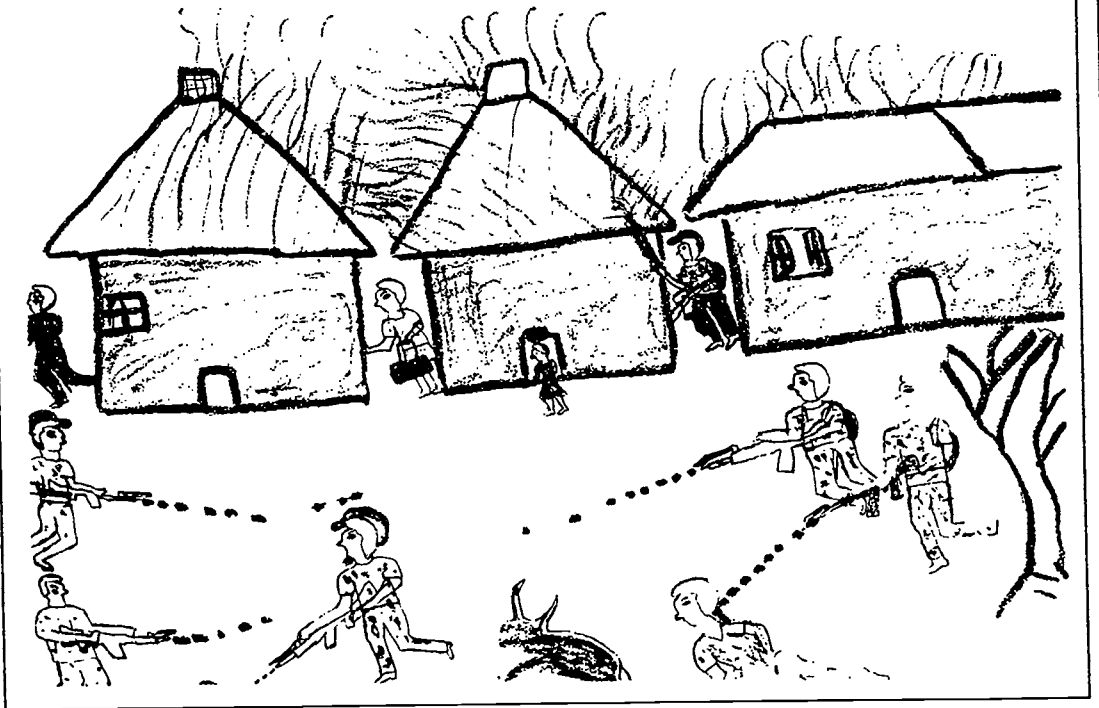
The results were very interesting. All were short, reflecting the teachers loss of practice in this type of activity. Ten out of the twelve children studied were described as not wanting to play with other children - remarkable in a group with an average age of seven.

During the evaluation process, the teachers itemized the most important points they had learned in the sessions:

- The child's basic needs must be met in order for him to grow.
- The five steps to maturity (Maslow's hierarchy of needs) must be achieved if the child is to develop into an independent person.
- The teacher must prepare lessons in advance and focus on the children as individuals.
- The teacher needs to care for the child, not just teach him.
- Pre-school teaching requires a creative approach, with music, singing, drawing and story telling by the teacher and the children.
- The Ukwimi children have special needs as refugees and these must be taken into account in the classroom. Many of them, like their parents, have experienced terrible things. All have been forced to leave their homes. Both teachers and children had been affected by this.
- There is a need to balance care and control. Some control is needed to make them feel secure but too much can impede learning.
- The teacher needs to be sensitive to ensure that he can identify the individual needs of the children.
- Children learn about their world, themselves and adult roles through play.
- Positive reinforcement of good behaviour must take precedence over attention to bad behaviour.

The pre-schools proved to have a very important role in assisting the children. The potential for the teachers to offer support within their villages was also significant. They were seen to have a leadership role. Those who offered the sessions to the children not in school were also identified as contributing something to the community

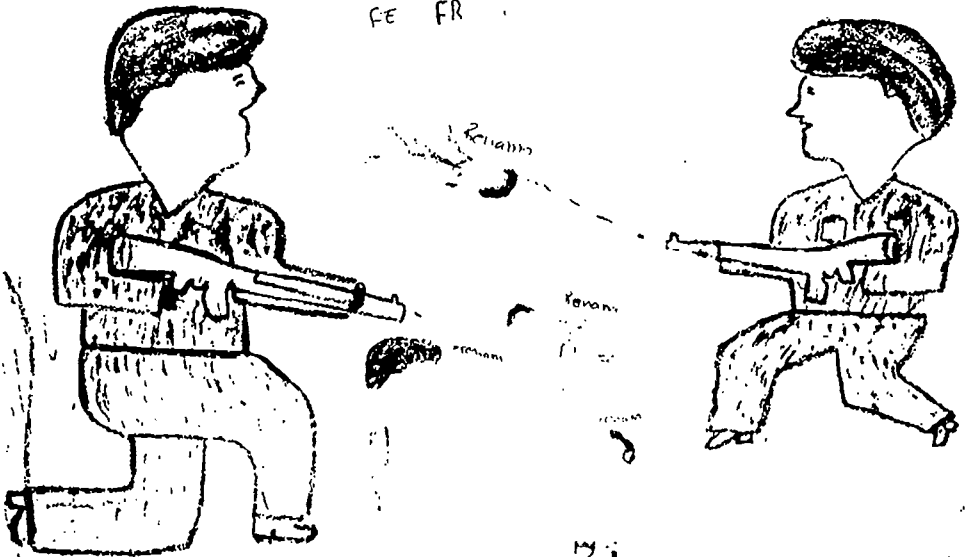
Grace Ge. Malunga



- ▲ Drawings by the children of the Ukwimi refugee settlement,
- ▼ which illustrate their past experiences.

EPITAING BANDA

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▲ House painted with ash and clay



◀ Children at work

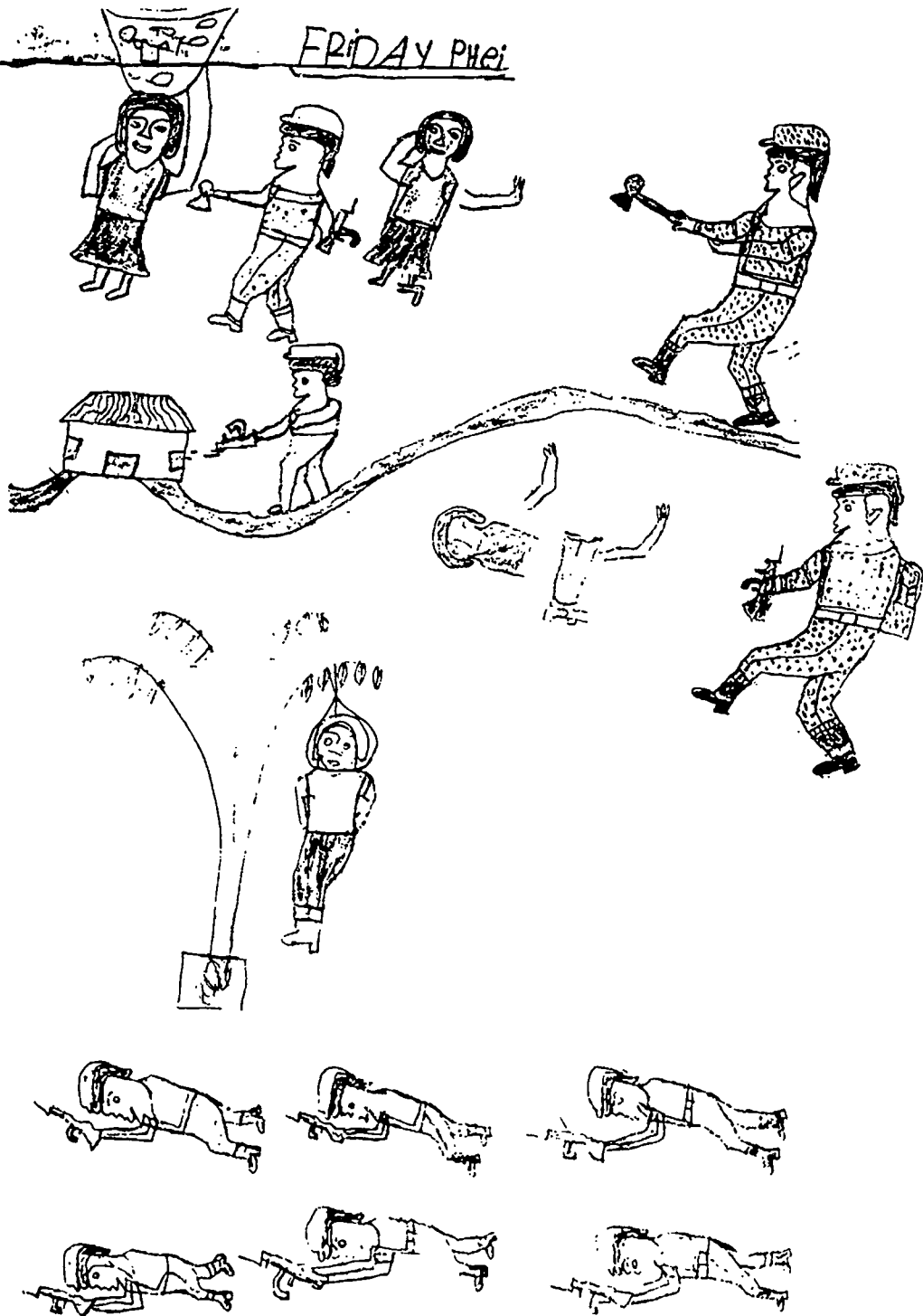
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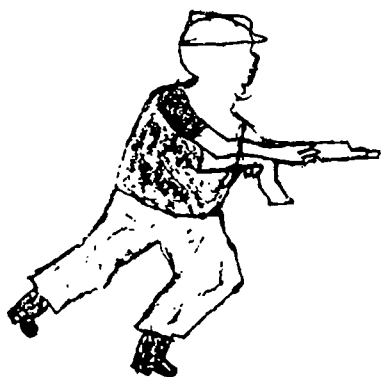
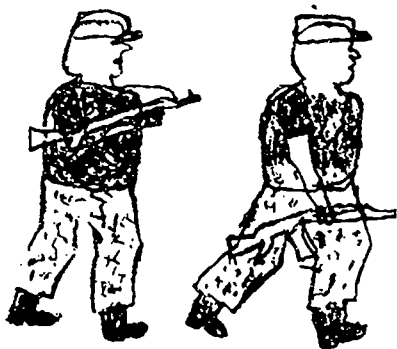


Many children witnessed the massacres in their villages



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for which they were not getting any money or other material benefits. Not all the teachers could take on this additional role. Most teachers had themselves direct experience of the violence in Mozambique including loss of family and personal experience of the brutality. They could do the work in the school but to ask more was too much. They gained support from the weekly training and follow up sessions and over the period there was a marked improvement in their appearance and self confidence. But more support would always be required.

Training for the assistants

The need for assistants in the pre-schools was identified during the 1989 training course and these were appointed with the approval of SCF. Their job descriptions were written during the first training course for the teachers (Appendix V). Their role was to generally assist the teacher and in particular to offer a caring perspective in the classes, to take small groups for special activities and offer special help to any child in trouble or distress. On appointment they joined in the training for the teachers and had their own training day as well, which focused particularly on preparation of the morning snack with an emphasis on the importance of hygiene. They were also encouraged to be responsible for the hygiene teaching in the pre-schools.

Guidelines for Pre-school training programmes

The teachers' programme was specifically designed for the refugee staff in the Settlement, but could be developed in comparable settings provided that:

- All participants are involved in the development of the programme and it is not superimposed from above.
- The programme can realistically be integrated into the daily lives of the participants.
- Consideration is given to the conflicting demands on the participants, in this case the farming requirements early in the morning and peak periods of crop sowing and harvest.

- ☛ The aims and objectives of the programme are made clear to all in advance.
- ☛ Trainers have a good knowledge of the needs of children and how these can be met in the special circumstances.
- ☛ The cultural expectations of the participants are fully respected and the methods used are culturally acceptable.
- ☛ The medium of instruction is relevant to the group. All materials to be translated into the relevant language or languages, in this case Chichewa and Portuguese.
- ☛ The knowledge and skills of the participants are fully respected.
- ☛ The learning process relies on full group participation in the planning, implementation and evaluation of the programme.
- ☛ The programme is recorded, findings shared and later programmes modified in the light of experience.

2. WORK IN THE PRIMARY SCHOOLS

The teachers in the Primary schools were all Zambians who had been trained in English within the Zambian education system. The aims of the work with the primary schools was to help the teachers understand the concept of stress and learn to recognize the symptoms of distress experienced by the mothers and children as a result of their experiences in Mozambique, their flight and their current lives as refugees. During the sensitization programme (Chapter VI) the primary school teachers had identified examples of abnormal behaviour among the children. These instances needed to be seen as symptoms of stress and treated accordingly.

During the sessions with the teachers and through individual contact it was anticipated that teachers would:

- Be able to identify children presenting symptoms of distress in the class.

- Recognize when a child's behaviour is a reaction to their experience as refugees and the violence to which they have been subjected.
- Be able to develop culturally appropriate skills to alleviate some of the distress for the children in their care, without singling out individual children.
- Work appropriately and effectively with the parents of the children to help them cope with the effects of violence and uprootedness.
- Identify children within the class who may need individual help and support and begin to offer that support within the context of their role as teachers.

Topics were covered with the teachers taking notes, with a balance of some theory and constant reference to their experience. The aim of the sessions was to help the teachers identify children in their classes exhibiting symptoms of distress and begin to develop ways of helping the children as individuals rather than as a group. All the teachers had been asked to think of the particular children who were causing them most concern in the classroom.

The following range of topics was covered, not in a didactic way, but arising out of discussion with the teachers of children they were worried about:

- When is there a problem (age, stage of development)? Nature of the symptom (intensity, frequency). Behaviour that is quite normal at a certain age (e.g., crying in a young child) would be considered abnormal and a symptom of distress if the child was much older.
- A re-cap of some of the most frequent symptoms identified during the sensitization session (Chapter VI). Also studies of the particular children causing the teachers most concern.
- How to listen to children, hear them out and not do all the talking.
- The need to spend individual time with a child, not as a punishment but as a way of getting to know him/her.
- Behaviour modification: reinforcing the desired behaviour.
- The use of interests and development of skills as therapy.

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- The use of activity: encouraging participation in all kinds of out of school games and activities.
- Balancing care and control. Children need enough care, affection, warmth and love to enable them to become responsive parents themselves. This needs to be consistent too. Too much affection will smother the child (like the child of one refugee still being carried on the mother's back at the age of four). Children also need control but this too must be consistent. A combination of insufficient control and too much affection will produce an over-protected child, probably happy enough but insufficiently motivated. On the other hand, too much control can make the child nervous or rebellious. The teacher has an important role in being consistent and fair, as well as compensating for any shortfall at home.

The group reaffirmed the need to be constantly vigilant for these children who have suffered so much and wanted more help in working on a one to one basis with such children. After consultation with the Schools Coordinator, it was agreed that two teachers in each school should attend a counselling day - only an introduction, but at least a start.

After these sessions, all the schools were followed up to check on how the participants were using what they had learned. Had they been able to put it into practice? They were also given a copy of the report on the counselling day as a record to refer to (Appendix VIII). In one school the Head Teacher organized a session so that those who had not been on the course could also benefit.

The evaluation comments in Appendix VII sum up the participants' perceptions on the usefulness of the sessions. Each school had a follow-up visit and some time was spent in each class to observe the teacher's responses. At an individual meeting each teacher was then asked to give an example from their work in the class and individual sessions to illustrate how they had modified their approach. All the teachers maintained that they were more responsive to the needs of the children in the classroom, more apt to seek for reasons for difficult behaviour and more able to offer positive reinforcement rather than resorting to inappropriate punishment. The example given by one teacher was typical:

"Chenge had been an excellent pupil, doing well in school work and something of a star on the sports field. Suddenly he stopped coming to the school. The teacher made enquiries and when he saw the boy, tried to persuade him to return to the school! He refused.

After the counselling session, the teacher decided to try to talk with Chenge. Instead of just telling him he should come back to school, he sat and listened and tried to find the cause of the problem.

Chenge divulged that when the family had fled from Mozambique, they had left without him. He had to run alone. He did not meet up with his parents until he arrived in Ukwimi. He had been terrified. Recently he had heard his parents talking about leaving Ukwimi. He was so afraid they might again go without him that he would not leave the parents side.

The teacher had a meeting with the parents who reassured Chenge that this would never happen. If they left, this would be a planned departure.

Chenge returned to school and was doing well."

Guidelines

The same conditions as those pertaining to the pre-school teachers apply to teachers in the primary sector. In addition :

- The trainer should be available for individual consultation after the sessions.
- The participation and support of Head Teachers is crucial. They should be involved at all stages and must be kept informed of the progress and content of training.



CHAPTER IX

WORK IN EXISTING INSTITUTIONS THE WOMEN'S CLUBS

Thirteen Women's Clubs had been established in Ukwimi under the auspices of SCF and two Women Organizers were responsible for them. Each club had its own meeting place but few had the use of a building. One group met under a baobab tree on the edge of the village. Others had just a space which they kept swept for meetings, with nothing to distinguish it for the rest of the time. A few had the use of traditional buildings that had been built by the men of the village but, like the pre-schools, most had fallen into disrepair.

Each club elected a Chairwoman, Secretary and Treasurer. In spite of this, they never met without one of the Woman Organizers being present and seemed to be very much dependant on their leadership. With 95% of the women having never been to school it was difficult in some clubs to find women able to take on the formal roles. When an Association of Women's Clubs was formed, again it proved difficult to get off the ground. Even after the Chairwoman and Committee had been elected, there was little action for months and only then if the Women Organizers initiated it. Women within the refugee community seemed reluctant to assume leadership roles at any level.

The main emphasis in the clubs was on the development of home making and child care skills. While visitors to the Settlement were often critical of this, it must be remembered that many of the women lacked basic skills and saw the clubs as an opportunity to develop these. They had never held a needle before, or knitted. Their cooking skills were very limited and they wanted to learn.

Lack of resources characterized the clubs throughout the period. There were no materials, nothing for practising and developing skills. Whenever any materials were

provided they were in ridiculously small quantity and went nowhere towards providing for the 1,000 members.

The women particularly enjoyed the cookery demonstrations but the ingredients used were often unobtainable afterwards. The women did not have the money to buy basic ingredients such as oil, salt or capenta, the tiny salted fish much enjoyed with nshima, and these were often not available anyway.

In the absence of any materials, many meetings could only be used as an opportunity for the women to talk, sing, sometimes to dance. Only those who enjoyed this continued to attend and some of the husbands did not like their women to be "doing nothing".

The aim of the work in the Women's Clubs was to use the opportunity presented to develop ways of assisting the women in the villages who were affected by their experiences in Mozambique and by their current refugee status. It was hoped that through the involvement of the clubs:

- the women would be able to talk about their experiences in Mozambique and gain some relief from so doing;
- women would come forward who were prepared to help others in the community through a programme of mutual self help;
- problems within the community could be identified and possible solutions sought.
- the stronger members of the community would be able to support the weaker.

The opportunity was taken to discuss with the women their perceptions of their lives in Ukwimi, their refugee status, the experiences of Renamo and how they felt under their generally cheerful exterior. The topic had to be introduced very carefully and it soon became apparent that they did not like anything to be written down while they were talking. Being unable to read and write themselves, they mistrusted the written word, fearful how it might be used. At one stage they revealed that they were afraid that in disclosing information they might be punished and sent back to Mozambique.

Lucy Tembo, one of the Woman Organizers, took on the major role in talking with the women. A Zambian, with five children of her own, she was living in the Settlement in a house without electricity, no personal water supply, and all the constraints of isolation from her extended family. She was a remarkable person, able to empathise with the women, respecting them and they her. Without her help none of

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the work that was done through the Clubs could have ever been achieved. She interpreted, guided, encouraged and supported.

Although the emphasis of the programme was on the distress experienced by the women and children after their experiences in Mozambique and the current stress of living in Ukwimi, it was crucial to first build on the strengths of the women, and only then to start to discuss the programme and ways in which the clubs could be instrumental in helping their more distressed members as well as reaching out to help those not attending but known to be in distress.

In building on the strengths, a great deal of time was spent talking with the women. It was important to gain their confidence and understand as much as possible about their lives: what they believed in and from where they drew their support. Did they have beliefs they could call upon to give them support, good luck or bad luck charms, omens, portents of any kind? If so, what were they and how important were they in their lives? What did they enjoy most and how could they have fun? How and when did they celebrate events? What did they do if they were in trouble? Who would they turn to? What about the way children would be raised in Mozambique? Was it the same in Ukwimi? What are the most important things in their lives?

Many hours were spent with the women discussing different issues. They wanted to know as much as possible too especially about Western culture. What was snow? Do men have many wives in England and what happens in divorce?

Only after some months was it agreed that some sessions should be devoted to talking about the research findings, getting the women to share their experiences and seeing how they could help each other. It was soon found that within the large group it was better to ask them to generalize instead of talking about their own experiences. They could talk about the general implications of what they saw and how it was affecting them. The important point in this was to encourage them to talk with each other, instead of telling each other to forget and support the weaker members of their village community.

The work in the Clubs was slow, but valuable. The women responded over time and later reports suggested that they were taking more responsibility for each other. More specific work with the women in the villages is described in Chapter X.

Guidelines for work in existing institutions

By involving the community in the support of those under stress rather than introducing specialists from outside, the programme had a far greater chance of success. It respected the knowledge and skills of those already working in the Settlement, it ensured maximum coverage of the population and was cost effective. In replicating in other comparable situations the following should be taken into account:

- ☛ No programmes should begin until the Sensitization Programme is well under-way, unless there are clear indications otherwise. Ideally the programmes should evolve out of the sensitization process.
- ☛ Targeting the whole population rather than just those identified to be in need prevents the development of a sickness model of care. Special programmes can always be run in parallel.
- ☛ Cooperation of co-professionals is crucial. These should be identified as soon as possible to ensure that they are part of the development of any programme and that it is not superimposed upon them.
- ☛ The knowledge and skills of others must be respected.
- ☛ Throughout the process of any programme, regular meetings should be held with participants and contributors.
- ☛ Aims and objectives for all interventions should be defined and shared with everyone. These may need to be modified in the light of experience, but they do give clear direction and enable monitoring and evaluation.
- ☛ Programme beneficiaries should be consulted as much as possible in the design of programmes to ensure that these are not superimposed on them and that they own them.
- ☛ Working within and with the culture is crucial. As much information as possible about the culture should be gained and used in the interventions. No intervention will succeed if it cuts across the culture.

CHAPTER X

WORK IN THE VILLAGES

*"During the day when we are working
then we can forget, but it is at night
when we try to sleep that the
memories come back."*

Animator in Ukwimi

During the process of Sensitization and interventions carried out in existing institutions such as schools and clinics, it became increasingly apparent that some people were badly affected by their experiences in Mozambique and in Ukwimi were slipping through the net. Many of the children were neither in pre-school nor primary school. Their lives were confined to the villages, helping the family in the fields and generally living as young adults. As far as the women were concerned, it was often those most under stress who were the most reluctant to join the women's clubs. These were the people who would stay at home, isolated and unsupported.

It became apparent that some form of intervention was needed at the home base. At the 1987 ICCB Workshop, it was envisaged that some of the women from the villages would be trained by "animators" brought in from the outside and then involved in a special programme for the children. In the event, this was not how the programme developed. Although the notion of animators was retained, this role was filled by women identified within the refugee community and given informal training to work with the women instead of the children. The programmes for the children were developed by Fatima Phiri and by some of the pre-school teachers. Later, interventions were started for the men as well, at their request.

In developing the programmes in the villages, there were several people whose contribution was critical. They included Lucy Tembo the Senior Woman Organizer, Fatima Phiri, the programme assistant, Mr Mwale¹ one of the pre-school teachers and Mr Chitundu in his role as a Community Development Assistant. Together they were the eyes and ears of the programme, assessing need and any potential problems in introducing the interventions. It would have been very easy to become enthusiastic about such a programme without being sufficiently aware of the impact of that programme or the perceptions of the participants.

The aim was to develop a community based programme within the villages, primarily to support those refugees most seriously affected by their experiences in Mozambique and not in receipt of such help through the programmes in existing institutions. By targeting the community in the villages, it was anticipated that:

- The community would become mutually self supporting, without marginalizing those in need.
- The refugees would begin to identify those in the community most seriously affected by their experiences in Mozambique.
- Culturally appropriate methods would be developed to assist the community to support its weakest and most vulnerable members.
- Women in the community would be trained to offer support and help to each other.
- A programme of play and activities for the children would be started, particularly for those not in school.

The animator programme for the women

The first attempts to start work in the villages were received without any enthusiasm from colleagues. Even though the need was clearly there, the idea of training the refugee women for self help work was rejected as being outside the culture. They would not have the time, would want to be paid, would not have the skills and "no one would want to listen to them anyway". The emphasis on self

¹ In 1993 Mr Mwale was appointed Co ordinator of the ICCB project

sufficiency was seen to have encouraged a very isolating approach to life. How could people possibly help each other when they lacked the resources to help themselves?

It was Fatima Phiri who first identified the key to work with the women in the villages. She described the existence of "one or sometimes more of the older women, respected by the others and consulted in times of trouble." She was asked to find out more about these women: who were they; could they be readily identified; was this a traditional role in Mozambique?

Further investigations revealed that there were many such women, some of them also Traditional Birth Attendants. They helped women in labour, with child care and in the resolution of family disputes. The next step was to determine whether they would be interested in extending their role to assist the women among them who had slipped through the net.

It would have been unrealistic to have tried to work in all the villages so the Community Development Assistants, Women's Organizations and Fatima were asked to identify the villages with the greatest need. It was decided to concentrate on twelve villages, all of them involved in the original research. Within those villages, potential participants (who would later become known as animators) were identified and interviewed individually. The aim of the programme was explained and their co-operation sought. They were told they would be helped to develop new skills and would be supported through regular meetings as the programme progressed. They would not be paid for their work. All of the 24 women approached agreed to take part. Only one later dropped out of the programme when her husband divorced her and she became too distressed to continue.

The animators were grouped together on a geographical basis into four groups. No group had more than five members due to the constraints imposed by the need for interpretation. At first Fatima was involved but she was later withdrawn in order to develop the village programme for the children.

Before any meetings could be held with the women, the leaders in each village had to be approached to obtain their support for the proposed activity within their territory. Some discussion had been possible within the sensitization programme but it was important to make sure that the Chairman at least was fully conversant with what would be happening in his village.

In organizing the programme it was essential to be sensitive to the expectations of the women, to respect their culture, mode of dress, and their normal patterns for holding meetings. Although accommodation would have been available at the Boma, this was rejected in favour of meeting in the villages at the site of the Women's Clubs. The meeting places were all similar, under a tree for some shade, away from the

activities of the village with some seclusion, familiar to the women and respected by the villagers. On some occasions it was necessary to light a fire, and the area was always swept before sitting down. Bamboo mats or small stools would be placed for greater comfort but it was important for all to sit at the same level and not have the group facilitators raised above the others. The animators were well used to sitting on the ground, with the chitenge⁵ wrapped firmly around them and their legs stretched straight in front. However, for someone used to proper chairs these meetings could be extremely uncomfortable!

After the first meeting the women were notified of the day for the next meeting, but they always had to be reminded the day before as none had watches or any concept of time in a place where every day was the same. The first meetings were used to get to know the women, to establish their expectations, background, and current experience. At the same time it was important to establish the objectives for the programme. The following checklist of points was used to guide the discussion:

- All members of the group introduce themselves.
- What sort of work do they do in the villages to help the other women?
- What sort of problems do they encounter and how do they respond?
- When and where do they see the women?
- Who are the people in the villages most affected by the war and do they know them?
- Share the results of the research.
- Discuss experiences of the events in Mozambique.

At the first meeting (involving one of four groups involved) Tizauke, one of the most vocal members of the group, described her role in the village helping at childbirth and advising in the event of family disputes. She had recently helped a young woman at her first birth. There had been an argument with the husband about carrying out the traditional cutting of hair after the birth. Tizauke had advised her that she must do as her grandmother had done or her marriage would not be good and there would be problems with the children. She explained that she always advised the women to follow the old traditions.

Tizauke's experiences of the war were like so many others. When Renamo came to the village everyone was forced to watch as they singled out the people they were after and then butchered them. Tizauke tried not to think about it but she often had sleepless nights.

Naomi was very withdrawn and did not even pretend to smile. She had not only witnessed the brutalities of Renamo but had been shot in the leg trying to escape. She

⁵ The chitenge is a length of material wound round the body from the waist, to cover thighs and knees.

still walked with a limp and had difficulty completing her work at home and in the fields. As a traditional birth attendant, Naomi described how she assists at childbirth and circulates in the village trying to act as an intermediary in family disputes. Although she would normally talk to the women she would occasionally approach the husband or ask one of the older men to intervene.

Gracia was a Traditional Birth Attendant, assisting the women at the birth and advising on child care. In her village there had been serious problems, including an attempted suicide by a woman who was always in dispute with her neighbours. Gracia had been called in to advise and assist.

It was Gracia who first drew attention to the current problems of the women in Ukwimi. She argued that it was not only the memories of the past that were causing distress but also the deprivations of the present. Although she never complained on her own account, she always wore the same blouse at every meeting and whenever encountered in the village. It was all she had.

All these women had experienced the war and the brutalities. They talked about the difficulty they have in sleeping at night.

"During the day when we are working then we can forget but it is at night when we try to sleep that the memories come back."

Asked what they try to do about this, they said they had been advised to try to forget. They also advised the other women to do the same. They did not like to think about what happened. On this occasion they made it clear that the recounting had been distressing for them. Whatever they do how can they forget? With experiences such as theirs, it is impossible to forget.

At the same time their current reality only serves to remind them of the horrors. There is no comfort, they do not have enough to eat, no adequate clothing, not enough blankets to keep them warm.

"We cannot cope because of the self reliance. How do I when my husband is dead and I have children to keep? I cannot provide for them. I cannot sleep."

The original assumption had been that a programme was needed to address the effects of the traumatizing experiences on the women and children, but it was obvious that more was needed. The following plan was agreed with the women:

- They would provide a list of the people in their villages in the greatest material need. This would be given to the Steering Committee and a copy direct to UNHCR in Lusaka. No promises were made for action within the

immediate future. The limitations of the ICCB programme had to be made clear. At the same time, support would be given in every way to mobilize the appropriate resources for their assistance.

- They would take a new approach to the recurring problem of their horrendous memories: rather than trying to forget, they would tell each other about their experience. They would share what had happened to them. This could be hard to do, but within the culture it is quite normal to sit and discuss events and problems. They would stop telling each other to forget and instead would help each other to remember and support each other in distress. If they cried this would bring some relief. No promises were made that by this process they would forget, but gradually some of the pain should ease. By talking, sharing and grieving together, in due course they would gain some respite.
- If the painful memories prevented them from going to sleep, they would try thinking about a good memory, something they experienced with real pleasure. This could be anything: a walk through the fields, a beautiful sunset, some delicious food.
- They would start to identify the women within their villages who have suffered from the war, the most traumatized women among them. Later we would talk about helping these women.
- They would make time for relaxation. We discussed the ways they traditionally relax - drinking, dancing or singing. "The best relaxation is to find a good man to enjoy", they said.

At the next meeting for each group, we discussed the agreed plan of action. Obviously there were differences in the four groups but in essence the response was much the same.

- The women wanted to learn. They were hungry for knowledge.
- They were prepared to try out new ideas, like the approach to their distress.
- Their ability to get in touch with their feelings enabled them to respond quickly to the process recommended.
- Even though they could not themselves read or write they found people to do this for them and all the groups came with their lists of the disadvantaged after the first meeting.

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- They were able to share - everything that they had as well as their own feelings.
- They were physically strong and in control of their bodies. They knew what they needed to relax and were prepared to seek that out.

Over the weeks that followed, the pattern of meetings continued and a bond of mutual trust developed between the women. The detailed report on those women who were finding it impossible to become self-sufficient was referred to the different agencies involved and a programme of assistance drawn up.

Meanwhile the recommendation to talk about their experiences rather than trying to forget was immediately taken up by all the groups and before long they had taken this up outside their animator groups.

In some of the villages the women worked separately, moving through and among the women they discovered to be most in need. At first they initiated all the discussion but later some women would come to them having heard from others that they had obtained some relief. At first it was very hard to do and there was some resistance from those who could not see that one refugee could help another. After some weeks Tizauke reported that she had started a women's group on Sunday mornings after church.

"I thought they could help each other like we do in our meetings", she said.

Elsewhere, the women decided to work in pairs as they felt more confident that way. At the animator group meetings we discussed the importance of listening and practised listening skills. The group was encouraged to seek their own solutions and to obtain support from each other. Training was not formal, but consisted of reinforcing current skills and developing new ways of working. It was exciting. Progress was dramatic! First the animators said that they themselves were finding relief from talking. They could not forget what they experienced but:

'Sharing our suffering has helped. The worry cannot end. To keep it to yourself will spoil your health ...Sharing brings relief.' Zalia, a refugee.

"It has helped to share the pain. I can concentrate better now but most important of all, I can sleep" Naomi, a refugee.

Some of the animators reported having tried the process of thought blocking to help them in getting to sleep. It helped to some extent, but they had gained the greatest relief by talking with each other.

It was not difficult to identify the women most traumatized by their experiences in Mozambique. As anticipated, many of those most affected were those least in touch with their neighbours, least supported by the extended family and not attending the women's clubs. For these women the animators became a source of genuine help and support.

A simple evaluation schedule was designed in order to undertake a systematic evaluation of the effectiveness of the animator programme. This was first tried out at a workshop for the animators in June 1991. The questions were based on the symptoms that the women had described as being the most distressing for them. These included feelings of sadness and depression; attacks of fear or panic; fear of losing their mind; confused and troubled thinking; and difficulty in sleeping.

At the end of the first year the 23 animators completed the list of questions, on a personal basis, and the results were dramatic:

	Often	Sometimes	Improved over the year
Feelings of depression	20	3	22 very much 1 a little
Difficulty sleeping	22	1	11 very much 12 a little

When these questionnaires were taken into the villages for the clients of the animators, they reported:

	Often	Sometimes	Never	Improved over the year
Feelings of depression	92	19		70 very much 39 a little
Difficulty sleeping	90	14	8	81 very much 2 a little 1 no response

The children's programme in the villages

During the months of work with the animators discussions first began on how the children in the villages could be helped. The women were aware that there were many children from the most disadvantaged families who needed help but were not getting any. It cost 25 kwacha a year (payable to the Parent Teacher Association) to put a child in school. Although a comparatively small sum, it was entirely beyond the reach of women who were single parents.

The first suggestion was that women in the villages would take on a similar role to that of the animators, but this proved to be impractical. There were women who might have had the skills but all said they did not have the time. In the meantime, the ongoing work with the women would benefit the children in so far as their mothers would be more relaxed and thus better able to perform their parenting role. It was eventually decided that Fatima Phiri should move from her role as an interpreter and assistant to the women's programme to develop a special programme for the children in the villages. Fatima was happiest working with children and had already launched an informal programme in her own village. Every evening all the children would gather in front of her home to sing and dance and she would help them develop new games and generally keep a watchful eye on them.

It was agreed that the same villages as those targeted for the animator programme should be considered first, and that Fatima would go to each village and consult the Chairman, animators, the Woman Organizer for the Village and the Community Development Assistant.

A modified stress assessment schedule was devised to be completed for each child. The thirteen items were selected from the original schedule after discussion with refugee representatives to determine the most significant features. The schedule had to be easily understood by those completing them. It was agreed that during preliminary interviews details of the child's experiences would be recorded. The stress schedule would be re-done after a period of intervention. As many as possible of the children were also asked to make a drawing of their experiences in Mozambique as a basis for discussion. One hundred children were identified by this process with extended coverage to other villages where children were known to be in distress and to which Fatima would, with a newly acquired bicycle, have reasonable access.

Although designed to offer support and help to the children specifically identified as having experienced the Renamo raids and demonstrating symptoms of distress, other children were not excluded. Care was taken not to treat the traumatized children as special cases, but to offer the support throughout the community. Control assessments were therefore done on others within the groups.

The programmes took place in the villages. In some, a football ground had been cleared by the young men, in others there was really very little space for any organized activity. There were few materials to promote activities: just two footballs, paper and coloured pencils. The children were encouraged to make their own toys out of locally available materials - giving the children a sense of achievement and ownership. This included hoops from bamboo; cars made from discarded wire; carts to sit on, push or pull; balls from rags; and windmills from maize shells in the harvest season.

The sessions were a mixture of sedentary activity and games which were familiar to some but not all. They helped the children gain confidence in a group, relax and have fun. Singing together was a popular and important part of the programme and a way of introducing English, a new language which the children would need if and when they went to school. Dancing was an important element in Fatima's own village programme and a video has been made of this.

"Every evening just before dusk the children gathered outside her house, bringing the toys they had made: a bird in a home made cage; a toy guitar made from wood and wire; and toy cars. Before long, at the sound of a small drum, beans shaken in a plastic bottle, or a rhythmic handclap, the children would be dancing and singing."

In addition to the programme by Fatima, some of the pre-school teachers agreed to run programmes in their villages for the children not attending school. The aim was to offer an opportunity for structured play for these children, any who wanted to join in, without isolating any for special attention and thereby marginalizing them.

Evaluation for the children

Prior to commencement of the village programme, Schedules as in Appendix III were completed for three groups of children. The results below indicate that children who had no direct experience of the war were manifesting significantly lower levels of stress-related behaviour than children with direct experience of conflict.

Group 1. Children who witnessed the violence and participated in the programme.	Mean test score: 11.41
Group 2. Children who witnessed the violence but did not participate in the programme.	Mean test score: 11.29
Group 3. Children who did not witness the war.	Mean test score: 7.23

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Following the programme, the mean scores for groups 1 and 2 showed a marked improvement in children who had participated in the activities:

Group 1	Mean test score: 6.12
Group 2	Mean test score: 10.25

Village programme for the men

It was not originally intended to develop programmes for the men but when they saw the effect that the animator programme was having on the women they began to request that something be done for them too.

Mr Chitundu, the Community Development Assistant, suggested that a pilot programme be initiated in one village with Mr Mwale, the pre-school teacher, mobilizing the Crisis Committees for that and the surrounding villages. These committees had become inactive, yet the special needs of the men would be appropriate targets for their concern.

Mr Mwale was already fully conversant with the findings of the research for the women and the children and had taken part in the interviews for adolescent boys in 1989 and with the men earlier in 1990. He had previously asked that something be done for the men and expressed an interest in being involved. He had attended the counselling training day for teachers and was therefore the most appropriate person to be involved.

A meeting was arranged with the Chairmen and Secretaries. Although Mr Mwale had a good grasp of English, he asked for an interpreter to be present to ensure that there would be no confusion. Another complication was the presence of a woman. How would the men react? Would they be prepared to talk? It was hoped that the presence of a male interpreter would counterbalance any inhibitions.

Six men attended the first meeting (four chairmen and two of the Crisis Committee secretaries). Of the six, only one had left Mozambique before Renamo came to his village. All the rest had had direct experience. The worst involved witnessing five people being buried in a mass grave.

The men said they felt safe in Ukwimi. In Mozambique they had lost everything. There were attacks at night and so much terror. They had been powerless to help their families. The findings of the research on the children were discussed - including the

children's fearfulness, poor concentration, fear of the dark and learning problems at school. The men could identify with this. The women too were found to have poor concentration. Their sleep was often disturbed by nightmares. The men all started nodding in agreement at this. They could fully understand; it was the same for them. All had nightmares as well as constant reminders of what had happened to them - even though they were safe now. One said he could not understand what the war was about. What did it mean? Why was Renamo doing these things to men, women and even children? There was no sense in it.

We discussed the work that had been going on in other parts of the Settlement: Mr Mwale's work in the pre-school and with the children in the village; the animator programme and the reasoning behind this. The group became very animated. Like the women, they had been trying to forget, but would be prepared to try talking with each other to see if that brought some relief.

This meeting was followed up with another five weeks later. In the meantime, Mr Mwale took responsibility for supporting the men. As with the women, they reported an improvement in sleep as they shared their experiences and allowed themselves to share their pain. They could not forget what happened, but would be able to learn to live with it.

Another men's programme was launched by Mr Phiri, a village secretary, who had seen his father, mother and sisters killed by Renamo. In Mozambique Mr Phiri had been a natural leader who enjoyed taking on responsibility. He asked about what was being done for the men in Ukwimi and decided to start a programme in his own village for men suffering the same kind of anguish as himself. Before long men from other villages came to learn about the programme and how to start one in their own village.

The men reported that the programme was effective. The main benefit was an improvement in the ability to sleep, they said. Of the 19 men initially questioned, 18 had suffered all the symptoms including loss of sleep (often). After participating in the programme 14 reported very much improvement and 4 a little.

Guidelines

It was in the work in the villages that the refugees really came into their own and assumed the major responsibility for development. In the women's programme, they proceeded in advance of the plans, starting to work with the other women before this had been fully discussed. Then they decided on a co-counselling model, working in pairs and elsewhere starting a group. Discussion in the support groups for the animators had to respond to what they were doing, not lead the pace.

In the children's programme the absence of materials demanded the use of local resources. It was necessary to support the use of traditional games, songs, dances and not to threaten by the imposition of too many sophisticated procedures. The abridged stress questionnaire had to be introduced with care. In one village it was reported that the mothers thought this was a means of determining which children should be taken away from the parents!

The men themselves took the lead in developing their own programme, although they did want help in starting and guidance on how to do the interviews. Overall, the most important message to be shared was that men, women and children needed to talk about what had happened to them, to share their grief and support each other. They would not be able to forget but gradually the pain would ease and this would result in improved sleep and the diminution of symptoms of distress.

In replicating the programme in comparable situations it is recommended that the following points be taken into account:

- ☛ Before starting any special programmes the detailed assessment of needs and resources must be carried out.
- ☛ All relevant people must be consulted about activities to take place in their territory. In this case it was the village hierarchy and the agency staff.
- ☛ The best people to work within the community for the resolution of problems are members of that community. In this instance the refugees.

- The selection of personnel to work in the community must take into account the current structures, roles and responsibilities. Here it was the involvement of women already respected by the community.

- Even though there will be a specific target group, they should not be focused upon in such a way that they become marginalized. This would be counter-productive and not in line with the ideals of a community based programme.

- The programme should be monitored by keeping detailed records of all activities and interventions.

- The programme must be open to change as new needs and resources are identified.

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The vast majority of Mozambican refugees have returned home and participated in the elections that will decide the political future of their country. With repatriation, the effectiveness of the "Trauma Programme" in Ukwimi will undergo the final test.

The lessons learned by this and similar programmes must at the same time be reviewed, and a means of addressing the psychosocial needs of refugees formulated, that is:

- low cost
- effective
- culturally responsive
- easily replicated
- respects and works with refugees themselves
- targets all those involved and sensitises the total host and refugee population.

Ukwimi to Mozambique

The "Trauma Programme" in Ukwimi continued, flourished and was accepted by the Ukwimi community over the five years since its inception. Men and women continued to be trained as counsellors, offering support, help and practical assistance to their compatriots. They were at their request been presented with certificates of competence to take home.

Work with the children also continued, using play and activities as the means of enhancing the process of healing from the traumatising effects of the war, and the experiences of being a refugee.

It was anticipated by the Government in Zambia that the refugees would become so settled in Ukwimi that they would remain. The people always made it clear

however that "home is home", and they would return to their places of origin after cessation of hostilities. Most will return to remote areas of Mozambique where the infrastructure of communications, health care, education and work potential is at best meagre and largely non-existent.

Many NGOs will offer services as the Government Departments gradually assume responsibility for the rebuilding of Mozambique. There is so much to be done. The existence of many outsiders may enhance the process of reconstruction or may through competition and differences of ideology and intent pose more problems than they resolve.

What is needed is well informed and sincere support for the aspirations of the people of Mozambique themselves. Every community has the potential to identify its own resources, needs, and the means to resolve problems. The returnees to Mozambique from Ukwimi have enhanced knowledge and skills. It will be up to the indigenous and expatriate leaders to support them in the development of a new Mozambique.

For the trauma programme, perhaps a follow up review of the ways in which the people have been able to use what they have learned will be possible in two to three years? The questions that need to be addressed will be:

- How far did the coping mechanisms learned through the programme facilitate the refugees in their readjustment on return home?
- How far have psychosocial needs been recognised in the resettlement process by officials and the community as a whole?
- Have refugee counsellors with minimum if any support been able to continue to help each other at times of crisis?
- How far have refugees been empowered by the programme to influence development within the area accessible to them in the process of reconstruction?

The recognition of "trauma" and the need for intervention

There is now a general recognition of the traumatising effects of exposure to acts of extreme violence and an appreciation of the need to address these.

The individual traumatised by his or her experiences will suffer a diminution in the capacity to work, relate to others, enjoy life, and may experience a variety of

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disabling symptoms. These may include loss of concentration, inability to sleep with recurrent nightmares and bad dreams, eating disorders, and mood disorders with exaggerated stress reactions. Some will become withdrawn and depressed. Others resort to extremes of violence, mirroring what they themselves experienced.

The refugees from Mozambique represent only one group who have suffered such traumatising experiences as those described in this book. Angola, Rwanda, Kuwait, Bosnia, to name a few, have all suffered extremes of violence with the civilian population of women, children and the elderly as the prime targets. Nor are wars the only situations in which people are liable to extreme reactions and to extreme provocation. Natural disasters, such as bush fires and earthquakes, train, aircraft or boat disasters and acts of individual violence in homes and communities can have the same effect. This includes personal violence in families such as wife and child abuse.

Thus the principles outlined and the following recommendations, though based on the Ukwimi experience, are open to modification and replication at a macro or micro level in a wide range of traumatising and distress provoking scenarios.

Summary of recommendations in the development of programmes to address psychosocial needs in a refugee community

- Psychosocial needs must be recognised in the development of any programme with refugees during flight, reception, settlement, and resettlement or repatriation.
- Sensitization is crucial for all involved from policy makers to the refugees themselves. This implies the need for sensitisation of government officials at national, provincial and district level, all NGO staff at international and local level, and for the total host and refugee community. This sensitization must identify the general and particular stresses experienced by the refugees and host community, the strengths and problems and potential for assistance.
- Psychosocial components need to be integrated into every aspect of the refugee programme, rather than identified as special programmes. Any programme that targets traumatised refugees in isolation has the potential to marginalize and identify a sickness model of care. This needs to be avoided. When sensitization has been well done, the psychosocial component for all activities can be built in and a proactive approach achieved with positive use

of psychosocial processes rather than concentrating on the traumatised or sick members of the group.

- A positive psychosocial approach indicates the potential to develop real support systems and eliminate further hazards in the community. For example, in the distribution of food and clothing riots can ensue as the strongest surge forward and the weakest have the worst deal. The initiation of a behaviour modification approach that serves the quiet and least demanding first will lead to a change in behaviour, rather than punishing offenders and creating even more problems.
- The cost of any programme must be taken into account from the outset. With conflicting demands on money and resources, any programme that makes heavy demands on limited funds will not be replicated.
- Sustainability is linked to finance and the potential to extend and continue after the introduction of the programme. At this time the refugees from Ukwimi are returning home. What will the need to continue? Will they be able to support each other as new crises arise, or will they be looking for more support that is not likely to be there?
- It is essential that the ultimate intention is for the community to **own** the programme. This implies the role of the manager or initiator as a catalyst, one who empowers the community to take on the identification of needs and resources and the development of philosophy, aims, objectives, plans and methods for intervention, monitoring and evaluation.
- The need to control by the agencies and non-indigenous participants must at all costs be avoided. While the expatriates in particular may be expected by their seconding agency, the host government and community, and often the refugees themselves, to take control, this is not a satisfactory way to proceed. When the individual leaves, the programme will fail because it never belonged to the community.
- Cultural considerations must be taken into account. For example, in a community where death is followed by a series of rituals that includes a set period of mourning with community support, after which the individual is supported in getting on with living, recognising that the lost person has begun another life, it is not appropriate to introduce long-term plans to discuss the events surrounding that death, unless the individual seeks to do so. While this would be appropriate in the West, other means need to be found to address the remaining distress that do not cut across culture and compound the problems. In the community programme in Ukwimi, the

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refugees themselves decided on the pace and timing for discussions in their own settings in the villages and among their own groups. This was not superimposed.

- Any personnel appointed to develop programmes to address psychosocial needs of refugees must be offered adequate support from their base of origin. While recognising the distress experienced by refugees through separation, loss, change of culture and repeated exposure to traumatising events, recognition of the effect on staff is rarely given. Support systems must be in place if the workers themselves are not to burn out and thus become incapacitated to offer appropriate help or revert to inappropriate support systems that affect the direction of the programme. For example, it is common under stress to resort to old coping mechanisms. This may then lead to a reversal to high control methods of administration that support the worker in his or her insecurity. Coping with uncertainty becomes too difficult under stress.
- While sensitization must be the main emphasis of any programme, when the community agrees that special interventions are needed for a specific group, such as children, then it will be vital to involve the community from the outset in every aspect of the development of the programme, taking into account the points already raised.
- For children, it is important not to target them in isolation from their teachers, parents and wider family and community. For example, if a child is withdrawn and fails to concentrate in school, there is little point in running a programme of activities and support to reduce his distress if the teachers are at the same time beating him for his misbehaviour by failing to listen in school.
- All workers and their employers must be aware of the limitations of their interventions. Any programme specifically addressing traumatised refugees is only effective insofar as it enhances the natural process of healing over time. Like medicine in physical care, it is not the medication that cures. This only enhances the natural capacity of the body to heal. So too with these programmes. Discussion with refugees about to return to Mozambique in September 1994 revealed that while those who had participated in a programme and those who had not, all had a diminution of symptoms of distress over time, all were experiencing a return of symptoms at this point of uncertainty. While programmes aimed to assist refugees in coping with the traumatising effects of their experiences can and do offer relief, they may at best enhance future coping strategies. They cannot totally obviate anxiety and distress faced with the potential for or actual repeat of those experiences.

A Proposal for the Future

Based on the Ukwimi experience and investigation of other existing programmes, the following is a proposal for the development of a programme to address psychosocial needs in every refugee situation.

As previously stated, this could be modified and replicated in any situation of potentially traumatising events, but the description will be confined to refugees.

An individual or team appointment to target psychosocial needs of refugees from the point of arrival through settlement, resettlement or repatriation

Namely, the appointment of an individual or small team of people to every refugee situation, independent of the existing services but authorised by UNHCR, to address the full range of psychosocial issues. While this individual or team would ideally be appointed from the point of arrival in the host country continuing during the period of settlement in camp or settlement area, the team would be equally appropriate during resettlement or repatriation to the country of origin.

The individual or team would be required to:

- Sensitize the host or returnee country at Ministerial and Government Department levels on the psychosocial needs of refugees and returnees and the implications of traumatising experiences.
- Ensure that any training courses to be run for teachers, medical personnel, care and social work staff include a component that addresses psychosocial issues with particular emphasis on the effects of trauma and how these will affect the individual's response in school, clinic, at work, etc.
- Work as appropriate at Provincial, District and Local levels with all personnel to sensitize them to the importance of psychosocial issues in the day to day lives of refugees and in the development of creative and fully functioning communities.
- Work with the community to identify and support people with the knowledge and skills to develop specialised support programmes for people in their midst who are experiencing distress.

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- Initiate in conjunction with the community culturally appropriate programmes to address psychosocial needs of refugees at field level, ensuring that the aims, objectives, plans, programmes, methods used, monitoring and evaluation are culturally appropriate and can be owned by the community.
- Ensure that all aspects of their work are clearly recorded for further development and replication.

Shirley W. Fozzard,

APPENDICES

APPENDIX I

TRAINING SESSION FOR INTERVIEWERS

Objective

By the end of the training session participants will be able to carry out the interviews with the young people and complete the schedules as provided by the ICCB.

Methodology

Small group experiential session, to be repeated if participants are unsure of their ability after a trial run with the schedules.

Language of communication

The sessions to be held in English. Schedules have been translated and back translated for Chichewa. Both versions are available.

Background information

The following will be discussed in the session:

- Purpose of the study, context, other future studies.
- Methodology of study.
- Selecting a random sample, 100 young people for each age group, 50 boys and 50 girls.
- Selection of Villages 1 to 18 to be the subject of the study as they were the first to come to Ukwimi.

- Follow up and information sharing from the study.

The interview

- Setting the interview.
- Timing.
- Asking questions.
- Putting the respondents at their ease.
- Filling in the questionnaire schedule.
- Concluding the interview.
- Supporting the respondent and reassuring of confidentiality.

Conclusions

Time will be set aside for interviewers to seek individual help if they need this at any time during the survey.

APPENDIX II

TRAINING COURSE FOR PRE-SCHOOL TEACHERS

UKWIMI REFUGEE SETTLEMENT, AUGUST 1989
COURSE 1

Target group

The Pre-school teachers currently employed by SCF in the Settlement. All have been trained as teachers in Mozambique.

Aims of the Course

To begin to address the objectives of the SCF project entitled "Special services for children" namely:

- To promote the mental health and social integration of the children.
- To relieve mental stress and trauma of children adversely affected by negative experiences of violence and torture before arrival in Ukwimi.

Objectives

By the end of the course, participants will:

- Begin to develop some understanding of the psychosocial needs of young children.
- Be familiar with some of the presenting symptoms of a child under stress.

- Be able to use their knowledge and begin to develop culturally appropriate skills to alleviate some of the stress for the children within their group.

Methodology

- Five one-day workshops to be held weekly August 1989.
- Participants to be assigned tasks which will be used extensively in the sessions as the basis for study.
- Each school to be visited by the trainers to observe teaching practice, advise and assess skill development.

Language of communication

Chichewa. The ICCB Consultant to guide the group through and with the teaching partner, the Pre-school Coordinator.

All written hand-outs and notes on the course to be translated into Chichewa.

Evaluation

The course will be evaluated by the teachers by questionnaire.

The teacher's response to the training opportunity will be evaluated during the follow up visits later in the year.

An assessment schedule for the children will be completed on the children about whom the teachers have the greatest concern. These will be re-assessed after a year to determine whether progress has been made.

SESSION 1

Basic human needs. The psychological needs of children

1. Introductions and opening discussion. Getting to know each other.
2. Large group discussion: Share descriptions of children in the class who give most cause for concern. Why?
3. Settling the group into informal groups. Why small groups work. Participatory learning. Using this workshop to experience a new way of teaching and learning rather than by rote.
4. Small group task: Identify the needs of children. Give a chart to complete. Physical, social, intellectual, emotional needs of children. In which of these areas have the children in Ukwimi missed out? Maslow hierarchy of needs.

Home task: Observe the child they described in the session during the week. What may be causing these behaviours they have observed?

SESSION II

Problems in class. Signals of distress

1. Discussion of individual concerns based on home task.
2. Letting the teacher know that something is wrong. The acting out child. The withdrawn child. Observing the child.
3. Observation exercises in large and small groups.
4. The stress assessment schedule. Discussion of design, relevance and use for the teachers.

Home task. Complete the stress assessment schedule on the child they have been observing, and bring to the session next week.

SESSION III

Ways of alleviating distress in a group

1. Discussion of the home task. How did it work. Other things they observed not covered in the schedule.
2. Activities to alleviate distress. Not singling out the individual child but targeting the group. The role of free play, drama, music, drawing, story telling, having fun.
3. Small group task. Develop a story they think might help children to express fears in a supportive setting.

Home task. Identify a strategy to assist the child they have identified in the class as being of the greatest concern to them and discuss in the group next week.

SESSION IV

Helping the individual child. Some techniques

1. Discussion of home task. Sharing the solutions from the group.
2. The need for individual attention for the troubled child without making him or her feel different. The role of the Assistant in the class. Working together with an assistant. Positive attention not negative attention. Reinforcing the desired behaviours.
3. Clarifying roles and expectations. Writing job descriptions for teachers and assistants.

Home task. Identify one activity to use in the class to help the children feel positive about themselves. Positive reinforcement. Nothing succeeds like success. Suggest ways of sharing ideas with the group next week.

SESSION V

More group and individual helping strategies. Life stories

1. Discuss ways of helping identified by the group. Share ideas.
2. Try out the methods through role play. Practising what the teacher can be comfortable with. Knowing own limitations.
3. The child's own story. Life stories and sharing these. Ways of describing what has happened to them. Identifying positive and negative experiences. Allowing children to talk about what has happened to them. Drawing their story and talking about it.
4. Conclusions and summing up.
5. Evaluation of course by participants.
6. Arrange follow up visits to schools.

APPENDIX III
MODIFIED
STRESS ASSESSMENT SCHEDULE

Village Programme : *To be completed by the programme leader.*

Name of Child..... Age:..... Sex: M F

For the interviewer: for each question, ask the respondent if the behaviour is observed - Frequently, Sometimes or Never.

Code as follows: Frequently = 2. Sometimes = 1, Never = 0

1.	Does the child have difficulty settling to sleep at night?	2	1	0
2.	Does the child wake during the night?	2	1	0
3.	Is the child fearful of strangers?	2	1	0
4.	Does the child cry and become upset easily?	2	1	0
5.	Does the child complain of aches and pains?	2	1	0
6.	Is the child afraid of the dark?	2	1	0
7.	Is the child afraid of being left alone?	2	1	0
8.	Does the child talk about events that made her/him into a refugee?	2	1	0
9.	Does the child express fears for her/his own safety?	2	1	0

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10.	Does the child reproduce situations of violence in play?	2	1	0
11.	Does the child talk repeatedly about distressing/unpleasant events she/he has witnessed?	2	1	0
12.	Is the child nervous or uneasy in new situations?	2	1	0
13.	Does the child worry too much?	2	1	0

Please add any other comments about the child's behaviour that you think would be useful. Thank you for your cooperation.

(Translated into Chichewa)

APPENDIX IV

JOB DESCRIPTION PRE-SCHOOL TEACHER

Accountability

- Accountable to the SCF Project Director through the Assistant Project Director.
- Responsible for day to day activities to the Pre-school Coordinator.

Tasks

- Responsible for the day to day running of the school.
- Development of the curriculum and timetable in conjunction with the Pre-school Coordinator.
- Initiation of large and small group activities.
- Supervision of the Pre-school Assistant.
- Responsible for the welfare and motivation of the children.
- Completion of accurate records, register and inventory of materials.
- Any task agreed with the Coordinator or Project Manager.

APPENDIX V

JOB DESCRIPTION PRE-SCHOOL ASSISTANT

Accountability

- Accountable to the SCF Project Manager through the Pre-School Coordinator.

Tasks

- Prepare for the class, assisting the teacher.
- Assist in the supervision of free play.
- Assist in leading the singing, particularly the traditional songs in Chichewa.
- Assist in telling traditional stories.
- Work with small groups in activity centres.
- Take a small group of children for special activities while the teacher works with the rest of the class. All children to take turns for this.
- Nature walk. Ensure that all the children follow the teacher.
- Give special attention to any child in trouble, e.g., if ill. Give attention to individual children from time to time, positive reinforcement.
- Clear room at end of class.
- Any task as prescribed from time to time by the teacher.

APPENDIX VI

**TRAINING COURSE
FOR PRE-SCHOOL TEACHERS**

**UKWIMI, FEB./MARCH 1990
COURSE 2**

Aims of the course

To address the problems identified in the ICCB research, namely the impact of the violence in Mozambique on the women and children. The results have indicated a very high level of stress in the children which is directly related to the traumatic experiences of the mothers. The highly stressed mothers producing highly stressed children.

Objectives

By the end of the course, participants will be able:

- To support the teachers in coming to terms with their own experiences and to be aware of the effect of these on their lives and work.
- To sensitize the teachers to the symptoms of distress in the children.
- To enable teachers to identify serious symptoms of distress and distinguish between normal and abnormal levels of deviant behaviours in the class.
- To develop culturally appropriate methods for helping the children in the groups to alleviate some of the symptoms of distress.
- To work appropriately with parents to assist them to cope with the effects of violence and uprootedness.

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Methodology

- Weekly sessions for eight weeks. Mr Chitundu to act as interpreter.
- Follow up with visits to all schools in June.

The course

SESSION 1
1. Review of work done in 1989. What were the most important changes effected in the schools following those sessions?
2. What would teachers like from another sequence?
3. Results of the ICCB research and the implications for the teachers, the children and their families.
4. Proposals for intervention.

SESSION 2
1. The impact of trauma on people. The teachers' experiences.
2. Feelings. Coming to terms with terror. Living through traumatic events. The cathartic effect of reliving a traumatic event. Work done with the survivors of the Zbrugge disaster and Holocaust victims. An exercise to re-live a terrible event within the group.
3. Blocking bad thoughts and gaining respite from resistant and recurring memories.

SESSION 3

1. Symptoms of distress. Diagnosis.
2. When is a symptom indicative of a serious problem?
3. The age, stage of development, nature of the symptom and the intensity.
4. Children's drawings and what these can show.
5. Indicators in free play.
6. Detailed assessment. Revive last year's assessment schedules and introduce new ones for the year.

SESSION 4

1. The Mozambican way of coping with distress.
2. Psychological mechanisms for coping:
Avoidance - Denial - Rationalisation - Identification.
3. Adjustment and maladjustment.
4. How do these mechanisms operate within the Mozambican way of life?

SESSION 5

Therapy 1

1. Making music.
2. Traditional songs to tell a story and express feelings.
3. Working through trauma in song.
4. The group to develop some songs to use.

SESSION 6

Therapy 2

1. Story telling and drama.
2. The historical use of stories and drama in all cultures to relate good and frightening events, the unknown and feelings as these develop within themselves.
3. Western and African stories share.
4. The group to develop some themes for stories and dramas to use in their groups.

SESSION 7

Helping the family

1. The role of the PTA.
2. Giving parents a voice.
3. Appropriate methods of supporting parents. The limitations of the teacher's role.
4. Role play of the parent interview.

SESSION 8

Review and course evaluation

APPENDIX VII

TRAINING COURSE FOR NEW PRE-SCHOOL TEACHERS

UKWIMI, OCTOBER 1990
COURSE 3

Aims of the course

- To assist the teachers, originally working as Primary School teachers, in development in the Pre-schools of an environment and curriculum for learning through play and activity.
- To promote the mental health and social integration of the children.
- To address through a range of activities the problems resulting from the traumatic experiences of many of the children before and during their flight from Mozambique.

Objectives

By the end of the course, the new Pre-school teachers will have:

- Begun to develop some understanding of the basic needs of children, physical, social, emotional, intellectual, and how these are met.
- Developed new ways of working with children in a group.
- Become familiar with some of the presenting symptoms of children under stress as needs are not met.
- Become able to use their knowledge and develop culturally appropriate methods to alleviate some of the stress for the children in their care, who have been traumatised before and during their flight from Mozambique.

Methodology

A series of six workshops will be held on Wednesday and Friday afternoons. (Sessions will be experimental rather than didactic)

From 10th October 1990: Participants will be required to complete tasks which will be used in the sessions as a basis for study.

Language of communication

Mr Chitundu and Mr Mwale will act as translators during the sessions. All handouts will be in Portuguese.

Evaluation

At the end of the sequence, participants will be asked to evaluate the course.

Evaluation of the effectiveness on teaching in practice will be the responsibility of Refugee Services (Z) Staff in 1991.

Preparation of the course

The advice of the teachers who attended the course in August 1989 has been sought in the compilation of this programme.

SESSION I
1. Introductions: All participants, what do they want from the course? Objectives.
2. Basic Human Needs: The physical, social, intellectual and emotional needs of children.
3. The group will be split into small groups for discussion - to introduce the idea of small groups in a class. The participants will be required to identify the needs of children.
4. Different needs at different ages and stages of development.
Home task: Identify a child for study. Preferably a child who experienced the violence in Mozambique.

SESSION II

1. Review of home task. Identify child selected, ensure appropriateness.
2. How to undertake a child study. What you should know. How to record. Seeking permission.
3. Review of last week - basic needs. Maslow's hierarchy of needs.
4. What is a 'normal' child?

Home task: Start child study.

SESSION III

1. Review progress of home task.
2. Signals of distress - when is there a problem? The acting out, withdrawn, unhappy child. The traumatised child.
3. Using the assessment schedule for troubled children.

Home task: Use assessment schedule on child in study.

SESSION IV

1. Discuss assessments and how these can be used in class.
2. Learning to observe - observing children as a means of understanding. Observation exercise.
3. Listening to children. Listening exercise.
4. Knowing yourself.

Home task: Describe in detail child they are studying (observation). Record a conversation with the child (listening).

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SESSION V
1. Discuss results of home task.
2. Working with the group. Activities to promote sharing.
3. The development of small group activities. The use of play, drawing, music, role play as means of reducing stress.
4. Use of stories to reduce stress. Record a conversation with the child (listening).
Home task: Hold a play session with child in the study and record child's participation.

SESSION VI
1. Review child studies. Implication for observation and understanding of children in class. Collect child studies.
2. Review methods of alleviating stress in class.
3. Meeting individual needs. Knowing self.
4. Evaluation of course.
5. Meeting own objectives.
6. Identify future learning needs.

Conclusion

A report on the participation and evaluation of the course will be prepared. The child studies will be collected and translated into English for record purposes.

APPENDIX VIII

REPORT ON COURSE

"AN INTRODUCTION TO COUNSELLING"

SATURDAY 27TH OCTOBER 1990

Participants and facilitator

- Facilitator : ICCB Consultant
- Participants : - Two representatives from each of the three schools in the Settlement: Mzumwa, Ukwimi, Sopa.
 - Danish volunteer from Skills Training Centre
 - Teacher from village 23 Pre-School
 - Red Cross representative

Aim of the day

To assist teachers from the three schools in Ukwimi in the Development of Counselling Skills to help children presenting symptoms of distress.

Justification

Following discussion with all staff at the three Primary Schools on the research undertaken by the ICCB into the effects of the experiences in Mozambique on the women and children, the need for special care for the children was identified with strategies to alleviate distress. The need for individual attention for some children was established and it was agreed that an opportunity for 2 teachers from each school to attend an introductory training session should be offered.

Structure of the day

Teachers were brought to the Boma and the session was held at the LWF Guest House by kind permission of the LWF Project Manager. Lunch was provided. Timing 9:30am - 3:30pm

Method

Experiential rather than didactic.

Medium of communication

English

Objectives

By the end of the session participants would have:

- Gained knowledge of some of the basic principles of counselling.
- Identified the essential requirements of a good Counsellor.
- Begun to develop skills in counselling through simulation and role play.

Process and content

I. INTRODUCTIONS AND WHAT MAKES A GOOD COUNSELLOR

Participants were asked to introduce themselves:

- Formally - Name - Location - Work Experience.
- Informally - What would they like the group to know about them:

From this it was possible to extract the elements of what makes a good Counsellor especially if working with children. The participants, in describing something about themselves, interests, personality drew out the following:

The Counsellor needs to:

- Be sensitive to the needs of others.
- Enjoy solving problems.
- Like to see people happy.
- Enjoy the company of people - like people.
- Like children.
- Want to know people more than the surface - to know them well, and
- Enjoy playing with children as well as talking with them.

II. THE DIFFERENCES BETWEEN BEING A TEACHER AND A COUNSELLOR

Divided into two groups for discussion and then report back.

At first needed to identify definitions for Counsellor and Teacher.

GROUP I: **Counsellor:** Makes people feel at ease with problems. Shows love and sympathy. May assist with material items. Tries to give encouragement and hope.

Teacher: Teaches new ideas. Makes people literate. Encourages involvement in community work. Encourages to take care of each other.

GROUP II: **Counsellor:** An advice giver. A person who listens to problems, tries to help sort out problems which may be personal, material, financial.

Teacher: Does preparatory work. There to impart knowledge to children with a view to updating standards and preparing for examinations.

During discussion the similarities in role were identified rather than the differences.

All the features of being a Counsellor apply to the Teacher, the method, usually working with a class will differ. The Teacher is also responsible for enabling children to learn in specific subject areas as well as about life.

The Counsellor may also teach, the Teacher certainly counsels!

III. COUNSELLING SKILLS

Counselling skills are essentially interpersonal skills:

- **Observation:** The counsellor needs to see clearly the person in his situation. Observation exercises to demonstrate the objective and subjective factors in observation:

i) *What do you see?*



A VASE AND/OR TWO FACES

ii) *Observation of one participant by the others.*

Each was asked to observe the 6 most important features for them. The person observed then stated the 6 features most significant for herself.

The participants identified 25 features, only 3 were congruent with the person (object) of observation. 22 were different. Two features were observed by the person and 4 observers.

i.e., different people see things/people differently. There are:

- **Objective factors** that most will observe - i.e., related to the objective/person. Things that stand out are different, unique, dramatic, e.g., a child crying, laughing, smiles, anger, handicap, size.

- **Subjective factors** that relate to the interest and experience of the observer, e. g., someone interested in mechanical things will pay attention to those. A woman may observe another's clothing. A doctor will observe signs of physical ill health. A social worker will observe emotional distress.

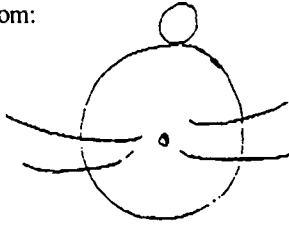
The important message in counselling is to know yourself - check you are seeing clearly and not over-influenced by your own interests and experiences and missing important factors.

- **Listening:** The Counsellor must first listen. This is not as simple as it appears. Again two exercises to develop listening skills:

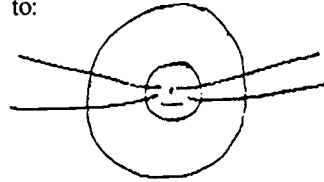
i) *Participants were told to listen to a set of simple instructions to produce a drawing. Questions were not permitted.*

The resulting drawings varied:

from:



to:



Participants were then given the same set of instructions but told they could ask any questions they wanted.



Was the result

The exercise demonstrated the need to listen carefully - seeking clarification to be sure you hear correctly.

- ii) *Participants sat in pairs. One the speaker, the other the listener. Then after 5 minutes, reverse.*



not



which creates a barrier

Legs crossed towards a speaker - not turned away.

Body language is important to confirm you are listening and not engrossed elsewhere.

Feedback to determine accuracy of listening.

IV. GUIDELINES ON LISTENING AND TALKING WITH CHILDREN WHO ARE PSYCHOLOGICALLY DISTRESSED

*Taken from paper by Elizabeth Jareg,
Consultant Psychiatrist, Redd Barna, Oslo*

*The notes are based on a lecture given at the Institute of Child Health,
London, 1989, on « Children in wars and disasters »*

To counsel:

- talk with and listen to children. You must be a good listener - like children, know yourself, allow the child to express negative and positive feelings.
- You must genuinely want to help. Accept what the child is saying. Be patient.
- Watch body language - be sensitive to how the child is feeling. Tolerate pauses, tears, anger.

When counselling, plan the following:

- Introduce yourself.
- Ensure there is enough time for the child to express himself.
- Ensure privacy.
- Set the scene - check seating.
- Be sensitive to the way the child is feeling.
- Record what is said for next time but keep confidential.
- Clarify points but do not interrupt.
- Keep language simple.
- Keep confidentiality - ask permission to share information.
- Expect some lies but recognise them. The child often lies to protect himself.
- Conclude the interview. Summarise, agree plans.

V. THE PROBLEMS CHILDREN ARE LIKELY TO BRING

Problems may be related to:

- current life;
- experiences of war in Mozambique;
- family problems;
- school.

The teacher/counsellor may wish to interview a child who is not performing in class, appears distressed, looks sick, etc...

Previous sessions concentrated on the identification of symptoms of distress.

VI. COUNSELLING SKILL DEVELOPMENT THROUGH SIMULATION AND ROLE PLAY

Participants selected their own partners for role play. Examples of the situations chosen, all based on real experiences were:

- A child coming to school hungry. Father killed in Mozambique. Mother unable to cope with farming.
- Child withdrawn. Not playing. Child revealed problems at home - parents drinking.
- Child living with distant relative. Parents not seen for 3 years. Are they alive? Friends transferred to another school so feels very alone.
- Father and mother divorced. Child very unhappy - threatening suicide.
- Boy very fearful - mother told him his father is with Renamo. Afraid others will hate him if they find out.

From the role plays - the following major learning points emerged:

- Must allow the child to express feelings. Do not tell him what he should feel.

Surviving violence

- Do not give false reassurance. It may make the Counsellor feel better but not the child.
- Seek realistic solutions.
- Use resources in the Settlement. Ask help of Women Organisers and Social Development Assistants of Refugee Services Zambia. Ask child's agreement **before** discussing with them.
- Accept that solutions not always possible.
- Do not under estimate the value of counselling - children often feel better just being allowed to talk.
- Approach parents with caution. Child may be punished if parents think he has been telling bad things from home.
- Involve parents in positive issues.
- If a child threatens suicide - take him seriously. Do not tell him he must not think that way. Allow him to talk about why.
- Be careful about giving material help. This may be appropriate for pencil, paper but not food as this is not teacher's responsibility and many are hungry.
- Ask the child what he thinks will help. Do not impose solutions.
- For lost relatives consult Red Cross family tracing at the Boma.
- Make sure child knows what next. Summarise the interview, agree plans. Agree follow up.

Conclusion

The participants were asked to do a simple evaluation for the day:

	Good	OK	Not OK
The length was	4	1	1 too short
The content was	6	1	
The method was	6	1	
What you learnt - amount	6	1	

(one participant developed malaria and had to leave before the evaluation).

Comments

- The class was good and the method because it involved everybody.
- The day has been so good and really educating. I have learnt something new. I wished we could be having such lessons every week or so.
- It has been so interesting that I wished it had continued - especially the counselling practice.
- It has been a good course and very interesting. Wish we could have more of same, or extend to other teachers.

BIBLIOGRAPHY

- Ayalon, O. (1987), *Rescue! Community Oriented Preventive Education. Helping children cope with stress. Guided group activities.* Nord Publication, Israel.
- Baker, R., et al (1983), *The Psychosocial problems of Refugees. Based on the International Conference on the Psychosocial Problems of Refugees, Keffolds, 1981.* The British Refugee Council.
- Boothby, N. (1991), *Children of Mozambique - The cost of survival.*
- Brassard, M., Germain, R. and Hart, S. (Eds.) (1987), *Psychological Maltreatment of Children and Youth.* Pergamon General Psychology Series.
- Bray, I. (1987), *Chicualacuala. Life on the Frontline.* Oxfam.
- Cawthra, G. (1986), *Brutal Force. The Apartheid War Machine.* IDAF, London.
- Egeland, B. and Erickson, M. F. (1987), *Psychologically Unavailable Care-Giving.* In: M. R. Brassard, R. Germain, & S. N. Hart (Eds.) *Psychological Maltreatment of Children and Youth.* Pergamon General Psychology Series.
- Freire, P. (1972), *Pedagogy of the Oppressed.* Penguin Books.
- Hanlon, J. (1984), *Mozambique, the Revolution Under Fire.* Zed Books. London.
- Himes, J. R. (1989), *Preface to Summary Report of Innocenti Global Seminar, Early Child Development,* UNICEF.
- *Independent Commission on International Humanitarian Issues. Forward by Sadruddin Aga Khan and Hassan Bin Talal.* (1986). *Refugees, Dynamics of Displacement.* Zed Books.
- *International Catholic Child Bureau (1987), Report of proceedings of a planning meeting to discuss the design of training programmes in mental health issues for non-professional staff in refugee camps, and intervention programmes for refugee children to alleviate the effects of the refugee experience.* ICCB, Geneva.

- Jareg, E. (1987), *Psychological Factors in Relief Work During Famine and Rehabilitation*. Redd Barna, Norway.
- Knight, D. for Christian Aid (1988), *Mozambique Caught in the Trap*, Christian Aid.
- Lima, B., et al (1987), *Screening for the Psychological Consequences of a Major Disaster in a Developing Country: Armero, Columbia*. *Acta Psychiatr. Scand.* Vol 76, 561-567.
- Magaia, L. (1982) *Dumba Nengue: Run For Your Life. Peasant Tales of Tragedy in Mozambique*. Africa World Press, Inc.
- McCallin, M. & Fozzard, S. W. (1990), *The Impact of Traumatic Events on the Psychological Well-Being of Mozambican Refugee Women and Children*. International Catholic Child Bureau, Geneva.
- Miserez, D. (Ed.) (1988), *Refugees - The Trauma of Exile*. Martinus Nijhoff Publishers.
- *New Internationalist* (No 192, February 1989), *Mozambique, the Right To Survive*.
- *Organizacao da Mulher Mocambicana*, (Undated) *Mulheres Mocambicanas*. OMM.
- Polansky, N. A., Desaix, C., Wing, M., and Patton, J. D. (1968), *Child neglect in a Rural Community*. *Social Casework*, 467-474.
- Polansky, N. A., Chalmers, M. A., Bittenwieser, E. and Williams, D. P. (1981), *Damaged Parents: An Anatomy of Child Neglect*. Chicago: University of Chicago Press.
- Punamaki, R. L. (1986), *Stress Amongst Palestinian Women under Military Occupation: Women's Appraisal of Stressors, their Coping Modes and their Mental Health*. *International Journal of Psychology*, Vol. 21, 445-462.
- Punamaki, R. L. (1987), *Psychological Stress Responses of Palestinian Mothers and their Children in Conditions of Military Occupation and Political Violence*. *The Quarterly Newsletter of the Laboratory of Comparative Human Cognition*, Vol. 9, No. 2.
- Quan, J. (1987), *A Cry For Peace, Mozambique*. Oxfam.
- Raphael, B. (1986), *When Disaster Strikes. A handbook for the caring professions*. Hutchinson.

- Salimovich, S., Lira, E., and Wienstein, E. (1989), *The Psychology of Fear in Situations of Political Repression*. In: *Fear in Society*, Juan Corradi, Patricia Wiess-Fagan and Manuel Antonio Garretón (Eds).
- Schakel, J. (1987), *Emotional Neglect and Stimulus Deprivation*. In: M. R. Brassard, R. Germain and S. N. Hart (Eds) *Psychological Maltreatment of Children and Youth*. Pergamon General Psychology Series.
- UNICEF (1986), *Children on the Front Line*. UNICEF.
- Urdang, S. (1989), *And Still they Dance. Women, War and the Struggle for Change in Mozambique*. Earthscan Publications.
- Werner, E. E., Bierman, J. S., and French, F. E. (1971), *The Children of Kauai: A Longitudinal Study from the Prenatal Period to Age Ten*. Honolulu: University of Hawaii Press.
- Yule, W. and Williams, R., *Paper first presented to European Conference on Traumatic Stress Research, Lincoln, 30 Aug. 1988 and to the World Congress on Behaviour Therapy, Edinburgh, 5-10 Sept. 1988.*

"Surviving Violence, a recovery programme for children and families" describes the process of assessment, intervention and evaluation undertaken with refugees from Mozambique at the Ukwimi Refugee Settlement, Zambia, from 1989 to their return to Mozambique on the cessation of hostilities in 1994, to ameliorate some of the traumatising effects of their experiences prior to and during flight and as residents in a refugee settlement.

The programme was community based and community owned. It evolved from continuous interaction with the whole community, expatriates, Zambian hosts and the refugees themselves, to define problems, identify strengths and resources and develop strategies that were culturally appropriate, inexpensive and sustainable, in support of the most vulnerable.

The resulting three part intervention strategy is described in detail: Sensitisation - Work in existing institutions - Work in the villages.

Included in the text are descriptions by the refugees of their experiences, at home in Mozambique, during flight and in Ukwimi.

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