



Ahfad Trauma Centre - Who we are

Ahfad Trauma Centre (ATC), is an affiliated community service center within the School of Psychology at Ahfad University for Women in Sudan. Catering for traumatic reactions and mental health promotion Established in 2012 as the first and only free mental health therapeutic community service, ATC has since opened three trauma centers in Gadrif state, North Kordfan and White Nile state. Furthermore ATC has initiated an attached Master program with the School of Psychology at AUW.

The ATC offers:

- Free Therapeutic and Counseling Services
- Community Outreach Activities
- Training Services
- Research
- Research Activities

Community Outreach - What we do

In 2014 the ATC collaborated with the National Counsel for Child Welfare NCCW and UNICEF Sudan on a study to assess Psychosocial Support (PSS) interventions in Child Friendly Spaces (CFS) in Sudan. CFS's are frequently used by humanitarian agencies for protecting and supporting children in emergency settings.

The study evaluated the PSS status in 17 CFSs in North Darfur, Blue Nile and South Kordofan states in order to develop a minimum standard training package for community volunteers and social workers. The study consisted of 362 children, amongst them displaced children (83%), former child soldiers and school drop outs, and 75 community volunteers.

Observation checklists, Knowledge-Attitude-Practice questionnaires (KAP), children's drawings, and children's life-line narratives were used as data collection tools.

We aspire to become the leading national and regional mental health provider for comprehensive trauma counseling and therapy, community outreach initiatives and interventions, evidence-based quality research that informs policy on mental health promotion.

ATC aims to become the MENA Region HUB in supportive services, individual, family and community healing interventions, psychosocial support training packages in recovery and resilience models, and culturally-appropriate, gender-sensitive therapeutic service applications.

Furthermore, the study indicated that:

- War devastation and the death of several family members are indicators of life threatening and potential traumatic events for camp children;
- Psychological reactions include fear, severe sadness and anxiety;
- 60% of the children in North Darfur and Blue Nile states do not attend CFSs on a regular basis;
- School attendance plays a crucial role in children's resilience, where peer play and support is attained-there is no regular attendance for these children;
- Child labor has negatively effects children's psychological wellbeing;



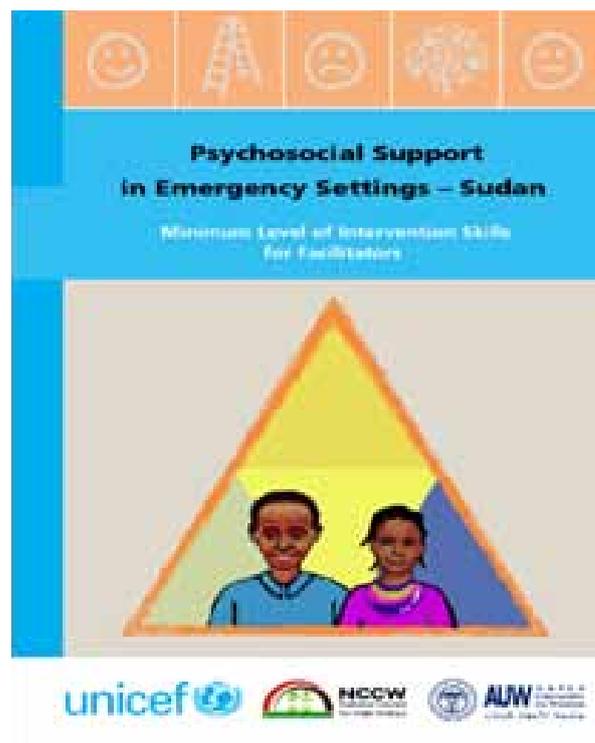
- PSS as a concept is not well operationalized or monitored within CFSs;
- PSS are mostly average at best, but there is a lack in implementing activities that assist the child psychologically and socially in CFSs;
- CFSs activities are teaching Arabic, Religion or unsupervised play activities;

- No activities are geared towards personality building or enhancing children’s resilience within CFSs;
- CFSs have large unused resources, such as community members and mothers;
- Lack of culturally-appropriate play items, games, and toys.

INTERVENTION: “Minimum Standards Psychosocial Support in Emergency Settings – Sudan: Service Provider Manual”

ATC in partnership with National Council for Child Welfare (NCCW), State Council for Child Welfare (SCCW), and the United Nations Children’s Fund (UNICEF), launched the National Minimum Standards Training Manual for “Psychosocial Support for Children and Adolescents in Emergencies”. The PSS-CaRE Manual provides quality culturally-appropriate PSS to children and adolescents living in emergencies.

The first 5-day training workshop using PSS-CaRE manual rolled-out in August 2016. Thirty-one participants from ten localities represented child protection networks, social workers, partners of civil society organizations working in the area of child protection and members from State Councils in Al-Fashir, North Darfur states.



Mental Health Psychosocial Support for Urban Refugees

Mental Health Status of Syrian Refugees

ATC in partnership with the UNHCR became concerned for the mental health status and interested in the resilience factors of the Syrian refugees now living in Khartoum. An assessment study ensued to investigate the mental health status of Syrian youth refugees in Sudan.

Data was collected using standardized sets of the Beck Depression Inventory, Harvard Trauma Questionnaire and the Resilience Scale on a sample of 52 Syrian women youth. 57%, 38%, and

43% of the sample showed diagnostic criteria for depression, anxiety, and PTSD respectively. The main predictors for resilience were internal factors of beliefs in faith, destiny and God’s will.

Furthermore, triangulation of the results indicated that trauma-related war exposures together with the dilemma of being a youth refugee with minimal economical recourse, poor social support and emotional and psychological adversities have lead to poor academic performance, poor productivity and elevated vulnerability for violence and victimization.

Building Resilience and Reliance of Syrian Women

During the initial phases of working to build peer-helping skills and develop self-reliance skills with Syrian women refugees, ATC used the 'body mapping' methodology as a tool to encourage the women to tell their stories, concerns, wishes and aspirations. These trust-building exercises enabled the Syrian refugee women to identify and share emotions and memories that united their experiences in a mutually beneficial and community healing process.

Active listening, empathy, and basic counselling skills training were delivered to a cohort group of the Syrian women refugees. The 'Lay Counselling Skills' training package was conducted to give capabilities and aptitude in grief and trauma identification, psychological and emotional reactions to loss and adversity, and engage in community healing.

Furthermore, the 'PSS Self-Reliance Material Production' training package was conducted to provide additional revenue, strengthening social cohesiveness, women's empowerment, and self-reliance. were able to explore their options in producing their own unique creations to market and increase their income.



Ethiopian and Eritrean Youth Platform

The Platform of Ethiopian and Eritrean Youth Refugees (PEYR), initiated in 2015 between ATC and UNHCR-Sudan with 12 active members and expanded into 42 who are involved in the project as platform-members. The **PEYR** is a community-based, culturally-sensitive, youth-engaging PSS healing program. The aim is to raise awareness for mental health and psychosocial support, as well as to give a safe space for understanding and discussing complex issues facing the Eritrean and Ethiopian youth refugees in Khartoum. Central themes identified that negatively impact the youth community reflected challenges of being a migrant despite Sudan being their place of birth, illegal migration status, stigmatization from being a migrant, and discrimination from the host community, challenges in gaining higher education, and poverty. Assessment of these issues was demonstrated through the Narrative Theatre approach, where enactments of central themes are performed, committees are created, alternative stories are produced as solutions to the community problem and shared as a substitute scenario and as a process for the affected community. A participatory-approach in capacity building, leadership roles, advocacy, and PSS are grounded in the needs, values and knowledge amongst Eritrean and Ethiopian youth refugees in Khartoum.



ATC Professionalism: An Interview

I am GeirLoland. 58 years, divorced. I have 3 children and 4 grandchildren. They all live in Norway. I originally trained as a teacher and then became a special needs teacher and a music therapist. I have a Master degree in Family Therapy. I am a certificated MST-therapist (multi-systemic therapy) and NET-therapist (narrative exposure therapy) and have trained in Narrative therapy.

How did you found out about the Trauma Centre of Ahfad? Is it your first time at the ATC? Are you planning to come back?

I saw an announcement for an exciting job in an exchange program between University College of Hedmark, Norway and Ahfad University for Women. I found that very exciting, I applied and got the job.

My connection to ATC came from meeting the leadership who asked me to work two days a week. They had identified that their need for this round of the exchange-program, was for a therapist to work with children and adolescents. As this is my field, I became part of the Children's team. I leave for Norway in October. I love this country, especially the people and especially Ahfad. I really wanted to be part of round 3 but it is not possible. However, I hope to make arrangements to come back one month every year to deliver lectures.

What do you think of ATC's work? Do you enjoy being part of ATC?

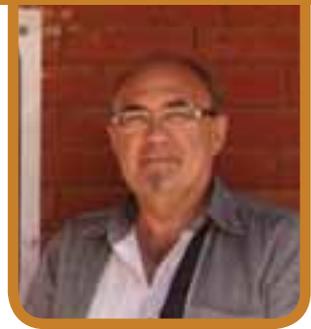
I think ATC is a very important place, a very important clinic that really makes a difference for many people. It gives hope. The therapists and counselors do a tremendous volunteer work, which really should be credited.

Coming Event

Syrian Refugees Exhibition - Healing and Hope On 22nd of October 2016 the ATC will hold an exhibition at the British Council in Khartoum.

The Exhibition is part of the project "Comprehensive Psychosocial Model for Youth Refugees in Khartoum" with Syrian refugee women. The overall theme is Emotional Adjustment and Healing, where Syrian women share their experiences, exposures transitions, and reflections

For me it has been an honor to work there, to be a colleague with these people. I have had my own clients and have learned a lot both as therapist and counselor and about culture and religion and the impact on peoples' lives.



Tell us more about the KID-Narrative Exposure Therapy project you are working on?

KIDNET is an off-shoot of NET, a treatment method for traumatized individuals. KIDNET is especially for children from ages 8 years and older. It is a short-term method, usually no more than ten sessions. The purpose is to help clients build their chronological story, by fill in the missing parts of the event in their memory. They are exposed to "hot memories" again during therapy to bring about the emotional stories, cognitive and physiological memories, which the body remembers, but not necessary the brain and not in a full chronological story. The importance of exposing the client to the memories of the traumatic event during therapy is to help the client integrate traumatic grief into their daily life. The main tool in KIDNET and NET is the life line where the client tells the story of their life in a tactile way, laying stones for traumatic events and flowers for good events/memories. I am now training 3ATC counselors in NET/KIDNET as part of the ATC children's treatment methodology with refugee adolescent South Sudanese.

of suffering and stories of resilience through creative art. The exhibition aims to introduce Syrian refugee women to the local market, potential sponsors, and buyers that may support their long term prospects to generate income.

