Peer Support and Trauma Recovery

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Peer Support and Trauma Recovery

Peer support is becoming an important strategy to help survivors of war-related violence recover from psychological trauma. After a short training in counseling techniques, peer-support workers seek out trauma survivors in the community and help them reintegrate into society, find work, engage in sports and come to terms with their traumatic memories. Peer-support programs incur costs related to transportation and communication, but support groups may recover some costs through income-generating projects.

For most people who survive injuries from landmines or other explosive remnants of war, friends and family can significantly aid in the recovery process. Survivors rarely recover in isolation; support from concerned people in the survivor’s life is often the single most crucial element in the period of healing. Survivors call upon their own inner resources to tolerate physical pain, mental anguish, flashbacks, nightmares, fear, difficulty with daily activities, loss of employment or school interruption, as well as stigma, discrimination and the humiliation of depending on others for assistance. Yet emotional support, companionship, sensitivity and affection are natural human responses and, in this painful time, often make the difference between suicidal depression and the desire to move forward and recreate a “normal” life.

Some organizations providing victim assistance for survivors recognize the power of psychosocial support and incorporate it into their programs. In particular, many victim-assistance programs recognize the strength and power of bonds between peers—people similar in age, gender and social background, and especially those who share a history of trauma survival. Peer support has become a standard way to help survivors adjust during their recovery.

Peer support is particularly attractive in post-conflict settings because it encourages survivors to help one another, occurs in natural community settings, can be adapted to specific ethnic and cultural circumstances, avoids the stigma associated with psychiatric care, emphasizes outreach and people’s strengths, and is likely to be culturally sensitive since it is delivered by community members.

A Brief History

Peer-support programs for military veterans date back to just after World War I, according to The New York Times: “A corps of ‘cheer-up’ men, themselves crippled of various kinds, has been organized at the base hospitals in France and … in the United States. Through their efforts, example and precepts, the injured man is stimulated to use his brains on his own behalf.” Following World War II, amputee veterans were often employed in prosthetics centers to teach ambulatory skills, daily-living activities and residual limb care. Still in use and similar to the current peer-support model, Alcoholics Anonymous, a group for recovering alcoholics, developed the “sponsor method” in the late 1930s. In the late 1990s, the Amputee Coalition of America began training Peer Visitors to talk with new amputees while they recovered from surgery in the hospital.

In 1997, Jerry White and Ken Rutherford established Landmine Survivors Network (later renamed Survivor Corps) to take this approach to mine-affected countries worldwide. Peer-support workers receive some counseling or in group sessions where all members are survivors. Peer-support workers receive some training on how to:

- Provide effective counseling
- Deal with suicidal behavior and substance abuse
- Help survivors obtain professional services, such as dealing with health problems, starting a business/finding work or applying for financial assistance

Because peer-support workers are survivors, some of their training includes how to deal with their own feelings of fear, anger and grief, which is important in coping with emotions that other survivors’ stories may trigger.

The Implementation of Peer Support

A variety of nongovernmental organizations use peer support in programs for survivors of war-related violence, including but not limited to those injured by landmines or ERW. Peer-support programs exist for amputees, military-civilian and combat survivors, refugees, and survivors of kidnapping and sexual violence related to war. Programs for landmine survivors use peer support as a principal tool in Afghanistan, Bosnia and Herzegovina, Cambodia, Rwanda and Vietnam.

Landmine Survivors Network established peer-support programs in 12 countries before closing in 2010. Peer support is offered to survivors as either one-to-one individual counseling or in group sessions where all members are survivors. Peer-support workers receive some training on how to:

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Peer-support workers are sometimes referred to as “outreach workers” because they seek out survivors in the community who may not have received treatment or attention for their psychological trauma. Trauma survivors may isolate themselves and avoid social contact, remaining bitter and depressed for years. By visiting a survivor in his or her home, a skilled peer-support worker can encourage a survivor to return to the social network, which improves self-esteem, increases problem-solving capabilities and reduces the incidence of suicide.

Once survivors are comfortable in a social setting, they usually benefit from a survivor-support group. Support groups meet for a variety of reasons, not always overtly related to trauma recovery but frequent for more practical activities such as income generation, entertainment or sports. In the midst of these events, peer support takes place and survivors benefit from contributing...
to a group effort. Support groups expose survivors to others who are in different stages of recovery and are in the process of overcoming various types of trauma. Researchers and clinicians feel there is a solid theoretical basis for peer-support’s effectiveness as a therapeutic method. When someone recognized as a “peer” provides support to a survivor, a variety of psychosocial therapeutic method. When someone recognized as a “peer” provides support to a survivor, a variety of psychosocial processes come into play, as described by Phyllis Solomon.

2. In 2004:14 processes come into play, as described by Phyllis Solomon provides support to a survivor, a variety of psychosocial competences, experiences the reward of positive exchanges, learns useful skills and receives social approval from the person they help and others.

Establishing New Peer-Support Programs

In spite of peer support’s effectiveness in promoting recovery from trauma of survivors and of those who help them, peer-support programs have drawbacks. Individual one-to-one peer support is expensive to implement because peer-support workers need transportation to visit survivors in their homes, and this may require programs to cover the costs of public transportation, or provide peer-support workers with a bicycle or a motor scooter and associated expenses such as fuel. Many peer-support programs pay for or subsidize mobile phones for peer-support workers so they can stay in contact with survivors as well as with their own supervisors and can help survivors set up appointments, or network for jobs and other opportunities.

Peer-support workers are sometimes volunteers, but many programs pay them salaries commensurate with their expertise and training. Supervisors (usually social workers or program managers) are also necessary, and there may be a need to hire specialists in employment opportunity and advocacy. Peer-support groups can meet only briefly in counseling may in some cases be harmful to survivors suffering from severe psychological trauma.

In addition, peer-support workers can experience “vicarious trauma” from hearing survivors’ trauma stories. Although there is some risk, most peer-support programs have access to professional psychotherapists to whom they can refer survivors with problems that are too severe for the peer-support worker to handle. Peer-support is never considered to be a substitute for psychotherapy, but it is a useful supplement, especially in areas where health-care services are sparse. The training of peer-support workers is growing more sophisticated and now emphasizes the limits of peer support, as well as its benefits.

Conclusion

Trauma specialists worldwide recognize that most survivors are capable of full recovery from psychological trauma under the right circumstances and that an accepting, supportive social environment is a key factor in preventing long-term psychological dysfunction.

Peer support encourages survivors to provide that supportive network for the trauma-stricken, and it can often help survivors recover quickly without seeking help outside the community. Peer-support programs for trauma survivors can supplement thinly-stretched mental-health services in post-conflict settings and promote vital social reconstruction following a war.