Terrorism and Armed Conflict: The importance of applying evidence-based practices beyond levels of development

(by Clara Gesteira Santos, and James Michael Shultz)

In recent years, **terrorism** has become one of the most riveting and disturbing problems worldwide (*National Consortium for the Study of Terrorism and Responses to Terrorism* (START), 2014). At the Universidad Complutense de Madrid (UCM), our research team (all are members of IAAP Division 6) is dedicated to providing effective psychological treatment for the psychopathological consequences of terrorist attacks (website: http://www.ucm.es/estres/victimas). The team endeavors to understand the psychological consequences of terrorism and to apply, test, and refine **evidence-based interventions** to alleviate the suffering of those who have been victims of terrorism in Spain.

Given the focus of our work, we are well aware that the September 11, 2001 attacks created an inflection point for research on the psychopathological consequences of terrorism. Following this event, the research literature on the psychological aspects and consequences of terrorism skyrocketed exponentially. However we have also noted a critical discontinuity in that literature: while most terrorist acts occur in "low and middle income countries" (LMIC), and the majority of persons who are victimized by those acts reside within these LMIC nations, the preponderance of the research literature has focused on a circumscribed number of incidents that have taken place primarily in developed nations – including the "9/11" attacks in the United States or the "11-M" attacks in Madrid, Spain (García-Vera and Sanz, 2010).

To redress this important limitation, we are expanding the focus of our work beyond our borders geographically and culturally. Simultaneously, we are enlarging our network of collegial relationships. Some network members are now actively working in Colombia, South America, bringing evidence-based interventions to "**victims of armed conflict**" who have been affected life-long by one of the world's longest continuous insurgencies.

Colombia, South America, is actively engaged in peace negotiations at this moment with representatives of the primary groups of armed actors. Nationwide throughout Colombia, the hope that this process will succeed is palpable. In all sectors, energized discussion is underway regarding Colombia's transition to become a "post-conflict" nation. At this moment, the focus of discussions is on the "victims." As part of this process, attention is now being increasingly directed toward providing psychosocial services for the victims, given the powerful and convincing literature linking exposure to armed conflict to psychological distress and psychopathology (Roberts and Browne, 2011).

As an outcome of 60 years of ongoing combat, Colombia has a large and complexly structured population of "victims of armed conflict," numbering more than 6.5 million persons nationwide (14% of the population). As formally defined in the landmark Law 1448, "The Law of the Victims and Restitution of Lands," passed in 2011, citizens who qualify for services as "victims" include those who have been affected by combat, terrorist acts, massacres, homicides, kidnapping, forced disappearance, assaults, gender-based

violence, torture, improvised explosive devices, and landmines. However, by far, the largest subgroup of victims consists of persons who have been internally displaced; in fact, Colombia consistently ranks first or second globally in numbers of internally-displaced persons (IDPs) (Fig.1). The current estimate is 5.7 million IDPs. Colombia also has the highest cumulative tally of victims of extortive kidnapping. Also included among the "victims" are "demobilized" former armed actors – some of whom spent their early adolescence as child soldiers - from a variety of guerrilla and paramilitary factions who are currently being "reinserted" into civil society. This leads to the precarious situation in which "disarmed" combatants sit side-by-side with their former enemies in service centers and attend educational and vocational training programs together.

Figure 1. Bogotá neighborhood with high proportion of internally displaced persons (IDPs) who are classified as "victims of armed conflict." Downtown Bogotá appears in the background. Source: Shultz et al., 2014.

Armed conflict victimization does not tell the whole story. The mental health of Colombian citizens has been affected by pervasive, population-wide exposure to violence. Certainly, the Colombian context is most obviously characterized by widespread experiences of trauma and loss stemming from 60 years of armed insurgency. However, the psychological consequences are not restricted to the 6.5 million legally designated "victims" but in fact, extend to most citizens. The montage of victimization also includes additional layers: violence associated with drug trafficking (Colombia remains the major

global source of cocaine), pervasive gender-based violence, intra-familial violence, homicides, community violence associated with gang activities and criminal bands ("BACRIM"), and sex trafficking (Fig.2).

Figure 2. Neighborhood with high levels of gang presence and activity. Source: Shultz et al., 2014.

Within this context, members of the UCM team are actively involved in psychosocial projects designed for Colombia's victims of armed conflict. Specifically, we are working on a pilot project for women IDPs residing in Bogotá, the nation's sprawling capital district and the major "receptor" city for IDPs. The project's title, **OSITA** - Outreach, Screening, and Intervention for Trauma for Internally Displaced Women Living in Bogotá, Colombia - provides the project's description:

Outreach: Active outreach is conducted to recruit and enroll women IDPs for the study. A variety of strategies are used including recruitment through the nationally-established network of victim registration centers ("Centros Dignificar") (Fig. 3), linkages to the Bogotá Humana projects of the Bogotá Mayor's Office, referrals from the public hospitals that have mobile neighborhood health teams (Fig. 4) in conjunction with the Bogotá Health Department, pre-school programs where IDP women bring their children for daycare, and non-governmental organizations with specialized skills training and educational programs for victims. Women IDPs are hired to participate in the outreach

activities and they are also directly able to connect OSITA to eligible women within their networks. Women participants in the OSITA program are also invited to refer IDP women they know who would similarly benefit from the program (Fig. 4).

Figure 3. Registration center for victims of armed conflict in Champinero, Bogotá, Colombia. There are 6 Dignity Centers ("Centros Dignificar") in Bogotá, Colombia.Source: Shultz et al., 2014.

Figure 4. Health care personnel and psychosocial outreach team from the primary care clinic, "UPA Laches." Source: Shultz et al., 2014.

Screening: To assess symptom levels of common mental disorders (CMDs), OSITA uses internationally-standardized screening instruments for posttraumatic stress disorder, major depression, and generalized anxiety. OSITA is applying these screening tools and also validating each instrument for use in Colombia. As a further innovation, the screening data are entered “in real time” into electronic tablets, allowing instantaneous scoring of the screening measures. In addition to screening for symptoms of CMDs, the women also report on a variety of potentially traumatizing exposures (PTEs) before, during, and after the moment of displacement

Intervention: The initial screening session doubles as an intervention. Regardless of the symptom levels, the initial screening is followed immediately by psycho-education. Based on the scores on the screening instruments, the tablet selects the psycho-education script that is tailored to the screening results. The evidence-based intervention used in OSITA is interpersonal psychotherapy (IPT). Psycho-education is a key component of IPT and the screening session – that includes psycho-education – is regarded as the first IPT session. Women IDPs with symptom elevations on any of the three measures are referred to follow-up IPT sessions. At each follow-up, the measures showing symptom elevations are repeated. The women continue to receive IPT sessions until they have completed two consecutive sessions in which their screening scores show no elevations. Importantly, women IDPs were severe symptoms levels, or who endorse suicidal ideation or intention are referred for emergency psychiatric evaluation and, if necessary, for more intensive interventions, using established protocols.

OSITA is funded by Grand Challenges Canada, and co-directed by professors James Michael Shultz and Luis Jorge Hernández. OSITA is based at the School of Medicine, Universidad de Los Andes, Bogotá, Colombia.

The observations of the UCM team have been instrumental in linking effective interventions for persons exposed to armed conflict and terrorism in the developed and the developing worlds. In particular, with appropriate adaptation and evaluation it is possible to introduce internationally-standardized screening instruments and evidence-based interventions of demonstrated efficacy into a variety of settings and cultures. The common element is providing mental health and psychosocial support (MHPSS) to persons exposed to violence and terrorism, frequently within the context of armed conflict. It is encouraging to see the degree to which outreach, screening, and intervention approaches have international applicability, cutting across levels of development.

CITATIONS

García-Vera, M. P. & Sanz, J. (2010). Trastornos depresivos y de ansiedad tras atentados terroristas: Una revisión de la literatura empírica. *Psicopatología Clínica Legal y Forense, 10,* 129-148.

Roberts, B. & Browne, J. (2011). A systematic review of factors influencing the psychological health of conflict-affected populations in low- and middle-income countries. *Global Public Health: An International Journal for Research, Policy and Practice, 6 (8)*, 814-829.

Shultz, J., Muñoz, N., Gómez, A. M., Hernández, L. J., Araya, R., Verdeli, H., Espinel. Z., Cipagalta, S. P. & Neria, Y. (2014). Outreach to internally displaced persons in Bogotá, Colombia: Challenges and potential solutions. *Disaster Health, 2 (2)*, 1-6.

START (National Consortium for the Study of Terrorism and Responses to Terrorism) (2014). *Annex of statistical information. Country reports on terrorism 2013.* Available at http://www.state.gov/documents/organization/225043.pdf Accessed 21 July 2014.

Clara Gesteira Santos (Member of Divison 6)

James Michael Shultz