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Trauma and Sport for Development

- A toolkit for sport development workers-

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I Introduction

Introduction to the field of trauma and sport

This section of the toolkit deals with the issue of how to deal with (sports)persons who have had a traumatic experience. We present the following:

- knowledge about trauma and how to recognise and handle it
- information and tips about how you can protect yourself and manage stress
- information and tips about how to work with sportspersons who have had a traumatic experience
- Information and tips for the sending agencies

Can a sport development worker help people overcome their trauma?

Background

Sport development workers regularly encounter sportspersons who face psychological problems. If you are working in an area where there has been a (natural) disaster or where there has been a (civil) war, chances are that a substantial part of the population has been through a traumatic experience. Development work is often aimed at people in vulnerable positions, including young people living in deprived areas or refugee camps.

Know what you can do

Sometimes, psychologically burdened sportspersons can make it difficult for sport development workers to do their work, especially when these psychological problems are severe, as is quite frequently the case with refugees. They have often been living in fear and uncertainty or have witnessed violent acts including rape and murder. Such traumatic experiences may have a bearing on people's behaviour. For instance, someone may find it difficult to control his or her emotions, may have trouble concentrating on a task, suffer insomnia or nightmares, and so on.

These are things for which sport development workers have not been prepared in the course of their training as instructors or consultants. Quite a few among them have said that this leads them to feel unsettled in the field. When a sportsperson's behaviour is out of the ordinary, does that mean there is a trauma involved? Or is there another psychological problem? How does one deal with such behaviour? What can you do when, for instance, you have a small boy in your project who only wants to sit on a ball and refuses to play with anyone else? Should you force him a little into participating or just leave him alone? Another: can you do contact sports with girls who have been sexually abused?

Every situation is unique

Various trauma experts, including professor De Jong of the Transcultural Psychosocial Organisation, Dr Simon of the Antares Foundation and professor Wolters, have made it clear that there is no ready-to-use method for working with people who have had a traumatic experience. Every situation and individual is unique. How you work with people who have serious psychological problems largely depends upon your personality, intuition and sensitivity. In any case, what is important is that you show the other person that you take him/her seriously and put in an effort. Professor Wolters, a retired lecturer in medical psychology for children and youth, says that a sport development workers who know what they are doing and are sensitive to the environment and the sportspersons in it already possess more than half the qualities necessary to deal with people who have had a traumatic

experience. But there are a number of ways to facilitate and improve the rapport with people who have been through such an experience.

Can a sport development worker help people overcome their trauma?

Common opinion holds that sport can contribute indirectly to the process of overcoming trauma. Sport activities lend structure to someone's daily life. They can also regulate the way in which people who have been through extreme and life-threatening situations relate to each other in groups. Sport also helps young people develop psychologically and integrate into a society. Sport is an excellent way to channel physical, psychological and social needs and it contributes to people's mental and physical health care (Wolters, 1998).

Assess your own capacities

However, all this does not mean that sport development workers are able, by virtue of their education, to help sportspersons with a trauma. There are certain competencies missing; after all, a sports instructor is not a psycho-social worker. But there are instances in which a sport development worker is expected to have some psychological skills and this may turn out to be problematic. Various trauma experts, including Professor De Jong of the Transcultural Psychosocial Organisation, Dr Simon of the Antares Foundation and professor Wolters, say that the first priority of a sport development worker should be the development and realisation of sport activities. By doing so, they can help people overcome their trauma, in an indirect way. Organisations working in the field are advised to take this into account when they design projects. Sport development workers themselves are advised to make a realistic assessment of their own capacities and vulnerabilities and find out whether they have not been traumatised in the past. They should do this before accepting an assignment abroad, as past traumas and present weaknesses can become a handicap once in the field.

Contents

Things you should know about trauma

Some knowledge of trauma can make it easier for you to work with sportspersons who have had traumatic experiences. A sport development worker should know what the impact of a traumatic experience on an individual can be. He or she must understand why someone responds in an unusual way to a given situation. It is important to know how you can recognize a sportsperson who may have been traumatised. A sports development worker must also know something about the process by which a trauma can be overcome. These and other topics that are of interest to a sport development worker in the field are dealt with in this section. ([link](#))

Tips for the sport development worker in the field

While there is no ready-to-use method for dealing with sportspersons who have gone through a traumatic experience there are a number of practical tips available for a sport development worker. In this section, experienced field workers and trauma experts share some hints and tips that can help a sport development worker's activities in the field. ([link](#))

Tips for the sending/posting agency

Things your organisation can do

The agency that recruits sport development workers and sends them to posts in the field is responsible for the entire process. It must ensure that the sport development worker can do his or her work. What are the conditions that must be met for a position overseas to be successful? Talks with trauma experts and experienced field hands have produced a list of essential conditions that should be fulfilled. These cover the entire process, from fact finding, through recruitment, preparation, field work and debriefing. ([link](#))

Ability to deal with the consequences

The field is complex and a sport development worker must be able to deal with the stress that may be part of working with traumatised sportspersons. There is a vast difference between a former child soldier and recalcitrant teenager in a secondary school somewhere in a western country. This part of the toolkit pays attention to the ways in which you can protect yourself and manage stress ([link](#))

2 Things you should know about trauma

Introduction things you should know about trauma

'I have had little professional preparation and certainly not in terms of how to deal with young people who had been traumatised. It is something I have missed while at work. My job was really aimed at sport for sport's sake and little attention had been paid to the role sport can play in overcoming trauma'. (Anneke van Drimmelen. She did work in the late nineties for Terre des Hommes in a sports development project for disabled in Tanzania)

Stigmatising effect of the word trauma

One very important tip is connected to the use of the word "trauma" in the field. Various experts counsel caution with the usage of this word. The problem is, when you begin to use the word trauma, you have started putting people in psychiatric and medical categories. This could mean that you will be adding insult to injury by labelling them in this fashion. This is particularly true in cultures that differ from the western ones. People who have psychological problems are already vulnerable and labelling them as traumatised may actually impede their healing process. In short: exercise caution when using the word trauma in the field.

The International Federation of the Red Cross and Red Crescent Societies publication entitled "Psychological Support: Community-based Psychological Support Training Manual" (2002) also urges prudence when using the term "trauma".

It is not possible to offer a sport development worker a ready-to-use method for working with sportspersons who have had a traumatic experience. Every situation and individual is unique. But it is possible to provide some points of orientation and one of the ways in which this can be achieved is by increasing one's knowledge about trauma. What is it? What effect can it have on an individual? How can you recognise it? How can traumas be overcome? Having the answers to these questions will help you to better understand what goes on in the heads of the sportspersons you work with. Some knowledge of trauma will increase a sport development worker's understanding of certain types of behaviour and will also help him or her in recognising problems early and better deal with them. All this is likely to make working in the field easier. We present here the most important issues.

- **What is a traumatic experience? (link to article)**
- **Some personal histories (link to article)**
- **What are the characteristics of a traumatic event? (link to article)**
- **What are the effects of a traumatic event on an individual? (link to article)**
- **How do you recognise the signs that someone may have been traumatised? (link to article)**
- **Working it through: how can a trauma be overcome? (link to article)**
- **FAQs and often repeated misconceptions about trauma (link to article)**

What is a traumatic experience?

Some descriptions

'A traumatic experience is an event that falls completely outside the scope of your normal life. The experience does not fit within your image of how the world should be put together and how you should function within it. It is an event that provokes very strong emotions, such as fear, rage or powerlessness'. (Scholte, www.warchild.nl)

'A difficult situation becomes a traumatic event when it is a sudden, extreme, abnormal and fearful experience'. (AVSI Handbook for teachers (USAID), 2003, p. 12)

'A sudden and acutely shocking experience that washes over the individual, rendering him or her powerless for a brief or a longer period of time. The event can lead to a post-traumatic stress reaction or even disorders'. (Wolters, 1991)

'A traumatic experience is a very shocking event of a special order, which renders the individual temporarily helpless or hopeless. Normal mechanisms of self-maintenance are often made redundant but not always: some may actually be activated. The normal coping repertoire ([link to what is coping?](#)) is no longer there. That in and of itself constitutes a very vulnerable situation because often and especially in situations of war you need to be fully alert and have that coping repertoire available'. (professor Wolters)

Some personal histories

Each of these stories describes the same event, as experienced by three different people. All can be called traumatic and all offer insight into what exactly can be called a trauma.

'I was not expecting the attack so I was not prepared to defend myself. The rebels cut my leg with a panga. Now I don't want to see or go near a panga. Whenever I see one, I remember clearly the ambush as if it was happening all over again. At night I have trouble sleeping, and I do not like eating very much. I will never forget that day of the ambush.'

'I was always worried about rebel ambushes and whether I would be able to protect my children. Then one day we were ambushed on the road. There was screaming and confusion and we all ran. I lost sight of my young son and did not know what had happened to him for many hours. Some children were abducted but my son hid and returned home later. Now I cannot walk along that road without constantly watching the bushes. I fear another attack and jump whenever I see quick movement, even if it is just leaves moving in the wind. I do not want my children to go anywhere without me. '

'My older brother was taken by the rebels when they ambushed us. I was scared when the Rebels chased us, so I ran. Afterwards, I could not stop shaking and crying for a few hours. Now I cannot sleep because of nightmares about the attack and about what the rebels are doing to my brother. I do not want to leave home to go to school. I just want to stay inside.'(AVSI 2003, P.15)

What are the effects of a traumatic event on an individual?

Is trauma the same as post-traumatic stress disorder (PTSD)?

In professor Wolters' view, post-traumatic stress disorder is not a catch-all phrase. 'I always use the term "post-traumatic stress reaction". These are reactions or symptoms of normal people in an abnormal situation. There are many victims of trauma and there is a certain number among them who display real disorders. But in those cases we must also ask ourselves what else is at play here: the past, aptitude, previous psychological problems and disorders that resurface acutely or become loaded with extra meaning. All in all, we are much more cautious in these matters than before'. [\(Link to FAQ's Does everyone who has been through a traumatic experience need professional help?\)](#)

Symptoms of a post-traumatic stress reactions

In the manual on "Coping with disasters: a guidebook to psychological intervention (2001), professor Ehrenreich (Center for Psychology and Society, State University of New York) has described a number of symptoms of a post-traumatic stress reaction.

Post-traumatic symptoms:

- grief, mourning, depression, despair, hopelessness
- anxiety, nervousness, being frightened easily, worrying
- disorientation, confusion
- rigidity and obsessiveness, or vacillation and ambivalence
- feelings of helplessness and vulnerability
- dependency, clinging; or alternatively: social withdrawal
- suspiciousness, hypervigilance, fear of harm, paranoia
- sleep disturbances: insomnia, bad dreams, nightmares
- irritability, hostility, anger
- moodiness, outbursts of emotion
- restlessness
- difficulties concentrating; memory loss
- somatic complaints: headaches, gastrointestinal symptoms, sweats and chills, tremors; fatigue, hair loss, changes in menstrual cycle, loss of sexual desire, changes in hearing or vision, diffuse muscular pain
- intrusive thoughts: flashbacks, feeling one is "re-living" the experience, often accompanied by anxiety
- avoidance of thoughts about the disaster and avoidance of places, pictures, sounds reminding the victim of the disaster; avoidance of discussion about it
- problems in interpersonal functioning; increased marital conflict
- increased drug and alcohol use
- cognitive complaints: difficulty concentrating, remembering, slowness of thinking
- difficulty making decisions and planning
- feeling isolated, abandoned
- "dissociative experience": feelings of being detached from one's body or from one's experiences, as if they are not happening to you; feeling things seem "unreal"; feeling as if one is living in a dream
- feelings of ineffectiveness, shame, despair
- self-destructive and impulsive behaviour
- suicidal ideation or attempts
- the "death imprint": pre-occupation with images of death

Source: Ehrenreich 2001, page 17

Post traumatic stress reaction

In extreme cases, this leads to a number of symptoms:

- (1) Invading images, all manner of mental pictures but also smells, for instance, that are linked to the traumatic situation and this can lead to fear and a great panic.
- (2) Numbing, freezing; the experience is so extreme that one ceases to feel anything, in a manner of speaking. What this means, in fact, is that these feelings, the fear, aggression and panic have been stowed away and lie dormant. Depending on the situation they can re-emerge.
- (3) Hyper alertness. You are in your manhole at the front, you know that in a certain way this experience is life-threatening, both physically and psychologically. You know you have to be on your guard all the time. So everything gets mobilised, there is an enormous stress reaction, you are unable to relax and sleep, and so it goes on. This is very exhausting. It leads to nightmares, physical complaints, depression, et cetera. (professor Wolters)

The kinds of stress reactions following a traumatic event are different from one person to the next

Thoughts, feelings, physical sensations and behaviour can all be influenced by the experience of a traumatic event. **This is a normal reaction to an abnormal situation.** How the reaction to such an event will be depends on the individual. Everyone has been socialized differently and has a different personal history. All this has a bearing on the experience and the response to it. The same traumatic event can be experienced and endured by various people in the same way; the consequences, in other words the responses, may differ from one person to the next. (AVSI Handbook for teachers (USAID), 2003, p. 12)

The stress reactions of children often differ from those of adults

‘Children and adolescents do not display the specific standard set of reactions following a traumatic event. But there are more general responses: psychosomatic complaints, sleeping disorders, dependent behaviour, but also a response that is known as “acting out”. Children begin to indeed act out certain aspects of the trauma. It is known, for instance, that boys, having suffered sexual abuse, may become sexual abusers themselves. Alcohol and drugs are kind of tranquilizer, which helps people maintain some kind of balance in their lives. So a whole range of important general symptoms may emerge from this’. (professor Wolters) In the section called **CHILDREN** ([link to article](#)), more information is given about the impact traumatic events may have on the lives of children.

How do you recognise the signs that someone may have been traumatised?

‘In a refugee camp in Ghana, there were children and adults, mainly from Togo, Sierra Leone and Liberia. In some cases you could see that people had been tortured. You could see it from their behaviour too. For instance, they did not want to join in group activities or they became aggressive. Every thinking human being recognises these extreme cases and will conclude that this is a person who has a trauma. But what we are less sure about are the borderline cases: how do you recognise the beginning of a trauma then? These are things that a sport development worker finds difficult to assess’. (Mark Bulthuis. He did work in sports development projects for several agencies in South Africa, Ghana and India)

Trauma is a western concept that cannot be literally translated everywhere

The perception people have of things in places where you work often differs quite considerably from ideas held in the West. This is also – and maybe even especially – true of the perception of trauma. Trauma is a western concept that cannot be used in other parts of the world, including developing countries. The perception of events that westerners may describe as traumatic may well be interpreted differently in developing countries. You should take this into account.

Symptoms of a post traumatic stress reaction ([link to article](#))**Typical emotional reactions**

There are a number of typical emotional reactions that people display when they have been the victim of a disaster, either natural or man-made. The International Federation of Red Cross and Red Crescent Societies issued a manual in 2002, which describes a number of those typical emotional reactions. The publication is entitled “Psychological Support: Community-based Psychological Support Training Manual.

Having knowledge of these reactions can help sport development workers recognise trauma and increase their insight into how a sportsperson with a trauma may feel.

Anger - This is a very complex emotion, but it is related to frustration and comes about when people are denied something of great importance to them. This is why frustration often turns to anger, as a next step in the escalation of a conflict between people’s goals or needs and their circumstances. Anger is a more energetic emotion than frustration and has the advantage of making the person feel some power to overcome the situation. At its worst, anger makes us feel like annihilating or eliminating those who obstruct us from our goals, and for this reason people are often embarrassed to talk about or even admit their anger. This can appear to be a very irrational response because it is also the most misunderstood emotion. Anger does not have to make sense. It just happens to motivate us to overcome threats to our survival or our well-being. That is why people can be angry at a dead loved one for abandoning them or at an earthquake for causing such destruction.

Anxiety - Anxiety is a more diffuse, less intense form of fear. While it is always focused on unpleasant future outcomes, there may be no specific target for the anxiety. Anxiety can be expressed in restlessness (agitation) or an inability to act (indecision). Unrelieved anxiety can become paralysing, because it may prevent people from doing things that before were a natural part of their daily routine. Chronic anxiety is very bad for the body as well and may lead to symptoms of physical illness.

Blame - This is when people feel at least partly responsible for bad things happening. People are blamed for not preventing or foreseeing the event or for not having helped others enough. People fear blame because it lowers them in the eyes of others, which is very painful and can have severe consequences, including death. In most cases, feeling that you or others are to blame requires that there was some power or opportunity to have acted differently and that the outcome of those acts was predictable.

Despair - The person might feel so sad, heavy, and empty that all he really wants is to pull back and isolate himself from the surroundings. This is maybe because he does not want to be reminded about what happened, or because he feels so much guilt that he cannot stand being close to others.

Dread - Disasters can give people cause for dread as they look into a future that includes unpleasant events, like burials, relocating from their communities or otherwise rebuilding their lives. People with

HIV/AIDS, or other serious physical ailments, may dread nauseating medications, future medical procedures, the deterioration of their health, dying, or leaving others (such as children) behind.

Fear - People often feel afraid if they are suddenly faced with something they think might harm them. This emotion is so powerful that it usually captures the full attention, leaving very little reserve for coping with anything else (also known as terror). The object of the fear is not always visible (e.g. the fear of losing one's mind). The fear might also be concerned with the surroundings; fear of being left alone, fear for the loved ones' lives, fear that the event will happen again, or that it will never be overcome. Fear can leave such a strong imprint on a person that they are permanently changed by it. Chronic fear can lead to panic or emotional collapse.

Frustration - When people try to accomplish something and encounter an obstacle, they experience an emotional reaction called frustration. This emotion signals to the person that they must adjust in some way to the presence of the obstacle, usually by increasing their effort or trying something else. Unrelieved frustration leads either to anger or depression.

Grief and mourning - People who have suffered a loss, especially of a loved one, experience a very painful reaction that interferes with their ability to go on with their lives. These emotions are so powerful that they seem impossible to hide and people have been known to show physical symptoms, such as shortness of breath, irregular heartbeat and fainting. Mourning often refers to the expressive or ritual behaviour engaged in by grieving people or communities. Expressive rituals can be helpful or necessary for relieving these feelings.

Guilt - Guilt is felt when something unfair has happened for which the person was at least partly responsible. Often people feel guilty for not preventing or foreseeing the event or for not having helped others enough. Guilt may also be felt for not having expressed the right things to people before it was too late. One may also feel guilty of being in a more fortunate situation than others, again because it seems unfair. A specific kind of guilt found after disasters is called survivor's guilt, in which a person feels guilty for having survived when others did not. Sometimes people feel guilty that they could not prevent the event, even though they realise that this is irrational. In this case the guilt expresses a wish to have acted differently or to have created a better outcome.

Loss - The name of this feeling actually describe the situation, for the person is reacting to losing something. Similar to grief, sorrow, and mourning, this emotion robs people of energy and leaves them feeling empty inside, as though something is missing. It is common for such a person to think almost exclusively about that which they feel is lost and to wish for its return.

Regret - This is a painful feeling resulting from reflecting on a past decision or behaviour. People often feel some kind of regret after a disaster because they see how they might have chosen differently, though they may have had no way of knowing at the time. This can be seen as a way of wishing to have been more powerful in the face of overwhelming circumstances.

Sadness or sorrow - These feelings share similarities with regret and grief and reveal a person who is mourning some loss. It is easy to recognise sadness because the person lacks energy and appears physically sunken in their face and posture.

Shame - Unlike guilt, shame does not focus on an unfair situation or misdeed, but rather is a person's feeling of being completely bad or inadequate. A person who feels this way will find it very hard to talk about it, because he/she feels undeserving of being cared for or understood by others. Sometimes people feel shameful about how they behaved in the event, even though this may be unfounded. In this case the shame expresses a sense of personal inadequacy.

Vulnerability - When people are hurt physically and psychologically, they feel fragile or insecure. This

means that they easily misinterpret their surroundings and that they generally feel misunderstood and betrayed. They may be low on patience and easily irritated.

Working it through: how can a trauma be overcome?

There are various ways to overcome trauma. These are known as coping skills. They contribute to the reconstitution of life as it was. The handbook for teachers (AVSI, 2003) lists a number of these skills.

- talk about the problem with someone you trust
- accept advice
- do something which makes you feel useful
- accept the problem and start a new life
- stay with a friend in order to feel safe
- change your environment in order to protect you and your family
- ask spiritual help
- visit cultural activities
- participate in community work
- participate in recreational activities
- take part in rituals and ceremonies
- make an effort to pick up the old daily routine: work, school and so on

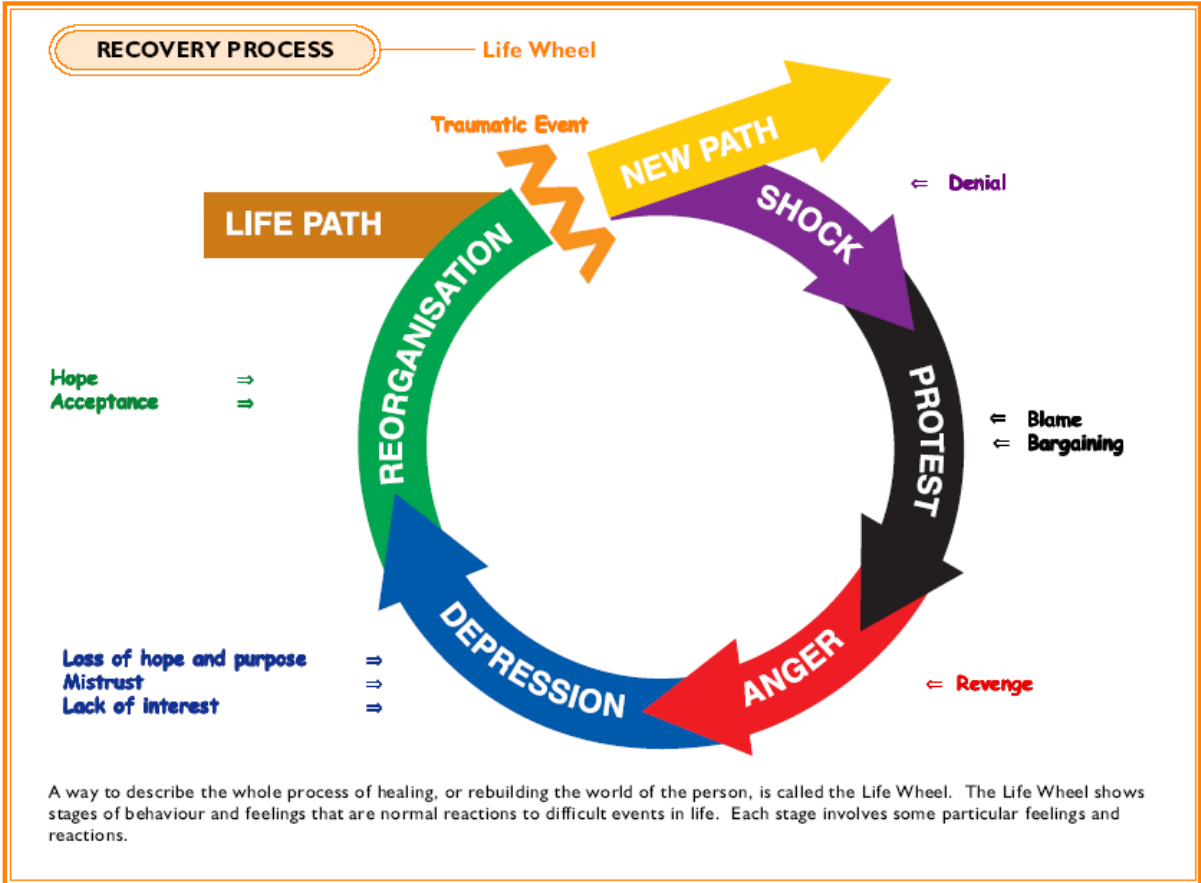
However, it must be stressed each individual has his/her own ways of coping with problems. What is useful for you may or may not work for someone else. Part of coping skills is to EXPRESS ones feelings, thoughts, and beliefs. After a traumatic event, painful feelings and thoughts remain inside like a thorn in a foot. The person will continue to feel pain unless the thorn is removed. If the thorn stays in too long, the person may become disabled. But if the painful feelings are expressed (much as one removes the thorn and the infection caused by it) then the person can recover and heal, even though the scar will still be there.

What is coping?

Coping - Coping is a broad term, referring to anything people do to adjust to the challenges and demands of stress. At the very least, coping consists of any adjustments made to reduce the negative impact of the stress. In this way, coping can succeed in reducing the stress-load. For example, if a jug is nearly full, one way of coping would be to pour some of the water into another container, drink it, or give water to plants or animals. These would all be constructive ways of coping before the jug became too full and began to spill. Another constructive approach might be to acquire more jugs or a larger jug, a strategy that would increase capacity. In this way, no water is wasted and the total holding capacity for water (or for stress) is not exceeded. It might also be the case that the jug is ignored and overflows. Or possibly, the water could be wasted by being poured out anywhere. In other words, the way of coping is ineffective or causes other problems. This is also an option, as not all coping is constructive. Typically, however, people cope well with stress either by reducing their stress-load or by increasing their stress capacity, which can also be called their coping capacity. Stress capacity equals coping capacity because a person can sustain the same amount of stress as they can cope with at any given time.

(Psychological Support: Community-based Psychological Support Training manual. International Federation of Red Cross and Red Crescent Societies. 2002)

The model reproduced below offers insight into how the process of overcoming trauma works.



Source AVSI 2003

STAGE

EXPLANATION

Life Path



Life goes along a certain **path** with a regular routine and direction until...

Difficult Event or Trauma



There is a **difficult event** or **trauma** that disrupts this routine.

Shock Denial



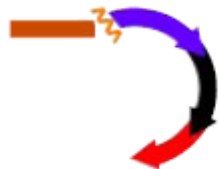
When a difficult event occurs in our lives at first we go through a state of **shock**. During this initial reaction to the event there may be shaking, rapid heartbeat, or even paralysis. This leads to **denial**: "I cannot believe this is happening. Everything seems unreal."

Protest Blame Bargaining



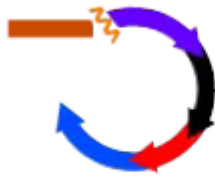
The next stage is **protest**. The affected person may put **blame** for what has happened on somebody. A person may also start to **bargain**: "God, I will do anything if only you will stop this."

Anger Revenge



The third stage is either **anger** or depression or both of them at different times. During anger the person may seek **revenge**: "Because they did this to me, I want to do something bad to them."

Depression
Loss of hope
Lack of interest in life
Mistrust
No purpose



A person who is in **depression** lacks an **interest in life**: "It feels like nothing is worth doing anymore." One has **no purpose** and **mistrusts** others, often withdrawing and becoming lonely. The person **no longer has hope** that the future will be better.

Reorganisation
Hope
Acceptance



Finally one reaches **reorganisation** and develops **acceptance** of the situation. Accepting does not mean one agrees with what has happened, but rather it is the capacity to live positively with what has happened. A person finds a new understanding and new meaning for life: "This is a terrible thing that I have been through, but I need to make the best of it and go on."



A person's life is different than it was before the difficult event – the life path is changed. The new life path chosen helps one to make sense out of the changes and find a new way to go on. There may be other difficult events, but the person is stronger and can get through them.

Source AVSI 2003

FAQs and misconceptions about trauma

Introduction

- [Is a traumatic experience the same as being traumatised? \(link to article\)](#)
- [Is trauma the same as post-traumatic stress disorder \(PTSD\)? \(link to article\)](#)
- [Does everyone who has been through a traumatic experience need professional help? \(link to article\)](#)
- [When should I refer someone? \(link to article\)](#)
- [How to refer \(link to article\)](#)

Is a traumatic experience the same as being traumatised?

'We are confronted constantly with all sorts of people who use the phrase "traumatised children". This is not how it is in real life and I never tire of making this point. Trauma works like a stigma; Oh, you've been in a conflict, so you are traumatised. Not so! You have had a traumatic experience and the eventual outcomes of that event will differ from person to person'. (De Jager, War Child)

Is trauma the same as post-traumatic stress disorder (PTSD)?

'No-one these days equates trauma with a post traumatic stress disorder (PTSD). The term trauma covers whole range of things. This includes PTSD but also all manner of psycho-social problems,

various types of depression and fear disorders. So the misconception that people specialising in trauma are only concerned with PTSD disappeared a number of years ago'. (professor De Jong)

In professor Wolters' view, post-traumatic stress disorder is not a catch-all phrase. 'I always use the term "post-traumatic stress reaction". These are reactions or symptoms of normal people in an abnormal situation. There are many victims of trauma and there is a certain number among them who display real disorders. But in those cases we must also ask ourselves what else is at play here: the past, aptitude, previous psychological problems and disorders that resurface acutely or become loaded with extra meaning. All in all, we are much more cautious in these matters than before'.

Does everyone who has been through a traumatic experience need professional help?

No, not everyone with a traumatic experience will need professional help. Many children and adolescents grow out of their traumatic experience by themselves and in a very natural way, making use of ordinary social support that is available around them. The vast majority of people will be absolutely fine with the help of sport, games and social support. A smaller group will need some professional help for a limited period of time. Still fewer people will need more intensive professional support, guidance and treatment over a prolonged period of time.

When should I refer someone?

Referral means the act of recommending that a person should speak to a professional who is more competent to handle the difficulties and complexities of his or her needs. Try to refer to professionals or organizations with whom your organisation has cooperation or contact. For this purpose, you should know in detail what has been done by your organisation regarding cooperation and collaboration with others. Always refer in consultation with your supervisor or programme manager.

When to refer:

- When you realise the problem is beyond your capability, level of training, and the purpose of the psychological support programme
- When you have difficulty maintaining real contact with the person
- When a person hints or talks openly of suicide
- When a person seems to be socially isolated
- When a person presents imaginary ideas or details of persecution. Be aware though that it might be the truth
- When you become aware of child abuse or any criminal activity
- When you see persistent physical symptoms developing
- When you become aware of dependency on alcohol or drugs
- When you see the person engaging in risk behaviour (showing carelessness towards one self/others)
- When you yourself become restless, confused and have recurring bad thoughts or dreams about the case.

How to refer

- As a rule, inform the person concerned about your intentions
- If you have the option, you should present different possibilities of referral to the person concerned
- Assure the person that you will continue your support until the referral is complete
- Let him/her know that you care for him/her and then explain the reasons for the referral.
- Discuss matters such as fees, location, accessibility, etc.
- You might even suggest accompanying him/her to the first visit with the professional.

(Psychological Support: Community-based Psychological Support Training manual. International Federation of Red Cross and Red Crescent Societies. 2002).

3 CHILDREN: the impact of a traumatic event on children

Working with children often differs from working with adolescents and adults. Because of this, we have included specific information on how to work with children who have had a traumatic experience.

- [Dangerous myths about children and trauma \(link to article\)](#)
- [Reactions that are typical of children \(link to article\)](#)
- [Typical reactions related to age groups \(link to article\)](#)
- [When a child care specialist is needed \(link to article\)](#)

Dangerous myths about children and trauma

In “Coping with disasters”: a guidebook to psychological intervention” Ehrenreich (2001, 25-28) describes a number of dangerous myths about children and trauma.

Two myths are potential barriers to recognizing children’s responses to disaster and must be rejected: (1) that children are innately resilient and will recover rapidly, even from severe trauma; and (2) that children, especially young children, are not affected by disaster unless they are disturbed by their parents’ responses. Both of these beliefs are false. A wealth of evidence indicates that children experience the effects of disaster doubly. Even very young children are directly affected by experiences of death, destruction, terror, personal physical assault, and by experiencing the absence or powerlessness of their parents. They are also indirectly affected through identification with the effects of the disaster on their parents and other trusted adults (such as teachers) and by their parents’ reactions to the disaster.

Another barrier to recognizing children’s responses to disaster is the tendency of parents to misinterpret their children’s reactions. To parents who are already under stress, a child’s withdrawal, regression, or misconduct may be understood as willful. Or, parents may not wish to be reminded of their own trauma or, seeking some small evidences that their life is again back in control, may have a need to see everything as “all right.” In either case, they may ignore or deny evidence of their children’s distress. The child, in turn, may feel ignored, not validated, not nurtured. This may have long term consequences for the child’s development. In the short run, feeling insecure, the child may inhibit expression of his or her own feelings, lest he or she distress and drive away the parents even more.

Reactions that are typical of children

Most children respond sensibly and appropriately to disaster, especially if they experience the protection, support, and stability of their parents and other trusted adults. However, like adults, they may respond to disaster with a wide range of symptoms. Their responses are generally similar to those of adults, although they may appear in more direct, less disguised form.

Children of all ages are strongly affected by the responses of their parents or other caretakers to disaster. Children are especially vulnerable to feeling abandoned when they are separated from or lose their parents. “Protecting” children by sending them away from the scene of the disaster, thus separating them from their loved ones, adds the trauma of separation to the trauma of disaster.

Children’s typical reactions

The International Federation of the Red Cross and Red Crescent Societies (2002) publication entitled “Psychological Support: Community-based Psychological Support Training Manual” describes various reactions that are typical of children in such situations.

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.

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

Typical reactions related to age groups

The International Federation of Red Cross and Red Crescent Societies (2002) and Ehrenreich (2001) emphasize that children’s reactions to traumatic events differ slightly among various age groups. Here is an overview of reaction that are considered typical for each age group.

- **Pre-school children (ages 1-5) (link naar stukje)**
- **Older children (ages 6-11) (link naar stukje)**
- **Adolescence (ages 12-18) (link naar stukje)**
- **Adult (18-) (link naar stukje)**

Pre-school children (ages 1-5)

Among pre-school children (ages 1-5), anxiety symptoms may appear in generalized form as fears about separation, fears of strangers, fears of “monsters” or animals, or sleep disturbances. The child may also avoid specific situations or environments, which may or may not have obvious links to the disaster. The child may appear pre-occupied with words or symbols that may or may not be associated with the disaster in obvious ways or may engage in compulsively repetitive play which represents part of the disaster experience. The child may show a limited expression of emotion or a constricted pattern of play may appear. He or she may withdraw socially or may lose previously acquired developmental skills (e.g., toilet training). (Ehrenreich, 2001)

Older children (ages 6-11)

Older children (ages 6-11 or so) may engage in repetitious play in which the child reenacts parts of the disaster or in repeated retelling of the story of the disaster. The child may express (openly or subtly) concerns about safety and preoccupation with danger. Sleep disturbances, irritability, or aggressive

behavior and angry outbursts may appear. The child may pay close attention to his or her parents' worries or seem to worry excessively about family members and friends. School avoidance (possibly in the form of somatic symptoms) may appear. The child may show separation anxiety with primary caretakers, "magical" explanations to fill in gaps in understanding, and other behaviors usually characteristic of much younger children. Other changes in behavior, mood, and personality, obvious anxiety and fearfulness, withdrawal, loss of interest in activities, and "spacey" or distractible behavior may appear. (Ehrenreich, 2001)

Symptoms Shown by School-Aged Children (link naar stukje)

Adolescence (ages 11-18)

As children approach adolescence, their responses become increasingly like adult responses. Greater levels of aggressive behaviors, defiance of parents, delinquency, substance abuse, and risk-taking behaviors may be evident. School performance may decline. Wishes for revenge may be expressed. Adolescents are especially unlikely to seek out counseling. (Ehrenreich, 2001)

Symptoms Shown by School-Aged Children (link naar stukje)

Adult (18-

For an adult, although the effects of disaster may be profound and lasting, they take place in an already formed personality. For children, the effects are magnified by the fact that the child's personality is still developing. The child has to construct his or her identity within a framework of the psychological damage done by the disaster. When the symptoms produced by disaster are not treated, or when the disaster is ongoing, either because of the destruction wrought (e.g., by an earthquake) or because the source of trauma is itself chronic (e.g., war or relocation to a refugee camp), the consequences are even more grave. The child grows up with fear and anxiety, with the experience of destruction or cruelty or violence, with separations from home and family. Childhood itself, with its normal play, love, and affection, is lost. Longer-term responses of children who have been chronically traumatized may include a defensive desensitization. They seem cold, insensitive, lacking in emotion in daily life. Violence may come to be seen as the norm, legitimate. A sense of a meaningful future is lost. (Ehrenreich, 2001)

Symptoms Shown by School-Aged Children

- depression
- withdrawal
- generalized fear, including nightmares, highly specific phobias of stimuli associated with the disaster
- defiance
- aggressiveness, "acting out"
- resentment, suspiciousness, irritability
- disorganized, "agitated" behavior
- somatic complaints: headaches, gastrointestinal disturbances, general aches and pains. These may be revealed by a pattern of repeated school absences.
- difficulties with concentration
- intrusive memories and thoughts and sensations, which may be especially likely to appear when the child is bored or at rest or when falling asleep
- repetitive dreams
- loss of a sense of control and of responsibility
- loss of a sense of a future
- loss of a sense of individuality and identity
- loss of a sense of reasonable expectations with respect to interpersonal interactions
- loss of a realistic sense of when he or she is vulnerable or in danger
- feelings of shame

- ritual re-enactments of aspects of the disaster in play or drawing or story telling. In part, this can be understood as an attempt at mastery. Drawings may have images of trauma and bizarre expressions of unconscious imagery, with many elaborations and repetitions.
- Kinesthetic (bodily) re-enactments of aspects of the disaster; repetitive gestures or responses to stress reenacting those of the disaster
- omen formation: the child comes to believe that certain “signs’ preceding the disaster were warnings and that he or she should be alert for future signs of disaster
- regression: bed wetting, soiling, clinging, heightened separation anxiety.
- Post Traumatic Stress Disorder syndromes much like those of adults, although possibly with less amnesia, avoidance, and numbing evident.

When a childcare specialist is needed

First of all it is important to check if there is a local childcare specialist available. If not, the Community-based Psychological Support Training Manual of the International Red Cross and Red Crescent Societies (2002) also indicates which behaviour warrants consulting a specialist.

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

4 Tips for the sport development worker in the field

Introduction tips for the sport development worker

Talks with trauma experts and experienced sport development workers have made it clear that there is no ready-to-use method for working with sportspersons with a trauma. Every situation and every individual is unique. However, the talks did produce a number of useful tips that can offer the sport development worker support while in the field. These cover a broad terrain: some are aimed at working specifically with sportspersons who have a trauma; others apply in a more general sense.

We have subdivided these tips in a number of different categories:

- [Knowledge of and sensitivity towards the cultural context in which you work \(link to article\)](#)
- [The use of the word “trauma” in the field \(link to article\)](#)
- [Attitude of the sport development worker \(link to article\)](#)
- [The most effective communication \(link to article\)](#)
- [Essential relational skills \(link to article\)](#)
- [Working with the group \(link to article\)](#)
- [Sports and games \(link to article\)](#)

Knowledge of and sensitivity towards the cultural context in which you work

‘I have had very few problems with extreme situations, like someone who suddenly starts fighting or walks away. I think the main reason for this is that the trainers and coaches with whom we worked already knew the children well. A schoolteachers, a full member of a community, these are people who really know the children well and so there is no need to start creating a bond of trust from scratch. This prevents a lot of problems.’ (Jo Verhaegen. He did work several agencies in sports development projects in South Africa and Sudan)

When you work with a sportsperson who has a trauma, trust and a good rapport constitute the only basis upon which cooperation is possible. Cultural misunderstandings may make this more difficult. So in order to work effectively with sportspersons who have had a traumatic experience, a sport development worker needs some knowledge and sensitivity as regards the cultural context. **This is especially important when it comes to knowledge about the local perception of and meaning attributed to suffering, disease and death.** These may differ quite a lot from the perceptions that are alive in the western world.

Therefore, make sure that you have a lot of knowledge about what is seen as acceptable and not acceptable when dealing with the people who live where you work. Get to know more about many other factors, including the political situation, the economic situation, family ties, work, education, and so on. Pay a lot of attention to the actual context in which you will work. Take your time to do this. Do not jump to conclusions based on first impressions and do not start your programme straight away. Just observe and talk to the people in the field. Accept help from colleagues who know the community and the issues that may occupy people. This will also give you some idea about what kind of psychological problems may be present in sportspeople. Local people can play a vital role in all of this. Make sure that you become part of a local network of people who can help you if you get problems with one or more sportspersons, or simply when you do not understand some of their reactions. An insider will understand these things more quickly. You must, however, also be critical

about who you want to be part of your network. Some people may be an interested party in whatever conflict is happening or they may have been “burdened” in another way.

The use of the word “trauma” in the field

Stigmatising effect of the word trauma

One very important tip is connected to the use of the word “trauma” in the field. Various experts counsel caution with the usage of this word. The problem is, when you begin to use the word trauma, you have started putting people in psychiatric and medical categories. This could mean that you will be adding insult to injury by labelling them in this fashion. This is particularly true in cultures that differ from the western ones. People who have psychological problems are already vulnerable and labelling them as traumatised may actually impede their healing process. In short: exercise caution when using the word trauma in the field.

The International Federation of the Red Cross and Red Crescent Societies publication entitled “Psychological Support: Community-based Psychological Support Training Manual” (2002) also urges prudence when using the term “trauma”.

‘Words can have a powerful effect on situations. The terminology used to describe people needs to be carefully chosen. For example, describing large numbers of the population as traumatized, meaning that they are helpless and will not recover on their own, is inaccurate and counterproductive to healing. Not only could it encourage the development of a passive victim identity, but it also tends to deflect attention from the broader social environment. To be distressed, troubled, angry or preoccupied with a destructive event does not necessarily justify the trauma label in itself. The word trauma has a powerful, emotional appeal, but it is a clinical term that calls for specific clinical responses which are impossible to provide on a mass scale and which may have little relevance to the local concepts of suffering and misfortune. When the trauma discourse is largely based on generalizations and assumptions it not only loses sense, but more importantly it may well have the unintended, but devastating effect of giving people a frame of reference which keeps them vulnerable. Wording such as “active survivor” is far more likely to enhance empowerment and to help people feel more able to help themselves.’

Trauma is a western concept that cannot be literally translated everywhere

Another important fact is also culture-connected. It is the notion that the perception people have of things in places where you work often differs quite considerably from ideas held in the West. This is also – and maybe even especially – true of the perception of trauma. Trauma is a western concept that cannot be used in other parts of the world, including developing countries. The perception of events that westerners may describe as traumatic may well be interpreted differently in developing countries. You should take this into account.

Research has been done in post-conflict areas and they all point at percentages of anything between 30 and 99 per cent of children living there who have been through anything between two and twelve things, which would completely blow away each and every western child. You also find in those studies that the range of children who suffer depressions or have post traumatic stress reactions varies from 15 to 95 per cent. (professor De Jong, Transcultural Psychosocial Organisation).

Attitude of the sport development worker

The attitude you display in the field can have a great effect on the work you do and the relationships you develop with the sportspeople you work with. Various trauma experts and experienced sport development workers have given us tips concerning this issue, which we present to you below.

Act normally in and around the group, be yourself and be honest

'Start from the idea that you are working with normal people. Therefore, do not assume what is called "a clinical attitude" towards the people you work with. You should communicate in an open and empathic way, in which you respond to people with warmth and respect. That is already half the job done. If you then get involved in sports activities with enthusiasm, then you are really on your way'. (professor Wolters)

'They are normal people you are dealing with and they demand to be treated accordingly'. (De Jager, War Child)

'I would not change anything about myself if I were you. People know when you are becoming another person, so don't play-act. In fact, it is best not to take too many things into account, just be honest. Just say it: I'm sorry, but this is how we think about these matters where I come from, and you think differently. Talk freely about these matters and remain yourself'. (Verhaegen)

Know your capacities and limitations, accept the mistakes you make and allow yourself space to learn

It is certainly important to believe in yourself and your own capacities but you must also recognise your limitations and vulnerabilities. You are allowed to make mistakes, you are allowed to learn from them. Who can expect from you that you know exactly what the customs are and how people interact in Kigali?

Nobody is perfect. It is the same with raising children and educating people. Parents frequently do things that are not very wise, everyone makes mistakes. The only thing you can say is: I am doing my best. I love you and I am doing my best. Help me to help you. Allow yourself space to learn. (professor Wolters)

Know how you react in stressful situations

Chances are that in the field you will get into stressful situations. In order to rise above these situations it is important to know how you react when put into such situations. ([linkje naar de rollenspelen tijdens de voorbereiding!](#))

Treat people with respect

'People find it hard to maintain some dignity in difficult situations, for instance in a refugee camp. So it becomes extra important to approach and treat people with extra respect. That is true in all situations but maybe even more so in extreme ones. Let me tell you a very basic thing: being decently dressed counts'. (De Jager, War child)

Put the emphasis on pleasure, not on achieving results

'I tell you something I have unlearned: always shouting that we are going for Number One and that we want to win, things like that. You must say everywhere and all the time: we are going to have a fun game and it's all recreational. They may agree with you but still do the other thing. Just keep repeating it'. (Mark Bulthuis)

'I would certainly not talk about the past. I'd talk about the game and the pleasure you get from playing it. I would emphasize that it's all about having fun, enjoying it. So you don't give someone an

earful when he has made a mistake. We do that in training sessions, don't we? So once again the emphasis should be on the pleasure of the game, the fun they can have together and that may lead to enjoying fun for its own sake and hopefully the friendships they are going to entertain later in life'. (Jaap Akkerhuis. He has been working in a volleyball project in Rwanda for the last eight years)

Always emphasize the positive

'The kids can do a hundred thousand things wrong and one thing right. Just stress that one good thing they did'. (Mark Bulthuis)

Focus on the healthy sides of people and not on the traumatic events and their aftermath

'People who are going to work in developing countries must focus their attention much more on the healthy side of people and their social context, their families, clans and so on. Some knowledge of trauma is of course necessary but you must watch out against focussing too much on the trauma issue. And, certainly, you must carefully look at whether or not someone is traumatised and if so how severely. But you must avoid loading it with too much meaning'. (professor Wolters)

Do not engage in conversations about politics and other heavy subjects (professor Wolters)

Focus on sports and communication, not on trauma and how to overcome it

I think one of the most important things for people working there is to make sure that they do not feel duty bound to be busy with the trauma issue all the time. They should feel relaxed enough to just enjoy sports activities and having normal communication. That is an extremely important notion. How can you communicate well with people? The rest will follow. Of course, people in certain groups will suffer more from a traumatic experience. That is something you need to have an antenna for and sometimes this will enable you to refer certain people to another expert or an institution. But you must be careful not to start playing the therapist yourself and start endless conversations around this subject.

I will clarify this with an example from Rwanda, which has made a deep impression on me. I was in a trauma centre in Kigali, which had been set up by UNICEF, the UN Children's Fund. One of the psychologists told me that he had a boy under treatment and during one of his sessions that boy said: there is blood streaming around my face. That was related to the fact that he had lived in a village that had been exterminated. He had laid there, under piles of corpses, while the blood from those corpses was flowing around his head. He managed to escape but that experience was so invasive and destructive that it kept coming back. But these are very exceptional situations. And yes, if you are confronted with something like that as a sports trainer, then you should leave well alone and refer inasmuch that is possible. (professor Wolters)

'In other non-western cultures, language holds another place on the stage. People may express themselves more non-verbally: dance, music, drawings, and so forth. It is also important to watch people's body language. It is perfectly possible that people you meet are not prepared or able to talk about the very serious things they have been through. This means that you need to take a lot of time and see if the other person is courageous and willing enough to communicate with you about these shocking experiences in a different way. Your presence, warmth, your involvement and efforts may in and of itself already have a healing effect'. (professor Wolters)

If someone walks off the field during a training session or a match, the last thing you want to do is go after that person. Do not ask what the matter is. He or she has reasons that do not concern you. And, that person will re-join later. Just make sure that the game – or whatever it is that you are doing - is such great fun that one should really want to be part of it. And do certainly not look for any physical contact, in a kind of gesture of pity. I will not predict that you will immediately be kicked where it

hurts but there is a good chance this is what will happen. Trauma experts said to me that it was the worst thing I could do'. (Jaap Akkerhuis)

The most effective communication

In the Community-based Psychological Support Training Manual of the International Federation of Red Cross and Red Crescent Societies (2002), a number of values are described that are part of the most effective communication.

Empathy - A helper must communicate an ability to see and feel from the affected person's point of view. This usually includes a quality of personal warmth, as opposed to someone who is aloof, mechanical, or all business.

Respect - A helper must communicate sincere respect for the dignity and worth of the affected persons.

Genuineness - This is about more than factual honesty or sincerity. In working with people who may find it difficult to trust others, the helper must be a very genuine person who can earn trust under difficult conditions. This means saying what you mean and meaning what you say. Anything less can lead to a sense of betrayal.

Positive regard - A helper must demonstrate a sincere regard for the welfare and worthiness of the affected person. Such people may struggle with a sense of being unworthy and flawed. The helper's positive regard for them is often the seed of a renewed sense of self-esteem.

Non-judgemental stance - People are often concerned that they will be judged by others to be at fault for the crises that befall them. A good helper can relieve this tension by carefully avoiding judging the affected persons. Otherwise, empathy, respect, and positive regard may be undermined.

Empowering - A helper is temporarily in the affected person's life. Therefore, it is crucial that you leave the person feeling more resilient and resourceful than when you met him/her.

Practical - Being practical about what can and cannot be accomplished for a person in crisis is necessary, if we are to succeed in leaving behind a strengthened and functionally whole person even after support is withdrawn.

Confidentiality - This refers to the helper's duty to keep private those things that are shared by a client. However, certain information must be shared when the good of doing so outweighs the bad. Information, such as knowledge about child abuse, requires socially responsible action by the helper to protect others, and should lead to the helper disclosing the information.

Ethical conduct

Ethical codes of conduct vary from context to context. They also, however, have certain principles in common:

- Do no harm
- Be trustworthy and follow through on your words with appropriate deeds
- Never exploit your relationship
- Respect a person's right to make his/her own decisions
- Never exaggerate your skills or competence
- Be aware of your own biases and prejudices.

Essential relational skills

In the Community-based Psychological Support Training Manual of the International Federation of Red Cross and Red Crescent Societies (2002), a number of skills are described that are essential in the way you relate to sportspersons who have had a traumatic experience

- Listening skills
- Patience
- Caring attitude
- Trustworthiness
- Approachability
- Empathy
- Non-judgemental approach
- Kindness
- Commitment

From the field: examples of working with the group

'I have tried to be open and authentic and extra alert to signals that demonstrate that certain topics and/or activities are sensitive to people. I have also tried not to condemn their responses and work out for myself from which frame of reference they come and how that differs from mine. I think these things are important. Sometimes, it is difficult to put yourself in another person's shoes because living environments and personal experiences are so different. For me, there was a field of tension between linking up with their living world, feelings, values and norms and keep my own – or even transmit my own. I will give you a concrete example: what is the limit of your avoidance of physical games with children who have been raped? How do you handle this? How important do I consider teaching and playing physical games?

Here's another example. How do I work my own feelings and the way I express them in the presence of others when yet another brother of one of my colleagues has died? I do not think you can behave in a way that is too far removed from your own self. You are not being authentic and especially children have an extraordinarily fine-tuned antenna for this. It was important to me that outside my working circles I had someone to just talk to or even use a shoulder to cry on. In short, yes I think that this safety net is important, whether this is a diary, or sending emails to your friend and family, or a good colleague or friend nearby'. (Anneke van Drimmelen)

Ensure safety and trust

I think that the first step is safety and trust. This is important, especially when you are dealing with a particularly vulnerable group; you must start building trust with that group. You can use various methods to achieve that: show that you will stick to agreements made, show the group that all its members are equal, make sure you are working with a stable group, i.e. a group that is not constantly changing composition. It is also important that you work in an environment that is physically safe, certainly if you work out of doors. Take good note of all the surrounding factors and make sure children are safe when coming to the place you have chosen. Another point of attention is the creation of a sound design of your sports and games. Do not start straight away with an enormously competitive program. First of all, emphasize the pleasure the game can bring. As time goes on you can introduce a few more competitive elements. (De Jager, War Child)

Before you invest into a relationship with or enter into a contract situation with the group, establish very clear rules and agreements

An important term in psychotherapy is "contract". What this means is the preparations and the rules of the game. One of these rules is: if someone becomes aggressive, make sure that you yourself do

not move into the domains of fear or aggression. Still, the other also ought to know that the rules have been infringed upon, which will carry consequences. This is the rationale behind establishing very clear rules and agreements before any relationships or contracts are entered into. So if someone is in breach, then something really should be done, there must be a follow-up. You must halt the game, must ask someone to leave, ask for outside help, and similar things. But is you work from that fear or a wrong kind of countervailing power, your own aggression, then we are dealing with very vulnerable matters. That is the importance of a contract, in the psychotherapeutic sense of the word. (professor Wolters)

Sports and games

Make a choice for sports and games that are moderately competitive

Of course, sport is very competitive. It has a tendency to become highly emotional, certainly when loss is at stake. I have failed – I am a failure. Almost all games are competitive. Try and make the games non-competitive. If there is only one challenge, then that is the challenge. Incidentally, team sports are always preferable above individual sports. You must work together and you win or you lose together. And in doing so, you support one another. (professor Joop de Jong, Transcultural Psychosocial Organisation)

There may be an element of competitiveness involved, if only because it helps channel aggressive impulses in a socialised manner. You must certainly not try and avoid competition at all cost. But competition should not become dominant. (professor Wolters)

Get ethnic groups to play with each other, not against each other

When you are working with different tribes, or ethnic groups, who have been at war with each other and may have to co-exist amidst tension in a refugee camp, your programme must take this into account. Let them for instance not play games against each other but oblige them to work together in a team. For instance, in our project, you had to have at least three persons of another ethnicity in your team, otherwise your participation would not be guaranteed. (Moniek Loeffen. She did work in sports development projects for SCORE and FASD)

Be careful with contact sports

When working with adolescents you must be careful when doing sports that may involve a lot of physical contact. The balance between distance and proximity in children and adolescents is very important, especially when they may have been mistreated or abused.

5 Tips for the sending/posting agency-things your organisation can do

Introduction tips for the sending agency

Sport development workers and trauma experts both agree that the agencies that recruit sport development workers and sends them to posts in the field have an important role to play in the entire process. They are responsible for the welfare of the sport development workers and their activities in the field. They must create a climate in which a sport development worker can do his or her work well. This is certainly true of a complex area, like a refugee camp where sport development workers are confronted with, for instance, sportspersons who come from different ethnic or political backgrounds, or who have been through a traumatic experience of some kind. The agency has a very important role to play in the preparation of a posting overseas (fact finding, recruitment, preparing the sport development worker for his time in the field), in the field (coaching/supervision), and afterward (debriefing).

Unfortunately and in practice, not all organisations are sufficiently equipped to prepare and guide sport development workers. Some sport development workers have indicated that their organisations did not prepare them for the work they had to do with traumatised individuals. Guidance in the course of their time in the field had also been found wanting, little coaching of questionable quality had been available. And in some cases a debriefing hardly took place. The result of all this was a great deal of problems and stress in the field. For this reason, it has been decided to also include a number of practical pieces of advice and tips to the sending/posting agencies. These will be helpful to meet the conditions for a position overseas to be successful. These tips cover the entire process, from fact finding, through recruitment, preparation, field work and debriefing.

- **Fact finding ([link to article](#))**
- **Recruitment ([link to article](#))**
- **Preparation ([link to article](#))**
- **Field work ([link to article](#))**
- **Debriefing ([link to article](#))**

Fact finding

'The organisation that had recruited me had only done a limited amount of fact finding. They had only been there for three days. So we had all manner of things to arrange when we got there. We also had the feeling that we actually knew more about the local situation than our coaches. They had no idea at all how things went after they had only been on the spot for three days'. (Jo Verhaegen)

'These are things that someone who works for War Child must consider. What is the area? What has happened here and what could I come across? You must never start working without a good assessment, you must research the group you will work with. After that has been done, you start thinking about what you want to do there'. (De Jager, War Child)

'I know that my common sense will help me go a long way. I can also indicate the limits of what I can and cannot do. For instance, in Ghana I went looking for some professionals who could tell me when I could refer someone to a professional psychological expert. In the whole country, there are only two child psychologists. So I consider it a task of the organisation to know this. If you do not, then you should include the overcoming of trauma in your objectives with such pomp and circumstance. I am not able to assess the severity or degree of a trauma'. (Mark Bulthuis)

In an area where many people have been traumatised, it is of great importance that the organisations that posts people there has done its fact finding. In the first place, the organisation must find out whether the area is actually suitable for sending anyone to. What are the psycho-social problems people face there? Are there any referral possibilities? A satisfactory answer to these and other questions must be found before any overseas posting can be considered.

Things an organisation can do when it is doing its fact finding

- Know the development organisations that are working in the area
- Have talks with the various parties: children, people who work there
- Gather basic data about the environment Gather knowledge of the power structures, political situation, economic infrastructure, schools
- Make a contextual analysis ([link naar algemene tools](#)), and security analysis

Fact finding specifically geared towards trauma

- What type of psycho-social problems may appear in the area?
- Has there been an armed conflict (or natural disaster)?
- What was the type of conflict (or natural disaster)?
- Who have been the victims?
- Has this led to a worsening of the psycho-social health of people or parts of the population, and if so: how?
- Are the victims themselves capable of dealing with the psychosocial consequences?
- Are there referral options, to either local specialists or aid organisations?
- Is it prudent to send a sport development worker there?

Recruitment

The second task of a sending agency is to recruit the right people. Working with sportspersons who have had a traumatic experience is not easy. A sport development worker must, therefore, have the skills to bring this difficult task to a satisfactory end.

When we asked trauma experts and experienced sport development workers which criteria they thought were important when looking for people to do this work, they came up with the following:

Selection criteria

- social and communication skills
- sensitive, but not oversensitive
- motivated
- not too idealistic
- not traumatised
- sure of oneself
- working experience overseas
- having worked in a different culture
- flexible
- persevering
- not too perfectionist, having a high capacity to deal with frustration
- capacity to improvise

Preparation

'We have had about ten days of preparation, organised by the project. The problem was that so many teams were there, who were being sent to vastly different parts of the world. And really, some nice area in Tanzania is not the same as the place where we were. So everything was done in general terms. For instance: how do you handle culture shock? Well, there are many different culture shocks. A real preparation, about traumatised children who do not want to give their names and say nothing at all, these were things that we rarely talked about.

There should be more knowledge and preparation, more contact with people who have already been in the area where you will work. I think that is much more useful than just having someone reel off a story. When dealing with things like culture shock, homesickness, I'd rather talk with someone who has field experience who can tell how he started out and what the problems were and what you can expect'. (Jo Verhaegen)

'A good preparation: knowledge of the country and the people who live there and talks with colleagues who have already worked there, these are very important. You can also think of people who have worked in similar situations, even though it is in a different place. There is little professional information about sport development work but this is also important. I am not sure how important it is to know a lot about traumas, this depends very much on your objectives. It is useful to have some basic knowledge about it. It can also help clarify things if you know that you, as a sport development worker, go through certain phases as well, certainly in the way you relate to your work. Sometimes even a very simple idea can be of help: *feel comfortable with feeling uncomfortable*'. (Anneke van drimmelen)

Talks with trauma experts and experienced sport development workers produced a shortlist of a few things that must be part of a thorough preparation:

- Knowledge of culture and context, especially through personal conversations with people who have been in the area where the new recruit is going to work
- Knowledge about trauma, both in terms of theoretical knowledge and in terms of knowing how to deal with it. A role play is an excellent method of preparing sport development workers for this. For instance: have a controlled role play of a situation in which extremely aggressive behaviour occurs
- Knowledge about the stakeholders in the project and other agencies in the direct environment and the possibilities of referral
- Knowledge about the role sport plays and the risks sport may carry for people who may have a trauma

Field work

'We did not really need a psychologist or a trauma counsellor. But in order to have felt better we would probably have been helped by the presence of a little more guidance and feedback. That was missing, not a trauma counsellor'. (Jo Verhaegen)

'While I was working in the field, I rented a room in a family house, which had been organised by the agency that had sent me there. There were some women there who neglected their children and beat them with sticks. It stressed me out quite a bit. At a certain point I told the agency that if I had to endure this for another one or two weeks I would probably wrestle one of those sticks from one of these women and I would not be responsible for what happened next. Their first reaction was: "It's their culture, people get beaten up in situations like that." Now that, to me, is the wrong reaction, because if I indicate a limit to what I am prepared to take then it should be acted upon. "Alright", I told them, "either I go home next week, or you allow me time to look for accommodation where I can have some peace". Because, really, I did not want to have to be constantly stressed out because a child gets beaten to a pulp again next door.' (Mark Bulthuis)

The sport development worker thrives on support. He or she must be able to fall back on someone. It is not done to drop people somewhere and then leave in the lurch, or worse, leave them to negotiate a gauntlet or even a minefield. A social structure is needed, local points of orientation. These do not need to be psychologists or trauma experts, although it is of course useful to have their contacts and those of institutions if they work in this field. But it is important that the members of your social structure know a lot about the local situation and have a good relationship with the sportspersons. Teachers, for instance, could be important in this regard. Many problems can be prevented from happening by having such a relevant local network.

Debriefing

'We got 1001 papers to fill in. That already in itself was an evaluation. But looking back now, it wasn't. Even if we had a verbal evaluation the line would be something like "How do you feel today?" "Fine, thanks". It was a laugh. So we just had those obligatory papers. You fill them in and send them back and that's it'. (Jo Verhaegen)

'Oh yes, evaluations. Tell me about it. Help is important for the children who are there but it is equally important for those who help the children. An organisation should be aware of the environment and the circumstances they send their staff into – and what the consequences could be. So taking on board the after care issue is part of the entire process, in my view'. (Mark Bulthuis)

Sport development workers have indicated that the agency that organised their job in the field had little in the way of after care. Some have not even had any debriefing at all. This is no luxury if people come from these complex areas. A sport development worker's mental and physical health is the responsibility of his or her organisation. So both a medical check-up and the possibility to have a psychological debriefing with a recognised psychologist are clearly desirable.

6 Ability to deal with the consequences

The field is complex and a sport development worker must have some knowledge of trauma and the knowledge and ability to work with sportspersons who may have been traumatised. But he/she must also be able to deal with the stress that may be part of working with traumatised sportspersons. There is a vast difference between a former child soldier and recalcitrant teenager in a secondary school somewhere in a western country. It is for this reason that this part of the toolkit pays attention to the ways in which you can protect yourself and manage stress. We present the following:

- We have a number of practical examples presented by experienced field workers. We call them **Working in the Field** and **How to protect yourself against aggression in the field**
- **A description of self help techniques**
- **Organising a support network**
- **Warning signs of overload and burnout**
- **Relief Worker Burnout Questionnaire**, which you can use to assess your own situation

Working in the Field

Designing a sport program in a refugee camp or a war zone requires a lot more than doing a similar program in a less turbulent environment. Sport development workers must be able to work with people who may be in a hopeless situation or have gone through the most terrible things. Even though the sport program itself is not aimed at overcoming trauma, the sport development worker will be confronted with some of the misery that sportspersons carry with them; and he/she will hear emotional tales that may come to haunt him or her. This is not always easy as the following quote illustrates:

'When I was working for MYSA it was a big shock to see all that misery at close range. It became more difficult to cope with as time went on. I had a really hard time after about four months. I found it difficult to express my emotions in a certain way (a little, or not at all) while I was at work with my direct colleagues and trying to work well with the kids. I had the feeling that I had come pretty well prepared but I am not sure whether it is possible to be prepared to such working conditions in a country like the Netherlands'. (Anneke van Drimmelen)

It is logical and unavoidable that working with traumatised sportspersons may have a bearing on the way a sport development worker functions and feels. It is important to recognise this. This, however, does not mean that nothing can be done about it. There are ways in which you can protect yourself and better manage difficult situations.

How to protect yourself against aggression in the field

'There was a basket ball game in which I took part and I was intimidated by a 16, 18 years old boy, who was taller than me. It got so bad, every time the referee was not watching he hit me over the head or planted his elbow in my ribs. At some point it became a bit of a riot in the game. I warned the referee. Then one of the coaches called me to the side of the field. He told me that the boy came from Sierra Leone and had been the leader of a gang of child soldiers. This had continued after he had come to Ghana and he had already killed a few people. And then there's you saying things like: basket ball is a non-contact sport. Right? You try to channel all that. He also knows that you are the person he should point all his aggression at – because that will make him score points in the group. So what

do you do – and what do you avoid? I don't know. You act intuitively and things work out well. But at the same time, the opposite can happen'. (Mark Bulthuis)

We presented this case to professor Wolters, a retired lecturer in medical psychology for children and youth, and asked him how you could deal best with such aggression. He said the following:

- Pay attention to the composition of and the relationship between you and the group
- Establish agreements with the group. Set rules about what behaviour will be tolerated and what will be unacceptable. Indicate that sanctions follow infringements.
- If someone becomes aggressive you must make sure that you yourself do not move into the domains of fear or aggression. If you work from fear or a wrong kind of countervailing power, your own aggression, then the situation will become difficult to control.
- Make sure that there will be consequences if the rules have been infringed upon. So if someone is in breach, then something really should be done, there must be a follow-up. You must ask someone to leave, ask for outside help. In extreme cases you can even halt the game. Before and after matches you can also pay extra attention to very vulnerable persons.

A description of self help techniques

Emotional reactions to distressing events are normal and should be expected both from the people affected and the helpers. The majority of the reactions are short-term with no lasting consequences. Both physical care and psychological support are important to successful recovery.

The International Federation of Red Cross and Red Crescent Societies identifies in 'Psychological Support: Community-based Psychological Support Training Manual (2002) a number of self-help techniques, including:

| | |
|---|---|
| Remember that your reactions are normal and unavoidable | It is useful to express even frightening and strange feelings. |
| Be aware of your tension and consciously try to relax | Slow your breathing and relax your muscles. |
| Talk to someone with whom you feel at ease; describe to him/her what you were thinking or feeling during the critical event | You process the unpleasant experiences when you talk about them |
| Draw, paint, write, play music or take exercise. Look for a healthy outlet | Sometimes it is easier to express your feelings by doing rather than talking. |
| Listen to what people close to you say and think about the event | It has affected them too, and they may share insight that will benefit you |
| Take special care of yourself | Try to keep eating well and limit alcohol and tobacco. Physical exercise is good for you because it relieves tension. |
| Continue to work on routine tasks if it is difficult to concentrate on demanding duties | Tell your peers and team leader/supervisor about how the distressing event has affected you, so that they can understand. |
| If you cannot sleep or feel too anxious, discuss | |

this with someone you can trust

Do not self-medicate

Get medical advice.

Go easy on yourself

It takes time to evaluate how you will view things after a distressing event has occurred.

Avoid inflated or perfectionist expectations, either about yourself or others

These can only lead to disappointment and conflict

After a few weeks if you still feel uneasy about your reactions, you should seek professional advice

Organising a support network

The needs of helpers are quite similar to those directly affected. A supportive environment is one of the many crucial factors in minimizing stress. This can be achieved in the following ways:

- Guidance and support from managers and peers should be accessible on a daily basis or soon after the event
- An organizational culture of openly talking and sharing problems without fearing the consequences
- Regular and frequent meetings which bring all staff together and foster a feeling of belonging to a team
- Respect for the principle of confidentiality means that people can feel safe in admitting stress and seeking help
- The creation of a culture where getting together after a critical event is the norm, e.g. a peer support system.

Sharing experiences from work has a team building effect and helps to prevent psychological problems. Reactions that are not addressed and processed might lead to a crisis, whereas sharing these difficulties with others will reduce misunderstandings, distortions and incorrect interpretations. A supportive environment where it is not only allowed but also encouraged to talk about emotional reactions and limitations will both ensure the quality and effectiveness of activities and the well-being of helpers. (Psychological Support: Community-based Psychological Support Training manual. International Federation of Red Cross and Red Crescent Societies. 2002).

Warning signs of overload and burnout

'I notice it when I am more easily emotional. You tend to say earlier that you have reached your limits and "that's it – I quit. And yes, looking back on those months in the field I will admit to having been emotionally different from what I am'. (Mark Bulthuis)

Burnout is a danger for those who are in the field for any length of time. It happens when the stress factors have taken over and the sport development worker no longer keeps his or her distance from the situation. They will therefore benefit from insight into what a burnout is. This will enable the recognition of the signs by themselves and their colleagues.

In the Psychological Support: Community-based Psychological Support Training manual of the International Federation of Red Cross and Red Crescent Societies (2002), a number of these symptoms are listed:

- Wounded ideals
- Cynicism
- Feeling unappreciated or betrayed by the organization
- Loss of spirit
- Grandiose beliefs about own importance
- Heroic but reckless behaviour
- Neglecting one's own safety and physical needs (not needing breaks, sleep, etc.)
- Mistrusting colleagues and supervisors
- Antisocial behaviour
- Excessive tiredness
- Inability to concentrate
- Symptoms of illness or disease
- Sleep difficulties
- Inefficiency
- Excessive use of alcohol, tobacco or drugs.

In preparing for their tasks, helpers must gain a realistic expectation of what they can achieve through their work. They must understand that they cannot help being affected by the work and might need somebody afterwards reviewing what they have been through and assisting them in processing reactions. The helpers, the manager and the organization must all be aware of and respect limitations, both personal and practical. To avoid burning out valuable helpers, it is the responsibility of all concerned to treat each other with compassion and respect. (Psychological Support: Community-based Psychological Support Training manual. International Federation of Red Cross and Red Crescent Societies. 2002).

Relief Worker Burnout Questionnaire

(COPING WITH DISASTERS: A GUIDEBOOK TO PSYCHOSOCIAL INTERVENTION (Revised Edition) by John H. Ehrenreich, Ph.D. October 2001)

The **Relief Worker Burnout Questionnaire** is intended to help detect burn out among relief workers. Even relief workers not showing signs of acute distress (e.g., as indicated by a high score on the Self Reporting Questionnaire) may develop burnout, with loss of efficiency and potential long term consequences.

Interpretation: No formal norms are available for this measure. Based on the content of the items, a score of 0 – 15 suggests the worker is probably coping adequately with the stress of his or her work. A score of 16-25 suggests the worker is suffering from work stress and would be wise to take preventive action. A score of 26-35 suggests possible burn out. A score above 35 indicates probable burnout.

Relief Worker Burn Out Questionnaire

Name: _____ Date: _____

Instructions: Rate each of the following items in terms of how much the symptom was true of you in the last month.

0 = Never

1 = Occasionally (less than one time per week)

2 = Somewhat often (one or two times a week)

3 = Frequently (three or four times a week)

4 = Almost always (almost every day)

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- _____ 1. Do you tire easily? Do you feel fatigued a lot of the time, even when you have gotten enough sleep?
- _____ 2. Are people annoying you by their demands and stories about their daily activities? Do minor inconveniences make you irritable or impatient?
- _____ 3. Do you feel increasingly critical, cynical, and disenchanting?
- _____ 4. Are you affected by sadness you can't explain? Are you crying more than usual?
- _____ 5. Are you forgetting appointments, deadlines, personal possessions? Have you become absent-minded?
- _____ 6. Are you seeing close friends and family members less frequently? Do you find yourself wanting to be alone and avoiding even your close friends?
- _____ 7. Does doing even routine things seem like an effort?
- _____ 8. Are you suffering from physical complaints such as stomachaches, headaches, lingering colds, general aches and pains?
- _____ 9. Do you feel confused or disoriented when the activity of the day stops?
- _____ 10. Have you lost interest in activities that you previously were interested in or even enjoyed?
- _____ 11. Do you have little enthusiasm for your work? Do you feel negative, futile, or depressed about your work?
- _____ 12. Are you less efficient than you think you should be?
- _____ 13. Are you eating more or less, smoking more cigarettes, are using more alcohol or drugs to cope with your work?
- _____ TOTAL SCORE (Add up scores for items 1 – 13)

References:

- Stress in the field (pdf)
- Terminology of stress and coping