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The Power of Peers: Rethinking Victim Assistance

Peer support is a psychological tool that can expedite recovery time and have long-lasting positive results for landmine/explosive remnants of war survivors.

by Ken Rutherford and Cameron Macauley [CISR]

Victim assistance for landmine survivors has evolved considerably in the past 16 years. As of 2011, 19 States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction (Anti-personnel Mine Ban Convention or APMBC) have established functional national coordination mechanisms addressing victim assistance, and many other programs around the world are growing rapidly to meet the needs of those injured by landmines and other forms of explosive remnants of war (ERW). These programs seek to fulfill the directive of the 2008 Convention on Cluster Munitions "to incorporate relevant guidelines and good practices in the areas of medical care, rehabilitation and psychological support, as well as social and economic inclusion."

Since 2010, at the Center for International Stabilization and Recovery (CISR), we have come to the conclusion that psychosocial support is a crucial component of recovery—including physical recovery from injuries inflicted by a blast—and that it should occupy a central place in all victim assistance programs. A growing body of evidence indicates that physical and emotional healing and social reintegration occur sooner when a survivor has firm and consistent support from other people (especially peers) and, by making his or her own decisions, is empowered to participate actively in the recovery process.

The Science Behind Peer Support

Encouragement, guidance and sympathetic listening are the main components of social support. This support may come from friends or family.
members but is most effective if given by someone with whom the survivor can have a meaningful dialogue. Often the most valuable support comes from peers—people with similarities to the survivor in terms of age, gender, cultural background and personal history, including having survived a similar trauma. Because of this shared experience, a bond forms based on a common perception of the challenges faced during recovery and the most practical ways of overcoming them.4

Until the late 1990s psychosocial support was poorly understood as an element of recovery from psychological trauma. In 2002 Mark Salzer, currently the chairman of the department of rehabilitation sciences at Temple University (U.S.), postulated that recovery is facilitated when a survivor observes the behavior and attitudes of other people who are also recovering. Salzer noted that people compare themselves to others and rely on the opinions of others to evaluate themselves. This is crucial in developing sufficient confidence and willpower to get through stressful physical rehabilitation, to re-enter the work force, and to cope successfully with painful memories, grief and anger. People are also more likely to change their behavior to conform to someone who is of the same age, gender and social origin.5

It is important to remember that recovery is not a discrete event or a well-defined milestone.6 Survivors of violent trauma typically spend the rest of their lives in a state of recovery, which is a steeper climb for some than others.7 For many there are good days when the past recedes into the distance and bad days when all progress seems lost. One of the crucial virtues of peer support is the presence of a friend who has climbed that hill already and can help the survivor get through a difficult phase.8

Studies show that support from peers helps landmine survivors accept their disabilities sooner, progress faster in their recovery, deal with stress and adhere to medical treatment.9 Amputees receiving peer support suffered lower rates of depression, complained less of physical pain and scored higher on life-satisfaction questionnaires.10 Mental-health benefits from peer support are not temporary but persist for at least two years.11

Because peers share fundamental characteristics and because they have survived the same type of trauma, it is easier for two survivors to develop a rapport—an often subliminal emotional parity in which anger, grief, guilt and fear need not be expressed in words.12 This rapport fosters a deeper trust and a more concise, profound communication than in most counselor-counselee interactions, especially those in which the counselor is from a different educational and experiential background. Peer trust and peer rapport form quickly and firmly; therefore a peer support worker with good counseling skills has the potential to provide better guidance and emotional education to survivors.

Peer support workers must complete focused, culturally appropriate training to acquire skills in listening, building self-esteem, and teaching survivors about impulse control, anger management, future orientation and life planning.13 Close and competent supervision of peer support workers by a professional counselor is also essential. The peer support relationship is not intended to substitute for psychotherapy, which is necessary in some cases of post-traumatic stress, depression and other mental illness. When peer support is offered together with professional counseling, the results are always better.14

It is wrong to think of the peer support relationship as therapeutic. Rather, it is intended to facilitate the healing process that takes place naturally. As any good counselor or therapist knows, the process of healing after a traumatic experience is largely internal, and most persons who have experienced a traumatic event are capable of recovering with little or no help.15 With peer support, healing can take place much faster. The key element in the peer support relationship is listening.

**Why Listening Matters**

Active listening has been a core of psychotherapy since Austrian physician Josef Breuer coined the term “talking cure” in 1895.16 Early psychotherapists discovered that many patients felt relieved after describing their traumatic experiences and their subsequent thoughts and feelings.17 Then in 1983 a pair of
psychologists working with former political prisoners in Chile discovered that the act of providing detailed testimony led to a marked alleviation of symptoms (such as anxiety, depression, insomnia and bouts of weeping) in most patients. This study inspired a therapeutic method known as narrative-exposure therapy in which survivors of trauma heal by telling or writing their stories.

The story must be told to a willing listener. As psychiatrist Jonathan Shay says, “Narrative is central to recovery from severe trauma. It’s not simply the telling of the story, it is the whole social process. If I have suffered some terrible experience, I have to be socially empowered to tell the story. You have to be socially empowered to hear it.”

Richard Mollica, a professor of psychiatry at Harvard Medical School and the director of the Harvard Program in Refugee Trauma at Massachusetts General Hospital (U.S.), has proposed that describing a traumatic experience is especially therapeutic if the audience is sympathetic and shares an understanding of the trauma’s context. If this is valid, it would seem that the best possible audience would be another person of the same gender and about the same age who has survived the same type of trauma. Brain studies now provide physiological evidence that this works by re-associating traumatic memories with the perceived empathy and affection of a caring listener.

Peer Support Workers

However, peer support goes far beyond healing painful memories. The best peer support workers help survivors solve problems in their daily lives such as unemployment, drug or alcohol abuse, domestic conflicts, poverty, health problems, and lack of education—many of which are closely associated with their psychological and physical traumas. The peer support worker provides guidance and information so that survivors can derive satisfaction and self-confidence from solving these problems themselves. Having a job or a business and supporting a family means contributing fully as a member of society, which builds self-esteem to replace the shame and helplessness that burden so many survivors. Solving problems helps survivors create a vision of their future and inspires hope. If the future is attainable, it becomes easier to stop dwelling in the past.

CISR’s program in Burundi, operated by the Centre d’Encadrement et de Développement des Anciens Combattants (Center for Management and Development of Veterans or CEDAC) with support from Action on Armed Violence,
incorporates this research into a fully-fledged psychosocial support program. The same model has been successfully followed by programs run by other non-governmental organizations:

- Landmine Survivors Initiative provides peer support for landmine survivors in Bosnia and Herzegovina.
- Fundación Red de Sobrevivientes y Personas con Discapacidad (Foundation Network of Survivors and Persons with Disabilities in El Salvador) provides peer support for persons with disabilities in El Salvador.
- African Centre for the Treatment and Rehabilitation of Torture Victims provides peer support for torture survivors in Uganda.
- The Association for the Empowerment of Persons with Disabilities provides peer support to persons with disabilities in Vietnam.
- IBUKA (Kinyarwanda for ‘never forget’) provides peer support for genocide survivors in Rwanda.

Survivors of many different kinds of trauma are involved in these programs, and the benefits have been observed in almost everyone who receives peer support. Peer support workers also find the job rewarding and therapeutic.

**Put Psychosocial Support First**

When survivors regain self-confidence and begin to think positively about the future, they have less difficulty tackling challenges such as physiotherapy, rebuilding a home or returning to work. For this reason, psychosocial support—particularly the support of other survivors—should be the central pillar of any victim assistance program. One long-lasting positive outcome is the formation of a network of survivors, bonded by their shared experiences and dedicated to helping other survivors of trauma. This was one of the goals of Landmine Survivors Network when it was founded in 1996.

Every victim assistance program should seek out and employ survivors in leadership roles, and should train survivors in basic counseling techniques. Survivors should participate in all major activities and in developing policies and protocols. Gone are the days when decisions were made for survivors and not by them. This is the meaning of empowerment.

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