Integrating the Psychosocial Dimension in Women's Empowerment Programming: A Guide for CARE Country Offices

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Sylvia's Journey

Sylvia was 9 years old and the eldest of five children when she fled her village in South Sudan with her mother and siblings – hostile militia at their backs. Arriving in the overcrowded refugee camp, Sylvia's mother wasted no time looking for ways to provide for her family. Carrying her nursing infant, she 'volunteered' for any available work, shooed her two middle children off to school and left Sylvia to care for her toddler brother.

With a baby on her own back, Sylvia took her siblings to school and picked them up at the end of each day. Longing to attend school herself, she was not allowed inside because of the baby. Sylvia's mother knew that she could not do anything to change the rule, but she managed to scrape together enough money to buy her daughter a copy book and pencil.

Every day then, Sylvia would stand outside the classroom window, listening to the lessons and handing her homework to the teacher who would correct and give it back to her. When her little brother was finally old enough to attend school himself, Sylvia joined the other children inside the classroom. She sat for exams and graduated to junior school. She joined organizations and activities supporting the rights of the people in South Sudan. Sylvia (not her real name) completed her education, participated in the peace process and now serves as a program director for CARE' International.

What made Sylvia's resilience possible? Sylvia came from a poor family and a marginalized ethnicity; her father was brutally murdered, and Sylvia was a girl. She was also extraordinarily intelligent, hard working and motivated. But resilience does not happen by magic. It is the response to a supportive environment in which a sufficient number of protective factors are available to outweigh risks that can seem insurmountable.

Psychosocial programs are designed to support and develop the protective factors that help girls like Sylvia succeed so that they are able to work toward providing the next generation with a better world than the one that they found.

About This Document

The purpose of this document is to introduce the practice of integrating the psychosocial dimension into CARE's programmatic response to women's empowerment. It illustrates how this dimension can serve as a critical, identifiable and effective means to achieve the underlying structural change necessary to empower women and eliminate the root causes of poverty.

The document explains the ways in which comprehensive, community based interventions can enable groups of women and girls, like Sylvia and her mother, to mitigate the effects of the risks they face by activating increased protective factors, producing resilience.

Psychosocial interventions are often equated with individual Western approaches to treating the symptoms of mental disorder, or to the emotional responses of individuals to the violence and oppression. For the purposes of this document we will define a psychosocial approach as one that emphasizes the indivisibility of the individual with culture and community. The approach described here utilizes social and cultural interventions to increase the protective factors that support resilience, promoting the capacity for empowerment.

This is not a medical handbook for the care of people facing acute psychiatric emergencies or chronic mental illness. It is not a handbook for people seeking to provide psychotherapy, or clinical counseling. Such treatment should only be provided by trained specialists. While it is important that effective, clinically sound and culturally competent care be provided to those who require a higher level of intervention, such interventions are beyond the scope of these guidelines. CARE Ö will address these issues in future documents.

This document is divided into three parts:

Part I defines and explains all aspects of the psychosocial approach.

Part II gives a brief overview of the assessment process needed to insure community ownership.

Part III provides specific guidance to integrating the psychosocial dimension into CARE programs in the following areas:

- Integrating psychosocial support in Programs for Women's Empowerment during and after armed conflict
- Integrating psychosocial support for women experiencing sexual and gender based violence (GBV) into Women's Empowerment Programs
- Integrating psychosocial support for marginalized women into Women's Empowerment Programs
- Integrating psychosocial support for staff into Women's Empowerment Programs

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Part I: Understanding the Psychosocial Dimension of Women's Empowerment Programming

Women's Empowerment: CARE's Vision

We seek a world of hope, tolerance and social justice where poverty has been overcome and people live in dignity and security.
CARE International will be known as a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people

To advance this vision, CARE has placed women's empowerment at the core of all of its work. From the Human Development Report (1995) to the World Bank (2006), economists cite empowering women as a key factor in abolishing poverty at its root. However, CARE's rationale transcends this instrumental analysis and views women's empowerment as a journey of personal, collective, and social transformation:

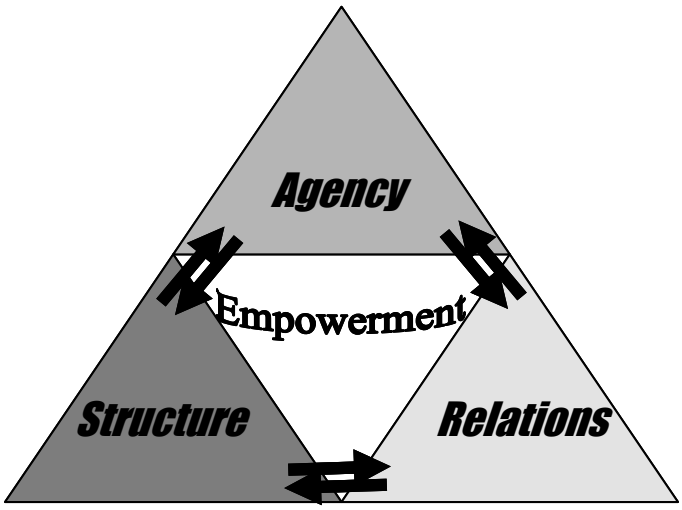
- Empowerment is a process that represents the expansion of women's ability to make life choices.
- Empowerment is a process of dialogic action in which women and men, in processes of self discovery and evolving consciousness transcend social and structural boundaries and change aspirations.
- Empowerment enlarges power, creating more opportunities as it grows. (extracted from SII Synthesis Phase 2 p. A-xi)

CARE's Strategic Impact Initiative defines the elements of empowerment as agency, structure and relations each interacting with and influencing the other.

Agency – refers to the capacity to define, analyze, take decisions and act upon them.

Structure - refers to the institutions that establish agreed upon meanings, forms of domination, and agreed criteria for legitimizing the social order.

Relations – refers to connecting with others, building relationships, and participating in joint efforts, coalitions and providing mutual support to enact agency and alter structure.



Structure, agency and relations are not concrete things, but related ideas and ways of behaving. Each element is socially and culturally constructed and particular in its manifestation. Each element is directly related to the way that people think, act, and organize social life. Each aspect must be studied and addressed if CARE's programs for women's empowerment are to meet its own definitions and goals.

The Strategic Impact Inquiry demonstrates that the empowerment of women is not a linear task (2006). Moving "women's empowerment" from goal and ideal to living reality requires working with women and men, girls and boys on the way that they experience the world and think about life as well as the ways that they behave, in order to change the nature of the structural, social and personal relations which lie underneath the causes of poverty itself.

Making the Vision a Reality: CARE Österreich's Integrated Approach

CARE Österreich's experience suggests that women affected by armed conflict, gender based violence, and social exclusion or marginalization[1], need support to achieve empowerment. Programs designed to foster their ability to claim their rights, exercise their agency and participate in collective activities require specific efforts to enhance their capacity to do so. Therefore, CARE Ö integrates psychosocial interventions as part of its regular package of program assistance. CARE Österreich has found that programs which support psychosocial wellbeing as part of an integrated package of relief and development interventions, contribute substantially to women's agency, relationships and ability to collaborate with men to address the structural issues that keep them from power.

The following case study illustrates how psychosocial programs work together with other interventions to help poor, marginalized women to succeed.

[1] Women who by virtue of occupation, caste, ethnicity, religion, disability, or some other reason are excluded from benefits afforded to other women within the population. Sometimes referred to as socially excluded groups.

Patience's Journey

Patience, from Northern Uganda, had been abducted by the rebel forces when she was 10. She had escaped, been caught, and punished, causing the loss of the use of one of her arms and some of her hearing. She eventually did succeed in fleeing the rebel army with a small daughter, and returned to her community. The community had been driven into a crowded IDP camp designed to protect the population from the rebels. Patience was accepted at home, in spite of the fact that she had fought with the rebels. However the community considered her unmarriageable because she had been a "bush wife." Her ability to farm was limited by her injury. In other words, Patience was affected by armed conflict, marginalized by disability as well as unmarried mother status, and a survivor of gender based violence.

In order to earn a living, Patience made and sold beer, but with the stigma of having been a bush-wife, she had fewer customers than most. She was anxious to earn more, and would have liked to join the Village Savings and Loan Association, so that she could provide for her daughter. However, with stigma prevented her inclusion in the solidarity groups. Ironically, it is precisely such solidarity that might have helped Patience and her daughter most. Her isolation left Patience dispirited, lonely and neglectful of her daughter. A vicious cycle had begun.

However, CARE Uganda had a program in the camp in support of UNSCR 1325 which calls on women most affected by conflict to participate in the peace process. CARE Österreich supported the program with several psychosocial components. Those components included a cultural group that practiced and performed traditional dancing, singing and storytelling. Patience sang well, and was a gifted story teller. A community animator suggested that she join the story telling group where she used traditional stories as parables to help her tell her own.

The group also brought messages of acceptance of returned soldiers to the community at large. The leader of the cultural group, an older woman teacher, learned that Patience was conscientious, hard working and trustworthy. After some time, the woman introduced Patience to the Village Savings and Loan Association and recommended her acceptance in a solidarity group. Members of the solidarity groups of VSLA exercise their agency through an analysis of their priorities for both savings and loans. With her isolation broken by participation, and assistance given toward savings, Patience decided to use her savings to learn a skill that would increase her income, enable her to feed her daughter better and send her to school.

Because she had been a victim of the rebel forces, Patience was chosen to participate in the peace and reconciliation dialogue as an informational leader and to give testimony to a local inquiry. In that way, her opinion began to count along with those of others, toward finding a way to end the 25 year long war.

CARE Österreich's Experience in Psychosocial Support

Psychosocial support has been an integral part of CARE Ö's work in conflict and post conflict settings since 1992. As the organization learned and grew through its experiences, CARE Ö saw the added value of mainstreaming psychosocial work throughout its empowerment programs for women and girls. Up until now, psychosocial support has been systematized for

children and adolescents, for people facing humanitarian emergencies and for women experiencing gender based violence. But it has not yet been mainstreamed in programs for women's empowerment. With this document, CARE Ö begins a conversation with other country offices in order to strengthen and expand this concept. CARE Österreich offers this as a living document to change and to grow with shared experiences, reading and comments from other CARE offices around the world.

CARE Österreich's Psychosocial Approach: Resilience, Culture and Collaboration

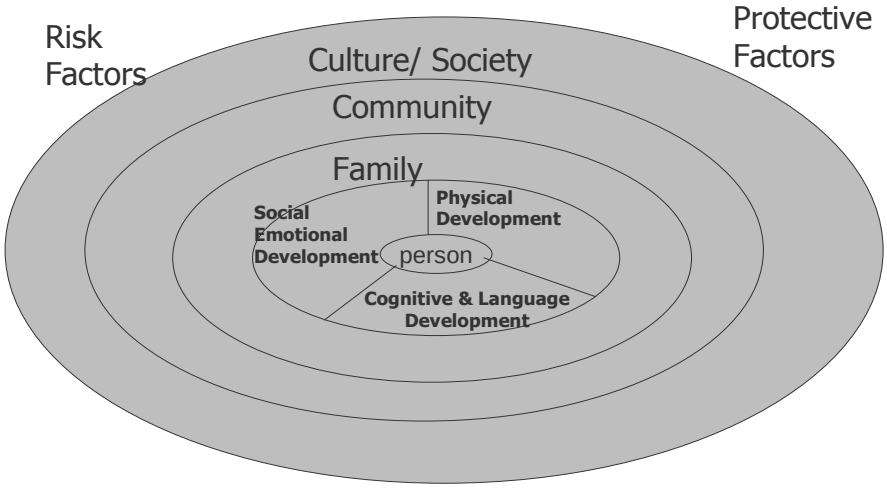
Psychosocial programs must be designed in the context of social and cultural reality. They can only work if the affected population is actively involved from the beginning in developing every aspect of the program. In this way, participants can (re-)gain a sense of self-efficacy. Imposing external approaches and marginalizing local ones exacerbates peoples' experience of loss of power. Therefore a community based approach is essential to the achievement of sustainable results.

War, poverty, and social marginalization, as well as gender based discrimination and violence, are not individual problems. They happen to people as part of the communities and societies in which they live; all members are affected to one degree or another. The many risk factors that result include social relations and the essential fabric of society. Therefore, a person's social ecology is the starting point of investigation and intervention and not her individual experience. Should an individual be treated in isolation to withstand the effects of systemic violence that would not change the violent environment in which she lives. Therefore, her gains might be short-lived, unless she is able to join with others to change the nature of her surroundings as a whole. Therefore in order to insure holistic and sustainable growth and development, CARE's approach to psychosocial programming seeks to identify and address all layers of the social ecology system as well as their interrelation.

CARE uses a collaborative approach to all of its programs working with and learning from its local partners every step of the way. This promotes specific cultural and contextual competence as well as sustainability.

The diagram below illustrates the social ecological system on which CARE bases its approach.

The Social Ecology of a Person



The Psychosocial Approach: Concepts and Definitions

1) *Psychosocial*

Psycho- refers to the psychological dimension of the individual, and has to do with the inner world of thoughts, feelings, desires, beliefs, values, cognition and ways in which people perceive themselves and others.

Social- refers to the relationships and environment of the individual. It includes the material world as well as the social and cultural context in which people live, ranging from the network of their relationships to cultural manifestations, to the community and the state.

The term psychosocial is used to explain the way that these aspects of the person are not actually separable. Each aspect continuously influences the other, so that it is impossible to tease them apart (Paris Principles 2007, IASC 2007).

2) Psychosocial wellbeing is a state in which one is able to master life tasks of love and work, family and community and ascribe meaning to daily life so that one can raise the next generation in an atmosphere of hope. Every culture has its own more specific definition of psychosocial wellbeing and how it should be represented, maintained and acquired (Becker and Weymann, 2006).

A psychosocial lens on relief and development supports people who are affected by poverty, marginalization, war and disaster to create solutions that promote, rather than destroy their well being. It does this by reducing risks and increasing protective factors in the social and psychological realms.

3) Resilience *Some* people, who experience extreme situations, while changed in many ways, appear to be able to endure their experiences and even to find a measure of meaning and happiness in life, while others descend into violence, self destruction or illness. Some people even appear to thrive after time, in spite of it all. This capacity to survive and even to thrive in the presence of many risk factors is known as resilience.

4) Risk factors Risk factors refer to those internal or external circumstances that increase susceptibility to negative outcomes. Risk factors can be chronic, like poverty and disenfranchisement, or occur all at once, like earthquakes and tsunamis; they can be overwhelming and life threatening like mass rape as part of genocide, or subtle and insidious, like the exclusion of a marginalized group. The presence of overwhelming risk factors can unravel the complex social and cultural fabric that surrounds people to protect them and support their survival and development.

Examples of overwhelming risk factors are war, violence, repression, dislocation, massive loss, social marginalization, extreme poverty and deprivation. These stressors affect people's psychosocial wellbeing, even after they survive immediate danger, by altering the cognitive, social and emotional apparatus with which they perceive the environment. No matter how well someone reacts to an extreme incident, when a severe experience continues for a long time, everyone exposed to it is in some way changed forever.

5) Protective factors and protective factor research

Protective factor research studies resilient people to learn what they have in common; and which bio-psycho-social factors promote the capacity to survive and thrive despite the effects of severe stress. It also studies people exposed to serious risks over time to learn which factors those who managed to survive well had in common. These factors are known as protective factors. Protective factor research shows that the presence of these factors in combination is what helps people to survive extreme risk.

Some factors are those related to privilege and others may be inborn. However, many key factors can be developed or created so that people facing serious risks have a better chance of surviving and changing the trajectory of their lives as actors in the own behalf.

Key protective factors:

- Ability to access whatever resources are available
- Ability to connect to other people and to form and maintain caring relationships over time
- Sense of self worth (as a person or a member of the group)
- Sense of self efficacy (recognition of one's ability to be effective in the world)
- Connection to community and culture (can be a community of origin or chosen community)
- Ability to think flexibly and/ or creatively
- Transcendent spiritual belief (religious, political or other)
- Empathy
- Altruism

What do Psychosocial Programs Do?

Increasing protective factors and reducing risks creates resilience. Psychosocial interventions create programs that work together to increase protective factors and reduce risk whenever possible.

They do so by the way that they address issues within programs designed to meet basic needs, and by providing a set of targeted experiences as people move from survival to rebuilding their lives, from relief to development.

Psychosocial programs do not stand alone; they are part of the mixture of activities that communities design in partnership with CARE toward meeting empowerment goals and objectives.

Psychosocial Interventions That Promote Women's Empowerment

The purpose of psychosocial programs that address women's empowerment is to enable them to form relationships, exercise agency and work together with men to change those structural arrangements that are necessary to achieve power.

In emergency settings, a psychosocial lens may insure that women's agency and relations are strengthened and that patriarchal structures are addressed, while working with the community to meet basic needs.

In development settings, psychosocial programs work alongside others to support resilience in communities where women are affected by poverty and discrimination.

The two boxes below illustrate how psychosocial programs can be integrated into other activities to increase the factors that protect women from risk. The first is from an emergency setting, the second from an ongoing development program.

Emergency Shelter: Women's Agency Creates a Better Space

Shelter is a clear necessity for people affected by war and disaster. Getting shelters up quickly, along with water and sanitary facilities is vital to the prevention of disease. And yet, people often stay in shelters for years after the original "emergency." The effects of sites that are uncomfortable, unsafe or break social taboos create psychosocial problems that last far beyond the emergency.

The design of sites and shelters often causes distress due to over crowding, lack of privacy and lack of safety at latrines. The location of cooking facilities, availability of water and safe places for children are concerns related to women; the means available for people to earn money are often cited as related to gender roles of men, though women in emergencies may end up "doing it all."

A CARE Ö team in Sri Lanka teamed up with the government officials and agencies designated to provide for their constituents. The officials had organized adolescents from the community to build shelters. CARE Ö representatives organized volunteers to conduct focus groups with women and men, girls and boys, so that the shelter design would be safe and useful. At that meeting, it was determined to light and place the latrines in a way that made them safe for women. Cooking facilities were placed within each home, and child centered spaces were arranged within easy distance of each living block.

The provision of shelter insured a place to sleep for the whole community and freed women and girls from fear for their safety. The intervention increased women's sense of self-efficacy by consulting them and by actually changing the project design in response to their concerns. It supported their ability to think flexibly by asking for alternative solutions, even in the midst of a crisis. It insured that resources could be accessed by the women involved. It reduced the risk of violence surrounding the latrines and reduced stress and inconvenience related to cooking and child care. It provided the participants with an opportunity to contribute to the community as a whole, inviting altruism. It may also have helped men and boys to feel empathy for the women in the community through their participation in the discussions that led to changes in camp construction and design.

Self-Efficacy, Self Esteem and Power: Women and Wealth in Malawi

Malawi is a deeply conservative and poor country. CARE's efforts at poverty reduction targeted support for women's livelihoods. Training in business skills, basic hygiene and HIV prevention were planned as a package. In the assessment phase of the project, women were brought together to discuss their perceptions of their needs and the resources that they brought to the table. Empowered by the solidarity of the groups, some women bravely mentioned that most of them were illiterate and innumerate. They stated that trying to advance without this knowledge was like walking in the darkness. Meetings with men indicated that they wanted their wives to be able to read, especially since they could then help children with schoolwork. The main obstacles were time and opportunity.

With the help of literate women from church, who were paid a stipend by CARE, study circles were started. CARE also provided training in psychosocial concepts in adult education, showing how to use the experiences of poor people to help them learn.

As the women learned, their self-esteem began to grow. Women from the groups began small businesses. They also became advocates for the kinds of public services that could enhance their opportunities and those of their daughters and sons.

The Critical Role of Culture to Psychosocial Programs

Since the aim of psychosocial programs is to reduce risk and promote resilience it is critical to insure that these terms are addressed in cultural context. Protective factors and resilience have some universal properties. However, the way that they manifest is culturally constructed and highly particular depending on context, time and place. The International Resilience Project's cross cultural research provides some data for understanding the cultural context of resilience:

- Resilience has both global and culturally specific aspects.
- Aspects of resilience exert differing amounts of influence depending on the specific culture and context.
- Aspects of life that contribute to resilience are related to one another in patterns that reflect culture and context.
- The way that tensions between individuals, cultures, and contexts are resolved will affect the way aspects of resilience should be grouped together to form a programmatic whole.
- Privilege local knowledge of about aspects of resilience in order to understand how they manifest in differing times and places.

Remember: culture is not static and is always in the process of change! [2]

The two boxes below illustrate ways to understand local meaning and context for each protective factor, in order to create programs that are both culturally relevant and effective

[2] International Resilience Project. (2006). *Project Report: 2006.* Halifax Nova Scotia, Dalhousie University,The Interntional Reslience Project
http://www.resilienceproject.org/index.cfm?fuseaction=text.&str_cmpID=221

Resilience, Culture and Community: the Power of Prayer in Afghanistan

A group of girls had just been able to start school, thanks to CARE's support for the Ministry of Education's efforts to reopen schools in 2002. They met in a center for widows and children to discuss the problems of their country.

These were resilient girls and women, who had survived by staying together and helping one another. They were eager to help with the transformation of their country. CARE met with them to ask what they thought was needed and what they could do to help.

They were quick to identify war and factionalism as the cause of poverty and ignorance as the source of war and factionalism. Asked what they could do, they announced that they could combat ignorance through teaching, poverty through work, and war and factionalism through study of the Holy Koran and through prayer.

The girls stated that during the time that they were ruled by extreme factions, women and girls were not allowed to study the Holy Koran, and that their understanding of the right paths was limited. Such study is a freedom, they announced, and prayer a liberation.

A psychosocial program centered on having these girls, who were literate, visit girls who had been married in adolescence and were kept at home. Both groups of girls felt more powerful as one group taught and the other learned. Eventually the married girls were allowed to meet in a group and form a sewing cooperative where those who had ceased to speak, began to do so.

Expressing One's Feelings--- or Not! Tibetan Refugees in Europe

Westerners think of feelings as lodged in the mind, associated with the head, and best managed and symbolized through talk, whether it is testimony or talk therapy.

However, amongst Tibetan refugees, feelings, thoughts and emotions are related to "wind," one of the three humors of the body and lodged in the lower parts. Wind imbalance is experienced somatically. Psychosocial distress is actually a bio-psycho-social distress and should be addressed and symbolized with attention to bodily manifestations. Talking about problems is non-sense and will not lead to restored wellbeing, nor to harmony with the community. Encouraging talk and sharing in solidarity groups may be accomplished by people who are eager to comply, but will not improve resilience. Women who follow these spiritual beliefs sometimes find that they are being treated as "hysterical" by Western practitioners, instead of as adherents of an alternate belief system, much older than that in the West.

For such women, attention to spiritual practice, as well as medical treatment, can restore balance to wind. The sufferer finds solidarity in traditional practice, linking her to the community and to her traditions. She is helped to feel that she is in harmony with the universe as a whole and her community in particular.

Women in communities in exile can build resilience through a restoration of their institutions and the creation of conditions that support spiritual practice, and other cultural traditions.

Sustainability of Psychosocial Programs: CARE Österreich's Contextual Approach

CARE programs provide comprehensive measures to strengthen resilience amongst communities at risk, specifically focused on women. Our point of focus is the individual as part of the larger social environment. By carefully examining cultural meanings, women's realities and protective factors that are already in place, as well as by building on the results and designing activities jointly with women in their communities, we strive for ensuring cultural appropriateness, participation and sustainability.

CARE always works with local partners to insure that its programs are sustainable over time. This is particularly true for psychosocial project components, as resilience is built over years through a complex web of relationships. Therefore the projects must grow and develop over time.

CARE works in close collaboration with organizations and institutions offering services for women in need of specialized mental health care or social services. The nature of the collaboration varies from project to project, but a fundamental principle of CARE is to monitor the quality of the institutions to which referrals are made.

International Standards That Inform Psychosocial Programming

A Brief History of Psychosocial Programs in Humanitarian Assistance

Humanitarian organizations began to mainstream psychosocial work with children and adolescents affected by armed conflict and disaster in the 1990's based on the human rights standards of the Convention on the Rights of the Child (CRC). The rationale for this mainstreaming was the child's right to the maximum development of the personality and to education. These organizations became aware that imposing Western ideas on non-western cultures, or doing this work in a haphazard fashion could lead to harm. Over time, humanitarian actors working with children created standards of culturally appropriate ways to provide psychosocial care and developed accurate indicators of success. The girl child and the gendered nature of childhood have been integrated in all of relevant documents on psychosocial care for children.

At the same time, humanitarian organizations working with adults in emergency situations realized that adults too had the right to benefit from high quality psychosocial support, and to be protected from incompetent or culturally inappropriate practices that could harm them.

International Guidelines for Mental Health and Psychosocial Support in Emergency Settings

CARE Österreich participated with 27 other organizations in the drafting and finalizing of the InterAgency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergency Settings. These guidelines included worksheets on mainstreaming psychosocial support into every aspect of emergency action. It is possible to refer to the IASC Guidelines by following the link below:

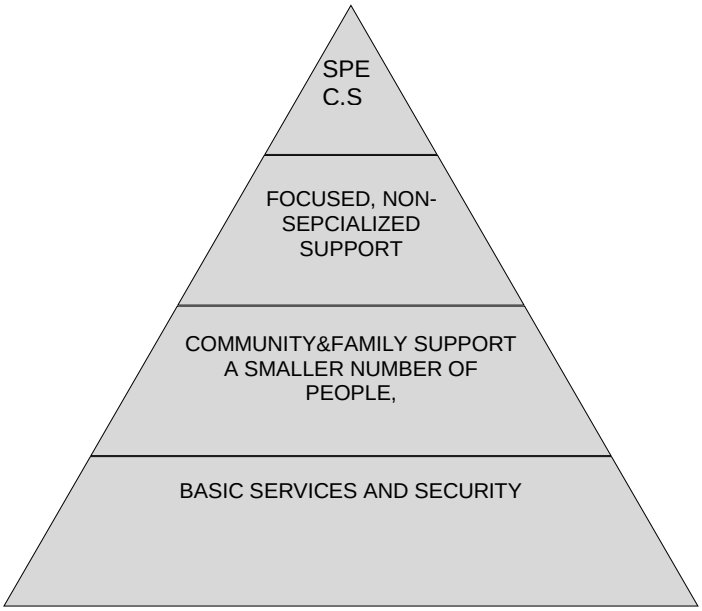
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Psychosocial programs aim to increase resilience, which in turn can have a crucial impact on an individual's mastering of daily life. Strengthened resilience also helps to withstand difficult and dangerous situations, indicating the preventive function of psychosocial programs.

Intervention Pyramid for Mental Health and Psychosocial Support in Emergencies

The InterAgency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergency Settings include a pyramid that gives guidance on meeting the needs of populations affected by humanitarian emergencies. Under these circumstances, the majority of people need an intervention integrated into the normal way that humanitarian aid is delivered, to insure that it is safe and useful. The guidelines indicate that a smaller number will need additional attention to family and community supports; those who have suffered specific injury or vulnerable groups may need a third level of focused non-specialized support aimed at systematically increasing their resilience. The 10% at the top of the

pyramid include mentally ill persons, people with specific neurological injury or impairment, and those whose distress is so significant that their functional capacity is impaired. These people should be referred for specialized care by trained and supervised practitioners, whose work is both clinically sound and culturally appropriate.



For a detailed explanation of the type of care necessary at each level of this pyramid see Annex 1 at the back of this document.

Part II: Getting Started: Learning From The Community

INITIATING PARTNERSHIPS

In order to integrate a new project into any program for women's empowerment, it is important to review the situation analysis from at least two points of view: to consider the implications of the project in time, place and circumstance; and to exchange views with a number of local actors.

To ensure sustainability and cultural competence, CARE Ö always works with local partners. Selecting a partner is not an easy task. The following steps may facilitate this process:

- Share your concept of building resilience as part of your project planning and goals with main organisations.
- Do a preliminary participatory problem analysis with main stakeholders and define main objectives with them.
- As a result of these processes, have stakeholders assist in identifying potential partners.
- Share the values and principles with potential partners before entering a partnership – make sure you have a good idea of each other's work before you decide to work together.
- Make sure that you are able to have an open exchange of ideas before agreeing to go forward; when difficulties come up along the way, communication and trust will be critical.

ASSESSING THE CONTEXT, ESTABLISHING A FRAMEWORK

CARE's project design handbook (2002) provides guidance on all aspects of assessment design monitoring and evaluation. CARE's Strategic Impact Initiative details the framework to use for studying empowerment. [3] Refer to these documents before beginning any assessment process.

Ethical Principles

[3] A complete section on monitoring and evaluation is beyond the scope of this paper. CARE Ö is in the process of working with university and other partners to seek funds necessary to develop and validate culturally accurate learning methods and indicators for psychosocial work with women to increase the scientific accuracy of its psychosocial programs. This section is designed to help CARE O offices to add psychosocial elements to existing program assessment design monitoring and evaluation efforts.

Keep in mind the following ethical principles that apply to all assessments:

- They must be participatory.
- They must be carried out with the informed consent of the participants.
- They must be culturally sensitive.
- They must not endanger populations by betraying sensitive information.
- They must not create unrealistic expectations of benefit on the part of the participants.
- They must be coordinated so that the same people are not repeatedly troubled by assessment while others are ignored.
- They must attend to any urgent need uncovered in the process.

Understanding Community Perceptions of Psychosocial Issues

In order to include psychosocial elements in the overall program for women's empowerment, it is necessary to include an understanding of all of the elements of psychosocial wellbeing, risk and protective factors in the assessment. The proper way to do this is learn from women and men in the communities we target, about the realities of their lives.

To include psychosocial or resilience building elements in programs for women's empowerment, its important to know how gender, power and the factors that create both risk and resilience for women are perceived by all members of the community. It's also important to know what coping strategies are already in place, which are beneficial, and which will need to change if the power relations in the community are to change. The underlying idea is that it is not events alone that shape an individual's reaction to them, but the personal and cultural meaning that these events carry for people, their families and communities. Because gender is culturally constructed, so to is the meaning of events to each gender.

Care uses the methodology of Participatory Learning in Action (PLA), which facilitates people's agency in examining issues in their own language and on their own terms, in order to come up with an idea of change over which they have ownership. Outsiders serve as facilitators to learning, asking broad based questions and seeking multiple perspectives to get to a common idea, while not losing complexity. PLA as a method is an essentially empowering way to work with women.[4]

The text box below illustrates the use of PLA in a women's empowerment program in Burundi.

[4] A methodology that can be used and adapted can be found in Bragin, M. (2005) The community participatory evaluation tool: a guide for implementation. *Intervention vol. 3,3-24.*

Appreciative Inquiry in Burundi

CARE Österreich and CARE Burundi together began the Kirumara project to help empower poor women to participate in the peace process. The psychosocial portion of the assessment was done through a method known as "appreciative inquiry" that helped women and men speak of difficult matters together and separately.

At the time of the assessment, Burundi was engaged in a fragile peace process which has not yet been completed. People have learned to survive by being extremely circumspect. Safe places for speaking out had not yet been established.

Interview Methodology

The interview methodology is particular in that it does not simply consist of asking questions in a direct manner or to go through answers with the interlocutor in order that she chooses that pleases her. It is rather of having a dialogue with the interlocutor and to deal with themes covered by the questions. The chronology of questions is not of great importance. An order of questions was established and which seems to be the best adapted to carry out the dialogue but which is not at all restrictive. In that way the indicators of success can be extracted from the inquiry, as opposed to being established for them in advance.

That means that the interviewers must know the questionnaire well and it is important that they be involved in the preliminary work in focus groups and in the elaboration of the questionnaire. That also means that any analysis is done before the investigation during the preliminary work, because the answers must really be adapted to the context. The interviewers must be well-informed people and capable of sometimes carrying out sensitive and difficult dialogues (household violence…). It is about not always accepting the first answers, which could be a socially accepted answer, but to feel the underlying and to build confidence in order to bring about the underlying one way or the other, without actually pushing the interlocutors to admit things in the style '*my husband rapes me'*.

From De Boodt, K. (2008) Baseline Study Report. Bujumbura: CARE

Introducing the Assessment to Members of the Community

A brief meeting should be held prior to the assessment to discuss what has brought the CARE staff to the community, the purpose of the assessment, and the goals of the community.

Community members should be engaged in the part of the issue on which they can agree to come up with a plan for further assessment and to seek a way forward. The text box below provides an example of a meeting in which the goal was addressing widespread gender based violence.

Such a community meeting can be replicated in other situations, using other examples.

Introductory Meeting for a Violence Free Community Program (CARE DRC)

Activity:
Meeting with elders, community leaders, teachers, health workers tbas and leaders of young people
Purpose:
Introduce the concept: get the violence out of our communities, out of our families, and out of our hearts and homes.

The DRC is blessed by being among the richest countries on earth. At least three pre-colonial kingdoms were centres of education, trade and progress prior to the European invasion. All Congolaises, women and men have suffered from the egregious violence that was created to facilitate the slave trade and the exploitation or land, labour and mineral wealth that followed.

During the past years, foreign armies have crossed our soil, rebel groups have destroyed our villages. Our livelihoods and way of life have been destroyed. Now it is time to begin the long road of return to our way of life. Rape that began as a weapon of war has widespread.

However, if we are not careful, the violence and destruction that we have experienced will continue to pollute our communities and infect our children. We must find a way to return to the traditional values of mutual respect and care for one another. These values have sustained us through many generations.

To do this we must remind ourselves of what those values were, what has been lost, what can be restored, and what must be changed in order to build communities that our safe for our families, and for our children.

Getting started:

- Ask an elder man and woman to describe the history of the community and some of its best traditions:
    a. include livelihoods, child rearing and especially positive traditions for preparing boys and girls for adult life
- Discuss the ways in which the violence has affected men and boys.
  (Allow them to time raise issues)
- Discuss the ways in which the violence has adversely affected women and girls.
  (Allow them time to raise issues)
- Discuss the fact that that if the community members don't work against it, violence can affect their good cultural traditions and be brought back into their homes.
- Discuss the prospect of a program to address the issues of violence in the community, focused on assisting women and girls, men and boys .
- Map the various dimensions of the problem and its solutions --- look at what exists in the community
- Set up a time for focus group discussion including elders, religious leaders, teachers, women, men, adolescent girls, adolescent boys, traditional healers, (male and female) and traditional birth attendants. Explain that the purpose of this assessment is to clarify how violence has affected the community and what is the way forward that will take their communities specific culture into account.
- Plan a report back to this body to plan a way forward

Steps in the Assessment Process

Steps in the assessment include:

- Interviewing key informants, observation on the ground
- Meetings with community leaders, both formal and informal. Include local duty bearers here. If you are presented with men leaders only, find out whether there are female equivalents and when you might meet them.
- Focus group discussions with members of the community should include teachers, health workers, elders, religious leaders, traditional birth attendants, mothers and fathers, girls and boys.
- If there is a functioning university with departments that study relevant subjects, always gather data from these local experts and include them in discussions.

Community discussion should be done by means of semi-structured interviews, which allow for a full range of qualitative data. Avoid being too focused in the assessment phase because it is then easy to miss information for which you were not prepared. The interviews should be gender disaggregated to insure that gendered views are clearly identified.

LEARNING ABOUT TRADITION IN CONTEXT

During the assessment process, try to learn about traditions that have been helpful to the community in the past, and how they have changed in adversity, such as violence, poverty or development. Sometimes we assume that the worst practices are traditional and have been going on for a long time. We then discover, after a bit of prodding that in fact they were looser, more liberal, or more beneficent in the past, and have hardened over time. Allow space for women and men to reflect on these issues. The text box below illustrates this point.

Rediscovering the Roots of Women's Agency in Northern Uganda

Originally the CARE team assumed that the lack of evident participation by women in peace building was due to the nature of patriarchal tradition, prevalent in the Northern war zones. However, when a careful assessment by a Ugandan human rights lawyer on CARE's Women's Empowerment for Peace project team, a different picture emerged.

She discovered that less than a generation ago, women chiefs had significant local power. In some cases, they were empowered to be special emissaries of reconciliation. The first overtures toward a peace accord in the region were started by a woman. Betty Bigombe, the first peace emissary for Northern Uganda, got her local power not only from her position as an economist at the World Bank but also by virtue of being called by the women chiefs and asked to intervene.

The CARE team then began an inquiry with both women and men into the sources of gender inequality, to determine which were the result of tradition, which the result of war, and which traditions might lead to greater empowerment and enhanced wellbeing if properly understood.

From Assessment to Program Design: Following Up on the Community Assessment

The participatory assessment should have generated interest among community members. A formal report back meeting with local representatives and members of focus groups at the completion of the assessment helps to insures that participants learn from the experience.

Community members who participated in the assessment should be given the opportunity to participate in shaping the project and participating in governance committees that oversee its operation. It is important to insure the same gender balance and the same outreach to marginalized groups while keeping opinion leaders involved, when beginning to design and implement the program.

Part III: Thematic Areas

Integrating Psychosocial Support into Women's Empowerment Programs During and After Armed Conflict

The purpose of this section is to assist country offices to mainstream psychosocial programs into their efforts to promote women's empowerment during and after armed conflict. The psychosocial component of the programs should insure that resilience is maximized, risks are minimized and women and men are able to work together in the process of social transformation.

Like all other programs, the psychosocial program components should work with the communities in which assessments have been completed in order to achieve the ends that were articulated during assessment process. They should not be stand alone programs, but rather be integrated with CARE's other interventions to meet its strategic goals regarding peace building, women's empowerment and sustainable action toward the elimination of poverty. They should do this utilizing the specific resources and capacities that were identified during the assessment.

The Gendered Nature of Armed Conflict

The gendered nature of conflict is well known, but accurate documentation is elusive (Handrahan, in press). One characteristic of gendered conflict is its mythologies. In these mythologies, men, by nature, are war-like and go to war to protect women, who by nature and because of their role in child bearing and rearing require protection (Turshen and Tragiramariya 1998). Rape as a weapon of war creates the abjection of women and reifies this vision (Diken and Laustsen, 2005). Additional mythology provides that men in war become, essentially killing machines with their masculinity completely subsumed by war and violence, whilst women are "freed" from gendered tasks and become able to transcend boundaries and take up a variety of tasks (Dawson 1994, Moser and Clark 2001).

The realities are far more complex. Studies suggest that women in even the most brutal circumstances find ways to be actors in their own behalf (Jok 2006, El Bushra, 2005). Those who are "liberated" to cross gender lines find that they are not only suffering from over-work, but also may be forced to exchange sex for food, protection, or the capacity to pay back loans as they become soul providers for their families (Handrahan in press, El Bushra 2005, McKay 2006). Men are sometimes brutalized by participation in war, but also marginalized during refugee status when they try to stay out of the fight. In refugee camps they may be further disempowered by strict adherence to gendered roles that leave them without useful tasks. With idleness, they then may fall victim to alcoholism, violence, and recruitment to armed groups. In war, gender may be the enemy of empowerment for women and men alike (Women's Commission 2005, Jok 2006).

Stages of Armed Conflict

Armed conflict, and the post-conflict period are not short term events. The pre-conflict, conflict and post conflict period may last for decades. The protracted period of armed conflict has been broken down into stages by Becker and Weyermann in their toolkit, "Gender, Conflict Transformation and the Psychosocial Approach." Adapting the toolkit's concepts to a broad range of situations around the world, one can examine each stage to understand its differing implications for people as individuals and as members of the broader social world. Each stage may be seen to have distinct psychological and social effects on the people who experience them. [5]

Stage One: The lead-up to conflict. As conflict begins to build, social and economic structures may begin to fall apart. Insecurity and un-ease set in as people wonder when or whether harm will befall them. In some cases some people are selected for persecution and others may wonder when and whether it is time to hide or to flee, and still others find themselves divided from their neighbors as persecution of one group against others begins to take hold.

Stage Two: The acute phase of the conflict. Sometimes this is brief, and sometimes lasts for years. In many conflicts today, it is intermittent, with outbreaks occurring amid lulls for a period of years. There are three sub-phases. Some people experience only one, others all three.

- Sub-phase one: participation in the conflict. Both men and women either volunteer or are called up to fight
- Sub-phase two: political danger, imprisonment, torture, rape, gender-based, religious, political or other sorts of repression. People who neither volunteer nor are conscripted may be captured or harmed for political, ethnic, religious, gender based or other reasons.
- Sub-phase three: living as a civilian under fire. One is not targeted in any specific way, but life and livelihood are precarious through the danger of bombing, landmines, shootings, etc. Poverty is profound and seeking food may become an obsession.

Stage Three: Displacement. This has two phases, flight into refuge and life in exile or in a refugee camp.

Stage Four: Transition out of conflict. Peace negotiations and the beginning glimmers of peace. There may be a ceasefire, but not a full and complete end to hostilities. Life begins to get back to normal. Refugees can consider going home but are not yet required to do so. In some cases, these periods are brief and sporadic. In others they do usher in a real peace.

Stage Five: Refugees are given some sort of reintegration package and sent home; soldiers are demobilized and hopefully offered participation in a reintegration process. Prisoners are released.

When we refer to conflict/post-conflict situations, we consider all of the five stages above. Therefore we must plan our programs for an extended period in which transitions will be slow, and stages may be fluid.

[5] Adapted from Hans Keilson's concept of sequential traumatization developed for post World War 2 Europe by Becker and Weyermann (2006) *Gender Conflict Transformation and the Psychosocial approach.* SDC

Risk and Protective Factors Associated with Armed Conflict/Post Conflict Situations

This section will discuss some common risk factors associated with armed conflict and post conflict situations and discuss how they affect wellbeing. It will offer some examples of psychosocial programs that can help women to build resilience.
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The risk factors discussed here will be:

1. Fear and suspicion
2. Grief and loss
3. Exposure to extreme violence and its effects
   3.1. Women associated with fighting forces
   3.2. Survivors of rape as a weapon of war

Risk Factor 1: Fear, Suspicion and Armed Conflict

Fear in the buildup to armed conflict is rational and normal, if difficult to endure. It helps people to be appropriately aware of danger, and make plans to protect themselves and their families. Mistrust of everyone and everything and silence relating to one's own vulnerability are appropriate survival strategies during the buildup to conflict, during conflict and prior to escape. When communities and families are fearful but bonded together, they can share and tolerate their fear, as they make plans for protection, and join together in a plan for survival.

Sometimes, however, one escapes to a camp controlled by a particular political group, or cannot escape and one lives in a situation of ongoing fear and danger. When the "enemy" is unclearly identified or lives within the community, and rumors of danger and betrayal abound over long periods of time, the whole structure of society closes in around it. Chronic fear begins to alter people's thinking and behaviour. People are afraid to talk to one another, lest they endanger themselves or someone else. This creates a culture of silence and isolation which increases people's vulnerability to further threats.

- ***How do fear and suspicion put people at risk?***

Such chronic fear and hyper-vigilance persist long after the violence has ended, changing the culture and the community in ways that are very hard to break. A key factor in resilience is human connection. Isolation and suspicion prevent connection, and often leave people feeling powerless as well and unable to think clearly and creatively.

- ***How are fear and suspicion gendered?***

A careful gender analysis of the conflict situation will yield an accurate assessment of the ways in which fear and suspicion are experienced by women differently. One is directly related to gender based violence.

The example below illustrates how gender based violence placed women at risk of isolation through the use of fear, and how a psychosocial program fostered creativity and connection.

In Afghanistan, warring factions who opposed a more liberal government, used attacks on women as a means of enforcing seclusion on those who had abandoned that practice. Women who left their homes without the "chadori" or burqa, were seen as complicit in any violence perpetrated against them. Armed men from opposing factions carried out the violence for the purpose of gaining political control, but in attacking women, they gradually removed them from the scene, as family members accused them of complicity when they went outside "bare faced."
Women in an education program supported by UNICEF, were not ready to risk their lives by going out uncovered. They discussed the political process and its problems amongst them and decided on an alternative practice. By covering themselves in indistinguishable garments, and changing shoes, the women could visit others undetected.
They appropriated the "chadori" to do organize girls' education and women's health education, and were able to continue during the war years.

Building protective factors to address the risks of fear and suspicion

People who are frightened will not simply let go of fear until they are persuaded that safety has been achieved. However, it is possible to open the subject of fear in an introductory community meeting. The purpose is to create an atmosphere where it is safe to say that one is afraid, and to discuss the reasons for mistrust. Bringing fears out to the light of day, one can begin to distinguish those that remain based in reality from those that may no longer be needed.
The example below shows how community members used open discussion of fear to protect them from the powerlessness that came from silence and enabled them to find a way to move forward.

Mass rape in Eastern Congo has been part of the ongoing war that has raged there since 1994. CARE DRC wanted to develop a GBV program in the region. However, organizers for CARE's program learned from the community that not only women, but men who spoke out against rape could be murdered or mutilated for taking that position.
Therefore, the program had to be focussed in a way that did not risk the lives of the community members in an ongoing war. Health promotion was a subject that all factions could agree on, as an ongoing epidemic of disease was endangering all factions. Discussing the issues that the community could agree on, and the need to make programs safe for all community members, led to the development of a program that was pro-hygiene and supported a local health centre that could care for the whole community, including survivors of rape and mutilation.
Discussion also allowed community members to state that there were some discussions it was not safe to have, as no one was certain that another community member would not inform under pressure. People agreed that unsafe subjects should not be raised during community meetings.

Respect for real danger and people's need for safety during armed conflict is the only way to assure that it does not contribute to further isolation. Program planners can begin by making open discussion of fear and suspicion a part of agency life. [6] Solidarity can begin to be built when people's reasons for being afraid can be understood and discussed assuring these fears and suspicions are not driven under ground where they may grow worse.

[6] Adapted from Becker and Weyermann (2006) Gender, Conflict Transformation and the Psychosocial Approach

Risk Factor 2: The Risks of Overwhelming Grief and Loss

War by its nature is about death and loss. Women lose people that they love, familiar routines, possessions that they have treasured. They lose relationships of support from friends, neighbours and community. Often, a whole cultural milieu is lost or changed forever.

These losses are not dissimilar to those of men, but women may be forced to carry on by doing the work of both men and women, with no time to bury the dead, grieve, or miss them. They may carry tremendous sense of guilt for not having saved a parent, sibling or child.

Psychological Risks of Grief and Loss

Loss at any time of life requires mourning, a slow process of anger, sadness and reconciliation to a changed world. Sadness and mourning are normal parts of life.
In "normal life" most people have time to experience complicated sets of emotions, settling only after a bit of time on sadness. However, in the course of conflict people experience not one loss at a time, but many. So there is not time to process each loss and its meaning properly. Further, there may not be time or facility to go through the traditional rituals that support the mourning process. People may appear to become numb, or frozen in their affects, or they may settle in to what seems to be permanent sadness, when there losses continue to grow.

Social Risks of Grief and Loss for Women

Grief is a personal event, and the experience of loss is private. However, all cultures, even those that are highly individual, have social and cultural means of expressing that transition, from funerals to announcements in the newspaper. The society as a whole must take note of the absence of its members.

In cultures that are highly interdependent, collective mourning, and its rituals are even more important. The lack of mourning can pollute the spiritual being of the whole society, much as corpses in the river pollute the water supply.

In many sub-Saharan African cultures, the death of soldiers and civilians on the opposite side of a conflict must be mourned by the fighters who have caused the death, even as the deaths of one's own community must be mourned.

Additional social risks are related to the roles played by those who are lost. For very poor families, the effect of the loss of a member can be even more significant. Where the loss of a child brings terrible sorrow, the loss of a husband leaves widow forced to assume the work of both parents. Married women may work hard, but widows work even harder. The loss of parents to a child changes life in practical and social ways. The loss of extended family members as well may leave young girls heading up whole families. In polygamous societies, widows are protected by a "marriage" to her husbands' brother, usually a marriage in name only that offers social protection much like that of a social security check, but personal difficulties. A young boy of 14 who already had three wives in Sudan, as he was obliged to marry the widows and help to provide for the children of his elder brothers as they were killed in the war. He wondered if he would ever have a wife of his own.

The Risks Associated with Complicated Grief

Sometimes grief is complicated by ambiguous loss. In conflict situations, many people have simply been lost or gone missing or died of disease and one cannot know whether the person is dead or alive. In some situations, the body of the person who is lost has not been found or identified. In other situations, the precise nature of the events surrounding the loss,

have been obscured by the political situation. When people are missing they are sorely missed. But it is impossible to complete the work of mourning until one is certain that the missing person is dead. If the missing person is a legal husband, the loss of that person without documentation can have long term legal, social and cultural implications, in addition to the psychological ones.

People with complicated grief have difficulty mourning. They require, at the very least, a ceremonial means of mourning and memorializing the dead according to custom. Where this is not possible, they can be aided by knowledge of processes that are in place to locate the people whom they love. They can also be strengthened by participation in activities that provide support and comfort through connection to others and carrying on the traditions of the person that they have lost. [7]

Key actions to increase protective factors among women experiencing grief and loss in conflict and post conflict situations

During conflict as well as afterwards

1. Coordinate with medical service providers and other authorities to insure that bodies are identified prior to burial whenever that is possible.
2. Coordinate with child protection agencies and the ICRC regarding the tracing of lost children
3. Work with UNHCR in refugee situations toward the tracing of lost relatives
4. Coordinate with child protection agencies and all duty bearers to support a rights based approach to the care of children who have lost one or both parents according to best practice principles. [8]
5. Engage women and men in advocacy to insure the safety and inclusion of widows
6. Engage women and men in advocacy with duty bearers to provide social benefits to war widows and their children
7. Engage women to facilitate traditional mourning ceremonies
8. Engage women in actions that facilitate positive ways to memorialize the dead

During the post conflict period

1. Support efforts to require the exhumation of mass graves so that bodies can be identified
2. Support truth commissions that identify where and how people were killed
3. Support prisoner exchanges and search for missing bodies through the International Committee of the Red Cross (ICRC)

[7] The internationally recognized stages of grief and mourning are catalogued in Annex 6 of this document

[8] Best practice in the care of children who have lost one or both parents is systematically and clearly documented in the Interagency Guiding Principles on Unaccompanied and Separated Children, available at http://www.unicef.org/protection/files/english_guiding_principles.pdf
What is most important to know immediately, is that the single greatest source of resilience in children is family care, even in an extended or fostering family from one's own culture or community. The creation of institutions that provide separate food and education for children outside of the family leads poor families to declare their children to abandon their children, thinking that they are benefiting them. International adoption has similar negative consequences.

4. Facilitate advocacy for the identification and return of political prisoners and prisoners of war
5. Facilitate advocacy for reconstruction activities that include provision for widows and their children
6. If at all possible, facilitate the creation of memorial and mourning ceremonies and activities that all members of the community (on all sides of the conflict) can participate in together.

Building Protective Factors to Address the Risks of Complicated Grief

Two boxes below describe ways in which psychosocial programs enhanced protective factors for women suffering complicated grief.

In the first box, Chechen women whose husbands were presumed to have died in combat, but who's bodies were never found, formed a self help group for VSLA. The women soon learned that they all had unmourned losses and decided to create a group memorial in which all affected members of the community could join together to grieve their loved ones.

The solidarity group helped the women and men of the community to mourn together, and then to benefit from connection to others to begin to work together.

In the second, widows of the Rwandan genocide engaged with others to mentor children who had lost their parents to HIV/AIDS and were living together as a family unit. The women's altruism and connection lifted their sadness and helped them to be able to look forward to the future along with the girls and the boys that they helped.

Example: Bringing the past to the future in the Northern Caucasus

Talia's husband had been killed in the mountains of the northern Caucasus, during the most recent years of the war. Or at least that is what was told to her. She had been in refuge with her two young daughters when she got the news. The families had all been moved to a camp closer to the city and she had returned there with her two daughters.
A beautiful and vibrant young woman, she seemed unable to let go of her grief. She often said that if she stopped crying she would be all alone, just one more widow in country of widows. Her tears and sleepless nights kept her husband beside her.
She got work as a community organizer in the same region where her husband was said to have died, working with a women's self help project. The project was designed to help women form economic cooperatives, but CARE left the program open ended, for the women to choose to discuss the issues most important to them. The women were dispirited and had a hard time getting the project going. Years of war, death, poverty, and loss of home had taken a toll on them.
One day, Talia, "just talking" started to tell the group about her husband. Soon the other women joined in. It turned out that many had been unable to locate the bodies of people they loved and had been frozen in time, waiting for news that didn't come.
The women decided that they needed to memorialize those who had died in the community. They realized that it didn't matter any more which side you had been on, all of the women had lost many people, husbands, parents, children. Remembering the dead and speaking well of them might help the women to put their minds at rest.
The women decided to devote a portion of their meeting time embroidering a memorial display with the names of their loved ones and a symbol to describe something about them. The embroidery was also an expression of their culture and a connection to a past that people valued.
As they met with this common purpose they began to form strong bonds to the other members of the group, even to those whom they had not trusted before. They shared their stories and sewed. Older women taught cultural skills to younger ones, giving great pride in the quality of the work and the ability to teach. They began to feel more capable of coming to terms with the past in a situation which has continued in a limbo between war and peace for many years.
When the women finished their embroidery they held a large community mourning ceremony with speeches music and pictures of lost loved one. The women were able to slowly begin to mourn their losses as they attached to group members and formed new bonds of solidarity. Learning from the past in the embroidery allowed them to feel that everything had not been lost, and that they could take tangible expressions of memories with them to the future. The group moved from mourning to the business of solving problems in living from day to day, and forming an economic cooperative to market their work.

Example: Nkundabana: Saying "I Love Children" in Kinyarwanda

Following the genocide of 1994, the surviving Rwandans were affected by the HIV/AIDS epidemic as well as worsening economic insecurity. By 1998, 29% of Rwandan children had lost one or both parents. The government formed an initiative to support the 40,000 children under 18 who were acting as head of household. CARE partnered with the government to provide an array of services to support these young people. Services were put into place to offer VSLA and income generating activities to the children as well as HIV/AIDS prevention, educational and training support and other services. However, in an assessment done with and by the children themselves, they identified the lack of adult guidance as part of what they needed most.

The Nkundabana program organized women who had survived the genocide, losing husbands children parents and other family to volunteer to visit the children and listen to their concerns, as well as coordinate the services that the children receive.

The women came weekly over a period of years. They received training and support from CARE to continue in their work. Children use the encouragement to go to school, to utilize the economic services that they are receiving, and to get needed medical care that the government makes available to them. The supportive presence of one adult who cares, over time, can make the difference between despair and resilience. It can keep them from falling prey to exploitation and can help them begin to be able to have fun and enjoy their lives.

The women who volunteer in the program also benefited from the program and began to recover from the complicated grief of losing many people in large massacres, buried in mass graves. Participation in the program gives them the opportunity to contribute to others and receive the community's appreciation. The training and support that they receive for their role, gives them a constant connection in their own lives, along with the connection to the children that they volunteer to help. Their altruism and activism for the children of people who have not survived helps them to feel more effective and gives them hope to go on….

The Risks of Exposure to Extreme Violence: Universal and Gendered

(The technical sections address the three elements of violence in society: Institutional: Harmful actions that result from public policy or enforcement Individual: Actions against persons or property not directly associated with official policy Structural: Harmful actions that result from the way that society functions From Van Soest, D. and Bryant, S. (1995) Violence reconceptualized for social work: the urban dilemma. *Social Work, 40,*552)

Armed conflict exposes everyone to extreme violence. Bombs fall, landmines explode, buildings burn, people are killed and over time everyone is a victim, perpetrator or observer. Many people are forced to become all three.

Studies show that the age, extent and duration of the violence, and its severity all figure in the type and severity of the psychological effects (Becker and Weyermann 2004). Similarly, whether one has been a victim, a perpetrator, witness or all three may contribute to the strength and duration of psychological suffering.

Armed conflict does not happen to any one person alone, but to the entire community. People often feel separated and alienated by their separate experience of violence, and by the aggression that it has waked up in them. This can infiltrate all aspects of life.

Therefore, just as with fear and loss, it is critical to create a space, where it is possible to talk about the exposure to violence, and the fact that these experiences have happened to everyone in the community, so that isolation can be broken down and people can move forward together. Talking about these experiences must be ensured without putting pressure on anyone. As for some affected strongly be these events remembering - if not integrated in treatment - might cause additional suffering. Thus planning of such groups needs particular caution.

Psychological Effects of Exposure to Extreme Violence

While there are no rules as to how people manifest their reactions to extreme situations, some common effects have been catalogued. It may be useful to understand them as among the normal reactions that the mind has to extremely violent events

Cultures often have specific ways of understanding or manifesting these reactions. Therefore assuming that people who do not manifest "symptoms' on a Western checklist are not reacting is inaccurate.

Assessment within each cultural context is therefore critical

Psychological risk factors include

- Denial or splitting off the experience
- Frequent re-living of the experience
- Feeling overwhelmingly angry
- Feeling completely numb
- Feeling worthless
- Feeling overwhelming guilt at having survived
- Feeling overwhelmingly "bad"
- Feeling physically sick

Social risk factors include

- Identifying with the aggressor, re-enacting violent incidents
- Inability to think and solve problems
- Substance abuse
- Community blaming survivors for surviving
- Fear and isolation

Exposure to Extreme Violence is Gendered

The exposure to extreme violence is gendered in war as in peace. While the entire community suffers from exposure to extreme violence in war; specific populations at risk are women and girls associated with the fighting forces, and women survivors of rape as a weapon of war.

We will now focus on two sub-groups of women who are particularly exposed to extreme violence: Women associated with fighting forces and survivors of rape and sexual violence as weapons of war.

Risk and Resources Among Women Associated with Fighting Forces

Of all the mythologies that plague women in armed conflict, those surrounding girl and women soldiers may be the most intractable. When women are known as resistance fighters in popular causes they are seen as heroines in the struggle. When women are engaged with unpopular groups they are seen as victims.

The chart below shows the complex nature of the reasons for women's engagement with fighting forces.

Women Fighters Ages 15 and up: Why they fight

Abducted/forced	Volunteered	Family connection
Abducted by declared enemies as punishment	Wanted to fight for the cause	Born to combatant parents
Abducted due to lack of adult volunteers	Wanted access to education or income	Whole family joins up and goes to live amongst the rebels
Abducted to supply gender related services, including but not exclusively sexual services	Escape from gender related practices, such as unwanted marriage, FGC, limited social role	Fostered by combatants following massacre of all other
Abducted to supply gender related services, including but not exclusively sexual services	Escape from abuse at home, including sexual abuse, dowry related abuse and abuse at the hand of inlaws	
	Revenge for harm to self or family	

From Bragin, M. (submitted). Aggression, agency and altruism: keys to resilience in the narratives of young women soldiers. *Affilia: the journal of women in social work*

Psychosocial risk factors among female ex-combatants

Stigmatization and the denial of agency
Despite this complexity and variety in women's reasons for engagement, and the fact that most young women in armed conflict participate in combat, the myth of women's passivity persists. They are treated as victims, and maligned as "sex slaves" as though that was the entirety of their role. Further in the popular mythology and that once their bodies are used sexually, they take on an exclusively victimized role in public policy, in spite of the fact that

they may see that as a blot on their service. In many cases this causes women to deny gender based violence in order to obtain the respect that they fought for.

The denial of benefits under agreements for Disarmament, Demobilization and Reintegration (DDR) agreements

Women and adolescent girls are not well served by existing programs for Demobilization, Demilitarization and Reintegration Programs despite official policy that has both recognized their rights and made financial provision for them (Ollek 2007)[9]. Often, in demobilization camps the ticket to entry is at least one weapon and ammunition as approval of their belonging to the respective armed group. In many cases women associated with fighting forces either did not carry a gun, or have their weapons taken by commanders who want to be paid for a larger number of weapons. Thus they are excluded from the whole following program of DDR. If they were able to get access to the program, when they are demobilized they are offered jobs or skills training considered in low paying "women's" occupation (Ollek, 2007, Mackenzie 2007, Vlacova and Biason 2004), due to a common idea that women in war should resume their pre-war, low status occupations to pave the way for job security for men. When they return to the community they are often stigmatized for their presumed sexual roles, and left on the margins of society (McKay, Robinson, Gonsalves and Worthen 2006, Ollek 2007).

> We did not know that these girls were entitled to the education benefits of the DDR process. We were told that they were excluded because they have children. Now we will advocate to send them to the boarding school especially designed for them, and if they don't wish to attend we will help them to advocate for the right to receive the full range of their benefits!
>
> CARE program manager

Loss of comradeship, common purpose, and solidarity of the group

Women who leave the fighting forces are also at psychological risk, as they lose their status, their power and their guns. They also lose the comradeship that is often inherent in fighting with any group. While these losses are often recognized as important for men, and addressed in programs for demobilization and reintegration, the experienced loss of status, relationship and agency of women leaving fighting forces goes unrecognized.

[9] This text will cite Ollek in preference to other sources, because most current official sources are limitedto a specific country, region of the world, or only include underage (girl) soldiers. Ollek has compiled and synthesized the data from all of the available sources as of 2007.

> The first day of the fighting they put the ammo on my head and forced me to walk to until nightfall. The second day they did the same. Then at night they thought they could also rape me. On the third night, while one of them was sleeping, I grabbed the AK47 from his side. The next day I fought with the boys, but I was a better shot than many. After that no one raped me, everyone respected me, and when I found my husband and we had this baby, it was my decision. This child is mine, and this man was my husband.
>
> Now they have taken my gun and sent me back home. They have called me a sex-slave and sent me to work in a bakery? What is the purpose?
>
> Women Excombatants in Liberia. (Bragin 2004)

- ***Capacities of women associated with the fighting forces***

Women who have been associated with fighting forces often have a number of protective factors, which can be brought to bear in the post conflict period. When they are heroines of a war that has been won, and they were educated before they began the struggle they may take their place in government. But those who are left outside of government and DDR processes, because they are uneducated, were associated with a discredited cause, may have many resources that could and should be tapped to rebuild the peace.
Amongst their capacities may be:

- the experience of having planned an action designed to change their life circumstances, (self efficacy)
- working toward a goal in concert with others, (solidarity/ transcendent belief)
- doing non-traditional work (creative problem solving)
- organizing experience (capacity to access resources)

- ***The role of traditional healing for soldiers returning home***

Sub-Saharan Africa, and first peoples in the Americas have a long tradition of creating specialized ceremonies for warriors before they return to the community, following participation in battle. In recent years, an extensive literature has developed on the valuable properties of these traditions in addressing some of the risk factors associated with participation in armed conflict (Bragin 2004). These practices are often included in best practices amongst psychosocial programs for children. They support resilience by:

- They help participants put the past behind them and start anew (hopefulness).
- They help acknowledge the distress that violence has caused through connection to the vision of a long cultural history.(Connection to a tradition outside of the family)
- They allow atonement for harm done to others in battle (Self esteem).
- Perhaps most important of all, they allow community members to welcome home members of the community who were known to have committed atrocities during war time. (connection to other community members)

Traditional ceremonies are one of the protective factors that communities create for their soldiers (Save the Children 2004, Boothby, N., Wessells, M., & Strang, A. 2006).

Since women soldiers are excluded from many DDR programs, they are often excluded from traditional healing and welcoming ceremonies. This means that the community was never

given the opportunity to remove the stigma and accept them back. This can lead to ongoing alienation.

Among the rights that women soldiers have to the benefits of DDR, those who wish to participate in them, have the right to also have the same healing and welcoming ceremonies so that they can rejoin the community (Bragin, 2004).

Key actions that can foster resilience in women associated with fighting forces

- Insure that they are aware of benefits to which they are entitled as a result of any DDR process
- Advocate for peace agreements to keep their promises to women as well as to men ex-combatants
- Support their inclusion in community reconstruction activities
- Support their inclusion in cultural activities
- Support their participation in cleansing or other cultural reintegration ceremonies
- Inquire about any special skills that they may have
- Invite them to be part of decision making in the post conflict period
- Engage them as organizers and activists if they are interested
- Support literacy training and other educational options
- Support their contributions to community wellbeing
- Support their participation in traditional healing or welcoming ceremonies where they are customary or desire

The box below provides an example:

The Young Mother's Club in Liberia Fights for Peace

DDR programs are designed to channel aggression to peaceful means, build hopefulness and create opportunities for former fighters to become activists for a new world. The psychosocial elements should combine to mitigate the effects of violence through connection, self efficacy, self esteem and altruism. A strong emphasis I is placed on altruism and belonging because of the importance of both of these values in the armed forces. Education and recreation bring hope for a new life.

However, women and girls are treated as victims and often excluded from these benefits. Women excombatants returning from Liberia's civil war, often with babies in tow were no exception. "Respectable women" in the communities ignored them, and while the pastor's welcomed them at church, they were not invited to church activities. The one benefit they were offered was to learn to bake bread and open collective bakeries.

A young mothers club in a rural part of Liberia was established as part of a psychosocial project of CARE Liberia. In the beginning, while the girls attended, they were angry and dispirited and barely had the energy to care for the babies. Having lost their guns, they were returned to the community unmarriageable, and without a means of making a good life for themselves and their children. Further they felt despised. Meetings at the club cheered them up a bit, but it did not look promising.
They did have some money from the bakery, one of the girls had the idea to use a bit of it hire a teacher to teach them to write. The teacher was familiar with participatory community education techniques and used them to engage the girls. At first only a few came. However, over time, they began to make steady progress, not only becoming more literate, but numerate as well. As they learned, their prospects brightened. More girls started attending, and the club's reputation grew. They made a sign for the bakery, and then began to keep books for themselves. Each member made a name tag for her dress.

After some time, they established a VSLA program which helped them to plan for their children's education. At church, they were asked to help with a community health education project.

The club members soon realized that there was a key difference between them and the other women at church; one that few would talk about. All of the other women were members of the traditional women's society, but they had not been initiated. A meeting with some of the women traditional healers allowed for an agreement that they could have instruction and that a ceremony could be adapted especially for these young women. They paid for the ceremony with their first profits.

Feeling more respected, they requested and got a community reconciliation ceremony at the church which formally welcomed them back to the community.
As their depression lifted, the club held women's sports competitions and cultural activities including traditional dance, music and drama clubs. They used these clubs to spread messages of peace and reconciliation, as well as health messages to other members of the community.

They continue to participate in the study circle.

Risks to survivors of rape and sexual violence as weapons of war

One of the most highly gendered ways that women are exposed to extreme violence during war is when rape is used as a weapon of war and/or sexual violence is used during torture and interrogations. While sexual violence is also used against men in these circumstances it is beyond the scope of this phase of the discussion.

The use of sexual violence in war has a long history. The most influential current theory of the origins and purpose of these tactics is the Strategic Rape Theory. According to this theory, sexual violence is used as a tactic in an overall plan to dehumanize the enemy, often with the purpose of annihilating or enslaving a population, taking possession of their land and/or controlling their resources. (OCHA 2008)

A full discussion of the particular psychosocial risks and protective factors associated with sexual and gender based violence is located in the subsequent section.

Biological risk factors are:
- STD's
- HIV/ AIDS
- Mutilation
- Specific sequelae of specific forms of torture
- Reproductive damage
- Sepsis caused by unattended infection
- Forced pregnancy
- Forced child rearing

Social risks may include (but are not limited to):
- Stigma
- Marginalization and social exclusion
- Social belief that all survivors are mentally ill
- Social belief that the woman or girl is "spoiled" with all consequences
- Punishment for survival
- Rejection by family members
- Rejection of children resulting from the rapes

Psychological risk factors:
- Depend on age, severity of the attack, the other affects of war, culture and personality
- Depend on the severity of the social risk factors
- Include cognitive and emotional consequences of exposure to extreme violence as they are culturally expressed

Key actions that can foster resilience in women affected by sexual violence as part of armed conflict:

- Insure the safety of women survivors
- Advocate for competent and confidential medical care
- Engage women and men together to openly discuss the violence

- Provide information as to rape as tactic of war that does not blame women
- Ensure that the circumstances are seen as social and collective rather than as individual and isolated
- Ensure that women survivors are not subjected to intrusive questioning
- Ensure that women survivors are protected from the press
- The survivors well being is more important than any legal action
- Explain the risk and resilience approach
- Conduct an assessment to learn about the meaning of sexual violence to the specific community and culture
- Conduct an assessment to learn about people's beliefs about the nature of the damage caused by sexual violence and the necessary steps to healing
- Support the inclusion of women survivors of rape as a crime of war in all relief and development programs
- Support the inclusion of women survivors of rape as a crime of war in all advocacy efforts as provided in UNSCR 1325 and 1820.

Because of the danger of stigma to women survivors of rape, even as a weapon of war, they should not be provided with separate services. Instead, they should be included as part of services that are open to all community members. However, the program should make services available to them along with other war affected community members.
The text box below gives an example of a safe program to provide psychosocial support women survivors of rape as a crime of war.

Example: Project Tumaini: We have hope in our hearts

So many women have been raped in Eastern DRC that one could almost forget that there was a stigma attached. However, among girls, women and their families these crimes of war were personal events, and feelings were both raw and private. In addition, the rapists had let it be known that women who accused them or spoke about the experience would suffer, perhaps be raped again. Since the war was raging there was no safe space to be found.On the other hand, the situation was dire. Tradition demanded that all small farming and any activities to feed the family were done by women. But fear of further violence kept women at home, and sadness left them feeling unable to move forward. Women found themselves quarrelling with their husbands, who reported feeling helpless and hopeless as they were unable to protect their families. In addition, health problems for all community members were at an all-time low.

CARE partnered with a Congolaise health NGO to bring small mobile health care clinics to the struggling communities. CARE's role was to develop village health committees to support the successful use of the clinics. The clinics could provide a service that everyone needed, primary health care, to all community members, especially primary care to children. Therefore, women should be there, including under aged girls who might be accompanying a sibling or other relative for vaccination or routine health screening.
To insure safety of the survivors in an ongoing conflict, the clinics were separated from legal assistance and prosecution, technically provided through the United Nations A rule of "no weapons on site" was established to insure the security of the clinics.
Community members, agreed to support the clinics with volunteer services. To oversee these services, VHCs (Village Health Committees) were formed.
To meet women's and men's need for confidential places to meet and feel free separate men's and women's committees were formed. The committees had 5 components:

Health Advisory Council: elected and representative, consisting of 2 elders, 2 younger parents, 2 adolescents, and local duty bearers, to oversee the functioning of the committee overall and coordinate between the NGOs and community members.
Council of Elders, connecting the clinic to traditional birth attendance and healers so that they could become part of the treatment team. The council could also promote reconciliation between family members torn apart by the effects of violence.
VSLA .VSLA membership included a small contribution toward the maintenance of the clinic. Clubs included plans for other livelihood activities
Health Awareness Club: The health NGO would provide training to club members about Disseminating information about the clinic, hygienic practices, and other wellbeing issues to the community members throughout the community. This was to be done through art, theatre, song and dance
Nutrition Club: a club to support the clinic and its members by growing food

The meetings were facilitated by trained community resource persons, in this case TBAs for the women's groups, nurses for the men's groups. The general health focus allowed the groups to be seen as protected community activities and not suspicious, and the access to health services allowed discreet provision of medical care. Protective factors included an ending of isolation and opportunities to effect change, means to channel aggression.

Addressing risks to men and boys affected by exposure to extreme violence

Exposure to extreme violence affects all aspects of family and community life.
While rape as a weapon of war is a specific tactic of armed groups, it is designed to create an atmosphere of violence and impunity that destroys the social fabric. The entire population; women, men, girls and boys are affected and changed by it. Family violence can increase along with substance abuse and sense of powerlessness. Risks to men and boys can support a cycle of violence that continues through and beyond the post conflict period (El-Bushra and Sahl 2005).

Therefore, in building resilience in programs that empower women affected by exposure to extreme violence, it is essential to also work with men and boys to help communities to work together to create a facilitating environment.

Example: Getting the War Out of Our Community our Homes and Our Hearts

Though it had been 10 years since the peace accords were signed in Guatemala, women's and men's lives were still rife with violence. The war had ended by addressing institutional violence and repression, but not the social inequities that had led to unrest. Former fighters, both men and women, had returned to communities, left to try to earn a living on their own. Gang violence among youth began to replace military violence.
Members of an association of former fighters, some of the women and men discussed their concerns for the new generation. Women already had developed a variety of empowerment activities. Perhaps it was time for men to re-imagine their roles in a peace-time society.
Working in study circles, based on the PLA techniques described in the assessment sections here, they began to examine the ways in which the military violence of the past had invaded their families, replicated from generation to generation.
In the study circles, they discussed their own unhappiness growing up in patriarchal families, and how hard it actually was to follow the tradition of "machismo," especially in hard economic times. How it was easy to fall into mistreating women. Analyzing machismo, they concluded that this was a colonial practice and not indigenous to the Mayan majority of the country.
Using the technique of community theatre that is also part of the PLA tradition, the older men recruited young ones to work together to address the issues of how they too were oppressed by violent masculinities and how they could work together with women to fight against violence.
Former fighters wore new hats and t-shirts with insignia that gave them a way to be recognized for their role as peace-makers instead of their fighting role, compensating for the loss of respect and marginalization that they experienced at the end of the war. Fellowship was re-established, aggression was acknowledged, understood and channeled, and a new peace-time role was established in support of positive values and a facilitating environment for change. Through the enhancement of their self efficacy, self esteem and through the formation of new relationships based on a peacetime identity, these men former fighters could re-imagine masculinities in ways that supported the community as a whole.

Increasing protective factors in programs for women affected by exposure to extreme violence

The experiences of connection and support, participation in cultural experiences that transcend the family and altruistic action are all activities that can help mitigate the risks of exposure to extreme violence (Allen and Fonagy, 2006; Siegel, 1999; Vanistendael, 1996).

These experiences are context specific and socially constructed and will take different forms in different contexts. Projects that include these elements should be organized to empower all women in a war affected community. In the process they will provide more targeted and specialized support to those women who have been more affected by violence. While only a few women will have been fighters, many will have been affected by mass sexual violence if it occurred as a war tactic. Therefore the program should allow space for any members of the war-affected population to use and participate in them.

Project elements should include:

- Formation of identifiable groups to which women and girls, women and men can be a part, either separately or together. Men and boys, women and girls may work together or separately to envision the new society they want to build. Social activities, sports and community awareness activities help community members to begin to feel more optimistic about life. Fostering connections helps people begin to feel better and think better again. Successful execution of simple activities like sports events begins to renew self-efficacy and self-esteem

- Group projects that support livelihoods, combining solidarity with self efficacy and self esteem and access to resources. Those that involve risk and competition help survivors to harness their aggression toward positive ends. This in turn addresses relationship and agency and steps toward empowerment

- Support for connection to positive cultural and community traditions, helping members to connect past with present help people to symbolize through cultural and expressive means, those thoughts which could not be thought properly. This addresses some cognitive effects of violence. Where competition is part of the culture, competitive cultural events also facilitate a means of channeling aggression.

  Where traditional healing and/or cleansing is part of the culture of reintegration and facilitates reconciliation and community acceptance it is important to insure that women and girls have the same access as boys and men do.

  Where traditional healing and/or cleansing facilitates the restoration of self-esteem, community acceptance of survivors of rape and their children, it is important that those women and girls who wish to participate are given access to them

- Support for action and advocacy to better the community as a whole, creating possibilities of positive problem solving, self efficacy. Advocacy should include those issues that address immediate psychosocial needs such as identification of bodies of the dead, or confidential and competent care for survivors of rape. Action includes

rebuilding, replanting and creating new institutions. This addresses both agency and structure, steps toward empowerment

- Addressing aggression explicitly. Driving aggression underground is the surest way to have it continue. Acknowledging that all community members have been angered beyond reason by what they have experienced can be helpful at this phase. Before peace building can begin in earnest, angry and hateful feelings must be acknowledged so that community members can begin to think about the possibility of transcending them.

As stated above, programs must also be created to facilitate the participation of men and boys in building a post conflict community so that resilience is built and representations of war that appear at home can be addressed at their source.

CARE Österreich has partnered with three country offices to create a comprehensive program to build resilience amongst women and men, girls and boys during the transition from conflict to post-conflict. The program is based on making the principles of UNSCR 1325 a reality.

Claiming Rights – Promoting Peace: Empowerment of Women in Conflict Affected Areas

The program as whole creates opportunities for women in conflict affected areas, including those most affected by the armed conflict, to improve their lives and those of their children so that they can take an active part in peace negotiations and in the post-conflict structures that govern and control their lives.

The program takes place in Burundi, Uganda and Nepal; three very different countries with different cultures and three very different histories of conflict. However, there was a problem that they had in common; throughout the years of armed conflict, poor women had been devastated by violence, and had few resources for survival. Violence had affected their lives and their families to an extreme degree. The thought of such women playing a meaningful role in the creation and monitoring of peace agreements, when they were struggling for basic survival seemed elusive indeed.

Through the combined use of solidarity groups and group livelihoods activities, cultural projects to send messages of change, men's activities to re-imagine masculinities and engagement with power, women in all three countries found the strength to take their place at the table.

The boxes below give examples from Burundi, Northern Uganda, and Nepal

The Abatangamuco (The Enlightened Ones) Re-imagining Masculinities in Burundi

Years of armed conflict left the heavily populated hills of Burundi with a population that was exhausted, suspicious, ridden with fear. With the outside world feared and violence everywhere, a generation of families had grown up with the violence turned inward, on the women and children.

CARE's program for Women's Empowerment had an initial meeting that included all community members. The elder men talked about their good traditions, before the violence, of caring solving problems through wisdom and non-violence. The *bashingantahe* institution had trained boys and men in proper conduct, and negotiated settlements to disputes within the family and outside of it. Community members noted that this was a valuable tradition to build on, and they could use it as a reference point. However, this tradition too was essentially a patriarchal one. They wanted to build on the past, yet move toward the future, with a new vision for themselves as men.

Some men stood up in the meeting and began to confess; they themselves were guilty of bringing the violence home. These men formed the core of a new organization: Abatangamuco: the enlightened ones. They formed a solidarity group to support one another, and discuss the ways in which violence had infected their lives. They participated in livelihood support activities so that they could feel competent in the face of an uncertain future. Finally they began to speak to other men, helping them to form support groups and to change their behavior in the home. They have also started an educational program for boys, helping them to grow up to support a different kind of masculinity for a different kind of world.

Grace's road from despair to activism

1998 was a bad year for my family, said Grace. The rebels were moving within the communities and at the time they seemed not to be hostile On one fateful day, my husband and I came back from the garden and we were preparing the midday meal. A group of rebels came by and they were invited to share our midday meal. After the meal, they requested my husband to move with them and direct them through the paths to the nearest trading centre. He was never seen again; he died in captivity. Later, one of his brothers too was picked, this time by the government soldiers who accused the family of being involved in the rebel activities and he too was killed.

When my husband was captured and we learnt of his death, one of his brothers was mandated by the clan to inherit me. At the time, he had already married a wife who has borne him 8 children while I had 2 children by my first husband. I have since had 3 more children with him. When another of my husbands' brothers also died, his wife was also inherited by the same brother. He therefore currently has 3 wives, two of us inherited. In spite of this I still consider myself a widow.

I accepted to be inherited at the time because of the social pressure from the clan. If you refuse you are called names, considered lost, promiscuous and if you are seen to enter any other relationships, then you may be excommunicated. Many women therefore accept to be inherited despite all the problems that may be associated with the practice. *Deep down, you remain a widow, an inherited woman.*

Joining the Women's Empowerment Group has been one of my uplifting moments. I am the chairperson of my group. As a woman leader, I encourage women to participate in activities that will help them improve their lives. Currently, the group members support one another in opening up gardens and planting so that all the members will be food secure during the year. The groups have also provided us space to talking and supporting each other to address even problems in our individual homes. I often play an advisory role to women. Recently I was selected to be on the school management committee in my parish.

I increasingly feel responsible. I have got the desire to intervene and do not want to sit back and see more women suffer. I am working towards encouraging more women to join the groups. I believe I have the power within me to cause change in my community. We are working through the Church to bring reconciliation to the community, so that there will no longer be suffering and death on either side

Bina brings the fight home

Bina was the 8th child in her family, living in a harsh part of Nepal where even those who owned land had food for only 6 months a year. Bina's days were spent caring for her siblings, helping her mother and her grandmother, and being hungry. As a member of an ethnic minority group, she was discouraged from ever leaving the village. Her expectation was being sold into marriage to someone who could bring some badly needed funds to the family.

During the war years, it proved dangerous to demand any rights, and soldiers came and took her brother who was never seen again. However, CARE through its partner organizations offered study circles in the community that taught literacy, numeracy and human rights.

Bina learned well and began to feel that she wanted more in life, but opportunities were scarce. She hoped to apply for further training, but was not able to get to the town for the application. Finally a boy in the neighborhood suggested that they get married and become civilian organizers for equal rights.

Bina married at 15 and left home with her new husband. After the war ended, she returned to her village. The poverty there had not changed at all. Since she was not an excombatant, she had no benefits from the process, and had lost the opportunities she enjoyed as an organizer.

A poor teenaged wife and mother she soon despaired of opportunity. She was as hungry as ever. When CARE's program came to the village they offered hope. Bina was asked to join a study circle and participate as a community organizer. The group met weekly and originally worked on problems of caste and child marriage. They invited their husbands to join them in VSLA. Bina taught the other women' to map the resources of the community and to represent their needs at community meetings. She began to be able to organize the women to demand access to government sponsored development schemes.

Bina says that she feels that she can now continue her struggle within the community and that her family can join. She feels her hope is restored.

INTEGRATING PSYCHOSOCIAL SUPPORT FOR WOMEN EXPERIENCING SEXUAL AND GENDER BASED VIOLENCE INTO WOMEN'S EMPOWERMENT PROGRAMS

The purpose of this section is to assist CARE country offices to mainstream psychosocial support for women experiencing sexual and gender based violence into their efforts to promote women's empowerment. 1 out of every 3 women worldwide has been beaten, coerced into sex, or abused in some other way (UNFPA 2006, RHRC 2006). Therefore, CARE's women's empowerment programs already include women who have survived these forms of gender based violence (GBV).

CARE has 15 specific projects devoted solely to addressing GBV. However the purpose of this document is to facilitate the integration of psychosocial components that address GBV as part of overall program strategy, in all CARE programs, whatever their specific aim.

Understanding Gender Based Violence (GBV)

Gender based violence is the instrumental means by which patriarchy, colonialism and unequal social relations are replicated and enforced within the life of the family and community, preventing the evolution of new and more equitable social relations (Friere 1970, Fanon 1963, El Bushra 2007). Therefore, a psychosocial response which strengthens the connectedness and thinking power of both men and women, will not only facilitate the resilience of women, but can begin a process of freeing both women and men from oppressive gender roles and behaviours.

"In gender-based violence, the perpetrators appear to attack the victims because of their sex, but in fact the key issue here is the employment of violence via gender and using gender differences to assert power and/or to establish gender norms. Gender-based violence always damages the inner core (integrity) of a person and is most destructive as sexual violence. Power and superiority are demonstrated by demeaning and humiliating the other and this becomes anchored in the victim's inner core and identity. Gender-based violence is usually violence by men against women, men and children. However, this violence is also reproduced by women, for example, in the way they relate to men, in the education of their children, or in their attitudes towards their daughters-in-law. Changing violent relationships thus implies changing the behaviour, norms and beliefs of men and women. (Becker and Weyermann, 2006)[10]

Contrary to the belief that men in less developed countries are violent by nature, cross cultural studies have indicated that nearly 20% of peasant and small scale societies are essentially free of family violence Other studies support the notion that boys raised in non-violent cultures continue to seek non-violent solutions. (UNFPA 2006). So violence in the family is not universal to either men or to poverty.

[10] Becker, D and Weyermann B.(2006): "Gender, Conflict Transformation & the Psychosocial Approach. A Toolkit", Swiss Agency for Development Cooperation (SDC) www.deza.admin.ch

Gender discrimination and violence throughout a woman's life[11]

Gender discrimination and violence exist in differing forms throughout women's lives.

Phase	Type
Prenatal	Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape during war)
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities forced compliance with beauty norms
Old Age	Abuse of widows, elder abuse (which affects mostly women)

Applying PLA assessment methods to insure the accuracy of our approaches to psychosocial understandings of GBV

GBV is an extremely sensitive topic, generally not discussed openly; in many communities discussing GBV is taboo. Approaching this topic requires a careful approach that is based on a solid understanding of the community (Vann 2007).

The PLA techniques described earlier in this documents, contained a variety of tools including a range of methods, domains of inquiry and specific areas for probes and follow ups that can help to elicit the complex array of hidden information needed to understand the layers of meaning inherent in sex, gender, and GBV.
The following boxes provide two distinct examples of the importance assessment in learning about local perceptions, and how understanding those perceptions led to more effective and collaborative community work.
This box illustrates how careful assessment helped to understand local perceptions of a sensitive issue in order to address it effectively.

Healing Child Sexual Abuse in Sierra Leone

Rape was not invented during war time. Though it was considered a rare occurrence amongst people in the east of Sierra Leone, it had certainly occurred from time to time. Particularly guilty parties might be diamond prospectors from other places. It was also acknowledged that there were cases, however rare, of child sexual abuse.

The community believed that the rape of a girl was psychologically as well as spiritually damaging. While victims were not considered guilty of any crime, a girl who was raped before a womanhood ceremony was seen as being damaged. It was considered that the experience scarred her in such a way that no normal man would satisfy her. She would therefore become promiscuous and an unfaithful and unloving wife. So, a woman who had been raped was essentially unmarriageable.

However, traditional birth attendants (TBAs) had a secret. If a girl's family could afford the expense of treatment, there were ways to make a victimized girl whole again. A combination of ceremonial activities and medicinal ones could counteract the effects of childhood sexual abuse and rape. A skilled TBA could treat the girl's wounds with medicinal herbs, and place a belt around her waist that was ceremonially treated with protective properties. The girl was to wear these until the time of her womanhood ceremony and instruction. The girl would also need to participate in a ceremony where a libation was poured, to heal the place in the earth where a violation was committed. Once this happened, no one was to speak about the events again, and the girl could be considered healed.

These practices were kept secret, because of the shame involved. Learning about the ideas, concepts and practices associated with child sex abuse in this community led to the creation of more effective programs for survivors.

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The box below illustrates how Participatory Learning in Action helped organizers support an organic process of community change, once the multiple meanings of a common term became clear.

Perceptions of Human Rights and FGC Amongst the Afar in Ethiopia

The project managers from CARE learned in their work with this pastoralist community that the idea of rights and responsibilities was something that they had thought a great deal about. Successive government programs, designed to champion rights had come to the communities in the last generations, and community members were pleased to think about and discuss the ways in which these issues might affect women and children. There was a high rate of congruence in the way that they spoke about rights between the norms of the local and international communities

However, when it came to defining the nature of the rights of girls, there was a surprising result. One of the rights they felt strongly about was a girls right to genital cutting, which in the case of the Afar was infibulation that is, the complete removal and sewing shut of the external genitalia. This type of FGC is associated with high rates of fistula, obstructed labor, death of mother and baby in labor as well as urinary tract and other serious health hazards. They considered this right as important and valuable as that of the right to inherit a calf at birth, and to pass this property on to her daughter.

The women explained that they are a pastoralist people, with traditional values regarding home and family. However, as pastoralists, they could not actually build walls behind which they could shut their daughters away at puberty. Instead they allowed them to be out of doors, attending to chores and roaming freely through their encampments. They owed this relative freedom to infibulation. Without it, they explained that girls could be accused of rape or promiscuity and become the subject of honor killing. Once the girls had been stitched there was no danger that she would be voluntarily cut open.

Because the community members were quite keen on rights based programs, but also because their FGC practices left women free of seclusion, they were able to select women to participate in community and district health committees specifically to learn about and address the health of women and girls. Women and men health committee members learned about the serious consequences of FGC and began to advocate for alternatives to the practice, with some women even requesting to unstitch their daughters. They discussed this issue with religious and community leaders who facilitated ongoing discussions and problem solving sessions.

Had a careful and participatory assessment not been completed, health organizers would not have understood the community's thinking about rights, responsibilities and the role of FGC amongst them. Without that information, the project would have remained at a superficial level. With this understanding the project is fully owned by community members who struggle together for a durable solution.

Risk and Protective Factors Associated with Sexual and Gender Based Violence:

This section will address some common risk factors associated with gender based violence and discuss how they affect wellbeing. It will offer some examples of psychosocial programs that can help to increase protective factors and work toward reducing risks.

Risks and Protective Factors Associated with Sexual Violence

- ***Assessing the nature of the risk: learning about social and juridical consequences for survivors of sexual violence***

The assessment of risk factors must also address any civil and judicial consequences associated with surviving sexual abuse, including risks to life and liberty.

There are many societies in which it is prohibited for a woman or girl to survive rape. In these societies if it is known that a woman or girl has survived rape she will be killed in a practice popularly known as "honor killing", as it is assumed that the compromise to her honor and that of her family is a fate worse than death. If the woman is already married, surviving the rape can be interpreted as acquiescence to adultery by having sex with a man not her husband. In many conservative cultures, the punishment for adultery is death. In many more forward looking cultures, the formal punishment for a married woman who has been raped by someone not her husband is imprisonment for adultery.

It is imperative to take all measures to learn about the consequences of rape and sexual abuse to the survivor before moving forward to intervene in any way. The safety and security of the survivor must be paramount at all times.

- ***Psychosocial risk factors associated with sexual violence and abuse***

The issue of psychological risk factors is a double-edged sword for women. Men may blame women who appear to be coping and believe them to be complicit. Yet no two people are alike and the effects of sexual violence vary widely. Age, developmental stage, meaning of the event in life context, social and physical consequences, and the availability of protective factors all play a role in determining how the survivor copes and in what ways she is altered by her experience.

If one sees a strong woman who has survived rape one should not assume that she is not affected in some way. Sometimes women who do not show outward signs of specific trauma are even held complicit for their victimization.

Health related risk factors are:

- STD's
- HIV/ AIDS
- Mutilation
- Reproductive damage
- Forced pregnancy
- All of the forms of neurobiological response associated with any exposure to violence noted in the previous section

Social risks may include (but are not limited to):

- Stigma
- Honor killing
- Imprisonment
- Marginalization and social exclusion
- Social belief that all survivors are mentally ill
- Social belief that the woman or girl is "spoiled" with all consequences
- Rejection by family members
- Rejection of children resulting from the rape

Psychological risk factors

- Depend on age, severity of the attack, the other affects of war, culture and personality
- Depend on the severity of the social risk factors
- Include cognitive and emotional consequences of exposure to extreme violence as they are culturally expressed, including but not limited to:
    1. extreme sadness
    2. alienation
    3. depersonalization
    4. self harm
    5. substance abuse
    6. inability to concentrate
    7. psychosomatic illnesses
    8. difficulty regulating emotions
    9. altered interpersonal relations

Key actions to reduce risk and promote resilience amongst survivors of sexual violence

- Always put the safety and wellbeing of survivors first in attempting to understand, document and/or prosecute cases of sexual violence
- Assess the situation carefully to understand the specific meaning of sexual violence in the community
- Assess the situation carefully to understand the social consequences for survivors of sexual violence in the community (Does the language have a word for rape, or is it translated as adultery?)
- Assess the situation carefully to understand the legal and extra-legal situation of survivors of sexual violence (what laws are on the books, are they followed, are consequences more or less harsh in reality, do all survivors end up dead regardless of law)
- Assess the risks to survivors should they be discovered
- Learn of any allies in the community who protect women survivors
- Learn who survivors trust to help them
- Organize men and women in the community to begin to discuss the issue separately and compare the responses
- Work with religious and traditional leaders, both male and female, to think about sexual violence and its consequences
- If possible, provide information about available services in a way that does not risk exposure of survivors

- If possible, form links to medical organizations that can provide safe, clean and completely confidential medical services, including mental health care
- If possible, facilitate transport to those services when necessary
- If possible form a violence-free community advisory board, including (separately or together) older women and men, young women and men, traditional and religious leaders and healers, representatives of marginalized groups to follow up on the assessment and report to the community about the design, monitoring and implementation of any support program
- Include survivors in programs aimed at building resilience
- Include survivors in livelihood programs
- Designate and train community resource persons to listen, support and link survivors to confidential specialized care
- Provide support and training to traditional healers and birth attendants if symbolic healing is found helpful by women in the community and they wish to participate in the program
- Create safe spaces for women and girls by developing some community activities for women and girls only
- Create opportunities for women and girls to use their bodies in healthy ways by establishing all female sports and dance activities

Increasing protective factors among women who have survived sexual violence

Psychosocial activities that increase protective factors for women who have survived sexual violence, should be open to all members of the community, so that no stigma is attached to participation, and so that such women are not further isolated. This requires making some community activities sex-disaggregated so that women can have a safe space.

Suitable activities should be identified during the assessment process so that they fit the place and population that they serve.

No projects should be developed exclusively for survivors of sexual abuse, and it must be assumed that any program for women's empowerment may include survivors of sexual abuse in any of its projects at any time.

Risks and Protective Factors Associated with Other Forms of Gender Based Violence at Home and in the Community

The forms, experience and meaning of gender based violence in the home and community vary with culture and context.

The risks associated with gender based violence are context specific and entirely related to the nature and form of the violence, and its meaning in the community.

Health risks may include but are not limited to:

- When violence is in the home, sometimes results in broken bones, illness, burning, disfigurement, death (According to UNFPA 60% of murders world wide are the result of gender based violence in the home)
- In nutrition, can result in death, child stunting, malnutrition
- Complications can result from FGC and elective surgeries to meet beauty standards

- Mistreatment during pregnancy: Miscarriage and foetal injury
- Maltreatment of children

Social risks may include but are not limited to:
- Exclusion from social and economic life
- Exclusion from education
- Social marginalization
- Isolation
- Maltreatment of children
- Animosity between men and women
- Reifying gender roles; slowing social development
- Dividing community members
- Enforcing hegemonic masculinities

Psychological risks may include but are not limited to
- Self blame
- Loss of self esteem
- Helplessness and hopelessness
- Pervasive fear
- Lack of agency
- Depression with suicide

Key actions to reduce risk and promote resilience amongst survivors of gender based violence at home and in the community

- Assess the situation carefully to understand the meaning, nature, prevalence and consequences of gender based violence in the community
- Assess the situation carefully to understand the legal and extra-legal situation of survivors of gender based violence
- Insure confidentiality of survivors and link them with services required for their wellbeing and safety
- Using PLA and other community learning techniques facilitate engagement of men and women to analyze gender relations and the risk of violence in the community
- Using PLA and other community learning techniques engage men in discussions regarding the nature of masculinities
- Engage those persons charged with youth leadership, including initiators, religious and traditional leaders in a discussion of gender and power in the community
- Wherever appropriate create gender disaggregated groups for livelihood promotion
- Support the promotion of young mothers clubs to reduce isolation of young women in families not their own
- Support the promotion of widows clubs to reduce isolation of widows and their children
- Form community wellbeing committees to follow up on the assessment process and monitor program goals and objectives based on community participation and input

When More Specialized Care is Needed: the Role of Community Resource Persons

For women and girls who have survived sexual violence, suffer specific health risks. Professional care may be needed to address these issues along with any accompanying mental health and protection needs. At the same time, the first rule of risk reduction is to

maintain absolute confidentiality. Often this is quite difficult in communities in which all aspects of life are interdependent.

Therefore, links should be established to medical services that are open to all members of the community for all health problems, from primary care and vaccination to surgery to other clinical services. As with psychosocial care, no program should be labelled as specifically for survivors of sexual violence to avoid stigma or danger of further abuse.[12]
Further, to avoid stigmatizing unmarried women, gynaecological services should not be separated from other health services in the building.

CARE Österreich has found that the inclusion and training of community resource persons within the project helps to facilitate links to specialized care and assures confidential reliable help to those who need it.

Identifying Community Resource Persons

The assessment provides information about persons in the community to whom women can turn when they are in trouble. In general they fall into three categories:

- Traditional birth attendants (often the people who hear and attend to women's troubles) and traditional healers
- Gender project officers, community organizers, teachers, or religious leaders
- Sensitive persons (generally older women) generally trusted by women in the community

It is important that these people be selected through the assessment by community members themselves, and not imposed because of literacy or capacity to communicate well with international organizations.

Collaborative learning with community resource persons

Community resource persons will have developed their own ways of supporting women in crisis and they must be respected, and shared, deepening CARE's knowledge of the community.

At the same time, such resource persons need guidance as to how to intervene with a person in crisis, by listening, supporting and accompanying them to needed services. Annex 6 provides specific guidance in the precise role of the community resource person. This role calls for a four part intervention; reception, along with careful listening, assessment, referral, and accompaniment. The community resource persons will need supportive, collaborative and ongoing supervision in performing these rolls. If records are kept they should not include names, so that there is no danger of a breach in confidentiality.

Accessing appropriate services

Some survivors of sexual violence will require immediate attention to their health needs. Community resource persons should be aware of where there is a health care unit that can attend to survivors safely, and confidentially.

Other survivors will be so distraught that they are not able to function unaided in the community. These survivors will need mental health services provided by trained and supervised health care providers who will treat survivors with complete confidentiality.

[12] According to UNFPA (2006) 50% of women who suffer sexual violence will suffer it repeatedly. This may be due to blackmail, a prevailing belief that once a woman is violated it is less of an offence to violate her again, or because she is living under circumstances where there is frequent danger of sexual violence.

Community resource persons must be aware of who provides such high quality mental health treatment for women and girls.

Community resource persons may be required to take the survivor to the health referral, or the health agency may have the facilities to provide transport.

Connecting to duty bearers

To the extent that this is possible whilst assuring the safety and confidentiality of survivors, advocacy and support should be provided to duty bearers so that they can take responsibility for the health and wellbeing of citizens. It is imperative to avoid parallel systems.

The healing power of tradition

As stated earlier in this document, traditional practices may be helpful to restoring a survivor's wellbeing. However it is crucial to detect which interventions are helpful and which can cause harm. Thus assessments and sensitive and respectful communication with traditional healers and leaders is necessary beforehand.[13] In many countries in Southeast Asia and in Sub-Saharan Africa, traditional healers work in collaboration with health services as part of the treatment team. Prior to making any health referrals, careful review of the expertise of the practitioners should be made by qualified members of the CARE staff, local health authorities, or a qualified health INGO.

Case studies

The following boxes illustrate:

- A program for women survivors of rape
- A program of women and men, uniting to change a harmful traditional practice

[13] Consider IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Action Sheet 5.3.

Project Tumaini: We have hope in our hearts

So many women have been raped in Eastern DRC that one could almost forget that there was a stigma attached. However, among girls, women and their families these crimes of war were personal events, and feelings were both raw and private. In addition, the rapists had let it be known that women who accused them or spoke about the experience would suffer, perhaps be raped again. Since the war was raging there was no safe space to be found.On the other hand, the situation was dire. Tradition demanded that all small farming and any activities to feed the family were done by women. But fear of further violence kept women at home, and sadness left them feeling unable to move forward. Women found themselves quarrelling with their husbands, who reported feeling helpless and hopeless as they were unable to protect their families. In addition, health problems for all community members were at an all-time low. CARE partnered with a Congolaise health NGO to bring small mobile health care clinics to the struggling communities. CARE's role was to develop village health committees to support the successful use of the clinics. The clinics could provide a service that everyone needed, primary health care, to all community members, especially primary care to children. Therefore, women should be there, including under aged girls who might be accompanying a sibling or other relative for vaccination or routine health screening.
To insure safety of the survivors in an ongoing conflict, the clinics were separated from legal assistance and prosecution, technically provided through the United Nations A rule of "no weapons on site" was established to insure the security of the clinics.
Community members, agreed to support the clinics with volunteer services. To oversee these services, VHCs (Village Health Committees) were formed.
To meet women's and men's need for confidential places to meet and feel free separate men's and women's committees were formed. The committees had 5 components:

Health Advisory Council: elected and representative, consisting of 2 elders, 2 younger parents, 2 adolescents, and local duty bearers, to oversee the functioning of the committee overall and coordinate between the NGOs and community members.
Council of Elders, connecting the clinic to traditional birth attendance and healers so that they could become part of the treatment team. The council could also promote reconciliation between family members torn apart by the effects of violence.
VSLA .VSLA membership included a small contribution toward the maintenance of the clinic. Clubs included plans for other livelihood activities
Health Awareness Club: The health NGO would provide training to club members about Disseminating information about the clinic, hygienic practices, and other wellbeing issues to the community members throughout the community. This was to be done through art, theatre, song and dance
Nutrition Club: a club to support the clinic and its members by growing food

The meetings were facilitated by trained community resource persons, in this case TBAs for the women's groups, nurses for the men's groups. The general health focus allowed the groups to be seen as protected community activities and not suspicious, and the access to health services allowed discreet provision of medical care. Protective factors included an ending of isolation and opportunities to effect change, means to channel aggression.

Sakcham: Changing the course of gender discrimination in Nepal

Popular education circles form the follow up to the Participatory Learning and Action assessments in Churia, Nepal. Women and men meet separately to analyze the nature of their community's problems.
For one community, the end of war did not seem to signal the end of poverty. Isolated by annual floods for 6 months of the year, the small farms that each family had were often insufficient.
At the market, Gupta found few buyers for his produce, but he did find a prosperous widower as husband for his twelve year old daughter, for whom he had only a very small dowry. With a wealthy older man accepting his daughter, he would be better able to provide for the others and survive the floods.
When Gupta told his wife, Madhu she was in despair. Through the Sakcham livelihood program she had been able to spare her daughter from work a few hours a day so that the girl could go to school. Her potential seemed limitless.
Madhu went to her study circle with tears in her eyes. However, the group had a two part solution. First they would go together to the men's group and plead their case. There was strength in numbers. Second, they would make use of a new law passed by the government that allowed villagers to claim the rights to resources if they lived adjacent to lands owned by big companies. The women's group learned that they were entitled to use the timber on the land that surrounded village, both for private use and for sale.
The women went first to the local government office to learn how to make the claim. Then they went together to the men's group with their information. The women talked to Gupta and said that they would not allow any more children to married to older men.
When he agreed they also shared the news that they would now benefit as a village from the timber that was near their home. They would actually be getting some funds from the company for the wood that had already been cut down. A committee of women and men was formed to collect the money and oversee its use.
Gupta was thrilled. He felt that he had the power to change his life and his daughter's life with support from the women and men of the community. He could be prosperous, and have an educated daughter!

INTEGRATING PSYCHOSOCIAL SUPPORT FOR SOCIALLY EXCLUDED AND MARGINALIZED WOMEN

CARE INTERNATIONAL PROGRAMMING PRINCIPLES

In order to fulfil CARE's vision and mission, all of CARE's programming should conform with the following Programming Principles, contained within the CI Code. These Principles are characteristics that should inform and guide, at a fundamental level, the way we work. They are not optional. These Programming Principles are as follows:

Principle 1: **Promote Empowerment**
We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants and organisations representing affected people are partners in the design, implementation, monitoring and evaluation of our programmes.

Principle 3: **Ensure Accountability and Promote Responsibility**
We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfil their responsibilities.

Principle 6: **Seek Sustainable Results**
As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programmes result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

We hold ourselves accountable for enacting behaviours consistent with these principles, and ask others to help us do so, not only in our programming, but in all that we do.

CARE International's programming principles 1, 3, and 6 commit all CARE offices to include and work in solidarity with marginalized people in all programs.

The purpose of this section is to assist country offices to mainstream psychosocial support into their work in solidarity with marginalized women. The psychosocial components of the programs should insure that resilience is maximized, risks are minimized and that marginalized women enjoy meaningful levels of integration in CARE's work toward women's empowerment.

What is Social Exclusion and Marginalization?

CARE documents refer to the duty to address social exclusion and marginalization as absolute program principles. Before we can address the risks inherent in social exclusion, or marginalization, it is necessary to define it. CARE uses both words in its documents and it

appears acceptable to use them interchangeably (Burton and Kagan 2003). CARE's *Unifying Framework for Poverty Eradication and Social Justice* (McCaston et.al. 2005) defines social exclusion as follows:

- Social exclusion is the lack of recognition of basic rights, or where that recognition exists, lack of access to political and legal systems necessary to make those rights a reality (UNDP 1997)

- An individual is socially excluded if (a) he or she is geographically a resident in a society, but (b) for reasons beyond his or her control, he or she can not participate in the normal activities of citizens in that society, and (c) he or she would like to so participate (Brian Barry, Research Center for Analysis of Social Exclusion 2001)

- Social exclusion is defined as a structural situation facing individuals and groups, mediated through power relations that lead to life conditions characterized by the absence or insufficient consumption of collective and individual goods and services (L. Rosario, J. Goulden, R. Salinas, L. Medrano, and J. Schollaert, Chronic Poverty Research Center 2002).

Socially excluded or marginalized groups with whom CARE works

CARE programs included people marginalized or excluded for a variety of reasons. Some examples are:

- Disability
- Caste
- Poverty
- Ethnic identification
- Religion
- Gender
- Marital status
- HIV/AIDS status
- Sex Workers or other stigmatized occupations

Understanding the fluid nature of marginalization and social exclusion

The complex task of CARE programs is to include all members of the community and support unity in working together to empower women and end poverty. Including voices from the margins of society can increase the knowledge of the "real" situation of all women, deepening the analysis of root causes in order to promote change.

Marginalization or exclusion are not static conditions and may change with group identification, place or other factors (Burton and Kagan 2003). For example, Roma are an excluded ethnic group with whom CARE works in Eastern Europe. However, amongst Roma women, disabled women and those with disabled children are often marginalized. In an income generation program for disabled women in India, Dalit women can be marginalized because of caste. In a program for IDP women and girls in Uganda, girl mothers are marginalized and often excluded because of premarital sex. Thus categories of inclusion may lead to categories of exclusion, and exclusion has to be seen as a fluid category rather than an actual state of being.

Often, laws are passed to make discrimination against excluded groups illegal. That does not necessarily change people's attitudes or make inclusion real. The result is often that the presence of marginalization and marginalized groups is driven underground (Bragin, M., Prabhu, V. and Czarnocha, B.2007, Benedict 2006). For example, post genocide Rwanda, ethnicity was removed from identity cards and job applications. In compliance with law, no one refers to ethnicity publicly but everyone is aware of it. Similarly, caste discrimination is illegal in contemporary India, and racial discrimination is illegal in the US, yet it is ingrained in the social fabric. Everyone is aware of it, but it is taboo to speak about it. This makes the task of addressing marginalization more complex.

Why Integrate Psychosocial Components in Programs for Social Inclusion?

Social marginalization, by definition, carries many risks. The preceding technical sections of this document address two elements of violence in society; institutional violence or the harmful actions that result from public policy or its enforcement, (such as armed conflict), and interpersonal, violence against persons or property not directly associated with official policy. This section addresses structural violence; or the harmful actions that result from the way that society functions (Van Soest and Bryant 1995)

Structural violence is at the root of all disempowerment, but it is most clearly felt at the margins of society, where people are unable to benefit from available resources because of one or another attribute.

Over time, many marginalized person come to internalize the negative stereotypes that are used to separate them from others. Others find the effects of even this structural level of violence affects their cognitive functioning in much the same way as other violence does. That is, it creates terror, anxiety and self doubt such that people become afraid to think clearly as they concentrate on survival in a hostile world (Bragin, Prabhu and Czarnocha 2007).

The text box gives an example from a program for Dalit adolescents in Tamil Nadu

Box 2: Things you learned before you were five years old

Each of you think hard. All of you grew up here in this community?

Yes, we did

Can you name one thing that you learned before you were five years old?

We didn't learn. . .

I learned. . . my mom sent me to dance class

No one else learned?

No, we didn't (looking dejected)

How many girls helped Mom at home?

All. . . I see. . ..

What did you do?

Tending children, cooking, fetching water, going to the market

What skills did you learn to do these things?

No skills. . .

Well what things did you need to know to do these things?

Well maybe to count money and to balance water on our heads and to make a fire and how to stop a baby from crying. . .. And how to steer clear of drunks. . .

And did you always know these things, or did you learn them?

First a girl is a baby herself and then slowly by slowly her sister will show her some things, and then her mom, and then she begins to learn

Aha . . . so you said learn. . . so you did learn. I wonder what other things you learned. . .. did anyo tell a story to quiet a baby? Sing a song?

Giggles from the girls. . .

Oh have I caught you learning something girls?

And the boys, what did you do?

Caring for the animals, and fishing

If I were to go out to fish today, how many would I catch?

Laughter from everyone

Why are you laughing at me?

Because madam. . .. It will not matter how many you catch. . ..You will die in the water. . .

Will I die because of the tsunami???

More laughter. No, because you will be lost at sea. . . first you must learn to read the sl and the earth so that you can find your way home!

Risk and Protective Factors Associated with Socially Marginalized and Excluded Women

Social Risks
- Denial of resources
- Denial of access
- Isolation
- Ridicule
- Violent attack
- Exclusion of children
- Homelessness
- Institutionalization
- Targeting by police
- Invisibility in service planning and delivery

Psychological risks
- Fear
- Isolation
- Internalization of stereotypes
- Loss of agency
- Low self esteem
- Lack of self efficacy
- Hopelessness

Protective factors frequently associated with marginalized or excluded women
- Creative problem solving
- Ability to find alternative access to resources

Key Actions to Reduce Risks and Support Resilience with Marginalized and Excluded Women

- Insure that all programs are accessible to all members of the community
- Make sure that all members of the community have equal access to information
- Do a careful assessment to learn what capacities marginalized women bring to the risks that they face
- Engage the agency of marginalized women: always plan with them, never in their behalf
- Learn their views on participatory inclusion versus provision of specialized programs
- Develop programs that build on strengths rather than exploit weaknesses (there is no reason for a person without a leg to become a "cyclo" driver; she can instead learn to write and become an accountant)
- During the participatory assessment process, learn who has not been included and include those persons in purposive sampling (see this document p 25)
- Invite the engagement of marginalized women in advocacy programs for the community as a whole, so that they can also benefit from altruism
- Invite the engagement of the community as a whole in programs to end social marginalization

Program Strategies That Increase Protective Factors in Marginalized Women

As stated above, all activities for members of marginalized communities should be planned with them, following the participatory assessment process. The following are suggestions based on previous experience.

Livelihood projects*:*
Most poor women want to participate in livelihood enhancing projects. Solidarity groups in VSLA as well as other cooperative strategies are key to reducing isolation, and creating the connections that are essential to combating the effects of exposure to violence. If marginalized women are not included in other solidarity groups, they should be allowed to start their own.

- Livelihood and market surveys. Livelihood and market surveys help participants to learn which projects will reap the greatest economic benefits. In one community, a group of marginalized women were trained to be animal vaccinators which gave them great prestige over time as well as improving their income. The information that the women gain goes a long way toward increasing self efficacy and self esteem; in addition to improving their access to resources.

Literacy projects*:*
Literacy is particularly critical for marginalized women as it opens up avenues to livelihoods and to respect denied by other means. This is especially true of the physically disabled. Marginalized women are more likely to have been kept from school due to their status and often believe themselves to be less capable than others of learning. Literacy thus increases self esteem, self efficacy, capacity to access resources as well as being another area for all important relationships and connections.

Advocacy projects
Supporting the capacity of marginalized women to advocate for themselves and others helps them to feel part of something beyond themselves, as well as supporting self efficacy and solidarity.

Community education projects
Educating the community about issues vital to everyone's needs supports altruism.

Cultural projects
Cultural projects can support a sense of belonging, educate others about a marginalized group and its strengths and increase social integration.

The box below provides an example:

Carpet Weaving Cooperatives in Rural Afghanistan: Integrating Isolated Young Mothers

Young women in parts of central Asia are frequently required to go into seclusion as soon as they reach puberty. Even if they are allowed to continue attending special girls schools, they must leave when they are married. Progress made in preventing early marriage in Afghanistan and promoting education, stopped in 1992, when armed factions toppled the government, fought for control and returned the country to its most conservative roots.

In 2002, CARE worked with the United Nations and other NGOs to support women and girls empowerment in Afghanistan. A key challenge was to address the seclusion of young married girls, many of whom were so isolated that some people thought that they had lost the ability to speak.

A livelihood program to support carpet weaving created an opportunity. While in the conservative rural area in which the project took place, married adolescent mothers normally did not leave family compounds for any reason. However, everyone needed to fight extreme poverty, and husbands wanted their wives to be able to help.
The establishment of carpet weaving cooperatives allowed women to get together to learn about designs for their carpets from older women and to receive guidance from women organizers as to setting the price and bargaining with middle men (an activity done by men on their behalf. The carpet weavers would meet weekly to compare notes and get updates. Younger women learned from older ones what price to demand for their labor. They also brought their daughters so that they could learn weaving traditions from older women. Soon women were talking at the meetings. The organizers were able to bring additional information

The meetings created opportunities for relationships, self efficacy and self esteem. They gave the women something to look forward to. Able to express themselves, they were then able to advocate for literacy and numeracy classes. They were able to learn to read and count to support their business.

They were also able to learn to read holy Koran and to pray for the success of their country and community, helping them to feel part of something broader than themselves.

Perhaps most important the group allowed them to begin to articulate and actualize some of their own goals and objectives.

INTEGRATING PSYCHOSOCIAL SUPPORT FOR STAFF INTO WOMEN'S EMPOWERMENT PROGRAMS

Why support for staff in stressful situations is necessary

People who work under conditions of structural, institutional or interpersonal violence, are, like all other people, exposed to violence in the course of their work. Therefore, like all others, they are affected by it. Since violence affects the capacity to think and reflect upon thinking, it then affects the capacity of staff to do the work of assisting others effectively.

The words that are popularly used for the effects of violence on the staff of social agencies are "burnout," "compassion fatigue," and "secondary stress." They lead workers to make mistakes by taking un-necessary risks, using bad judgment, abusing substances, or taking on abusive attitudes sometimes called "identification with the oppressor."
One might argue (Kantor 2006) that there is nothing secondary about the stress. Exposure to violence affects all people unless protective factors are put into place to mitigate its impact.

Understanding secondary stress and burnout: the result of risk to staff exposed to violence:

> *"Burn-out is the depletion of our resources, both physical and psychological, caused by our desire to achieve certain standards and expectations that are often impossible to humanly achieve. At some point, we become overwhelmed with the knowledge it's not possible - and cynicism, pessimism and negativity sets in. Burn-out can happen to anyone at home or on the job."*[14]

Herbert Freudenberger originally defined "burnout" as "the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results."

Characteristics and symptoms of stress versus burn out[15]

Stress	***Burn out***
Characterized by over engagement	*Characterized by disengagement*
Emotions are over reactive	*Emotions are blunted*
Produces urgency and hyperactivity	*Produces helplessness and hopelessness*
Loss of energy	*Loss of motivation, ideals, and hope*
Leads to anxiety disorders	*Leads to detachment and depression*
Primary damage is physical	*Primary damage is emotional*
May kill you prematurely	*May make life seem not worth living*

[14] Sinclaire, Deborah A.: "Vicarious Trauma and Burn-out: Strategies for Survival- The Impact of High Risk Work on Workers" Power point presentation at the Conference on Children as Victims and Witnesses of Domestic Homicides: Lessons Learned From the Ontario Domestic Violence Death Review Committee, London 2nd of November 2006 http://www.crvawc.ca/section-outreach/p_speakers_seminars.htm
[15] http://www.helpguide.org/mental/burnout_signs_symptoms.htm

Risk factors among staff working under conditions of social and institutional violence

People who work in difficult situations, including war and violence, are known to have difficulty maintaining focus over time. They are credited with hard work under pressure of fire. Overworking, becoming overwhelmed with the difficulties of the work, and losing perspective are among the dangers of the job.

Risk factors among staff working with structural and interpersonal violence

Other groups of workers also suffer from difficulty while doing psychosocial work. They are people working with other people who are marginalized and of low status, people whose problems are not considered important by others. In other words, they are those working with structural violence. Sometimes the stigma attached to the population that they work with becomes attached to them. They are sometimes thought of as doing this work because they are incapable of doing better, and rarely credited with heroism, even when their work is in fact heroic.

Social workers and workers doing psycho-social work are particularly vulnerable to stress and burnout because it is their task to mitigate risks to others, and because their roles are often not seen as tangible, and therefore not appreciated by others in the way that the work of agronomists or doctors might be. Further, it is their job to work with the most vulnerable and marginalized members of the population and therefore they are at high risk because of their association with them, hence "secondary stress." In this case the workers have not experienced the violence directly, but indirectly through association with the people with whom they work.

What CARE Managers Can Do

CARE managers can address the effects of risks experienced by staff through the implementation of policies that minimize those risks and support resilience.

Addressing work related stressors through management policy

1. Ensure clear and updated job descriptions
2. Confirm with staff that their roles and tasks are clear
3. Organize regular briefings so that credible and accurate information is available
4. Ensure clear lines of management and communication
5. Have a zero tolerance policy for sexual harassment
6. Ensure equality between national and international staff
7. Know and account for differences in culture, ethnicity and social class (caste) and insure a discrimination free environment
8. Never pressure national staff to take risks or accept hardships that international staff do not accept
9. Build teams, facilitate integration between national and international staff and address intra and inter team conflicts[16]

[16] IASC (2007)

Provide High Quality Technical Supervision

The quality of any work, humanitarian or otherwise, depends on high quality, supportive supervision. Employees who are supervised know that the quality of their work is valued, and that they are appreciated for what they do. All too often, this is neglected in humanitarian work and most especially in psychosocial programs. This can make the people doing the work feel unimportant, as well as leaving them alone with difficult populations demanding difficult and thoughtful decisions.

Further, supervision provides the connection that can mitigate risks to thinking and reflection caused by exposure to violence.

To address these issues, high quality supervision should be provided to workers in psychosocial programs.
Supervision should be:

- Supportive
- By well qualified persons
- Culturally sensitive and appropriate in content and style
- Respectful of differences
- Available whenever the worker finds him/herself in difficulties
- Whenever possible, in or as part of a team, to promote connection[17]

Facilitate a healthy working environment

- Ensure that staff members have "down time" whether through organized "R and R" in emergency settings or time to relax with family
- Ensure the availability of appropriate food and hygiene for staff taking religion and culture into account
- In cultures where women are secluded, insure that women staff can have access to safe spaces for exercise and fresh air. (This may require special training for local employees. Statements like "in their culture people believe that walking is healthy for women, so please allow them to do it for some part of the day," may be helpful.)
- In cultures where women are subject to greater restrictions than men, insure that they have access to vehicles and communication devices, so that they are not subject to the whims of male coworkers.
- Address excessive unhealthy living practices such as heavy alcohol use by workers
- Support healthy living practices such as exercise and stress reduction practices
- Facilitate some privacy in accommodations such as separate work and living spaces if possible.
- Define working hours and monitor overtime, with an aim to dividing workload, and providing at least half day a week of rest.
- Make appropriate self care materials available

Provide specialized support to national staff who shares conflict and emergency related stressors with the beneficiaries

- Enquire as to the wellbeing of national staff members in hardship and their families
- Create a safe space in supervision for expression of concerns
- Do everything possible to support physical safety on the job
- Ensure that staff have someone with whom they can address personal issues in a secure and confidential environment

[17] Ibid.

When something more is needed

- Insure that psychological first aid is provided to staff who have suffered or observed extreme situations (see annex 5)
- Have referral for mental health care available as part of medical insurance
- Have a designated staff welfare officer and make that person's contact information available to all staff
- CARE US's Critical Incident Policy will be available in January 2009. [18]

[18] Material for this section is adapted from the IASC (2007) Guidelines on mental health and psychosocial support in emergencies, section on human resources which synthesizes much of the work in the field, and Ehrenreich, J. (2004) Managing stress in humanitarian aid workers*. Peace And Conflict: Journal Of Peace Psychology, 10*(1), 53–66

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Annex 1: Key to the Level of Care Pyramid in the IASC Guidelines for MHPSS

Abstracted from: IASC (2007) Guidelines for Mental Health and Psychosocial Support: Geneva: IASC

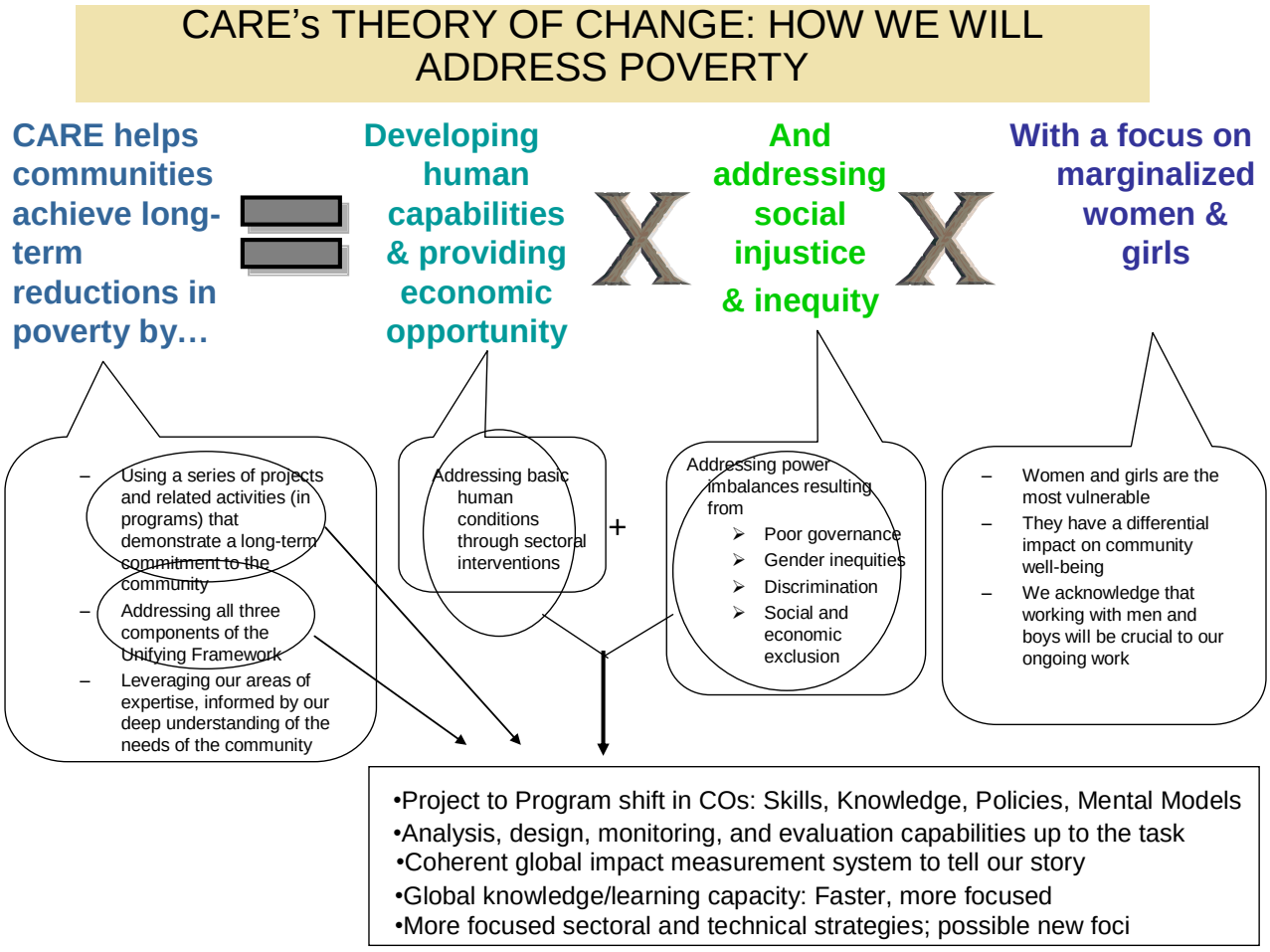
Level one: Basic services and security
For the vast majority of people, a crisis does not lead to a mental health emergency. For their wellbeing, they require the provision of safety and security and access to basic services, provided in a respectful and dignified way. They need to ready access to credible information about their situation. All this is relevant for the psychosocial wellbeing of the broad community. The importance of advocacy for the psychosocial wellbeing should not be underestimated as it offers space and opportunity for people to raise their voice for improved living conditions. CARE engages in the mobilization and organization of communities for basic services, inclusive development and good governance. CARE works with women and marginalized groups to insure their inclusion as active agents in the design of assistance.

Level two:
The second layer represents the emergency response for a smaller number of people who are able to maintain their well being if they receive help accessing key family and community supports. People need to know that lost family members are being traced, and those who died are being identified. Young people need access to emergency education so that their schooling is not too seriously interrupted. Mourning and communal ceremonies assist people in situations where there has been a great deal of death and loss so that these losses are not unmourned. Livelihood activities and the activation of social networks are especially important for women who may have lost these things in the emergency or its aftermath.

The third layer is for those especially vulnerable groups who will need targeted and specific psychosocial interventions, (but not those requiring specially trained psychotherapists or health care providers), that in combination may help people to heal after specifically difficult experiences, such as gender based violence, abduction into armed groups, or imprisonment and mistreatment at the hands of the military, or survivors of mass murder and atrocity. Such people need a combination of livelihood assistance, social supports and culturally specific care, as well as the opportunity to participate as active agents who can control the world around them. In the immediate they may also require psychological first aid by trained primary care workers, or intervention by customary and traditional healers in whose remedies they believe.

The fourth layer is for about 10% of the survivors. They include people who suffered from mental illness before the emergency who continue to need care, and those who find that in spite of supports provided at the other levels continue to have difficulties in basic functioning. These people require specialized care of trained mental health professionals. Where those do not exist, primary care workers should be trained in basic mental health treatments.

Annex 2: CARE'S Theory of Change



Annex 3:

Focus Group Discussion Guide: GBV

Adapted from Bragin, M. (2003). Mothers and others: learning from women and girls about community resilience in time of war. *Mind and Human Interaction*, 13, 99 – 119

This is a sample of a focus group discussion guide to help understand the psychosocial meanings and implications of GBV in a community. It can be adapted for use in other places, provided the safety of participants can be insured.

Background:

Gender based violence is a reality for one third of all women at some time in their lives. The underlying causes of GBV lie in knowledge, attitudes and practices about gender, human rights and power, which are deeply rooted in culture, society, history and religion. Preventing violence demands that these underlying attitudes and behaviors are understood. Conflict exacerbates the conditions that lead to all forms of violence, and both sexual and gender based violence are frequently used as weapons of war.

The particularly long and tragic history of conflict and exploitation in the Kivus is no exception. Many cultural and social resources, which also have their source in the region, were driven underground where their development was impeded. As in other places around the world, this had negative consequences for women, leading them to be treated as second class citizens with few opportunities.

It is essential that a program to prevent gbv while it reintegrates survivors seek to engage the healthy core of the past with an active approach toward the present if it is to be successful. Approaches that disregard local values and traditions and seek to impose new ones may cause additional conflict in a community one wishes to unite. On the other hand, without a frank discussion of traditional practices, it is impossible to guard against negative effects of those that are not helpful.

The discussion guide used here is adapted from one used in Sierra Leone. That discussion guide helped communities to mobilize in support of survivors and to uncover traditions which helped with the psychosocial well being of those whose suffering was most intense.

Discussion Guide for Women:

Instruction:
Think back to a time before the violence came to this community. A time when there was food and water and a peaceful life. Perhaps this was the time of your mother or grandmother….

- What was life like for a woman then?
- At what age could she voice her opinion in the community?
- What did a woman do all day long? (list from am to pm)
- What makes a woman respected in the community?
- How did she learn the skills she needed to be that way?
- Who taught her the values of a good woman?
- How was she taught? Was there a special ceremony for coming of age? (At what age? Describe it)
- Who were women who gave advice to others?
- Under what circumstances a woman could be beaten?
- Did she have any one to turn to?
- Who did she turn to?
- How was the problem handled?
- Did it ever happen that a woman was sexually used by someone not her husband?
- What happened afterwards?
- How was she treated by the community?
- Was there any way to restore her honour in the community?
- Who could do that?
- How could it be done?

These times
- What does a woman do all day nowadays?
- What makes a woman respected in this community?
- How can she learn the skills she needed to be that way?
- Who teaches her the values of a good woman?
- How is she taught? Was there a special ceremony for coming of age? (At what age? Describe it)
- At what age can she voice her opinion in the community?
- Who are the women who give advice to others?
- It has been said that since the violence from the outside there is also violence now in the community what kind?
- How does violence affect women?
- What can she, or others do about it?
- What about a woman who is raped --- does it happen?
- How is she viewed by the community?
- Is there any method or person who can help her?
- Can we think carefully --- if rape is now prevalent in the community --- are there persons/ methods/ ceremonies that could make those women clean again?
- Are there opinion leaders in the community who could help a woman who has been raped to be accepted?
- If violence against women is now prevalent in the community, who could we approach to change this situation?

Discussion Guide for Men:

Instuctions:
We are going to reflect on the effects of all this violence on the wellbeing and stability of the community. Think of a time before this violence, perhaps the time of your father or grandfather.

- What was life like for a man in those days?
- At what age did a man marry?
- At what age could he voice his opinion?
- What made a man respected in the community?
- What qualities make a good man?
- How is he taught the values of a good man? By whom?
- At what age? Was there a ceremony when such training is completed?
- Under what circumstances can a man solve a problem by violence?
- Were men ever violent at home or in the community in those days?
- If so why?
- What were the sanctions for such violence?
- Who was in charge of this?
- Were men ever violent against women?
- Were women ever raped/
- What were the sanctions against this?

These times

- What does a man do all day since the war has started?
- At what age can he marry?
- Voice his opinion?
- What makes a man respected in the community?
- Are there problems of violence in this community?
- Toward whom are they directed?
- What is done about them?
- By whom?
- In war, is it common that women are raped?
- Are there women in this community who have been raped during the war?
- How do you think about this?
- What will happen to these women?
- Is there anyone with power to change that?
- Who? How could they change that?
- Are boys and girls ever raped during war?
- What will happen to these boys and girls?
- Is there anyone with the power to change these outcomes?
- Who? How could they do it?
- What is the way forward?

Discussion Guides for Adolescents

Instructions:
We are going to reflect on the effects of all this violence on the wellbeing and stability of the community. Think of a time before you were displaced…..

Girls:

- Describe life in your home village?
- What does a girl do every day?
- What was the best thing about this community?
- What was the worst thing about this community?
- What did you want to do when you grew up?
- How old is a girl when she is grown up anyway?
- What was the most important day of a girl's life?
- If a girl had a problem or a trouble, who could help her?
- What could that person do to help?
- ***Was there an event(s) that changed all of that? What happened?***
- What does a girl do every day nowadays?
- What do you want to do when you grow up?
- What is the best thing that could happen to a girl in this camp?
- What is the worst thing that can happen to a girl?
- What can you do about it if something bad happens to you?
- Who can help?
- How can they help?
- What are the biggest issues facing girls today?
- What do you think is the way forward?

Follow up with risk maps

Boys:

- Where did you come from?
- What was it like there?
- What did a boy do every day?
- What was the best thing about this community?
- What was the worst thing about this community?
- What did you want to do when you grew up?
- How old is a boy when he is grown up anyway?
- What was the most important day of a boy's life?
- What made a boy respected in the community?
- What made a man respected in the community?
- How should a boy treat a girl? A woman?
- If a boy had a problem or a trouble, who could help him?
- What could that person do?

Did something happen to change all of that? What happened?

- What does a boy do every day here?
- What do you want to do when you grow up?
- What is the best thing that could happen to a boy nowadays?
- What is the worst thing that can happen to a boy nowadays?
- What can you do about it if something bad happens to you?
- Who can help?
- How can they help/
- What are the biggest issues facing boys today?
- What do you think is the way forward?

Follow up with Risk Maps

Discussion Guides for traditional leaders, healers and TBAs

Instructions:
We are going to reflect on the effects of all this violence on the wellbeing and stability of the community. Think of a time before you were displaced…..

Male:

- Describe life in your community before the violence
- What values were important?
- Who taught them?
- What were the characteristics of a good man? Woman?
- Was there any violence in the community?
- Against whom?
- Who handled it? How?
- What were the rules of conduct between men and women?
- What happened when those rules were violated?
- Why was your community uprooted?
- How are the relationships in the family?
- Are there people in the community who have suffered from the violence of this war?
- What are their manifestations?
- Are there ways that you can treat them?
- What is the way forward for the community as a whole?
- Is it known that men sometimes have sex with women by force?
- Why does this happen?
- Are there punishments for such men? What are they?
- Are their treatments to make them whole again? What are they?

Female healers and TBAs

- What is your main work with the women of your village?
- How were you trained to do this work? By your mom? Another woman?
- Do you also have outside training?
- Who taught boys and girls about proper sexual behaviour in the community?
- Were there special ceremonies or training schools, or were these things taught by family members?
- Who established the rules for this behaviour?
- How were boys and girls prepared for marriage?
- How were girls prepared for childbirth?
- Before this current violence, did you ever assist when a woman was beaten?
- Why did this happen? What did you do?
- In the past, were you ever asked to help in cases where a girl or woman had been raped?
- If so, what did you do?
- What is helpful in these situations?
- What happens to a woman when she is raped?
- Are there any ways to cleanse her physically?
- Are there any treatments that you know that can cleanse her spiritually
- In the eyes of the community?
- What are the effects of the current violence on women and children in the community?
- How has this latest violence affected your work in the community?
- Is there violence beyond that of war?
- What sort of violence?

- How have the presence of peacekeepers and other foreigners affected the situation here?
- How so?
- What would you recommend as a way forward?

Annex 4: Psychological First Aid

Copied from Cripe, L. (2008) DRAFT Critical Incident Protocol, Atlanta: CARE US

*Adapted from National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide, 2nd Edition*. July, 2006

As in the case of medical first aid, *Psychological First Aid* involves providing care immediately after a critical incident has occurred. This care is intended to first address immediate issues of safety and comfort, and then to facilitate planning for further care. *Psychological First Aid* will typically be provided by the first to arrive or become aware of the critical incident. It is an attempt to bring comfort and reassurance to victims and to ensure that they get adequate follow-up care. It is not to be confused with psychological assessments or treatment, both of which can only be provided by trained professionals.

The following outline provides a general guideline for giving basic *Psychological First Aid*. As such, it gives only rudimentary information about how to talk to someone in distress. Use of this outline should be combined with good judgment, cultural sensitivity, and appropriate caution and respect. Consultation with a trained professional at the earliest opportunity following a critical incident is advised.

Although anyone may need assistance, *Psychological First Aid* should first be offered to those most likely to need it. Those needing prompt attention will include those requesting help, those visibly upset (crying, yelling, mute), those with a known history of tragic loss, those with a history of mental illness, and those apparently most significantly affected by what has occurred.

Preparing to Deliver Psychological First Aid	1. Maintain a calm presence 2. Be sensitive to culture and diversity
Initiating Contact	1. Ask about immediate needs 2. Ask for permission to provide assistance

Providing Safety and Comfort	1. Ensure immediate physical safety 2. Attend to physical comfort 3. Encourage interaction with others 4. Attend to children first, if present 5. Protect from additional traumatic experiences (media inquiries, lack of privacy, etc) 6. Comfort those with a family member or close friend who has died 7. Discuss relevant grief and spiritual issues 8. Support those who receive death notification by remaining with them 9. Support those involved in body identification by accompanying them to location of body
Being a Calming Presence	1. Sit and talk with those who are visibly upset 2. Answer any questions about what has happened 3. Provide someone to remain with those in distress during their time of greatest anguish 4. Monitor or accompany those likely to harm themselves or others (based on your knowledge of their comments, behavior, or history)
Gathering Information: Current Needs and Concerns	Through respectful conversation, gather information about the following: 1. Nature and severity of experiences during the traumatic event 2. Death of a loved one 3. Concerns about immediate post-event circumstances and ongoing threat 4. Separations from or concern about the safety of loved ones 5. Physical illness, mental health conditions, and need for medications 6. Losses (home, school, neighborhood, business, personal property, and pets) 7. Extreme feelings of guilt or shame 8. Thoughts about causing harm to self or others 9. Availability of social support 10. Prior alcohol or drug use 11. Prior exposure to trauma and death of loved ones 12. Specific youth, adult, and family concerns
Providing Practical Assistance	Based upon the information gathered, provide the following: 1. Identify the most immediate needs 2. Clarify these needs 3. Discuss an action plan for each need 4. Act to address each need, including making a referral to a competent mental health professional for follow-up

Connecting with Social Supports	1. Encourage contact with primary support persons (family and significant others) 2. Encourage use of immediately available support persons (colleagues and respected people in community) 3. Discuss support-seeking and giving 4. Model social support through your conversation
Sharing Information on Coping	1. Provide basic information about stress reactions (See Appendices C and D) 2. Review common psychological reactions to traumatic experiences and losses 3. Provide basic information on ways of coping (See Appendix C and D)
Linking with Support Services	1. Provide direct link to additional needed services 2. Promote ongoing use and coordination of helping relationships

Annex 5: The Role of the Community Resource Person in Psychosocial Programming

Four Steps to Support and Empowerment

The community resource persons is a supportive listener, not a trained psychologist. The purpose of the resource person is to ensure that people who need more care than the psychosocial and other CARE programs can provide, are able to obtain it quickly, safely and confidentially. The role that community resource persons play should be both culturally competent and gender sensitive, so that when a woman in distress speaks to the resource person, she leaves feeling supported and empowered.

It is also important that our practices fit with the Do No Harm principles in psychosocial and mental health work.

The five steps below, along with psychological first aid (Annex 5) will help community resource partners to support women to receive care in a way that is respectful and empowering.

- **Reception**

Whether the person in need has been identified at the community level, or come directly to the community resource center, the community resource person should be prepared to receive them by listening carefully and compassionately to all that the person has to say.

Use Psychological First Aid (Annex 5) to hear the person's story and to comfort them appropriately in an emergency situation. If this is an ongoing development program, ask for permission to do a simple screening assessment.

- **Assessment**

If the person appears distraught and may want more than a compassionate ear, an assessment is required. The community resource person should begin to prioritize and understand the person's difficulties, NOT attempt to solve them.

The following questions should be asked:
- Why are you here today and not another day?
- How long has this problem been going on?
- What steps have you taken in the past? What helped and what didn't?
- Are you in immediate danger?
- Do you plan to hurt yourself?
- Do you plan to hurt someone else?
- Did you have any expectation of what I might do to help?
- What do you hope will be different through your participating in this project?

At the end of the assessment, the community resource person should summarize the situation for the person and explain the referral and accompaniment process, including the reason for any referral that they make.

- **Referral**

The community resource person should be equipped with a list of emergency services, and specialized services run by competent medical authorities, the Red Cross/Red Crescent or medical NGOs. They should also be aware of legal or other special assistance programs that are beyond the range of CARE's psychosocial programming.

The resource person MUST refer to these services when there is a situation that requires urgent action or specialized ongoing care. They should insure the privacy and confidentiality of the referral.

When no urgent action is needed, or requested, the community resource person may invite the person to participate those aspects of the CARE program, including drama, dance, music, advocacy, peace activism and VSLA that can build group solidarity, engage them in meaningful activity and restore spiritual well being through participation over time.

- **Accompaniment**

The community resource person should be prepared to accompany the person on their first steps in the journey, whether just as far as the door of the ambulance, or the NGO, or back to the community in follow up visits to assist them to join in the psychosocial program and hear them again if they wish to continue speaking. In that way they can measure the success of their intervention, and support the person's steps toward greater empowerment.

- **Documentation**

Services should be documented. Here is a sample form. Forms must be kept in a locked box in the CARE office and protected for confidentiality.

Name	Received (date)	Assessment (date)	Referral Made (where)	Accompaniment (date)

Annex 6: Phases of Grief and Mourning

International researchers have identified the stages that people generally go through when they mourn. There are no rules for suffering. The imposition of western values and ideas may actually be detrimental to a culturally competent understanding of the meaning of death and loss. However, knowledge of the complicated nature of the mourning process may guide people who are seeking to understand how to provide psychosocial support to women who have suffered many losses.
These stages are:

- Denial:

This implies inability to believe that the person is really gone. One acts as if one is aware, but one does not really believe that anything has changed at all.

- Anger/Protest:

The sense that one has been abandoned, and with it anger. "How could he have up and died on me? I told that child not to go outside?

- Bargaining:

The hope that the lost person can be returned through a "bargain" with a supreme being

- Depression:

This overwhelming sadness is often intensified as people realize that they did not say goodbye, or that they had even quarreled prior to the death, or that if they stop being sad risk forgetting the person that they loved and be left lonely

- Acceptance:

The realization that it is possible to live without the person that one has lost

Annex 7: Some Additional Participatory Assessment Techniques[19]

THE MATRIX
This exercise can be done in groups of 15 – 20 persons
Name the 5 biggest problems affecting your community today
Who should solve them?
How should they be solved?
What can you do personally?

Problem matrix	Problem 1	Problem 2	Problem 3	Problem 4	Problem 5
Who should solve it?					
How should it be solved?					
What can you do?					

COMMUNITY MAPPING
Instruction:
Assemble groups of 8 - 10 people, segregated by sex. Distribute paper and crayons or markers. Ask the group members to draw a map of their community. Have them indicate which places are positive, which are negative, and which need changing.

Have the groups present to one another and explain the changes that they would like to make in the community. If there are actions that they agree are needed have them present the maps to duty bearers.

LIFE MAPPING
The Life Map can tell us which events are most important in people's lives and how they perceive them. For instance, we may have come about a specific disaster, but for the women, daily life in the refugee camp that followed, or the loss of friends due to migration may be more important than the events that men have been concerned about. This will also help to introduce community members to the concepts of risk and protective factors as they observe how they overcame risks in their own lives.

It should only be used as a technique where participants are safe and comfortable with one another. No one should be asked to share their map unless they wish to do so.

Instructions
Distribute paper and crayons or markers. Draw a map from the place where you were born to this place that we are in today. Include all of the most important people, and all of the most

[19] For more information on community based participatory monitoring and evaluation in situations of armed conflict see Bragin, M. (2005a) The Community Participatory Evaluation Tool for Psychosocial Programs: a guide to implementation. *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflic*t 3(1) 3 – 24 and Bragin, M. (2004) Baseline Information, needs assessment and program evaluation guide: responding to the psychosocial needs of excombatants in Liberia. CARE International

important events, the best and the worst….if the events were difficult, show the road going up hill, easy, show the road going down, if there was an event that changed everything for you, indicate it by a turn in the road…..
Don't worry about how well you draw; any picture will help us to understand…….

Learning about gender in context: noting masculinities

In the course of the assessment it is also important to understand how gender is constructed, understood and enacted in any given community. It is important to pay specific attention to masculinities and how they are understood by women and men, boys and girls. What are the competing points of view? Specific domains of inquiry attend to this:
What does it take to be a "respected man" in the community?
What does it take to be a respected woman?
How is this taught?
Who teaches the skills that are needed?
Are these skills still possible to obtain, or do they represent ideals that are no longer possible to achieve?
When men and women discuss these issues together, they may arrive at some important conclusions and ways forward.