December 2002

Landmine Survivors Network Victim Assistance Programs

CISR JMU

Follow this and additional works at: http://commons.lib.jmu.edu/cisr-journal

Part of the Defense and Security Studies Commons, Emergency and Disaster Management Commons, Other Public Affairs, Public Policy and Public Administration Commons, and the Peace and Conflict Studies Commons

Recommended Citation


This Article is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Journal of Conventional Weapons Destruction by an authorized editor of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.
in pediatric care. One of the biggest problems encountered when trying to fit pediatric patients is that residual limb growth will render a traditional socket based prosthesis unwearable in a matter of a few short months. In economically sound countries, this starts a continuous cycle of frequent limb fabrication during the primary growth years. Post-conflict and economically depressed countries do not have this luxury. The cost of this frequent replacement cycle carries an emotional cost for the patient, in addition to the financial costs, reduced productivity within the family due to traveling from the country to the prosthetic clinic in the city, as well as professional time. These may be some of the reasons pediatric patients often do not receive the same degree of con- rems and personalized abilities in many ways. The open exposure of the wrist and thumb afforded by the socketless system has an unforseen benefit of providing the opportunity for the child to balance the learning of fine motor skills with both organic hands and hands. Tactile and sensory perception can also be learned symmetrically as both hands have similar weight and skin exposure during the daily wearing of a socketless prosthesis. Muscle and skeletal growth will continue equally in both limbs through the retention of the wrist.

Some advantages of Socketless Technology in Below-Elbow applications are:

- Socketless Option for Prosthetic Care: Removable Immediate Post Operative Prosthetic (POP), allowing a below-elbow amputee to leave the hospital with independent, bilateral function. Fastening a below-elbow amputee with prosthetic function during the immediate post-surgical healing period will assist in the decision to consider prosthetic options as a permanent part of their future.
- It can provide a non-surgical option to obtain full prosthetic function for an individual with a partial hand. It can provide full, body-powered prosthetic function for an individual with reduced hand function due to partial paralysis, arthritis, etc.
- It is up to a 50 percent reduction in weight compared to socket-based systems, which reduces fatigue and discomfort and aligns with prosthetic accept ance and retention.
- It substantially reduces the number of devices needed to be constructed during a child's growth years, a substantial savings in clinic time, as well as professional and financial resources. Within an existing budget, as many as four times as many patients can be fit during the first year of introduction of this system.
- Due to the long life of the system, during subsequent years, fewer than 10 percent of the systems need to be re-fitted each year.
- It can act as a secondary back-up limb for sport and hobby activities (e.g., summer beach time, gardening, backyard mechanic, etc.). This preserves the function and aesthetics of a cosmetic socket, bowed pressure prosthesis or myocutaneous limbs.

To date, more than 350 unilateral and bilateral amputees, including many children, have been provided with Socketless Below-Elbow limbs in six countries. Dr. Holder had also initiated plans to develop a Technology Transfer model to make his work available to other countries in post-conflict or economically poor areas of the world, based initially on the Below-Elbow limb. This work will be done through either existing or new medical facilities, with the techniques for manufacturing and assembly adapted to the specific capabilities and needs of that area. As additional design work is refined, each of these will also be made available.

Additional information on this work can be obtained from Dr. Holder's patients, Ruth Clark.

Contact Information
Ruth Clark
CZBioMed
Tel: (250) 314-1849
(866) 366-1866 (toll free)
859 Barle Street
Kamloops, B.C. Canada V2C 2M7
info@czbiomed.md
Website: www.czbiomed.md

Landmine Survivors Network Victim Assistance Programs

In 1995, two American landmine survivors, Jerry White and Ken Barof- ford, founded LSN. Their mission and that of LSN is to "empower individuals, families and communities affected by landmines to recover from trauma, find their rights and reclaim their lives." The organization conducts programs in which landmine survivors assist other survivors to overcome the effects of landmines in their lives.

Landmine Survivors Network Victim Assistance Programs

The Landmine Survivors Network (LSN) assists victims through the support of other landmine survivors. A number of programs and networks are available for coping and reintegrating survivors and their families back into their communities. LSN peer support teams offer assistance to other landmine survivors primarily by referring them to their own experiences. Since victims do not all respond and recover from trauma in the same manner, though, LSN engages in a Trauma Recovery Research program in order to determine what factors and coping strategies will work best for victims in different societies. Through this research, they are trying to tailor and adapt each peer support program to better fit the needs of its landmine victims.

Psychologists from the Trauma Recovery Research program study the factors involved in individuals' responses to trauma in order to develop new coping processes and measures. The research is conducted in two phases: 1) a qualitative study based on open-ended interviews with landmine survivors, witnesses, family members and service providers, and 2) a quantitative study designed from categories and findings from the qualitative study.

The qualitative study conducted during the first phase of the research determined that: 1) these variables are investigated to determine if they have any significance to landmine survivors' recovery of or if any other cultural factors are involved. Landmine victims and amputees are asked a series of open-ended interview questions by the trained LSN staff. Responses are encouraged to describe events surrounding the incident, the loss of their limb as well as how they cope with the stress, trauma, and their recov-

Published by JMU Scholarly Commons, 2002

Landmine Survivors Network Victim Assistance Programs

The Landmine Survivors Network (LSN) assists victims through the support of other landmine survivors. A number of programs and networks are available for coping and reintegrating survivors and their families back into their communities.

by Whitney Tolliver, MAIC

Voices" program, "Surviving Limb Loss" and "Amputee P eer Support Networks."

Sitting Volleyball Teams

One avenue of a victim's rehabilitation process can include his/her participation on a sports team. Sitting volleyball is one such option available for amputees. Through the sport, victims are able to strengthen themselves physically, boost their self-esteem and become part of a team. LSN has supported a number of sitting volleyball teams in Bosnia and Herzegovina with equipment and funds to participate in international competitions. In 2000, LSN was able to send a team from Sarajevo to the European Sitting Volleyball Championship in Germany to win first place. They were then able to send their National Sitting Volleyball team to the Paralympic Games in Sydney, Australia. LSN and other donors continue to work to build gymnasia for the teams as well as provide equipment and uniforms.

Trauma Recovery Research

When people become victims of landmines, they are faced with an abrupt disruption of their lives. This can include loss of usable limbs, loss of function, and loss of opportunities for self-expression. Some victims are able to cope with the trauma that this change presents through normal coping processes. Others, however, may have more difficulty adjusting. The LSN peer support teams offer assistance to other landmine victims primarily by referring them to their own experiences. Since victims do not all respond and recover from trauma in the same manner, though, LSN engages in a Trauma Recovery Research program in order to determine what factors and coping strategies will work best for victims in different societies. Through this research, they are trying to tailor and adapt each peer support program to better fit the needs of its landmine victims.

Psychologists from the Trauma Recovery Research program study the factors involved in individuals' responses to trauma in order to develop new coping processes and measures. The research is conducted in two phases: 1) a qualitative study based on open-ended interviews with landmine survivors, witnesses, family members and service providers, and 2) a quantitative study designed from categories and findings from the qualitative study.

The qualitative study conducted during the first phase of the research determined that: 1) these variables are investigated to determine if they have any significance to landmine survivors' recovery of or if any other cultural factors are involved. Landmine victims and amputees are asked a series of open-ended interview questions by the trained LSN staff. Responses are encouraged to describe events surrounding the incident, the loss of their limb as well as how they cope with the stress, trauma, and their recov-

Published by JMU Scholarly Commons, 2002

Landmine Survivors Network Victim Assistance Programs

The Landmine Survivors Network (LSN) assists victims through the support of other landmine survivors. A number of programs and networks are available for coping and reintegrating survivors and their families back into their communities.

by Whitney Tolliver, MAIC

Voices" program, "Surviving Limb Loss" and "Amputee P eer Support Networks."

Sitting Volleyball Teams

One avenue of a victim's rehabilitation process can include his/her participation on a sports team. Sitting volleyball is one such option available for amputees. Through the sport, victims are able to strengthen themselves physically, boost their self-esteem and become part of a team. LSN has supported a number of sitting volleyball teams in Bosnia and Herzegovina with equipment and funds to participate in international competitions. In 2000, LSN was able to send a team from Sarajevo to the European Sitting Volleyball Championship in Germany to win first place. They were then able to send their National Sitting Volleyball team to the Paralympic Games in Sydney, Australia. LSN and other donors continue to work to build gymnasia for the teams as well as provide equipment and uniforms.

Trauma Recovery Research

When people become victims of landmines, they are faced with an abrupt disruption of their lives. This can include loss of usable limbs, loss of function, and loss of opportunities for self-expression. Some victims are able to cope with the trauma that this change presents through normal coping processes. Others, however, may have more difficulty adjusting. The LSN peer support teams offer assistance to other landmine victims primarily by referring them to their own experiences. Since victims do not all respond and recover from trauma in the same manner, though, LSN engages in a Trauma Recovery Research program in order to determine what factors and coping strategies will work best for victims in different societies. Through this research, they are trying to tailor and adapt each peer support program to better fit the needs of its landmine victims.

Psychologists from the Trauma Recovery Research program study the factors involved in individuals' responses to trauma in order to develop new coping processes and measures. The research is conducted in two phases: 1) a qualitative study based on open-ended interviews with landmine survivors, witnesses, family members and service providers, and 2) a quantitative study designed from categories and findings from the qualitative study.

The qualitative study conducted during the first phase of the research determined that: 1) these variables are investigated to determine if they have any significance to landmine survivors' recovery of or if any other cultural factors are involved. Landmine victims and amputees are asked a series of open-ended interview questions by the trained LSN staff. Responses are encouraged to describe events surrounding the incident, the loss of their limb as well as how they cope with the stress, trauma, and their recov-

Published by JMU Scholarly Commons, 2002
Ery and reintegration into society. This approach to data collection is useful because it allows researchers to look into the participants’ experiences in greater depth and to share their experience in his/her own words.

Data from the trauma recovery research was collected from 91 people in seven different countries: 11 in Bosnia, five in El Salvador, 10 in Eritrea, 10 in Ethiopia, nine in Jordan, 15 in Mozambique, and one in the United States. Psychologists then interpret the data. They try to abstract any commonalties between the experiences of the victims to formulate basic categories. Eventually, the researchers hope to create constructs for seven different country-specific theories.

The second quantitative phase of the research design involves testing the theories developed during the first phase. LSN is working with mental health care providers and epidemiologists from the Center for Disease Control and Prevention (CDC) to test to following hypothesis: 1) There are risk factors (which hinder recovery) and mitigating factors (which promote recovery) that can influence the survivors’ response to the traumatic event of a landmine injury and its psychological after effects, and 2) Peer support positively influences these factors and increases survivors’ overall well-being.

A series of questionnaires, distributed to a selected landmine survivor population, will evaluate the effectiveness of peer support groups in their efforts at rehabilitation and reintegration into society. The results of these studies will be submitted to peer-reviewed academic journals and later published for the international humanitarian aid and NGO community in order to help adapt amputee peer support programs around the globe.

References

Contact Information
Landmine Survivors Network
1420 K St., NW
Washington, DC 20005
Tel: +1-202-464-0007
Fax: +1-202-464-0011
E-mail: lsn@landminesurvivor.org

44
45