

# Populations with special needs

The mandate of the Red Cross - Red Crescent is to care for the world's most vulnerable people. Such care includes meeting their material, social and psychological needs, while at the same time recognizing that all people have a vital role to play in social and community structures, and no matter how vulnerable, they still have resources to offer in terms of knowledge, skills and experience.

This module describes those populations that are likely to be particularly vulnerable with respect to psychological needs, and who may require specific attention.

## Learning objectives

At the end of this module, participants should be able to:

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- Identify and describe the characteristic reactions of certain groups affected by disaster
- Describe effective types of intervention to assist certain groups at risk.

## 5.1 Groups with special needs

The characteristics of certain groups will obviously influence their responses and needs. As an example, younger children and older adults appear to be vulnerable in unique ways and are subject to a higher proportion of emotional and physical difficulties when compared with the general population.

The following groups may be particularly at risk:

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- Children
- Older persons
- Persons with mental illness
- People living with HIV/AIDS.

This list is clearly not comprehensive: other groups which need to be considered as having special needs are:

- Persons with physical or developmental difficulties
- Parents with dependent children
- Bereaved spouses
- Economically disadvantaged groups
- Socially disadvantaged groups.

The module will, however, concentrate on the four main groups identified above, but many of the points made are general and will be applicable to any group. Clearly, each group with whom you work will need to be considered in terms of cultural, socio-economic and other factors.

Generally, in working with populations whose culture is not familiar to you, help and information is often available from other community members. For example, with



children, you might want to ask how people care for their children, what rituals and celebrations they have, and what hopes they have for the future.

## 5.2 Children

Experiencing an earthquake, a conflict or loss of a family member is upsetting for anyone. A critical event is not easily understood, since something unexpected and new has been experienced and there is no known and tried pattern of actions to follow. This is especially true for children. They are more vulnerable than adults and lack ability to judge which fears are realistic and which are not. It is nevertheless important to remember that with adequate support most children will be able to recover. The following section will help you recognize and respond to children's needs.

### Recognizing stress in children

To recognize stress in children, it is necessary to listen and observe. Listen to what children say both in words and through their behaviour. Observe what children do as you talk to them or as they play alone or with others.

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- Talk with parents and other adults who know the child. Is the child behaving differently in any way? Has the child's personality, mannerisms or outlook on life changed greatly? Do the adults think the child needs help?
- Talk to the child about everyday things and observe how the child responds. Does the child listen to you and understand what you are saying? Does the child's understanding seem satisfactory for its age?
- Does the child appear upset and confused? Is he or she unable to concentrate or respond to questions?
- Compare the child's behaviour to that of other children in the same setting. Is it about the same as the behaviour of other children?
- Observe the child at play. Does the child play appropriately for his or her age? Is the playing typical of other children or is it somehow different?<sup>1</sup>

### Children's typical reactions

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Fear and anxiety	Children are often afraid that the event will happen again. A child's most dominating fear is that he or she will be left alone. Therefore, it is common for children to become more "clinging" and to protest about the absence of a loved one.
"Childish" or regressive behaviour	Children's fear and anxiety may cause them to act younger than their age. They may begin behaviour such as bedwetting, thumb-sucking, and being very clingy or afraid of strangers.
Difficulty sleeping	Frequently children show their anxiety and fear through having nightmares or being afraid of sleeping alone. They may develop fears of the dark or have difficulty falling or staying asleep at night.

1- World Health Organization in collaboration with the Office of the United Nations High Commissioner for Refugees (1996), *Mental health of refugees*, WHO

Physical reactions	Some children have stomach-aches, headaches, nausea, eating problems or other physical symptoms of distress. These can be in response to fear, guilt, anger or feeling vulnerable to future tragedies.
“Trigger” responses	Sometimes a child will associate a particular smell, sound, object, or activity with the trauma. Whenever he or she is exposed to that reminder, anxiety, avoidance of the trigger, and sometimes physical reactions will follow.
Difficulty concentrating and thinking	Children of all ages can experience difficulties with concentration. Many find that they are easily distracted and feel confused and disoriented. <sup>2</sup>

## Typical reactions related to age groups

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Birth to 2 years	Even though small children do not have the words to describe the event or their feelings, they can, however, retain memories of particular sights, sounds or smells. Infants may react by crying more than usual, showing clinging behaviour, being irritable, passive or emotional.
Pre-school, 2 to 6 years	Pre-school children often feel helpless and powerless following a critical event. They typically fear being separated from parents, and return to behaviours exhibited at earlier stages like thumb-sucking, bedwetting, or fear of darkness. In the weeks following a critical event, a pre-schooler’s play activities may involve aspects of the event. He or she may re-enact the event over and over again.
School age, 6 to 10 years	The school-age child has the mental ability to understand more complicated issues, and this can result in a wide range of reactions, such as guilt, feelings of failure, anger that the event was not prevented, or fantasies of playing rescuer. Some children become intensely preoccupied with the details of the event and want to talk about it continually. This preoccupation may interfere with a child’s concentration at school and lead to poor performance.
Preadolescence to adolescence, 11 to 18 years	As children get older, they may exhibit responses similar to those of adults. However, particular reactions like irritation, rejection of rules and aggressive behaviour are also common. Some teenagers may become involved in dangerous, risk taking behaviour, such as reckless driving, alcohol or drug abuse. Others become fearful of leaving home as the world can seem dangerous and unsafe. <sup>3</sup> Teenagers who appear withdrawn and isolate themselves from family and friends may be depressive and some may even attempt suicide. Such reactions require immediate reaction and professional assistance (see <i>When a childcare specialist is needed</i> ).

2- DeWolfe D, *Helping children cope with a traumatic event*, American Red Cross.

3- DeWolfe



## Helping a child

Following critical events, children and their parents may face separation, loss, uncertainty, stress and hardship. Normal roles and daily routines will be lost. Parents lose their means of earning and providing for their families, and they may lose their traditional ways of caring for their families and rearing their children. These difficulties may influence parents' ways of caring for their children, and it can disrupt the normal growth and development of children.

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It is normal for people to look around at others for guidance about how to react in a situation. This is especially true for children. Younger children in particular look to parents and other family members for clues as to how they should be reacting. That is probably why we often see that children are only doing as well as their parents. Because of this, one of the best ways to help a child to do better is through helping the parent.<sup>4</sup>

Other factors that could improve the well-being of children include:

Keep familiar routines	Maintain familiar daily routines in and around the home, as close to normal as possible, as this will give the child a feeling of security and control. Encourage families to continue their children's schooling. Attendance at school and playing with other children helps them to continue with the familiar aspects of their life. Teachers may also be in a good position to recognize the needs of children.
Pamper and care	Allow children to be more dependent on you for a period of time. This may involve more physical contact than usual, not sleeping alone, having the light on, etc. Allow time and opportunity to grieve and recover after their experiences.
Talk about what happened	Provide children with appropriate information about their situation and an environment where they feel safe enough to express their feelings. Children express their feelings in different ways. Some children will be withdrawn and unable to talk about the event. Others will experience intense sadness or anger over what has happened, and others will suffer periods of denial when they act as if the event has not occurred. Children are often confused about the facts and their feelings. Talking can help clarify what they understand and what they need to hear. <sup>5</sup>
Find opportunities for children to influence positively what happens to them	

## When a childcare specialist is needed

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If you have any doubts at all, seek further information, talk to your supervisor, colleagues or someone in the community that knows the child.

Seek professional help if a child is experiencing any of the following reactions for longer than one month following a critical event:

<sup>4</sup> WHO, *Mental health of refugees*.

<sup>5</sup> DeWolfe

Hyperactivity	Inability to sit still, difficulty concentrating, learning difficulties, dangerous risk taking behaviour
Hopelessness/helplessness	Feels sad and cries a lot, does not eat, wants to stay in bed, talks about ending his or her life
Constantly thinking about the event	Nightmares, withdrawal from usual social activities or play with other children, intense anxiety or avoidance that is triggered by reminders of the event
Physical problems	Nausea, headaches, weight gain or loss, for example
Alcohol or drug use problems	

Note should be taken on reported cultural differences in children's symptoms.<sup>6</sup>

### Sexual abuse of children

Child sexual abuse occurs when a child is used for sexual purpose by an adult or adolescent. It involves exposing a child to any sexual activity or behaviour. It is a betrayal of trust and an abuse of power over a child.

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Children are being abused sexually all over the world. However, children who have physical or mental disabilities as well as children who are isolated from their families are at greater risk of being sexually abused.

Children are vulnerable because they are less powerful and more naive, and adolescents or adults have many opportunities to abuse children by virtue of their more powerful positions.

Children's reactions to sexual abuse are both age, gender and culturally specific. It is, however, common that they demonstrate or talk about inappropriate adult sexual behaviour, show sudden specific fears or mistrust of males, females or particular places and that they have physical signs or get diagnosed with a sexually transmitted disease. Sexually abused children will from an early age tend to feel guilty about what has happened to them and therefore full of shame. The shame may explain some of the more self-destructive behaviours observed in sexually abused adolescents.<sup>7</sup>

If you believe you have reasonable grounds to suspect that a child is being sexually abused, **promptly report** your concerns to your Red Cross - Red Crescent supervisor as well as the child welfare agency, social service department or police force in your community. For further information see *The Convention on the Rights of the Child*<sup>8</sup>. Article 19 commits governments to protect children from all forms of physical or mental violence, including sexual abuse.

6- Leth I (2000) *Physical, psychological, emotional challenges when dealing with displaced children*, Child Protection Service, NYHQ, UNICEF.

7- DeWolfe

8- UNICEF (1989) *The Convention on the Rights of the Child*



## Discussion point

Helpers need to be prepared for their own emotional reactions when supporting children in crisis, and to be aware that their reactions are quite normal. Being with people who have experienced a critical event will often cause feelings in the helper, such as sadness, anger, helplessness and fear, that parallel those affected. This is particularly true when dealing with children because of their vulnerability. Share in the group any first-hand experiences that participants might have, and discuss how seeing children in pain touches the helper.

## 5.3 Elderly

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Older people may be particularly vulnerable during and immediately after critical events. They are more likely to be physically disabled, they may live alone and lack help and other resources. Furthermore, they may have to face the shock of losing all that they had attained in life, their home, family, employment and security.

### Older people's typical reactions

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- Increased memories of and wish to reconnect with past and friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Depressing view of the future (it will never be as good as it was)
- Regression (generally a temporary return to a former, usually worse condition)
- Feeling of multiple losses (personal, material, dignity, hope for future)
- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration when unable to control a situation
- Concentration and communication difficulties
- Physiological responses (especially sleep and appetite disturbances).<sup>9,10</sup>

### Helping an older person

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It is necessary to ensure that older people have access to aid and support services which are available for the rest of the population, and that they are not isolated. This is particularly so in the case of older women, who may have been marginalized in their own communities and face even more difficulties after a critical event. However, in situations where communities are displaced, older people can also provide a sense of continuity, culture and history, which can assist displaced groups to maintain their sense of identity and preserve the cohesion of the community.

9- Cohen R E (2000), *Mental health services in disasters: Instructor's guide* Pan American Health Organization.

10- Cohen R E (2000), *Mental health services in disasters: Manual for humanitarian workers* Pan American Health Organization.

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The following activities will help reinforce coping mechanisms for older people:

Secure attachments and relationships	Let people identify who they want to be close to. Do not, however, assume family relations are friendly.
Safety	Secure a safe environment, but respect wishes if the older person prefers to remain in his/her home.
Talk about the event	Reactions, thoughts and feelings are influenced not only by the critical event itself, but also by past memories. Allow time and space to talk about the past as this will provide trust and strength to deal with current concerns.
Be aware of cultural difference	Older people may have different cultural and traditional backgrounds; services that are suitable for the majority may not necessarily fit every minority group.
Information	Factual information about what happened and what is likely to happen (who will help the older person, where the person will stay at night etc.) gives a feeling of security and control. Information may need to be repeated a number of times.
Establish old routines as soon as possible	Routine is normal and comforting.
Reassure about normal reactions	It is reassuring to be told that concentration and communication difficulties, physical complaints etc. are what can be expected in the aftermath of a critical event.
Be supportive and build confidence	Older people can naturally contribute a great deal, and can be encouraged to use their strengths and abilities at the same time as preserving their dignity.
Create opportunities for older people to feel useful and valued <sup>11 12</sup>	

## 5.4 Persons with mental illness

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Most people with mental illness function best under conditions of low to moderate stimulation, firm structure, and high predictability. Critical events are characterized by quite the opposite. Persons with mental illness may need special help. Although the number of persons with mental illness most likely will be small, they require skilful handling and care with an understanding of their particular vulnerability.

11- Cohen:  
*Instructor's guide*

12- Cohen: *Manual for humanitarian workers*



### When to seek advice

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People who show behaviour that appears inappropriate for the situation should be closely observed. A basic rule is always to link up with existing health services, as the skills and knowledge needed to interact adequately and care for mentally ill require special training. Furthermore, a number of these people are dependent on psychotherapeutic medications.

The following emotional problems are too severe for Red Cross - Red Crescent volunteers to handle by themselves; advice from health professionals should be sought:

- Depression lasting longer than two weeks, with a tendency to attempt suicide
- Mental disorder, e.g., hallucinations (auditory or visual) or delusions
- Other strong emotions that are beyond volunteers' and relatives' ability to cope, such as rage, aggression, intense fear or worry, etc.

## 5.5 People living with HIV/AIDS

People living with HIV/AIDS present a special challenge, as myths and misunderstandings about them make many people unduly worried about disease transmission. This may lead to victimization within the community.

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This concern about disease transmission has increased as a result of the AIDS (acquired immune deficiency virus) epidemic. AIDS is caused by HIV (human immunodeficiency virus) which breaks down the body's immune system and can lead to fatal infections. People can carry the HIV virus for more than eight years without developing AIDS but during that time they can still infect others.

The risk of catching the transmissible disease is far less than many people think. Red Cross - Red Crescent volunteers play a critical role in both educating the population to reduce the fear of infection, and in carrying the correct message about how HIV/AIDS is transmitted, i.e.:

- Through blood and blood products, other body fluids and transplanted organs that contain the virus
- From an HIV-infected mother to her child during pregnancy, childbirth or through breast feeding
- Through unprotected sexual intercourse with someone who has HIV (man to woman, woman to man, man to man).

HIV is NOT transmitted through touching, hugging and shaking hands, coughing and sneezing, food and water, air, toilet seats or sharing clothes and bedding (see *Guidelines on first aid and HIV/AIDS* by the International Federation of Red Cross and Red Crescent Societies, 2001).

## Caring for people living with HIV/AIDS

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Develop familiarity and trust by greeting people living with HIV/AIDS and their relatives politely, warmly and in a friendly way	Introduce yourself and inform them about your objectives in being there. Begin the conversation with general topics before proceeding to personal issues
Deal with emotional problems in accordance with the following principles	<ul style="list-style-type: none"> <li>■ Give moral support by sincerely showing your compassion, warmth and concern</li> <li>■ Listen empathetically and ensure confidentiality of his/her personal information</li> <li>■ Do not blame or give unsolicited advice</li> <li>■ Assist people in identifying options to enable them to make appropriate decisions.</li> </ul>
Work with family members and encourage them to accept and support the individual	Provide information on resources, such as medical services and support groups in the community.

### Activity 5A: Special needs

*In small groups, give out the following role-play scenarios. Each group should choose one of the following, as far as possible choosing a special needs scenario which is most relevant to their Red Cross - Red Crescent activities.*

- A family with two children aged 6 and 12 who have lost their home because of an earthquake and are living in a shelter.
- A widow who has moved in with her son and daughter-in-law after her house was flooded.
- A pregnant woman who has discovered she is HIV positive.
- A man with learning difficulties who has returned to live in the community after spending time in an institution.

*Ask each group to come up with some main points about how the Red Cross - Red Crescent can most appropriately react to these situations, and to write down some recommendations for action.*

*Allow about 20 minutes for this activity.*

*Purpose of this Activity:*

- *To discuss and assess special needs and make recommendations for action.*



## Discussion point

Ask a representative from each group to summarize the recommendations made, and lead a discussion about the main points. In particular, guide participants to reinforce ideas about good communication, community participation, reactions of certain groups, and the main principles of psychological support.

## Review and revision: Taking action

*Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session's main points, while acting as triggers for any areas which participants would like to review.*

*Invite participants to ask questions, make comments or give feedback.*

*Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them about groups with special needs, and how they might work with them in the future.*

## 5.6 Summary

- Specific groups among people affected by critical events may be particularly vulnerable with respect to psychological needs. The following groups are generally more at risk:
  - Children
  - Older persons
  - Persons with mental illness
  - People living with HIV/AIDS.
- Children are likely to be more vulnerable than adults, but with adequate support, most children will be able to recover. To recognize stress in children, listen to what they say and observe their behaviour.
- Different age-groups may react in different ways. For example, infants may react by crying more than usual, pre-school children may revert to baby behaviour, school-age children may lack concentration, while adolescent children may react more like adults.
- Helping the child will often involve helping the parent, since children typically are guided by the reactions of family members. In addition, it is important to keep a routine, pamper them, talk to them about the situation and seek opportunities for children to influence what happens to them.
- Seek professional child care help in the following circumstances:
  - Hyperactivity
  - Hopelessness/helplessness
  - Constantly thinking about the event
  - Physical problems
  - Alcohol or drug use problems.

- Children may be vulnerable to sexual abuse, and will show common reactions, such as fear or mistrust of males, females or particular places. Suspicion of sexual abuse must be reported promptly to the Red Cross - Red Crescent supervisor, child welfare agency, social service department or police force in the community.
- Older people may be particularly vulnerable during and immediately after critical events. Activities aimed at restoring confidence and dignity should be emphasized.
- Persons with mental illness may need special help, with skilful handling and care. Advice from health professional should be sought if the following severe emotional problems are demonstrated:
  - Long-term depression, with a tendency to attempt suicide
  - Mental disorder, such as hallucinations
  - Strong emotions, such as rage, fear.
- People living with HIV/AIDS present a challenge because of fear and misunderstanding of the way the virus is transmitted. Volunteers need to carry the correct message about disease transmission, as well as care for the affected persons.
- Caring for people living with HIV/AIDS requires the volunteer to:
  - Develop familiarity and trust with both affected people and their families
  - Deal with emotional problems using supportive communication methods
  - Work with family members to encourage them to support the individual.





## Populations with special needs

# Learning objectives

- Identify and describe the characteristic reactions of certain groups affected by disaster
- Describe effective types of intervention to assist certain groups at risk





## Populations with special needs

# Groups with special needs

- Children
  - Older persons
  - Persons with mental illness
  - People living with HIV/AIDS
- In addition:
- Persons with physical or developmental difficulties
  - Parents with dependent children
  - Bereaved spouses
  - Economically disadvantaged groups
  - Socially disadvantaged groups





## Populations with special needs

# Emotional stress in children

## Listen/observe/respond

- Find out about any change in behaviour, personality, outlook. Talk to parents or other adults who know the child
- Talk to the child. Observe how the child responds
- Does the child appear upset or confused?
- Compare the child's behaviour to that of other children in the same setting
- Does the child play appropriately?







## Populations with special needs

# Children's typical reactions

- Fear and anxiety
- “Childish” or regressive behaviour
- Difficulty sleeping
- Physical reactions
- “Trigger” responses
- Difficulty concentrating and thinking







## Populations with special needs

# Reactions related to age groups 1/2

- Birth to 2 years
  - Irritable, crying, showing clinging or passive behaviour
- Pre-school, 2 to 6 years
  - May feel intense fear and insecurity
  - Play activities may involve aspects of the event
  - Re-enactment of event over and over





## Populations with special needs

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# Reactions related to age groups 2/2

- School age, 6 to 10 years
  - Guilt
  - Feelings of failure
  - Anger
  - Fantasies of playing rescuer
  - Intensely preoccupied with details of the event
- Preadolescence to adolescence, 11 to 18 years
  - Responses resemble adult reactions
  - Irritation, rejection of rules and aggressive behaviour
  - Dangerous, risk-taking behaviour
  - Fearful
  - Depressive
  - May attempt suicide





## Populations with special needs

### Helping a child

- Help through helping the parent(s)
- Keep familiar routines
- Pamper and care
- Talk about what happened
- Find opportunities for children to influence positively what happens to them



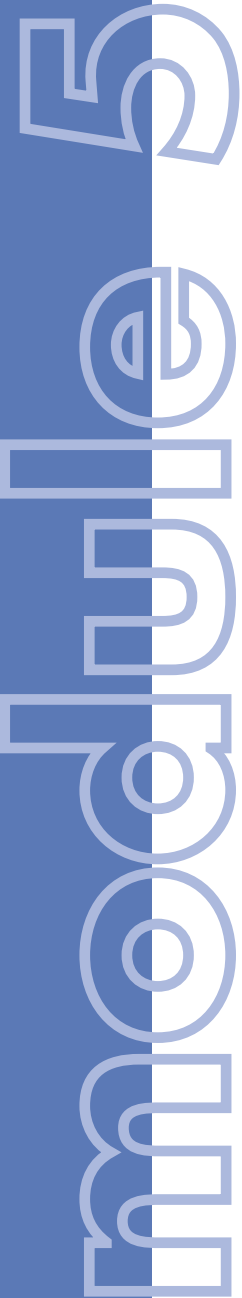


## Populations with special needs

# **When a childcare specialist is needed**

## **When there are continuing signs of:**

- Hyperactivity
- Hopelessness/helplessness
- Constantly thinking about the event
- Physical problems
- Alcohol or drug use problems





## Populations with special needs

# Sexual abuse of children

- When a child is used for sexual purpose by an adult or adolescent
- Children with physical or mental disabilities or who are isolated from their families are at greater risk of sexual abuse
- Reactions to abuse may include:
  - Demonstrating or talking about age-inappropriate sexual behaviour
  - Showing sudden specific fear or mistrust of males, females or particular places
  - Signs or diagnosis of a sexually transmitted disease
  - Feeling guilty or ashamed about what has happened to them
- Promptly report any well-founded concerns to your supervisor, child welfare agency, social service department or police force in your community





## Populations with special needs

# Older persons

- Especially vulnerable when:
  - Physically disabled
  - Living alone
  - Lacking help and other resources
  - Having to face the shock of losing all that they had attained in life



## Populations with special needs

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# Older people's typical reactions

- Increased memories of and wish to reconnect with past and friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Depressing view of the future
- Regression
- Feeling of multiple losses
- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration
- Concentration and communication difficulties
- Physiological responses







## Populations with special needs

# Helping older people

- Facilitate access to aid and support services
- Ensure that they are not isolated
- Help them to maintain their sense of identity and preserve the cohesion of the community
- Provide opportunities to feel a sense of continuity, culture and history







## Populations with special needs

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# Coping mechanisms Reinforcement

- Identify secure attachments and relationships
- Ensure safety
- Talk about the event
- Be aware of cultural backgrounds
- Give factual information
- Establish routine
- Reassure about normal reactions
- Be supportive and build confidence
- Create opportunities to feel useful and valued





## Populations with special needs

# Persons with mental illness

## Function best with:

- Low to moderate stimulation
- Firm structure
- High environmental predictability







## Populations with special needs

# Persons with mental illness

- Link with existing health service and seek advice if:
  - Depression lasts longer than two weeks
  - There is mental disorder, e.g. hallucinations
  - Other strong emotions are shown, such as rage, aggression



## Populations with special needs

# People living with HIV/AIDS

## Education needed because:

- Myths and misunderstandings may lead to victimization within the community
- Support required so that humane treatment is given within the community
- Risk of transmission is low if people know and understand how it happens, i.e.:
  - Through blood and blood products
  - From an HIV-infected mother to her child during pregnancy, childbirth or breast-feeding
  - Through unprotected sexual intercourse with someone who is HIV positive





## Populations with special needs

# Caring for people living with HIV/AIDS

- Develop familiarity and trust
- Give moral support by sincerely showing compassion, warmth and concern
- Listen empathetically and ensure confidentiality
- Do not blame or give unsolicited advice
- Assist people in identifying options to enable them to make appropriate decisions
- Work with family members and encourage them to accept and support the individual
- Provide information on resources, such as medical service and support groups within the community



## Populations with special needs

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# Summary 1/5

- Specific groups among people affected by critical events may be particularly vulnerable with respect to psychological needs. The following groups are generally more at risk:
  - Children
  - Older persons
  - Persons with mental illness
  - People living with HIV/AIDS.
- Children are likely to be more vulnerable than adults, but with adequate support, most children will be able to recover. To recognize stress in children, listen to what they say and observe their behaviour.



## Populations with special needs

# Summary 2/5

- Different age-groups may react in different ways. For example, infants may react by crying more than usual, pre-school children may revert to baby behaviour, school-age children may lack concentration, while adolescent children may react more like adults.
- Helping the child will often involve helping the parent, since children typically are guided by the reactions of family members. In addition, it is important to keep a routine, pamper them, talk to them about the situation and seek opportunities for children to influence what happens to them.





## Populations with special needs

# Summary 3/5

- Seek professional child care help in the following circumstances:
  - Hyperactivity
  - Hopelessness/helplessness
  - Constantly thinking about the event
  - Physical problems
  - Alcohol or drug use problems.
- Children may be vulnerable to sexual abuse, and will show common reactions, such as fear or mistrust of males, females or particular places. Suspicion of sexual abuse must be reported promptly to the Red Cross - Red Crescent supervisor, child welfare agency, social service department or police force in the community.



## Populations with special needs

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# Summary 4/5

- Older people may be particularly vulnerable during and immediately after critical events. Activities aimed at restoring confidence and dignity should be emphasized.
- Persons with mental illness may need special help, with skilful handling and care. Advice from health professional should be sought if the following severe emotional problems are demonstrated:
  - Long-term depression, with a tendency to attempt suicide
  - Mental disorder, such as hallucinations
  - Strong emotions, such as rage, fear.



## Populations with special needs

# Summary 5/5

- People living with HIV/AIDS present a challenge because of fear and misunderstanding of the way the virus is transmitted. Volunteers need to carry the correct message about disease transmission, as well as care for the affected persons.
- Caring for people living with HIV/AIDS requires the volunteer to:
  - Develop familiarity and trust with both affected people and their families
  - Deal with emotional problems using supportive communication methods
  - Work with family members to encourage them to support the individual.

