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**Helping the Child Victims of Terrorism –
An INTERACT Experience**

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Project INTERACT

The media regularly draws public attention to the devastating events of militancy in various parts of India. Each unfortunate event focuses on the political, social and economic dimensions of the incident. These tragedies are news for a while. What is forgotten is the residual and continuing psychological impact on the victims. It will come as no surprise that their mental health is permanently affected. Sadly, in our country, this concern is yet to be addressed by mental health professionals.

Through its "Project INTERACT" the Rajiv Gandhi Foundation has been working extensively over the last six years with the victims of terrorism. During interactions with the women and children affected by these violent acts, it was observed that they showed definite psychosomatic symptoms, even years after the incident had occurred. Recognising that such reactions should not be ignored, Rajiv Gandhi Foundation took the initiative to address these concerns with the assistance of mental health professionals comprising psychologists, psychiatrists and social workers. Camps were organised to facilitate interaction between the professionals and affected women and children.

The learnings of these camps highlighted the need for counselling support in a more focussed and effective way. Different approaches had been tried out in these camps – psychosocial and medical. Each of these approaches had their advantages and limitations. Consequently, it was felt that a model should be developed from the experiences of these interventions which would have more uniform application. Some work has already been initiated in this direction and a few very useful partnerships developed.

This paper gives an account of the programme examining the administrative, financial and psychological inputs that it is providing to the beneficiaries. It highlights its pioneering effort to provide psychological support to the victims of terrorism.

1. Introduction

Where are you now?

I remember the day

When I was a little boy,

My papa left me in darkness

He had been killed by some unknown person.

Oh! Papa – to me you were so wonderful

There is none like you

There is none with whom

I can share my joys and sorrows.

I still remember when I was young

You took me in your arms and hugged me,

The smile on your lips, the sparkle in your eyes

Your tender love and caring for me.

The separation from you

Fills my heart with pain, my eyes with tears

Oh! Papa where are you now?

You were my joy, you were my world.

Written by Kekheieto Kera (Nagaland) for INTERACT newsletter

The history of violence among human beings is perhaps as old as the history of mankind itself. Violence has existed in many forms, changing its dimensions with each era. There are various socio-economic, political and ecological factors that result in these man-made disasters which include communal riots, ethnic conflicts and refugee situations. Among the South Asian indices of mortality resulting from human made disasters, India is found to be more affected.

Violence often worsens the pre existing problems like poverty and gender issues. The effects are more pronounced for the women making them more vulnerable. Gender bias in favour of men gives limited rights to women as also limited participation in decision-making (Gender Empowerment Measure ranking for India is 128

among the 174 countries as per the UNDP report). The divides in our society on the basis of religion, caste and ethnic differences further marginalises them. The other group which is most affected are the children who are in their formative stage of life and need to be taken care of. They probably remain the worst sufferers of violence.

Whether it is war or any other form of violence, there is loss of life, displacement and other associated problems. In meeting the challenges of the problems resulting from violence, often its effect on the human mind is ignored. All relief efforts are channelled towards meeting the basic needs of the affected people. The effects of trauma often being intangible, remain unaddressed. People have found relief through various sources like religion, family and community support to get on with their lives.

After the first World War, perhaps for the first time the psychological effects of violence were recognised, especially on children who had been orphaned in the war. There was a lack of sense of direction for the youth leading to many problems, specially school drop-outs and delinquency. They needed guidance about their future since many years were lost in the war. This led to the birth of counselling services. These services emerged from the West but have influenced the whole world.

In the past few decades medicine and psychology have started providing understanding to the meaning of stress and emotional scarring resulting from violence. Programmes addressing the post-traumatic stress are becoming part of humanitarian aid operations. In India, while efforts are made on the part of the government to address some of the concerns of the victims of violence – mostly financial– psychological support for the families is not part of the rehabilitation plan. Worse still, even the magnitude of the mental health problems resulting from violence is not known due to lack of proper research in the area. Psychological interventions worldwide and in India have been outlined in the next section.

1.1 Psychological interventions for the victims of violence – a worldwide view

Most of the learnings about psychological interventions for the victims of violence are based on the experience of professionals who have worked with people affected by war. In a war, although the civilians get affected, the form of violence is more direct. The situation is not war-like in India. Here, in most cases the perpetrators of violence are from among the civilians, so it is difficult to identify them. There is less predictability because acts of violence or terrorism can change in intensity, form and spread. Yet, it is possible to draw some parallels in designing a psychological intervention programme.

A look at the prominence being given to psychological interventions in the war zones suggests that the psychological after effects of war are regarded as a serious health hazard. World Health Organisation (1998) recognises violence such as warfare and internal conflicts as one of the main socio demographic predictors of mental disorders. About 50 years ago violence in war was examined in the light of political, economic and social aspects. Psychological effects of violence came into focus relatively recently.

Summerfield (1999) in his critique of the psychological trauma programmes in war affected areas points out that the Nazi concentration camp survivors who emerged in 1945 did not seek psychological assistance to rebuild their lives. Most people did not think that they were carrying with them an enduring psychological wound. However in the latter part of the 20th century, with emerging understanding of the human mind in terms of trauma and stress resulting from war, focus shifted to psychological therapies.

Counselling services have gained a lot of significance in almost all aspects of life in the West. However the origin of this increasing concern for trauma victims of war dates back to the Vietnam War when the soldiers complained of symptoms which seemed incomprehensible at that time. It was later realised that the soldiers

forced to inflict atrocities on the people had themselves become victims, traumatised by the roles they were asked to perform. It was only in the year 1980 that post traumatic stress disorder (PTSD) was formally recognised as a disease. The concept was popularised by the proponents of the anti war movement in the USA, and hence it also had socio political ramifications. However, in the biomedical framework PTSD was not caused by the traumatic events but by the memories of the traumatic events which had been incompletely processed. There has been a lot of interest in this field of study the world over. There have also been efforts to offer courses on trauma studies in the Universities.

A number of studies have been conducted to ascertain the incidence of PTSD in war affected areas. Agger et al (1995) claimed that 700,000 people in Bosnia-Herzegovina and Croatia were suffering from severe psychological trauma and needed urgent treatment. They also warned that post-traumatic stress was going to be the most important health problem in former Yugoslavia for a generation and beyond.

The State of World's Children Report by UNICEF (1996) claimed that millions of children had been psychologically traumatised in the past 10 years during war, and that addressing this must be a corner stone of their rehabilitation because 'times do not heal trauma'.

Recognising the traumatic effects of war, resulting in problems like the PTSD, several interventions have been made by different organisations. UNICEF established a National Trauma Programme in Rwanda which had a clinic to provide intensive therapeutic care for what were said to be traumatised children and their families. By early 1996 over 6000 'trauma advisors' mostly teachers, health and social workers and community leaders had been trained in basic trauma alleviation methods. They reportedly assisted 144,000 children using methods which included drawing, writing and story telling.

Summerfield (1995) outlines the framework to guide the workers working in the war affected areas. Although the framework has been developed keeping war affected people in mind, the approaches are equally applicable to other target groups affected by ethnic clashes or other forms of violence. The approaches, however, need to be tailor made to suit the local requirements:

1. There is a set theme of most modern conflicts. Violence is played out where people live and work, there is little distinction between the combatants and others, and more than 90 percent of all casualties are civilian. Extreme brutality is often systematically used to create terror as a means of exercising control over the whole population. Its cumulative effect can render large number of civilians near destitute whether or not they are displaced from their communities. In many communities the effects are so chronic that they become incorporated in their social and economic life.
2. Survivors suffer multiple injuries, not just to life and limb but to the social fabric of their communities which may not be able to play the protective role.
3. Help seeking behaviour is determined by the background, culture and social norms. However, it may be remembered that those affected by violence are not only victims, they are also survivors.
4. Supportive interventions for war affected people must ideally be based upon an accurate and comprehensive grasp of the complexities of what has happened.
5. Interventions aimed at alleviating the psychological distress of war affected peoples may be simplistic and ignorant of local culture, and risk being experienced as insensitive or imposed. Local workers can also feel undermined by imported concepts and 'experts' who implement them.
6. The distress caused by war need not be 'trauma' denoting a

mental injury needing treatment or therapy. Only a small minority develop a psychological problem which merits professional help. Expressions of distress, even when forceful, do not generally imply psychological frailty or damage or nearness to breakdown.

7. Suffering is a social experience and not a private one.
8. Provision for essentials for daily living, and issues of physical security, come first. Beyond that a major thrust of NGOs should be towards the social world of survivor populations because there lies the source of resilience and capacity for recovery. A social development model should be used to address the suffering.
9. Most people endure war and recover from it as a function of the extent to which they can regain a measure of dignity, control and autonomy over their immediate environment. Anything that generates a sense of solidarity or community, and bolsters the viability of local organisations and structures would be helpful. People should be made to feel useful and effective again, as well as generating income for subsistence. Restoration of health services and schooling are generally high priorities.
10. Much of modern conflict is endemic so that those affected have to keep up a crises management response to endure and keep going.
11. Women can be the focus of projects which generate community-wide benefits. The physical and emotional well-being of children strongly depends on the capacity of their principle care-givers to cope.

Thus the basic task of interventions is to help people sustain some social space within which they can develop their individual capacities. Summerfield, who is a medical doctor with first hand experience of war in Central America and Southern Africa,

advocates a social development model. NGOs working with the victims of violence should not adopt the western approaches which pre suppose the incidence of mental trauma and tend to take a simplistic view of the complex and evolving experiences of war affected populations. Actual projects, according to him, should ideally be locally tailored, situation sensitive, adjust to changing circumstances and capable of taking root, thus being sustainable.

2. The Indian scenario

The internal security of India remains challenged due to the various acts of militancy in different parts of the country. It is difficult to ascertain the overall effects except for a few States. The Annual report of the Ministry of Home Affairs (1999-2000) mentions that over 20,000 people have lost their lives in the decade old militancy in Jammu & Kashmir. Besides, 51,000 families have migrated from the Kashmir valley to Jammu, Delhi and other States. About 4000 families in Kargil and 300 in Leh have got displaced due to evacuation resulting from cross border firing.

The same report cites that there have been 5037 incidents of terrorism in the seven North Eastern States in the last three years (1997-99) in which 2312 civilians, 676 security forces and 1359 extremists were killed. 'Poor governance, the failure of systems, and demographic change spurred by migration' are some of the reasons for militancy in these States (Hazarika, 2000).

The Telengana region is also equally badly affected by militancy although for different reasons. Class war inspired by the Maoist movement started in the late 1960s has been responsible for many killings. According to police sources, in Karimnagar district (Andhra Pradesh) itself, over 3500 people have been killed in the last thirty years (1968-1997) as a result of the naxalite movement. Moreover, property worth Rs. 88,22,04,000/- has been destroyed in seven years (1990-1997). Whatever be the reason, the common feature of all these acts of violence is that there is human suffering. Although there is peace in Punjab and Mizoram where terrorism has

been held in check, even here people who have suffered in the past will take a long time to get on with life.

'Human-made disasters, such as communal and ethnic riots, other conflicts and refugee situations are dealt with by the Home Ministry, which responds with its law and order artillery rather than from humanitarian concern for the riot or conflict affected' (Parasuraman & Unnikrishnan 2000). Providing psychological support to the victims of traumatic events does not form part of the rehabilitation plan.

Moreover, there is very little research to show that violence affects mental health of people. Among the few studies available, one undertaken by Dr Mushtaq A Margoob in Srinagar (cited in the VHAI publication) reflects the magnitude of the problem (Refer Table 1). He had undertaken a study in the hospital for psychiatric diseases, Srinagar. There has been a substantial increase in the number of cases seeking psychiatric help in the last few years. He found that most households in Srinagar and even areas in Kupwara, Uri, Tanmarg and Anantnag store liberal quantities of tranquilisers, sedatives and painkillers. He further mentions that despite a tenfold increase recorded in the number of patients in a short span of 4 years, it is possible that this number represents only a fraction of the total number of patients needing treatment for mental and emotional disorders in Kashmir.

Apart from these very scanty pieces of information, there is very little research from which one can draw inferences to address the psychological concerns of people affected by violence and resulting trauma. In a country where general health services are not satisfactory, mental health becomes a lower priority.

Table 1 – Patients treated at the Hospital for psychiatric diseases, Srinagar during January 1990 – December 1994.

Year	Registration No. (%)	Walk in clinic No. (%)	Total patients treated No. (%)	Average No. of new patients treated per day
1990	234 (6.29)	1528 (4.04)	1762 (4.24)	06
1991	761 (20.46)	1394 (19.55)	8155(19.63)	27
1992	616 (16.56)	3699 (9.78)	4315 (10.39)	14
1993	584 (15.70)	9142 (24.17)	9726 (23.41)	32
1994	1525 (40.99)	16059 (42.46)	17584 (42.33)	59
1990-94	3720 (100)	37822 (100)	41542 (100)	28
Reg./Not reg. Ratio 1990-94	9%	91%	100%	

Source : *J.K Practitioner, Vol 2, No.3, July to Oct. 1995 (Also is VHAI publication on Status of health in Kashmir)*

Notwithstanding the slow progress in health care, mental health care has made some advances. Mental health care in India has a threefold objective:

- To provide curative services to the mentally ill.
- To protect otherwise mentally healthy persons from conditions which may put them at risk of mental illness. The approach here has to be preventive.
- To promote positive mental health with normal persons, developing healthy relationships and enabling the emergence of a safe and secure society.

We are still trying hard to meet the first objective. The mental health facilities offered are quite inadequate as compared to the western countries. It is estimated that the facilities offered are less than 1% of that in the western countries (VHAI, 2000). Preventive aspects would be further neglected. In the last few decades the thrust of mental care has shifted from hospital care to community care. A few indicators are the formulation of a mental health programme, the Mental Health Act 1987, Persons with Disabilities

Act 1995, the initiatives taken by the voluntary agencies and the media projection of mental health. Yet many issues remain unaddressed. Among these are the issues of increasing violence, refugees and migrants.

The Rajiv Gandhi Foundation (RGF) has been working for the rehabilitation of the people affected by militancy for the past few years: During the interactions, the need to provide assistance to the victims of trauma has been felt. The initiative taken by the Foundation towards this end shall be described briefly. The next section of the paper introduces the work of the RGF, the nature of programmes taken up with special focus on one of its programmes which is targetted at the victims of militancy.

3. Rajiv Gandhi Foundation

The Rajiv Gandhi Foundation was set up in June 1991- just four weeks after Rajiv Gandhi's death. It aims to work in the areas which were of the deepest concern to Rajiv Gandhi and to act as a catalyst in promoting effective and sustainable projects in these areas. The RGF has been undertaking its activities by collaborating and networking with Non Government Organisations (NGOs), Government bodies and other institutions.

As far as its projects are concerned, rather than duplicating the large-scale efforts of government programmes, the RGF identifies gaps on the basis of felt needs and tries to fill them by introducing innovative projects. Rajiv Gandhi Foundation has been focusing in a few selected areas within India. Broadly, these areas are:

- Empowerment of women and the girl child
- Support to disadvantaged children
- Promotion of health and management of diseases – AIDS, T.B., Cancer etc.
- Promoting self reliance among the disabled
- Science adapted to fulfil rural or slum requirements.

- Encourage elementary education for marginalised children
- Promote village and slum libraries

Within this framework, the Foundation selects areas where it implements programmes. An important area of intervention has been the victims of militancy. Since its inception, the Foundation has initiated programmes for the widows and children affected by militancy. Economic empowerment programmes for women have been launched in Manipur, Mizoram and Assam to help the families. One of the major projects of the Rajiv Gandhi Foundation is project INTERACT to assist the children in the affected areas. Although the programme was initiated to help the children complete their school education, it has provided some very useful insights and identified new areas of intervention. The remaining section of this paper will focus on only project INTERACT and related areas.

4. Project INTERACT

4.1 Objectives

Shri Rajiv Gandhi, in whose name the Rajiv Gandhi Foundation was set up, was a victim of terrorism. A natural consequence of it was for RGF to do some work for people who had faced a similar fate. This is what formed the basis of project INTERACT. It was initiated in the year 1993 and has grown in the last seven years to form an important part of the RGF programmes.

The acronym INTERACT means an 'Initiative To Educate Rehabilitate and Assist the Children affected by Terrorism'. As the name suggests, the project was initiated with the objective of reducing the burden on the sole remaining parent or in some cases the relatives who are looking after the children. Later, as the project expanded, the scope of its activities increased too. At present the objectives of the project entail:

- providing financial assistance to children to complete at least their school level education

- extending this assistance to a few meritorious students for completing their post school education too
- providing a forum to the children for expressing themselves as individuals
- providing a forum for interaction among children from different parts of the country, who have faced similar problems
- providing psychological support to the families of these children, in most cases the mothers
- addressing some of their common concerns within the constraints of distance

These objectives are met through several activities that form part of the programme.

4.2 Description of the project

Believing that the real victims of terrorism are the children, Rajiv Gandhi Foundation decided to help the children affected by militancy. Having taken a decision, the first thing was to identify such children needing help. It was also decided to keep the selection procedures simple so that they were not too difficult for people to understand and apply while at the same time discouraging misuse of the scheme.

The initial, first contacts were made by identifying genuine individuals and organisations who were willing to collaborate with the Foundation to implement the programme. It was not an easy task. A number of personal visits were made to Assam, Punjab, Manipur, Nagaland, J&K and Andhra Pradesh. Although RGF had decided to collaborate with non government organisations, it was discovered that there were very few NGOs working in these areas, primarily because these were terrorism affected. Even those organisations which were working in these areas were reluctant to collaborate on a project that was aimed at helping the victims of violence. This would have made them confront the 'militants' since they would be helping the victims of militancy.

This became a hurdle and finally, in some areas RGF collaborated with the local administration which was forthcoming with their help. Some responded favourably to a request made by RGF while others themselves took the initiative.

In Punjab, after reading about a news item that appeared in the local papers, the Superintendent of Police at Batala wrote to RGF expressing his keenness to collaborate on this project.

In J&K, especially Srinagar, even that was not possible. Although the need to implement the programme was there, it was not possible to collaborate with any organisation - government or non-government. The programme is being implemented, even today, with the active support of an individual who is working on the programme like a mission.

Having started the project in 4 States, vigorous efforts were made to reach out to other States of the north-east also. Similar problems were encountered in these States too. With the exception of Manipur where the programme is being implemented with the assistance of an NGO, in Nagaland and Tripura it is being done through the State governments.

At present the project partners in different States are:

Andhra Pradesh	- Superintendent of Police, Karimnagar - Superintendent of Police, Warangal
Assam	- Hiteshwar Saikia Foundation - SOS Children's Village
J&K	- Kasturba Gandhi National Memorial Trust, Jammu - Volunteer from Srinagar
Manipur	- Khwai Social Development Society
Nagaland	- Social Welfare department, Kohima
Punjab	- Superintendent of Police, Batala - Punjab Council for Child Welfare
Tripura	- Department of Home Affairs, Agartala
Others	- DG - Assam Rifles, BSF, CRPF

All these project partners have been assisting RGF in monitoring the programme with varying degrees of efficiency. The project partner is expected to help the Foundation in identification of children and monitoring of the project. Specific responsibilities include:

1. Identification of genuine children affected by militancy
2. Distribution of cheques sent by RGF to the children twice a year
3. Identification of children with specific problems
4. Helping RGF to organise activities with the children as and when required

There is a criteria for selection of children which will be described in the next section. After the final selection is made the particulars of the child are entered in a data base which has been specially designed keeping in mind the specific requirements of the project. The database is regularly updated for effective monitoring of the project.

The children are sent financial assistance through cheques which are sent twice in a year. The school fee is paid directly to the school. The guardian's instalment allowance includes money for the purchase of books, uniform and maintenance allowance depending on the economic condition of the family. The NGO assists in the distribution of these cheques to the children and sorting out several related problems like sending them information about change of school by the child, explaining communications sent by the Foundation to the guardians of the children etc. Most of the surviving parents of these children (mostly mothers) are illiterate or are not educated enough to comprehend the letters. Assistance of the NGO becomes vital at this stage to open up a channel of communication between RGF and the children's families.

4.3 Selection of children

Selection of the partner agency is very important and needs great care so as to ensure that the project will run smoothly. This is done by making personal visits and clarifying the objectives of the project. Subsequently the selection procedure of children is initiated.

As mentioned earlier, the selection procedure is not too complicated but elicits vital information required about the family. The children are required to fill up proformas which are very simple to understand. These are given out only to deserving families.

The details given by the child are verified by the partner organisation. Copies of FIR (first information report) and school fee structure (verified by the school principal) are attached to the proforma. This is done to ensure that only those children are included in the programme whose parent(s) are killed in an act of militancy and active involvement of the schools is there right from the beginning.

In order to reach out to a large number of families affected by terrorism a maximum of two children per family are included in the programme irrespective of the family size. Based on the information given, case studies are prepared for each child giving a profile of the family, the circumstances in which the family lives and the economic background. A financial package is drawn up for each child for which certain norms have been laid down depending on the type of school and the class the child is studying in and the financial status of the family. The maintenance allowance at present is such that it aims at increasing the family income to Rs. 2000/- if there are two children in the family and to Rs. 2500/- if there are more than two children in the family. There is a ceiling of Rs. 6000 per child per year under this head. The guardian's instalment is sent to the surviving guardian who in most cases is the mother. In some cases the child does not live with the surviving parent. In that case it is given to the relative who takes care of the child. A few examples for this arrangement are:

- *Both parents were killed.*
- *Father was killed and mother committed suicide later on.*
- *Mother got remarried leaving the children with grandparents.*
- *Mother became mentally unsound and was unable to maintain the accounts.*
- *In one case a kuki man married a Naga woman. The man was killed. Subsequently, the mother was asked to leave the village and the child taken away from her who now lives with the paternal uncle.*
- *Everyone in the family was killed except for a cousin sister who now takes care of the children.*

The arrangement for distribution of cheques is decided on a case to case basis. In most cases it is given to the mother and not to any other relative.

After the case studies are prepared, the final selection is done by the Executive Committee of the Foundation which meets at regular intervals. So far, 1072 children have been supported under the project.

4.4 Monitoring the programme

To facilitate monitoring of the project, a database is maintained in which details of the child are entered. These details include the age, class in which he/she is studying, name of the guardian, the school where he/she is studying, the date till which the child will be supported and whether the child has any other sibling who is also being supported under project INTERACT. The school result too is regularly entered in the database.

The financial details, which are entered in the database, include, the financial package, the breakup of the instalments and release of the instalments. Information about the monitoring NGO and sponsor (if any) of the child are also maintained.

The children are required to send their results once a year. The instalments are released only if the results are sent. This is strictly followed because it is one way to ensure that the child is continuing his studies and the money sent by RGF is being properly utilised on his education. A lot of difficulties are faced in ensuring that the results reach us on time. This is due to several factors – postal delays, inability of the parents to understand its relevance (most of them being illiterates) and non-co-operation by the school authorities. School results are not given at the end of each year in many schools located in the villages. The partner NGOs are requested to sort out these problems.

After receiving the relevant details, cheques are made out in favour of the guardians and the schools and sent out to the partner organisations for distribution. Each partner organisation has worked out a system of informing the children. Some send out letters to the children, some ask the children to contact their office during a certain period, some have a network of people who spread the word to the children and some even have it announced on the local radio. Even within a district, the children are located in different villages. Reaching out to children in different districts is a mammoth task.

After receiving the cheques the children are required to send a receipt to RGF. The partner organisations take their signatures for their own record. All these services by the partner organisations are being provided voluntarily. A few years back disbursement of instalments was tried out by mail transfer through banks. All the children were made to open bank accounts and the amount was disbursed through the State Bank of India. However, this was not very successful. The main reason for this was the cumbersome procedures adopted by the bank.

e.g. If a child did not receive the instalment despite release from RGF and the bank was contacted, they expressed their inability to take action till the local bank where the transfer had been made wrote to them. Mothers being not so well versed with the bank procedures were unable to handle the problem. Therefore it caused

more inconvenience to both the parents and RGF. In any case State Bank of India has discontinued mail transfer service. So the previous system of disbursing amounts through cheques was again adopted. The only difference was that earlier the cheques were made manually, now they are being generated through the computer.

Besides relying upon the records and feedback from the partner organisations, visits are made by the RGF staff to go and meet the children personally and sort out problems, if any.

4.5 Profile of INTERACT children

At present 1072 children largely from 7 States are being supported under the project. A State wise and year wise distribution of children is given as follows:

Figure A – Year-wise distribution of INTERACT children.

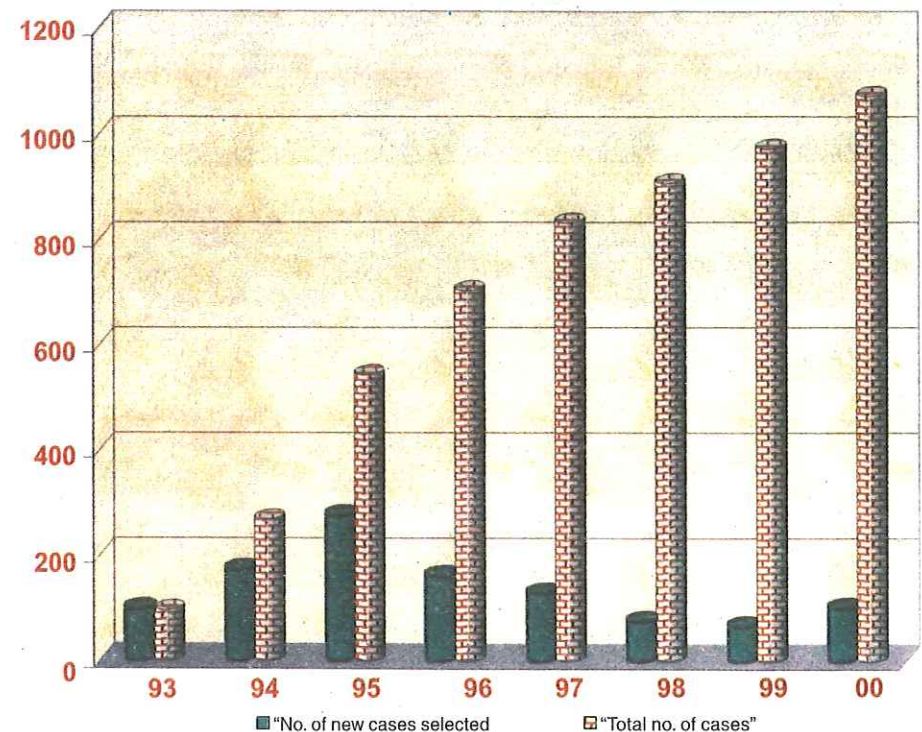
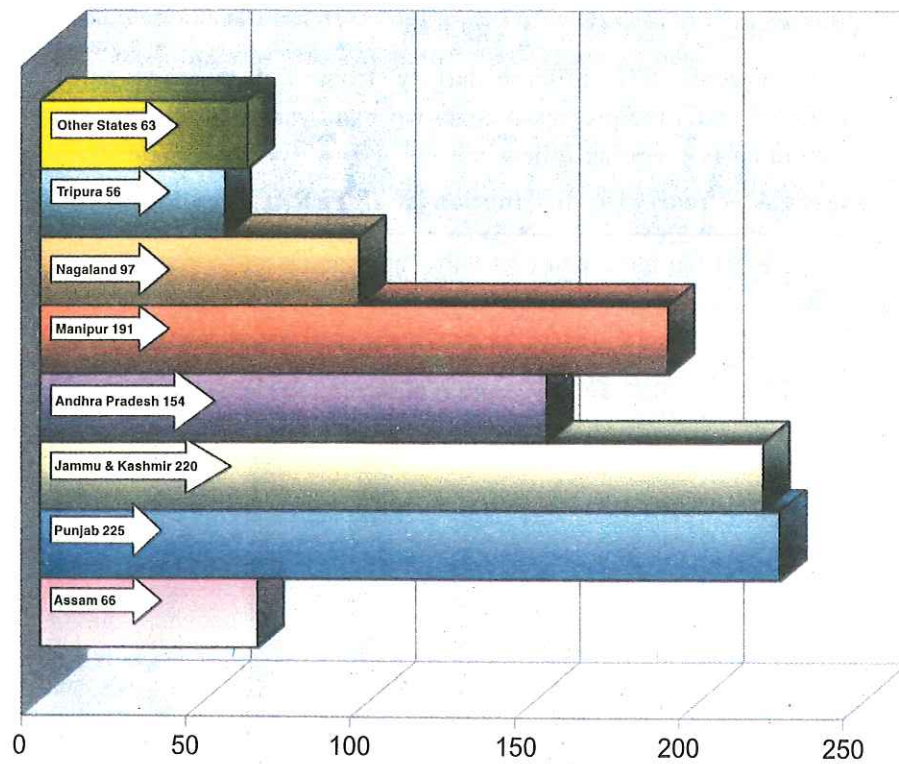


Figure B - State-wise Distribution of INTERACT children



Both boys and girls are encouraged to continue with their school education with the support from project INTERACT. Table 2 gives a sex-wise distribution of children.

Table 2- Sex-wise distribution of INTERACT children

State	Male	Female	Total
Assam	28	38	66
Andhra Pradesh	87	67	154
J&K	117	103	220
Punjab	142	83	225
Manipur	107	84	191
Nagaland	58	39	97
Tripura	35	21	56
Other States	43	20	63
Total	617	455	1072

As mentioned a maximum of two children are being supported through this programme. At present there are 341 families from which two children are included in the programme and 390 families from which one child receives support.

4.6 Financial implications

At the time of initiation of the project, all expenses for the project were met through the resources of RGF and support of a few sponsors. However as the project spread to new areas and more children were included in the programme, outsourcing became essential. A grant of Rs. 1.5 crores from the Government of India was received. The interest accruing from this amount was also used to support more children from INTERACT.

A year-wise expenditure on the project is given in Table 3. Over Rs. 2 crores have been spent on the project since its inception.

Table 3 Year-wise expenditure of expenditure on project INTERACT

Year	Amount spent
1993-94	10,84,669.52
1994-95	11,35,001.00
1995-96	27,86,522.00
1996-97	37,02,572.00
1997-98	40,55,130.38
1998-99	43,27,727.50
1999-2000	42,82,269.75
Total	2,12,73,891.90

Due to financial constraints, RGF has decided to select 100 additional children each year. Although the demand for inclusion is very high, it is not possible to extend the reach faster than this.

On an average Rs. 7000/- is being spent on a child each year with a ceiling of Rs.10,000/- per child per year. There are 35 sponsors at present who are supporting INTERACT children.

More recently, a small campaign was undertaken in the schools of Delhi to sponsor some INTERACT children. A few schools responded favourably and supported some children monetarily. One of the Delhi based schools, Fr. Agnel, offered to admit 9 children from Manipur in their residential school. Many more initiatives of similar nature need to be undertaken by other individuals and institutions.

4.7 A personal touch

The 1072 children are spread over 100 districts in different States. Although they are all part of the INTERACT programme, maintaining regular contact is a difficult task. An easy option was to restrict the programme to sending cheques to the children and ensuring that they complete their schooling. This would not have created a bond between the Foundation and the children and limited opportunities for making the association more meaningful. To

promote the personal approach several initiatives have been undertaken by the RGF, some of which are as under:

A year after the programme was initiated a Children's Meet was organised where children from different states visited Delhi and stayed together for a few days. Two more meets have been organised subsequently. During these get togethers, children have some fun activities, do sight seeing, participate in competitions and put up cultural items from their own regions. This provides excellent opportunity for the children to interact with each other and share common concerns.

Very often it is seen that children from the same State also meet each other for the first time. The bond extends beyond the State and children do maintain contact even later on. These 'Meets' provided useful insight into developing a more comprehensive programme for the children and their families.

Moreover, a bi-annual newsletter is published which serves as a platform for the exchange of information and ideas between Rajiv Gandhi Foundation and the children as well as with each other. Through the newsletter children get an opportunity to express their ideas, thoughts, talents. Language is a limitation so it was decided to make it bi-lingual- using both Hindi and English. Children are encouraged to write in any language they wished to. These are then translated into Hindi and English. The names of academically meritorious students are published as 'Star Performers'. Achievements in other fields are also shared with the readers.

In the initial few issues, children wrote poems, which reflected sadness, despair and a sense of loss. Gradually the children were encouraged to write about positive things. They started writing about love, patriotism and hope. It is very difficult to make children write, yet 10 issues of the newsletter have already been brought out.

There are certain occasions, which are important for all children. These are their birthdays and also some stages of their

school life e.g. the board exams. All the children are sent cards on their birthdays to make them feel loved. They also feel encouraged to receive ' Best of Luck 'cards just before their examination. The children and their families feel very happy to receive these cards and have shared this with us several times. They write to us and care is taken to respond to each of their letters and queries.

These are small ways in which a personal touch is given to the children despite the constraints of language and distance. It is through these small gestures and interactions that we were acquainted with the much larger problems that the children and their families are facing. It lead us to think about addressing these problems.

4.8 Administrative Constraints

As mentioned, there are constraints of language and distance, which limit the scope of our intervention with the children. Reaching out to more than 1000 children and taking care of their individual needs is a very difficult task. Several problems are faced in implementing the programme.

1. Identifying a partner organisation to implement the programme is the biggest challenge. Wherever there are individuals and NGOs monitoring the programme there is better interaction and communication. They have more knowledge about the children, their families and their personal problems. With the organisations like police and district administration as partners, involvement with the programme gets limited due to other pre occupations of the partners. Although they have the infrastructure to distribute the cheques, interactions at a more personal level are very limited. Yet, it is very difficult to find suitable organisations which have the capacity to reach out to the children and their families in different districts.
2. Communication with the children is a real problem due to their remote locations and different languages. Many of them are illiterate. Those who can write have better communication

with RGF, although verbal communication becomes difficult due to different spoken languages.

3. The cheques are sent to the children after ensuring that they are continuing studying in school. For this they need to send their school results once a year. Yet, a number of cheques are returned after disbursement. Common reasons for this are – change of school not intimated to RGF on time, late distribution by the partner organisation, non cooperation by schools who do not deposit these in the bank on time or prematurely ask the parent to pay up the amount. A few States have requested us to club the school amounts with the guardian's instalment, especially those where the children are paying nominal amounts as school fee.
4. The programme aims at rehabilitation of the children. Although school level education is ensured through financial support from RGF, it is difficult to find employment for them subsequently. The general problem of limited employment opportunities for the youth get further exacerbated for these children.
5. The financial needs of some families are more than what can be offered through this programme. The families are scattered over several districts/villages making it difficult to plan out any income generating programme for the widows.

3.8 Emotional problems in children

Despite the administrative constraints, the programme has been implemented for the last seven years and is still expanding. Due to the interactions with the children and their families it was realised that there was something still amiss. There were several indicators to make us realise that the emotional impact of trauma still haunted the families and that the programme needs to address these problems. Some of these are described below:

During the interactions with children during the Children's Meet, it was seen that about 10% of them displayed psychosomatic symptoms, requiring medical attention.

A medical team deputed to take care of medical emergencies during the Children's Meet found itself mostly involved in assisting them get over anxieties which manifested in the form of severe headaches, pain in the chest and fainting. Girls were found to be more severely affected.

Normal action brought memories back in children bringing out mass hysteria

The grandmother of a child who accompanied her to Delhi was combing her hair. Another child saw this and started crying uncontrollably because it reminded her of her deceased mother. Others sitting in the room shared the sorrow of losing a parent and started crying too. They all were pacified when the grandmother spoke to them and held them with a caring hand. Although the Punjabi language in which she spoke was incomprehensible to the girls from Andhra Pradesh and Manipur, yet the feelings were transferred.

The anxious mother wants to keep her children before her eyes all the time.

The mother of a child came to Delhi all the way from Punjab to ensure that her son was safe. After satisfying herself, she went back the next day. Some children mentioned in their letters or in person that their mothers remain very sad or were taking treatment for 'fits'. This made them worried unsure as to how they could help the parents.

All these observations showed that not only the children but their mothers also needed emotional support. In fact it was strongly felt that addressing the emotional problems of children in isolation without those of the mothers would not be of much help. Of course, those with severe symptoms required medical intervention. But at the preventive level a counselling programme could be planned. Effective counselling is helpful in preventing serious problems from developing. Since mental health care in our country receives a low priority, promoting the preventive aspect of mental health acquires more importance.

5. What is Counselling ?

Counselling emerged as a professional field in the early 1900s. Clifford Beers in 1908 gave an impetus to the counselling movement which has grown manifold in a span of about 50 years. There are various approaches towards counselling based on different theoretical foundations. Sigmund Freud laid the basis for the psychoanalytical approach which emphasised the unconscious mind. There are affective approaches in which the focus is on the client's feelings and cognitive behavioral approaches which are dominated by the principle that emotion and reason are entwined in the human psyche. Several names are associated with these approaches – Carl Rogers, Fredrick Perls, Alfred Adler, C.G. Jung to name some.

Whatever the approach, the broad goals of counselling are facilitating behaviour change, enhancing coping skills, promoting decision making, improving relationships and facilitating client's potential. Without focussing on any one approach, the broad context of working with victims of violence was examined.

Developing a counselling programme for the victims of violence has been done in stages, each stage providing learning for the next stage. The process began by first organising counselling workshops for the children and their mothers in two States.

4.3 Counselling workshops

In most States covered by INTERACT, with the exception of Punjab, militancy in some form or the other still exists. So the victims still have to live in fear. It was mostly through our personal interactions and the letters that they wrote to us that their individual problems came to light. Continuing with the programme and ignoring these little cries for help seemed callous. All the actions and thoughts shared by the children emphasised the need to address the psychological needs of not only the children but also of the remaining parent.

If they were located in a big city or even a town perhaps providing psychological support would not have seemed like a challenge. It did now, considering the remote areas where they resided. Counselling services are yet to make a substantial impact, even in the cities. Hoping to extend these services in villages seemed an impossibility. Yet a beginning was made by organising residential counselling camps for the children.

Having decided that the psychological problems of the children and mothers of the INTERACT programme need to be addressed, the next question was whom to request for providing these interventions. A search for suitable counsellors in local areas went in vain. It was then that we realised that there were hardly any mental health organisations who had addressed this problem. Letters were sent out to several organisations involved with counselling, out of which only a few responded. However, after much persistence and searching two organisations were identified who expressed their keenness to work in this area. These were Sampark, based in Delhi and Institute of Mental Health based in Hyderabad.

After several rounds of discussions –in person and through long distance communications- it was decided to organise counselling camps at two places – Andhra Pradesh and Punjab. Although vigorous efforts were made to have one in Manipur also, we were unable to contact any organisation which could do justice to the programme. Therefore the initial camps were restricted to only two States where two camps each were organised.

The two organisations were given the broad objective of ascertaining the mental health problems of children and their mothers, finding ways of addressing these and adopting a therapeutic approach in the sessions. They were given the flexibility to plan the details of the sessions.

Camps in Punjab

The two camps organised in Punjab were planned and executed

by *Sampark* which is the counselling unit of Modi Foundation Hospital. This was done in consultation with RGF.

Organisational support was provided by the Punjab Council of Child Welfare and Superintendent of Police, Batala who made local arrangements for boarding and lodging of all children, their mothers and the counselling team for two days each at Batala and Jullandhar.

Group sessions were organised for the children and the mothers separately and then together. The sessions were designed for the children and the mothers keeping their concerns in mind.

The objectives of the sessions for the women were

- to provide a forum for ventilation of their feelings, the problems they are facing at present
- to discuss alternatives or solutions to the issues relating to children's education and their career/future
- to create a bonding and a support system among these women in order to make them feel empowered and have a higher self esteem to be able to look ahead and cope with daily life situations in a healthy manner
- to provide an opportunity for the women and children to just have fun, where they could be themselves

These sessions provided some very good insights into the minds of the INTERACT children and their mothers. The feelings of insecurity, fear, isolation and lack of support by the families came to fore. The widows narrated their experiences where they had to face the rebuke of neighbours and relatives even at the hint of a celebration e.g. purchase of a colour television. They missed their husbands the most on festivals when everyone around them are in a mood for celebration and they have to remain in their homes.

Although these women were from different villages and some of them had never met each other earlier, their concerns were the same. For them it was like a never ending journey of mourning

where they were not allowed to express happiness.

Despite the fact that the State is peaceful now, the sorrows of these women had not ended. They expressed that they had sorrow locked up in their hearts. The group cried together as they shared these views and a new bond was created in the group where they felt understood. In fact many of them said that it was after years that someone had come and heard them and given respect to them.

The women talked about the effect terrorism and the killings have had on the personalities of the children. Many of them had seen the killings happening before them and had been deeply affected by it. They were also angry because they were having to grow up without their fathers for no fault of theirs. The concern for the future of their children was paramount for the mothers.

The mothers mentioned two cases of children having problems. These two children had seen their fathers and uncles being killed before their eyes. One of them still had nightmares while the other one was very withdrawn and did not participate in school activities.

It was observed by the facilitators that those women who had received support from their families, were able to face life with a much better frame of mind. Unfortunately many of them were facing the hardships alone although not necessarily being exploited by relatives. In a few cases this too was happening.

One of the mothers shared with the counsellor that her brother in-law had physically exploited her for a long time and later on forced her to leave the house. She was now living with her brother with no security for future – not even a house. This had affected her health adversely and she was taking treatment for 'fits' which she often gets. She was also very worried about her daughter. This daughter who was being supported under INTERACT wanted to drop out from class 11 and requested RGF to support her brother instead. After much persuasion by the counsellors and later on by RGF through letters she continued with her studies.

The facilitators gave them a lot of positive strokes for having the grit and perseverance to go on with life despite the difficult circumstances. A group activity was organised in which everyone had to identify a strength in each member of the group. They also provided a forum to share and give vent to their feelings and even have fun because the sessions ended with dancing and singing which had a therapeutic effect on them.

While planning activities for children the following objectives were kept in mind:

- to provide platform to ventilate their feelings before others who can understand them and identify with their situation
- to provide a forum where children with similar traumatic background can meet and experience support within the group
- to provide opportunity to express themselves through a writing and painting
- to help them trust others and make others trust them by becoming responsible
- to work with strangers by sharing things, helping and getting help
- to be part of group through participation at any level
- to provide them with an outlet where they can enjoy, have fun and be comfortable 'being themselves'

All children above 10 years of age were included in the camp. Dealing with younger children would have required a different approach so they were excluded from this camp. The sessions with children were more activity based. The children were asked to write 10 things about themselves and share it with the entire group. Some children shared the traumatic incident with the group and also about their experience of living without fathers.

In the other session the children were asked to express themselves through painting and then talking about it. They also had

to make a collage of pictures and share their thoughts, feelings and emotions through pictures. All these activities were planned to encourage children to talk and share their experiences. Most of them expressed their anger towards terrorism and towards those people who were insensitive towards the victims.

Group games were organised in which the children learnt to work together. The introvert children were encouraged by the facilitators to participate actively. They came together with their mothers in the singing and dancing session and were in fact surprised to see their mothers dancing. Perhaps they had not seen their mothers rejoicing like this before in many many years.

Thus the approach used by the counselling team was more like group work rather than focussing on individual problems. The sessions with the children and mothers were therapeutic also in the sense that it provided opportunity for catharsis. The resource persons recommended that such sharing sessions should be organised on a more regular basis which would serve as outlets for working through emotions.

Camps at Karimnagar and Warangal

The camps in Karimnagar and Warangal were organised by a team consisting of psychiatrists, a clinical psychologist, counsellors and a special educator. The objectives delineated by the team were

- to identify women and children in need of help in the area of mental health
- to enhance the coping skills in women and children
- to identify cases requiring psychiatric help for PTSD
- to undertake group sessions to enhance their adjustment skills in society and to develop interactive skills so that they could learn from the experiences of the members of the group about coping with their problems
- to let them know about the need for utilising available services and follow up facilities.

This team of resource persons was larger than the Punjab team. Although there were lot of commonalities between the objectives of the two teams, there was a significant difference in their approaches.

The women and children were divided into groups with each group consisting of about 25 people. Each group was addressed by a psychiatrist and counsellors. They were told about normal and abnormal grief reactions, post traumatic stress disorders and symptoms of depression. They were also told how to identify these conditions and seek treatment. Mothers were told about the adverse psychological impact on their children due to the traumatic event. They were also asked to list behavioral changes which they have observed in their children. The need for providing emotional support was stressed.

Later on each woman was interviewed separately. Those identified with a problem were given counselling and also drugs, if required. The doctors felt that those women who were visibly depressed came out with their psychological problem only when they were interviewed separately. Many of them complained of sleeplessness, loss of interest in work, irritability and other features of depression. Some showed features of PTSD like recurring nightmares and avoidance of topics related to the husband's death. Many mothers complained of behavioral problems in their children.

With the children the thrust was once again on activities. The children were asked to draw. Some of the drawings depicted inner conflicts and suffering.

One 10 year old girl drew a happy family and an unhappy family. In the unhappy family she made a picture of her dead father and herself. Another 8 year old child drew a scene vividly depicting his father's death at the hands of extremists. A 6 year old boy drew only 4 weapons – a knife, an axe, a pair of scissors and a gun, bringing out an aggressive impulse within.

The children too were interviewed individually and identified for their psychological status. Some children showed fearfulness,

inability to socialise and clinging behaviour. Others had symptoms of PTSD like recurring nightmares, startled reactions and avoidance of trauma related events.

Being a medically oriented institute the team applied the medical model in assessing the psychological status of the families. They opined that more interventions are needed to lessen the features of PTSD in both women and children. The negative cognitions in the family need appropriate therapeutic techniques like cognitive therapy.

Thus although the same broad objective was given to both the institutes, there were marked differences in the approaches they used. While the Punjab team used a therapeutic approach by way of group work, the Andhra team used the medical model for identifying and treating persons with psychological problems. A review of both these camps made us realise that we need to standardise the strategy of addressing the concerns of the victims of violence. While both the approaches were right in their own ways, each could learn much from each other.

5.1 Training of master trainers

Having recognised the need to standardise the strategy, the next question was whom to involve in enabling this. There was no identifiable organisation in India which had substantial experience of working with the victims of terrorism and addressing their psychological needs. There are a few NGOs like *Cehat* based in Mumbai which were working towards creating awareness about the health concerns resulting from violence, but their experience in this field of actual intervention was not enough for us to use them as a resource agency.

The search lead us to British Council which has made some meaningful contribution in promoting counselling for different target groups like rape victims and general counselling services offered by NGOs. With the active support of British Council, a few names were recommended. After scrutiny, Professor Renos Papadopoulos

was invited to India to conduct a workshop for master trainers who could then go and train other people. A decision was taken to develop a counselling programme in three States to begin with. These were Punjab, J&K and Andhra Pradesh.

Professor Renos Papadopoulos is a professor of psychoanalytical studies, at the University of Essex, training and supervising Jungian psychoanalyst and family systems psychotherapist. He is also a consultant psychologist at the Tavistock Clinic where he has been working clinically with refugee families. He had worked in several countries with the survivors of violence and refugees. As a consultant to various organisations (including the United Nations Development Programme, UNICEF, Council of Europe, Australian Aboriginal Council) Renos has worked in many countries with the refugees and survivors of violence and is currently working with such victims in Kosovo. He along with Ms. Arvinder J Singh, resource person from *Sampark*, designed the training programme with the following:

Objectives:

- to develop a core group of professional trainers, who will be able to train field level workers in the use of the counselling package
- to design a professional counselling package that can be used at the field level to help survivors of militancy tap their full potential to lead a normal and healthy life for productive work
- to organise field level events to test the effectiveness of the package, and monitor progress and changes in the lives of young boys, girls and women involved in project INTERACT.

Outputs expected from the training were:

- Core group of seven counsellors/trainers as master trainers to train field staff in counselling skills
- Counselling package developed, and tested in the field

A lot of care was taken to select people who would undergo an intensive training for 5 days in Delhi. Six people were selected who had considerable experience in counselling, preferably in working with the victims of violence in some way or the other. Two team members each for the three selected States who were familiar with the culture and ethos of that State, were identified. The other consideration was that the trained personnel would be willing to work in this area and take active part in developing this programme in future.

At the end of the training a resource guide for the master trainers was developed jointly by Professor Renos and Ms. Arvinder J Singh. This resource guide would be useful in training community workers who could in turn go and help people undergoing trauma.

The training provided some very useful insights about certain concepts that are used in working with people affected by violence.

According to Renos the word *Trauma* is derived from a greek work 'teiro' which means 'to rub'. This could have two meanings - 'to rub in' or 'to rub away'. This implies that trauma could be a wound caused by something (i.e. a powerful experience) being rubbed in or cause the rubbing away of the previous modes of being. Etymologically, 'teiro' is also connected with two other words STAR and MONSTER. This could mean that traumatised people could either become stars and shine from their experience or may be deformed and turn into monsters. While the former may give a new meaning to life, the latter may affect their normal functioning in life. E.g. Nelson Mandela who spent twenty seven years of his life in jail came out as a star – a world leader. On the other hand it is often heard that people take to ant social behaviour or get devastated themselves when faced with a traumatic event probably less severe than that.

A commonly used term for the victims of trauma is *Post Traumatic Stress Disorder*. 'Psychologists regard it as neither depression nor mental illness, but rather as an assortment of

symptoms including nightmares, flashbacks, depression, amnesia, thoughts of suicide and states of disassociation that plague survivors of psychologically shattering events' (Killen, 2000). A person who has been exposed to a traumatic event through direct experience or has been witness to an event, and exhibits symptoms of intrusive recollections, avoidant/numbing symptoms and hyperarousal symptoms is said to be having PTSD.

Usually 'there is tendency to focus on the 'devastating event'. Renos mentions that there are different phases of trauma in the context of the people affected by violence. One, of course is the devastating event. There is another phase that precedes this 'event' when there is danger, uncertainty and fear. This period is equally traumatic. The other one is after the event has occurred. For those who have had to leave their place of residence and have to find a new home, almost beginning all over again, is period is not less traumatic. There are several disappointments, conflicts and frustrations. The counsellors need to be aware of these other phases of trauma also.

Not everyone who experiences a traumatic event suffers from a psychological problem that is lasting or, in other words, is destroyed. Every individual has certain *Resilience* in him/her. It is the ability to withstand and bounce back after an adversity. This may be because of the individual's inner strength which is acquired as part of growing up. It is also the ability to build relationships with others that include relatives, neighbours and friends. Some studies suggest that religious faith also helps people to thrive in adversity. Butler (1997) mentions that 'a network taken for granted in traditional societies and delivered by folkways and non-professional indigenous community elders and mentors may save more lives than expensively educated professionals'. Similar views are shared by Walch (1996) who focuses on the family and not individual. By building family resilience, family as a functional unit is strengthened and it enables the family to foster resilience in all its members.

Destructiveness is a multi dimensional phenomenon where the

mental health perspective is only one of the dimensions. Other dimensions are socio-economic, political, cultural and ethical among others. Mental health workers providing psychological interventions for the victims of trauma resulting from violence must be aware of these. Although this does not mean that traumatising events should be considered 'normal', a deeper understanding is required. The workers should refrain from psychologising the issue without ignoring the psychological dimension.

There is no short cut to relieving people of distress resulting from violence. Therefore counselling teams going to the place of violence for a short duration may not be of any help to the people at all. Efforts should be made to direct the interventions where their concerns lie. Patterns of social strengths and weakness should be identified and then local capacities built. Models developed in the Western countries in response to trauma should not be used uncritically in societies which do not have the same cultural pre occupations.

The interventions should be designed according to the local needs. However, there are certain steps which may be followed. First the initial contact should be made, without laying down the agenda of mental health intervention. Next, clear boundaries should be outlined where meetings at whatever feasible intervals should be fixed and a professional distance maintained without making it too formal. Finally the suitable techniques should be adopted, which need not be specific counselling techniques but may be traditional ways.

These learnings lead to identification of guiding principles for running intervention programmes, some of which are:

- People should be viewed as survivors of violence rather than victims.
- It was not necessary to psychologise or pathologise the trauma. It must be examined in the total perspective.

- First of all their basic needs must be taken care of by guiding them to the right agency.
- The focus should be on individuals within the family and not children or women in isolation.
- Programmes have to be planned differently for adults and children (which should be more activity based).
- They should be helped to rebuild their community links.
- They should be made to focus on their future rather than their past.

As mentioned, it is not necessary that only professionally qualified people can work with the families affected by violence. If properly guided, equally effective work can be taken up by others in preventing serious problems from cropping up. Of course, those who have developed mental disorders should be assisted by professionally qualified persons. But developing a team of local para counsellors is important. With this objective the training of para counsellors was undertaken in the next stage of the programme.

6. Training of para counsellors

After training of master trainers, the next stage was to identify local people who could work in the community with the children and the families of INTERACT project. There was no precondition of qualification for the para counsellors. They had to be literate, preferably with some experience of working with children and, most importantly, willing to work in the affected area with the families.

While it was relatively easier to locate suitable people in J&K, it was slightly difficult in Punjab and very difficult in Andhra Pradesh. The response in J&K was overwhelming. In fact we had to turn down requests for training because the training would not have been very intensive with a very large group. So a group of 12 persons were trained in Srinagar by the master trainers. This group comprised of NGOs including the Voluntary Health Association of

India (VHAI), and some interested individuals. In Punjab, the group included mostly teachers (from both school and college) and members from VHAI. Quite contrary to our expectation, it was most difficult to identify people from Andhra Pradesh who were willing to go and work in Karimnagar and Warangal. In fact, some NGOs had a change of mind at the last minute. Finally the group which took the training included some students who had just completed their Masters in social work and two individuals who had themselves faced a lot of trauma as a result of violence. One of them had to leave his house in Warangal and was residing in Hyderabad. They were quite keen to be associated with the programme.

Finally 22 persons received the training and also held sessions with the children and their mothers in the presence of the resource persons (the master trainers) in J&K, Karimnagar and Warangal. This gave them the opportunity to immediately try out the counselling skills they had received during the just completed training. The para counsellors were given a feedback proforma through which they will be sending regular feedback of their meetings with the children and the mothers to RGF.

The training of para counsellors was designed on the premise that the participants would not have the basic knowledge in psychology. The concept of counselling and communication was explained to them in simple ways making use of role plays and exercises. An understanding of others' psyche becomes easier when one understands one's own self. Although the participants were very hesitant to share information about themselves in a group, yet once they did share, they were able to perform better in the role plays.

There are certain qualities which a counsellor must have to be effective. These are avoidance of critical judgement, genuine concern for the person who is being counselled, empathising with him/her and avoidance of advising. It is much easier to advise others, but that is not to be equated with counselling which is the process of enabling a person to realise his/her potential. The

trainees found this very difficult in the beginning because giving advice seemed the most natural thing to do. They had several questions:

- *How can one help a person without giving him/her advice that would be in his/her interest?*
- *How to conduct an interview/session?*
- *How to avoid providing material help to them?*
- *If one can't give them anything (material), can't advise them how can one still claim to help a person.*

All these queries emerged during the theoretical sessions and also when they were asked to do a role play, which others in the group assessed. In the end the resource persons clarified their doubts by performing role play with them. They were also cautioned as to when they should stop working with the child/mother. If the problem of the counsellee was acute then they should be able to identify such cases and refer to a professional rather than try to handle the case themselves. At the end of the sessions all the para counsellors were given the addresses of the children they had to monitor and a feedback proforma through which they were required to share information with RGF.

Any skills learnt can not be fully effective unless practised sufficiently – especially counselling skills. After training of the para counsellors, they were given an opportunity to practise the newly acquired skills on the children/mothers. Therefore meetings were arranged by RGF in collaboration with the project partners where the para counsellors held sessions independently under the guidance of the resource persons who gave them feedback then and there.

In Punjab, they requested for more camps where they could all come together and spend some time. They were vocal enough to share the difficulties they had to face in meeting their needs.

They shared information about their families with the para counsellors and the anguish they were going through:

My husband told me to be careful and not to open the door. There was firing in front of our house and I did not go out. Next morning I saw his dead body lying outside the house.

If my husband was alive he would have been a DSP by now. But when I come to the police station, even a constable does not allow me to enter easily.

On last Diwali my son (16 years old) cried so bitterly and told me to do whatever possible but get his father back. (Others shared similar concerns)

One INTERACT child had become very depressed. He has lost his brother (also being supported under INTERACT) and was unable to get over the loss of two male members in the house.

Another mother who had also lost a child probably had no time to mourn. She came up to the RGF staff member and requested her to include her other child in the programme because this child had died.

Other issues came up too-

The government has done so much for the Kargil soldiers. What about our husbands. Did'nt they toa die for the country? Were'nt they martyrs ? Nobody has bothered about us after their death.

Certain good things emerged out of these sessions. In Karimnagar, a local psychiatrist was contacted who volunteered to take care of the referrals. Thus a good network was created there. Other useful suggestions were given e.g. impart similar training to the school teachers who could not only practise it on the INTERACT children but may use it on other children too.

The para counsellors will be required to meet the families at regular intervals. After a few months, follow-up sessions will be undertaken by the resource persons to help them improve upon their skills.

At the time of writing this paper, the results are not sufficiently

visible to be able to draw any significant inferences. However, a beginning has been made and a network created to further develop this programme which will address the mental health needs.

7. Future possibilities

The problem is too large for any one organisation to tackle.

- **Capacity building of the trained personnel** in the first phase will have to be undertaken. One training programme can not result in developing an effective counselling programme. This will have to be done both for the master trainers and the para counsellors at different levels.
- **Replicating the programme in the north-eastern States** So far the programme has only been initiated in 3 States. It will now be replicated in Assam, Manipur, Tripura and Nagaland to develop local teams in these States also.
- **Networking with other organisations** Efforts of any one organisation to deal with a problem as large as this would not be sufficient. Active support of other organisations will be sought in areas of training, implementation of the programme, advocacy and research.
- **Identifying more local community resources** Although a beginning has been made, the available community resources are not sufficient to be able to carry the programme forward. Many more resources need to be identified at the local level, who do understand the cultural ethos and can make a meaningful contribution.

In conclusion, it may be said that while terrorism is being viewed in the political and economic dimensions in our country, there are other equally important aspects which have been largely ignored. Support to the families after the act of terrorism – financial, social and psychological – is equally important. If the focus shifts away from them without addressing these needs, they tend to feel betrayed. It has been our experience that those families

which had these support systems in place were more resilient. The loss of the family member can not be made up, but these families were able to get on with their lives with greater ease.

On the contrary if the family has to face hardships with inadequate support systems, there is likelihood of greater resentment in their minds bordering on aggressive behaviour, especially among children. It is very important that these feelings are addressed appropriately. The lack of it can either affect the mental health of individuals or lead some of them to inappropriate behaviour. Both these are undesirable and should be addressed in the right earnest as an important preventive step in bringing peace in these areas.

Project INTERACT is an initiative by the Rajiv Gandhi Foundation to provide succor to the families affected by terrorism. While one part of the programme addresses the educational needs of the children, the other part is endeavoring to help them overcome the effects of trauma resulting from violence. There are other support programmes being implemented in these States (especially in the north-east) for women affected by militancy to help them become economically self reliant.

Indeed much more needs to be done. It is a pioneering effort and will hopefully inspire other organisations and concerned citizens to join hands with the Foundation to take it forward.

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