Peer Support and Recovery From Limb Loss in Post-conflict Settings

Cameron Macauley  
CISR

Marcia Townsend

Melissa Freeman

Brent Maxwell  
Fathom Creative

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Peers Support and Recovery from Limb Loss in Post-conflict Settings

In this article, the authors describe an unprecedented study on peer-support services for landmine survivors and victims of explosive remnants of war based on the strategic approach implemented by Survivor Corps, in which survivors were trained to provide psychosocial assistance to other survivors. The study’s methodology is thoroughly explained and analyzed by the authors.

by Cameron Macauley [Center for International Stabilization and Recovery], Marcia Townsend [Independent Consultant], Melissa Freeman [Independent Consultant] and Brent Maxwell [Fathom Creative]

I
n the largest study1 of its kind ever conducted, survivors of injuries by landmines and explosive remnants of war in six countries reported significantly improved perceptions of their own physical and psychosocial well-being, a greater sense of resilience and personal achievement.2 The group also made use of locally available services to help landmine survivors to local service providers.

Limb Loss in Post-conflict Settings

Survivors’ peer skills are in many cases essential in helping other survivors recover. In addition to counseling, outreach workers help survivors obtain training, benefits and healthcare through local-service providers. Aboudi, Gonfa, Martinez and Hoa helped start survivor support groups in their respective countries, thus allowing victims to join together and learn from each other’s experiences. The group was successful in helping many of its members overcome physical, social and psychological barriers to normalizing their lives.

Conclusion

Aboudi, Gonfa, Martinez and Hoa and other survivors have trained hundreds of social workers and outreach workers to provide peer-support services in their respective countries. They have helped survivors in many cases overcome physical, social and psychological barriers to normalizing their lives.

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Macauley et al.: Peer Support and Recovery From Limb Loss in Post-conflict Settings

Despite his continued success and fervent defense of PWDs, Martinez still recalls the words of the soldier who carried him from the minefield after his accident: “God brought you into the world with your legs, but now he has permitted you to lose them. You can still move forward.” Martinez now says, “My greatest satisfaction is knowing that I can help others.”

Problem Statement

Between 1997 and 2009, LSN/SC operated Peer Support networks in Bosnia, El Salvador, Ethiopia, Jordan and Vietnam. A program was also conducted with Iraqi refugees in Jordan. The programs strove “to empower individuals, families and communities affected by landmines to recover from trauma, fulfill their rights and reclaim their lives.” The principle methodology was peer support, defined as “encouragement and assistance provided by a trained survivor who has successfully overcome a traumatic experience to another survivor in order to engender self-confidence and autonomy.” As early as 2002, research on LSN beneficiaries revealed the importance of peer support to limb-loss survivors.3

LSN’s five network programs employed a total of 44 outreach workers themselves amputee landmine survivors who received four weeks of training in basic counseling techniques to locate and contact other survivors, many of whom suffered alone in self-imposed isolation. Forming a bond of trust and understanding is the first step toward reintegrating survivors into society, helping them regain self-confidence, find work or training, and participate in community activities. Outreach workers initially visited survivors in their homes and, in many cases, introduced survivors to support groups where they could engage in income-generation activities, sports or other forms of socialization.

Outreach workers acted as role models, demonstrating that limb-loss survivors can overcome physical, social and economic barriers to interact normally in society. Outreach workers accompanied (linked) survivors to agencies and institutions where jobs, education or financial assistance could be obtained, or they referred survivors to local service providers. These links and referrals constituted a major source of support and made use of locally available services.
Dred forty-five of these survivors are Pia, Jordan and Vietnam. Three hundred survivors’ progress in recovery.8er with the outreach workers, monitored collection about survivors and, togeth-
er outreach workers were supervised by so-
causation by ERW, particularly land-
matic amputations, 256 of which were
vivors of violent trauma, usually trau-
mine. Sixty participants were survi-
ors of accidents or acts of violence such as gunshot wounds, and 154 had amputations resulting from illness, in-
fications, disease or other causes (see Figure 3). Males predominated, which reflects the worldwide predominance of male versus female landmine survivors (see Figure 4), and 73 percent of partici-
ants (341) were over the age of 40 (see Figure 5).

Participants had received healthcare as available in their communities, but little or no formal psychotherapeutic care. A health screen was conducted re-
realizing that many of the survivors suf-
fered from chronic physical complaints, in addition to depression, insomnia and other post-traumatic-stress disorder symptoms.

Study Design
Survivors were administered the SF-36 to measure the impact of peer support on their self-perceived physical and mental health status. The SF-36 was selected for this study because of the dynamic relationship between physical recovery and psychological recovery following a traumatic event such as a land-
mine injury.

LSN/SC outreach workers located the survivors in their communities and in-
vited them to receive peer-support ser-
dices. If the subject agreed, an initial interview was conducted, the SF-36 was administered and services were then ini-
tiated. As part of LSN/SC’s counseling program, survivors were encouraged to develop a detailed list of personal achievement objectives that they wished to pursue during the next two years. With outreach workers’ assistance, ac-
complishing these objectives then became
the survivor’s primary focus. The Interim Interview was conduct-
ed after approximately one year of peer support, and the Exit Interview was giv-
en as the survivor prepared to end his or her participation in the peer-support program, not more than one year after the Interim Interview.

Results
In comparing the overall scores for physical health and mental health, those survivors who scored high on the ini-
tial administration of the SF-36 tended to show little change on subsequent ad-
ministrations, and in some cases subsequent scores were lower. The lower the initial score, the greater the change seen in subsequent scores. Statistically significant changes were observed in SF-36 scores of nearly all survivors studied, including those in-
jured more than two years previously, as shown in Figure 7 (next page). These survivors had already achieved some re-
covery, but once they began receiving peer support they showed an additional increase in their self-perceived mental and physical health. Significant increases were observed in all eight SF-36 domain scores after one year of peer support (see Figure 8 next page), however, the results showed that mental-health changes were less prominent than physical-health chang-
es among the interim group than in the exit group (see Figure 9 on the next page). Most survivors, with the help of their out-
reach workers, succeeded in achieving the majority of their objectives by the time of the Exit Interview, resulting in im-
proved self-perceived mental health.

The success of LSN/SC’s peer outreach model was evident in the area of social empowerment, and empowerment is seen as crucial to reaching greater social capital and reduced vi-
olence. Survivors exhibited significant improvement in their objectives by the time of the Exit Interview, resulting in im-
proved self-perceived mental health.

"Peer support" generally focuses on emotional and psycho-
 logical support, whereas LSN/SC offered a full range of ser-
 vices through local providers and made every effort to address social issues including unemployment, human-rights viola-
tions, vocational needs and access to healthcare, in addition to providing psychological counseling. In this respect, LSN/ SC was broad and holistic in its vision and benefitted survivors as thoroughly as possible under the austere conditions present in these post-conflict settings.

Conclusion
The LSN/SC model for psychosocial rehabilitation for trauma survivors was neither complex nor exceptionally dif-
cult to implement, and results presented here indicate that

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Survivors</th>
</tr>
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<tbody>
<tr>
<td>Bosnia &amp; Herzegovina</td>
<td>77</td>
</tr>
<tr>
<td>El Salvador</td>
<td>84</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>27</td>
</tr>
<tr>
<td>Iraq</td>
<td>67</td>
</tr>
<tr>
<td>Jordan</td>
<td>121</td>
</tr>
<tr>
<td>Vietnam</td>
<td>114</td>
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<table>
<thead>
<tr>
<th>Cause of Injury/Paralysis/Amputation</th>
<th>Number of Survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landmine/UXO</td>
<td>256</td>
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<tr>
<td>Diabetes</td>
<td>91</td>
</tr>
<tr>
<td>Other Illness/Infection/Disease</td>
<td>20</td>
</tr>
<tr>
<td>Accident</td>
<td>53</td>
</tr>
<tr>
<td>Act of Violence</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
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<table>
<thead>
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<th>Number of Survivors</th>
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<tbody>
<tr>
<td>Male</td>
<td>362</td>
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<tr>
<td>Female</td>
<td>108</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Survivors</th>
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<tbody>
<tr>
<td>0-17 years</td>
<td>20</td>
</tr>
<tr>
<td>18-29 years</td>
<td>41</td>
</tr>
<tr>
<td>30-39 years</td>
<td>68</td>
</tr>
<tr>
<td>40-49 years</td>
<td>103</td>
</tr>
<tr>
<td>50-59 years</td>
<td>96</td>
</tr>
<tr>
<td>&gt;60 years</td>
<td>142</td>
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<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Number of Limb Amputations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputation</td>
<td>Survivors</td>
</tr>
<tr>
<td>Limb</td>
<td>Number of Limb Amputations</td>
</tr>
<tr>
<td>0</td>
<td>125</td>
</tr>
<tr>
<td>1</td>
<td>200</td>
</tr>
<tr>
<td>&gt;2</td>
<td>45</td>
</tr>
</tbody>
</table>

Figure 1. Distribution of survivors by country.

Figure 2. Distribution of survivors by number of limb amputations.

Figure 3. Distribution of survivors by cause of injury/paralysis/amputation.

Figure 4. Sex of survivors.

Figure 5. Age of survivors.

Figure 6. Initial physical and mental-health SF-36 scores.

Figure 7. Time since amputation/injury compared to change in SF-36 score (left).

Figure 8. Mean SF-36 Domain Scores (interim).

Figure 9. Time since amputation/injury compared to change in SF-36 score (right).
such programs offer significant benefits for trauma survivors, their families and their communities. Nearly all the survivors included in this study described an improved sense of physical and mental well-being, and felt better able to participate in rebuilding their communities and engaging in the process of post-conflict reconciliation.

See endnotes page 80

### Art Therapy and Sport Activities Enhance Psychosocial Rehabilitation

The Tajikistan Mine Action Centre has worked to improve the physical and psychological health of landmine survivors through its summer camps in Dushanbe, Tajikistan. Using sport activities, survivors improve their ability to function physically and learn to adjust to life with their disability, while art therapy helps them overcome fears of self-expression, enabling them to form healthy relationships with others.

by Reykhan Muminova, M.D., Ph.D. [Tajikistan Mine Action Centre]

Tajikistan joined the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and Their Destruction (also known as the Anti-personnel Mine Ban Convention or APMB/C) on 1 April 2000 and is one of the 26 States Parties with a significant number of mine victims. The Victim Assistance Program of the Tajikistan Mine Action Centre has recorded approximately 828 landmine/unexploded-ordnance victims since 1992, with 466 injured and 362 killed by landmines. However, the total number of Tajikistan’s landmine victims is still not known because accidents sometimes go unreported.

Survivors are often left with permanent physical disabilities, which can affect their ability to work and can lead to workplace discrimination and loss of employment. As a rule, most landmine survivors show symptoms of chronic post-traumatic stress disorder, and survivors often have reduced emotional well-being due to depression, anxiety, fear, anger, dependence on others and isolation due to feelings of shame and discrimination.

For mine victims to become “survivors,” in addition to needing medical care and prosthetic devices, they generally need psychological rehabilitation. TMAC has found that survivors benefit from peer-to-peer support (which allows them to share their experience and pain with someone who has experienced a similar trauma) to learning that they are not alone, overcome isolation, and ultimately become contributing members of society. However, in Tajikistan, like in many other post-conflict countries, the hospitals and clinics have no specialists in psychological support who can treat landmine survivors and no existing peer-to-peer support groups.

**TMAC Summer Camps**

TMAC, in cooperation with Tajikistan’s Ministry of Labor and Social Protection as well as a number of International Organizations such as the United Nations Development Programme, Red Crescent Society of Tajikistan, Canadian Centre for Mine Action Technologies, and other partners, conducts summer camps in order to provide psychological and physiological rehabilitation to landmine survivors. Since 2005, a total of 169 landmine/explosive remnants of war survivors have enjoyed two weeks at TMAC summer rehabilitation camps. Each year one group of up to 25 survivors of different ages has the opportunity to enjoy the camps which are located in hospitals and resorts in the picturesque Romit and Varzob valleys in the Dushanbe vicinity. The summer camps have positively affected survivors’ general health by bringing together physiological and adaptive sport in a friendly atmosphere to enhance the participants’ communication and social integration abilities. The summer camps have also provided psycho-

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**Figure 9**: Mean change in SF-36 domains.

**Figure 10**: Social empowerment (interim). This data sample represents all the survivors who had both an Initial Interview and an Interim Interview filled out. N=433.