



The Role of Child Helplines in Emergencies

Guidelines on operating a child helpline in emergency areas

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Preface and acknowledgements

Child Helpline International (CHI) is the global network of child helplines in 136 countries (as of August 2012), which together receive over 14 million contacts a year from children and young people in need of care and protection. CHI supports the creation and strengthening of national toll-free child helplines worldwide, and collects and analyses child helpline data and knowledge to highlight gaps in child protection systems and to advocate for the rights of children.

Child helplines around the world operate under different circumstances and capacities. Several CHI members operate within conflict, post-conflict zones, or disaster-struck areas. With a precarious existence, the voices of countless children are in danger of not being heard. CHI and various partners began addressing this issue collectively during a session at CHI's Second Regional Consultation for Child Helplines in the Middle East and North African region (4-7 November 2007, Abu Dhabi, United Arab Emirates), and subsequently in a workshop *The Role of Child Helplines in Conflict Zones* held on 20-22 July 2009 in Amman, Jordan.

With this guide, CHI aims to assist child helplines in conflict zones and disaster-struck areas in order to help those most affected by emergencies. The guide is translated into French, Spanish, and Arabic for a wider dissemination and benefit. The guide will be used by CHI members in the network and further partners working on child protection in emergencies.

To support the production of these guidelines, CHI convened a workshop on the role of child helplines in emergencies on 5-7 September 2012 in Leiden, the Netherlands. It was attended by child helpline members from Chile, Iraq, Lebanon, Pakistan, Palestine, Peru, Thailand, and Uganda. The participating members were selected by CHI to represent a diverse group of child helplines that have experience of working in emergency situations. The programme of the workshop and the sessions selected were defined according to the chapters of this guide, thus enabling CHI to augment the guide with direct input from the experience of participants.

CHI wishes to thank everyone who has completed CHI's questionnaire on conflict zones distributed in 2011, or has contributed in another way to make this guide possible. We would like to thank in particular:

Voice of Children (Afghanistan), Fono Infancia (Chile) Corporacion Para Atencion Integral Del Ninez Corpolatin (Colombia), War Child Holland (Colombia), Child Helpline 16000 (Egypt), Procuraduría de Derechos Humanos (Guatemala), Ministry of Labour and Social Affairs (Iraq), ERAN (Israel), NATAL (Israel), Bureau International Catholique de l'Enfance (Ivory Coast), Naba'a (Lebanon), Norwegian Red Cross Helpline for Children and Youth (Norway), Madadgaar (Pakistan), Sawa (Palestine), Telefono ANAR (Peru), Child and Family Protection Unit (Sudan), Childline Thailand (Thailand) and UCRNN (Uganda)

Executive Summary

This practical guide is intended as a resource for CHI's members. Its aim is to provide practical and useful tools to enhance preparedness for child helplines in times of emergency. This guide contains four chapters.

Chapter 1 elaborates on the vulnerability of children in emergencies, providing an overview of the risks children are subject to during emergencies. Firstly, a general description of the phases that emergencies follow- from the first hour after an emergency erupts to a situation of relative stability- is provided. Then an overview of the specific risks children are subject to in these phases is presented, followed by a brief outline of children's needs, and how to identify them. Finally, actual cases presented here provide examples of possible roles for child helplines throughout these phases.

Chapter 2 attempts to prepare a child helpline for an emergency, offering good practices on preparedness and development of a contingency plan. The chapter also covers appropriate means of communication and accessibility, outreach and an effective contact response strategy in case of an emergency. Preparedness is crucial for helplines to handle the challenges linked with emergencies, and in most cases it will be what makes a difference in the services that the child helpline can provide whenever an emergency arises. Guidelines and training for staff, sufficient funds, and cooperation with other organisations and institutions were listed as critical aspects for child helplines during emergency situations.

Chapter 3 captures the main principles and practices on crisis counselling and intervention. The chapter offers tools for psychological supervision for counselling staff in emergency situations; those guidelines and skills help counsellors to provide psychological First Aid for victims during and after a crisis.

Finally, **Chapter 4** explores how child helplines can set up and use safety zones in an effective way. These peace zones aim to promote peace and conflict transformation and improve the quality of life. The chapter highlights the role of a child helpline either as initiator or as supporter of the safety zone.

Introduction

Child helplines around the world have often found themselves confronted with natural and human-induced disasters and in the face of adversity, have managed to stay operational and to hold true to their aims and objective to respond to the needs of children.

Research shows that child helplines have played an important role operating as health information call centres, as trauma counselling operators and as emergency rescue agencies. This guide aims to share best practices and to encourage child helplines to examine the role they can play in an emergency, and be prepared if the need arises.

Child helplines offer their services to children and young people, and to adults calling on their behalf. Child helplines are often a young person's first point of contact with child protection services and the most trusted and accessible gateway for them to find much needed support. In normal circumstances, children contact child helplines for many reasons: for problems with their family, their peers, problems in school, or because they have doubts, insecurities and negative thoughts and feelings in their life. However, children and young people also contact child helplines because they are in a life-threatening situation, in a situation of abuse or in a situation of severe neglect, and in need of direct intervention. Children and young people see child helplines as a valuable and trustworthy service.

During times of emergency- whatever the nature may be- children and young people naturally turn to whom they trust the most and 'their' child helpline should be ready to be one of the first resources children can call upon. This has been the experience of all member child helplines consulted for this guide. This guide contains best practices shared by experienced child helplines, with examples of documented protocols and contingency plans and exercises to stay up to date. This guide also refers to numerous studies and resource material.

Child Helpline International especially acknowledges all child helplines for their tireless efforts in assisting children.

Child Helpline International Secretariat

Chapter 1 - The vulnerability of children in emergencies

The role of child helplines as trusted mechanisms for support and assistance for children is all the more crucial in times of calamity. Both natural and human-induced disasters cause disruptions in children's lives and wreak havoc in the immediate and longer term. Children, all too often, are the silent victims of circumstances beyond their control. To be able to best serve them as emergency response agents it is crucial to understand more of the physical and psychological threats to children in emergencies, and reflect upon the core of child rights-based responses. Child helplines can support these children as part of a national emergency response as child helplines have their own unique approach to make sure children's needs are not being overlooked.

This chapter aims to provide a basic overview of the risks children are subject to during emergencies. Firstly, a general description of the phases that emergencies follow - from the first hour after an emergency erupts to a situation of relative stability - is provided. Then an overview of the specific risks children are subject to in these phases is presented, followed by a brief outline of children's needs, and how to identify them. Lastly, actual cases presented here provide examples of possible roles for child helplines throughout these phases.

1.1 What happens after emergencies - risks for children?

Generally and roughly, any emergency can be described in various phases, which sometimes overlap and which do not always follow consecutively.

Rescue: The very first reaction to a disaster is to save lives and property. Minutes after a disaster strikes, government agencies such as armed forces, local, national and international NGOs engage in saving peoples' lives. Most of this work is carried out by the community itself, supported by local and community-based civil society organisations, because it takes time for the government machinery and the national and international NGOs to react. However, this depends on the nature of the disaster. A protracted civil war, ethnic conflict, rising water level in the rivers threatening to flood areas, and drought are all situations in which there is early warning and ample lead time for preparedness. Many countries have implemented strategies and programmes for Disaster Risk Reduction (DRR) to better prepare and respond to such emergencies.

However, in cases of earthquake, flash floods, tsunami and sudden outbreak of political violence, there is no lead time for preparedness and risk reduction. In spite of good Disaster Risk Reduction (DRR) strategies, programmes and budgets, such disasters are catastrophic in nature as there is hardly any early warning. Lives and property lost in such cases are of mammoth proportions.

Rapid Needs Assessment phase: After the initial shock of an emergency, seconds after the first bombing of a terrorist attack, the initial outbreak of violence leading to a full-scale confrontation during a civil war, the first tremors of an earthquake or the rising water level preceding floods, but before the first humanitarian responses, there is a period of time of varying length where national governments and national and international humanitarian organisations assess the severity of the situation, needs of the people, and map the availability of services to prepare for the short-term, initial responses. These responses are often, and rightfully so, focused on restoring order and overview, or on assessing access to a disaster area or fighting zone.

Recovery and Rehabilitation follows the Rapid Needs Assessment conducted by governments and non-governmental organisations. Based on the nature of the disaster, its magnitude and availability of resources, the rehabilitation phase can last from a few days to a few years. The priority during the rehabilitation phase is to fulfil basic needs such as shelter, safe drinking water, food, clothing and medical assistance to the affected population.

Camps are set up for families who have lost their homes; basic needs such as water, food, shelter and clothing are reinstalled wherever possible, and organisations frantically map what threats are still to be expected. Victims run the risk of death, injury, psychological harm, loss of shelter and livelihood, and family separation. Children are especially vulnerable in this phase when they have been separated from their parents or primary caregivers. They are not cared for directly and run the risk of being overlooked, abandoned, sold, trafficked, abused and exploited.

Having provided for the basic needs, the rehabilitation work then focuses on livelihoods and psychosocial support. This is to ensure that affected families are able to earn money to meet other needs, while psychosocial support is necessary for them to deal with the trauma.

This period of rehabilitation is often described by psychologists as a 'honeymoon' period where the affected population, governments and non-governmental organisations work hard together to restore normality. In this phase governments and organisations together try to

establish a form of routine. Longer-term reconstruction plans are made through community consultation. Children in this phase are extremely vulnerable and exposed to risk. For children's mental health, this phase is extremely crucial. With relative calm and normality returning to life, children start to realise and suffer from trauma as a result of experiencing the disaster. Children should be consulted and heard to respond to their needs and their voices should be included in the plans for recovery and reconstruction.

Stabilisation and reconstruction phase: With long-term plans in place for a full-scale return to normality, reconstruction begins. Houses are rebuilt, livelihoods are restored and schools begin to function. However, the psychosocial damage caused by the calamity remains etched in the minds of affected people. In this phase children are at risk. Children may not have been reunited with their own parents, or with their extended family or clan. At times, even if they have been reunited with parents, there is still the need to support them with psychological care. The probability of children facing physical and emotional abuse is high in a disaster situation because of the mental and physical stress faced by their parents or caregivers. Children are known to respond physically to such situations, and bedwetting is very common, as is also waking up at night screaming and other erratic behaviour. Caregivers may not recognise these children's specific needs immediately. If the children have been reunited with extended family or clan, they may not be the first priority of the caregivers, and it may be even more difficult for their caregivers to recognise the children's needs amidst their own struggles. The worst-case scenario for children is that they have not been reunited at all, and have to struggle for their own survival.

Protracted instability phase: In the case of civil wars, conflicts and reconstruction delays, the affected population remains displaced, living in camps or temporary shelters for a very long period. The camp situation becomes the norm of everyday life. In this outcome, governments and agencies alike may have to accept the situation and try to restore a form of daily routine, waiting until the threat has passed, the conflict has ended, or a solution has been found. Educational facilities may or may not be installed. Often a form of social organisation is established in the camps. Children in this phase are extremely vulnerable. They run the risk of getting overlooked when food and water is distributed, they are more vulnerable to theft, and for want of food, better shelter and money they might easily fall victim to (sexual) predators. Added to these high risks, children are not likely to get the needed psychological support, and continue to carry their trauma with them.

Last but more significant, besides all the other risks that children are subjected to during these phases, is the relative invisibility of violations of children's rights during times of

emergencies. Too often, violators are never caught or never held accountable, in the first stages, because there is too much chaos to notice, and at later stages, because there is, all too often, simply no record kept.

The phases described above are a simplified compilation of the findings from several extensive studies by Save the Children¹, Plan International², UNICEF³, and War Child⁴. The phases are also recognised and used by international humanitarian response organisations⁵- though within their working definitions more nuances are present.

1.2 Consequences and risks

Notwithstanding the invaluable work of all humanitarian response efforts by governments and NGOs , and recognising the tremendous stress these organisations and their volunteers and employees work with, studies show that there are specific risks children are subject to during emergencies, restoration and rehabilitation phases. Children are simply easily overlooked in the frenzy of activities in the aftermath of a calamity, and will have learned not to trust adults, and not to ask for help. For child protection agencies, it is a big challenge to ensure children's rights are met in times of stability. Box 1 presents a visualisation of the eight important elements that support children's protective environment:

- Essential services and rehabilitation
- Government commitment
- Legislation
- Attitudes
- Open discussion
- Life skills for children
- Awareness of community
- Monitoring and reporting

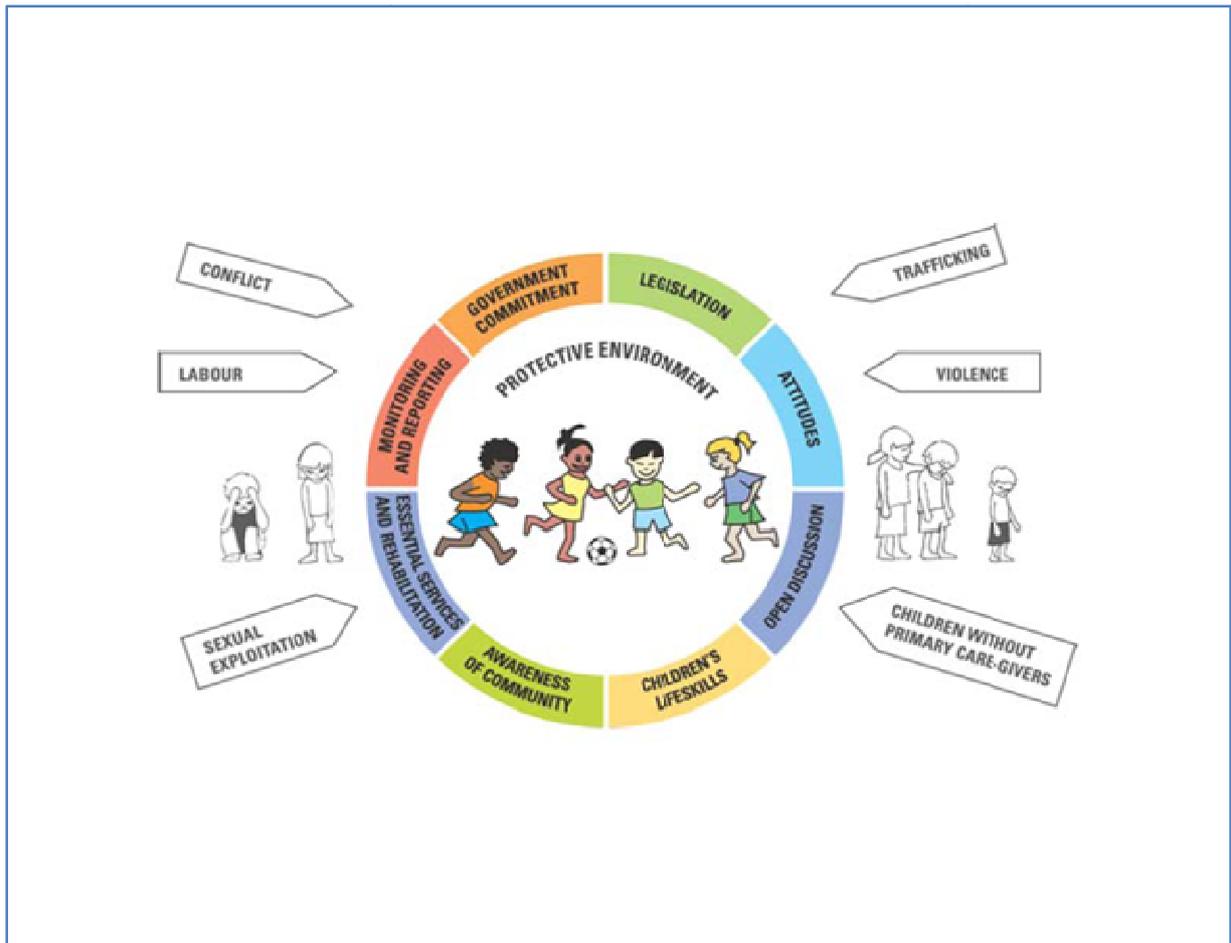
¹ International Save the Children Alliance (2007). Child Protection in Emergencies. Save the Children. <http://resourcecentre.savethechildren.se/content/library/documents/child-protection-emergencies-priorities-principles-and-practices-2007>

² Amer Jabry, Plan UK, (2003). After the cameras have gone – children in disaster. <http://plan-international.org/about-plan/resources/publications/emergencies/after-the-cameras-have-gone-children-in-disasters>

³ Advocacy Package. (2010). IACS Guidelines on Mental Health and Psychosocial Support. UNICEF. <S:\Advocacy\Manuals and trainings for helplines\Conflict Zones\resources>

⁴ http://www.warchild.org/links_resources/childrenandconflict/childrenandconflict.html (Children & armed conflict: Impact, Protection and Rehabilitation. <http://www.arts.ualberta.ca/childrenandwar/toc.php>)

⁵ Red Cross and Red Crescent Movement (<http://www.icrc.org/eng/index.jsp>) , Medicin Sans Frontieres (<http://www.msf.org/>)



Box 1: eight elements that support children's protection from violence, exploitation and abuse (UNICEF).

The arrows show that conflict and violence, the loss of primary caregivers, trafficking, (sexual) exploitation and labour all have a negative impact on children's protection. Box 2 below summarises all additional dangers to children.

The specific vulnerability of children in emergency settings⁶

Physical harm: Countless numbers of children die as a result of armed conflict and emergencies. This occurs during fighting, when fleeing from violence or just being in the wrong place at the wrong time. Up to 10,000 children are killed or severely wounded every year by landmines and unexploded ordnances. While millions of children are killed during

⁶ Sources: (International Save the Children Alliance (2007) (Child Protection in Emergencies. Save the Children). (Graça, M. (1996). Impact of Armed Conflict on Children. UNICEF).

armed conflicts, three times as many are severely injured or permanently disabled.

Health risks: Interruption of food supplies, destruction of food crops and agricultural infrastructure, destruction of health services, water and sanitation systems, increased malnutrition and spread of diseases, with devastating effects on the health of children. Children, especially younger than 5 years old, die of diarrhoea, acute respiratory infections, measles and other infectious diseases.

Family separation: The family is ideally the core safe zone- emotionally and physically- for the child. Unaccompanied children are at higher risk of abuse, recruitment into armed forces, abduction, sexual exploitation and commercial exploitation. During population displacement, children can easily lose their family and depending on the length of the separation, reintegration can be difficult. Death of family members or a remarriage can change priorities in the family, and the child may lose their rightful care.

Displacement: Displacement is a severe consequence of conflicts with enormous emotional and developmental impact on children. Children and families often flee to escape from acute danger and have witnessed terrors that instil trauma. During flight children are continuously exposed to the physical dangers and health risks mentioned above.

Sexual violence: Rape, sexual exploitation, forced prostitution, genital mutilation, as well as forced marriage, domestic violence, abduction and trafficking are seen throughout conflict and emergencies. Poverty, hunger, and the hope for protection instil semi-voluntary prostitution, but pressure from families for economic reasons is also common. Humanitarian staff and peacekeepers are not exempt from using their power to subject those depending on them to sexual abuse, or forced prostitution. Country studies on sexual exploitation of children in conflict situations showed that in 6 out of 12 countries, the arrival of peacekeeping troops could be linked with a rise in child prostitution. HIV/AIDS and other STDs are accompanying risks. It is needless to further state the devastating impact that sexual abuse has both physically (high risk of STDs) and emotionally. On top of all of this, victims run a high risk of suicide – due to rejection by their families and feelings of guilt.

Recruitment into armed forces: In situations of conflict children are abused as soldiers. Recruited from impoverished and marginalized backgrounds, from separated families or semi-voluntarily pressurised due to the need for protection, most children are conscripted, press ganged or kidnapped from camps, the streets, schools or orphanages. Economic

reasons (hunger and poverty) can even cause parents to offer their children for recruitment. Child soldiers risk exposure to violence and exploitation, torture, sexual violence and witnessing of atrocities, as well as to landmines, unexploded ordnances, and sexually transmitted diseases.

Psychosocial stress: Needless to say that exposure to all of the above causes extreme psychosocial stress, severe anxiety and trauma. The highest risk children run regarding psychological trauma is that it is not recognized and responded to in an appropriate and timely manner.

Box 2: The specific vulnerability of children in emergency settings

Child helplines have experience of operating in conflict and emergencies- they have contributed to the national emergency responses by staying operational and supporting national awareness-raising campaigns on dangers and health risks, as well as helping in reuniting families and recording adversities. They have supported children in need of guidance with all the skills and communication methods at their disposal.

Case studies in Box 3 illustrate the magnitude and angle of child helplines' support to children in conflict and emergencies.

Child Helplines in emergencies- cases

- *In 2009, [Sawa](#)'s child protection helpline in Palestine answered over 8,000 calls in less than three weeks from children who witnessed members of their families, relatives, or peers being killed - 340 children were killed in the 2009 war in Gaza. Children also reported on curfews, absence from school, poverty, malnutrition and child labour, and other effects of the situation during the war.*
- *Children in Iraq called the [child helpline](#) to share how they were separated from their family; they witnessed family death, physical abuse and violence, death, homelessness, fear and uncertainty.*
- *Pakistan's child helpline [Madadgaar](#) reported that children had difficulties attending schools with high risk of being injured while playing outside and the witnessing of violence, emotional, physical and psychological harm and depression as impacts of the conflict.*

- Israel's child helpline [Natal](#) reported on Post Traumatic Stress Disorders, expressed through calls on nightmares, bedwetting, severe anxiety, loss of appetite, throwing up, aggression, lack of concentration in school and refusal to leave the house and attend school, while Israel's helpline ERAN reports to have responded to experiencing anxiety and the need for support to cope with bereavement and loss.
- The political upheaval and social unrest in Ivory Coast separated families. Children were recruited as soldiers and have been calling the [BICE child helpline](#) because they are suffering from psychological trauma.
- [The Uganda Child Helpline](#) reports answering calls on loss of parents, destruction of homes and property, traumas, deployment as child soldiers, missing children, child mothers, orphans, human rights abuse, development of chronic diseases (HIV/AIDS), sexual abuse, absence from school, and increasing cases of psychosocial illnesses, depression, mental disorders, family break-ups and domestic violence. Children have become thieves, prostitutes and beggars. In 2005 the number of children seeking refuge in shelters to avoid abduction at night was 24,000.
- The 36-year long internal conflict in Guatemala has had a severe impact on society. At least 5,000 children reportedly disappeared during the conflict. The number of orphans grew exponentially. More than 30,000 children were placed for adoption during 15 years - without the internationally accepted principles and safeguards.

Box 3: Child helplines in emergencies- Cases

The role that child helplines have played and continue to play in trauma counselling is important. In the above sections, all the risks children are subjected to during emergencies and conflict have been illustrated. These risks are acute, and all agencies involved in the emergency response mechanism should focus on the specific dangers that children face during all phases of the response.

The child helplines who have reported in Box 3 have their own unique experience and deal with their own situations of (prolonged) conflict or emergencies. However, because of the relationship of trust and their specific expertise in talking to children they have all been able to actively contribute to awareness raising and trauma counselling.

Obviously, children need to be assisted in their direct needs, such as access to food, water, shelter and medical supplies. This holds true in any kind of emergency; however, the humanitarian agencies cited in this chapter stress the importance of mental trauma assessment and counselling for children. The need for trauma counselling is crucial for

children's physical needs, and in some cases even more important, as the studies cited indicate that the faster children can address the traumas experienced, the quicker and the better they will be able to recover and cope with the new situation. Child helplines play a crucial role in recognising children's needs and thus in their recovery.

Child helplines can support response agencies in this role. In the section below, a brief background on children's basic responses to trauma is presented. Related to the role of child helplines in emergencies it is important to stress that child helplines can fulfil a role in catering both to children's immediate physical needs as well as to their immediate psychological needs.

1.3 What are children's typical reactions?

Children in emergencies experience psychosocial stress. Witnessing and experiencing extreme violence causes disturbances in age-related behaviour through flashbacks, nightmares, headaches, withdrawal, aggression and inability to concentrate. Small children often have problems with bedwetting. Children may be unable to express themselves and also feel worried about how people would react if they put their anxiety into words. Psychosocial stress can express itself in increased separation anxiety, developmental delays, sleep disturbances and nightmares, lack of appetite, withdrawn behaviour and lack of interest in play. Younger children have learning difficulties while older children and adolescents can show anxious or aggressive behaviour and depression. Conflict situations interfere with the identity development of adolescents – an important phase when they learn values and norms of society. Many adolescents lose hope, fall into depression or even commit suicide.⁷

The initial most common signs of distress can be generalised into two types; **passive perish** or **aggressive hyperactivity**. Signs and symptoms of the first are when children become passive, less curious and stop interacting with others, or stop reacting to triggers. The other signs are when children become overactive and even aggressive, cannot sit still and are unable to concentrate or to react to problems sitting still.⁸

⁷ Source: International Save the Children Alliance (2007); Child Protection in Emergencies. Save the Children; Graça, M. (1996). Impact of Armed Conflict on Children, UNICEF).

⁸ Child Protection in Emergencies Training and Resource CD: Psychosocial Module

Psychosocial stress, if not attended to promptly and properly, can further develop into Post Traumatic Stress Disorder (PTSD)⁹, a specific mental health problem that children who have experienced a traumatic event may suffer from. Typical reactions indicating PTSD can include:

Physical Reactions: dizziness, nausea, difficulties with sleeping and loss of appetite, cold sweating and a raised heart rate.

Emotional Reactions: prolonged anxiety, fear and distress, distrust, sadness, guilt, feeling powerless and loss of all sensations (numb).

Mental Reactions: confusion, disorientation, flashbacks and nightmares.

Behavioural Reactions: moodiness, withdrawal, excessive attachment, being overly responsible for others and over-sensitive/easily irritated- hostile or easily upset.

It is critical to appreciate that children's reactions (such as shock, numbness, crying, clinginess, aggression) to a traumatic event are *normal*. It is only when these reactions continue and persist over many months that it may be indicative of something more seriously wrong.

While counsellors should always be alert to the need to refer callers to more specialist support services, it can be helpful to reassure people, both children and their families, that what they are feeling and thinking is normal. Moreover, some callers may feel rejected and distressed if it is suggested that something is 'wrong' with them and that they need psychological help.

1.4 How to act upon children's needs during a humanitarian response

Children in emergencies are children grieving for loss of kin, loss of a safe and known life, and loss of security. Specific counselling needs of children in the aftermath of disaster differ by their age group, but generally and not surprisingly; all children need stability and predictability. Children need to be protected from abuse, and safeguarded from further harm, to be safe from physical threat, with regular access to food, shelter, health care and caregivers' support. Within these parameters access to proper psychosocial support and grief counselling is crucial. Across all age groups, counselling activities should restore and increase feelings of security, trust and competence, and promote self-esteem, autonomy, self-affirmation and assimilation.

⁹ Please refer to chapter 3 in this guide for further details on the subject.

Translated into practical steps, humanitarian response should focus on:

1. **Providing consistent, enduring appropriate care:** Reuniting children with their families or extended families as soon as possible. In the absence of family, creating family type networks with a low ratio of caregivers to children. Providing consistent care, given by one/two caregivers, not multiple volunteers, to prevent attachment problems particularly in younger children.
2. **Facilitating normal grieving and mourning:** With appropriate religious ceremonies, and rituals. Encouraging a supportive atmosphere where open communication is possible, difficult questions answered, and distressing feelings tolerated. Help the child maintain connection with lost parents– find mementoes or let the child draw, make objects. Answer the child's questions about the dead relative.
3. **Informing:** Providing clear, honest, consistent explanations of the situation, appropriate to their level of development. Children may imagine a magical reality as truth that is actually worse than reality, and children may be blaming themselves for events beyond their control.
4. **Educating:** Restart normal educational and play activities as soon as possible. The more continuity with the child's previous life, the better. Children may wish to avoid traumatic reminders, especially at the outset, but complete removal from a familiar environment is not appropriate. Support the primary caregivers by attending to basic needs and psychosocial issues.
5. **Providing symptomatic relief:** Helping the family to cope with distress symptoms. Provide information as what to expect and give straightforward management advice.
6. **Monitoring and recording data on cases of human rights abuse.** Child helplines working in emergencies can become a valuable source of information and data for monitoring the level of human rights and child rights violations, as well as recording these cases. Such data can be extremely useful in addressing the violations and putting in place prevention mechanisms, thus ensuring safety of children and young people. The data compiled by CHI from child helplines in emergencies can also be used for advocating with governments, humanitarian agencies, and others to identify policy needs and changes required to respond to such violations.

Actions to be taken in support of child protection during an emergency:

- Preventing family separations and reuniting children with their families
- Seeking the agreement of combatants to protect children (releasing child insurgents)

- Setting “child friendly spaces” where children and caregivers have access to basic services and safety
- Establishing and maintaining child helplines
- Monitoring and reporting human rights abuses
- At the political level, provisions for child protection can be negotiated as part of peace agreements

Box 4: guidelines for actions towards child protection

1.5 Supporting children in emergencies - what can child helplines do?

Considering the topics touched upon and the examples highlighted in Box 3, what can child helplines do to support children in emergency situations? Child helplines have experience with a range of child protection services, and their experience from the past 10 years shows that there is a myriad of actions and support that child helplines are well- if not best-equipped to take.

Direct services could include:

- rescuing children;
- reuniting families;
- ensuring basic needs of children are met- direct contact with children;
- monitoring children’s well-being;
- providing support in psychosocial rehabilitation;
- supporting and training parents and humanitarian staff in adopting the right approach to children suffering from trauma.

Indirect services and advocacy could include:

- collecting and monitoring data on children’s issues and violations of children’s rights;
- providing allied services with their information-improving responses;
- flagging gaps in the child protection system;
- holding stakeholders accountable.

Of course, in cases of emergencies national child helplines will have a number of challenges even to stay operational. These challenges include the human resource needs to actually operate- staff number, staff training and staff resilience- a reliable referral system etc.

Reports from child helplines in emergencies show that they have played a crucial role for children, growing beyond their basic service of counselling, and stepping up to a

humanitarian response level, supporting with information on security, such as mapping where shelters are to be found and advising on protection from landmines. Moreover, children are often physically or psychologically scarred after a crisis, having lost years of schooling and socialisation and are in need of guidance, for their well-being and to prevent them from slowly slipping out of society. One of the key lessons that child helplines have learned is to be (physically or mentally) present through their suffering- a role that makes child helplines indispensable in times of emergencies.

Next to their invaluable and obvious role in trauma and grief counselling, child helplines can and have taken on roles in supporting the reunion of families, in setting up child-friendly spaces, and in monitoring and reporting on human rights abuses. Child helplines play a crucial role in the dissemination of (life saving) and referral information.

Whilst child helplines play a larger role in the medium to long term post-emergency relief, a helpline can also respond in the immediate aftermath of an emergency. This is especially so for child helplines which have already built up experience in operating during emergencies.

The best practices by child helplines listed below further illustrate the type of support child helplines have rendered.

[CHILDLINE India Foundation \(CIF\)](#) had experience of working in early disaster situations after the natural disasters in Latur, Orissa and Kutch. Within 24 hours of the first waves of the Indian Ocean tsunami in 2004, the child helpline partners were in the field. As one of the oldest child helplines, CHILDLINE India has a large network of referral partners, and could coordinate rescue and immediate relief operations, and damage and need assessment.

[Israel's ERAN child helpline](#); in case of a national emergency, or a multi-casualty incident in Israel, ERAN reports a 40 per cent increase in the number of calls, and volunteers in each branch take on extra shifts. For staff safety, ERAN has developed a system to enable volunteers to work from home and via the internet on a wide scale – a system that will be implemented as soon as they have the necessary funding. ERAN's volunteers are under strict orders not to express any political or personal opinions; the child helpline provides emotional support to all Israel's citizens, regardless of race, religion or gender. They also run a dedicated hotline in Arabic.

Sawa's Palestinian child protection helpline, turned into an emergency line operating around the clock. Before the war in Gaza, the child helpline was operational for 40 hours per

week and received calls through one landline. During the conflict it operated 24 hours, seven days a week and could remain operational due to its location outside the conflict zone. The child helpline cooperated with all governmental bodies and humanitarian agencies, informing them of the humanitarian inquiries and requirements received. Volunteers received 110 hours of extra training, including how to deal with shock, how to support parents, and how to help children return to normal life.

Child helplines adapt to emergency situations in different ways, depending on their preparedness, financial and human resources and support from other bodies such as governmental authorities, NGOs, humanitarian and emergency programmes. Reports from child helplines in emergencies demonstrate that they play a crucial role, not only in offering active listening but also stepping up to the humanitarian level, helping out with security issues such as finding a shelter or advising on protection from landmines. Preparedness for an emergency, guidelines and training for staff, sufficient funds and cooperation with other organisations and institutions were reported as crucial for the helplines to be able to make a difference. Child helplines report that the services are even more needed after the emergency to guide children back to everyday life. Children are often physically or psychologically scarred, have lost years of schooling and socialisation and are in need of guidance to prevent them from choosing a destructive path. It must be noted that one of the key elements in protecting children is to be physically present through their suffering – a role that makes child helplines indispensable in times of conflict. (International Save the Children Alliance (2007).

Are child helplines making a difference in natural and human disasters?

The overall increased numbers of calls during disastrous events prove that they do.

- During the flooding in *Australia* the importance of the helplines was highlighted by a 50% increase in calls to [Kids Helpline](#).

- [Childline Kenya](#) saw an increase in calls related to the famine from 270 in the period November to December 2009 to 726 calls in the period January to March 2010. These calls were mainly regarding food aid or need of counselling. The child helpline responded to the changes by upgrading the call centre and increasing the number of extensions as well as referring callers to the Toll Free Famine Relief number.

- Since the outbreak of the conflict in *Ivory Coast*, the BICE child helpline has received calls concerning the need for aid and regarding abuse and violence. The child helpline has continued its work and provides information on how to protect oneself from the disaster. It also offers places to stay for children affected by the conflict and it has a psychologist taking part in the team.

- The conflict in *Northern Uganda* meant that child helpline personnel could not be easily deployed in the conflict zone due to the insecurity. The child helpline's connectivity was also frequently disrupted, and there were threats to staff and high manpower turnover. The helpline adapted to the crisis by starting the development of psychosocial principles to guide counsellors in emergency times and was also aware of such principles before the conflict. Uganda's helpline collaborated with many stakeholders: the police, probation offices, child protection committees, telephone network companies, childcare centres and the general public. At the peak of the conflict the helpline established an office in the conflict area to enhance contact with its affected children. Flyers and posters were distributed to enhance knowledge and access to the helpline.

- The [Covenant House](#) Neline in *USA* immediately recognized the hurricane as a crisis. They saw a need for basic needs assistance that continued for a month after the disaster. The helpline used volunteers to deal with the increase in calls.

Box 5: Are child helplines making a difference in natural and human disasters?

Chapter 2 - Preparing your child helpline for an emergency

As a global movement of child helplines, CHI looks forward to working closely with its members to further develop action points that will help child helplines' responses during a disaster. Preparedness is crucial for helplines to handle the challenges linked with emergencies, and in most cases it will be what makes a difference in the services that the child helpline can provide whenever an emergency arises. Guidelines and training for staff, sufficient funds and cooperation with other organisations and institutions were listed as critical aspects for child helplines during emergency situations.

CHI's member helplines operating in emergencies have reported an increase in callers looking for consolation and for financial aid to cope with material losses suffered during an emergency. Adjustments such as the child helplines' relocation, increase of staff and volunteers, grief and trauma training for staff and dissemination of information on child trauma to parents were sometimes needed to keep the child helpline operational.

2.1 Preparedness and contingency plan

Natural disasters such as flooding and earthquakes can lead to unforeseen damage to property and disrupted connections forcing the child helpline team to act and adjust as the disaster erupts. Preparing for an emergency situation could mean including a psychologist in the team to intervene in specific psychosocial aspects when an emergency arises, or organising special training courses for counsellors to deal with the crisis that might arise. As important as it is to keep the helpline operational during a crisis, it is just as vital to maintain the child helpline operation when the crisis is over.

Child helplines respond to emergencies with different type of interventions depending on the nature of the emergency and the resources available. CHI's experience shows that child helplines working in areas where natural disasters occur, or where there is a conflict, are able to adapt to the changing conditions; contacts received by the child helplines vary in their needs and reasons for calling, meaning that some helplines need to alter the regular terms of their service during emergencies. A number of child helplines see a need to train their staff in responding to children affected by disasters or conflict, and others bring in people with specific experience to assist the staff.

Sawa's Palestinian child protection helpline, is a good example of the importance of preparedness to be able to adjust to an emergency and accommodate the increased number of calls and needs. Before the recent war in Gaza, the child helpline was operational 40 hours per week and received calls through one landline. With the outbreak of the conflict it extended its hours of operation to 24 hours, seven days a week and remained operational due to its location outside the military operations.

To respond to the calling patterns during an emergency, some of the child helplines extend their hours of operation and/or increase the number of phone lines or staff. Several child helplines recruit more volunteers so as to remain operational and open 24 hours, 7 days a week. Other helplines have a budget for disasters and even a protocol that outlines special measures for such events. New Zealand's Youthline, for example, has a disaster management policy that covers national emergencies.

Conflict in Gaza

The Palestinian child protection helpline underwent a temporary transformation to a 24-hour emergency helpline for children, families and adults during the war in Gaza in December 2008 and January 2009, and in the weeks after. There were a number of key factors that led to the decision for Sawa to take on broader responsibilities during the crisis:

- It was clear that Gaza would be difficult for international and other NGOs to reach during the war, so a number of welfare organisations came together to discuss how they could best respond to the newly emerging needs of children living in Gaza during these tense and dangerous times.
- Sawa had just recently launched a large awareness campaign about its number, 121. The recognition of 121 as an emergency number was therefore quite high because of cooperation with the various media that were involved in the awareness campaign already in place. A few days into the war, the media was contacted again to ask them to advertise the child helpline as a resource for all Gazans.
- Partner organisations and Sawa decided that it was best to allocate all available resources to the Sawa number and operations centre, as these were in the best position to handle the expected surge in people needing help and support. Staff from other child and social welfare and child protection organisations volunteered their time and resources to keep the child protection helpline running 24/7 throughout the crisis. The fact that Sawa was already well known to all partners and had a broad referral circle was very helpful in this regard.

Box 6: Conflict in Gaza

Donors and the use of funds during an emergency

A common challenge experienced by child helplines in disaster areas is the availability of funds and flexibility to assign budgets per activity. In most cases the donor's agenda is based on the design and implementation of a specific project. Suggestions by child helplines include the ability to negotiate and work with donors as per the specific needs of the disaster situation. Child helplines also need to take into account what the funds are earmarked for and plan accordingly. For example, it is often seen that remaining unused disaster funds can be utilised as a long-term reserve, and child helplines can also have an emergency reserve fund. There is thus a need for both donor and NGO sensitisation on these issues.

Additional resources, in terms of human resources and staff capacity, are also required during emergency situations. For example, specialised consultants were appointed by CHILDLINE India to undertake the relief operations after the tsunami, working in close collaboration with the child helpline team.

'The major constraint for NGOs is availability of funds as soon as the disaster strikes. Although the Tsunami had unprecedented response in terms of funds, in the first fortnight the organisation is not sure whether it has the necessary resources to commit the assistance to the affected communities and to maintain staff and volunteers in the field. Thus along with operational guidelines, the organisation ought to make provision for minimal funds for immediate disaster response.' – CHILDLINE India Foundation

Coordination and partnership in the face of a disaster

A child helpline has to work closely with the existing social services, both public and private; it is impossible for children to know about all the services available, especially in an emergency situation. A child helpline can thus be seen as a vital focal point for child protection, helping to link children to the services available. The child helpline can provide both a listening ear as well as a source of referral to professional services when needed.

Coordination challenge

Coordinating with different bodies across government, social services, INGOs, NGOs, donors, etc., is therefore core to the work of a child helpline. This is a difficult challenge in a normal day-to-day situation, not to mention during a disaster or a conflict. For example, in Aceh, Indonesia, representatives expressed the difficulty in seeking cooperation from government officials as several UN Agencies and INGOs were approaching them offering direct program funding to deal with the consequences of the tsunami. More than 100 NGOs

flooded into Aceh but were weak in terms of program coordination, resulting in an inevitable overlap of programmes. Where previous experience in disasters and strong partnerships already exists, the set-up process is far quicker.

Becoming part of a cluster

When possible, an option is for child helplines to be part of a cluster where the role and position of the child helpline can be defined and known by other stakeholders for if a disaster were to occur. Child helplines that have been part of a cluster have said that it was a positive initiative in terms of their advocacy efforts but also in knowing what role they would play if a disaster were to strike. Being part of a cluster might not be an option for all child helplines, so when this is not an option the child helpline could still work on being part of networks that would have a leading role in the reaching out to children if an emergency were to occur.

Child rights perspective

The importance of maintaining a child rights perspective in an emergency situation needs to be stressed as one of the most important points for the work of child helplines in emergency situations. On this topic, CHILDLINE India explained that due to the pressure felt in an emergency, NGOs tend to overlook issues and feel that endemic issues such as poverty or child labour are not their key concern. Therefore, the sensitivity towards this issue should be brought in right from the beginning, or should at least be worked on when the immediate crisis period is over. The same experience was shared by UCRNN Uganda, where due to the long-lasting conflict in Northern Uganda, children's rights and their well-being has not always been at the top of the agenda of the conflict resolution agenda, this being a key component of the conflict.

Vulnerable groups and advocacy for children in relief and rehabilitation

In a disaster situation, after the immediate assistance has been provided to children, it is important to ensure the rights of the most vulnerable children are being respected. In post-disaster scenarios, these are children who have lost both or one parent/s, who are homeless or have experienced severe trauma. Below are some of the key areas that need to be considered when responding to children after a disaster:

- Assess whether entitlements are secured, that material compensation is being organised, etc.
- Identify and work closely with agencies and the larger child protection system responsible for long-term rehabilitation – family, community, foster care, adoption, etc.

- Ensure that the rights of disaster-affected children are secured, taking into consideration the following aspects: child labour, trafficking, and education. These issues are for the broader group of the entire affected community, not only orphaned children.

UCRNN, Uganda's child helpline, collaborated with many stakeholders: the police, probation offices, child protection committees, telephone network companies, childcare centres and the general public. At the peak of the conflict the child helpline established an office in the conflict area to improve contact with its affected children. Flyers and posters were distributed to enhance knowledge and access to the helpline.

2.1.1 The importance of having a contingency plan

Child helplines have and will continue to have a role in protecting and responding to children's needs, during and after a conflict. There are a number of common challenges faced by child helplines during disasters. The possibility of knowing what the challenges will be, and having a contingency plan at hand can provide a child helpline in an emergency with the possibility to remain operational, while using the resources available.

A general task list to be considered when determining the structure and strategy of a child helpline in disaster areas:

- Define the role that the child helpline could have during an emergency; could it go to the affected area? Could it remain fully operational? What outreach strategy would it have (if any)?
- Organise orientation sessions with all key stakeholders regarding the child helpline initiative throughout the year so stakeholders get to be familiar with the work done by the child helpline.
- Determine a response structure for calls and contacts; this structure would depend on the partner NGOs available and the local situation. Activities include rapid needs assessment, mapping and also liaising with the police for support in the affected areas to be able to trace families and children and to sensitise the police to the aspects of trauma counselling.
- Identify a team of professional staff and dedicated volunteers who will be based at the call centres located across the disaster-affected areas.
- Conduct an intensive training course (ranging from 2-10 days) with the local NGOs, if possible together with volunteers from the existing helpline.
- Determine a documentation system, based on the needs of the callers and the government rehabilitation plan, and create a monthly feedback report system. It is

important to determine which other disaster response organisation already has an existing strong reporting system that the child helpline can collaborate with. Items commonly mentioned in a reporting system post-disaster can include: missing or dead children, general problems of children in affected areas, child-specific problems (e.g. child protection or medical issues), regular meetings, etc.

- Review and train the team on an on-going basis to respond to the community's emerging needs.

The contingency plan below provides a checklist with some basic information that the child helpline can use before an emergency occurs, during the emergency and after the emergency. The cross-functional issues to be considered, before, during and after an emergency are the following:

- 1. The role of the child helpline:** the function of the child helpline, tasks that it normally does and that it should do, reach and its position within the society.
- 2. The internal organisation of the child helpline:** number of counsellors and/or volunteers, capacity building to deal with the consequences of the natural disaster or conflict.
- 3. Coordination with partners:** how the child helpline should position itself with other important stakeholders, and what role these stakeholders could play during the emergency.

Contingency Plan Checklist			
	Pre-emergency	During emergency	Post-emergency
Role of the child helpline	<ul style="list-style-type: none"> • Develop a contingency plan • Examine the goals and objectives of the intervention • Continue advocacy efforts: promoting the child helpline services • Continue usual operation of the child helpline: counselling, 	<ul style="list-style-type: none"> • Implementation of the contingency plan • Linking children to the services offered by the child helpline according to their needs: security, survival, protection, health, education, reunion of children with their families • Counselling and 	<ul style="list-style-type: none"> • Focus on the healing process and providing counselling for victims of post-trauma stress • Referral to existing services • Plan to phase out (the child helpline needs to have a plan on how to go back to providing regular services)

	<p>referral and intervention</p> <ul style="list-style-type: none"> • Continuously work with children to understand their needs 	<p>psychological support</p> <ul style="list-style-type: none"> • Referral to experts and existing services • Documentation and data (dissemination through media) 	
Internal organisation	<ul style="list-style-type: none"> • Staff: set a clear criteria for the recruitment of staff and volunteers • Resources: strive to have a reserve fund, identify possible emergency donors • Venue: make sure that all facilities are available and equipped • Have a media plan that could be implemented if needed • Have an updated resource directory • CPIE (Child Protection in Emergencies) training and simulation exercises 	<ul style="list-style-type: none"> • Staff: mobilising and calling for all available resources • Provide on-the-job training to remain abreast of new changes and challenges • Provide specific training for counsellors and volunteers • Collection of data • Definition of roles and duties for staff 	<ul style="list-style-type: none"> • Work with counsellors on their well being (this should be done regularly before, during and after an emergency) • Plan to phase out (the child helpline needs to have a plan on how to go back to providing regular services) • Evaluation of the procedure with the child helpline staff
Coordination with partners	<ul style="list-style-type: none"> • Know which partners work locally, and how and where they would work in an emergency. • Establish alliances with different stakeholders that might be able to help during an emergency • Make arrangements 	<ul style="list-style-type: none"> • Promote the child helpline's work in the media • Provide training to partner institutions on the work of the child helpline so they can promote its work accordingly • Update the resource 	<ul style="list-style-type: none"> • Assessment of coordination • Post-trauma training • Share information (reports, documentations) with other helplines, organisations.

	with the media so the work of the child helpline can be visible.	directory based on the work done by each organisation <ul style="list-style-type: none"> • Share information (reports, documentations) with other helplines, organisations • Work with UN clusters if possible, or if not try to be part of established networks • Communication with CHI (CHI can retain the link to other child helplines around the world). 	
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Making and using the contingency plan: challenges, obstacles and possibilities

Despite preparedness and ability to adapt to the altered conditions and unforeseen events, they can cause an unexpected strain on the operations and financial stability of the child helplines. The extra activities and services required often demand extra financial support. While some child helplines have managed to adjust to the emergency on their budgets, several did not have the financial means assigned for emergencies and have had to strive to obtain economic support. Some child helplines, however, already have a special budget for emergency situations that could be used to support.

The possibility of working as part of a network or a cluster would provide the child helpline with a better understanding of what is needed and the scope of work that the child helpline could do in an emergency or outbreak. A follow-up system for post-disaster emerging issues such as orphaned children or one-parent families, identifying their needs and setting up the necessary services and/or linking to services, long term care, criteria for compensation, needs to be instituted.

Partners initiating child helpline initiatives post-tsunami indicated that what lacked most after the tsunami was reliable data/information with regards to real tsunami victim families, for example what they lost in the tsunami, the situation of children, etc. They felt that a proper

information base would have been of immense value for planners and development agencies. And more importantly they saw that child helplines could play a big role in gathering information and sharing it with different relevant service organisations.

In emergency situations, child helplines can be a central source of information on lost children whilst also providing a child-friendly option for children who are looking for their lost family members (family tracing). At later stages, child helplines can coordinate and liaise with such organisations in order to help needy children and their families.

2.2 Means of communication and accessibility

Child helplines have, and will continue to have, a role in protecting and responding to children's needs in emergencies. However, no child helpline can work in isolation; a functional child helpline must work closely with the existing social services in its country, both public and private.

When the telecom infrastructure breaks down, child helplines use other methods of communication to reach out to children. The child helpline, where necessary, can directly intervene to protect a child from imminent danger; in effect, the helpline can act immediately to get the child out of dangerous or emergency situations and to make sure the child is linked to the appropriate services for long-term follow up. With a window into the lives of children, a child helpline can be seen as the central point to listen to their needs and to respond quickly, in normal day-to-day situations and also in emergencies or during conflict.

A number of child helplines experience an increase of calls after disasters and recognise the need for psychosocial support to be able to cope with and heal the experiences gone through during the emergency. Ideally, child helplines should be open 24 hours 7 days a week: running a 24 hour service, even when using volunteers might be difficult to achieve on a consistent and on-going basis. It is unfair to children, and may reinforce feelings of isolation and rejection, if a service is supposed to be 24 hours but in practice the phone is left to ring or texts or SMS chats go unanswered. Child helplines need to carefully plan how they are going to achieve this during and after an emergency. This might mean forming a plan to gradually increase opening hours until it is possible to remain open 24 hours a day or to establish partnerships with other child helplines that might be able to cover other times.

Being able to maintain the phone lines operational during and after an emergency is of great importance for child helplines since this might be the only means of communication available

for child and youth seeking help. Obtaining permission and access to an emergency number in disaster-affected areas can be done by:

- Establishing a [Télécoms Sans Frontières](#) (TSF) presence in the disaster-affected area(s).
- Where the above is not feasible, liaising with the Department for Telecommunication to receive an emergency line to be connected in the area for the helpline might be possible¹⁰.

Local helplines in Japan operating in the area affected by earthquake, tsunami and the accidents in nuclear plants in 2011 suffered devastating consequences. The child helpline in Miyagi, Japan, was not able to operate because of the shortage of electricity and disconnection of telephones. Because some local helplines stopped operating, helplines in other areas received the calls from the affected area. With many child helpline satellite centres destroyed and basic phone services, power and transportation infrastructures wiped out, the child helpline had to find ways to reroute calls to centres in unaffected areas so that children could still get support, information and assistance. Many of the child helplines' own staff and volunteers were also directly affected, suffering injuries, losing loved ones, and property, especially in Miyagi prefecture.

Kids Helpline of Australia was directly affected by the flooding that hit the country in January 2011. The helpline saw significant damage to their property, losing vehicles and ground-floor administration offices. Although it is unknown how many were directly related to the flooding, the helpline saw a 50% increase in contacts during the month of January. The helpline responded to the flooding by relocating their phone lines rapidly with the help of their partnering telecommunications company. The email and web counselling continued from the second floor powered by a generator. The helpline was then able to continue their operations 24/7.

By collaborating with other organisations or with different offices of the same organisation to form a network, it may be possible to provide greater coverage as each organisation can take responsibility for staffing predetermined days or hours. This relieves the burden of having to cover the entire opening hours of the service and enables each participating organisation to concentrate their efforts on specific shifts. For example, if a child helpline has

¹⁰ It is important to note that some of the setting-up processes (and the length of time taken to get things up and running) may differ slightly for existing versus newly-established child helplines in disasters.

a main office in the capital of the country and smaller offices in other regions, the 24-hour service runs out of the main office, but at peak call times the satellite offices are open.

The conflict in Northern Uganda meant that helpline personnel could not be easily deployed in the conflict zone due to the insecurity and high associated risks, the helpline's connectivity was also frequently disrupted, and there were threats to staff and high manpower turnover. The helpline adapted to the crisis by starting the development of psychosocial principles to guide counsellors in emergency times and was also aware of such principles before the conflict.

Case study: adopted measures at Sawa to deal with the increase of calls

A number of adjustments had to be made quickly in order to be prepared for the expected increase in calls:

- From the outset of the invasion, Sawa began to experience a huge increase in calls to 121. As a result of the additional advertisements in the media a few days into the war, so many calls poured in that Sawa needed to increase its hours and the number of phone lines available.
- Palestinian Telecommunications installed extra phone lines at the helpline's centre free of charge, and the Palestinian mobile phone company Jawwal announced that all calls from Jawwal phones would be toll-free for those calling the helpline number. A voice-over IP system was installed to allow counsellors unable to reach the call centre due to dangerous conditions on the streets and military curfews to still work remotely and continue to answer incoming calls.
- A caller information database which records reasons for calls, number of calls, and gender, age, and locations of callers was implemented. This was very useful for quick reference on repeat callers, and also helped to identify trends in caller concerns and the number of answered versus unanswered calls during the war.
- Volunteers worked double shifts and employees volunteered their time outside of paid working hours.
- New volunteers were recruited.
- Radio and TV stations that broadcast in Gaza offered free advertisements for Sawa through the war.
- To cover increased costs, Sawa sought and received small emergency grants from UNIFEM and the NGO Development Centre.
- Sawa staff were given a two-day training course on war-related and post-trauma

symptoms and issues.

- A social worker in Gaza was hired to help callers reach referral organisations, lead information workshops and to conduct follow-up visits with callers when necessary.
- The helpline increased from a staff of five to a staff of 42, mostly volunteers who were working more shifts in order to accommodate all the incoming calls.

Box 6: Case study: adopted measures at Sawa to deal with the increase of calls

2.3 Outreach as a means of communication

Outreach is an important aspect of the work of a child helpline, especially in the immediate aftermath of a disaster. Outreach is a means through which a child helpline can reach out to children who need help but do not or cannot call the helpline due to the lack of an established telephone infrastructure or because they are not familiar with the use of phones. It is also a cost-effective awareness exercise. Outreach ensures accessibility of the helpline to even the most marginalised group of children.

During a conflict children and youth are the most vulnerable groups often becoming victims of violence and abuses. Whenever a violent conflict ends the silent conflict starts; children are often traumatised, and can become psychologically affected in the aftermath of the conflict. In a lot of cases, child helplines have to reach out to these children to make them aware of their service, while taking into consideration the trauma that they might have experienced and witnessed.

For any means of communication, it is important that the helpline conducts campaigning and awareness-raising to bring the child helpline to the children. Outreach to children via the community, schools, camps (or settlements), to spread awareness about the children's helpline in a positive child friendly manner is important. Remember, if this is an extension of a service of an existing child helpline, it is important to link the logo, name of the child helpline to the new initiative and other campaigning materials.

The objectives of outreach initiatives are:

- To raise awareness about the children's helpline in a positive child-friendly manner;
- To understand issues related to children, which can facilitate long-term action.

During each visit, the child helpline outreach team (staff, volunteers, college students or local community youth) can focus on:

- Playing games and singing with children;

- Teaching them how to use a phone (using existing landline or mobile infrastructure);
- Allow children to share their problems via child helpline boxes.

Some forms of outreach such as friendly buses, and the use of radio or child helpline boxes have shown that they are forms of an effective response to children's needs after an emergency.

Child-friendly vans or buses

Some child helplines find that when a disaster strikes a certain area, going to the affected place to meet with children and their families and provide counselling on the spot might be a good approach. When conditions allow it, mobile units such as vans or buses can allow the child helpline team to go to the different camps and schools in the affected areas in rotation. It can ensure that all the camps and schools are covered regularly and that the child helpline can become available to children, youth and their families so that they can receive assistance.

Childline Thailand Caravan project – In 2004 after Thailand was hit by the tsunami, it was the first time that Childline Thailand was working in the disaster-affected south. Its training took place in 2 phases; first a 3-day workshop was designed to provide attendees with a very clear system for evaluation and assistance for children going through the trauma-coping process. Following this, training of Thai field workers for child survivors of the tsunami was also conducted. The 3-day training included interactive sessions of role playing and field experience.

Radio-based outreach

Radio communication allows one-to-many contacts among a large number of people within a geographically dispersed area. In the immediate post-disaster period, when communication infrastructure may be degraded and alternate systems have not yet been deployed, radio devices can help to connect responders in the field to one another. In addition, the relatively low cost of hand-held transceivers makes this technology accessible to organisations that do not specialise in emergency response activities. Innovative and cost effective technologies such as wireless looping, satellite technology or radio station for children can be explored in areas where there is a limited telephone infrastructure.

Points to note for radio-based outreach:

- Weekly radio interactive talk show where issues get discussed

- Calls coming in from children or adults with concerned cases via the radio are largely to create awareness of issues and less for counselling purposes
- Length of talk show can vary, but it is often for 30 minutes
- A 'signature tune'/jingle song from the child helpline can be used (different languages should be taken into consideration so all children and youth can be reached).

Child helplines' boxes: child helplines' boxes are a strategy for shared counselling

Through the use of child helpline boxes, children are encouraged to write their problems/feelings and put them in the box. Child helpline staff or volunteers will read the notes and then have discussions around the issues that emerge whilst maintaining confidentiality. Through these regular discussions of the issues, which are of direct concern to children, the child helpline will build a feeling of trust and acceptance by the children. Over a period of time, these child helpline boxes can be used as an on-going strategy to reach out to children in areas with limited access to telephones.

Points to note when starting a child helpline box initiative:

- If there is an existing child helpline, for consistency, it is important for the box to have the same logo as the helpline
- Design of boxes: boxes can include pockets for prepaid envelopes to ensure confidentiality
- Colour of boxes: link with child helpline logo
- Suggested places to put the boxes:
 - o In schools - train the teachers on use of boxes (not creating a separate system)
 - o In hospitals – doctors can be involved and participate in the process
 - o In camps or community centres – camp or community leaders can be in charge of receiving the letters.

Strategy and use of boxes for shared counselling:

- Trained outreach workers
- A neutral party opens the boxes
- There should be a separate system for reporting cases of abuse, since these cases should be treated carefully.

Points to note for starting child helpline vans/buses initiative:

If there is a child helpline, these vans/buses can have the child helpline logo, which can be painted by the children in the camps or schools with the help of local artists. The vans can be equipped with play equipment, instruments, a television, and musical instruments and it can also have a child helpline box.

Postal service-based outreach

Free post can be in the form of pre-paid letters and pre-paid postcards allowing children who do not have access to phones to write in their needs to the child helpline. Also pre-paid postcards can be used as campaign awareness material for the helpline that can be given out to children during outreach activities in camps, schools, etc.

Points to note for postal service-based outreach:

- Continuity of branding: colour of envelopes should be similar to the colour of the logo so both children and postal authorities (postman) will recognise and deliver the post for free
- Letters can have more cases pertaining to abuse as compared to the child helpline's boxes due to its anonymous nature
- Post strategy can be linked with telephone strategy, for example, the child helpline number can be similar to the postcode
- The child helpline can work with the community and families in dealing with issues that might be affecting children in a certain area.

Pakistan's helpline Madadgaar reported that children had difficulties attending school with the high risk of being injured while playing outside. Children witnessed violence and suffered from depression. They were impacted by emotional, physical and psychological harm. The on-going political upheaval and social unrest in parts of Pakistan has led to emotional, psychological and physical harm; witnessing of violence, depression and impacts on students' development.

2.4 Contact response strategy in case of emergency

The structure adopted by the child helpline after an emergency would depend on the child helpline's partners and the local situation. Activities that can determine the structure adopted by the child helpline should include a rapid needs assessment, mapping the affected territory and also liaising with the police, the Red Cross or Red Crescent for support in the affected areas to be able to trace families and children and to sensitise the police to the aspects of trauma counselling.

These activities can be done by the child helpline or through the links established with existing organisations. For example, the Childline Thailand 1387 SaiDek Caravan project staff members initially mapped and surveyed the area affected by the tsunami. In the meantime, the office and vans were in the process of being set up for the tasks. Maps of the area with the schools and various communities were plotted and information on the major tsunami-affected areas was gathered.

After an emergency, it will be important to identify a team of professional staff and dedicated volunteers who will be based in the call centre(s) located across the disaster-affected areas. Several countries with experiences in emergencies mobilise well-trained and committed volunteers. It is good to use existing platforms, such as several INGOs who have already conducted volunteer training. For the child helpline staff, it will be important to conduct an intensive training course (ranging from 2-10 days), if possible together with volunteers from the helpline. Training should also include the allied system; police, health care and judicial system, education, transport, labour department, media, department of telecommunication, the corporate sector, etc.

The Norwegian Red Cross helpline, [Cross my Heart](#), is accessible through telephone, chat, e-mail and a forum. After the 2011 attacks on the island of Utøya, many young people expressed a need for attention (non-conflict related issues did not disappear because of the social disaster). Others were scared and frightened, had trouble sleeping, or were angry and frustrated, wondering how this tragedy could happen. Some felt guilty for thinking about their own problems, while others expressed a wish to help the victims and their relatives. The child helpline pointed out that everyone reacts in their own way and that no reaction is wrong and informed callers about the importance of talking about what happened if they felt the need. Children were reassured that it is perfectly normal not to feel sorry all the time and that thinking about other things and allowing themselves to have fun is important and does not mean that they care less.

Counsellors should be careful not to make promises or give guarantees about what another organisation can or cannot do. This is necessary to ensure that child helplines do not break any trust they have established with the caller. If a child helpline says that another agency will do something (or will not do something) and then the agency does (or does not) do it, it can give a message to the child that what the child helpline says cannot be trusted.

Silent/non-responsive calls

Children and young people who contact the child helpline can sometimes find it very difficult to speak about what is concerning them. These callers should not be rejected but they should be encouraged to speak. If no response is given after a few minutes, the counsellor should gently tell the caller that there will be someone available to talk to them whenever they feel able to in the future. The counsellor should then advise that the call will be terminated. If crying or sobbing can be heard on the phone, even if the caller is not speaking, the phone call should not be ended (except in exceptional circumstances where it might be part of a case management plan for an identified caller).

A child helpline should develop protocols as to how certain types of calls and situations should be handled (for example bomb/terror threats, adult callers, fantasy callers and testing calls). Additionally there may be instructions on how to help individual callers manage their contact with the service. This may be necessary where contact is chaotic or destructive (and should form part of the caller's case management plan). In all these situations, clear directions should be given to counsellors so that they know what to do. These directions are sometimes referred to as 'standing orders' or 'standing protocols'.

Case study: the earthquake in Italy

In April 2009, one of Italy's severest earthquakes left at least 150 deaths in its wake in the region of Abruzzo, about 100 kilometres northeast of Rome. Over 1,500 people were injured and tens of thousands of people became homeless overnight. Many buildings were damaged or destroyed. While the government did respond quickly, aftershocks frustrated many of the emergency response efforts. The incident left the Italian population fearful and anxious, not just in Abruzzo itself. [Telefono Azzurro](#) is a well-known and well-established child helpline in Italy. In coordination with other child protection and child counselling organisations, Azzurro was one of the organisations which immediately responded to the trauma counselling needs of children in the emergency shelter camps set up following the devastating earthquake, as well as the needs of all children through increased telephone and on-line counselling services. Cases recorded by the child helpline highlighted the importance of providing assurance and counselling to children in disaster areas, and especially the value of simply ensuring that they have a safe, confidential place to express their worries, fears and emotions.

Telefono Azzurro still receives a great number of calls from children who are in need of

trauma counselling and adults seeking advice on how to support children during the long-term healing process.

Bomb threats/warning & terror alerts

Child helplines can receive bomb threats and terror warnings. All such reports must be immediately passed to the police or security services. Counsellors should make a note of the time and duration of the call, as well as any other relevant information such as the target or the time of the call. Counsellors should record any information, and pass it on to the relevant agency (police or security services). This includes information that may seem inconsequential, such as any code words given. If possible, everything said should be recorded verbatim.

Example of bomb threat procedure:

When a bomb threat is received:

- Note the exact time a call is taken
- Obtain as much information as possible;
 - Is the caller an adult?
 - Take note of the caller's knowledge of the building
 - Ask where exactly the bomb is placed
 - Ask when the bomb will explode
 - Note the exact duration of the call
 - Calmly notify the supervisor and follow their directions.

On-going review, monitoring and evaluation are important to respond accurately to the emerging and changing needs from the disaster-affected community. Often in the immediate aftermath of a disaster, there is considerable public interest and donor effort; however, there is often no long-term coordination and lack of a concrete monitoring/reporting system that needs to be looked at. It is also important to note that the needs can change quite quickly between the immediate aftermath and once initial aid has arrived, and therefore reviews need to be held on a periodic basis.

2.5 Referring children to functional services

In order to promote the rights of children and meet their needs, child helplines need to work with other organisations. This includes (where they exist) child protection services, the police

and other agencies. This must be done in line with the confidentiality policy developed by the child helpline. During emergencies, partnerships with other organisations or corporations such as phone companies are important for child helplines to guarantee the provision of their services.

Referrals may come from other organisations, seeking support for a child or other assistance, but are more commonly initiated by a child helpline requesting help for, or on behalf of, a child. Depending on the nature of the referral, it may be necessary to make an immediate telephone call. At other times, a referral can wait until the next day. Regardless of how a referral is made, referrals to other organisations should always be followed up in writing. A record should be kept so that the referral can be followed up at a later date to make sure that adequate action was taken.

During emergency situations a number of child helplines have been directly assisted both materially and financially by their partners. In several cases, partnerships with other national or international actors have been important in the work of the helplines in allowing them to take a wider role than the one that they would take under normal circumstances.

Sawa cooperates with all governmental bodies and humanitarian programmes, informing them of the humanitarian requirements it receives. The child helpline adapted to the conflict by engaging a group of experts to train and improve the competence of staff and volunteers. The staff members were trained to give answers on how to handle unexploded bombs, where to find safe areas, and what to do if hit by a phosphorus bomb. The team was knowledgeable of the psychosocial principles in emergencies before the eruption of the conflict and it was trained and capable to provide counselling for cases of trauma and loss. Volunteers receive 110 hours of training, including how to deal with shock, how parents should deal with their children in emergencies, and how to help children return to normal life.

Case study: Thailand Childline 1387 - SaiDek Caravan was a joint venture between Puenkaew Child Friendly Association and Plan Thailand. The main objective and purpose of the project was to ensure that tsunami-affected children receive proper psychosocial support and have their basic rights looked after. The project started development in March 2005, and was officially launched on 10 August 2005. The main tool was to play, and art therapy was integrated with various group activities. SaiDek Caravan employed a mobile unit concept to cover a big area without requiring the establishment of stationary centres with

staff. Integration of the mobile units into a psychosocial support project is relatively new and the project will make a big contribution to the future knowledge base on psychosocial rehabilitation.

To be effective in the work that they do, child helplines need to work with other partner organisations in their prevention efforts, case follow up and service delivery. If possible, it would be important for child helplines to continuously work within the allied system to sign level service agreements and Memoranda of Understanding (MoUs). This would guarantee that whenever an emergency strikes a given area, child helplines would already have a network where they can refer cases to and have a common understanding on the role that the child helpline can have.

Chapter 3: Crisis counselling and intervention

Counselling is a broad term used by many service providers such as doctors, lawyers, diplomats, military officers, finance and investment experts, and social workers. It is usually an interactive service offered during a meeting held between two people to explain the dimensions of a certain issue or phenomenon. But counselling provided by a counsellor to a counselee in educational, social, medical, and industrial establishments is based on an interactive relationship aimed at overcoming difficulties and adaptation problems suffered by the counselling seeker. It is a strong professional relationship characterised by empathy, as it seeks to support the growth of the counselee and help him¹¹ fulfil his objectives. In other words, the counselling service here intends to create a change and develop the individual's abilities so that he can analyse, plan, and make the right decisions.

Counselling requires a special kind of relationship, one that the counselee realises. He realises the impact of this relationship on his behaviour and on his relationships beyond the counselling environment. This special relationship might give his relations with people around him a new meaning. Counselling is a host of measures that include support, encouragement, participation, venting, and supply of information. It is a relationship in which a specialist tries to provide guidance to another person so that the latter can understand, think, analyse, and make the right decisions that help him confront difficulties, obstacles, challenges, or even conflicts.

Counselling:

Helping a person to understand himself and his abilities, potential, problems, and needs, and to know himself physically, mentally, and emotionally so that he can use his energies and potential to become more able to reconcile with himself, his society, and his world.

The counselling process has several dimensions determining the counsellor's job in offering individual or group service. The service is offered for developmental, supervisory, or therapeutic objectives. It is offered by trained individuals holding specialised academic degrees.

¹¹ The words he, him, his and himself are to be taken as referring to both females and males.

The American Psychological Association in 1981 defined psychological counselling as the services offered by counselling psychologists based on the study of human behaviour throughout its various development stages. They offer their services to highlight the positive side of the counselee's character and use it to help him reconcile with himself and consequently acquire new skills, including the ability to make decisions that help fulfil the requirements of growth and adaptation to life. Counselling is offered to all individuals of all age groups and in a number of settings including family, school, and workplace.

The counselling process is an interactive process emerging from a relationship between two persons, a specialist (counsellor) and a counselee. Through this relationship, the counsellor guides the counselee and develops the methods he uses to deal with his circumstances. The method used in counselling is face-to-face meetings in a climate that must be dominated by trust, mutual acceptance, and assurance, where the counselee can freely express all his feelings, without fear of criticism or blame.

The philosophy of the counselling process rests on providing the counselee with the opportunities to make choices, exercise his freedom, bear the responsibility for his decisions, maintain as much psychological health as possible, achieve continuous professional progress, gain experience, and learn and acquire new skills all the time.

Counselling services are offered to people of all ages to help them adapt to changing living conditions and to study their abilities and interests and determine their suitability to new work environments. The counsellor, therefore, should always look for ways and means that help him play his role successfully. He has to continuously improve his professional competence, develop his skills, and upgrade the levels and systems of the counselling service.

3.1 Reasons that drive children to ask for helpline services

Growth demands

Growth demands are linked to the basic changes that an individual undergoes and to his need for positive assistance at the various stages of his life to control these changes in accordance with the society's standards and traditions so that he can acquire the right behavioural habits. Each life stage has its own growth demand. If this demand is successfully fulfilled, the concerned individual feels happy, satisfied, and able to successfully meet future growth demands. Failure to fulfil these demands, on the other hand, leads to misery, anger, fear, anxiety, and conflict with the demands of the next life stage. This causes disorders and confusion in:

- Acquiring social conduct
- Developing ethical feeling or ethical conscience
- Achieving personal independence
- Knowing the social role of boys and girls
- Accepting the new physiological features and using them efficiently, such as physical, sexual, and social changes.

Social upbringing

This might also be a result of the way parents raise and bring up their children. A child might not have strong emotions toward his parents or members of his family. This leads to less independence and self-confidence, driving the child to seek alternatives.

The child might develop various emotional problems, such as anger, fear, hyperactivity, and mental problems related to his ability to concentrate, remember, understand, study, and achieve, as well as emotional disorders such as lack of ambition, negative attitude toward school and study, frustration, indifference, and other social problems.

If the child's parents and adult family members treat him in an intimidating, threatening, and domineering manner, they add to his frustration, sensitivity, and emotions, which might cause anxiety and drive the child to seek a solution or resist frustration or, sometimes, to submit and engage in wrong practices. This especially applies to those who cannot depend on themselves or trust themselves. They might turn into an easy prey for others, and this angers the older among them or intensifies their feeling of guilt. It might lead them to delinquency.

Need for attention and care (attentive ear)

This is related to the counsellor's competence and good professional skills, his knowledge and possession of rich information, and his familiarity with ways to collect information related to the stages of growth and needs of those who require counselling and to counselling methods and ethics (use of nonverbal methods, such as facial expressions, body language, and eye movement, and verbal methods, such as support, encouragement, good listening, attentiveness, and the ability to think, discuss, and ask questions related to the child or the counselee.)

Need for reorganisation and for setting clear boundaries

The child should be trained to organise his ideas and realisation and to challenge illogical ideas until his ideas become more effective and he can reach the point of self-reliance in challenging illogical ideas now and in the future. The child reaches a point where his

experiences need to be organised to become meaningful and to be associated with him. Otherwise, these experiences are ignored if not linked to self, or they may have a negative significance. Alternatively the child might not be able to control these experiences when he needs to adapt psychologically to absorb all his physical and mental experiences and give them a meaning consistent with his understanding of himself.

When a child calls a child helpline, he becomes more aware of his ability to handle the event or the reason of the contact. This helps change the erroneous concepts and positions he learned during his social upbringing, concepts and positions that had developed systematic defensive behaviour. Reorganisation and setting borders help the child to break free from the internal emotional tension that the event causes, tension that hinders the child's ability to use logic in managing his daily life.

A child seeking help from a helpline needs an attentive ear and a person to accept and support him, to encourage him to express himself easily and clearly, and to understand him without prejudging or blaming him, or making him feel guilty. This makes the child feel confident and safe, which boosts friendliness, acceptance, and respect between him and the counsellor. The professional relationship between the two should also be clarified by setting clear boundaries to facilitate work and render it effectively.

Case study: contact with the child helpline

The father of a 6-year-old boy told a Sawa counsellor at the Palestinian child helpline that he was worried about his son, who refused to sleep until morning, afraid of the night. Whenever he heard the sounds of attacks outside, he began to run around the house in panic. This behaviour had begun after his 9-month-old sister was killed in an attack and pictures of her body were repeatedly broadcast on the television news. Her brother had seen her picture and was traumatised and terrified. Following this call, Sawa wrote to media outlets to ask that they take into consideration the feelings of victims' family members, and young children.

3.2 Helping ourselves to help others in times of crisis

Psychological supervision for counselling staff in emergency situations

- **What is psychological supervision?**

An essential tool which helps counselling staff members express their feelings and share difficulties and challenges they face in their work, especially with regard to addressing cases and professional relationships.

- **What are the general goals of psychological supervision?**

- Providing a neutral, professional space to help staff to achieve their goals.
- Professional capacity building, sharing experience and knowledge.
- Ensure effective and professional services by helping staff to comply with organisational policies and aims, even while under stress.

- **Types of psychological supervision**

Individual counselling: a private session lasting about an hour, a safe space, and a time for the staff member to express his or her concerns freely without being judged.

Group counselling: a safe and confidential regular meeting between a professional counsellor and all counselling staff. For example, at Sawa in Palestine, a meeting is held once weekly. The staff members are discussing cases, sharing difficulties and challenges, supporting and advising each other, and building trusting relationships within the group.

- **Importance of psychological supervision during times of crisis**

- It is important to remember that those providing counselling to victims during times of crisis need support themselves in order to do their job.
- Unity, trust, and cooperation increase in times of national emergency. This is one of the only effects of a crisis that can be termed 'positive'.
- A crisis will also increase the sense of togetherness and commitment in an organisation creating an environment where the staff members are even more ready to support each other.

Support to counselling staff in times of crisis- the case of Sawa

"As we know from our own experiences - and as we understand from recalling Maslow's

well-known Hierarchy of Needs - it is impossible to support others if one's own basic needs are not being met."

At Sawa, the management strives to help answer counsellors' basic needs (including security, comfort, and mental and physical health) and make sure they are able to do their jobs. Support to staff encompasses psychological supervision, professional guidance, and much more.

- **Different types of support needed by staff**

Support to counselling staff during a crisis includes:

- Psychological and emotional support.
- Material support - telephones, computers and other equipment, in good working order, availability of basic supplies (during a crisis, the last thing you want to worry about is a broken keyboard!)
- Physical and environmental comfort - basic needs, refreshments, safe workplace, feeling of security, physical health - time to sleep, comfortable chairs, clean and hygienic workplace, etc.

- **Goals of psychological supervision in a time of crisis**

1. Moral support and mental health support.
2. Providing a listening ear and an opportunity to vent about difficulties and negative feelings and experiences - essential for employees who have been working intensively to listen to and guide others.
3. Helping employees to feel safe and secure, not to feel alone.
4. Helping employees to concentrate on their work, organise their thinking, and plan suitable interventions.
5. Avoiding feeling guilty or responsible for everything that is happening - 'Why am I sitting here safe in the centre while the child on the other end of the line is in danger of being killed?'
6. Understanding that even trained counsellors are only human and that there are limits to what we and our organisation can do to help others in a time of crisis.
7. Learning new methods of offering support to beneficiaries in times of crisis, sharing new ideas, special professional capacity building.
8. Letting each employee see that the other counsellors are experiencing the same feelings and having the same difficulties and doubts.

Preparing Staff to Respond to Crisis – an Example of a Checklist from the War in Gaza

1) Work with counsellors to establish a clear plan to respond to callers in crisis, and discuss this plan during supervision meetings. Having a plan in place helps staff to feel strong and capable, so they can calmly offer support and guidance. Sawa's response plan during the Gaza War addressed the following:

- How to counsel callers experiencing trauma (fear, worry, helplessness, shock) and post-trauma (sweating, heart racing, bed-wetting, nightmares, digestive problems, grief, psychosomatic symptoms such as pain in different places, numbness, migraine, etc.).
- First Aid procedures for various injuries.
- Advice for callers on reducing stress and fear: avoiding watching television, avoiding sitting near windows, staying away from unsafe rooms.
- Instructing callers on different relaxation exercises.
- Advising parents on ways to distract their children from the disturbing situation (drawing pictures, playing games), how to talk to them about the crisis and allow them to express their feelings without frightening them.

2) Develop and strengthen a referral list of organisations providing specialised services in the areas affected by the crisis.

- Recruitment of Gaza social workers to follow up and visit cases, directs them to services, and makes contact with additional referral organisations.
- A referral list ensures that counsellors are able to guide callers to needed services that Sawa itself cannot provide.
- A referral list of other organisations also decreases feelings of guilt and overwhelming responsibility. Counsellors then know they are the first stop, not the last chance!

3) Engage staff in recreational activities such as games and art projects, to help them focus temporarily on something other than the crisis.

- Counsellors return to their job with greater focus.
- Counsellors can explain to callers the importance of distracting activities and recreation to preserve sanity - especially for children, but for adults as well.

4) Teach staff relaxation exercises (breathing deeply, visualisation, etc.) and familiarise

them with 'somatic expression' (physical symptoms resulting from disturbing feelings) and how to resolve these symptoms in themselves.

- Counsellors can help themselves to remain calm during counselling sessions.
- When counsellors are familiar with relaxation methods and understand their own physical responses to negative feelings, they are better able to guide and advise callers on using these methods.

5) Continuous and intensive psychological support - regularly scheduled meetings, plus meetings held according to need.

- Constant availability of psychological and professional support - for example, a counsellor is available to staff by phone at all times. Problems should not be pushed aside 'until tomorrow'.

6) Regular breaks and availability of light and healthy food and drink for counsellors on duty - fruit, biscuits, coffee, tea, etc.

- Counsellors must keep up their strength and alertness, and should be encouraged never to ignore basic physical needs.

Example in practice:

Group psychological supervision was offered to the helpline staff during the war in Gaza. A professional counsellor provided group psychological supervision for counsellors working on the Palestinian child helpline. They were given the opportunity to share their feelings on difficult and touching cases they were dealing with. The aim was to get them to express their emotions and gain experience and professional knowledge on how to deal with themselves and others. In the group counselling session, the members of the group interacted by expressing their feelings and positions. This is a dynamic interactive process aimed at changing thought and conduct through venting in a climate of mutual confidence, attention, understanding, acceptance, and support among the members of the group.

Box 7: Preparing Staff to Respond to Crisis – an Example of a Checklist from the War in Gaza

However, at time of crises, employees need special mechanisms to stimulate venting in indirect and unorthodox ways that offer them support, confidence, and a sense of security, and supply them with positive energy so that they can continue offering their counselling services on the helpline. This includes the use of extracurricular and recreational activities and exercises, such as play, painting, handicrafts, and others.

Case study: staff well-being in Sawa

During the war in Gaza, Sawa organised an enrichment session for staff and volunteers in the Palestinian helpline 121. Play and arts were used as counselling techniques. Participants managed to automatically express themselves through movement, painting, and interaction with others in the group. They were protected from experiencing difficult emotional situations and given a chance to break free from stress and to express their needs. They learned many important things like give and take, independence, participation, cooperation, self-expression, and easing the sense of guilt. While having fun (as the techniques included humour and funny expressions), the participants acquired new experiences and learned new concepts.

3.3 Crisis counselling and intervention

People experience different emotions after exposure to sudden or unexpected stressful events. This is called 'trauma'. Traumatic events, of all types and intensities, impact people of all ages.

3.3.1. What is trauma?

Trauma is the emotional reaction by a person to a sudden change (dramatic event) in his daily life, such as the loss of a loved one, a sudden loss of job, a natural disaster (earthquake), or war. A person experiencing such an event finds himself suddenly in a situation he was not ready for, which results in a state of imbalance as an instant reaction. Here the person appears helpless, losing all his previous abilities to solve problems. He experiences fear, anxiety, and irritability that throws him off balance and affects his ability to think logically. He might need to make huge efforts to adapt to the new situation. Events threatening physical and psychological damage might also lead to traumatic experiences, with the sufferers losing their sense of reassurance and security and undergoing a crisis.

What causes trauma, however, is not only the traumatic event itself. The way the person reacts to the event is important. Events are significant only if we see them as such, and this differs from one person to another. An event that some person finds easy to overcome might cause a crisis for another person who is unable to cope with it.

Post trauma

Sudden shocks cause what is called 'post trauma'. This acute trauma causes imbalance or creates psychological confusion as victims find themselves unable to handle things in a balanced way. The scientific definition of post trauma is the denial of the event and the failure to deal with the resulting crisis.

The psychological stages a trauma victim goes through

Victims go through several traumatic stages with varying intensities, depending on the victim. As said above, each person reacts differently, depending on his psychological abilities, social environment, sense of support and security, nature of the traumatic event, and society's attitude towards the issue in general. However, three stages can be identified:

Before and during the event:

- Sense of physical and psychological danger. The reaction ranges between a desire to feel strong and self-confident on the one hand and the need to assess and confront the existing danger on the other.
- During the event: it is not possible to predict a specific reaction in this case. However, several behavioural patterns might appear during the event. While some people can cope and express themselves, others cannot due to the nature of the event, whether it is a threat to life, violence, etc.
- Realisation: the victim does not realise what is happening to him. He might be busy with certain details that in reality are not necessarily connected to the event. He might cry, scream, or ask for help, or he might try to give a logical explanation of the situation. Most such explanations are derived from the prevailing stereotypes in society, basically self-accusation and a sense of guilt. Many people feel guilty for things they said or did or for things they probably failed to do or say.

After the event

- State of imbalance: physical, psychological, and mental responses appear at this stage.
- Physical responses: rapid heartbeat, sweating, shivers, tension, etc.
- Mental responses: mixing reality and fantasy, unorganised thinking, etc.
- Emotional responses: there are two types of emotional responses:
 1. Suppression of emotions and a refrain from discussing them due to lack of confidence in people around the victim or as a defence mechanism to cope with the event.

2. Expression of emotions through outburst of sentiments, anger, fear, shyness, disgust, or pain in various parts of the body without any medical explanation, etc.

What we notice after trauma

After exposure to the event, symptoms of a trauma appear. If someone has one or all of the following symptoms, he is suffering a post-trauma stress disorder, and should seek help and counselling to cope with the trauma and minimize the loss from the experience:

- Sense of insecurity
- Sense of hopelessness
- Inability to understand what happened
- Loss of confidence in others
- Constant feeling of fear and anxiety
- Fear that the event might recur
- Difficulty concentrating
- Inability to make rational decisions
- Sense of guilt and responsibility for what happened
- Difficulty performing
- Flashbacks and constant thinking of the event
- Withdrawal, loneliness, and a feeling that no one is offering support
- Physical symptoms such as loss of appetite or vice versa, insomnia, abdominal pain, disturbance, headache, and excessive sweating.

These symptoms might appear immediately, several weeks after the event, or much later, such as months or even years afterwards. They might reappear when a person experiences an event or a situation similar to the original event or on the anniversary of the event.

How to cope with post-trauma stress

We must help a traumatised person get over his traumatic experience and return to normal life. The following techniques should be used:

- Providing stability and security through the creation of a safe and peaceful environment for the traumatised person.
- Providing regular and healthy meals.
- Listening to the traumatised person if he wants to talk about his experience.
- We must not blame the traumatised person or criticise his behaviour; we need to be empathetic toward his feelings and situations.
- We must watch the traumatised person's behaviour and ask for immediate help in the case of anomalous behaviour.

- Helping the traumatised person develop social relationships and reconnect with society.
- The traumatised person should be referred to professional therapists for appropriate treatment.
- Non-linguistic treatment, such as art and expression therapy and play with the person who cannot explain his feelings and what happened to him, can be useful.
- A group therapy might support the traumatised person as he feels comfortable in the presence of traumatised people such as himself telling their stories.
- Guiding the traumatised person to seek help and support from centres that offer protection and support and can help him regain balance and reorganise his lifestyle.

3.3.2. Psychological First Aid

Psychological First Aid is the initial assistance and counselling offered to a person traumatised by a sudden and painful event that might distress him for several weeks or months. Victims of wars, natural disasters, and other events suffer from behavioural and psychological disturbances and need immediate and prompt psychosocial support after the event. Child helpline counsellors can play this role, which does not necessarily require psychologists. Over a short period, a child helpline can train a team to respond in cases of emergency and crisis. The team members can be provided with initial counselling and guidance skills that enable them to help victims express their feelings and emotions conveniently and respond to their immediate psychosocial needs. This helps victims regain balance, self-confidence, and sense of security.

An early request for psychological assistance helps the victim regain balance, accept the event, and cope with its consequences in a better way.

Some guidelines and skills that help counsellors provide psychological First Aid for trauma victims:

Listening:

The traumatised person should be given the opportunity to discuss his immediate needs without interruption. We must show interest in what the trauma victim is saying and let him know that we are there specifically to listen to him and respect his feelings. We must talk to

him in a soft, calm voice, not in a loud voice that discourages him from talking. We must watch our emotions and not hurt the feelings of the trauma victim. We must not interrupt him to ask curious questions.

Identifying needs:

You must identify the trauma victim's needs, which might be immediate, practical, or emotional. It is important that you be aware from the beginning of the available services and resources that can be offered to the caller so that he will not be disappointed. If the services offered by the child helpline do not meet the needs of the caller, he should be referred to the appropriate service providers.

Reactions or feedback:

This is a communication method through which we examine the reactions of others to the individual's behaviour and, conversely, the individual's view on the behaviours of others. It should use a positive approach, without making people feel guilty or destructively evaluating their behaviour. This is used as a therapeutic technique through which we highlight the trauma victim's points of strength and express a certain impression toward them.

Box 8: guidelines and skills that help counsellors provide psychological First Aid for trauma victims

'Regaining power', restabilising the trauma victim:

Here we encourage the traumatised person and stress to him that his reaction to the event is normal, natural, and appropriate. This helps the victim regain balance. We share with the trauma victim the experiences of other victims we handled in the past, victims who managed to get over their crises; this might alleviate the trauma victim's pain.

Support can be offered in different ways:

Encouragement:

Encouraging the trauma victim to share his case through assuring him that we are listening to him.

Silence:

Moments of silence give the trauma victim the opportunity to focus on his needs and wishes. We might feel a little uncomfortable during moments of silence, but this is one way for encouragement.

Reflection:

Repeating the trauma victim's statement without adding any explanations helps the victim hear himself through us and, consequently, understand his thoughts and emotions.

Clarification:

If some of what the trauma victim says is not understood, we should seek clarification through open questions.

Positive support:

Encouraging the trauma victim for the positive steps and actions he takes.

Checking long-term possibilities:

What does the trauma victim intend to do? Does he have a supporter? If he is traumatised by the loss of parents, for example, will he have a guardian/sponsor from the family, the relatives, or others? Also, if the trauma victim wishes to continue communicating with us and receiving counselling, we should arrange times and determine ways of communication.

Empathy:

We have to understand, accept, and identify with the trauma victim. We should try to put ourselves in his place and feel with him but without cancelling ourselves.

Keeping our emotions:

It is important to know our personal limits and to be aware of our needs, fears, and points of weakness. There are things we cannot cope with for personal reasons, so we should ask for help and guidance when we need it.

Being non-judgmental:

We should not pass personal judgments on the behaviour of the trauma victim. We should understand the victim's situation and suffering.

Attachment:

Some trauma victims get attached to those who excessively support them, and this harms them. If this happens, the number of visits should be reduced and the trauma victim should be encouraged to cooperate with someone around him. If we feel that the trauma victim needs further therapy, we might suggest psychological therapy or counselling.

Termination of the relationship:

It is natural for the relationship to come to an end at some point. Therefore, we should discuss the effect of this termination on the trauma victim and on us. We should try to share our positive feelings toward the victim and give him the opportunity to express his feelings toward us.

3.3.3. Grief, mourning, and loss

What has been said so far about trauma has several indications related to the event and its intensity and impact on the individual. At these difficult times, we are exposed to different types of loss, notably the sudden loss of a loved one, loss of job, loss of house, etc. The pain caused by this loss is called grief, mourning, and loss.

Mourning

Mourning is one of the most difficult and painful experiences one might go through. It means final, eternal separation from someone close to us. We might feel that the world around us has collapsed, with existence suddenly becoming an empty and sad present without a purpose. This leaves us in a state of confusion and helplessness.

Grief is generally understood as our automatic reaction to loss. Mourning is our attempt to cope with the loss. These terms are often used interchangeably. We generally think of death as the main cause of grief, but other events, like loss of home and private property or separation from partner, also leave us with a sense of loss. The intensity of the grieving process depends on how close the lost person was to us. It is important to remember that mourning is a natural reaction to loss. It is a very long process that might drag on for months or years. While most people successfully get over this tough experience and go on with their lives, they do not forget the lost one and will continue to miss him.

Stages of mourning

The mourning period might be long. It often continues for six months to several years. However, emotions change as time passes. People react differently to tragic events and loss, but the process generally goes through several stages. These stages that we experience from the moment of loss and through the following months and years can be identified. Feeling that we are not alone and that similar things happen to other people helps expedite the healing process.

The grieving process has 4 stages:

1. **Shock, numbness, and disbelief.** During this stage, we find it difficult to accept the bad news. These feelings might continue for hours or days, and might take longer than that. This period is characterised by fits of crying, panic, and anger. Shock is our first line of defence against the loss. Without it, it would be impossible to withstand the pain.

2. **Missing the lost person**

During this stage we greatly miss the lost one and keep thinking of him. We are preoccupied with our thoughts and perhaps not giving attention to others around us. We might cry when we think of the deceased or when people mention him. We feel highly stressed, confused, and angry. We usually direct this anger toward the world, ourselves, or even the lost one. We feel helpless, lonely, and moody.

3. **Lack of organisation and despair**

We gradually start to accept the fact that there was indeed a loss and that life will have to go on without the presence of the deceased among us. This is a tough confrontation. This stage might be characterised by a sense of emptiness, indifference, or start of depression.

4. **Reorganisation**

This means living with the event in all its pain and memories and creating a new situation where the loss is no longer the central issue in our life. This is the last stage where we start organising our lives once again after the loss. We gradually return to our daily routine. Nevertheless we still go through tough times that might bring back painful memories during this stage, such as on the anniversaries of the event or on the birthdays of the lost one.

Psychological counselling and support to cope with loss and grief

- Giving the traumatised person a chance to express his grief by encouraging him to talk about their lost one.
- Paying attention to the immediate needs of the trauma victim, respecting and showing interest in his feelings, inquiring after the other members of the family, and gradually diverting the subject of the conversation away from their lost one.
- Giving the traumatised person a chance to talk about their lost one and his relationship with him.
- The counsellor should focus on the relationship that the trauma victim had with their lost one -- how strong it was and what impact the loss will leave on the trauma victim.

- If the trauma victim feels guilty, he should be assured that this is a natural feeling stemming from the belief that he failed to save the lost one's life. He must be assured that all traumatised people feel the same.
- The trauma victim must be encouraged to communicate with the friends, colleagues, and family of the deceased.
- The trauma victim must be encouraged to listen to the people who were around the deceased or who offered him medical care in his last moments, such as the doctor or the nurse, and how they handled the body after the death.
- It is important to encourage the trauma victim to visit the grave, or the scene of the event, in the company of others. This helps him express his grief and ease the impact of the tragedy.

Guidance for parents: how to handle grief, mourning, and loss

If the lost one is a member of the family, it is important to encourage parents to join their children in grief and not to pretend that they are brave and that everything is fine. They should feel free to cry and express sadness. These are natural reactions and the situation will improve with time.

Explaining the concept of death to children and adolescents is important. They must be told the truth and their questions must be answered honestly. Children should be given a chance to express their emotions. Hiding the news of death from a child causes him greater harm than telling him the truth. Participating in the funeral and in the acceptance of condolences and experiencing the sad family atmosphere help the child to adapt to the concept of loss.

3.4 Looking after the psychological wellbeing of counsellors and emergency service providers

Counsellors receiving calls from traumatised people are affected by their stories. The painful stories that victims tell during disasters and crises, such as loss, severe injuries, burning, destruction of homes, and scenes of bodies in the street, put counsellors under much stress.

The counsellor's job is psychologically and emotionally exhausting. A counsellor becomes psychologically distressed as he wishes to find solutions to the problems of all callers but he

cannot meet all their needs. He wants to offer help and support for victims without paying attention to his own needs.

The counsellor feels impotent and frustrated when there are not sufficient resources to meet the needs of all callers or when the services offered by the organisation are limited. As he wishes to save all the victims and fulfil all their needs, he comes to think that the organisation is obstructing the process of supporting the victims.

Sometimes the counsellor feels guilty because he has his basic needs such as food and clothing met while victims do not.

Indications that a counsellor is suffering from stress

Counsellors develop some negative emotions as a result of stress. These include:

- He feels that his superiors are not appreciating his efforts
- He feels that he is being exploited at work
- He loses motivation to continue working
- He does not take care of himself and his needs
- He loses confidence in his co-workers
- He feels tired and unable to concentrate
- He gets sleep disturbances
- He shows irresponsible behaviour which is uncharacteristic of him.

The counsellor must know that as a human being, he, too, might suffer from psychological distress and that his abilities are limited. He must be realistic and practical toward himself and the resources available to him.

To keep the counsellor's motivation and maintain his good psychological state, we must offer him some services that help him keep up his good performance. These include:

- Offering him continuous and permanent psychological support and counselling.
- Offering collective counselling to all workers - letting them share their experiences as this strengthens teamwork spirit.
- The abilities and feelings of each individual counsellor should be respected and understood.
- Counsellors should be trained to support each other.
- There should be entertainment and stimulation activities for counsellors.
- Creative techniques such as painting and music can be used to express feelings.

- Counsellors' immediate needs, such as meals, fruit, coffee, tea, should be met.
- Counsellors should have a comfortable space in the office to engage in activities that help them get over stress, such as breathing exercises and relaxation techniques.

Counselling is a continuous, targeted process based on learning, personal development, and self-knowledge. It is usually an individual relationship aimed at helping the counselee help himself and discover his own strengths. The counsellor helps the counselee make choices and solve problems, whether of an emotional nature or as related to his relations with others, with a view to teaching and developing their personality in a way that serves the individual and society.

The role and responsibility of the counsellor in group counselling is to guide the counsellors and workers on how to accommodate the various trends in line with the organisation's policies and strategies and the kind of services it offers, and on how to develop their basic counselling skills, follow new developments, and learn modern techniques. He also provides counsellors with mechanisms and techniques that help them develop themselves, learn new conduct patterns, and learn how to solve problems and set up clear intervention plans based on the organisation's policy.

Chapter 4 - Child helplines and safety zones

Child helplines play a great role on a daily basis by lending a helping hand to children. This effort does not stop in cases of emergencies, on the contrary, and as seen in the previous chapters, the work of a child helpline is crucial in cases of man-made or natural disasters. Through its intervention strategies, the child helpline can be one of the main actors in an emergency relief operation.

After a certain area is hit by a natural disaster or struck by a conflict, local communities in this area are in most need of a 'breathing space', a measure that would mitigate the conflict, reduce the violence, or provide a disaster relief opportunity. One of the important ways to institutionalise a conflict or to bring it under a set of regulations is to establish a peace or safety zone.

These spaces are generally perceived as being territorially based; a peace zone can be a building, a household, a workplace, a school, places of worship, certain regions, a whole country, a ceasefire and buffer zone, demilitarisation zone, a zone free of certain weapons, a country without an army, a zone reserved for calm or for negotiations, refugee zones, or a corridor for medical supplies.

The main aim of such a zone is to promote peace and conflict transformation and improve the quality of life. Within this zone people can find a level of refuge. Normally this area is recognised and respected as a safe zone by all conflicting parties. Similarly, and in natural disaster-hit areas, such spaces exist to provide immediate and longer-term assistance to victims.

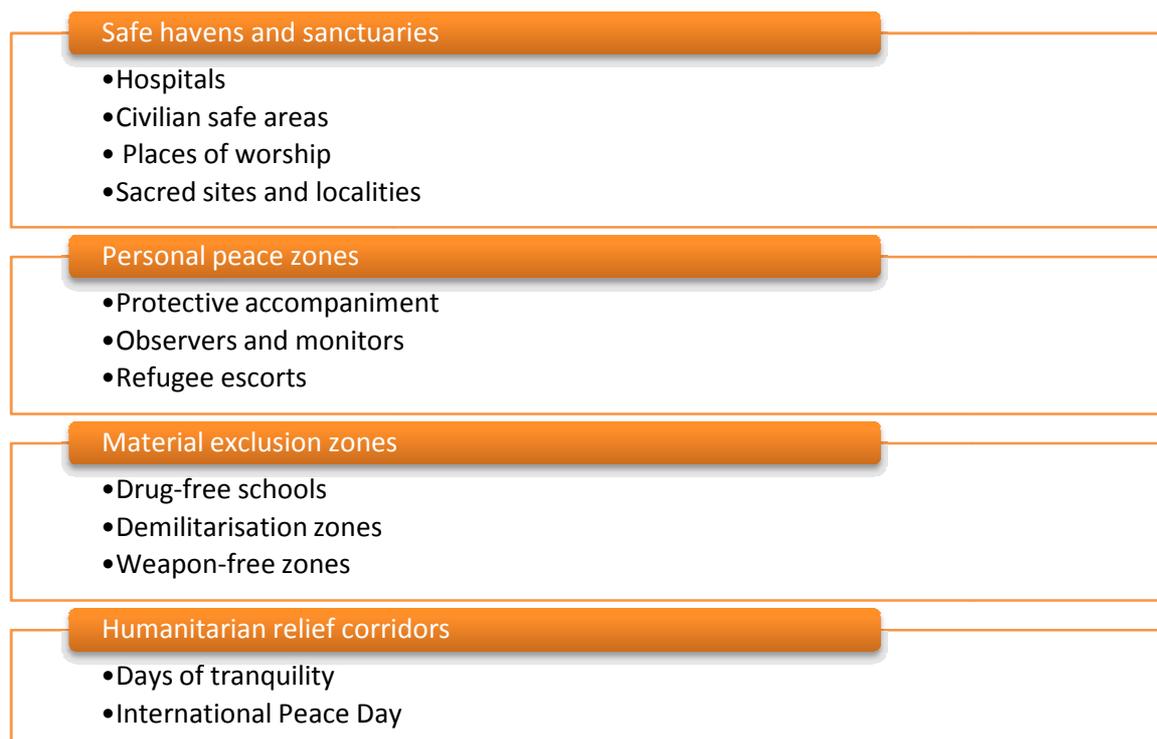


Figure 1: Examples of safety and peace zones¹²

Safety zones can be created immediately during an emergency, and the aim of such a zone at this stage will be to alleviate the effects of the emergency on people. Assistance provided in these cases is characterised by being short-term to serve operations of delivering aid or providing humanitarian relief such as vaccines, food, shelter, etc. If the zone was established after the emergency, the zone will clearly have a different role, which could be to serve as a safe place for disarmament, demobilisation, and reintegration in the case of conflict, or in the case of a natural disaster it can serve as a healing place and the beginning of a rehabilitation process for the victims.

As mentioned in the previous chapters, a child helpline can have a crucial role in assisting children in areas of emergencies. According to its capacities and resources, a child helpline intervenes to ease the impact of the emergency on the children it is targeting. A child helpline is established to guard a moral responsibility and continues to do so - if able - during disasters and armed conflicts.

¹² Local Zones of Peace as a Form of Institutionalized Conflict, Susan Allen Nan & Christopher Mitchell

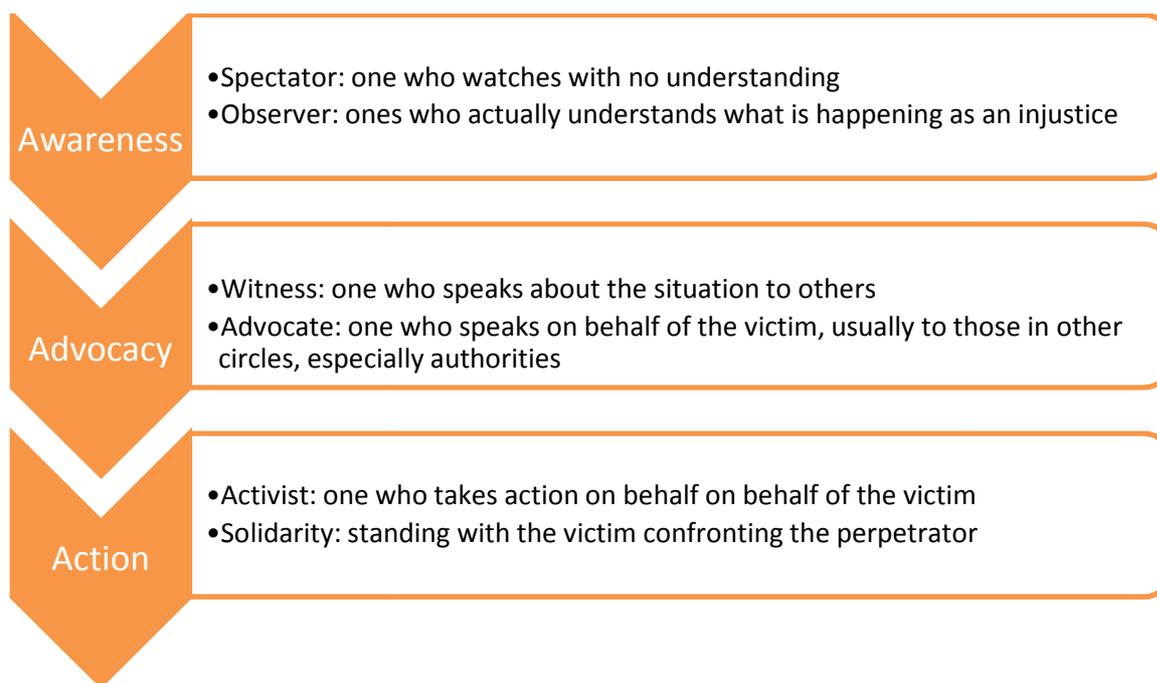


Figure 2: Potential levels of intervention¹³

Looking at the scope of peace/safety zones, we can see that these areas are intended to shield the wider public. It is important in this guide to focus on children and link the concept of peace/safety zones to what is known as child friendly spaces.

According to Save the Children, ‘the purpose of a Child Friendly Space is to provide children with a protected environment in which they can participate in organised activities to play, socialise, learn, and express themselves as they rebuild their lives. Child Friendly Spaces are one of Save the Children’s key programmatic interventions to protect children from physical harm and psychosocial distress and to help them continue learning and developing both during and immediately after an emergency.

Child Friendly Spaces are places that can help reduce a range of distressing effects of a crisis on children. However, they are not the solution to all of children’s problems. Child Friendly Space activities are designed to build on children’s natural and evolving coping capacities, and proactively involve children in the selection of activities to ensure that the activities are relevant to children. Child Friendly Spaces can provide a child-focused and child-friendly environment in which children continue their cognitive development and can give them opportunities to learn on a variety of levels. In many cases, they can help minimize the disruption to the learning and development opportunities that schooling provides. Child Friendly Spaces reaffirm the concept that children are capable of positive self-direction and

¹³ Local Zones of Peace as a Form of Institutionalized Conflict, Susan Allen Nan & Christopher Mitchell

do not place inappropriate responsibilities on children. They can help children establish a sense of security and build self-esteem. Child Friendly Spaces are supervised environments in which parents and caregivers can leave their children while they collect food and water, rebuild homes or seek new income-generating activities. They are places to provide care while family, community, and social structures are being restored. They provide opportunities for parents and caregivers to be actively involved, share information, provide input and guidance, and increase their own self confidence to protect and care for children.

The two most common objectives of Child Friendly Spaces are:

1. To offer children opportunities to develop, learn, play, and build/strengthen resiliency after an emergency or crisis, or during a protracted emergency.
2. To identify and find ways to respond to particular threats to all children and/or specific groups of children, such as those with particular vulnerabilities, after the emergency/crisis, or during a protracted emergency.¹⁴

So far the three terms - peace zone, safety zones, and child friendly space - have been used interchangeably in this chapter. Although the three types may vary in character, it is intended to present these three terms here compatibly. It is up to the reader and the child helpline to adapt and adopt the project that is most suitable to their capacity and local context.

4.1 The role of a child helpline in a safety zone

Linking the child helpline to the concept of a peace/safety zone can be two-fold:

- 1- The child helpline (or mother organisation) as an initiator of the zone
- 2- The child helpline (or mother organisation) as a supporter of the zone

A zone is known as an area defined by boundaries, an area that is more accessible in comparison to the 'extended space'. A zone can provide a sense of security, or otherwise insecurity in the case that it is set by imposed limitations.

In the case of a child helpline, the zone is related to accessibility and the possibility for the child to reach the helpline. Although a child helpline may not create a *physical* zone, it does

¹⁴ Child Friendly Spaces in Emergencies: a Handbook for Save the Children Staff. Save the Children 2008

extend to wherever and however it is being accessed. Child helplines are available for children through different means of communication as mentioned in Chapter two of this guide. When a child contacts a child helpline, he creates a virtual zone that is measured between the child caller and the child helpline.

In concept, the child helpline helps create a safe zone around the child through the assistance and advice that the counsellor provides during the communication. When children call because of an issue at home, the intervention by the child helpline makes the home a safer zone. Similarly if the child calls about a school problem, to the child, the school becomes a safer and more peaceful environment after the suitable intervention has been provided by the child helpline. Although the child may not be aware of the zone he creates after contacting the helpline, the zone is still being created. Consciously or unconsciously, the child helpline is surrounded by a zone.

Can a child helpline however create or be part of a *physical* safety zone defined by boundaries? Through the guiding questions below and the phases presented in Figure 3, the child helpline team may consider initiating a physical safety zone or becoming one of the actors to support it.

4.2 Guiding questions to establish a safety zone

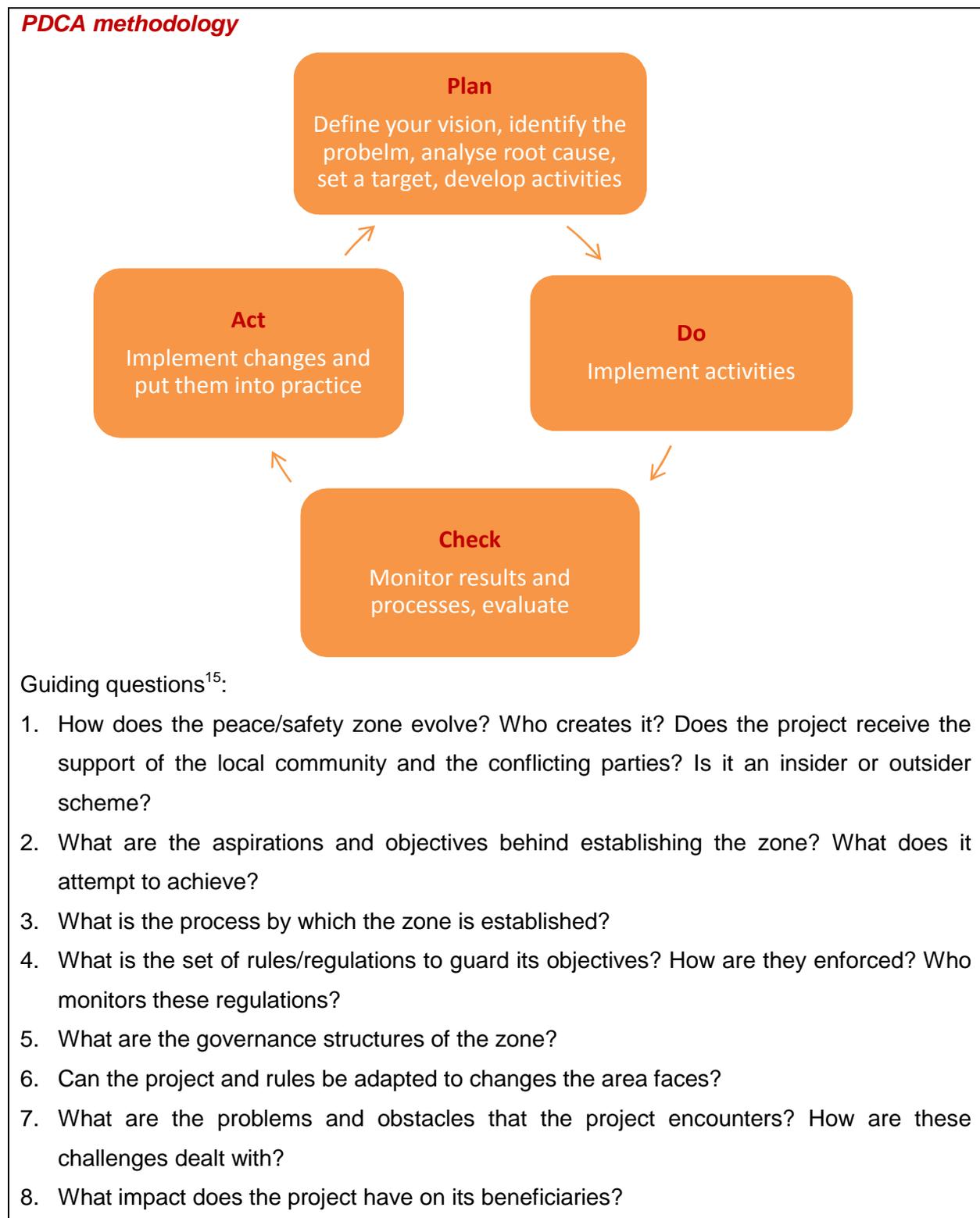


Figure 3: guiding questions to establish a safety/ peace zone

¹⁵ Local Zones of Peace as a Form of Institutionalized Conflict, Susan Allen Nan & Christopher Mitchell

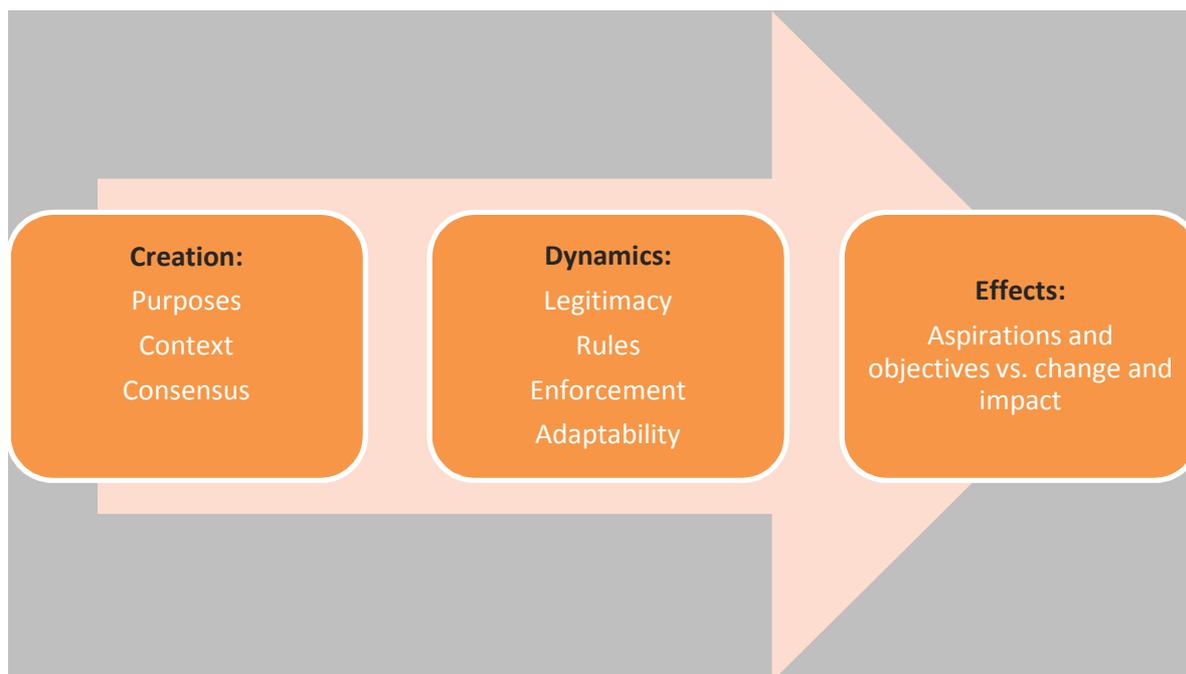


Figure 4: Basic Variables Distinguishing Zones of Peace¹⁶

In principle, starting or taking part in a safety zone is similar to any other project, so failure to capture the particulars of the phases above will lead to failure to deliver the objectives of the project.

One of the main success factors of a child helpline is its relationships and networks. A child helpline cannot operate individually, in any context, a child helpline needs to be part of a wider network that includes hospitals, shelters, ministries, schools, etc. These already existing stakeholders come in very useful in a project such as a peace or safety zone.

To have a successful project, the child helpline can include or work with different bodies such as the Ministry of Defence, religious leaders, teachers, NGOs and people affected by conflict/disaster. The success of this project in difficult times should be ensured by the support of a coalition of governmental and local actors, NGOs and individuals. This will enable the zone to implement its activities as planned.

If a child helpline is supporting a peace zone project, it can clearly take a role in activities related to advocacy and dissemination of information. The team of the child helpline can also be involved in providing the psychosocial support it always provides to the children that have

¹⁶ Local Zones of Peace as a Form of Institutionalized Conflict, Susan Allen Nan & Christopher Mitchell

access to it. The role of the child helpline can be decided according to whether the peace zone is intended to mitigate the effects of the emergency over a short period of time, or to act over a longer term of rehabilitation or peace building.

It is worth mentioning that peace/safety zones can also be implemented in relation to time and not only territory; ‘days of tranquillity’, ‘corridors of peace’, and ‘international day of peace’ are examples of this. These ‘days’ attempt to provide an opportunity to dispatch and distribute humanitarian relief supplies and health services to the affected communities.

Whatever shape the safety zone takes, a child helpline can surely find a role that could support the success of this zone. A child helpline can work to transform the concept into a programme through its existing mandate and structures.

The concept of peace, safety, and non-violence goes hand in hand with the basic principles of psychological work detailed in the previous chapters. The following principles¹⁷ are at the heart of peace and security and are guiding the operations of the child helpline on a daily basis:

- Human Rights and Equity, with

Healing and normality through safe spaces*

There is an urgent need for safe places where children can access psychosocial support to regain a sense of normality in their lives, among friends. UNICEF supports such spaces, called Child Friendly Spaces, in facilities housing refugees and internally displaced persons, such as Wadi Annakhle public school.

UNICEF Child Protection and Gender-Based Violence Specialist Merrin Waterhouse describes encouraging results: “In the Child Friendly Spaces, the children are able to play with each other, make new friends and talk about what is happening in their lives. This is helping them feel good about their life again and feel safe. We can see that it is making a huge difference.”

Activities in the Child Friendly Space in Wadi Annakhle public school, implemented by UNICEF’s partner War Child Holland, focus on building the children’s self-confidence and relationships. However, in the beginning, it was difficult to get children to participate, as one of the facilitators, Marwa, recalls.

“When the children first came here, they were very afraid of the teachers and the other students,” she explains. “They felt inferior, as they came as refugees, and they behaved aggressively. But, during the time in the [Child Friendly Space] and with the teachers’ help and support, they have settled, become more self-confident and started to express themselves in a positive way.”

*** *On Syrian refugees in Lebanon, UNICEF 2012***

¹⁷ Source: Mental Health & Psychological Support Network

- special attention to the best interests of the child
- Child, family and community participation and empowerment
- Do no harm
- Build capacities and strengthen resilience
- Encourage integrated, multi-layered supports
- Structure and continuity in daily life.

It is worth mentioning as well that CHI recommends to its members a set of guidelines and principles to follow¹⁸. Many of them are linked directly or indirectly to the role of a child helpline as a 'peace maker' and a 'safety provider'. To mention a few:

- Child Helpline International members recognise the right of all young people, children and families to services that are professional, individualised, confidential, culturally sensitive and timely.
- The child helpline has a practice of non-discrimination in its services and recruitment policy.
- Members of Child Helpline International believe that services designed for children should respect the child's right to privacy and ensure confidentiality.
- Child Helpline International members are committed to ensuring the safety and protection of children who come into contact with the child helpline.

Peace zones for children- example

The creation of sanctuaries is best exemplified by the [Butterfly Garden](#) project located in Batticaloa, Sri Lanka. This project, initiated by the University of Manitoba, Canada (in 1996), developed a space (an actual land area which they called the Butterfly Garden) in which children could come and indulge in a variety of activities and where they were safe from the on-going violence in the region. The 'Butterfly Bus' would gather the children from their schools and take them to the Butterfly Garden. The organisers of the project garnered support from all of the warring parties, which allowed the bus to travel free from harassment and security checks. This helped to make the project a success in terms of the sheer relief and enjoyment it brought to the children of Batticaloa and the surrounding areas.

¹⁸ For a detailed list of principles recommended to child helplines, please refer to Child Helpline International's Principles, Standards and Practices.

In late 2004 the Butterfly Garden also became a centre for helping victims of the tsunami that devastated the Batticaloa area.

Safety and peace zones originate from different efforts exerted by various local, regional, or international groups. Several zones around the world were created by pressure from the UN and the international community as an effort to facilitate a space and time for relief activities. Ideally and for the sake of sustaining these projects, these spaces are not 'forced' on the political actors, but they were convinced on the grounds of humanitarian ethics, interest of the children, and purely compassionate foundations.

It is therefore crucial for initiators of the project to gather the commitment of all actors through advocacy in order to translate the concept of the zone into action. Such projects require a high level of participation and ownership from local communities, and probably less direct involvement from authorities to ensure neutrality in cases of conflict.

Another model that a child helpline can play a part in is implementing a time safety/peace zone. A humanitarian corridor such as 'tranquillity days' that would allow accessibility to communities alienated by conflict or disaster. These temporary zones were implemented for example in Afghanistan during its civil war; in Uganda during the conflict between the government and the National Resistance Army and in Sudan as a part of Operation Lifeline Sudan.¹⁹

Days of tranquillity²⁰

UNICEF's experience in El Salvador in 1985: Extended negotiations with the government and the rebels resulted in securing three days of tranquillity – where both sides agreed to a ceasefire – during which time a campaign was run for immunization. More than 20,000 health workers immunized 250,000 children. These three days of tranquillity became a regular feature in consecutive months and was repeated every year until the end of the war six years later.

Another such initiative is that of CWIN – Nepal. Their activities include information

¹⁹ From Fear to Sanctuary, a Typology of Zones of Peace. L.E. Handock

²⁰ From Fear to Sanctuary, a Typology of Zones of Peace. L.E. Handock

dissemination, campaigning for consensus among all warring parties, negotiating days of tranquillity and promoting peace education in schools.

While most temporary zones of peace are created for humanitarian relief, a few have been established specifically to benefit children. Most of these zones have been negotiated by UNICEF or another third party. The idea behind these activities is to provide a platform and space where children can express their feelings about the conflict and achieve some measure of healing. For instance, UNICEF's programme Return of Happiness helped many children cope with their emotions after traumatic experiences in conflict or disaster.

Return of Happiness - UNICEF

The terrible fire on 1 August 2004, in which more than 400 Paraguayans, including at least 46 children, lost their lives, has left many families and children grieving. In order to help affected children cope with their emotions and begin their return to a normal life, UNICEF is supporting a programme of psychosocial assistance called 'Return to Happiness'.

The programme ('Retorno de la Alegría' in Spanish) involves play-related activities in four stations: drawing, physical activities, recreation and orientation. All of this is conducted under the direct supervision of professional psychologists.

The programme seeks to help children between the ages of 6 and 14 years. Implementation began one week after the fire. The programme takes place at a local radio station, 'FM Trinidad', which is broadcasting information about the programme for anyone interested.

'Return to Happiness' is intended to benefit some 1,500 children. About 150 young volunteers are helping carry out the project. The volunteers were trained at a two-day workshop and have already begun working in the Santísima Trinidad neighbourhood of Asuncion.

"I hope these children will go back little by little to their normal lives, without forgetting what happened, but without experiencing on-going pain," said 19-year-old Alicia, one

of the volunteers for the programme. Alicia, like the other volunteers, is strongly motivated to do what she can to help the children cope with the tragedy.

With the help of the volunteers, children share their stories, games and music. They are expressing what they feel; the wounds are healing. No one knew what Sergio, seven, was thinking while he was drawing. When a volunteer asked what was in his picture, Sergio replied, "They are the people who died today." The methodology used in the programme enables Sergio and other children like him to address their emotions; in this way, the programme seeks to help the children return to their normal lives.

The 'Return to Happiness' concept was first developed in Mozambique during the 1992 civil war. Adaptable for various situations, it has been used in Ecuador with children of soldiers, in Colombia after the 1998 earthquake and in Nicaragua following Hurricane Mitch.

As the population in a Syrian refugee camp in Jordan soars, the focus is on the needs of the children²¹

Za'atari is 15 km south of the Syrian border. The camp opened in late July to shelter the massive influx of Syrian refugees fleeing the violence in their country. A month later, more than 28,000 people are housed at the camp. Half are children aged 18 and under. When Za'atari first opened, 300–500 people arrived daily. Recently, the number has soared to up to 2,000–3,000 new arrivals each day.

Za'atari is on barren desert land. Temperatures soar above 40°C. There are constant sandstorms. Everyone and everything in Za'atari is covered in a thick layer of dust.

It is not only the living conditions that are incredibly difficult, but also the emotional distress of long months of deadly conflict. Children have been affected profoundly.

"The majority of Syrian refugee children have witnessed extreme levels of violence and brutality," says UNICEF Jordan Representative Dominique Hyde.

Signs that the children's experiences have caused them to suffer can be seen throughout

²¹ UNICEF 2012

the camp. Children replicate killing scenes while playing. Others screech, cover their faces and frantically seek shelter when planes fly overhead.

UNICEF is working to protect children, restore a regular routine and address the emotional wounds of conflict:

- Children receive critical care and support to deal with emotional problems. Whether through group therapy or counselling sessions, addressing the impact war has had on a child's emotional well-being is a critical component of the support.
- In partnership with the NGO Save the Children, UNICEF operates 10 Child Friendly Spaces – safe places in Za'atari where children can play, socialize and otherwise begin to live like children again.
- UNICEF has built two large playgrounds and fenced off an area in which teenagers play football.
- Recreational kits and school-in-a-box materials are being distributed.

The Child Friendly Spaces also offer support for others sheltering in the camp. There are parenting classes, community group meetings and health information sessions.

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Child Helpline International (CHI) is the global network of child helplines in 136 countries (as of August 2012), which together receive over 14 million contacts a year from children and young people in need of care and protection. CHI supports the creation and strengthening of national toll-free child helplines worldwide, and uses child helpline data and knowledge to highlight gaps in child protection systems and advocate for the rights of children.

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Ministry of Foreign Affairs of the Netherlands