

Why trigger our mind? Don't trigg us, trigg them!

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ABSTRACT

Innovative? In a way. Original? Without any doubt. Completely new? Not at all! All ingredients for a successful psychosocial program are already present in the field. Thing is: 'we' haven't really found our way in communicating yet. We look around, but do not see. We hear, but do not listen. Pretending to work bottom-up, we are often oblivious to the fact that we are actually still working top-down. Maybe it is impossible when providing psychosocial support to work bottom-up, since we assume that help is needed. Maybe that assumption is fine, but shouldn't we at least let people help us helping them?

We have collated several existing methods into a new kind of intervention. Old flavors with a new kind of gravy on top which creates a new highly participatory program. We combine our own developed tools for triggering interactive communication with community based socio-therapy principles and old fashioned research. Drawings, card-games and small objects will be used to stimulate conversation among participants. Focus of the project will be on the issues concerning sexual and gender based violence in Lundi. In order to capture underlying assumptions and perceptions of assumed problems we will make the people of Lundi program-owner and let them participate and formulate the program in each phase of the program. From beginning to end they will be program-owner and they decide what will be the next step.

First of all we would like to point out that there are numerous factors influencing 'problems'. It is undoable to discuss and present a program that tackles all possible angles of a problem to improve the situation. We will rather focus on a description of process-stimulation and connect it to sexual and gender-based violence in Lundi, Montvert. We do emphasize that the method can also be used to tackle other problems in the region.

Spending a vast amount of money on a program does not warrant success. In fact, in order to work sustainably, one ought to use as limited resources as possible and aim to include participants from all levels of the bio-ecological model. And besides, if (mental health) programs are depending on money alone do we not create our so feared learned-helplessness? Will programs not collapse after the bag of money is empty? Therefore our approach has minimum need of financial means.

Problem description

Always a very tricky business, describing a problem of an area which is not your own. One is inclined to use observations of a situation, not realizing that these so called cold hard facts easily melt by our own social and cultural (read: Western) interpretation.

Isn't it a bit arrogant and naive to assume that we can describe a problem without including the local inhabitants in our gathering of evidence? Isn't the problem that we don't actually know what the problem is? Perhaps we are assuming too much? Or maybe we focus excessively on trivial aspects of daily lives in which people do not even need support? Who are we to decide what the problem is?

The same might apply for intervention development. Shouldn't we ask the future users of the intervention what they are comfortable with instead of providing them with an already completely designed program? Sure, nothing can ever be completely bottom-up in these situations but we should aim to be less top-down.

We can only observe that there are numerous concerns in the target area of Montvert, such as war trauma, ethnic tensions, and gender-based violence, and assume that psychosocial support could attribute to the communities' wellbeing.

From evaluations of several mental health programs in developing countries (Oosterbaan et al., 2009) we deduct that being in *mental shape* is of critical importance for both individual as community

wellbeing. *Mental shape* refers to a harmonious state of wellness of body and mind that is recognized and accepted by the individual and society (Nelms, Gorki, & Chess, 2006, p. 185). Both the individual and the community ought to function well in order to reach a healthy equilibrium (cf. Ndege, 2001). This concept of *mental shape* is in accordance with a widely applied approach on health which combines biological and ecological factors (Ray, 2004; Bronfenbrenner & Ceci, 1994). In addition, the extent of the traumatizing events in developing countries causes a need for collective interventions that influence both the community and the individual (Oosterbaan et al, 2009). In order to define the problems at stake, it is essential to measure the current mental shape of Lundi's inhabitants, using a bio-ecological approach as a vantage point.

Moreover, as we want to assure that investments in mental shape is a perceived priority need, the inhabitants themselves should play a central role in the problem assessment and solution strategy. How do they define the preconditions for achieving a healthy mental shape?

Although we have not conducted our baseline assessment yet, we illustrate possible outcomes by introducing a case based on literature and available background information of Lundi. Figure 1 shows the complex and dynamic interaction between different contextual levels.

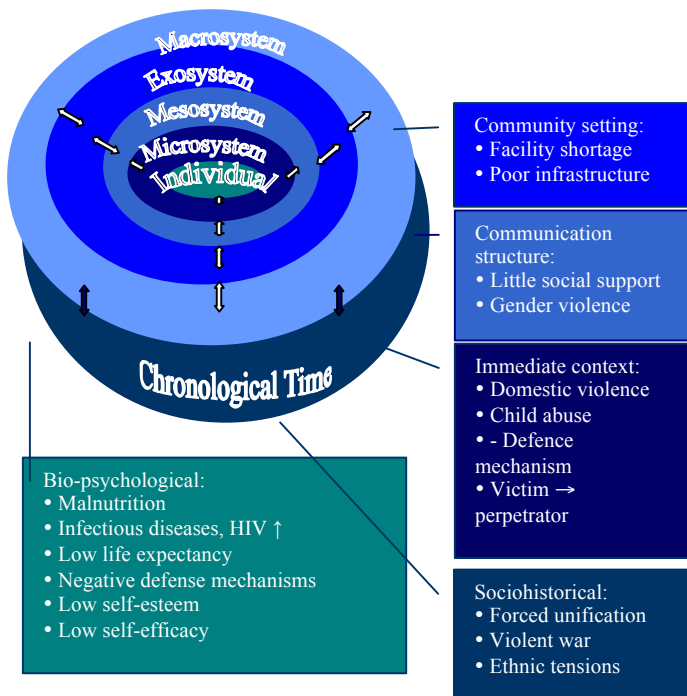


Figure 1: Burdens present in Lundi, Montvert.

As eminent in Figure 1, a major problem is gender-based violence, which adversely affects multiple layers of the bio-ecological model. Because of the reciprocal interaction between the different contextual layers and an individual, this problem will instantiate itself if no action is undertaken (Bronfenbrenner & Morris, 1998; Daigneault, Hébert, & McDuff, 2009). In other words, if gender-based violence continues to exist, this will lead to trauma and negative defense mechanisms within individuals and the community, and will avert emergence of supportive structures that can moderate the problem at stake (Salzinger, Feldman, Stockhammer, & Hood, 2002; Spano, Vazsonyi, & Bolland, 2009). Besides that, it will increase vulnerability to a range of negative health outcomes, such as HIV (Kim et al., 2007), which will further hamper the communities' resilience to deal with problems.

In our baseline assessment we expect that another, more covert issue will be addressed as well: that of gender inequality (Plummer & Njugana, 2009). As gender inequality minimalizes womens' self-esteem and creates unequal participation opportunities for men and women, it is working against promotion of a wealthy mental shape, where all community members share equal responsibility for the communities' wellbeing. Therefore, we want to address the problem of gender inequality as well, focusing on empowerment of women. This is in line with the vision of the United Nations, which acknowledge the importance of gender equality as well by postulating promotion of gender equality and empowerment of women as one of the eight Millenium Development Goals (UN, 2005)

Plan of action

Conducting research is a well-known method. Our proposed baseline will give insight in the actual situation regarding the mental shape of the people of Lundi being aware of the high rate of sexual and gender based violence. We will conduct focus group discussions (FGDs), key informant interviews (KII) and walkabouts with different groups of participants. So far nothing new.

It gets more exiting when it comes to our approach, which is based on the 'Balansmodel' from Bakker (1998) and the community-based socio-therapeutic approach as being practiced by Richters et al. (2008) in post-conflict areas. The 'Balansmodel' combines the bio-ecological levels from Bronfenbrenner with burdens and strengths of the individual and in our case of the community (see figure 3).

The community-based socio-therapeutic approach uses the 'community as a doctor' (Richters et.al. 2008) and focuses on finding solutions for experienced difficulties and traumas. Using this method for gaining mental shape is relatively new in post-conflict areas. It gives participants the opportunity to have an active part in formulating and developing changes in their surroundings.

Underlying principles of community-based socio-therapy are: interest, equality, democracy and active learning. Topics of discussion are linked to present situations. In the Lundi case this means a focus on post-conflict issues and topics such as sexual and gender-based violence (see figure 1).

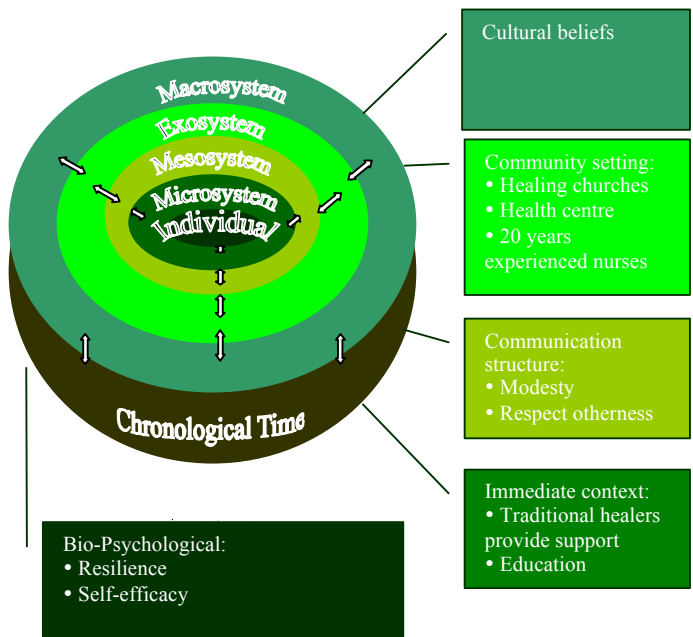


Figure 2: Possible strengths present in Lundi, Montvert.

When combining figure 1 and 2, this will lead to figure 3. Burdens and strengths present in the different levels of the bio-ecological model are weighing on the individual or community. The latter being represented in the figure by the grey bar.



Figure 3: 'Balansmodel' by Bakker (1998).

With these theoretical models and approaches in the pocket one is ready for action. Though, of course a model alone is not enough; you need tools to execute this model. For previous projects we have developed dozens of non-conformistic tools to gather information in a short period of time and stimulate communication within and between groups. Our toolkit contains vignettes, 'free association' games, cards and physical exercises that guarantee fun and a high level of participation.

The framework of the project is fixed but the content of the project phases will be constructed by the participants of Lundi. By doing so we promote active ownership of the project, expecting this will lead to sustainability.

Also the content of each phase will be determined by the previous phase. In theory we expect the following phases in our project (see figure 4)

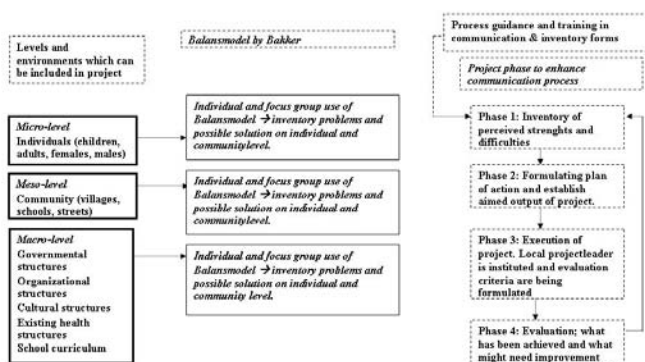


Figure 4: Intervention level & phase flow chart

Different groups within the community will be participating in our project. Some participants, like community health workers, will be trained as facilitators. Because we expect they have a background in group work and sensitization concerning health issues. Additional value of different forms of mental health and psychosocial support should be discussed. Several treatments of traditional healers are known to be effective and should not be ignored or labeled as

primitive. Table 1 illustrates the different actors during the different phases of our project.

	Baseline Study	Action Planning	Project exec.	Eval.
Macro Level				
Community leaders	S	S	S	S
Governmental structures	S	S	S	S
Meso and Exo Level				
Community workers	S + F	S + F	S	S + F
Traditional healers	S + F	S + F	S	S + F
Churches	S + F	S + F	S	S + F
Nurses	S + F	S + F	S	S + F
Micro Level				
Community members	S	S	S	S

Table 1. Participants and their roles during project phase
S = subject/participant, F = facilitator

After the baseline, a pilot will be conducted to see if the intervention can be implemented on a larger scale. Participants can then fine-tune their plan and formulate alterations towards the plan to increase the possibility of success.



Picture 1-3 show examples of our interactive work forms in the field.

To increase ownership of the program our last component will consist of providing participants a microcredit. This will enable them to execute their proposed plan to f.e. stimulate female participation in the community.

The underlying goal of the project is to decrease sexual and gender-based violence. Nevertheless, we acknowledge that this type of violence will continue to be a part of daily life. Therefore we provide medical supplies in the form of rape-kits and aid (also see budget lines), which should be used right after sexual abuse. This to prevent the HIV/AIDS prevalence to increase.

Project evaluation

In a perfect world we would call our project successful if there is no more hunger, rape doesn't exist and there is global peace.

Utopia is nice, but not realistic. Therefore we state that if a large part of the community is actively participating in our project it is successful. If different groups are stimulated to communicate with each other and are attempting to define and solve issues together, a very important step has been made.

Sustainability is always one of the major goals of any program and also one of the hardest things to achieve. In this current proposal we aim at sustainability by increasing the program-ownership of the participants.

A challenge lies in the possibility that people might not be inclined to participate in the proposed method. Breaking the tradition of being provided already formulated programs in which people can participate, might be hard to alter. This method asks high input levels of the participants. If people do not wish to exchange their opinions the program will fail. If people do not know how to formulate their goals the project will fail. Facilitation of the process is very important and attention must be paid to train facilitators in being sensitive towards group-processes and possible tensions between participants.

It might also be that different groups in Lundi society are too traumatized to work together due to their shared history of violence. This issue should also be addressed when working with the participants in the group.

The supply of rape-kits remains essential and dependable on continuous funding. Possible solution might be ongoing fundraising by Lundi-society to keep their stocks up to date. Again the same strategy of discussing together on how to tackle this problem might be used.

Greatest strength of the proposal is that it leans on program-ownership by the participants. The method is low-cost and when facilitators are familiar with the way of working no further funding is needed for implementation.

Additional information: budget

Budgetlines	% of budget
Preparation of the field (inform different actors)	10%
Facilitation participant-meetings (space, beverages, travel)	5%
Baseline-study (translation instruments, development tools, staff, travel)	5%
Developmental costs intervention	10%
Pilot & evaluation intervention	5%
Main intervention	10%
Micro-finance	25%
Rape-kits (HIV-AIDS blockers, medical examination, consult with nurses after incident)	30%
Total	100%

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