

UNIVERSIDAD CIENTIFICA DEL SUR PROJECT EVALUATION

PSYCHOSOCIAL TREATMENT FOR DISPLACED ANDEAN WOMEN DESIGNED AND CARRIED OUT BY RICHMOND FELLOWSHIP PERU - RFP

INDEX

SECTION 1

- 1.1. Foreword
- 1.2. Methodology of evaluation

SECTION 2

- 2.1. Why the need for psychosocial treatment?
- 2.2. Concerning the approach taken by Richmond Fellowship Peru.
- 2.3. Concerning the relevance of the project.
- 2.4. On the relevance of the proposed model for group treatment of displaced persons.
- 2.5. On the technique used for treatment of members of Mutual Help groups.
- 2.6. On the environment of group therapy
- 2.7. On accomplishment of the objectives of the project:
 - 2.7.1. The creation of a Community System.
 - 2.7.2. Strategic alliances and coverage of treatment.
 - 2.7.3. Instrumentalisation of the measurement of post traumatic stress disorder.
 - 2.7.4. Coordination with community base efforts for improvement.
 - 2.7.5. Coordination with Organisations created by Displaced Persons.
 - 2.7.6. Participation by RFP through presentations on domestic violence and displacement at community meetings.
 - 2.7.7. Organisation of Family.
 - 2.7.8. Integration with specialised networks.
- 2.8. On the establishment of a community sensitization programme on the social impact of PTSD among displaced persons.
- 2.9. Characteristics of the basic training courses:
 - 2.9.1. Development of Instruction Manuals on Post Traumatic Stress Disorder.
 - 2.9.2. Basic Profile of Participants.
 - 2.9.3. Concerning the levels of knowledge of the participants.
 - 2.9.4. On the satisfaction of participants with the Seminars.
- 2.10. On studies and research concerning displaced populations:
 - 2.10.1. Results of the diagnostic test applied to technical and professional staff of the PAR- Ministry of Gender and Social Development.

SECTION 3

- 3.1. Concerning the impact of the project on the community and on civil society.
- 3.2. Inter-institutional coincidences:
 - 3.2.1. With the findings of the Committee for Truth and Reconciliation.
 - 3.2.2. With other Government Agencies.

3.3.

Impact of the project on the community.

3.4. Impact of the project on civil society.

3.5. On replication of the project.

3.6. On the degree of satisfaction of the participants in the project.

3.7. Difficulties.

3.8. Innovations and discoveries.

3.9. Suggestions and recommendations.

SECTION 4

4.1. Annexes:

4.1.1. PTSD diagnostic questionnaire.

4.1.2. Clinical Record.

4.1.3. Sistematization of testimonies in training seminars.

SECTION 1

1.2. METHODOLOGY USED FOR PROJECT EVALUATION

Evaluation of the psychosocial Project designed and implemented by **RFP** Richmond Fellowship Peru on behalf of “Displaced Andean Women” was carried out according to the process which is described below.

A team consisting of University Teachers from Health Sciences Faculty and senior year students belonging to our Human Medicine and Nutrition Schools were appointed by the University Director. The former were responsible for the review of all written and printed materials produced by **RFP** and interviews with Ministry of Women and Social Development while the latter were responsible for field work, ie interviews with beneficiaries of the programme.

1.2.1. Verification of the Agreement

The official Agreement signed between **RFP Richmond Fellowship Foundation and PAR Resettlement Support Programme of the Ministry of Women and Social Development** was signed on behalf of **RFP** by its President Alan F. Duncan MBE and by Dr. Isabel Coral Cordero, Head of **PAR** on behalf of the Ministry..

1.2.2. Review of Materials submitted by RFP (Working Plan and Quarterly Reports submitted to PAR)

The review of materials prepared by **RFP** (work plans and reports) allows the investigating team to obtain a holistic overview of the work allowing for detailed knowledge on how the project was developed and carried out and to establish standards against which the project could be evaluated and measured. The method also permitted the reviewers to verify their results and emit a formal critical evaluation report on the results obtained by the Project.

Work Plans were reviewed and measured against the objectives set out by **RFP** to insure that

these had either been met or surpassed. The reports submitted by **RFP** to **PAR** in which the work carried out and results obtained was also described in detail, were also reviewed and mention was made of periodic coordination meetings by **RFP** staff with **PAR** officials responsible for coordination.

1.2.3. Interviews with some of beneficiaries of the Project

In order to assure standardisation of the information acquired a brief but carefully structured and flexible interview questionnaire was designed to obtain information directly from the beneficiary source. The purpose of the method selected was to allow the reviewer to gather information directly from the source avoiding analysis and or interpretation that could distort the facts. The objective was to obtain information that could be contrasted with that submitted by **RFP** in its documentation. This method provides significant and trustworthy information because it is sourced from people that have been involved throughout the process of treatment and are therefore authoritative in their judgement values.

This area was covered by field staff that was personally present in the places where the GAMs operated in both the District of San Juan de Lurigancho and that of Ate Vitarte where they located and interviewed the people that formed part of the Mutual Help Groups. These interviews allowed the field staff to obtain first hand view points on the work carried out by **RFP**. Some of the interviews took place in the homes of the beneficiaries and others in the locations where the GAMs had been held.

1.2.4. Interviews with Community Leaders

Information received by interviews with people who were only indirectly involved but aware of the activities carried out by the Project allowed the evaluators to obtain second hand opinion from those who through conversation or observation of were able to detect their views and observations on the effect the Project had on their peers, attitudes or changes that allow them to judge the work done by **RFP**.

It was also valuable to ascertain their opinion and degree of coordination that had been established by **RFP** with these community leaders. This opinion was deemed to be favorable to the point that it was observed that discontinuation of the services provided would be felt as highly negative by these community leaders.

1.2.5. Interviews with leaders of organisations of displaced persons

Interviews were also held with leaders of organisations formed by victims of political violence some of whose members had participated in the GAMs. It was found that many of leaders had participated personally in a GAM and expressed their personal appreciation and gratitude for the treatment that had been provided. The relationships established were considered to be extremely favorable and it was hoped that many more women victims of displacement that had been unable to attend these GAMs would be able to receive the same treatment.

1.2.6. Interviews with children of the beneficiaries

More can be known about a person by what he does than by means of what he says, therefore it through those that live with beneficiaries, their children, that any change in their mother's habits or attitudes can be identified. Their opinion is therefore significant to obtain an appreciation of that person.

Although the Project was specifically directed to women who had been victims of political

violence all of which had children, many of which between the ages of 10 and 16, it was necessary to hear from these, whether they had noticed any change in their mothers, and if so whether these changes were positive in the family relationship. All of those interviewed coincided in the fact that their mothers were more communicative with them and that domestic violence was much reduced.

1.2.7. Interviews with Ministry and PAR Officials

The interviews held with the contracting party for the purpose of gathering opinions are also characterised by being somewhat structured, but also flexible to a greater degree and through which objective qualities regarding specific goals of the Project, as well as failings and projections can be obtained.

The University teachers that had interviews with PAR staff were able to corroborate that the activities and in general the work carried out by RFP had contributed to a distinct improvement in the quality of life of the beneficiaries. All of those interviewed underlined the professionalism with which the Project was developed, the disposition of RFP personnel to coordinate their activities with the PAR and their commitment to working with those that had suffered a violation of their human rights.

1.2.8. Review of the written and printed Material submitted by RFP

Preparation of such material is inherent to any pioneering work and more so when it is concerned with the mental health of less favored populations.

To keep a detailed register of occurrences and discoveries becomes a most enriching aspect for the project itself and an important contribution to specialised bibliography. The preparation of material sourced on activities that have been carried out, allows for improvement in outlook and working methods and as a consequence, optimisation of results.

Throughout the process, RFP has capitalised on its experience including these in its informative-educational materials, such as Manuals and Work Modules referred to understanding and confronting Post Traumatic Stress. These gather and consolidate the experience gained by working in the GAMs and training PAR personnel. The material uses fluid and accessible language to explain a real problem, of which there is little knowledge in Peru. Unfortunately due to the limited resources of the Project and those of the State, it has not been possible to circulate these findings at a national level.

1.2.9. Review of the Tests applied to beneficiaries of the GAMs and to the professional and technical staff of PAR

Psychological tests provide specific information of a specialised and analytical nature that can be used to diagnose the persons under evaluation. Interpretation of each of the factors must contribute to the determination and better understanding in the confrontation of the problem. The results can be used to effect significant comparisons, standardising and or perfecting the system or instrument in use.

The results obtained from the Project with respect to changes observed in the beneficiaries have been quantified by means of tests designed by RFP on the basis scientific criteria such as **DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition** and

WHO-CIE 10: World Health Organization-International Classification on Mental Disorders. Tenth Edition; and these tests adhere to internationally accepted criteria. The use of these has allowed RFP to measure evolution of emotional health by use of a Pretest and Post Test system, ie. Tests taken on initiation of a Group function and the same test taken on finalization of the function of the same group, by means of which the favorable results obtained, are evident.

The same tests were applied to PAR technical and professional staff and evidence was obtained of serious mental health problems faced by many / up to 25% of these people that are in permanent close contact with victims of violence. Many of them having been contaminated by their work and found to be suffering from emotional fatigue.

1.2.10. Gathering and consolidation of Reports

Evaluation of the reports submitted by RFP were deemed to be well organised and systematised thus becoming a valuable source of information for Final Report.

SECTION 2

2.1. WHY THE NEED FOR PSYCHOSOCIAL TREATMENT?

Over a period of 20 years Peru has been through an historical stage of extreme political violence. These acts of violence have been the cause of serious trauma and mental imbalance that does not heal over time.

If the pain caused to a human being is not properly treated, sooner or later the effects will become manifest through feelings of resentment and possibly even greater violence.

Persons that that have suffered violence either directly or indirectly must go through unavoidable psychological re-enactment that will help them to process their anxieties.

Due to the magnitude of the problem on a social scale, professional treatment on a similar scale must be applied. This response through professional and humanitarian help must be of a psychosocial character, whereby the victims can be treated and understood in their new context and associations.

2.2. CONCERNING THE APPROACH TAKEN BY RICHMOND FELLOWSHIP PERU – RFP

A common bond between victims of domestic armed violence are feelings of loss, uncertainty, anguish and above all the loss of natural networks that provide the support required by individuals in society.

RFP makes the point that the group format of its psychosocial pilot treatment programme for victims of political violence has had as its prime objective the **restoration of their dignity and self esteem as human beings** and the reinforcement of their desire to live.

Attainment of the objective that victims regain their trust in others and in social institutions and/or in those that suffered as much as or more than themselves, has been and continues to be a long term process, attainment of which appears to have been achieved by **RFP** through the accomplishment of complying with one of the basic premises of any coherent public health programme: Absolute compliance with what is offered to the victims. Full adherence to this condition, in addition to professional treatment, strengthen their link in space and in time which helps to contain anxieties and structure thought processes.

In line with current international practice for humanitarian psychosocial treatment, this must be provided to the extent possible as part of a community networking effort. Treatment must be carried out by the community for the community; endeavouring to reach the greatest number of beneficiaries through the creation of social groups.

Intervention by **RFP** has been through group treatment in locations within the community itself, where its professional staff has been successful in linking with the local population.

RFP's success in becoming integrated with the community environment and thus gaining its trust has been a basic condition for the viability and productivity of any kind of psychological treatment. This community based style of intervention has sought the reconstruction of social support networks which has become one of the most critical characteristics of the programme when working with forcibly displaced women with deeply rooted links in their Andean communities who had to flee in order to survive.

2.3. CONCERNING THE RELEVANCE OF THE PROJECT

As a result of nearly 20 years of political violence sectors of Peru's social structure have been demolished by what happened. It is difficult to understand the pain that human beings are capable of inflicting and even more difficult to overcome the trauma caused by events that occurred without any recourse but to maintain silence and try to forget.

The dead and missing as a result of political violence amount to more than 69.000 and according the two "Census for Peace" carried out by the Ministry of Gender & Social Development (MIMDES) through its "Resettlement Support Programme" (Spanish anagram - PAR) the number of persons displaced add up to more then 600.000 that were forced to flee from terror and settle in the outskirts of major towns and cities, principally the Capital of Peru – Lima with absolute lack of services or care. They were "invisible" to the rest of the city's inhabitants and to succeeding central and local government authorities, and have lived for years on the edge of survival.

These people have been overlooked in the development of reparations and resettlement programmes with grave consequences for their social integration and family relationships allowing the development of mental disturbances and post traumatic stress disorder, among others.

There is no doubt that the programme developed and run by **RFP** with the support of **Baring Foundation** has been the first to provide treatment for victims of violence in their own communities and has had outstanding success in integrating its activities with the local social support networks. Of equal importance is the fact that it has focused public sector attention on the problem as a result of which **RFP** is recognised by the Ministry for Gender and Social

Development and the Ministry of Health as a pioneer in the recognition and treatment of Post Traumatic Stress Disorder among victims of political and terrorist violence and particularly in dealing with this problem among displaced Andean women.

2.4. ON THE RELEVANCE OF THE PROPOSED MODEL FOR GROUP TREATMENT OF DISPLACED PERSONS

Little heed has been taken in the past to the mental health of displaced persons.

It has only been since the return of democratic government after the period of political violence, that the problem of displacement in Peru became visible to society.

A forcibly displaced person is the victim of political and terrorist violence in specific degrees and manners. Displacement is perceived at the individual and family level which, in this case has affected entire population centres and has therefore reached collective social dimensions. This has unleashed a series of social events and processes with grave consequences for the populations concerned.

The pilot project proposed and developed by **RFP** is directed specifically to this marginalised population. The project has been carried out in two mega-districts of the City of Lima (San Juan de Lurigancho and Ate Vitarte) that contain high levels of displaced persons.

The project has given high priority to women due to the fact that the political violence which caused their displacement converted them in many cases into widows or wives of missing persons and made them become heads of family. Uncommon within their social structure. They survived, but in an extremely high percentage of cases, have been unable to deal with their traumas which becomes manifest in their relationship with their children.

The fact of working with victims of trauma in the degree and with the characteristics suffered by communities in the Peruvian Andes and the fact that these traumas remained untreated in many cases for as much as 20 years, has made their treatment more difficult and more sensitive, requiring the development of a specific focus on the subject.

The model of group treatment chosen by **RFP** was selected because it provides important advantages which facilitate the integration and linking of the participants. These were able to share their grief and experiences and realize that to share their pain with others that have had similar experiences, in some way made them feel better.

To know that others suffer specific traumatic manifestations (sudden remembrance, nightmares, general mistrust), made the participants feel more at ease; the displaced women were able to understand that they were not “mad”.

Additionally, participation in therapeutic activities in their own community makes the women feel safe and protected. Assistance at group meeting in their own community centres to take part in group sessions diminished their feelings of anxiety in confronting new and unknown situations, precisely because they take place in a place they are familiar with. **RFP** professional staff members were able to establish fluid, horizontal relationships with the participants helping to establish highly emotionally charged levels of communication which facilitated group recollection and the processing of psychological grief.

Selection of the group treatment method, has had in the case of Peru, an additional important significance: This country has an ancient collective or group cultural tradition handed down from the ancestors of its Andean population and strong farming traditions that led to the creation of habitual social group meetings to administrate use of the common farming land belonging to the “Ayllu” or widely termed family clan.

In ancient Peru, all land belonged to the Emperor or “Inca” and the “ayllus” were executors of this socialised production and consumer policy.

Society has been historically present in all spheres of Andean community events so that ritual celebrations, the building of roads, construction of houses and the care of children, etc. were all group activities. This “collective” or “communal” form of seeing the world was extended throughout the Andean Empire of the Incas that includes the present countries of Chile, Bolivia, Peru, Ecuador and a part of Colombia.

Selection of the group treatment method is also adequate from the demographic standpoint. The major source of displaced populations is the Peruvian Andes in which is located the city of Ayacucho, birthplace of the principal terrorist group “Sendero Luminoso” or “Shining Path” that followed pure communist theoretic ideology.

The Peruvian population with Andean Indian background is greater than 47% of the total and nearly 40% of the total population of Peru speak the second officially recognised language (after Spanish), which is “Quechua”. A high proportion of Andean farming community members speak “quechua” as their first language and have difficulty in expressing themselves in Spanish if they speak it at all.

2.5. ON THE TECHNIQUE USED FOR TREATMENT OF MEMBERS OF MUTUAL HELP GROUPS

The therapeutic focus used by **RFP** professional staff has been by use of Mutual Help Groups or GAM’s as they are called by **RFP**. (Anagram for **Grupos de Ayuda Mutua**).

The procedure has proved to be particularly effective for treatment of psychological disorders such as addiction. **RFP** used the technique frequently in it’s treatment programmes for drug addicts over the years.

Current literature on the advantages of the use of mutual help group therapy as compared to other therapeutic methods reveals the following:

- The method has an educational/therapeutic character and seeks to promote knowledge of self; the modification of roles and attitudes of the members through communication and the formation of links between the participants.
- It allows the participants to take on critical and reflexive attitudes allowed by the channeling and management of their anxieties throughout the process and progressive evolution of the group.
- The participants are able to strengthen the social relationships that are the foundations of a community.

- The highly emotional environment created by the dynamics of the group meetings, allow participants to become submerged in new roles. This process, that develops cyclically, allows a critical evaluation of their attitudes and how these can have a direct influence on their perception of self and their emotional development.

The GAMs formed by **FRP** during development of the programme have revealed a specific profile of the participants, as follows:

- 90% of participants in the GAMs are women.
- Average age of participants is 35.
- Average number of participants per group is 16.
- 30% came to meetings with their children (between months and 6 years old).
- 25% of participants are single mothers.
- 65% suffer from domestic violence.
- 70% had suffered directly from political violence.
- 60% of participants came to all meetings.
- The number of participants was initially an average of 23 that stabilised over time to an average of 16.
- On average, only 30% of participants were punctual on arrival. The group is usually completed during the first half hour of a meeting.
- In the early stages some participants were reluctant to integrate fully with the group. They asked to be allowed to listen from the door and joined the group half way through the session.
- 15% of participants would regularly leave the group discussion to attend their domestic responsibilities.

2.6. ON THE ENVIRONMENT OF GROUP THERAPY

Interviews with users of the mutual support groups developed by **RFP** revealed that fear and distrust became present when women are asked to seek psychiatric help outside of their community.

In addition to the anxiety generated when facing an unknown environment these women were extremely worried about the time and expense needed to travel outside of their community to attend psychiatric consultation.

By working within the community, **RFP** was able to control important variables that made a great difference to the quality and rate of improvement in the mental health of the participants.

The physical spaces used for meeting places were community houses built by the local inhabitants themselves and with which they were emotionally linked and their use created feelings of safety and confidence. This factor alone was an elementary condition that helped to contain feelings of anxiety generated naturally by these situations and has also helped to insure credibility and trust in the working methods developed by **RFP** professional staff.

Participants have stated that ‘installation’ of the GAMs within their communities has allowed their consistent and sustained attendance at meetings. Timing has also been an important consideration and the hours chosen for meetings allowed most of the participants to attend regularly. Leaving their house and children alone for a while was not considered an obstacle to attend meetings.

Many mothers came to meetings with their younger children (1 or 2 years old). Being close to their home diminished their fear of leaving the older children alone and/or of their home being robbed while they were out.

An important factor of the **RFP** psychosocial model of intervention has been the instrumentalisation of the treatment process, particularly when referred to post traumatic stress disorder. Diagnostic reference files were designed to detect the incidence of PTSD.

The design and use of these instruments has allowed for orderly management of the information gathered and have proven to be an important contribution to the psychosocial humanitarian work with victims of political violence in Peru.

2.7. ON ACCOMPLISHMENT OF THE OBJECTIVES OF THE PROJECT

The information supplied by **RFP** proposed on submission of the Project was named: “Working Plan and Project Objectives”. These were:

- To design and operate a communal system of ambulatory treatment for PTSD among displaced Andean women and their family members.
- Establish a programme of community sensitisation on the social impact of PTSD on displaced persons.
- Determine Profiles and Objective Predictors for the development of successful Programmes on Gender and Psychosocial Adaptation for displaced women.

The final objective of the Project was:

“To design and propose to the Peruvian Government, outline indicators for the design of social policy in the treatment of public health among populations displaced as a result of terrorism”.

This evaluation has found sufficient evidence that **RFP** has achieved the objectives proposed. The following findings are evidence of this success:

2.7.1. The creation of a Community System

The Mutual Support Groups (GAMs) created and managed by the project were located in

geographic areas of the City of Lima with high concentration of displaced persons. These are the mega-districts of San Juan de Lurigancho and Ate-Vitarte. This operational decision proved to be correct in responding to the geographical needs of the target group.

Many women participants in the GAMs were for the first time able to speak of the serious difficulties they experienced in social adjustment following the traumas suffered in the past. The psycho medical histories compiled by **RFP** reveal that traumas were relived with the difference that those that suffered were their children and the mothers had become the aggressors.

Woman former victim = Current aggressor
Son/daughter of former victim = Current victim

A significant factor is the segmentation by age of the participants. When they fled from their original Andean communities their average age was between 10 and 20. Their age groupings now average between 30 and 40 – mothers that had been unable to process their trauma now relive it in their children.

There is evidence that **RFP** designed and arrange periodic series of meetings with fathers and mothers, including those that participated in Mutual Help Group meetings. **RFP** professional staff members took part in community celebrations; in “fiestas” arranged by the community for Mother’s Day; Father’s Day and; Christmas celebrated by Andean Peru with hot chocolate and “paneton” (a raisin and glazed fruit filled cake) which they shared with the families of the local community. Members of **RFP** staff thus became part of the community, reiterating their support for the displaced women and recognition of the effort being made by them to continue their treatment by their presence

2.7.2. Strategic alliances and Coverage of Treatment

The alliances formed by **RFP** with civil society and government institutions have been key elements in the successful spatial coverage of the project.

A relevant example is the signature of a cooperative agreement with the Ministry of Gender and Social Development and it’s Division for Resettlement of Displaced Populations (PAR). This permitted the identification and helped to initiate access to groups of displaced persons in shanty towns on the outskirts of the City of Lima; additional to those located in the mega-districts of San Juan de Lurigancho and Ate Vitarte.

Another relevant factor was continuous participation of the Project in a series of “Health Fairs” organised by the Ministry of Health in marginalised urban districts surrounding the City. **RFP** became an important purveyor of psychological assistance for displaced persons affected by PTSD in areas other than those in which the GAMs operated. These services were made available to the populace in tents installed by the Ministry of Health in the poorest districts of Metropolitan Lima.

The Project was also successful in establishing coordination with organisations formed by displaced persons themselves. **RFP** was able to establish direct access to information concerning the needs and problems of displaced persons through these organisations.

2.7.3. Instrumentalisation of the measurement of post traumatic stress

The Project has contributed to the design and use of instruments for the diagnosis of post

traumatic stress in displaced populations. These instruments are psychometric and an example is included as an Annex to this Report: i.e.: “Questionnaire for the Diagnosis of PTSD” that has been invaluable in categorising the degree of the disorder among victims of internal conflict. A valuable contribution to successful treatment.

2.7.4. Coordination with Community base efforts for improvement

Permanent, direct contact between **RFP** staff and community leaders was invaluable to receptivity of the Project by its target individuals. All participants were members of base community groups financed by Government but run by members of the community. Among these are the “Glass of Milk Committees” (insures that children receive at least a glass of milk every day), Community Dining Rooms (makes cooked food available to indigent members of the community) and Neighborhood Management Boards (planning and organisation of neighborhood activities (potable water distribution, road maintenance, house building, school affairs management, etc.)

2.7.5. Coordination with Organisations created by Displaced Persons

Coordination with organisations run by displaced persons allowed **RFP** to obtain intimate knowledge of the problems faced by these people, many of whom still require attention and solutions and that continue to be a daily obstacle in the recovery of their mental health. Professional staff members gathered information that allowed the Project to institute plans based on suggestions made by the victims themselves.

2.7.6. Participation by RFP through presentations on domestic violence and Displacement at Community Meetings

RFP is well known as the leading NGO among organisations that work with displaced victims of political violence. Interviews with organisations run by displaced persons confirm that **RFP** is in contact not only in group sessions through the GAMs but also with many of the activities organised by displaced persons themselves (discussion groups; talks for children of displaced persons; Festivals of Life; community anniversaries; inauguration of community building works, among others.).

2.7.7. Organisation of Family Encounters

Integration with members of the community is achieved not only by, but very importantly through emotional exchange. The Christmas Season is an opportune time to strengthen integration and solidarity with communities that receive little attention by those that its members believe should be their main support – the state. This is clearly revealed in the technical reports prepared by project staff members. **RFP** has organised therapeutic family meetings linked to Xmas celebrations as a way of renewing and reinforcing feelings of a community identity and self affirmation in the face of life’s challenges.

2.7.8. Integration with specialised networks

A significant success achieved by the Project has been **RFP**’s integration with existing support networks in the area of displaced populations. In a country such as Peru, in which resources for the implementation of social programmes are limited, it is of critical importance to assume the concept of synergy.

According to internal reports of the Ministry of Gender and Social Development, **RFP** has been successful in inserting its activities into two major institutional networks: “Recovery of the Mental Health of Populations affected by Political Violence” and the “Departmental Reconciliation Network for Peace”.

2.8. ON THE ESTABLISHMENT OF A COMMUNITY SENSITISATION PROGRAMME ON THE SOCIAL IMPACT OF PTSD AMONG DISPLACED PERSONS

The RFP psycho social project has tried to contribute in the preparation of organised society so as to adequately confront the individual and social group effects of political violence.

It must be clearly understood that in Peru, within the academic community and in society in general, lack of knowledge concerning Post Traumatic Stress Disorder is very extensive. There is no institute of higher learning or University that provides education on the subject. PTSD has not been adequately recognised or discussed by the local scientific community (perhaps due to lack of sensitivity or indifference) as should have the case due to the magnitude of the damage it has caused society as a whole. As a matter of course, the effects and treatment of PTSD have been discussed only by Psychiatrists and in very restricted academic circles; or sometimes by professionals in the course of isolated studies. In nearly every case the studies have been limited to isolated cases, on a consulting room basis, that is to say, outside of its social cultural context.

Even if taken only from this point of view, the educational value of the Project is worthy of merit.

2.9. CHARACTERISTICS OF THE BASIC TRAINING COURSES DEVELOPED BY RFP

Training courses developed by **RFP** on Post Traumatic Stress Disorder or PTSD, have allowed the formation of a first national “cadre” with an objective and scientific understanding of the problem and generated a humanistic interaction between the professional and the victim; achieving a positive understanding of the affected communities; to treat and understand their pain.

It is therefore clear that the Project has generated an orderly and systematic approach in support of changes in the community.

This contribution has taken the form of the transfer of systematised technical knowledge through “Training Seminars” during which care was taken to insure that professional staff attending the sessions did not lose their identity and/or their objectivity.

RFP has demonstrated a clear intention to disseminate information on the critical subject of PTSD as a psycho social consequence of political violence. The seminars had the following characteristics:

- The activities are very dynamic and sequentially well planned in their structural presentation. The seminars were structured in the form of theoretical-practical presentations followed by dialogue and case analysis. Theoretical concepts of PTSD were discussed and practical case analysis’ were carried out.
- The seminars took a minimum 14 hours, generally held over a period of 2 or 3 days. The participants were able to analyze specific cases of PTSD; in order to find effective alternative treatment methods.
- The Project sought to make participants understand the more important up to

date theory and information on stress, trauma and post traumatic stress syndrome.

- Each seminar was thoroughly evaluated in terms of the evolution of knowledge on the subject under discussion and the degree of satisfaction of the participants to these training sessions.
- The seminars included critical discussion of the more relevant aspects of international and national epidemiology concerning PTSD as well as of the pathology produced by different forms of violence
- Practical suggestions and clinics as well as essential and specific therapeutic strategies were incorporated and used to confront post traumatic stress disorder in the general population and among displaced persons.
- The dynamic methodologies used to conduct these seminars were useful for the participants. Working groups were formed to evaluate case histories and the presentation of their results in plenary sessions attracted the attention of all participants, awakening their interest and providing an incentive to improve their analytical capacity.
- The participants enriched the experiential aspects of the discussions on the impact of PTSD on their future lives as evidenced by the contents of the Annex on “Systematisation of Working Groups”.

2.9.1. Development of Instruction Manuals on Post Traumatic Stress Disorder

It is noted that for the first time in this country, instructional/informative material has been produced which is easy to read, of high academic value and adequate systematisation of information concerning the complex issue of post traumatic stress.

It is also interesting to note that the so called “Manuals and Modules” produced by **RFP** are not designed exclusively from the point of view or for the orthodox medical-psychiatric viewpoint, They incorporate Modules that present an overall view of psycho social crisis intervention particularly for victims that have undergone crisis’ beyond their capacity for emotional adjustment.

These Modules assume a dynamic and integrated view on the science of mental health but are enriched by interpretative elements of the social sciences.

2.9.2. Basic Profile of Participants

All of the participants selected for training were in a position to influence a large number of people and supply services of a social nature.

By these means, the Project sought to obtain a concrete applicational effect and replication of the knowledge gained.

Following the above methodologies **RFP** imparted training mainly to:

- Health professionals and technicians – Responsible for (Public and Private) programmes concerned with the prevention, promotion and treatment of the health of victims of social-political violence.
- University Professors
- Firemen/women
- Social workers

- Community leaders
- Social communicators
- Red Cross personnel
- Police officers
- Representatives of associations of displaced persons
- Representatives of associations of victims of torture
- Representatives of associations of missing people as a result of political violence

The Project insured that the participants have previous prior experience in training programmes concerned with matters of health, either within or outside of the institution they represented; as well as being motivated in favour of training and working in multi-discipline groups.

82% of participants were women and 18% men. This is an important factor for programming of further training spaces in which it will be necessary to discuss the subject of gender.

2.9.3. Concerning the levels of knowledge of the participants

The participants in the seminars were evaluated by the use of quantitative instruments denominated: “Entrance and Final Tests”. Thus **RFP** established a base line level for participants at the beginning of the seminar, in order to determine if at the end of the seminar, that base line had been modified or not.

On another level, the seminars were evaluated by the participants themselves to determine their level of satisfaction and perception of the usefulness of the subjects discussed.

The results found as a result of this evaluation provide evidence that:

- On beginning the Seminar, an average of 33% of the participants were deficient in their knowledge of post traumatic stress disorder; 35% showed a medium level of knowledge and 32% had an acceptable level of knowledge of the subject.
- The Final Tests show that the “deficient” and “medium” levels become inverted proportionately.
- Significant improvement is shown in the levels of the “deficient” and “medium” groups regarding their knowledge of PTSD while those that qualified as “good” or “acceptable” maintained their level.

2.9.4. On the satisfaction of participants with the Seminars

The Seminars were evaluated by the participants themselves, for which **RFP** prepared a multiple option questionnaire, to be filled in at the end of the Seminar. The following evidence was obtained:

- 98% were of the opinion that the Seminar was “Good” or “Very Good”. This is evidence that the evaluation of the methodologies used and performance of the speakers was

outstanding or excellent.

- Additionally, 100% of the participants make manifest their interest in continuing to receive training on subjects related to violence and post traumatic stress.

The Project included a diagnostic test at the beginning of the Seminar to evaluate the levels to which the participants themselves were affected by PTSD.

- In the case of staff members that work in the offices of the Resettlement Support Programme (PAR) of the Ministry of Gender, 58% are revealed to be suffering from symptoms of post traumatic stress. The disorder is known as “compassionate fatigue” and is a typical phenomenon among people that work in humanitarian assistance and aid programmes.
- 100% of the participants believe that PTSD is a disorder from which many of them have suffered or are suffering.

2.10. ON STUDIES AND INVESTIGATION CONCERNING DISPLACED POPULATIONS

Studies on PTSD in Peru are in their infancy. Therefore the work being done by **RFP** takes on greater importance given that the information obtained is sourced from the sustained work of the mutual support groups.

Systematisation of the group work carried out over the life of the Project, with 2 weekly sessions carried out uninterruptedly over a period of 16 months, making a total of 65 sessions that have benefited 946 displaced Andean women (as objective), has provided the information on which the Manuals and Modules have been based.

This verifies that it is based on orderly experience and not just an conceptual exercise unlinked to the reality faced by the project.

The diagnosis has taken into account the data found by groups that were trained by the project, that included health professionals, victims, children of victims and leaders of associations of displaced persons.

The methodology used by **RFP** to prove that the therapeutic intervention called “Mutual Help Groups” (GAM’s from the anagram in Spanish) would be effective, was based on simple Pre and Post situational scientific verification principles. Before starting a GAM, the Project used the PTSD Diagnostic Questionnaire on each of the participants in the GAM. At the end of the therapeutic process, the Project applied the same test to the same participants of the group that had an attendance record of 90% or more, in order to see whether the improvements sought by **RFP** had been achieved.

Listed below are the results of GAMs located in the Districts of San Juan de Lurigancho and Ate Vitarte respectively. The groups were picked at random from the clinical data base of the project:

<u>DISTRICT OF SAN JUAN DE LURIGANCHO</u>
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<u>PRE-TEST SITUATION</u>

PTSD TEST ON SELF HELP GROUP

N° OF APPLICATIONS	N° WITH PTSD	% WITH PTSD
16	13	81

The statistic shows that 81% of the participants in this group suffer

symptoms of post traumatic stress. Among patients with PTSD that has been left untreated for long periods of time, some victims are unaware that they are suffering a well defined illness that is affecting their mental health as well as their family and social life.

POST-TEST SITUATION

PTSD TEST ON THE SAME SELF HELP GROUP

N° OF APPLICATIONS	N° WITH PTSD	% WITH PTSD
16	05	31

The statistic shows a significant reduction of 31% of the participants in this GAM. Admittedly it also shows the work done has not covered the needs of the entire group, possibly due to a matter of time and the fact that each individual has a different rate of evolution. The Post tests were carried out after meeting N° 60, and the succeeding sessions had the purpose of closing down the group by the Project.

DISTRICT OF ATE VITARTE

PRE-TEST SITUATION

PTSD TEST ON SELF HELP GROUP

N° OF APPLICATIONS	N° WITH PTSD	% WITH PTSD
15	13	86

The statistic reveals that a high percentage (86%) of the participants of the GAM shows symptoms of PTSD. The proportions are similar to the group tested in San Juan de Lurigancho, a clear indicator of the presence of emotional problems suffered by victims of political violence.

POST-TEST SITUATION

PTSD TEST ON THE SAME SELF HELP GROUP

N° OF APPLICATIONS	N° WITH PTSD	% WITH PTSD
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15	06	40%
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The reduction to 40% of the participants in this GAM appears to prove that the methods used to treat PTSD in the group have had positive results within the time scale of the work. The presence of symptoms of post traumatic stress, points out the need to intensify the treatment in resilient cases in order to confront adverse situations.

It is evident that treatment of emotional problems cannot be achieved by group methods alone. Nonetheless, the successes achieved by this strategy are unquestionable; in addition to the fact that the method benefits a wide number of clients.

2.10.1. Results of the diagnostic test applied to technical and professional staff of the PAR- Ministry of Gender and Social Development.

Everyone (Professional or not) that works in the treatment of persons that have suffered violent trauma, suffer from a natural emotional “wastage” that affects their normal work development.

It therefore appears to be logical that the Project should have applied the diagnostic instruments to the professionals and technicians of the Resettlement Support Program of the Ministry of Gender.

The results are shown below:

PTSD DIAGNOSTIC QUESTIONNAIRE

N° OF APPLICATIONS	N° WITH PTSD	% WITH PTSD
28	07	25

25% of the participants in the Seminars (PAR staff members from all over Peru) show symptoms of post traumatic stress.

These data found by **RFP** are important not only from the standpoint of working with victims of political violence, but also to work out the profile of professional staff that threat these victims. It also corroborates that all therapeutic work is exhausting and that it is necessary to create the spaces needed to channel these buried emotional loads.

SECTION 3

3.1. CONCERNING THE IMPACT OF THE PROJECT ON THE COMMUNITY AND ON CIVIL SOCIETY

The evaluation determines that in addition to providing specific services to groups of Andean women displaced by political violence, the project has impacted on public opinion by making visible the psychosocial effects of the internal armed conflict suffered by Peru.

According to our examination the project was conceived and carried at precisely the right moment and therefore perfectly in line with the real and contemporary needs of peruvian civil society.

It is also important to point out that together with the specific dimension and timeliness of the project with the problem being confronted; RFP acted before the recommendations subsequently issued by the Truth and Reconciliation Committee (CTR), created by the Peruvian Government for the purpose discovering and making known the seriousness of the acts of violence that occurred in Peru over a period of 20 years of internal armed conflict, became known to the general public.

3.2. INTER-INSTITUTIONAL CONCIDENCES

3.2.1. With the findings of the Committee for Truth and Reconciliation

There are innumerable coincidences between the work developed by the Project and the conceptual focus of the CTR. The most significant are the following:

CTR: Recommendations. Volume 1, 1.1 Introduction; "It is normal for violence to cause wounds, (...) above all it leaves deep psychological and mental wounds, (...): Naturally there are dimensions of physical health that must also be cared for as long as these are incorporated as characteristics of the programme, components of which are staff training, **integral recovery of health by means of community intervention**. Why?: Because it is not a matter of curing only one person; it is a matter of curing an entire community that suffers from common wounds and instil in that community (...) the need to participate in hope and healing. An that there be undertaken intensive prevention and promotional activities to avoid intergenerational transmission that would make this pain and this trauma continue for generations into the future.

- Concerning the consequences of internal armed conflict and mental health: "For the CTR; massive displacement from violent areas became a painful process of uprooting and impoverishment for hundreds of thousands of Peruvians. **The affected population witnessed the destruction of their social networks**. that had to adapt with varying degrees of success and great suffering, to the new circumstances all of which became an enormous challenge to the provision of services in the cities. Displaced persons were also, in many cases, stigmatised and discriminated against in schools, neighbourhoods and workplaces. On return to their places of origin they were forced, again in many cases, to confront problems with land ownership and the absence of any support in reorganising their lives and maintaining their families".
-"the damage to mental health was expressed by a series of problems that affected social workability and limited the chances of attaining a dignified life. Specific psychosomatic problems are to be found; depression, altered or

incomplete grieving, feelings of abandonment and hopelessness; loss of confidence in oneself and others; learning difficulties, generalised anguish, hyper vigilance, insomnia, nightmares, fears and phobia, impulsiveness and aggression....". 2.2.3.2 *Health reparations programme.*

3.2.2. With other Government Agencies

- The Ministry of Health developed and approved a working plan called “Outlines for Mental Health” in which the denomination post traumatic stress was used for the first time in an official document.
- In the year 2004, the government approved the “LAW FOR DISPLACED PERSONS”
- In 2003 the “The National Accord”, an organisation composed of representative sectors of civil society created “PROGRAMMES I & II FOR PEACE AND DEVELOPMENT” directed to providing material help for displaced people.

3.3. IMPACT OF THE PROJECT ON THE COMMUNITY

Interviews with members of the communities benefited by the Project carried out by members of our evaluation committee reveals evidence that these people have started to speak of their trauma in public; of their pain and their grief. This complies with a fundamental therapeutic principle. One speaks only about things that they can tolerate.

RFP has organised its groups so as to give their members a feeling of belonging. Displaced Andean women have found a space (physical and in time) that now belongs to them. It can be clearly perceived that they now feel more valued, more dignified with the ability to give their opinion and disagree without fear of censure or criticism.

RFP has provided them with the tools for empowerment whereby they continue to do the work they have always done, but for which they received no recognition.

Testimonials given by ladies that participate in the GAMs reveal that their communities have co-organised community family, folklore and Christmas events with RFP.

Integration of the members of a community can only be achieved by the interchange of emotions, and particularly those related to Andean folklore celebrations and Christmas which are ideal vehicles to strengthen integration and solidarity in communities that have been affected by political violence.

These communities have received no “attention” by the state, which they consider to be their main debtor, and these celebrations have been properly taken advantage of by RFP to promote social mechanisms inherent in therapeutic community activities thus allowing expression of the healing qualities of psychological bereavement, leading to an ability to face the future with a higher degree of success.

RFP was successful in becoming a part of the “Base Committees” (Community organizational groupings) of the areas of influence of the Project in the district of Huanta in San Juan de Lurigancho. In the calling of meetings and participation of members of the

community, it could be seen that RFP professional staff members had personal, direct and effective contact with the main protagonists and objects of the psychosocial work. Great receptivity is evident among the subject members (to whom the Project is directed) of the community such as: “Glass of Milk Committees”, “Soup Kitchens”, local “Citizen Security Committees”, all of which perceive RFP with respect for their commitment and accomplishment of the goals set with the community members themselves.

3.4. IMPACT OF THE PROJECT ON CIVIL SOCIETY

This evaluation allows confirmation that the Project has become successfully positioned in Peruvian civil society. The RFP project has been successful in:

- Achieving direct coordination with organisations of displaced people.

Coordination with organisations formed by displaced victims of internal armed conflict, allows the project direct insight into the problems faced by these people, many of which remain unsolved and thus become impassable barriers to recovery of their mental health. By means of such coordination RFP has obtained information which has allowed the development of programmes based on suggestions made by the victims themselves which are therefore all the more successful in their application.

- Becoming a part of and provide technical assistance to the “**National network for recovery of the mental health of people affected by political violence**”, **coordinated by the Ministry of Gender and Social Development - PAR**

Active participation of civil society in the reparations programme for victims of internal armed conflict allows the generation of public opinion to “sensitise” the community as a whole. The project is a part of this strategy through the formation and strengthening social networks.

- Becoming a part of the “**Departmental network of consensus for Peace, promoted by the Ministry of Gender & Social Development – PAR**.”

This social network of agencies has undertaken the responsibility of creating and catalysing mechanisms whereby reparations can be made to victims of political violence.

- Making visible to society the subject of psychosocial damage caused by political violence through the mass media.

The subject of victims of internal armed conflict as a result of political violence is covered by the media only in those cases where it becomes a political issue; only to return to a state of “non existence”. The Project seeks to maintain a regular presence in major daily newspapers and television for the express purpose of making the plight of displaced Andean women and post traumatic stress disorder visible to the general public.

- Participation in conferences and public activities on domestic violence and

displacement.

Contact by the Foundation (RFP) with the victims was not only at the level of community group therapy but included also, a wide programme of conferences and public events coordinated with different civil society entities such as NGO's specialised in matters concerning women, universities, among others.

- Participation in integral health campaigns with the Ministries of Gender and Health.

A review of the audiovisual archives of the Foundation reveals that it has also been directly involved with communities through personalised information campaigns in close cooperation with state health authorities.

3.5. ON REPLICATION OF THE PROJECT

It can be categorically stated that the work of therapeutic attention through Mutual Help Groups (GAMs) is perfectly applicable in other social and cultural contexts in Latin America, due to the fact that it does not make use of buildings or other expensive locations or even of highly qualified staff.

People that are unable to express themselves freely are not excluded and nobody is obliged to participate. The technique has been used in a rudimentary form by psychologists of the Ministries of Education and Health with training by the Pan American Health Organisation, specifically to confront the subject of domestic violence. It is obvious to the Evaluation Committee that the RFP Project has developed a higher degree of sophistication in merging the project with society and a better administration of the dynamics of the therapeutic procedure within the GAMs (Mutual Support Groups).

The project is perfectly applicable in areas where political violence was greatest, ie: the Departments of Ayacucho, Apurimac, Huancavelica, Junin, Huanuco, among others. Among other reasons, it is applicable because the evolution of the group (GAM) is generated by the participants themselves; where the coordinator acts initially as moderator and facilitator, but who, with great sensitivity and sense of opportunity converts original individual outlooks into the emerging group feeling.

There is no doubt that the project can be replicated on a national and even Latin American level given common ethnic and cultural backgrounds. Other Latin American and Central American countries have suffered similar domestic conflict such as Venezuela and Colombia where the Project could become a viable alternative as social moderator and therapeutic operator.

3.6. ON THE DEGREE OF SATISFACTION OF THE PARTICIPANTS IN THE PROJECT

The degree of satisfaction of the beneficiaries can be measured by the level of cooperation and participation in the groups. Interviews with women participants and RFP Project records show that:

- Attendance at group sessions throughout the Project was constant (once a week, 2 hours p/session).

- The group shows a high degree of effective evolution in the capacity for tolerance acquired by its members to speak of their trauma.
- Formerly contained anxieties are being channelled by means of emotional manifestations such as tears, anger, justification, indignation, among others.
- The groups members show evident identification with the RFP group leader/coordinator, in cases where for example, families discuss group activities using as main reference the RFP representative.

3.7. DIFFICULTIES

Members of RFP technical staff pointed out that:

- Cooperation by the Ministry of Gender in sending members of its staff to training session was lacking.

People who were victims of armed conflict have been commonly used (manipulated) for political purposes. For this reason many of them did not go to meetings organised by government representatives; in this case the Ministry for Gender, and when they did their attitude was one of scepticism, making it difficult to integrate them into the group.

- Technical and professional PAR staff revealed high incidence of PTSD among their members.

People responsible for the care victims of trauma due to domestic armed conflict, are in many cases, unfit to confront their responsibility. Further, they have no way in which to channel the anxieties they perceive and, as a result, become emotionally overloaded showing clear signs of suffering from PTSD which affects their performance.

Following application of PTSD psychometric testing to PAR staff members present at regular training meetings, RFP found a high incidence of the presence of PTSD among these government workers.

- Some organisations resisted attendance at training meetings

Many instances were revealed in which offers of assistance by government had not been complied with, as a result of which some groups of displaced victims initially resisted attendance at meetings held by the Project. Over time, the participants accepted that the Project complied with its offer of assistance within the proposed timescale.

- The locations provided for development of the activities of the GAMs were below standard.

The spaces provided for the GAMs were not equipped or adequately designed for the job. No services such as running water, light or sanitary services were available. Cleanliness and hygiene were lacking.

- Constant changes in Ministry staff members hindered sustained development of the work.

Every time a change in Ministry staff occurred, the Project lost time in updating and training new personnel.

- Inadequate levels of professionalism and training of PAR staff members hindered the work done by the Project, causing resistance and raising barriers which made recovery of the beneficiaries of the Project more difficult.

The care provided must be highly technical and based on a deep sense of social responsibility. Inadequate attention to a victim of domestic armed conflict can cause regression in the healing of emotional wounds that have not been fully processed. The Project found that PAR staff required careful training to sensitise them to the fact that people suffering from PTSD have deep feelings of insecurity and fear and that their care requires a high degree of understanding to avoid rejection and increasing their emotional problems.

- Operating plans of the PAR are on a medium and short term basis and not in accord with the timescale needed for the recovery of victims of political violence.

Operating plans prepared by government institutions are not technically adequate. They do not take account of the magnitude of the psychological problems faced by victims of violence. It is thus that these programmes are based on timescales to “produce results” that are impossible to comply with.

- No alternative institutions were included in PAR planning (hospitals, clinics, health institutions) to which cases diagnosed as serious could be referred for treatment. The Project is not designed to treat serious cases of mental disturbance such as schizophrenia.
- In spite of some evident successes, the Project continues to find difficulty in attracting the interest of the media in activities concerning victims of political violence. This hinders sensitisation of the public to the problem.
- Work with displaced persons is not properly coordinated by government institutions responsible for mental health. The Ministries of Gender, Health and Justice carry out activities within their individual sectors, causing unnecessary duplication and waste of scarce resources.
- Recent reappearance of limited terrorist and anti government activities has awakened fear among those affected by political violence.
- Recent liberation (from jail) of some former terrorists who have returned to their places of residence and where some participants in the Project live, has generated fear and anxiety among the local populations.

3.8. INNOVATIONS AND DISCOVERIES

Among the most significant, the following stand out:

- Work with victims of domestic armed conflict must take place in their own residential

community.

- Implementation of group therapy must be complemented with educational characteristics.
- Evident success of the GAM system recommends of itself the formation of GAM networks. Victims of domestic violence that have gone through the GAM process have quite evidently been able to re-establish their emotional links and reintegrate with their social networks achieving a sense of belonging and identity.
- Integrated technical confrontation of PTSD must be instrumentalised.
- Initial efforts at instrumentalisation have helped in the preparation of a situational diagnosis 20 years after the political violence suffered by beneficiaries of the project.
- Twenty-five percent of the professional staff members of the PAR working with victims of domestic armed conflict show symptoms of “compassionate” PTSD.

3.9. SUGGESTIONS AND RECOMMENDATIONS

- Experience gained through the work done in Lima must be used to assist the population of Departments (in the Andes) that suffered directly from the effects of domestic armed conflict.
- Ministry of Gender staff members that work with victims of domestic armed conflict must receive a higher degree of training.
- Spaces must be made available by the Ministry of Gender in which members of their staff that work with victims of domestic armed conflict are able to “release” the emotional burden caused by “compassionate fatigue”.
- Work must be carried out with the children of victims of political violence that have been exposed to aggressive and violent treatment as a result of the trauma of their parents. These children (now youths and young adults) have been brought up with deep feelings of resentment in homes that provided no security or protection causing them to seek alternative solutions to their trauma in the streets.
- Improve community epidemiological registries to identify the degree of incidence of damage to mental health suffered by displaced persons.
- Increase geographical coverage by increases in staff and financial resources.
- Incorporate community training directed toward the generation of resources for the participants.
- Develop projects with a horizon longer than three years. To work with victims of domestic armed conflict that occurred 20 years ago and that have had no help whatsoever in the interim, takes time.

- Continuation of the work currently being carried out through the GAM system.
- Attain greater coverage in outlying districts of the city of Lima where several hundreds of thousands of displaced victims of political violence still live.

SECTION 4

4.1. ANNEXES

4.1.1. PTSD DIAGNOSTIC QUESTIONNAIRE

Name Age

District.....Date.....

Please answer as truthfully as possible. If you cannot make up your mind on either a Yes or a No, Answer I don't know

- Have you been involved with or seen an occurrence characterized by death or threats?
(Yes) (No) (I don't know)
- Do you have frequent recollections of a traumatic event?
(Yes) (No) (I don't know)
- Do you frequently dream of a traumatic event that might happen to you?
(Yes) (No) (I don't know)
- Do you sometimes think that a traumatic event is occurring?
(Yes) (No) (I don't know)
- Is there anything that makes you nervous because it reminds you of a traumatic event?
(Yes) (No) (I don't know)
- Do you make an effort to avoid thinking about a traumatic event?
(Yes) (No) (I don't know)
- Do you avoid places or people that remind you of a traumatic event?
(Yes) (No) (I don't know)
- Have you lost interest in participating in social or work activities?
(Yes) (No) (I don't know)
- Do you trouble relating to others? Are you unable to be affectionate?
(Yes) (No) (I don't know)
- Do you feel your future to sad or desolate?.

(Yes) (No) (I don't know)

11. Do you have difficulty in falling asleep?

(Yes) (No) (I don't know)

12. Do you easily become angry? Or have attacks of anger?

(Yes) (No) (I don't know)

13. Do you over respond to a surprise?.

(Yes) (No) (I don't know)

14. Do you have a tendency to use drugs or alcohol?

(Yes) (No) (I don't know)

15. Do you have difficulty in concentrating on a subject?

(Yes) (No) (I don't know)

4.1.2. CLINICAL RECORD

Name..... Age.....
Education.....
Place & Date of Birth.....

ORIENTATION: PERSONAL, SPACE, TIME AND SITUATION

Place of Birth?..... Are you married?..... How many children?.....

What are you like.?.

What do others think you are like.?:

.....

How would you like to be?:

.....

Are you sick?.....

What make you think so?:

.....

When do think your illness started?:

.....

What situation reminds you of that time?:

.....

What day is it today? What place is this?

How did you get here?:

.....

How long have you been here?:

.....

PERCEPTION:

Have you ever felt anything unusual?:

.....

RECENT MEMORY, REMOTE AND ATTENTION:

What did you do yesterday

morning?

What did you have for

breakfast?

How long ago did you leave school?

ABSTRACTION AND REASONING:

What do the following sayings mean to you?:

“Shrimp that falls asleep is carried away by the current”

“Better a bird in the hand than 100 flying”.....

PARANOID IDEAS:

How do people treat you? How do you think your companions treat you?.

.....

Have you ever been harmed or bewitched?

Is there someone interested in harming you?

Do you have any enemies?:

.....

Do people criticize you?:

Have you heard comments about yourself on radio or TV?

DEPRESSIVE IDEAS:

What bothers you?

Do you have anything to blame yourself for?

Do you have sad thoughts? Are you worried about your health?

.....

OBSESSIVE – COMPULSIVE IDEAS:

Do you have any ideas you can get rid of?

Do you feel compelled to do things over and over?

Do you believe in horoscopes or the evil eye?

Do you carry a talisman or amulet to defend yourself?

Are you afraid of going mad?

DIAGNOSIS AND FOLLOW UP

.....

.....

4.1.3. SISTEMATISATION OF TESTIMONIES IN TRAINING SEMINARS.**GROUP QUESTIONS ASKED DURING THE SEMINARS**

- 1. WHY IS IT IMPORTANT “NOT TO FORGET” WHAT HAPPENED?**
- 2. WHAT RESOURCES DID YOUR PARENTS USE TO KEEP GOING?**
- 3. WHAT DID YOU LOSE DURING “THE VIOLENCE”?**

GROUP NAME : UNITED

1. Its important not to forget and remember what happened to us because it will serve as experience of the negative things that happened; so that they will never be allowed to happen again, and to apply the good things that happened and keep working for a good future because what happened occupied a part of our lives.
2. Why is it that from pain; courage and strength came from adversity, thinking of the protection and wellbeing of our families.
3. When we were attacked we lost our human rights, our identity, our culture, the opportunity to improve ourselves. We lost our loved ones, our social and economic development and our emotional development.. We have completely lost our health.

GROUP NAME : YOUTH ALLIANCE

1. So that the truth be known
So that it not be repeated
To give us strength
To tell others of the experiences we have lived
To value life
2. Because they want the best for us
Because they did not want the lives of their children to be frustrated, as theirs was, due to political violence
3. Our loved ones were lost
Our family harmony was lost
Our cultural identity and our customs were lost
We have lost our “will to live”

GROUP NAME : JUBILATION

1. So that what happened in the past will not be repeated
It forms part of our history

2. They wanted a better future for their children
They had the strength and courage to organise themselves and overcome the situation.
3. Peace, happiness, family tranquillity (fathers, sons)
Material goods (land, house, farm, cattle)

Conclusion:

We must not remain tied to the past, we must all fight so that it not be repeated and have the hope of achieving justice

GROUP NAME : FRIENDSHIP

1. Sometimes it is good to look back, in order to keep going forward
2. Because one the main reasons to keep going forward was for the wellbeing of our children
3. In first place we lost members of our family, we also lost opportunities for personal development, family and intellectual.

GROUP NAME : THE FRIENDS

1. We cannot forget because it was something very hard for us and we must be assured that it will not happen again
2. Because in spite of everything we have the will to live, look after our children and help the youths and children of our organisations to succeed.
3. Everyone lost, sentimentally (our very loved ones) and materially (land, houses, etc.)