Surviving the "*Sasachacuy Tiempu* "[difficult times]: the Resilience of Quechua Women in the Aftermath of the Peruvian Armed Conflict

By

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Graduate Department of Social Work
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Abstract

Resilience and post trauma responses often coexist, however, for the past decades, the trauma paradigm has served as the dominant explanatory framework for human suffering in post-conflict environments, while the resilience of individuals and communities affected by mass violence has not been given equal prominence. Consequently, mental health interventions in post-conflict zones often fail to respond to local realities and are ill equipped to foster local strengths. Drawing primarily from trauma, feminist and structural violence theories, this study strengthens understanding of adult resilience to traumatic exposure by examining the resilience of Quechua women in the aftermath of the political violence in Peru (1980-2000), and their endurance of racially and gender-targeted violence.

The study uses a cross sectional survey to examine the resilience and posttraumatic responses of 151 Quechua women. Participants were recruited from an urban setting and three rural villages in Ayacucho, Peru. The study examines the associations between resilience, past exposure to violence, current life stress and post-trauma related symptoms as well as the individual and community factors associated with the resilience of Quechua women. In doing so, this study makes a unique contribution by simultaneously examining posttraumatic responses and resilience in a post-conflict society, an area with a dearth of research. Results indicate that resilience was

not associated with overall posttraumatic stress related symptoms, but instead higher resilience was associated with lower level of avoidance symptoms and therefore with lesser likelihood of chronic symptoms. Findings also demonstrate that enhanced resilience was associated with women's participation in civic associations, as well as being a returnee of mass displacement. Lower resilience was instead associated with lower levels of education, absence of income generated from a formal employment and the experience of sexual violence during the conflict. These results were triangulated with qualitative findings, which show that work, family, religion, and social participation are enhancing factors of resilience. The study highlights the courage and resilience of Quechua women despite persistent experiences of everyday violence. The importance to situate trauma and resilience within historical processes of oppression and social transformation as well as other implications for social work practice and research are discussed.

Dedication

This thesis is dedicated to my son Sebastian Suarez (1978-2007). His sudden death impacted my life in all possible ways. It also transformed my PhD into a proxis of his interrupted doctoral studies. I am fulfilling my promise to you *querido* Sebas - this thesis also has your name on it. We did it!

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CHAPTER 1: INTRODUCTION

The aftermath of most armed conflicts is characterized by the survivors' search for truth and justice; this search however, is often met with negative reactions from society, such as the denial of the horrors of war and/or blaming the victims for their inability to resist or their complicity in the events. These reactions may lead to what Yael Danieli (1998) calls the "conspiracy of silence" (p.4) – the survivors' belief that nobody cares or understands what happened to them, thus, victims become silent on their experiences. While Danieli's eloquent analysis refers to the Holocaust, a similar process can occur in other obscure episodes of human history.

The episode central to this dissertation is the Peruvian armed conflict, which erupted in the Peruvian highlands from 1980 until mid 1990's, involving the factions of the rebel group, Shining Path (*Sendero Luminoso),* and the Peruvian armed forces. The Peruvian Truth and Reconciliation Commission (CVR) reported that 69,280 people either were killed, or have disappeared because of the conflict; approximately 75% of these victims were young and indigenous - mostly of Andean background - who spoke either Quechua or another native language (CVR, 2003). Mainstream Peruvian society and elites have reacted mainly with disbelief and/or indifference to this "truth" that they did not experience directly (Laplante & Rivero, 2006). This unsupportive reaction contributes to the absence of effective follow-up responses to the recommendations of the CVR, thus interrupting the process of "justice" and most importantly, generating the risk of "conspiracy of silence" amongst the Quechua population.

This dissertation is my initial answer to two questions that have been part of my life for twenty years as a *mestizo* woman part of the Peruvian Diaspora: what should be my role in combating the "conspiracy of silence"? What could I contribute to the neglected and forgotten indigenous population in Peru? My entire academic journey, from Economics to Psychology and Social Work, has provided me with the analytical tools necessary to understand that the extreme poverty of the indigenous groups in Peru is anything but casual. Instead, it is the result of a series of deliberate and carefully crafted processes of discrimination and oppression towards this

population - starting with the European colonization, continuing during the Republic, and reinforced again by the neo-colonial practices inherent in the current globalization process.

Like other oppressed groups, the indigenous groups in Peru have demonstrated remarkable resistance to all these attempts at destruction. There are, nevertheless, critical points in the history of any population that menace the very essence of their existence. For example, the culture of Aboriginal communities in North America was seriously threatened with extinction by the establishment of residential schools last century, which created destructive consequences that are evident today. In Peru, the latest armed conflict targeted indigenous groups - in particular the Quechua population - with extreme violence, and menaced with alterations to their traditional ways of living and relating to each other. Indeed, ethnographer Kimberly Theidon (2004) emphasizes that this war was also an attack on the cultural practices and meaning of life in the indigenous villages. She describes *Sendero* procedures to forbid traditional family and community festivities, as well as religious practices in their attempts to foster a "cultural revolution" amongst these villages.

Similar to other wars, the Peruvian armed conflict exhibits marked gender differences in victimization patterns; while men were the subject of most killings and torture, women were primarily the victims of sexual violence (Leiby, 2009). In addition, women wereoften left in charge of their families and ultimately their whole communities. The resilience that Quechua women displayed in those difficult times – in Quechua: *sasachakuy tiempu* - has been a neglected focus of study, and therefore is not included in social or health policies and programming. Indeed, studies in Ayacucho, the region most affected by the conflict, have mainly focused on the mental health consequences of the violence (Kendall, Matos, & Cabra, 2006; Pedersen, Errazuris & Gamarra, 2008; Snider, 2009) or on the needs of the population to rebuild its social fabric (Bowyer, 2004; Theidon, 2006). While those are important areas of study in post-conflict societies, my practice experience as a clinical social worker, trauma counselor and researcher, have taught me that resilience frequently co-exist with suffering - something that is often ignored. The variations in survival after trauma have been the focus of my interest in research and practice from the time I began my Master in Social Work. It is, therefore, not a surprise, that as the focus of my dissertation, I have selected the resilience of Quechua women in

the aftermath of the Peruvian armed conflict. Most importantly, this study is giving me the opportunity to protest the "conspiracy of silence', to start my own process of "giving back" to my indigenous roots, and to honour the courage of Quechua women.

1.1 RATIONALE AND GOALS OF THE STUDY

In recent decades, the trauma framework has gained prevalence and has served as the primary explanatory framework for human suffering in post-conflict zones (Bracken, 2001; Miller, Kulkarni, & Kushner, 2006); the notion of trauma has also become the guiding agenda for extensive research and interventions with victims and survivors of mass violence. The resilience of populations affected by mass violence, meanwhile, has not been examined nor given equal prominence as their suffering- thus, it remains a largely neglected and under-explored component of post-conflict processes amongst individuals and communities. The prevalent bio-medical model of trauma emphasizes that life-threatening experiences or potentially traumatic events (PTEs) often result in outcomes such as post-traumatic stress disorder (PTSD) or depression. In the context of political violence, the assumption is that unhealed trauma is a major challenge to fostering reconciliation and peace in post-conflict communities; therefore, the effectiveness of interventions are evaluated by their ability to alleviate trauma symptoms commonly attributed to PTSD (Wessels & Monteiro, 2008). Cross-cultural limitations, however, have raised questions and challenged the relevance of the dominant bio-medical trauma framework in Southern[1] contexts (e.g. Breslau, 2004; Pedersen, 2002; Pupavac, 2001; Stein, et al, 2007; Summerfeld, 1999, 2001; Young, 1995). Feminist scholars similarly highlight the need for a renewed trauma paradigm that includes a *gender analysis,* as the current paradigm fails to encapsulate the complexity of women's traumatic experiences in a gender-divided society (Wasco, 2003; Burstow, 2003, 2005).

Research has also shown that in most cases, exposure to trauma resolves over time without any lasting psychopathology, yet trauma and resilience are still not integrated in the dominant trauma

[1] In this dissertation, the use of the terms North and South is equivalent to other similar dichotomies (e.g. western vs. non- western countries and developed vs. under-developed or developing countries). They differentiate between countries in the North Occidental hemisphere or western countries who share similar socio-cultural backgrounds, occidental lifestyles, liberal political systems and high-income levels with countries of the Southern and Eastern hemispheres.

framework, and the contributory factors of resilience are still poorly understood (Bonnnano, et al, 2007). The remarkable survivorship observed in non-western populations affected by protracted wars and other catastrophic traumatic events (e.g. De Jong, 2005;Silove & Ekblad, 2002) calls for reflection on the factors that cultivate this incredible resilience; however, local meanings and practices of mental health and trauma within southern contexts remain highly marginalized from dominant explanatory frameworks of trauma. As Dei and colleagues (2008) indicate, local people and cultures are often viewed as sources of cross-cultural data, rather than producers of knowledge. This study seeks to fill these gaps by examining the resilience of Quechua women in the aftermath of the political violence in Peru, and their endurance of racially and gender-targeted violence. In doing so, the study will use both qualitative and quantitative methods to examine the simultaneous occurrence of resilience and post-traumatic stress of Quechua women. The objectives of this study are:

1. To examine the moderating factors of the resilience of Quechua women
2. To examine the relationship between resilience, post-traumatic stress, exposure to violence during the conflict and current life stressors.
3. To examine the impact of sexual violence on resilience.
4. To examine the impact of internal migration on resilience.

This study is a response to the need for contextualized studies to understand adult resilience to traumatic exposure, incorporating non-western idioms, explaining survival, and allowing for gender-sensitive analysis. By knowing the protective factors of this survival, the resilience of those in need may be fostered. While the potential contribution of this dissertation is to inform the development of responsive social policies and programs directed to the Quechua population in Peru, its findings are also relevant to social work practice and policy in other post-conflict societies and nations receiving refugees and immigrants from war zones.

1.2 STRUCTURE OF THE DISSERTATION

The primary objective of this dissertation is to broaden the scope of understanding in regards to the role of resilience in post conflict populations. Most mental health research in post-conflict

has either focused on outcomes based on post trauma-related symptoms (e.g. Ahearn & Noble, 2004; Morina, & Ford, 2009; Pham, et al 2004; Silove & Enklad, 2002) or has conducted qualitative and/or theoretical analyses of other aspects of post-conflict processes (e.g. Abramovitz, 2005; Ager, Strang & Abebe, 2005; Bracken, Giller, & Summerfield, 1995; Kienzler, 2008). This researcher was unable to find any investigation that has focused simultaneously on outcomes of resilience and post-trauma symptoms in a war-affected civil population. This dissertation critically analyzes existing frameworks derived from the literature review on trauma, and aims to fill in the gaps with respect to the role of resilience in trauma and the importance of incorporating global knowledge in the contemporary discourse of trauma.

To achieve those goals, this dissertation is organized in eight interrelated chapters:

Chapter 1 provides an introduction and outlines the objectives and scope of the dissertation.
Chapter 2 examines the historical, theoretical and empirical literature on trauma, as well as alternative frameworks to the trauma-dominant paradigm. By building on trauma, feminist and structural violence theories, this chapter synthesizes and finds common ground on the critiques to the current trauma paradigm. This chapter concludes by offering new theoretical tenets, whereby resilience and multiple local contexts could be better incorporated into the trauma discourse and practice.
Chapter 3 conceptualizes trauma and resilience in the context of mass trauma and political violence. This chapter also examines gender-based violence in the context of war. The guiding conceptual model of this study for understanding the impact of exposure to violence and current life stress on post-trauma stress and resilience in post-conflict, as well as the moderating factors of resilience is presented at the end of this chapter.
Chapter 4 provides the socio-historical background for the study by describing the antecedents of the Peruvian armed conflict and the experiences of the Quechua population during both, the conflict and post-conflict stages.
Chapter 5 describes the research methodology, which includes the study design, research questions, cultural validation of instruments, data collection and data analysis.
Chapter 6 presents the overall results from data analysis and answers to the research questions.

Chapter 7 presents the discussion of the study findings as applicable to the Quechua women in Ayacucho and in a global context**.** The implications for social work practice and policy, as well as for future interdisciplinary research are discussed. This chapter also offers the final reflections of the researcher about her identity as part of the Peruvian Diaspora, the dispute in the trauma field between "glocalizing[2]" or "neo-colonizing", and the process of situating resilience within local movements of social transformation.

[2] By definition, the term "glocal" refers to the individual, group, division, unit, organisation, and community which is willing and able to "think globally and act locally." Glocalization also presents a potential response meant to offer protection against the more negative effects of globalization. In the context of social welfare, Hong and Song (2010) examine that given the rapidly expanding harmful effects of globalization upon society as a whole, the glocalization of social work may present a powerful and necessary approach to containing or cutting down on these struggles.

CHAPTER 2: REVIEW OF LITERATURE ON TRAUMATIC STRESS

For the past three decades, traumatic stress has been at the forefront of academic interest, research and debate in a variety of fields, such as psychiatry, psychology, public health and peace building, as well as among the lay public. The quest to identify common responses to different traumatic experiences - such as armed combat, sexual abuse, and natural disasters - has also stimulated a renewed interest in the diagnosis of Post Traumatic Stress Disorder (PTSD) locally and globally. Although PTSD is only one of the identifiable responses to trauma, it has become the focus of trauma research, writing, and clinical interventions (Kirmayer, Lemelson & Barad 2007). Local meanings and practices of trauma from non-Western contexts are still highly marginalized from dominant explanatory frameworks of traumatic stress.

Interest in PTSD emerged in 1980 when the diagnosis was included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III). PTSD is categorized in the DSM IV-TR[3] as an anxiety disorder, where its main characteristics are intrusive, avoidance, and hyper-arousal symptoms as a response to traumatic stress. It may be acute (i.e. lasting for less than three months) or chronic (i.e. lasting longer periods, even years), and it usually presents as a comorbid condition with other DSM Axis I disorders such as depression (APA, 2000). One consequence of the popularity of PTSD has been the exportation and inclusion of PTSD in international humanitarian programmes used in post-conflict or post-disaster contexts (Pedersen 2002). Similarly, there has been an increased use of PTSD tools (i.e., diagnosis and interventions) in the international standards of psychiatric care worldwide (Laungani, 2002).

The unquestioned use of PTSD as a diagnostic category worldwide, however, presents the risk of pathologizing and/or oversimplifying human responses to traumatic events if it does not consider the social context that encompasses those experiences and responses (Bracken, 2001; Summerfield, 2005). Indeed, disparities in the prevalence of PTSD have been documented, often indicating lower incidences in non-Western (than in Western) countries (Beckham et al 1997; Silove & Ekblad 2002). These differences remain under-researched, and have not been

[3] This dissertation uses only the DSM definition of PTSD without reference to the International Classification of Disorders (ICD) definition of post -traumatic disorder which is otherwise congruent in the most part with the DSM diagnostic criteria.

empirically confirmed nor contrasted amongst case studies. The question arises: why do these differences exist (Olff, 2005)? In efforts to answer this query, academics and practitioners have been split on two sides of the debate. One side of the debate has questioned the universal application of PTSD, highlighting the cross-cultural variations in the meaning of 'trauma' (e.g. Bracken, 2001; Laungani 2002); the other side of the debate has focused on the cross-cultural variations in survival strategies in the aftermath of traumatic events (e.g. Rousseau et al 2003). Conceptualizing and understanding trauma from a hegemonic view - while disregarding the experiences of traditionally 'marginalized' segments of society, in both Southern and Northern contexts - is deeply troubling for the trauma field.

The purpose of this chapter is to synthesize the debates on the current trauma paradigm, in order to move beyond critiques and offer new theoretical tenets. Central to this analysis are the following questions:

1. How did the trauma response model focused on PTSD become the dominant framework of traumatic stress worldwide?
2. What are the strengths and limitations of PTSD and the current dominant trauma paradigm?
3. What are the alternative explanatory models of trauma?
4. What would be the foundation tenets of a revised theoretical framework?

To answer these questions, this chapter is divided into five sections: the first section examines how the trauma paradigm has shifted throughout the years, the historical evolution of PTSD and the social construction of the current trauma paradigm. The second section reviews the theories that guide the analysis of this dissertation. The third section presents an empirical review of PTSD applications as leading diagnostic tools of traumatic stress. The fourth section examines and synthesizes the interdisciplinary critiques and alternative frameworks of the dominant trauma paradigm. Finally, based on the review and analyses from the preceding sections, the fifth section identifies key tenets for a new conceptualization of trauma and argues for the necessary inclusion of global and local knowledge in the praxis and theory of trauma.

2.1 HISTORICAL DEVELOPMENT OF CURRENT TRAUMA PARADIGM

Prior to the 1970's, individuals that experienced terrifying events and suffered from subsequent long-term mental health distress were considered to have a predisposition to a mental disorder. With the development of PTSD, however, the causation of distress was transferred to the traumatic event rather than the individual (Jones & Wessely, 2007). The following section examines the historical evolution of PTSD and analyzes the social construction of the dominant trauma framework; in doing so, it will explore how the trauma paradigm has shifted throughout the years. To do this, this section will revolve around the following questions: a) how has PTSD evolved from being a natural response to combat trauma, to a complex psychiatric disorder that is being applied to various unrelated events? b) How is a syndrome that was initially based on the trauma responses of the North American military is now applied worldwide?

There is a general consensus among most trauma historians that the first reference of "trauma" and/or "nervous shock" was used in 1866 by British physician John Erichsen (Young, 1995), while describing the psychological sequel of people who experienced railway accidents. Other scientists, such as Jean Charcot, Pierre Janet, Joseph Breuer, and Sigmund Freud - whose studies formed the foundation of the trauma field - sustained the interest on "traumatic neurosis"; in particular, their work emphasized the aggravating surprise factor of unexpected frightening events, the role of repressed memories on the healing of "neurosis", and lastly, the gains that traumatized individuals may obtain when diagnosed with the illness (Jones & Wessely, 2007).

PTSD first appeared in the DSM-III (APA, 1980) to describe related terms, such as "post-Vietnam syndrome" or "delayed-stress syndrome" that were used to differentiate the delayed nature of the syndrome from acute reactions that characterized previous constructs (Jones and Wisely 2007). Table 1 summarizes the historical development of the trauma syndromes and PTSD criteria.

Table 1: Historical evolution of trauma-related syndromes (Jones & Wissely, 2007; Wilson, 1997)

Year/period	Trauma syndromes	Etiological criteria
1866-1914	"nervous shock" "traumatic neurosis"	Predisposition to mental disorder precipitated by frightening events stored in repressed memories
1914-1945	"shell shock" "war neurosis" "exhaustion"	Predisposing individual conditions precipitated by exposure to combat
1952 DSM I	" gross stress reaction"	Vulnerability factors and exposure to combat or other extraordinary stressor
1966 DSM II	"adjustment disorder"	Vulnerability and fear to death, unwanted pregnancy , combat exposure as precipitating events
1974 (Burgess & Holmstrom, 1974)	"rape trauma"	Recognize commonalities of symptoms presented by rape victims and war veterans
1980 DSM III	"Post Traumatic Stress Disorder" (PTSD, Axis I Anxiety Disorder)	Requires the *existence of a* *recognizable stressor that would evoke distress in almost everyone*
1987 DSM III-R	PTSD	Traumatic stressor should b*e* *outside the range of usual human experience* and would be markedly distressing to *everyone*
1998 DSM IV	PTSD	Traumatic event involves *actual or threatened death or serious injury, or a threat to the physical integrity of self or other(i.e. events not outside the range of usual experiences)*
2000 DSM IV-TR	PTSD	Include *"not unusual events"* e.g. learning about a serious accident experienced by a family member or close friend
2005-2007 (De Jong, et al, 2005) (van der Kolk, 2007) Proposed for DSM V	"Disorder of Extreme Stress not Otherwise Specified" (DESNOS) "Developmental Trauma Disorder"	Long term exposure to traumatic stress, mainly produced by man-made disasters, wars (DESNOS) or child sexual, physical abuse

Trauma syndromes before PTSD were considered transient, with good prognosis, and caused by individual predispositions. The PTSD diagnosis criteria include a necessary recognizable stressor - the key distinction between PTSD and the etiology of most psychiatric disorders. Indeed, PTSD

criteria include the external causality of the disorder, rather than individual biological or psychological factors (Stein, Seedat, Iversen and Wessely, 2007). The new diagnosis of PTSD shifted the attention and responsibility from the person of the soldier - i.e. Vietnam veterans - to the nature of the war, and validated the "victim" role of the veterans, granting them a disability pension (Summerfield 2001). These factors and the strong pressure of the anti-war movement made PTSD a politically driven diagnosis, which quickly entered the psychiatric annals even before there was enough epidemiological research to support its development.

The women's rights movement was also influential in expanding the PTSD criteria to events not classified as "outside of the range of usual human experience" in the DSM IV (1998). The latter made it possible to include everyday violence against women and events such as wife abuse, child sexual abuse, etc (Burstow, 2005). The last DSM-IV-TR further expanded the criteria of potentially traumatic events to include "not unusual events". Although broadening the criteria of PTSD has made it easier to diagnose PTSD symptoms, it also has increased the over-use and misdiagnosis of PTSD (Konner, 2007). In addition, the predictive validity of PTSD symptoms has been questioned - for instance, in a large sample (N= 832) from the UK adult general population, Mol and colleagues (2005) found that PTSD scores were similarly high for individuals affected either by life events (e.g. burglary, relational problems) or by traumatic events (physical or sexual abuse, accidents, sudden death of loved one, war). In the context of these findings, it is not surprising that PTSD is considered a questionable diagnosis.

Other factors have also contributed to the growing application of PTSD and the trauma response model. First, the emphasis on trauma has generated large amounts of scientific research in past decades, which demonstrate that PTSD is indeed characterized by specific psychobiological changes that differ from normative stress responses (Stein et al 2007) - confirming that PTSD does in fact "exist" (Konner, 2007); the scientific support to PTSD has also generated interdisciplinary acceptance of the diagnosis. Second, the trauma framework of PTSD has also gained popularity because it is reflective of social values and practices in Westernized societies. For example, the focus on an individual-event dyad rather than on a group-individual dyad is consistent with the core individualistic values practiced in modern and post-modern Western societies (Bracken, 2001). PTSD has indeed become one of the most fashionable and "likeable"

diagnoses in Western countries (Bracken, 2001)[4]. In turn, standardized responses to trauma have also diverted attention from preventive measures and non-medical interventions (Stein, et al, 2007), and from identifying individuals and/or societies responsible for violence that can cause traumatic stress, e.g., perpetrators of rape, wars (Summerfield, 2001).

As suggested by Hacking's (1998) analysis, the PTSD discourse and framework has also "traveled"[5] extensively around the world and is widely used in humanitarian interventions. Despite the overall good intention of these interventions, critics indicate that they run the risk of harming victims if there is not knowledge or assessment of the socio-cultural context of the event (Pupavac 2001). The recent critiques of PTSD have fostered the development of new models to understand trauma - for example, integrative models of biological, cultural and social components of traumatic stress (Kirmayer et al 2007). New diagnoses have been also proposed to explain long-term exposure to traumatic stress as indicated in Table 1, yet local meanings of distress and healing from Southern populations are rarely included within those new trauma models. Moreover, the perspectives of marginalized populations within Northern countries (e.g. Aboriginals, ethno- racial minorities) are also excluded in these conceptualizations of traumatic stress.

The development of PTSD demonstrates the interlinkages of medical and socio-political movements and discourses. PTSD went from being a specific combat-related psychopathology, to a diagnostic condition related to a range of traumatic experiences among civilian populations. Extensive research in the psychobiology of traumatic stress, has contributed to a questionable over-generalization of traumatic experiences that may have similar physical and psychological symptoms, but are contextually different (Kirmayer et al, 2007). While I recognize that PTSD, in fact, "exists" (Konner, 2007; Shalev 2007; Yehuda, 2002) and offers essential benefits to a number of traumatized individuals, in the advent of the forthcoming DSM-V, I also consider the responsibility of trauma researchers and practitioners to acknowledge and challenge the social construction of syndromes as PTSD. This is particularly important as they can marginalize the

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[4] One example of the cultural impact of PTSD is what Satel and Sommers (2005, p. 48) refer to as the "trauma industry" or the extended number of trauma services, experts and online treatments that are available.
[5] Hacking, a philosopher of science and author of " Mad travelers" (1998) has indicated that to develop a professional niche, psychiatry has taken elements of human responses to suffering that were originally found in socio-cultural activities and made them accessible only through highly privileged technical understanding.

experiences of the majority of people exposed to violence and other traumatic events. The following sections of this chapter aim to provide support to this conclusion.

2.2 THEORETICAL FRAMEWORKS OF TRAUMATIC STRESS

Trauma is a concept borrowed from the medicine field, which refers to a physical wound that is healed through the capacity of the body. In the context of psychological wounds, trauma is defined as "a state of physical and/or emotional shock, which may be a result of real, anticipated, imagined or forgotten experiences, or encounters. Trauma may occur at an individual level, a group level, and a cultural level" (Laungani, 2002, p.41). Individuals or groups exposed to traumatic events generally demonstrate some form of *stress*, which is why it is often referred to as *traumatic stress*[6]. Traumatic stress, however, does not necessarily lead to PTSD or other mental disorders; in fact, the majority of cases resolve themselves over time and do not create any lasting psychopathology (Breslau, 2004; Kessler, et al, 1995; Tucker, 2002). Given the important role of adaptive responses to traumatic stress, it is important to examine the association of *resilience* or survivorship with traumatic experiences. As such, resilience is defined here as an interactional process of survival, which includes a mixture of individual survival characteristics and the environment (Ungar, 2008).

Having established these key operational definitions, the next step is to identify the theoretical perspectives that inform the following analysis. In this context, the guiding principle of this dissertation is Alford's notion that "mixtures of paradigms maximize validity of the claims for an argument" (Alford, 1998, p. 32). As such, a multi-dimensional framework of analysis will be used to examine the PTSD as the dominant component of the trauma paradigm. This framework draws upon contemporary trauma theory, critical social theory and structural violence theory.

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[6] Trauma and stress are often presented as overlapping constructs; however, while "trauma" is a concept borrowed from medicine, "stress" has its contemporary roots in psychological research (Suedfeld, 2005). The term "stress" dates back to the 15th century. However, it was not until the 17th century that the term acquired technical significance (Lazarus, 1993). Stress is defined here as the relationship between an individual and his or her environment when it is evaluated by the individual as exceeding his or her resources and endangering his or her well-being (Lever, 2008). Thus, the concept of stress represents a different historical development than the concept of trauma and follows distinctive though related pathways.

Trauma theory is a concept used in literature to describe the multiple concepts related to trauma and traumatic stress, such as responses and interventions to trauma (Kirmayer, et al, 2007). Throughout past decades, trauma theory has moved from an analogy of physical wounds towards different models of physiological and psychological processes (Kirmayer, et al, 2007). In general, these models share a bio-medical conceptualization of traumatic stress, whereby the presence of certain symptoms or behaviours provide evidence of a disorder. Treatments for disorders such as PTSD include specific pharmacological and/or therapeutic approaches. Although trauma practitioners come from multiple disciplines, contributors to trauma theory have mainly come from a psychiatry, neuroscience, and psychology perspectives.

Over the past two decades, the contributions of neuroscience research to trauma theory have been not only abundant, but also instrumental to the development of the current trauma paradigm. First, those contributions have demonstrated that the psychobiological processes of PTSD are in fact dissimilar than Seyle's "normative stress response" (Seyle, 1976), and instead appear as a progressive sensitization of biological systems that create a hypersensitivity to different stimuli (Yehuda & McFarlane, 1995). The latter validates, to some extent, the existence of PTSD as a recognizable diagnosis that differs from normative stress responses. Despite this, several questions remain around the cause, duration and most importantly, the socio-cultural meaning of these responses, which may change in different contexts. Second, neuroscience research on the neurobiological processes of traumatic stress has resulted in an increasing use and endorsement of pharmacological treatments of PTSD. Indeed, Harpaz-Rotem, et al (2008) study found that 60% of American patients who were diagnosed with PTSD and privately insured received psychotropic medications. These authors also indicated that the use of medication associated with PTSD is more frequent than it is with other psychiatric diagnoses.

The findings of magnetic resonance imaging studies on the neurobiology of PTSD can be summarized as noradrenergic changes, neuro-endocrine changes and changes in the size and function of the hippocampus (Pedersen, 2002), though the overall findings in this area are still equivocal.. The noradrenergic system plays a key role in stress - it releases norepinephrine which prepares the individual for the "fight" and "flight" by focusing the attention, elevating the level of fear, and fastening the heart rate and blood pressure among other factors (Bremner, 2007).

However, excessive release of norepinephrine, as seen in PTSD, increases sympathetic responses to traumatic reminders, and reduces cognition and attention. Persons with a PTSD diagnosis also show lower levels of the stress hormone cortisol than survivors of trauma without a PTSD diagnosis (Brenner, 2007). As cortisol regulates the activation of neuronal defensive reactions initiated by stress, low levels of cortisol hinder its mediating role as terminator of the stress response (Yehuda, 2002). Therefore, in combination with other factors, low levels of cortisol and an elevated release of norepinephrine appear to contribute to a progressive sensitization of biological systems that create the hypersensitivity to varied stimuli typical of PTSD (Yehuda, 2002). These responses appear to also be partially responsible for changes in size and function of the hippocampus that seems to be another important feature of chronic PTSD (Villareal, et al, 2002). Several studies has shown that failure of the hippocampal activation on individuals diagnosed with PTSD impair diverse aspects of memory and visuospatial processes and increase experiences of dissociation and flashbacks (Bremner, 2007). However, further research is needed to clarify if those neurobiological alterations such as low cortisol level, have been present in the person before the trauma exposure, are markers of a genetic predisposition, or develop because of reasons still unknown (Shalev, 2007; Yehuda, 2002).

In summary, for individuals diagnosed with PTSD, traumatic stress produces distinct neuro-chemical changes and hormonal alterations that activate series of physiological stress-related responses (Yehuda, 2002). As such, these stress-response processes appear to be susceptible in certain extent to changes by medication. For example, Winter and Irle (2004) found that longer administration of analgesic/sedative (NMDA antagonists) treatment to traumatized burn patients was related with larger hippocampal volume, which ameliorate cognitive and visual impairments due to PTSD (Brenner, 2007). Similarly, Stein and colleagues (2009) have found that the SSRI Venlafaxine™ improved an array of PTSD symptoms (e.g. irritability, physiological reactivity), but showed no difference from placebo for other symptoms (such as avoidance, sleep difficulties and nightmares). Thus, the effectiveness of medication treatments for PTSD is yet to be confirmed by research that examine symptom-specific responses to medication in clinical - as well as in community - samples (Harpaz-Rotem, et al, 2008).

Neuroscience and cognitive research have also been instrumental in supporting the importance of "traumatic memory", which is a distinctive clinical feature of PTSD. Indeed, Kirmayer et al (2007) indicates, "the dynamics of memory and of attributional processes are crucial for the diagnosis of PTSD because the criteria require that the person remember and attribute his or her symptoms to the traumatic event" (p. 7). Therefore, the illness-related process seems to be simple: traumatic experiences lead to traumatic memories, often unavoidable, which in turn may lead to the development of PTSD (Herman, 1992; van der Kolk, 1994). Trauma theorists and researchers indicate that the distressing effects which result from traumatic memories can be modified by psychotherapeutic techniques (e.g. Herman, 1992; Hull, 2002; Kubany, Hill, & Owens, 2003; Lee, et al, 2003; Paunovic & Ost, 2001), however, Hull's (2002) systematic review of neuroimaging findings in PTSD indicated that interpersonal therapies might not have access to all traumatic memories. Hull identifies studies that show an increased activation of the amygdala after symptom stimuli, and decreased activity of the Broca area at the same time - the former may have an effect on emotional memory, while the latter may explain the difficulty of persons diagnosed with PTSD to label their experiences (Hull, 2002). Hull pointed to the implications of these studies for PTSD treatments; in fact, these findings may explain why some traumatic memories are "unspeakable", and the relative success of exposure and sensory based treatments that do not rely on semantic language compared with "talking therapies"(Hull, 2002).

The notion of traumatic memory as a potential source of both distress and healing, has generated heated controversies. The main source of contention revolves around the usefulness, if any, of retrieving and healing traumatic memories - especially in complex traumatic experiences, or when using alternative healing approaches in cross-cultural contexts related to "forgetting". For example, Elsaas (2001) found in a Peruvian community in the Andes highlands, that "forgetting" the traumatic events which happened during a past armed conflict was often the mechanism used for traumatized individuals to recover, and to facilitate reincorporation into the community of former combatants from opposite sides.

Another major controversy in current trauma theory is over the assumption that PTSD is a universal human phenomenon applicable to traumatic experiences worldwide, which has generated strong arguments from both supporters and opponents. On one side, supporters of the

universality of PTSD (e.g. De Jong, 2005; Olff, et al, 2005; Ruchkin, et al, 2005; Marsella, Friedman, Gerrity, & Scurfield, 1996) argue that PTSD symptoms are not culture bound, and that the consequences of trauma follow similar dynamics cross-culturally. Opponents (e.g. Bracken, 2001; Breslau, 2004; Caple, 2004; Kagee, 2004; Stein, et al, 2007; Summerfield, 2001, 2005; Young, 1995), on the other hand, state that the experience of trauma is subjective and varies considerably across time, culture and space, and that not all psychological distress after trauma should be called PTSD. Some scholars have also attempted to resolve this disjuncture by harmonizing different perspectives of individual and collective trauma (e.g. Abramovitz, 2005, Kienzler, 2008). In response to this, new dimensional approaches to trauma are being developed, which integrate the biological, cultural and clinical dimensions of trauma in the explanatory framework of trauma (e.g. Kirmayer, et al, 2007). Indeed, international research has shown a recent emphasis on psychosocial interventions – rather than psychotherapeutic - in war torn zones, such as, the Guinean Languette (Abramovitz, 2005), Cambodia (Hinton, 2007); and Palestine (Shalboub- Kevorkian, 2008).

Although trauma theory has made significant contributions to understand the physiological and psychosocial survival processes after traumatic stress, there are important limitations. The main limitation I will explore is the inadequate presence or absence, in some circumstances, of contextualized analyses of traumatic stress. As previously noted, trauma theory does not address the fact that traumatic stress and its effects are not equally distributed amongst populations (Kirmayer et al, 2007; Pedersen, 2002). The rationale for the previous statement is simple: the definition of a “potentially traumatic event” (PTE) in the PTSD criteria is specific to life threatening events (APA, 2000), and life threatening violence occurs more often in environments such poverty-stricken neighborhoods or cities; therefore, life threatening events or PTE’s also occur more often in such contexts. For example, Breslau and colleagues (2003) found that inner city youth in the US have higher lifetime rates of assault occurrences than do youth in middle-income neighborhoods. Moreover, this unbalanced distribution of violence becomes more evident when observing non-Western populations (Kleinman & Dejarlais, 1995; Shalboub-Kevorkian, 2008). Indeed, an analysis of armed conflicts between 1980 and 2005 in 146 countries from both Western and non-Western hemispheres, confirmed that poverty income and poor health and nutrition were significantly associated with the onset of armed conflicts

(Pinstrup-Andersen & Shimokawa, 2008). Therefore, population inequalities within states appear to produce unequal rates of intra-state violence, which potentially increased the occurrence of PTEs for the populations of these states. Studies conducted within the Western context have also indicated that trauma can occur more often, simply by belonging to certain minorities and/or disadvantaged groups, such as low-income women (Vogel& Marshall, 2001), Aboriginals (Duran & Duran, 1998) or Blacks and other ethno racial minorities in North America (Neria et al, 2008). Indeed, racism and discrimination have been indicated as risk factors of race-based traumatic stress (e.g. Carter, 2007; Chen, et al, 2007). The unbalanced distribution of traumatic events and its aftermath indicate that most traumatic events are not random, but rather a targeted occurrence. Most of the trauma literature, however, has failed to recognize this.

Psychosocial frameworks are more inclusive of the social context of trauma including structural inequalities (e.g. Saul & Bava, 2008), yet fail to examine the historical social relations of race, class, and gender that influence the particular context where the traumatic experience and recovery process occur. As Bennett (2007) indicates, "before we can deal effectively with [the] environment, it is imperative to recognize race, class, and culture as factors in creating it" (p. 531). As such, I argue that a main limitation to trauma theory - which is highly influenced by bio-medical research - has been its failure to consider or include historical and socio-political contexts in the explanation of traumatic stress.

Critical social theory is used to address some of the limitations of trauma theory mentioned above, and to "examine the patterns and meanings enacted within and among people in specific social locations at specific points in history that express particular relations of culture, power and identity" (Keenan, 2004, p. 540). Critical theory goes beyond analyzing socio-cultural categories, to localizing the sources of domination and inequality in current social structures and practices (Mullaly, 2006). Critical theories consider that all social arrangements have a political and economical foundation, which implies that health sciences in fact examine the suffering or pain resulting from social factors, such as class, gender and race (Pedersen 2002, p. 186). In the context of trauma, this explicitly considers the socio-economic context in which individual suffering and the resulting distress have been produced.

Furthermore, critical theorists argue that the medicalization of individual and collective suffering, and the imposition of "trauma services" in humanitarian crisis often do not consider the relationships between the social determinants of health and possible health outcomes (Pedersen, 2002). In addition, critical health scientists (Summerfield, 2005) have linked the extensive - but questionable - application of PTSD and the trauma paradigm in humanitarian disasters to practices of neo-colonialism. Pupavac (2001) argues that international psychosocial interventions based on the PTSD model work under a generalized assumption of vulnerability, and in fact appear to jeopardize local coping strategies.

From the broad spectrum of critical theories, I am particularly interested in *feminist theory,* which questions the standard assumptions of trauma theory from a gender-sensitive perspective. Feminist theorists argue that dominant trauma response models do not consider or include the complexity of women's traumatic experiences in a gender-divided society (Wasco, 2003, Burstow, 2003). Feminist contributions to the trauma field have been abundant and transformative. Some examples are: the inclusion of traumatized groups not considered in the original diagnostic of PTSD, such as survivors of women abuse, childhood sexual abuse (Herman 1992)' the reframing of key concepts such as "symptoms" as "coping skills" (Burstow, 2005), and highlighting the disproportionate gendered violence in individual and mass trauma, such as rape in the context of peace and war (Logan, 2006, Wasco, 2003).

Of particular importance is the development of the construct of "intersectionality", an analytical tool for theorizing identity and oppression which stemmed from the third wave of feminist scholars (Mann & Huffman, 2005; Nash, 2008). Intersectionality theory shares common grounds with post-modernism and post-structuralism by embracing the view that knowledge is socially constructed and situated (Mann & Huffman, 2005). It is defined as the "notion that subjectivity is constituted by mutually reinforcing vectors of race, gender, class and sexuality" (Nash, 2008, p. 89). There are two features of intersectionality that are particularly important to trauma theory: a) the multi-directional intersection of race and gender, especially the variations among race and gender; and b) its focus on the exclusion of multiple marginalized persons/groups and the consequences of this for theory and practice (Nash, 2008).

It has been suggested that intersectionality goes above the subjectivity and experiences of oppression of all women to a theoretical and political focus on multi-oppressed and marginalized subjects (Nash, 2008). In the context of trauma, the latter is especially relevant due to the universal assumptions of trauma theory that marginalize the experiences of genderized and racialized groups. Indeed, feminist theory has questioned the normative assumption of the PTSD model, which presumes that the world is a safe place unless you are exposed to a traumatic event. Burstow (2005) argues that white, male, middle class, heterosexual, mainstream individuals are most likely to be safe in this world, while marginalized populations living in poverty and exposed to racism, homophobia and other forms of oppression have different experiences. The PTSD model also assumes that the worldview of a person suffering from PTSD is inaccurate and distorted, as it differs from the norm. Feminist theorists, however, indicate that the distrustful and depressive worldview embraced by victims of child sexual abuse, women abuse, and war, may in fact be truly reflective of their realities.

Similar to the concept of intersectionality, my goal is to recognize and include the experiences, and meanings of marginalized groups in a revised explanatory framework of traumatic stress. Tenets of intersectionality are also useful in analysing the history of PTSD and the current trauma paradigm. One of the limitations of using intersectionality as a research paradigm is that there is no rigorous methodology to study the complexity of multiple subjective locations; it is assumed that a researcher using this theoretical framework would be flexible, and chose methods that were most appropriate in the context.

Although critical theory - especially feminist theory - provides important critiques of the trauma paradigm, it has also some limitations. In particular, critical theory does not consider the social processes that justify and encourage violence at individual and collective levels, which are central to trauma. Structural violence theory, however, is better equipped for accounting for these differences. *Structural violence* theory explains the role of social arrangements that expose certain individuals or groups to harmful conditions, including extreme health disadvantages (Farmer, Nizeye, Stulac, & Keshavjee, 2006). These arrangements are considered “structural” because they are embedded in the social, political and economic organization of society, and are classified as “violent” because they cause harm to people (Farmer, et al ,2006). Structural

violence explains how society tolerates and justifies expressions of oppression and violence, in order to legitimate its prevalent occurrence (Farmer, 2003).

John Galtung formulated structural violence theory in 1969 by making a distinction between the different causes of violence. For example, there is "direct" violence (e.g. a bar brawl or an international war) and there is "structural" violence, which results from unequal access to resources and consequently power and life opportunities. The resources considered by Galtung are not only material (e.g. shelter, food, clothes), but also non-material (e.g. education, health care, and peace), which are all necessary for individuals to achieve their full potential. Inspired by liberational theologians of the 1960s, Galtung develop this theory, which is closely related to the social justice theory that substantiates the forms of oppression. Furthermore, Galtung (1990) explained that it is not the unequal distribution of resources, but rather the unequal distribution of power to decide about the distribution of resources, which influences structural violence.

In 1990, Galtung amplified his categories of violence to include cultural violence, or "those aspects of culture …that can be used to justify or legitimize direct or structural violence" (p.291). Indeed, cultural violence can be intended or unintended, and it can be present in all areas of social life such as religion, law, science, etc. (Confortini, 2006). The increased attention to the political context of trauma worldwide (e.g. Pedersen 2002, Summerfield, 2002) creates a direct link between the role of structural violence on trauma and post-traumatic experiences. Moreover, a feminist framework, as previously explored, is also complementary to a structural violence theory, since it also focuses on unequal power relations and structures within society. As Confortini (2006) indicates, "Galtung's theory of violence offers theorists and practitioners … a framework within which violence against women can be seen in the larger context of societal violence" (p.356). Structural violence theory, therefore, illuminates the analysis of how and why certain groups are more likely to be exposed to everyday violence, and consequently, to potentially traumatic events. One of the major limitations of the trauma paradigm is the failure to consider and analyze structural factors that influence trauma experiences and recovery processes. Structural violence theory is particularly useful, as it helps to contextualize the environment of traumatic events and resilience.

In summary, the complexity of trauma makes a multi-faceted framework of analysis necessary, however I find that the theories examined have limitations, making them complementary rather than exclusionary. Trauma theory explains the psychological and physiological processes of traumatic stress, but fails to contextualize the experience and environment where these processes take place. Critical theory contextualizes trauma within the historical arrangements of social factors such as race, class, and gender, but does not explain sufficiently the social arrangements that legitimize violence - a key concern in regards to trauma. Structural violence theory explains the socio-political context of how societal norms made some groups more vulnerable to violence, and as a result, to traumatic stress. This theory can be complemented by other critical theories, such as feminist theory, which adds a gender perspective to this structural view of violence. Indeed, gender and violence are particularly embedded in the construction of power within society. The knowledge and experiences of marginalized populations from Western and non-Western contexts, however, are not being incorporated in these explanatory theories of trauma. To address this, I will suggest the foundation tenets of a theoretical framework that allow for the inclusiveness of local meanings and practices of trauma and resilience, as well as Western contributions that fall outside the dominant trauma paradigm.

2.3 EMPIRICAL REVIEW OF PTSD DIAGNOSTIC CRITERIA

To develop the foundation of an alternative trauma framework that is based on synergies rather than diverging views, it is necessary to further examine the limitations and strengths of the current dominant trauma framework. This section therefore, presents an empirical review of the applications of PTSD. The review will integrate the core theoretical frameworks examined in the previous section in its analysis of trauma research. The PTSD diagnostic criteria[7] provides the thematic structure of this review, dividing it into three sections: the first section examines the meaning of trauma and characteristics of the traumatic event, the second section examines the symptomatic responses to trauma according to PTSD criteria, and the last section analyzes the predictive value of pre- and post-trauma factors.

[7] The PTSD criteria describes: a) what is considered a traumatic event (Criterion A1); b) how people respond to this event (Criterion A2); c) what are the common symptoms or expressions of traumatic stress (Criterion B, C and D); d) how long this response should last in order to be consider a "disorder" (Criterion E); and lastly e) what is the impact on the person functioning (Criterion F) (APA, 2000)

2.3.1 DEFINING AND ASSESSING TRAUMA AND TRAUMATIC EVENTS

This section examines the challenges in defining and measuring trauma as identified in Criterion A of PTSD. The original Criterion A in the DSM-III defined the nature of the traumatic events that would qualify as a Potential Traumatic Experience (PTE). This changed with the DSM-IV (1998) which created a two-part definition of a traumatic event. Criterion A1, which describes a PTE as the exposure to an event in which "the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" . And Criterion A2 which describes the expected distress response to the event as "intense fear, helplessness, or horror"; there is a disclaimer that children may express Criterion A2 by disorganized or agitated behaviour (APA, 1998). The DSM IV also provides an extensive list of PTE that range from violent assaults, accidents and war, to the sudden death of a family member or a close friend. The Criterion A remained unaltered on the DSM IV TR (2000).[8]

It has been indicated that the current Criterion A1 made the diagnosis highly subjective as a person does not need to be exposed to life threatening traumatic events or to be in physical danger to have the diagnosis, which has practical implications for cases of malingering (Hall & Hall, 2007). Moreover, although the nature and severity of the traumatic event is recognized as an important risk factor for PTSD (Brewin et al 2000; Ozer et al, 2008; Shalev, 2007), the measurement of trauma exposure (Criterion A1) is an inconclusive and under-explored area, compared to the considerable progress made in measuring PTSD symptoms. Indeed, Weathers and Keane (2007) argue that trauma measurements are often developed without paying attention to the required standard psychometric properties - in particular, to content validity. However, the authors also mentioned the Traumatic Life Events Questionnaire (Kubany et al, 2002), the Life Stressor Check –List Revised (Wolfe & Kimerling, 1997), and the Evaluation of Lifetime Stressors (Krinsley, Gallagher, Weathers, Kutter, & Kaloupek, 2003), as some examples of psychometrically sound instruments.

[8] A recent survey reported that the most common forms of traumatic events in Canada are the unexpected death of a loved one, sexual assault and witnessing someone badly injured or killed (Van Ameringen, et al, 2008).

Furthermore, the difficulties in developing trauma measurements are influenced by two main factors: first, the distinctive characteristics of different types of trauma (e.g. war, sexual assault, accidents, etc), and second, the different goals of measuring trauma (e.g. screening or assessment). These separate, distinct and contradictory categories have made it challenging to develop an instrument that can serve all purposes (Weathers & Kane, 2007). The construction of carefully validated measurements, which consider all these variations, will allow for comparability amongst studies and enhance the construct validity of the diagnosis.

Scholars have also questioned the utility of Criterion A2 – responding with fear, helplessness and horror - because of the difficulty and ambiguity in self-reporting trauma responses. Moreover, the selective and narrow range of emotions which classify PTSD have also been criticized (Bedard-Gilligan & Zoellner, 2008). Indeed, trauma studies involving non-Western populations have reported the use of a wide variety of idioms of distress other than fear, such as political anger (Zarowsky, 2000), dissociation (Schumaker, 1991), incoherent narratives (Foxen, 2000), sorrow and grief (Pedersen et al, 2008) etc.

The predictive validity of PTSD symptoms by Criterion A has also been questioned. The Bedard-Gilligan and Zoellner (2008) study found that the Criterion A predictability of PTSD symptoms was not much better than chance. Although the study uses three samples that had either experienced, witnessed, or been confronted by a traumatic event, the criterion was not predictive of symptom level for any group. With the anticipation of the DSM V, there is an on-going debate regarding the diagnostic validity of PTSD. One side advocates for the total removal of Criterion A (Maier, 2007; McNally, 2003), while the other side seeks to improve the specificity of the criterion (Bedard-Gilligan & Zoellner, 2008; Weathers & Kane, 2007).

The definition of trauma, as stated in the PTSD criteria, has also been the focus of intense debate. Although critics come from diverse disciplines and theoretical perspectives, there is an overall agreement that the meaning of trauma is socially constructed, and must be contextualized within the unique characteristics of the individual or group and the experience. In fact, assuming that the presence of PTSD-related symptoms confirms that a disorder is present creates a "category fallacy" (Kleinman, 1977), which occurs when there is a cultural imposition through the

diagnostics categories that can lead a practitioner to assume that the phenomenon has the same meaning across cultures. Kleinman's "category fallacy" is a reminder of the importance of meaning and interpretation in trauma work, and that PTSD is only one idiom of suffering among many others. For example, Wessels (2006) points out that Angolan society has a range of terms for mental illness or distress, but that none of these correspond to the Western version of PTSD. In fact, the definition of trauma as result of exposure to horrific events should encompass the multiple realities of persons experiencing traumatic stress in less normative situations, including non-Western contexts (e.g. Bracken, 2001; Burstow, 2005; Clancy & Hamber, 2008; Erazo, 1990; Laungani, 2002; Martin-Baro, 1994, Shalboub-Kevorkian, 2008; Summerfield, 1999).

Furthermore, the critiques of the trauma definition in PTSD criteria are divided in two sides. On one side, scholars that found the current definition is too broad and inclusive of trivial events (e.g. Elhai, Kashdan, & Frueh, 2005; McNally, 2003; Summerfield, 2001). On the other side, some scholars indicate that the definition should be broadened to include important events, such as the traumatic consequences of experiences of oppression (e.g. Burstow, 2003, 2005). Despite these differences, I argue that both sides have shared elements and a common interest in honouring individuals and groups experiencing traumatic stress. I hope that continued debate and scholarship may generate a dimensional definition of trauma that can be both inclusive of all significant traumatic circumstances, but also avoids trivializing the experience of trauma and human suffering. However, this should involve incorporating the voices, knowledge and meanings that non-Western populations have towards trauma.

2.3.2. SYMPTOMATIC RESPONSES TO TRAUMA

Responses to trauma are characterized in the diagnosis of PTSD under three distinct symptom clusters: 1) Criterion B, re-experiencing or intrusive recollection of traumatic events that reoccur (e.g. dreams, distressing memories of the traumatic event); 2) Criterion C which is avoidance/numbing symptoms (e.g. avoidance of places, events, people that reminder the traumatic event(s), withdrawal from activities, etc) ; and 3) Criterion D which are hyper arousal symptoms, characterized by hyper vigilance, irritability, and sleep difficulties. In order to meet the criteria for diagnosis, these symptoms must persist for a month, create significant distress,

and impair the functioning of the individual (APA, 2000). A comprehensive list of symptoms for each cluster is included in the DSM. Research, however, shows controversial findings For example, in a large sample (N= 832) from the general UK adult population, Mol and colleagues (2005) found that PTSD scores were similarly high for individuals affected by either life events (e.g. burglary, relational problems, etc) or by traumatic events (physical or sexual abuse, accidents, sudden death of a loved one, war, etc). In the context of these findings, it is not surprising that PTSD is considered a questionable diagnosis.

The measurement and assessment of PTSD symptoms pose additional challenges. An ongoing concern has been the common discrepancies between self-reported PTSD symptoms and symptoms assessed by standardized instruments (e.g. Clinician Administered PTSD scale-CAPS, Structured Clinical Interview for DSM IV-SCID). This lack of congruency in the assessment of symptoms has been partially attributed to the wider range of symptoms that can be self-reported, compared to the fixed range of symptoms listed in the diagnosis criteria (Yehuda, et al, 2009). Another reason could be the presence of overlapping symptoms with other comorbid conditions, such as depression (Shumm et al, 2006), psychotic disorders (Braakman, Kortmnan, & van den Brink, 2008) etc, that may influence self-reported measures. Indeed, it is every unlikely to find a "pure" diagnosis of PTSD (Pain, 2002) and it is often combined with other conditions.

PTSD can also develop into a chronic disorder, making it more complex than indicated in the DSM diagnostic criteria. In such cases, it has been proposed that chronic PTSD be assessed as "complex" PTSD (Herman 1992), which is equivalent to Disorder of Extreme Stress Otherwise Not Specified (DESNOS, De Jong, et al, 2005), and highly comorbid with other trauma-based diagnoses such as borderline personality disorder (Hodges, 2003). The chronic modality of PTSD is often associated with substance abuse, depression, panic, and somatoform, dissociative symptoms, and phobic disorders. Two identified courses often lead to complex PTSD: first, initial delays in recognizing PTSD, which can aggravate and enhance PTSD symptomatology. Second, complex trauma will develop from the experience of multiple traumas, which may develop during childhood experiences, such as sexual abuse, or on-going traumatic experiences, such as protracted wars. In both situations, complex PTSD develops unique symptoms that are

not included in the clusters symptoms of simple PTSD, such as alterations of affect regulation, alteration of trust, alteration in identity and relational capacity, and somatization (Pain 2002).

The appropriate recognition of complex PTSD is thus essential for effective treatment of its unique symptoms. It also appears that PTSD clusters of symptoms have different developmental pathways, and may develop different relationships with all functional dimensions and with the course of the diagnosis (McMillen, North & Smith, 2000; Scher, et al 2008). For example, the severity of the overall symptoms have been found to be the best predictors of PTSD, while numbing/avoidance symptoms were uniquely associated with chronic PTSD (Malta, Wyka, Giosan, Jayasinghe, & Difede, 2009).

PTSD symptoms also appear to mediate the link between previous trauma and new traumatic exposure. This occurs through a pathway initiated by the original trauma experience, followed by increased intrusion symptoms, which lead to risk disengagement, and a deficit in self-protective behaviours and subsequently to higher risk of repetitive exposure to violent traumatic events (Orcutt, Erikson, & Wolfe, 2002). Although the relationship between PTSD symptoms and further exposure to trauma has been examined often in women, e.g. rape or child sexual abuse survivors, Orcutt and colleagues (2002) show that male veterans also developed a potential link between past trauma and new traumatic exposure. Further research should contribute to the understanding of this association, to prevent re-victimization of vulnerable individuals.

Neuroscientists are also concerned that the categories of the DSM obfuscate the key brain-behavior linkages underlying pathological processes. The latter was expressed recently during a thematic presentation by the Foundation for Psychosocial Research (FPR) in a January 2010 conference on the cultural and biological contexts of psychiatric disorders (FPR, 2010). Indeed, extensive neuroscience research has recently identified a variety of brain processes that are in place to respond to threats, fears and injuries which also contribute to traumatic responses as well as mechanisms of learning, memory, and emotions (e.g. Bouton & Waddel, 2007; Saporta & van der Kolk, 1992; van der Kolk, 1994; Weinstein, Fucetola, & Mollica, 2001).

The role of memory is also important to PTSD criteria. For example, the person has to remember the event in order to attribute his/her symptoms (intrusion, avoidance and arousal) to the traumatic exposure, however, the construction and reconstruction of memory is highly influenced by the social context - which makes certain stories more or less plausible. In addition, biological research has shown how memories associated with fear acquisition and fear extinction involve different neural mechanisms, which explains how remembering and forgetting can co-exist and inter-relate for individuals and for societies affected by traumatic events (Kirmayer et al, 2007). Indeed, Barat and Cain (2007) indicate that several molecular mechanisms of fear acquisition and fear extinction appear to be parallel yet opposite learning processes simultaneously. For example, the NMDA-type glutamate receptors (NMDAr) in the amygdala appear to be necessary for the consolidation of extinction, but not for its initial development. In addition, NMDA receptors also play a key role in fear acquisition. Other receptors - L-type voltage-gated calcium channels (LVGCCs) - appear to be responsible for the induction of fear extinction, but not for its acquisition - a difference from NMDA that has a role in both (Barat & Cain, 2007). Indeed, animal studies on conditioned stimulus (CS) show that CS may elicit two opposing processes: one that causes extinction (of memories of fear), and another that tends to block extinction and increase fear (Cain, Blouin & Barad, 2003). Post-trauma symptoms appear to confirm these findings, as traumatized individuals often struggle between the intrusion of traumatic memories and deliberate efforts to avoid them.

Research in Southern countries further demonstrates how core physiological responses to trauma are usually translated into a diverse array of expressions or idioms of distress, depending of the socio-cultural context of the experience (e.g. Fernández, Zubieta, & Páez, 2000; Hinton, 2007; Pedersen et al, 2008; Schumaker, 1991; Waitzkin & Magaña, 1997). For example, in the Cambodian language, there is no equivalent to the word “trauma”; therefore, talking about post-genocide trauma experiences is not understood through Western terms such as trauma, but rather words such as “suffering” and “hurt” are commonly used amongst the local population (Hinton, 2007). Those expressions are connected with somatic symptoms such as headaches, sweating, and dizziness, which can be healed by achieving a balance between the spiritual, moral, and interpersonal dimensions of the individual (Hinton, 2007). Another example is the Somalian use

of a language of politics instead of trauma in the context of their devastating protracted war, where the dominant emotion is anger rather than sadness, or horror (Zarowsky, 2000).

Waitzkin & Magaña,(1997) use the analogy of a “black box” to name the unknown mechanisms that connect trauma, culture and somatoform, and psychological symptoms. They also suggested some potential mechanisms such as individual and collective narratives, and individual differences. In the context of PTSD-related symptoms, I propose that the “black box” of cultural explanations of trauma and resilience should start filling up by eliciting and listening to the individual and social narratives before interpreting their somatoform and psychological symptoms

2.3.3. PREDICTIVE VALUE OF PRE- AND POST-TRAUMA FACTORS

In Canada, the prevalence rate of PTSD has been estimated at 9.2%, with a rate of 2.4% for the current PTSD (1 month) and a prevalence rate of 76.1% for exposure to traumatic events (Van Ameringen, Mancini, Patterson, & Boyle, 2008). Given these differences, it is important to examine what are the risk factors involved in developing PTSD, i.e. why do some people develop it while others do not? This section examines research on the pre- and post-trauma social circumstances that account for predictors of PTSD.

In a meta-analytic review of risk factors for PTSD, Brewin, Andrews, and Valentine (2000) indicate that factors occurring after or during the traumatic event have stronger effects than pre-trauma factors. The analysis included 87 studies of both civilian and military samples, but does not include case studies from non-Western contexts. The stronger predictive effects were found on the risk factors post-trauma, such as lack of social support, followed by the severity of the traumatic event. Nevertheless, seven pre-trauma factors were also statistically significant risk factors: gender, low SES, lack of education, low IQ, psychiatric history, childhood abuse and other adverse childhood events. Ozer and colleagues (2008) conducted a more recent meta-analysis on 68 studies. Of those included, only three studies took place outside of North America or Western Europe. Ozer et al meta- analysis also found that a post-trauma factor - or in this case, a response factor - of having dissociative experiences during or immediately after the

traumatic event, was the best predictor of PTSD onset, though it has been also indicated that the direction of this association should be taken with caution. Among the pre-trauma factors, prior experience of trauma, prior adjustment and family history of psychopathology, were also statistically significant risk factors (Ozer, et al, 2008).

Quantitative reviews such as the meta-analyses examined above, however, do not inform of how, where, and when these factors operate to influence the development of PTSD (Shalev, 2007). For example, women have been identified as having an overall higher risk for PTSD than men (Brewin et al, 2000; Breslau & Anthony, 2007). Is this finding based on higher incidences of gender-based violence towards women, e.g. rape, sexual abuse in childhood, wife abuse? (Ullman, Townsend, Filipas, & Starzynski, 2007). Or can these differences be explained by examining the distinct psycho-biological and emotional responses of women in response to traumatic events of interpersonal nature? (Olff, Langeland, Draijer, & Gersons, 2007). Additional questions remain: e.g. are women over-represented as diagnosed with PTSD because of gender differences in help-seeking behaviours after exposure to trauma? (Gavrilovic, et al, 2005) Alternatively, is it because intersections of gender with other factors, such as disabilities (Strauser, Lustig & Uruk, 2007), poverty (Vogel, & Marshall, 2001), discrimination (Burstow, 2003), and ethnicity (Norris, Perilla, Ibañez, & Murphy, 2001) that may be increasing women's vulnerability to post-traumatic stress?

Indeed, a recent systematic review of PTSD following disasters found that socio-demographic factors (i.e. income, race,) were associated with PTSD symptoms with the same strength or higher, than the exposure to the disaster, presence of social support or personality factors (Neria, Nandi, & Galea, 2008). From these examples, it seems that individual and social risk factors offer a better explanatory framework of the development of PTSD if they are combined and contextualized.

A review of pre-disposing factors of PTSD for non-Western populations led to a different typology of risk factors. The noticeable difference in non-Western contexts is that structural socio-economic factors and repetitive exposure to trauma seem to be clearly identified as the most important risks factors to post-traumatic stress symptoms, although the intersection with

gender is still important. For example, Kagee (2004) reported economic marginalization and dissatisfaction with the political context as predisposing factors to post- traumatic distress in a South African sample. Williams et al, (2007) also reported multiple traumatic events and gender as risk factors of PTSD in a national representative data in post-apartheid South Africa. The unique combination of risk factors found in refugee trauma indicates that forced migration, family and economic losses are predictors of a higher level of post-traumatic stress (Boehlein & Kinzie, 1995; Silove, et al, 1997; Silove & Ekblad, 2002).

The presence of historical trauma is also considered another distinctive pre-risk factor to post-traumatic stress. The Holocaust experience (Sagi-Schwartz, et al, 2008) and the colonization of the Aboriginal population in North America (Gagne, 1998) are well known examples of historical trauma of populations. However, there are inconclusive findings to the extent that historical trauma can transfer either, risk factors or protective factors, to the new generations (Denham, 2008; Sagi-Schwartz, et al, 2008). Despite this renewed interest in the topic, experiences of historical trauma and continuous exposure to violence and traumatic events experienced by indigenous populations in non-Western contexts has received scarce attention.

Post-trauma experiences are also under-explored in the PTSD criteria, and are only addressed in Criterion E and Criterion F. The former indicate that the duration of symptoms after exposure to the traumatic event should be not less than one month to meet PTSD criteria, while the latter addresses the expected clinical significant distress or impairment in social, occupational, or other areas of functioning as result of PTSD symptoms (APA 2000). However, using the calendar year to measure the duration of symptoms (e.g. weeks or months) might not be the most appropriate in non-Western contexts that use other measurements to distinguish time, such as the seasons (e.g. dry or wet season). For example, PTSD assessments that were conducted with Mayan populations in Guatemala, were not applicable because communities could not self identify symptoms using standard calendar measurements (Programa Nacional de Resarcimiento, 2007).

PTSD criteria does not consider also the potential re-traumatization that trauma survivors may experience due to detrimental events, social reactions, or other stressful experiences after the traumatic exposure (e.g. Shumm, Briggs-Phillips, & Hobfoll, 2006; Silove, Steel, & Watters,

2000). However, post-trauma events - in particular, a lack of social support - are considered the most significant risk factors in the development of PTSD (Brewin et al, 2000; Ozer, et al 2008). For example, research on rape victims demonstrated higher severity of PTSD symptoms when there were negative social reactions after disclosing the sexual assault (Ullman, & Filipas, 2001; Ullman et al, 2007) and insufficient social support resources (Olff et al, 2007). Negative reactions from family, friends, the legal system and other services, are also identified as potential factors that could contribute to the re-traumatization of victims (Yamawaki, Darby, & Queiroz, 2007). Similarly, refugees are also exposed to re-traumatization by the stressful asylum-seeking process, and discrimination, poverty, racism, unemployment, and social alienation in the host country (Silove & Ekblad, 2002; Silove, Steel, & Watters, 2000).

Trauma research in natural disaster zones is also another body of knowledge that emphasizes the importance of post-trauma structural factors as predictors of PTSD. The onset and duration of PTSD in survivors of Hurricane Katrina was largely determined by gender, financial loss, post-disaster stressors (e.g. loss of possessions, fear of crime, unsanitary conditions), low social support and post-disaster traumatic events (e.g. being assaulted) (Galea, et al, 2008). Another study on survivors of Katrina found that perceived racial discrimination during Katrina and financial stress after Katrina were associated with PTSD–related symptoms, with worsening rates for Black female survivors (Chen et al, 2007). Several studies on the aftermath of the events of 9/11 have also found a strong association between post-trauma symptoms with socio-economic and other structural factors. For example, Galea and colleagues (2003) epidemiological study in New York City six months after 9/11 events, found that the only significant predictor of "current probable" PTSD was losing a job as result of the attack. Interestingly, they also found that the prevalence of "probable PTSD" in typical Manhattan residents (e.g. upper middle class) decline from 7.5% one month after 9/11 to 0.6% six months after. In contrast, Neria et al, (2006) indicate higher prevalence of PTSD one year after 9/11 events among low-income minorities, thus confirming the importance of socio-economic factors in the course of PTSD. A study conducted by Harris et al (2008), similarly, focused on victims of physical injuries and found that the development and duration of PTSD after the traumatic event was influenced by the circumstances around the injury (e.g. victim's blame for him/herself or others) and the processes that follow the injury (e.g. unsettled compensation claim, being young

and unemployed); these factors were more severe than the actual traumatic exposure. In summary, research findings demonstrate the importance of post-trauma events as well as underlying structural factors in the course and prognosis of PTSD. In view of the wide complexity of risk factors to post-traumatic stress, I propose the use of an intersectional approach of vulnerabilities that integrates structural and individual factors as interactive rather than cumulative dimensions.

In summary, this review offers a snapshot of the extensive research on the applications of the PTSD diagnosis and related studies. The large amount of research and the primacy of PTSD in current trauma paradigm is evident. The benefits of PTSD for the validation and support of people experiencing traumatic stress especially in Western contexts are also clear. However, the review also points to the limitations on the conceptual validity of PTSD, the inherent comorbidity of the diagnosis, the limited specificity of its etiological criteria, the decontextualized nature of the diagnosis in regards of pre and post-trauma experiences, and its significant limitations on cross-cultural validity.

2.4 ALTERNATIVE FRAMEWORKS OF TRAUMA

Previous sections have shown how the DSM categorization of PTSD has provoked tremendous research and interest in trauma diagnosis but, has also been accompanied by a growing number of critiques from different disciplines. For example, scholars from neuroscience, transcultural psychiatry, political science, and medical anthropology have all raised questions regarding the validity and utility of the DSM category. On one hand, neuroscientists are concerned that the diagnostic category disguises the whole spectrum of behavioral and brain mechanisms which underlie the biological response to trauma. Indeed, Bremner (2007) suggests that a broader category of PTSD which includes a broad spectrum of trauma-related disorders will better reflect the long term changes in the brain as consequence of traumatic stress, thus permitting us to observe the stress responses. On the other hand, medical anthropologists argue that psychiatric categories such as PTSD are largely social constructions, and that the current neurobiological knowledge pays minimal attention to the social and cultural processes of trauma responses (Kienzler 2008). Of particular concern for anthropologists and critical scientists is the

asssumption of PTSD as timeless, universal and valid across cultures. Much remains unknown on how the socio-cultural conetext interact with neurobiological processes to produce responses to traumatic events and what this interaction implies for diagnosis and treatment. Summerfield (2001) argues that PTSD is medicalizing and pathologizing human suffering, and furthermore questions the differences between PTSD and other comorbid DSM diagnoses, suggesting that PTSD should not be treated as a separate diagnosis. Summerfield also argues that the trauma narrative is a product of Western globalized industry and its unquestioned dissemination to other cultural contexts must be challenged. Bracken (2001) also questions the universal validity of PTSD in cultures where other responses to trauma may be the norm (e.g. somatisation or dissociation), and where central contextual issues (e.g. protracted conflicts) call for social reconstruction rather than individual therapy. Moreover, the focus on therapeutic interventions may distract valuable and scarce resources from addressing the structural causes of violence (Pupavac, 2001). Feminist theorists and liberation psychologists share common elements of a "radical" critique to the trauma paradigm. In essence, they argue that the PTSD model is an inadequate model of trauma and instead propose a view of trauma as a concrete response to objective events (e.g. violence, oppression, natural disasters) where symptoms should be reframed as coping skills (Burstow, 2003). Trans-cultural psychiatrists suggest that mainstream Western psychiatry decontextualizes and essentializes human problems by focusing on the individual, thus making it impossible to explain and treat trauma in cross cultural contexts (Kirmayer, et al, 2007). However, they also propose that the trauma paradigm can be applied in non-Western contexts if it is integrated within the socio-political context of the experience, and a multi-disciplinary, trans-cultural healing approach is used (Kirmayer et al, 2007).

This brief review of some of the multidisciplinary critiques to the trauma paradigm offers a valuable insight needed to begin re-theorizing a new explanatory framework of trauma. As suggested by medical anthropologist Kienzler (2008), instead of proposing different and exclusionary alternatives, what is needed is a "division of labour" between the disciplines involved in the trauma field, where contributions otherwise representing different interdisciplinary goals and methods are not only considered opposite, but rather, complementary.

While there is abundant literature both supporting and opposing PTSD or trauma theory, few alternative frameworks have been proposed. Some exceptions come from Latin American liberation psychology (Martin-Baró, 1994), medical anthropology (Kleinman, et al, 1997), post-colonial theorists (e.g. Gagne, 1998), radical feminist theory (e.g. Burstow, 2003, 2005), and from revised psychosocial perspectives (e.g. Ager, et al, 2005). I discuss these in turn below.

Martin-Baró[9] (1994) used a social model of trauma that conceptualizes mental health as a dimension of the relations between persons and groups, rather than the individual mental state. In order to illustrate this, Martin-Baró described the dehumanizing context of war by emphasizing the importance of personal suffering and situating it within the family, the community and the wider society, thereby characterizing the trauma as "psychosocial". Furthermore, he situated the problems with political violence in the "traumatogenic" relationships of an oppressive system that create the war context, rather than the individuals. Therefore, trauma interventions or treatment should be directed to those socio-political forces, which perpetuate oppression and political violence. As such, he is critical of the emphasis on individual therapy in the context of civil war, and instead supports a psychosocial approach of rehabilitation.

Alternative to the trauma response framework and PTSD, medical anthropologists have developed the notion of *social suffering*. Kleinman and colleagues (1995) indicated that there is no singular way to suffer, as the perception and expression of pain is different even amongst individuals in the same community. Therefore, suffering intersects with gender, group ethnicity, religion, economic status, and other global processes that influence local realities. "Social suffering results from what political, economic, and institutional power does to people, and reciprocally, from how these forms of power themselves influence response to social problems" (p.103). Conditions of social suffering usually involve different fields - for example, trauma, pain, and illness produced by violence are not just health matters, but also political and cultural issues. Social suffering merges local and global issues and highlights the micro-macro social interactions in the understanding of suffering and health as opposite dimensions (Pedersen, 2002).

[9] Martin-Baró's pioneering work on psychosocial trauma and political violence was tragically interrupted when he was killed in El Salvador in 1989

Gagné (1998) presented an alternative trauma framework from a post-colonial perspective. In doing so, she examines First Nations people and the impact that colonialism and socio-political dependency had in creating trauma. Gagné went beyond the individualistic approach of trauma theory by integrating the historical, psychological and social dimensions of trauma. Gagné also used Einsebruch's notion of "cultural bereavement" to examine the inter-generational effects that forced segregation had on an entire generation of Aboriginal children in residential schools in North America. In the post-colonial context of Gagné's framework, the historical trauma of First Nations people is the result of the colonization process - which unfortunately, is not yet a matter of the past. Gagne's post-colonial theory of trauma is also applicable to indigenous populations worldwide, as well as other groups. From this post colonial perspective, Gagné sees the dominant trauma paradigm as a neo-colonial imposition that tends to silence or marginalize local meanings of mental health - in particular, those of indigenous populations (Gagné, 1998).

Feminist theorist Burstow (2003, 2005), among others, has delineated the foundation of a radical theory of trauma and applied it to an alternative trauma framework. In this framework, "trauma is a concrete physical, cognitive, affective, and spiritual response by individuals and communities to events and situations that are objectively traumatizing" (Burstow, 2003, p. 1304). In other words, affected individuals or groups feel wounded or traumatized because they are indeed wounded. As such, PTSD symptoms are theorized as coping or survival skills that allow individuals to survive unbearable situations. Trauma is a concrete response to a traumatic event (which is also concrete and specific), and it happens to particular people for particular reasons; therefore it is personal, and also political (Burstow, 2005). The praxis of radical trauma reinforces the resilience of trauma survivors and addresses the collective nature of many trauma experiences.

Largely based on the notion of collective resilience, numerous *psychosocial* models have been proposed and implemented in trauma responses to large-scale disasters. While there is no agreement on a singular definition, psychosocial models are defined as those which explicitly recognize the link between social agency and mental health (Pupavac, 2001, 358). This is accomplished through the use of medical and/or therapeutic interventions to promote social gains

and/or social, cultural or political interventions which promote health or psychological well-being. Psychosocial methods assume that there is an innate resilience among individuals and their ability to manage hardship. The aim of a psychosocial approach is to assist individuals and groups in rebuilding their human capacity, social ecology and the cultural strengths of their community (Ager, et al 2005). The psychosocial model is currently a popular - though controversial - discourse in humanitarian and development work (Pupavac, 2001).

While these alternative frameworks to trauma theory make valuable contributions, I found some common limitations. First, they do not necessarily aim to build a body of theoretical knowledge. With the exception of Kleinman's "social suffering" and Burstow's "radical theory of trauma", the other frameworks are responses to the needs of particular social contexts or populations. Second, they do not attempt to build bridges among different theories or healing perspectives - in other words, they do not consider the "division of labour" proposed by Kienzler (2008). Moreover, with the exception of Gagne's indigenous perspective and Martin-Baró's theory of social trauma, the local knowledge of non-Western contexts is not integrated in these frameworks.

2.5 DRAFTING A NEW EXPLANATORY FRAMEWORK OF TRAUMA

My aim in this section is to develop some guiding principles for the foundation of a new explanatory framework of trauma. This new framework aims to build bridges between Western and non-Western traditions in trauma, and to explicitly integrate local sources of knowledge. The proposed framework differs from current trauma theory because the latter is mainly informed by the multivariate paradigm, often without considering the symbolically meaningful relations amongst social actors or the specific historical context on which the variables are observed. Indeed, many of the critiques reviewed in this paper identified this critical limitation of the PTSD model. Building on the review and analysis of previous sections, I will outline some of the guiding principles of a revised explanatory framework of traumatic stress. Unlike the previous alternative frameworks that have been proposed, I seek not only to build upon previous critiques, but also to move beyond by finding synergies amongst them and transforming them into the following guiding tenets:

1. *Trauma is defined as a dimensional rather than categorical construct*.

A dimensional definition of trauma should be inclusive of all significant traumatic circumstances while avoiding trivializing experiences of trauma and suffering. Most importantly, in order to avoid a "category fallacy", the voices and knowledge from non-Western populations have to be listened to and incorporated in this process. In addition, the absence of a unified version of non-Western voices or experiences also reinforces the multidimensional context of this framework. Some of the multiple dimensions of trauma have been indicated by Kirmayer (1996), who argues that trauma can be seen as a socio-political event, as psycho-physiological processes, and an emotional occurrence, usually accompanied by a narrated account of the event(s). A good start is the definition of trauma articulated by Laungani, an Indian scholar as an "a state of physical and/or emotional shock, which may be a result of real, anticipated, imagined or forgotten experiences, or encounters. Trauma may occur at an individual level, a group level, and a cultural level" (Laungani, 2002). By using multivariate terms, the unit of analyses can be individuals, but also families and communities. Thus, collective trauma is explicitly incorporated in this dimensional framework. Another challenge is to transform the current "trauma language" emphasis on interventions that divert the attention from those responsible for traumatic events. I hope that continued interdisciplinary debate on the subject may generate a dimensional construction of trauma inclusive of all dimensions of trauma and human suffering.

2. *Trauma is not a random occurrence*.

The empirical evidence included in this chapter indicates that membership in certain social groups makes people more vulnerable to traumatic events of a systemic nature. Indeed, structural violence theory explains how and why certain groups are more likely to be exposed to violence, and in consequence, to harmful and traumatic experiences (Farmer, 2003); this has largely been absent from the current trauma paradigm, which is one of its major limitations. The Holocaust, recent genocides in Guatemala, Cambodia, Rwanda, and Sudan, and the traumatic colonization of indigenous populations are disturbing examples of how violence is targeted and not random. The high prevalence worldwide of sexual violence towards women is another eloquent indicator of targeted violence. Indeed, this empirical review also demonstrates the need to include a *gender analysis* in a renewed trauma paradigm, as women are particularly susceptible to all types

of violence and the detrimental effects of traumatic stress. Additionally, structural violence that is intrinsically connected to poverty, discrimination and unequal access to health is also determined by historical dynamics of class, race and gender, among other factors (Farmer, 2003; Pedersen, 2002). Although this principle is mainly applicable to man-made disasters or violent acts, the latest experiences of Hurricane Katrina and 9/11 also provide clear evidence of the absence of randomized occurrence of traumatic stress in the aftermath of traumatic exposure (Chen, et al 2008; Galea, et al 2003**).** Human rights violations are intimately connected with structural violence; thus, if these violations are not addressed in trauma work, the trauma field has the risk of becoming collusive with those practices.

3. ***Trauma occurs in a social context and in sequences***.

The previous review indicates that the responses and consequences of trauma are determined by contextual factors and the time-sequence of the experience. This principle is also inspired by Keilson's (1992) model of sequencial traumatization, which outlines the importance of the social context in generating traumatic sequences over different time periods. His research demonstrates that sequences shape the traumatic outcome more than the original event and/or experience. For example, social reactions in the aftermath of sexual assault (Ullman, et al, 2007), the socio-economic consequences of war, (Pedersen, 2002) and the nature of the asylum seeking process for refugees (Silove & Ekblad, 2002), demonstrate how the social context and the sequence of events influence the traumatic outcome. However, the dearth of longitudinal studies on trauma responses precludes further analysis on sequential traumatization. This strong connection with the social context reminds us that trauma is not a neutral experience, but a political one, as critical theorists have indicated (Burstow, 2005; Keinzler, 2008). The previous historical review illustrates that the development of the trauma paradigm was intimately connected with social movements such as anti-war and women's rights movements. A current challenge for the trauma field is to revive this connection with global social movements, and address the issues of social injustice that underlie most traumatic events.

4. ***Trauma and resilience are bedfellows***.

Simplistic views of trauma and resilience have denied the intimate and long-standing relationship between both of these human responses. Resilience is defined here broadly as an interactional

process, which combines individual survival characteristics and the environment (Ungar, 2008). As such, it is important to consider the role of social relations, such as cultural and power dynamics in the environment that could affect resilience capabilities (Fraser, Richman & Galinsky 1999). A singular emphasis on trauma responses, which tend to present trauma as disabling, overlooks the fact that in most cases, the outcome is resilience. Likewise, a narrow view of resilience tends to portray it as strength and as a normative response to trauma, thereby denying the risks and vulnerabilities that can co-occur after the traumatic experience (Stein, et al, 2007). The notion of "social suffering" (Kleinman, et al, 1997) contributes to a new trauma framework in two ways: first, it allows for the inclusion of lived experiences of distress and suffering; second, it accounts for the role of the pre-existing social order in creating the social problems that ultimately generate social suffering (Pedersen 2002). A renewed trauma framework, however, also needs to explicitly include counteracting theories of survival - that is, how the social context can also foster resilience in the aftermath of trauma. Furthermore, stress theory illuminates how traumatic stress and "eustress", or positive stress, have always been underlying responses to traumatic events (Konner 2007, 308); in the context of traumatic stress, the dominant discourse has mainly focused on *distress*, thus undermining the role of *eutress* in traumatic experiences (Suedfeld, 1997). This tenet also seeks to reflect the global occurrence of trauma and resilience, and to integrate non-Western idioms and explanations of survival. Further research must examine the development of historical resilience in marginalized groups worldwide, while at the same time examining intergenerational and historical trauma.

5. *Trauma is both universal and localized*.

Addressing trauma also entails contextualizing its multiple locations. Those locations compel us to look at those who are "traumatized" and how they are defined, perceived and located vis-à-vis the effects of trauma. This approach is also congruent with the key role of the social context in traumatic responses. For this purpose, a critical and intersectional analysis of gender, age, culture, class, race, disability, historical and geographical location, and other social dimensions of the traumatic response is of utmost importance. That said, there are core physiological responses to traumatic stress that appear to be universal and need to be considered (Konner, 2007). It is necessary to continue examining the psycho-biological responses to trauma and how

the social context may have influenced those responses. For example, the latest discovery of the "mirror neurons" demonstrates how neuroscience research helps to understand the environmental influence on social behaviours, such as empathy.[10] In this respect, it is relevant to examine individual responses to trauma in a social context, and how "mirroring" other people may influence this. The same concept can be applied to resilience, whereby individuals influence and are also influenced by resilient families and communities, which is in agreement with contextualized resilience models. The indiscriminate dissemination of the trauma paradigm to non-Western contexts calls for an assessment of the cross-cultural "validity" of trauma conceptions, instruments, responses, and most importantly, its underlying assumptions. The proposed framework will achieve this by integrating local knowledge in explanations and interventions of traumatic stress. I understand local knowledge as the combination of individual narratives, but also the local theoretical and practice developments[11] from localized social contexts.

In summary, these initial principles provide the basis of an alternative explanatory framework of traumatic stress that portrays trauma as a dimensional experience of mostly targeted (rather than random) occurrences, which is situated within a social context and a temporal sequence. It also seeks to create stronger linkages and connections with resilience and with a strong primacy of local rather than universal features. In particular, these guidelines emphasize a critical analysis of trauma that integrates gender, race, class and other social dimensions in the study of the differential occurrence of trauma. It also highlights the need to explicitly integrate local narratives and knowledge from non-Western contexts in the development of this framework.

2.6 CONCLUSION

[10] Mirror neurons are located in the pre motor and parietal cells in the human brain. Those neurons are activated when there is action towards an objective and in situations where the action of others is being observed. This activation provides a neural mechanism for different social behaviours from imitation to empathy (Iacoboni and Dapretto 2006, 942)

[11] Some examples of the latter are Martin-Baró (1989) social theory of trauma, and Chilean Cienfuegos and Monillas (1983) therapeutic testimony methods.

With the growing criticisms surrounding PTSD and the current trauma paradigm, this is perhaps an appropriate moment to step back and reflect on alternative frameworks. The purpose of this chapter was to develop the foundation of an alternative framework that synthesizes and builds upon dominant critiques. To do this, I first examine the development of post-traumatic stress disorder from its historical antecedents to the current state of affairs. Second, I present an overview of the conceptual framework that guides the debate of the current trauma paradigm. Third, I analyze the praxis of PTSD through an empirical review of its applications. The review highlights the limitations on the conceptual validity of PTSD, the inherent comorbidity of the diagnosis, the limited specificity of its etiological criteria, and its notable absence of cross-cultural validity. Fourth, I review and synthesize critiques and alternative frameworks of the current trauma paradigm. I conclude by highlighting that although trauma work is prevalent, a trauma focus is less useful than a more holistic, interdisciplinary approach. Finally, I identify guiding principles for a dimensional conceptualization of trauma that centers on risk, resilience, and protective factors and that highlights the importance of gender, culture, social structures, and social justice. This renewed conceptualization of trauma includes not only non-Western knowledge but also Western contributions, e.g. feminist, anthropological, Aboriginal, and trans-cultural psychiatry perspectives. I argue that a key task for the future is to connect or "glocalize" the trauma paradigm with larger global processes and movements of social transformation. In particular, I emphasize that the treatment of culture continues to be inadequate and superficial. Indeed, many trauma studies continue to treat culture as a variable, rather than as constitutive. If a renewed trauma paradigm aims to have also a renewed role in the global health arena, it should be informed both locally and globally.

CHAPTER 3: CONTEXTUALIZING WAR TRAUMA

It is ironic that from the introduction of globalization as a process for the construction of a global village, wars and conflicts worldwide have in fact increased. As the former director of the World Psychiatric Association, Okasha (2007) stated "it [globalization] has also allowed the world powers to launch or/and orchestrate wars beyond their borders" (p. 193). The nature of war has indeed changed in modern times; from traditional wars between two countries or wars involving several countries divided in two opposing sides, contemporary wars are increasingly "low-intensity"[12] internal wars within countries, usually involving two or more ethnic or political factions, or internationalized wars (other countries intervening in an internal war), and are almost exclusively located in poor Southern countries. Another new feature of modern wars is that the majority of casualties are no longer found on the battlefields, but in the civilian populations. Somasundaram (2006) estimated that around 150 wars have developed since the Second World War and 90% of casualties have been civilians.

While statistics differ by country and type of conflict, the World Health Organization (WHO) estimated that at least 10% of people who had lived through armed conflict would develop psychological problems, and another 10% would develop psychosomatic problems (WHO, 2001). Although the need for psychosocial interventions in post- conflict zones is rarely disputed, the guiding principles of those interventions are a matter of intense debate (Pupavac, 2004; Stein et al, 2007). In addition, most mental health research in post-conflict areas has focused on distress outcomes while neglecting to examine the strengths and resilience of affected populations.

This chapter sets the stage of the dissertation by examining traumatic stress and its counterpart, resilience, in the context of political violence. To accomplish this goal, the chapter is divided in four sections, starting with a review of the salient characteristics of contemporary armed conflicts and the limitations and strengths of the PTSD-trauma response model in the case of war trauma. The second section analyzes gender-based violence in the context of war. The third

[12] Low-intensity wars are known as "grass root wars" or "wars of resistance", initiated by political or ethnic factions that intend to politicize the local population in order to secure their support in post war regimes (Pedersen, 2002)

section reviews literature on adult resilience, including contributions from Latin American scholars. Lastly, the final section delineates the conceptual framework of this dissertation, integrating the impact of past exposure to violence and current life stress on posttraumatic stress and resilience in the context of post-conflict societies.

3.1 CONTEMPORARY WARS AND THE TRAUMA PARADIGM

The range of causes of contemporary armed conflicts is broad (including ethnic rivalries, nationalist ambitions, and access to natural resources), though structural inequalities appear to underlie most armed conflicts. Pinstrup-Andersen and Shimokawa's (2008) analysis of armed conflicts in 146 countries between 1980 and 2004 identified a significant association between the onset of conflict with poverty, poor health and nutritional status of countries. Micro-level analyses of causes of war are also consistent in signalling the strong link of poverty to violent conflict. For instance, Patricia Justino (2009) reviewed research on the impact of household poverty on the outbreak and sustainability of violent conflicts worldwide. Her findings indicated that the poorer the household is at the start of the conflict, the higher the probability of the household in participating and collaborating with armed groups. On the other side, Justino also explains that the higher the risk of violence, the higher the household vulnerability to violence. Thus, it is the interaction of vulnerability to poverty, and vulnerability to violence that may determine household decisions in violent conflicts. Theisen's (2008) multi-country analysis also pointed to the combination of poverty and dysfunctional institutions as strongly related to the onset of conflicts, rather than the scarcity of natural resources per se. As Mahatma Gandhi once said, "Poverty is the worst violence" because poverty likely made people vulnerable to more violence - especially if the state actors are insensitive to this expression of social injustice.

There has been a shift in contemporary conflicts from inter-state to intra-state violence in which civilian populations - in particular, minority ethnic groups and the impoverished - are the primary targets of violence (Kienzler, 2008). While in World War I only one-twentieth of all casualties were civilians, the proportion rose to two-thirds during World War II, and today it is estimated that nine out of ten of victims are civilians (Keane, 2004). A recent report indeed shows that while the number of conflicts fluctuates, the number of deaths by violence remains

almost constant. Around 740,000 people die every year because of armed conflicts and the majority of them (490,000), outside the war zone (Geneva Secretariat Report, 2008). These statistics consider battle deaths as well as the indirect deaths that likely occur outside the battle zones. Indirect deaths are deaths resulting from war exacerbated diseases and malnutrition, and from injuries caused by violence (Human Security Report, 2009). Armed conflicts cause not only violent deaths but also force populations into displacement, stress, malnutrition, loss of access to health care services and likely more violence, such as sexual violence; all of these increase the individual's vulnerability to fatal diseases. Indeed, malaria, measles, gastric diseases and acute respiratory infections are considered the "four killer diseases" responsible for most indirect deaths in conflict zones. Men are still the highest number of direct deaths in conflicts but children, women, and all displaced persons are the groups most vulnerable to the overall impact of wars (Human Security Report, 2009-2010). Another consequence of the increased involvement of civilian populations in conflicts is the blurry distinction between victims and perpetrators (Kaminski, Nalepa & O'Neill, 2006). As civilian populations are trapped between opponents groups, they are also forced to collaborate or participate with the activities of those groups and often find themselves fighting "between neighbours" (Theidon, 2004). Therefore, reconciliation and reconstruction policies in post-conflict are challenged by the prevalence of groups that were both victimized and acted as perpetrators in civil wars.

Since the end of the World War II, 236 conflicts have been active in 150 locations. According to the Upsala Conflict Data Program (UCDP), a conflict is considered active if there are at least 25 deaths in combat per year for any of the participating dyad (UCDP, 2010). However, other conflict databases consider a conflict active if at least 1,000 deaths per year occur (Ploughshare Monitor, n.d.). After a considerable rise in the aftermath of the Second World War, armed conflicts declined since 1994 with the end of the Cold War (Human Security Centre, 2009). This decline, however, appeared to be short lived - as evidenced by the recent emergence of new conflicts and the unending need for humanitarian programs to assist survivors of wars. Indeed, in 2009, 36-armed conflicts in 25 locations were active in the world compared to 34 in 2007 (UCPD, 2010). This figure is five times higher than the number of conflicts in 2003, the year with lowest number of active armed conflicts since the mid-1970's (UCPD, 2010). Interestingly, in contrast with the argument that the number of wars have decreased since the end of the Cold

War, the number of countries involved in armed conflicts since the end of the Cold War is higher than at any time since the end of World War II (Human Security Report, 2009-2010). This is due to the large number of countries involved, though some only nominally, in internationalized conflicts, such as Iraq or Afghanistan. Erica James (2004) furthers this analysis by questioning if the Cold War has really ended. She argues that while the content of the discourse has changed, and there is no more an emphasis of a war between democracy and capitalism versus communism or socialism, the structure of the discourse remains the same - that is, to identify security threats to the West resulting in some form of intervention. The latter explains the massive intervention of "civilized nations" on conflicts like Iraq or Afghanistan.

In the context of political violence and other types of mass violence, the exposure to violence - and therefore to potentially traumatic events - appears to target some groups more than others. The Holocaust and recent genocides in Guatemala, Cambodia, Rwanda and Sudan are disturbing examples of mass violence that is targeted, rather than random. With the exception of World War I and World War II, other wars have also collected a disproportionate toll on indigenous populations worldwide. Starting from the colonization period, followed by the independence wars and contemporary inter-state wars, indigenous groups have been targeted by ongoing mass violence. It has been estimated that before World War I, approximately 50 million indigenous people were already eliminated (Clay, 1997). Pedersen (2002) summarized previous research stating, "by and large, indigenous populations have been more affected and subject to genocide in vast numbers" (p. 177). The indigenous population in Peru, the focus of this dissertation, is not an exception and has been targeted by violence for centuries. The periodic occurrence of mass violence in certain nations and populations calls for reflection on how we can define post-conflict.

Defining post-conflict is indeed a difficult task. In classical international wars, post-conflict usually started with the cease of fire and the signing of peace treaties, followed by a period of socio-economic reconstruction. In contemporary intra-state conflicts, post-conflict is a more complex process, where the cease of hostilities is often temporary and the conflict tends to continue in an intermittent manner - as happened recently in Sri Lanka and Northern Ireland. Political scientists Brown, Langer and Stewart (2008) developed a typology of post-conflict,

which better reflects its complexities. These authors define post-conflict as a process that entails the attainment of different peace milestones, such as cessation of fire, demobilization, disarmament and reintegration, refugee returning, accomplishment of reconciliation and societal integration, and economic recovery. By looking at this typology, it is clear that many active armed conflicts (e.g. Sudan, Democratic Republic of Congo, Palestine, Sri Lanka, etc) will continue to be active for a long time due to the regions' inability to achieve societal integration and/or economic recovery.

In contrast to the reconstruction approach of the 1950's, post-conflict interventions of the past 20 years have begun to include psychosocial assistance, which have been primarily framed around the dominant trauma response model based on PTSD, and subject to much criticism. Critics argue against the limitations of PTSD and the trauma paradigm's lack of consideration for socio-political causes, the consequences of wars, and other collective traumatic events within non-western contexts (Bracken, 2001; Summerfeld, 1999). Indeed, the overgeneralization of PTSD to traumatic experiences that have similar physical symptoms, but which are dimensionally different in the contextual effects has been questioned. For instance, cases of victims of torture or political violence in general (Montiel, 2000) may be different than the traumatic experiences that result from car accidents or single incidents of violence, such as robbery. Among the latter type of traumatic experiences, the stage of *post*-trauma is often nonexistent and the re-traumatization of the individual is frequent; thus, the term "*ongoing* traumatic stress" was proposed as a better descriptor of such an experience. In the context of political violence, some of the core PTSD symptoms, e.g. re-experiencing and arousal, can be also consequence of *real* and justified fear of a re-occurrence of violence (Erazo, 1992, James, 2004).

Interventions based on the dominant trauma paradigm are also viewed as a neo-colonial imposition that tends to silence or marginalize local meanings of mental health and jeopardize local coping strategies (Gagné, 2008; Pupavac, 2001). For instance, Englund ethnographic study with Mozambica refugees in Malawi presents an eloquent description of how the western-inspired aid programs overly emphasized the need to verbalize trauma in therapy. The latter contradicted the full range of non-discursive bodily oriented rituals (spirit exorcism, funeral ceremonies), that in fact the refugees used to heal their war traumas (Englund, 1998). More

importantly, the focus on therapeutic interventions can distract valuable and scarce resources from addressing the structural causes of conflicts (Breslau, 2004). For instance, Kagee (2003) study of former political detainees in South Africa suggests that even though participants reported symptoms of PTSD, their major concerns were not related to those symptoms, but rather to somatic problems, economic marginalization, and dissatisfaction with the present political context. James (2004) indicated that the documentation of suffering after mass violence,- or the "trauma portfolio" (p. 131) - transforms individuals, families, or communities into "victims" or "survivors", instead of ongoing sufferers of social dislocation and organized violence. James' work in Haiti in the late 1990s clearly illustrated the scenario of a nation framed on political unrest, criminal violence and insecurity as everyday discourses where the *post* stage is unfortunately still unknown. She also describes how the identity of "trauma *viktims*" was used in order to get aid benefits (micro-loans, food, etc), creating a process of appropriation and commodification of suffering. In this context, Vanessa Pupavac (2001) criticizes the intensified attention to the psychological state of war-affected populations paid by humanitarian responses in post-conflict areas, stating, "trauma is replacing hunger in the West's conceptualization of wars and disasters in the South" (p. 358).

These eloquent critiques of therapeutic-focused interventions after wars and other disasters, have led to the development of psychosocial interventions or programs where the social context of the trauma response are further included (Agger, et al, 2005). In fact, this is indicated in the recently released *Inter Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007), which clearly emphasizes the psychosocial issues which affect disaster and/or war-affected populations, rather than the psychological trauma per se. The IASC is formed by several United Nations (UN) and non-UN humanitarian organizations. The core principles of the IASC guidelines include the promotion of human rights and equity, maximizing the participation of local populations in humanitarian responses, doing no or less harm, building on available resources and capacities, integrating support systems, and developing a multi-layered set of complimentary supports that meet the needs of diverse groups (IASC, 2007).

Nonetheless, the PTSD criteria provides a useful initial characterization of the mental health symptoms and problems of survivors of political violence, if this assessment is integrated with the socio-political context of the experience (Boehlein & Kinzie, 1995; Kirmayer, et al, 2007; Silove & Ekblad, 2002) and contrasted with local idioms of distress (Miller, Kulkarni & Kushner, 2006; Pedersen et al, 2008). For instance, Abramovitz's (2005) study in six communities of the Guinean Languette after the attack from Sierra Leonean and Liberian forces, shows how individual levels of PTSD can also inform the understanding of collective trauma. Indeed, she found lower rates of PTSD-related distress in communities with a narrative of resistance to violence in post-conflict, while communities with a narrative of violence and social dislocation were accompanied with higher rates of distress. Terheggen, Stroebe, and Kleber (2001) study on Tibetan refugees in India, indicates that standard measures of posttraumatic stress related symptoms, anxiety and depression, were a useful basis to start examining alternative expressions of distress or experiences of violence that were not captured by Western instruments. In post-genocide Rwanda, Pham and colleagues (2004) found gender (being female), loss of family members, socio-economic losses, or history of abuse or other trauma before the genocide to be strongly associated with PTSD symptoms. The study also indicated that survivors experiencing higher PTSD-related symptoms were more supportive of international justice mechanisms rather than local mechanisms, which made a connection with the lost of trust inherent in post-trauma distress. Similarly, Vinck and colleagues (2007) found a high prevalence of PTSD and depression in a large sample (*N*= 2,389) from the conflict zone in Northern Uganda. Respondents who met PTSD criteria also reported attitudes favouring violent means, rather than non-violent, to end the conflict. Pedersen and colleagues (2008) used ethnographic methods to develop a culturally informed instrument measuring the local idioms of distress in the indigenous population in Peru in the aftermath of the armed conflict. The local instrument correlated highly with posttraumatic stress related symptoms but did not overlap, indicating that not all expressions of post-trauma distress of the study participants were encapsulated by PTSD criteria. These studies are just a sample of the numerous contributions that have informed how PTSD-related symptoms are in fact found in diverse populations affected by war and conflict, yet they do not represent the whole impact of violence on those groups, nor are they the most important consequence of the traumatic experience for these populations.

As observed in the discussion above, the socio-political dimension of political violence does not allow encapsulating the phenomenon as a solely psychological occurrence, thus, the analysis of war trauma should contextualize responses to trauma in the socio-political framework of the experience and requires the examination of local idioms of expression of distress and healing. I argue that another limitation is the over-emphasis on identifying symptoms of PTSD and psychological distress in post-conflict interventions, while excluding the assessment of the resilience process that occurs simultaneously. As Zarowsky and Pedersen (2000) stated, "the experience of trauma, war and loss can play a critical role in mobilizing social cohesion and demonstrating resistance as well as resilience" (p. 292). Indeed, the healing of survivors of political violence will often come from the same traumatizing socio-political context, and from their own efforts to transform this context, as in the case of protracted conflicts - prolonged intrastate-armed conflicts - like those which exist in the Philippines and other Southern countries such as Algeria, El Salvador, Guatemala, and Cambodia (Montiel, 2000). For example, the focus of healing in post-war Nicaragua was the social reintegration of individuals and the reconstruction of the community rather than defining the war trauma experience in terms of PTSD. In the context of a post-war society plagued by poverty, illiteracy and oppression of the large population, community-oriented goals had more priority than individual goals (Svaass & Castillo, 2000).

There is also the risk of "culturally sensitive" interventions that may result in unplanned and undesirable consequences if they are not informed by local knowledge, and instead follow a "cultural" Western approach (Miller et al, 2006). The anthropologist Santiago-Irizarry (2001) indicates such a scenario on describing mental health culture-specific interventions that resulted unintentionally in a medicalization of the Latino ethnicity in USA - her observations refer to the fine line in considering "culture" as the "cure", or "something to be cured". Santiago-Irizarry indicates a risk of the latter, if culture is measured in the context of "otherness" with respect to Western culture, which may imply that the "other culture" must be "cured" or transformed in accord with the dominant culture. Santiago-Irizarry argues that the sole construction of culture in psychiatric terms can lead us to see culture as "illness" rather than "cure", in other words, considering ethnicity (and culture) "as a pathologized element to be monitored and controlled"

(p.146). In the context of war trauma, several studies have encountered this challenge when observing culturally bound expressions of distress - e.g. dissociation, *ataque de nervios*. For instance, de Jong and colleagues (2005) examined the cross-cultural validity of the Structured Interview for Disorders of Extreme Stress (SIDES) in three large samples of survivors of long-term experiences of mass violence in Algeria, Gaza and Ethiopia. Their findings show that the construct equivalence of SIDES was not found, as two common idioms of distress in Western samples, parasuicidality and dissociation, were absent (suicide ideation) or had a healing function (dissociation) in these samples.

Parallel to trauma and PTSD, other explanatory frameworks have been suggested in the context of war trauma. For example, Martin-Baró (1994) developed an alternative framework for understanding the aftermath of political violence in Latin America, which employs a social model of trauma, which attributes the problems with political violence to the “traumatogenic” relationships of an oppressive and unjust social system that creates the context of war, rather than individuals. As suggested by medical anthropologist Hanna Kienzler (2008), what is needed is a “division of labour” of the alternative frameworks of diverse disciplines that study war trauma, where contributions representing various interdisciplinary goals and methods are considered not just opposing, but rather, balancing the understanding of war and trauma. This dissertation aims to further the understanding of human responses to traumatic events by examining the context of posttraumatic stress and resilience in post-conflict Peru from a social work perspective. The following sections will outline how gender-based violence and resilience are conceptualized in the study.

3.2 GENDER-BASED VIOLENCE IN WAR CONTEXTS

Addressing the need to integrate the socio-political context in the understanding of trauma, this section considers gender as one of the social dimensions that organizes lives - in particular in times of war. The fact that armed conflicts typically exhibit marked gender differences in victimization patterns is of particular interest for this study; while men are the subject of most

killings and torture, women are primarily the victims of sexual violence[13] (Leiby, 2009) and other targeted violence that may continue well after the end of the conflict (Wood, 2005). Amnesty International (2001) has reported that violence against women is not an accident of war - it is a *weapon of war* that may be used for different purposes such as spreading terror, destabilizing a society, rewarding soldiers and the extraction of information. Sexism, therefore, has to be examined when considering the severity of violence against women in war, as was cited in Chester (1992): "one of the essential ideas behind the sexual slavery of a woman in torture is to teach her that she must retreat into the home and fulfill the traditional role of wife and mother" (Burnster-Barotto, 1986, p.307). Thus, the inclusion of gender-specific analysis in post-conflict research seems necessary.

Sexual violence in armed conflicts, however, became an important theme in the agenda of post-conflict policies just few decades ago. The systematic practice of rape and forced pregnancies in Rwanda and the former Yugoslavia in the 1990s contributed greatly to the new attention that the international and local communities exhibit towards gendered violence in conflicts (Franco, 2006). Sexual violence in conflict includes crimes such as rape, gang rape, sexual assault, sexual slavery, sexual mutilation, forced impregnation and forced prostitution. Those crimes are often accompanied with life-threatening conditions and produce severe consequences to the women's physical and psychological well being. The purpose and motivation of sexual violence also has variations. In this context, Zinstag (2005) categorized sexual crimes in conflict into four categories: first, as a traditional "spoil of war" and part of the "booty" or rewards that a war can offer to soldiers. Second, as a means to dominate - this is, to control a population, as the attack destroys not only the victim but also the rest of the community, family that are often forced to watch or participate in the assault. Third, sexual violence as a method of torture, with the intention to humiliate the victim, as well as to inflict pain; and, fourth, sexual violence as a fundamental part of ethnic cleansing and genocidal strategies. The mentioned conflicts in Yugoslavia and Rwanda, as well as in Sierra Leone, Sudan and the Democratic Republic of Congo, are recent examples of this horrific trend. Indeed, it is estimated that almost all women

[13] For this dissertation, *rape i*s defined as forced sexual intercourse where the victim and perpetrator may be either male or female (BJS, 1999). Although male rape is also being reported, the majority of rape victims in armed conflicts are women, thus, this study will only examine women as victims of rape. *Sexual violence* is a broader category that includes rape, coerced undressing and non-penetrating sexual assault (Wood, 2006).

survivors of the Rwandan genocide were in fact furiously raped with the purpose to either kill or impregnate them. Moreover, it is estimated that women in Rwanda before the genocide constituted approximately 70% of the total population while after the genocide were reduced to 51% (Logan, 2006). The prevalence of sexual violence towards women, however, is traditionally reflected within, though not restricted to, the context of political violence. Rape and other forms of sexual violence against women are pervasive human rights violations and a public health concern outside of war contexts. For instance, it is estimated that more than 300,000 women are raped every year in the United States (Tjaden & Thoennes, 2006). In Canada, statistics published in 2004 indicated that of 23,000 sexual assault incidents, 86% were reported by women. It has also been estimated that only 6% of these assaults were in fact reported (Ontario Women Directorate, 2004), while other sources point to an average of 30% of cases reported (Ullman et al, 2007). Rape statistics may therefore underestimate the prevalence of rape of women, because a large number of incidents do not get reported. Worldwide rape statistics present a higher prevalence of rape and other forms of sexual violence with significant differences by country. For example, the World Health Organization (WHO) 2002 report on sexual violence indicated that the percentage of women reporting sexual violence by unknown perpetrators in a random sample of cities varies from less than 2% in Beijing, China, to 8% in Rio de Janeiro, Brazil. Higher percentages are often reported for sexual and physical violence perpetrated by partners or acquaintances. Indeed, the latest WHO multi-country study on domestic violence against women (Garcia-Moreno, Jansen, Ellsberg, Heise, et al, 2006) reported that the proportion of ever partnered women reporting either sexual or physical partner violence ranged from 15% (Japan city) to 71% (Ethiopian province), with most sites falling between 29% and 62%. The study indicated that violence by intimate partner is a common experience worldwide, with a higher presence in non-industrialized settings, and that women in this study were more at risk of violence by an intimate partner than from any other perpetrator.

According to recent epidemiological studies in North America (Amstadter, et al, 2010; Breslau at al, 2004; Kessler, et al, 1995; Zinzow et al, 2010), rape is consistently associated with the highest prevalence of PTSD when compared to other traumatic events. For instance, Amstadter and colleagues (2010) studied PTSD, help-seeking behaviours and rape within a national random sample of US female college (*N*= 228) students. Participants who had

been forcibly sexually assaulted and/or raped (*N*= 153, 68%) and experienced PTSD related symptoms (*N*= 103, 45%) were more likely to seek help than participants not presenting PTSD symptoms. Breslau et al (2004) examined the Detroit Area Survey of Trauma (*N*= 1,944), and found that the conditional probability of PTSD for participants that have been victims of rape was 49% compared with 20.9% for victims of overall assaultive traumatic events (e.g. being kidnapped, beaten, assaulted) or 6.1 % for the ones that had experienced other injuries or shocking events (e.g. car accidents, natural disasters). The differential vulnerability to PTSD among rape victims, however, has been also indicated. Zinzow and colleagues (2010) examined PTSD prevalence on a national representative sample of US women (*N*= 3,001). The authors` multivariate analysis shown that history of drug or alcohol-facilitated rape tactics and history of forcible rape was strongly associated with PTSD, while history of forcible rape alone was associated with depression.

The survival of rape victims is strongly influenced by the social context of the experience (e.g. George & Martinez, 2002; Moor, 2007; Ullman, et al, 2007; Wehbi, 2002). As evidenced in the case of other traumatic events, there is a dearth of studies which focus on the resilience of victims of rape and sexual violence - exceptions include Jordan's (2005) study on the resistance and survival of rape, and Regehr, Marziali, and Jansen's (1999) investigation into the strengths and vulnerabilities of sexually assaulted women. Rape myths – socio-cultural beliefs that shift the blame of rape from the perpetrators to the victims – are also prevalent in today's society, and in many ways contribute to the pervasiveness of rape (Suarez & Gadalla, 2010). The latter is particularly intensified within the context of armed conflicts, where rape and sexual violence are often considered legitimate "weapons" or "rewards" of war, and are rarely afforded the seriousness attributed to other war crimes such as torture or killings (Zinsstag, 2005). Most importantly, there is little agreement on how much different war rape is than other forms of rape, in regards of what causes rape. As feminist theorist Donna Pankhurst stated, "Finding *explanations* for war rape remains as complex and challenging as explaining rape during peacetime, a situation that hardly helps to minimize or prevent it " (2003, p.170).

Elizabeth Wood (2006) examined the elevation in sexual violence during wartime. She reports that wars increase incentives and opportunities to engage in sexual violence, while the social

regulatory mechanisms for sexual violence weaken; the extent to which those regulatory mechanisms are attenuated, however, varies across conflicts and groups. Woods notes that sexual violence appears to be largely under control in some conflicts (e.g. Palestine), while widespread and targeted in others (e.g. Bosnia, Sierra Leona, Rwanda). A similar observation can be made between certain groups; for example, the Colombian leftist insurgent group appears to minimally engage in sexual violence, while in Sierra Leone, dissenting armed factions are responsible for the majority of sexual violence.

Despite the prevalence of sexual violence in armed conflicts, pertinent data is scarce and difficult to find (Leiby, 2009); this may be attributed to the negligible number of accessible channels for punitive or retributive justice for this crime. It was only in 2001 that an international court [the International Criminal Tribunal for former Yugoslavia (ICTY)], first identified rape as war crime (Franco, 2006); the reporting and coding of war crimes often prioritize political identities over gender and sexual identities, leading issues relating to gender-biased violence to often be overlooked (Leiby, 2009). In addition, the targets of sexual violence during conflicts are usually women of marginalized and oppressed groups, such as the indigenous women in Guatemala and Peru, while the perpetrators are often part of the state apparatus. This imbalance of power makes it exceptionally difficult for victims to report the assault or access the justice system. Finally, the stigma attached to sexual violence hinders survivors from talking about rape and is a major deterrence factor for many survivors of rape (Woods, 2006). Thus, rape as a weapon of war continues to be an effective strategy of domination due to the persistence of the stigma – and the resulting silence - that is connected to being raped.

In the context of wartime, the assumption of therapeutic benefits for victims to present their testimony of sexual violence to legal institutions has yielded inconclusive findings. Nicola Henry (2009) examined the experiences of victims of wartime sexual violence during the International Criminal Tribunal for the former Yugoslavia (ICTY). On one side, for many victims - the majority, according to the author - the experience of testifying under hostile cross-examination strategies, answering insensitive questions, and often listening to the light sentences or the impunity attained by the offenders was extremely challenging and re-traumatizing. On the other side, a number of women feel empowered by the experience of looking at the perpetrators in

other conditions - for them, retributive justice was indeed “justice”. Two groups felt particularly affected by the stigmatic context of the Tribunal - first, women who were assessed as “too strong” to be real victims, reinforcing the myth of the “legitimate victim”, i.e. young, helpless and vulnerable. The second group of women, whom the Court had evidence they were experiencing post-trauma symptoms, were deemed unable to testify because they may be suffering from false memory syndrome and/or, in contrast to the first group, “too ill” [weak] to testify (Henry, 2009). These experiences illustrate the many injustices and obstacles that war victims of rape and sexual violence can encounter, despite the promise of justice by the international criminal system. The fact that many victims also come from marginalized groups in society, with limited education and resources to keep up with the demands of participating in court proceedings, and the stigma attached to sexual violence, also explain why the reports of such crimes remain extremely low (Boesten , 2010). Nevertheless, women have found ways to talk about their sexual violence experiences; for example, when giving testimonies about rape, they refer to themselves in the third person, or in a collective manner (Franco, 2006).

Research studies have started to examine the lifelong consequences of war rape for women in several post-conflict zones, such as Rwanda (Cohen, et al 2009), Germany (Kuwert, et al, 2010), Croatia (Loncar, et al, 2006) and Liberia (Swiss et al, 1998). These studies consistently indicate the presence of long-term sequel of consequences of the experience of war rape. This long term impact of sexual violence ranged from physical health consequences such as, acquisition of sexually transmitted diseases(STD), HIV/AIDS, and impaired sexuality, to mental health consequences such as, PTSD, depression, etc. These consequences are present 10 years (Cohen, et al, 2009), even 60 years, after the violence happened (Kuwert, et al, 2010). The latter indicates the need for policies and programmes that target women survivors of all ages in post-conflict zones worldwide.

Rates of HIV transmission are often indicated as increasing in wars and in the aftermath of armed conflicts (Carballo et al, 2010) where sexual violence, poverty and displacement enhanced the risk of the spread of HIV. Indeed, a study in Rwanda found that seropositivity – serological reaction indicating the presence of HIV- was 60%-80% among women who had been raped during the 1994 genocide, compared to 13.5% of the general population (Nduwimana, 2004) .

These findings had been challenged by other studies that instead show that widespread rape in war does not necessarily increase the overall HIV prevalence in conflict-affected countries (Anema et al, 2008, Spiegel, et al, 2007). These contradictory findings are partially the result of different viewpoints on what experiences ought to be considered within the scope of sexual violence in conflicts- that may range from one-incident of rape, gang rape, to long term sexual slavery- which determine what is included in official conflict statistics (El-Bushra, 2010). However, these findings also confirm the overall scarcity of representative data on sexual of violence in conflicts, a topic often silenced. The widely recognized stigma attached to HIV/AIDS (Logie & Gadalla, 2009) may also duplicate the chances of underreporting sexual violence which has led to such conditions. For instance, in Bosnia, where the epidemic trend of HIV has been less evident in the aftermath of extensive sexual and gender-based violence, the growth in the number of tuberculosis (TB) cases among women survivors may be indicative of underlying, misdiagnosed and under-reported HIV (Carballo et al, 2010). The addition of an HIV positive status also appears to increase the likelihood of developing depression and PTSD related symptoms on victims of war rape, as found by Cohen, Fabri, Cai, Shi, Hoover, et al (2009) study with women survivors ($N= 850$) of the Rwandan genocide. Clearly, rigorous analysis of available data is important for an enhanced understanding of sexual violence and HIV transmission within conflict and post-conflict environments.

Less recognized than the gendered nature of war, is the gendered nature of peace in post-conflict states (Borer, 2009). During armed conflicts, women are not solely victims - they often assume traditionally masculine roles at family and community levels (mainly due to the absence of males) leading to a temporary transformation of gender roles. It is observed in many countries (e.g. El Salvador, South Africa, Peru), however, that the participation of women after war is returned back to the private sphere of household duties, and the jobs and political participation that women exercised during the conflict are left to the returning men. Pettman (1996) argues that post-conflict priorities - such as state consolidation, economic crisis, and reintegration of male combatants - set aside gender issues, leading to a return to pre-war gender relations. In addition, Borer (2009) indicates that the frequent exclusion of women in the development of transitional justice mechanisms and peace negotiations also contribute to the gendered nature of post-war. Borer examines the experience of the South African Truth Commission (TC) in regards

of gendered violence, and concludes that the TC failed to uncover the gendered truth, instead allowing for the perpetuation of violence against women in peacetime.

The political participation of women - or rather, the *absence* of- has also been mentioned as hindering gender transformation policies in post-war. Melanie Hughes' (2009) review of civil conflicts in the 1980's and 1990's offers a more hopeful perspective of how women from low-income countries can retain and/or gain access to political participation in post-conflict. Hughes examines a combination of structural and cultural factors that may either foster or hinder women's political participation in post-war. She concludes that a combination of such factors (e.g. presence of qualified women as leaders, demographic changes, regimes changes, etc) and longer, larger-scale wars, as well as influential international linkages, may alter the traditional composition of governments and create political openings for an increased presence of women in politics in post-conflict societies.

The emphasis of peace processes on addressing instances of direct violence – that is, physical violence - also contributes to minimize the gendered experiences of structural violence that often affects women disproportionately, in both peace and conflict (Borer, 2009). Indeed, social, economic and political structures made women a vulnerable group for poverty, health deterioration, sexual violence, and other unjust conditions; in particular, if these structures intersected with membership of ethno-racial marginalized groups – such as the Quechua women, who are the focus of this dissertation. Indeed, Galtung (1990) emphasized that *peace is not simply the absence of war*, but the absence of social injustice as well as direct and structural violence. Fionnuala Ni Aolain (2009) related Galtung's framework of peace and structural violence to dominant discourses in human security, which neglect, for the most part, the gendered nature of violence in peace and war. Ni Aolain asserts that for many women, the violence experienced during conflict and the lack of security in post-conflict environment are continuous rather than separate realities; thus, accountability for violence against women should be included in security terms as an ongoing truth. Indeed, the experience of women in Mozambique after three decades of war confirmed that traumatic experiences for them are ongoing sequential processes of violence and suffering. These women experienced forced labour, sexual violence and other horrors during the war, and domestic violence, stigma, poverty,

isolation, and intra-marital problems among other problems in the aftermath of the conflict. They said, "When the war was over, little changed" (Igreja, Kleijn, & Richters, 2006, p. 502).

This succinct review on the gendered nature of violence in war and post-conflict therefore calls out the need for gender-sensitive programming in post-conflict interventions. More importantly, it also calls for attention to the remarkable resilience of women worldwide in such detrimental contexts - such as the Quechua women, and the need to identify the fostering factors of this resilience - which is the focus of this dissertation.

3.3 RESILIENCE, THE MISSING PIECE IN POST-CONFLICT RESEARCH

Individuals or groups exposed to traumatic events generally demonstrate some form of *stress*, which is referred to as *traumatic stress*. The original conceptualization of stress by Selye, however, considered stress to be an adaptive response, where *eustress,* or positive stress, and its negative counterpart *distress*, are potential outcomes (Selye, 1976). In the context of traumatic stress, the dominant discourse has focused primarily on *distress*, thus underestimating the role of *eustress* in traumatic experiences (Suedfeld, 1997); however, in the majority of cases, traumatic stress resolves over time without any lasting psychopathology (Kessler, et al, 1995**;** Tucker, 2002). In other words, resilience is the norm, and PTSD (or other symptoms of distress) is the exception (e.g. Galea, et al, 2003; Konner, 2007; Shalev, 2007).

The long-lived debate about what constitutes resilience has resulted in multiple definitions of this construct. For example, from a classical developmental perspective, Masten (2001) defines resilience as the successful adaptation or optimal developmental outcomes despite exposure to environmental threats or adversity. Following a broader scope, resilience is also defined as the capacity for successful coping (Cederblat, et al, 1994). More recently, in a post-modern "third wave" of resilience studies (Almedon & Glandon, 2007), resilience is defined as the ownership of selective strengths to help the individual survive adversity. Resilience is indeed dependent upon the ability of the individual to survive, as well as the presence of a protective environment, which allows for the exercise of this ability (Notter, MacTavish & Shamah, 2008). For the purpose of this study, resilience is defined as an interactional process between an individual's

survival characteristics and his or her environment in order to face adversity (Tousignant & Sioui, 2009; Ungar, 2008). In the absence of a definitive resilience research paradigm, Yehuda and Flory (2007) argue that investigators must clearly outline their definition of resilience. Similar to Fazio and Fazio (2004), I argue that "it is not the definition of resilience that is important; it is the philosophy that resilience can be enhanced" (p. 245).

It is important to review the evolution of the concepts that underlie current definitions of resilience. Traditionally, the study of resilience was centered on psychological constructs such as "hardiness" (Kobasa, 1979) or "self–efficacy" (Bandura, 1977) which identified key personality components that made people cope better with stress, and even benefit from the experience; in the same context, other authors elaborated about "fortigenesis" – strength, fortitude (Strumpfter, 1995). A more inclusive construct, "sense of coherence" was developed by Antonovsky (1987), which also incorporated elements of hardiness, self-efficacy and other theoretical underpinnings of resilience. Sense of coherence (SOC) implies the capacities that allow individuals to comprehend, manage, and create a meaningful view of their adversity. Rutter's work on "resilience" from a developmental perspective has been instrumental to the further analysis of intersections of risk and resilience (Rutter, 1985). In the context of adverse traumatic events, Harvey et al (2003) developed an ecological model of recovery and resilience after trauma which point out the "anomalies" in the social ecology, such as racism, poverty and sexism and its detrimental effect on resilience, while emphasizing the conceptualization of resilience as a social process. Post-traumatic growth (PTG) is another popular construct which focused on the positive effects of trauma, in terms of growth and transformation (Tedeschi & Calhoum, 1995). Other resilience scholars have instead focused on the biological and social factors that allow for the enhancement of resilience (Connor & Davidson, 2003). Similarly, Ungar and colleagues (2008) international work on children and youth resilience adopts an interactional and ecological view of resilience, where resilience is susceptible to enhancement. As Almedon's (2005) comprehensive review on resilience concluded, all of these theories of resilience ultimately show "that a number of alternative pathways and scenarios are possible and observable among disaster victims-survivors" (p.262). Indeed, a multidimensional view of resilience has been developed recently by Masten and Obradovic (2008), where resilience can adopt three different forms: first, as a capacity to overcome odds - how to achieve better than expected outcomes; second, as a

resistance factor to stress - how to keep functioning well in very difficult conditions; and third, as a pattern of recovery - how to regain effective functioning after exposure to traumatic stress. This definition clearly suggests that resilience is a positive adaptation that is dynamic and open-ended.

Southern scholars have developed a comparable perspective of resilience. Latin American scholars Kalawski and Haz (2003) propose that the definition of resilience depends on the context of where it is studied, and its temporal framework. In this way, resilience is a response to a particular risk situation and not a timeless construct, or independent of the context of risk; therefore, a person who presently reflects resiliency may not necessarily have been resilient in the past, nor will be resilient in the future. Indeed, ethnographer Nancy Sheper-Hughes (2008) confirmed this perspective, when she describes the unconventional "tactics of resilience" that are used back and forth in the extremely difficult life experiences she studied in poor shantytowns in Brazil and post-apartheid South Africa.

Local models of resilience have been also developed by Peruvian scholars - such as social work professors Roberta Garcia and Blanca Zanabria and others from the Consortium for the Integral Development of the Andean Families and Children (*Consorcio para el Desarrollo Integral de la Niñez y la Familia Andina,* CODINFA). From 1997 to 2002, CODINFA conducted a theoretical analysis of resilience as it related to local Andean cultural traditions, accompanied with a series of promotional interventions of resilience with more than 1,500 children and families in the Andean provinces of Apurimac, Ayacucho, and Huancavelica. In this context, resilience was defined as "the emotional, cognitive and socio-cultural capacities of individuals and groups that allow them to recognize, confront and transform constructively situations causing suffering or harm and threatening their development[14]" (CODINFA, 2002, p. 38). These interventions had the goal of promoting resilience in rural Andean communities, mainly through experiential and ludic strategies. As result of these studies, a Peruvian model of resilience was developed based on self-esteem, creativity, autonomy, humour and cultural identity (CODINFA, 2002) that has been presented in international and national conferences. The last variable, cultural identity, is a unique contribution of the Peruvian model, as it is not usually considered in other explanatory

[14] Translations from Spanish by this researcher.

models of resilience. As Rosario Panez explains, " a person with a consolidated cultural identity has higher inner strength, trust, and confidence to utilize the resources from his/her environment , which will allow to resolve and transform adverse situations within his/her own cultural style" (Panez, 2002, p. 24). Professors Garcia and Zanabria, from the School of Social Work of the National University San Cristobal de Huamanga (UNSCH) in Ayacucho, have contributed generously to this dissertation with their expertise on Andean resilience from the initial and exploratory stages of the study. It is noteworthy that the interest in resilience for all in this group of social promoters was a natural consequence of the end of the latest armed conflict, and the awareness of the legacy of violence affecting the children in these three provinces (the most affected by the violence). The latter indicated a salutogenic vision of resilience, focused on the origins of health - rather than pathogenic, focused on the origins of disease (Antonovsky, 1987). Similar to the Peruvian model, a Canadian Aboriginal perspective on resilience also considers enculturation – or the return to traditional culture - as a necessary element to foster healing and resilience (Tousignant & Sioui, 2009).

While the study of resilience has traditionally focused on children's development (Rutter, 1995), the concept is increasingly used in relation to adults - which may be attributed to the acceptance of resilience as a lifelong process enacted in response to challenging circumstances over a life span, for instance, major illness, losses, and traumatic stress (Bonnano, 2008; Lamond, et al, 2009). As the interactional nature of resilience may be fostered by protective factors in the environment (Winfield, 1994), it is important to consider the role of social relations - such as cultural and power dynamics in the environment - that could affect resilience capabilities (Fraser, Richman, & Galinsky, 1999). As Notter, et al, (2008) indicate, "social class and geographical location both work to determine the availability of opportunities that support resilience in adulthood" (p. 613). Intersectionality, an analytical tool of Feminist Theory, helps to explain the intersection of individual and structural characteristics in the study of trauma and resilience. As mentioned in a previous chapter, the application of intersectionality in this study allows for examination of the multi-directional intersections of race, indigenousness, gender, the social exclusion of multiple marginalized persons/groups, and the consequences for theory and practice (Nash, 2008).

Resilient pathways are indeed observed in spite of persistent hardship and limited social support (Notter, et al, 2008; Ungar, 2008). For example, the presence of historical trauma has been considered another distinctive risk factor to post-traumatic stress. The Holocaust experience (Bar-On, et al, 1998; Lev- Wiesel, 2007) and the colonization of the Aboriginal population in North America (Evans-Campbell, 2008) are well-known examples of historical trauma of populations; however, there are inconclusive findings to the extent that historical trauma can transfer either risk factors, or protective factors to new generations (Yehuda , Schmeidler, et al, 2009) . Indeed, recent studies have focused on the intergenerational resilience of families of Holocaust survivors (Sagi-Schwartz, et al, 2008), the resilience strategies of Aboriginal communities in North America (Denham, 2008), and the importance of Aboriginal Healing practices for moderating the transmission of intergenerational trauma (Quinn, 2007). Despite this renewed interest in the topic, the experiences of historical trauma, resilience, and continuous exposure to violence experienced by indigenous populations in non-Western contexts has received scarce attention. The latter has precipitated this researcher's interest to study the resilience of Quechua women, a population that had been also exposed to historical oppression and violent trauma, but appears to continue responding with tremendous resilience.
One of the major challenges in research of adult resilience is the measurement of the construct which is intimately related to the difficulties mentioned before of operationalizing a standard definition of resilience. Due to heterogeneity in the operational definitions of resilience, the prevalence of resilience in high-risk samples is difficult to estimate and findings have been inconclusive. For instance, Vanderbilt-Adriance and Shaw's (2008) review of resilience and risk indicated that resilient outcomes (defined as the absence of psychopathology and positive outcomes in several domains) above 25% are rare in higher risk samples (e.g., multiple risks, low socioeconomic status). However, a recent study by Bonanno, Galea, Bucciarelli, and Vlahov (2006) showed that the prevalence of resilience (defined as the absence of PTSD symptoms or presence of just 1 symptom) varied from 33% to 55% across different exposure categories amongst survivors of the September 11th terrorist attack six months after the attack.

While several measures of resilience have been constructed, there is a dearth of validated measures that may be generalized to different populations. Several authors have addressed this deficiency by operationalizing resilience as an absence of mental health disorders (e.g. Alim, et

al, 2008; Harville et al , 2010), but often concluding that resilience appears to be a more complex construct than simply the absence of mental disorders such as PTSD (Almedon & Glandon, 2007; Bonnano, et al, 2007). Researchers have responded to this identified need for generalized and validated instruments by developing new measures of adult resilience - for instance, the development of the Sense of Coherence (SOC) scale (Antonovsky, 1993; Almedon et al, 2007); the Connor-Davidson Resilience Scale (CD-RISC, Connor & Davidson, 2003); and the Multidimensional Trauma Recovery and Resilience Scale (MTRR, Harvey et al, 2003), which have been translated to different languages and adapted to multiple contexts. Overall, these instruments considered the individuals' systems contributing to resilience (cognitive, interpersonal skills, emotional), as well as social and ecological systems - or in other words, measuring how individual resilience is promoted (or not) within responsive systems.

Almedon and Glendon (2007) has stated, "resilience is not the absence of PTSD any more than health is the absence of illness" (p. 127). I also argue that indicators of psychological distress, such as PTSD, can coexist with a process of resilience. In other words, resilient individuals also experience some level of distress, but the difference with non-resilient individuals is that these experiences of distress did not interrupt their ability to continue functioning in other areas of living (Bonnano, 2008). Indeed, Masten and Obradovic (2008) noted that the identification of resilience involves two judgements: first, the criteria to judge threats to an individual, and second, the criteria to judge the individual's systems adaptation to this threat; thus, resilience does not simply mean the presence of good outcomes. Studies on Post Traumatic Growth (PTG) - the positive consequences for survivors of traumatic stress (Tedeshi & Calhoum, 1996) - offer support for this argument. Research indicated that PTG was positively associated with spirituality, social support, and stressors in a sample of HIV/AIDS caregivers (Cadell, Regehr, & Hemsworth, 2003), and with age in a sample of female assault victims (Grubaugh, & Resick, 2007). Interestingly, distress and measures of depression or PTSD have shown no relationship with growth scores (Grubaugh & Resick, 2007). The latter results and Cadell et al's (2003) findings of a positive association between stressors and PTG raise questions about the relationship between distress and PTG. Partially answering this question, Kleim and Anke's (2009) study found a curvilinear relationship between PTG and depression and PTSD in a sample of assault survivors. In this study, survivors with higher or lower levels of PTG reported

fewer symptoms of PTSD or depression than survivors with moderate PTG levels. All these studies suggest a reciprocal and complex relationship between PTG and markers of psychological distress, including PTSD, which it is yet to be understood. These findings also suggest that distress and positive outcomes after trauma may occur simultaneously, though represent distinct processes.

The definition of positive outcomes after trauma, however, has different proponents. In addition to Tedeschi and Calhoum's (1996) scale measuring Post Traumatic Growth, the Perceived Benefits Scale (PBS, Mc Millen & Fisher, 1998) and the Thriving Scale (TS, Abraido-Lanza, Guier & Colon, 1998) have also been developed, and are conceptually similar. Indeed, Stephen, Linley and Harris's (2005) confirmatory analysis of the three scales demonstrated that despite different terminologies and conceptualization, all three measures yield to one single component of growth. In other words, the concepts of growth, perceived benefits and thriving, can be considered as a unitary phenomenon of positive outcomes after trauma.

Since resilience is not defined as a positive outcome per se, but as a positive outcome despite adversity, to really understand resilience it should be examined in situations of extreme adversity, such as war trauma (Masten, 2001). In the context of war trauma, most studies addressing resilience had traditionally focused on refugee populations relocated in Northern countries. Some recent contributions include Hooberman, Rosenfeld, Rasmussen and Keller's (2010) study with a multi-ethnic sample of victims of torture in New York, and Overland's (2011) grounded theory study of the resilience markers of three groups of survivors of the Khmer Rouge. Radan's (2007) mixed methods study with Salvadoran women refugees in the US measured the resilience of the sample using the MRTT scale (Harvey et al 2003), and examined the association between resilience scores and a history of traumatic events of participants. Welsh & Brodsky (2010) conducted in depth interviews with a small sample of Afghani women refugees examining their coping strategies in the asylum-seeking process. In general, studies of this kind have focused on refugees' survival and examine different moderators of resilience - social support, coping styles, presence of family - as protective factors of distress syndromes, and/or offer qualitative narratives of the resilience strategies in use for refugees. Overall, most studies also conclude that the unwelcoming experiences post-migration are re-traumatizing for

the majority of refugees, and often affect their resilience to more of an extent than the war experiences (Kivling-Bodén & Sundbom, 2002; Lie, 2002; Perez Foster, 2001).

Lately, a growing interest has developed on studying the resilience of deployed veterans from internationalized wars such as Iraq or Afghanistan. For instance, Maguen and colleagues (2008) found that in 328 military medical personnel preparing for deployment, resilience - measured by the CD-RISC - did not predict PTSD symptoms, however predicted positive and negative effects. In contrast, Roberts, et al, (2007) study on 225 Iraq or Afghanistan veterans found that resilience, also measured by the CD-RISC, was associated with decreased PTSD severity. The long-term effect of being a war prisoner has been studied with veterans of the Korean War by Gold, et al (2000); the study measured resilience factors by years of education and age at the time of the events. Trauma severity in captivity and resilience factors, in this order, predicted level of PTSD after 40-50 years of the experience of captivity. The relationship between suicidal ideation and resilience in a sample of veterans was examined by Pietzark, Rossi, Ling and Southwick (2010). Resilience was measured by the CD-RISC and associated negatively with suicide ideation in veterans deployed from Iraq. Other studies have rather focused on how to foster the resilience of veterans to minimize their risk of developing PTSD symptoms. For instance, social workers Brunner and Woll (2011) developed a therapeutic model for clinical services targeting the enhancement of US veterans' resilience, based on the understanding and optimizing of physiological responses to stress.

A limited number of studies have examined the resilience of populations living in conflict or post-conflict zones. The majority of these studies have examined the resilience outcomes of children and youth exposed to war, and resilience was conceptualized as the absence of PTSD, depression and other signs of emotional distress. For instance, Punamaki, Quota, and El-Sarrai (2001) examined the resilience of a sample of 89 Palestinian children younger than 14, after the Intifada violence. These authors found that children who reacted passively to the violence, perceived one parent as rejecting, and had high intellect but low creativity, showed high level of PTSD symptoms. These findings again confirmed the interaction of individual and social factors in the enhancement of resilience. Giacaman, Shannon, Saab, Arya,and Boyce (2007) studied a large sample of Palestinian youth (*N*= 3,415) and indicated that youth who coped better with

living in a conflict zone were from a city or a village, rather than from a refugee camp, pointing to the importance of social environment on resilience. An interesting finding of this study was that both individual and collective experiences of violence negatively affected the adolescents' mental health - pointing to the importance of collective experiences when examining coping in the aftermath of violence.

According to the Global Report on Child Soldiers (2001), it is estimated that 300,000 children under the age of 18 are fighting as soldiers with government and opposition groups in more than 30 countries worldwide. Child soldiers experienced not only direct exposure and participation in war atrocities, but also often encountered rejection from their original communities and families at their return, putting them at risk of further psychosocial distress (Hill and Langholtz, 2003). Due to this increased awareness to the magnitude of the involvement of child soldiers in contemporary conflicts, resilience studies have also focused on their survival. For example, a study with former child soldiers in Colombia (Cortes & Buchanan, 2007) found that 25% of their sample was composed of "resilient child soldiers", defined as exhibiting mild or no post-trauma symptoms after exposure to war. Another study of former Ugandan child soldiers (Klasen et al, 2010) found that 27.6% of the sample (*N*= 330) had shown "post-traumatic resilience", or the absence of PTSD, depression, and behavioural problems. The study indicated that participants with lower exposure to domestic violence, lower guilt cognitions, less motivation to seek revenge, better socioeconomic situation in the family, and more perceived spiritual support showed higher resilience. In contrast, amongst the youth in this sample with significant psychological distress, many of them had symptoms extending beyond the criteria for post-traumatic stress disorder, linking with the emerging concept of developmental trauma disorder (van der Kolk, 2007). Other studies with Ugandan child soldiers have reported prevalence rates of PTSD - according to the DSM IV criteria - of between 27% - 34.9% (Bayer et al., 2007; Okello, Onen, & Musisi, 2007). Therefore, the existence of other symptoms of distress - such as depression and behavioural problems - may have accounted for at least one third of the non-resilient outcomes in the study by Klasen and colleagues. Social work scholar Miryan Denov has examined the survival strategies of former child soldiers in Sierra Leone, and indicates that despite their daunting memories of war atrocities and other challenges post-conflict, child soldiers also demonstrate a significant array of coping skills, resourcefulness, and resilience

(Denov, 2010). The long-term impact of the child soldier experience has been examinied in a retrospective study of German child soldiers in WWII. The study reported that former child soldiers were exposed 60 years ago to a high level of war violence, similar to contemporary child soldiers; these former child soldiers reported a previous PTSD prevalence of 4.5%, compared with a current prevalence of 1.9% (Kuwert, Spitzer, Rosenthal, & Freyberger, 2008). Without intention of minimizing the psychological and physical wounds that resulted from the war experiences of child soldiers, review of these studies show that while they display evident post-traumatic responses, they also display remarkable resilience.

In regards to overall adult civilian populations in conflict or post-conflict zones, the scarcity of resilience research is evident. Some exceptions are studies on survivors of the Rwandan genocide, and on the Israel-Palestine conflict zone. Wood's (2007) case study demonstrated that genuine and empathic social support - even if inspired in non-local traditions - have the potential to promote resilience and "restore hope" in post-genocide Rwanda. In contrast, transcultural psychiatrist Bagilishya's (2000) study based on her personal experiences of genocide losses, argues that grief and healing in post-genocide Rwanda are not explained within the Western trauma framework, and further argues that fostering the resilience of survivors is necessary to the rebirth of Rwandan ancient traditions on survival and mourning. Following Klasen and colleagues' (2010) definition of "post-traumatic resilience" as the absence of post-trauma and depression symptoms, resilience can be estimated in Rwanda from Pham, et al (2004) study which found that around one third (25.7%) of a random representative sample (*N*= 1250) met PTSD criteria - or in other words, two third show resilient outcomes, despite experiencing the horrors of the genocide.

A good number of resilience studies come from another conflict zone - Israel-Palestine - but from opposing perspectives. Bleich, Gelkopf, Melamed & Solomon's (2006) study examines resilience and mental health outcomes following 44 months of terrorism on an Israeli national representative sample (*N*= 702). Women and people from Arab ethnicity had more Traumatic Stress Related Symptoms (TSRS), more PTSD, and less Traumatic Stress (TS) Resiliency than Jewish participants. After 44 months, PTSD levels remained the same, but TSRS and TS resiliency deteriorated. It is noted that vulnerability factors changed over time as lower

education, Arab ethnicity, and immigrant status were not associated with TSRS at baseline. Two recent studies coincide in their critiques –interestingly, from opposing sides of this conflict zone - to the globalization of PTSD, and focused on the importance of cultural strengths and collective resilience. Indeed, Rabaia, Giacaman, and Nguyen-Gillham (2010) argue that in the context of the collective exposure to violence in the occupied Palestinian territory, individual explanations of distress (such as PTSD) and individual therapeutic approaches, have limited relevance in comparison with psycho-social interventions that are locally designed and collective in nature. Similarly, Friedman, Pelig, and Goodman's (2010) study, critically appraised the differences between the outside developers of a community resilience program, and the local informants and local recipients of the program. The location was an Israeli community targeted by rockets from the other conflict zone; the authors examined how the new PTSD-inspired "mode" of looking therapeutically at preventing community distress did not address the ethnic and geopolitical power relations between mainstream professionals and local service providers and residents. The latter presents the risk of doing harm with interventions that do not recognize local input and collective experiences as priority in the design of services.

The scarcity of resilience studies in post-conflict zones is therefore; particularly manifest (Klasen, et al 2010). However, there is also enough evidence that resilience is indeed normative, and PTSD is the exception in these populations. This remarkable survivorship observed in non-Western populations affected by protracted wars also calls for reflection on the factors that cultivate this resilience. Interdisciplinary scholars that have examined this topic (e.g. Konner, 2007; Rechtman, 2000; Theidon, 2004), often questioning whether local cultures offer more effective tools to lend meaning to their traumatic experiences, and if other idioms of distress such as dissociation (Schumaker, 1991), incoherent narratives (Foxen, 2000), and rituals (Englund, 1998) foster resilience in the context of war. The lack of empirical knowledge in this area necessitates the examination of experiences of resilience from the perspective of populations traditionally excluded from this type of research. This dissertation on the resilience of Quechua women in the aftermath of armed conflict will respond to the call for resilience studies that explicitly incorporate both protective and risk factors pertaining to specific socio-political and cultural contexts. It also challenges the almost normative sole emphasis on distress in war trauma

by adding an analysis of resilience; as Bonnano states: “simply put, dysfunction cannot be fully understood without a deeper understanding of health and resilience” (2008, p. 110).

3.4 CONCEPTUAL FRAMEWORK

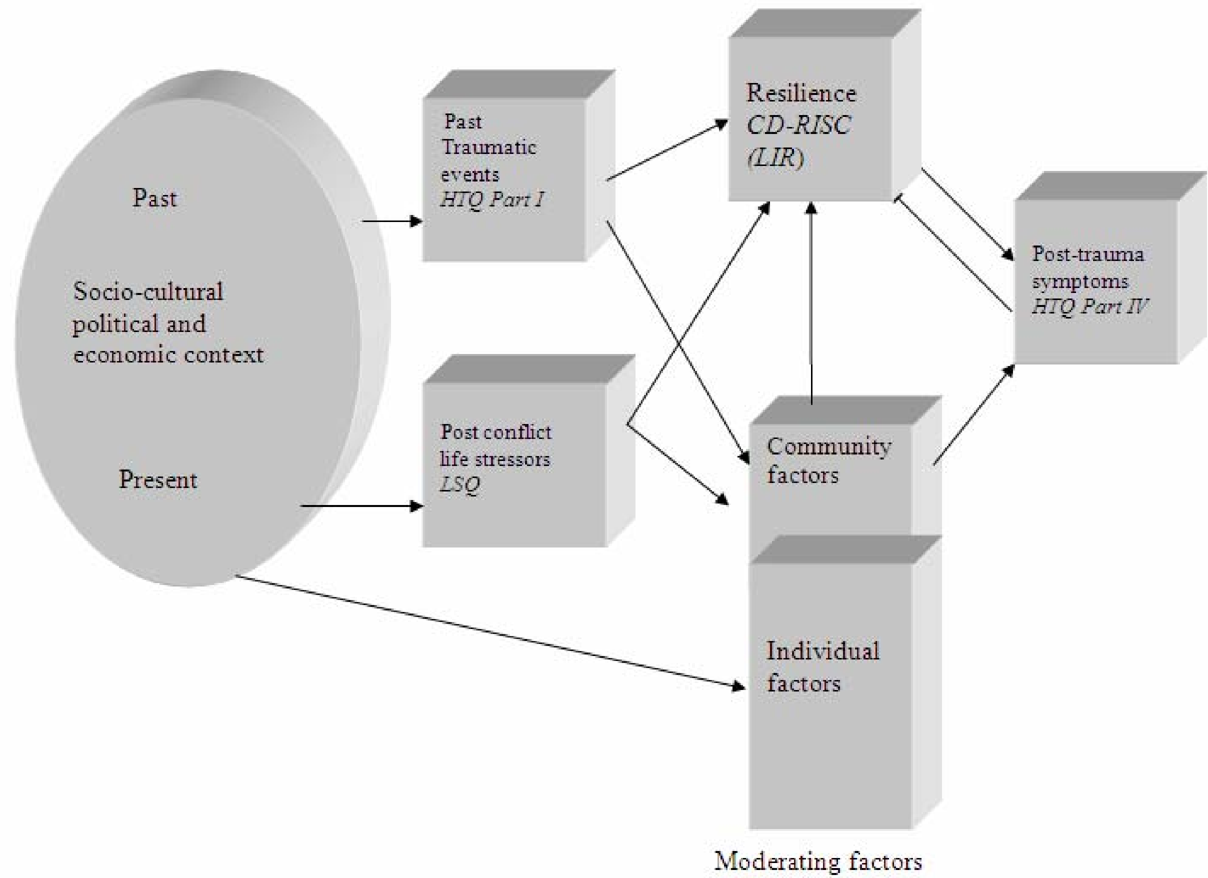
A literature review in Chapter 2 suggests that alternative explanatory frameworks of trauma should consider traumatic stress as a dimensional experience of a targeted, rather than random, occurrence framed within a social context and a temporal sequence, which co-exists with a process of resilience defined by local, rather than universal, features. Trauma, Feminist and Structural Violence theories have guided this analysis.An examination of the literature pertaining to trauma and resilience within the context of political violence supports these recommendations, however, it also provides clear direction for research and practice that integrates both post-traumatic stress and resilience as processes that co-exist simultaneously. Exclusive focus on PTSD (or other expressions of psychological distress) presents the risk of minimizing and invalidating the innate resources and strengths of affected populations. Conversely, exclusive focus on strengths and resilience neglects the human suffering associated with experiencing or witnessing the violent traumatic events characteristic of armed conflicts.

Figure 1 illustrates the conceptual framework developed for this study. The socio-political and cultural context influences not only the occurrence of traumatic events in armed conflicts, but also perpetuates inequalities in post-conflict situations and in turn, generates further stressors to the individual. Furthermore, it could reinforce or hinder moderating factors that influence the various pathways of resilience, which mediate post-conflict expressions of distress. Moderating variables are the individual and community characteristics that interact with the larger social context, and are constantly negotiated by the historical relations of race, class, gender, and colonization - some examples are differential access to education, and income, and forced (rather than voluntary) migration. Due to the cross-sectional nature of the study, the passage of time is not included explicitly in this framework but certainly had an influence on the resilience outcomes. This framework is also inspired by the work of Latin American scholars, in particular Martin Baró’s (1995) perspective of the traumatogenic effect of social injustice, Kawalski and

Haz's (2003) perspective of resilience as sequential and situational, and the Peruvian model of cultural resilience developed by the group CODINFA (2002).

Due to the marked gender differences in the experience of political violence, the study framework explicitly utilizes a gender perspective and focuses on the experiences of women in post-conflict societies. Most importantly, this framework emphasizes a critical analysis that integrates gender, race, class and others social dimensions identified in the differential experience of trauma. The study aims to contribute to the literature by examining the simultaneous occurrence of resilience and post-trauma distress. By examining the survival of Quechua women following the armed conflict in Peru, the study addresses the need to incorporate local knowledge and experiences in the study of trauma and resilience. The study includes qualitative methods to ensure it represents (as closely as possible) the experiences of the participants, while the quantitative analysis may offer a more unique contribution, due to the limited amount of quantitative studies - as opposed to clinical, anecdotal, theoretical, or qualitative research - on how different groups respond to traumatic stress with resilience. The findings of this study will bring information to health and community development programs in the highland regions of Peru and other post-conflict zones. The study will also contribute to the field of social work, which still is under-represented in the interdisciplinary trauma literature, although social workers contribute widely as treatment providers for survivors of trauma.

Figure 1. Conceptual Framework of Study



CHAPTER 4: BACKGROUND TO THE STUDY

From 1980 through 2000, an armed conflict erupted in Peru involving factions of the leftist group, Shining Path (*Sendero Luminoso),* and the Peruvian armed forces. While the conflict gradually spread to other areas of the country, the highest level of violence was executed in the Andean provinces - especially the province of Ayacucho, the location of this dissertation. This chapter describes the context of the study, including the complexities of the armed conflict in Peru and its socio-political and historical background. The first section offers an examination of the historical and socio-political context of Peru; the chapter ends with a discussion of the underpinnings of the recent armed conflict, and its key social actors.

4.1 HISTORICAL AND SOCIO-POLITICAL CONTEXT OF PERU

According to the National Institute of Statistics and Informatics (INEI), the Republic of Peru currently has a population of about 30 million (INEI, 2010), and a territory of 1, 285, 215 km² which is distributed over three major geographic regions: the coast, the Andean highlands, and the Amazon jungle. Ayacucho, the research site of this dissertation is located in the Central Andean region (Figure 2).

Figure 2. Map of Peru and the department of Ayacucho (Source: Wikipedia)

Peru's economy has been stable and growing since 2002. Moreover, in 2005 Peru ranked 50th amongst 180 members of the International Monetary Fund with a GDP per capita of US $5,983, placing Peru in the category of "middle income" countries (IMF, 2009) for the first time. This sound economic performance, however, is not traduced into improved living conditions for the majority of the population; while the national poverty rate was estimated at 34.9% in 2009, the poverty rate in rural areas is 60.3%, compared to 21.1% in urban areas (INEI, 2010). The regional disparity is more evident, with the Andean highlands having the highest poverty level at 56.2%, and the Coast the lowest at 21.3% (INEI, 2010). The zones with a majority of indigenous population are also the poorest - for instance, the Andean department of Huancavelica has the highest level of poverty, 77.2%, and Ayacucho, our area of interest, ranked 4th with an overall level of poverty of 62.6% and 32% living on extreme poverty (INEI, 2010). These statistics clearly indicate the unequal distribution of income in Peru despite economic growth. One reason for this is the unemployment and underemployment rates, which continue to be high in spite of economic growth, largely because the growth has been sustained by sectors such as mining that generate little job creation (UNDP, 2008). However, to understand the large inequalities in living conditions and welfare among regions, between the rural and urban populations, and between mainstream and indigenous populations, it is necessary to examine the historical context of Peru - the focus of this section.

The history of Peru is one of the richest in the world; therefore, it is above the scope of this chapter to present a detailed synopsis of Peruvian history. The aim is instead to outline a select number of key points in time that are particularly relevant to the topic of this dissertation. The history of Peru goes back as far as 15,000 years, when the first nomad groups crossed the Bering Strait from Asia and settled in the region. The first civilization known in Peru was located in the northern coastal area and called *Caral-Supe* - it is presumed to have developed approximately 5000 years BC. The ruins of Caral indeed represented the oldest city known in the Americas, though this claim is being disputed after recent discoveries of more ancient ruins in the area (Shady, Haas, & Creamer, 2001). Other advanced civilizations such as Nazca, Paracas, Chimu, Chavin, Pachacamac, and Moche further developed in the coastal area, but it appears that severe climatic changes attributed to the ocean current "El Niño" caused severe flooding and droughts,

forcing these populations to migrate to higher lands in the Andean region. Therefore, new socio-cultural developments followed, such as the Wari civilization in the center regions and Tiahuanaco in the southern regions of Peru and Bolivia (Figure 3).

Figure 3. Civilizations Wari and Tiahuanaco (700 BC-1000AC)

Source: Wikipedia

The Wari civilization (500- 1000 AC) is of particular interest to this study, as its centre was located 11 km near the city of Huamanga in Ayacucho, and its territory covered most of actual Peru. The ruins of Wari and other cities show the advanced architectural techniques and social organization achieved by this society, as well as the use of terraces for agriculture and irrigation. It is also known that the Wari population fiercely resisted the domination of the Incas and was supportive of an alternative regime called the Confederation Chanka - though at the end, became part of the Incas territory. As result of these wars and climatic changes, the population of Wari and the surrounding areas appear to have left the area and were partially replaced by *mitimaes*

(mitmaq) another ethnic group from Cuzco, though later both co-existed in the region (Degregori, 1990)

Existing remains have confirmed the advanced development of these earlier civilizations in several areas such as agricultural techniques, architecture, medicine, mathematics, pottery, metallurgy, textile production, creation of gold and silver ornaments, and astronomy (Mann, 2005). However, it is known that advances in social organization were further emphasized during the Incas Empire - the civilization that unified all these diverse cultural centres and governed the Peruvian territory and neighbour countries from the 11th century until the beginning of the Spanish colonization in 1532. The capital centre of the Incas Empire was the city of Cuzco[15] where, according to traditions, the original Incas – Manco Capac and Mama Ocllo - settled to found the Empire of the Sun (Garcilazo de la Vega, 1998). Their descendants further extended the domains of the Empire, which in 1532 included most of Ecuador, Peru, Chile, Bolivia and western zones of Argentina and Colombia (Figure 4).

The Incas' society was built upon the previous developments of earlier civilizations, but made a unique contribution with their collectivist socio-economic system. Jose Carlos Mariategui, a well-known political analyst in Peru and founder of the Peruvian Communist Party (PCP), eloquently described the Incas economy in his seminal book "Seven Essays of Interpretation of the Peruvian Reality [*Siete Ensayos de Interpretación de la Realidad Peruana*]" (1975):

> "Until the Conquest, the economy in Peru was developed spontaneously and freely from the land and people. The most interesting in the Incas Empire was its economy based on the association of sedentary agricultural communities. All historical testimonies coincide in the recognition that the Inca's population - laborious, disciplined, pantheist, and simple - enjoyed material welfare. The goods were abundant, the population was growing. ….The collectivist organization, directed by the Inkas, had enervated in the Indigenous the individual impulses, but had developed extraordinarily on them, in benefit of this economic system, the habit of a humble and religious obedience to their social duties. The Incas used for social utility purposes, as much as was possible, these virtues of their population, they valued the vast territory of the Empire by building roads, irrigation channels etc and continued extending their authority to neighbour territories. Collective work and common efforts were successfully used for social goals. The Spanish conquers destroyed, and were not able to replace it, this formidable production machine. The Indigenous society, the Inkas economy, were disarticulated and shocked completely by the Conquest coup. As their unity ties were broken, the nation was dissolved in disperse communities" (p.13)[16]

[15] Cuzco means in Quechua the "belly button of the universe"
[16] Translation from Spanish by this researcher

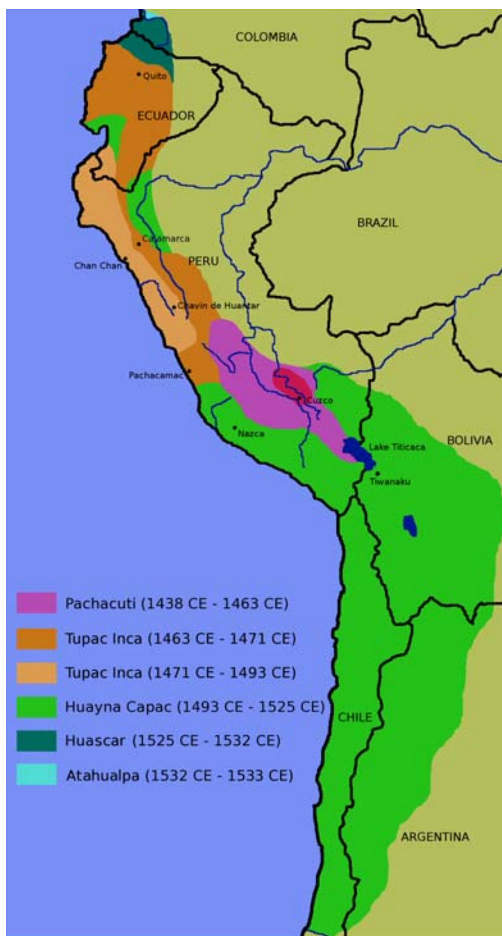


Figure 4. The evolution of the Inca's Empire

Source: Wikipedia

The collectivist system of the Incas went beyond production arrangements in the economy - it was infused in the organization of social and family networks following the mythical foundations of the Empire, where nature, people, and deities were supposed to live in harmony (Garcilazo De la Vega, 1998). In contrast, the Spanish conquerers arrived in Peru in 1532 without any intention of continuing with the Incas collectivist harmony, or even to recognize these arrangements. The conquerers were mainly interested in the exploitation of gold and silver and/or the possession of large states. As Mariategui (1975) stated, "from the ruins and remnants of a socialist economy, a feudal economy was founded" (p.14). A large number of the mainly peasant population of the Andean zones was forced to work in mining centres; they were also forbidden to grow their most nutritious crops (e.g. *quinua, kiwicha*) as they were considered objects of reverence or "false

deities", an extension of the indigenous veneration for the *Mama Pacha* /Mother Earth (Garcilazo de la Vega, 1998). Perhaps with the exception of the missions of the Jesuit and Dominican religious orders, there was no initial intention of colonization, but rather conquest from the Spaniards - at least in the Andean latitudes. Indeed, the new colonial economy was not the work of "pioneers" as was in North America, in the Conquest of Peru, it was instead fruit of the rule of "masters" –*señores* (Mariategui, 1975).

The official establishment of the Viceroyalty of Peru in 1572 ended the Conquest era, however with minimal changes to the exploitive treatment of the indigenous population. For instance, from exposure to direct and blood-spattered violence during the Conquest, the subjugated indigenous population was now exposed throughout the colonial times to well-organized structural violence and episodic direct violence (Mariategui, 1975). The Viceroyalty also favoured the restitution of some of the collectivist arrangements in the Andean society, such as recognition of indigenous communities already established. However, the purpose of these changes was mainly to facilitate the administration of large states – *encomiendas* - owned by Spanish colonizers, the collection of taxes for the Spanish monarchy, and not to restore the agro-economic prosperity of the Incas times. Indeed, the indigenous communities lacked legal status as owners of their lands, and they were submitted to unfair taxation and obligated to supply the Spanish rulers with free labour. The coexistence of the indigenous communities and large estates within the same spaces continued through the Republic times (Mariategui, 1975). Another institution from the Incas time, the *mitas* - or mandatory communal work - was also re-established, but this time to force indigenous communities to work in mining centres, rather than on social projects (Garcilazo de la Vega, 1998). The Viceroyalty transformed the Inca system of labour deployment into a colonial system of forced labour (Wilson, 2000). The successful mining enterprises on gold and silver extraction made the Viceroyalty of Peru the main source of wealth for Spain from the 16th to 18th centuries. In contrast, the dismantled agricultural economy of the former Incas Empire was unable to supply its local habitants with enough food or other basic products, with detrimental health consequences (De Castro, 1967).

Yet, more severe consequences of these characteristics of the colonization period affected the indigenous population of Peru directly. It is estimated that the overall population within the

confines of the Empire around 1520 was between 9 and 12 million habitants, according to the last *Quipucamayoc* [17]census (Cook, 1982). There is however, evidence that forty-five years later this population was reduced to less than 2 million at the beginning of the Viceroyalty of Peru (Cook, 1982). This catastrophic descent of the indigenous population has been mainly attributed to a lack of immunity to small pox and several infectious diseases transmitted by the Spaniards, among other factors(Austin, 2003). In addition, it has been indicated that the decrease in the indigenous population continued until the eighteen century, also due to the strenuous work conditions in mining operations and inappropriate nutrition during the colonial times (Cook, 1982). This continuous process of annihilation of the local indigenous population resembles a genocidal process if considering its ultimate consequences.

This detrimental situation, however, concerned the indigenous population of Andean regions more than the population in coastal areas. In Lima, the flourishing capital city of the Viceroyalty and other coastal zones, new affluent social classes and ethno-racial groups were emerging based on the descendants of Spanish conquers, or *criollos* and *mestizos*, mixed-race individuals (Wilson, 2000) that now constitute a large majority of the Peruvian population. This colonial division between a prosperous capital city, Lima, and the impoverished Andean and Amazon regions remains prevalent in contemporary Peruvian society.

Descendants of the Incas were not lacking in resistance, and several uprising episodes made the Viceroyalty tremble. The most well-known of these revolts was the one commanded by Jose Gabriel Condorcanqui, self called Tupac Amaru II in 1780. The revolt was violently opposed and controlled by the colonial forces (Garcilazo de la Vega, 1998). The rebellion of Tupac Amaru II is a significant event for the indigenous movements and culture - the rebellion's unsuccessful attempts to develop an alliance between the *indígenas, criollos* and *mestizos* have been reproduced in further movements. More importantly, the magnitude of the rebellion had tragic consequences for the indigenous culture, as acting on fear, the Viceroyalty authorities prohibited the use of Quechua, education was denied to *indígenas*, regardless of class position, and any

[17] The Incas and some of the previous civilizations developed a counting system based on knots on cords connected to each other called "*quipus*". It is still unknown all the extent that the *quipus* were utilized for mathematical calculations but were commonly used by the empire administrators, e.g. for population census *Quipucamayoc*, and by the *Amautas*/educators (Garcilazo de la Vega, 1998)

symbol of the Incas past was also forbidden (Thorp, Caumartin, & Gray-Molina, 2006). Therefore, the emerging indigenous identity was radically repressed as well as its leaders. As many have said, "the Indian was colonised for a second time" (Thorp, et al, 2006, p. 466).

The creation of two new Viceroyalties, Rio de la Plata and New Granada with centres on the cities of Buenos Aires and Caracas respectively, also affected negatively the economy of the Viceroyalty of Peru and favoured opportunities for more internal revolts. Ultimately, an emancipator army was created under the initiative of local *criollos* from Buenos Aires and Caracas, and independence wars across all three Viceroyalties started in 1810 and ended in 1824, with the final battle that was fought in Ayacucho, Peru, ending the colonial presence of Spain in South America.

While the new republican times ended officially the colonial period in Peru, the oppressive situation of the indigenous populations did not change significantly. For instance, the ownership of large extensions of agricultural land in the coastal and Andean regions, or *encomiendas,* was legally transformed in *latifundios* and the new owners were *criollos-* descendants of the Spanish colonizers. For the most part, the wealthy classes in Republican Peru continued living in the capital city, Lima, or other urban centres, and directing the rest of the country from there (Mariategui, 1975). In addition, colonial racial identities were only revised rather than abolished. While *criollos* or Spanish descendents continued at the top of the social pyramid, *mestizos* also gained power and influence and were above the excluded *indigenas* as administrators or mediators between the white and Indian populations (Wilson, 2000). A desired process of *mestizaje* started, therefore, with these new republican social dynamics, pushing many *indigenas* to become *mestizos* in order to gain citizenship (Wilson, 2000). The republican times also endorsed exploitative colonial practices and continued bringing African slaves to work in the coastal haciendas, a situation that continued until 1890.

The Republican Era is not free of conflicts with neighbouring countries, as war erupted between Peru and Chile (1879-1884), when Peru lost a considerable extension of its original territory in the South. In addition, several short-lived conflicts between Peru and Ecuador developed in 1941, 1981, 1995, and 1998; as result of Peru's victory in all these conflicts, Ecuador remains

without an exit to the Amazon River. In addition to these territorial conflicts, the persistent oppressive situation of Andean indigenous peasant communities also precipitated several internal revolts - for instance the *campesinos* revolt in 1923 in La Mar, Ayacucho, and the Cuban-inspired *campesinos* revolt in 1965-1967 in Cuzco and nearby areas, led by the late Ernesto "Che" Guevara (Degregori, 1990). Such revolts were violently opposed by the Peruvian police and armed forces in support of the *latifundista*s/landowners, and rapidly controlled.

Another characteristic of the Republican time is the intermittent fluctuation between democratic governments, and dictator regimes or military coups, as well as between periods of economic prosperity and economic crises. The legacy of the leftist military government of Velasco Alvarado (1968-1978) is particularly important for this study because of its legal transformations in the ownership of agricultural land and other social changes. Indeed, this government implemented (among other reforms) a Land Reform/*Reforma Agraria,* where all *latifundios*, of all sizes, were expropriated and the property transferred to cooperatives of workers and/or to "*campesino*/peasant" communities. While the latter empowered indigenous communities to regain a certain level of ownership over their ancestral lands, it also modified the official discourse of their social identity from "indigenous/*indígenas*" to peasants/ *campesinos* (Degregori, 1990). Like most Peruvians, I do remember that Velasco Alvarado used to say in all public speeches, "The revolution [his] is irreversible". Though some of its reforms were modified or completely stopped by further governments, it was true that some of the changes of this regime were there to stay. Importantly, the Quechua-speaking rural population in the Andean provinces is still known - and even described by themselves - today as "*comuneros"* or "*campesinos*" [peasants], and not as "indígenas /indigenous". Perhaps the only exception to this discourse is the disrespectful term of "*indios*/indian" that some use to refer to the large indigenous population in Peru. One important consequence of this official discourse of indigeneity has been the dislocation of the indigenous population in Peru in two broader groups: from one side the "*campesinos* "of the Andean zones, and on the other side the "*indígenas*" of the tribes of the Amazon jungle. Until just recently, the two groups had not allied together to fight for their very similar claims for economical and social justice (Greene, 2006).

After more than a decade of this military leftist regime, popular demands - including persistent left-wing protests - forced the government to return to the democratic path and a call for general elections was done in 1979 (Ron, 2001). However, following another tradition in Peru's politics – the re-election of familiar faces - Fernando Belaunde, the same President that was overthrown by Velasco Alvarado coup d'etat in 1968, was once again elected in 1980. The electoral process in 1980 was an example of political openness, as more than 10 candidates postulated representing the political spectrum from the extreme right to the extreme left - including three candidates representing the different socialist and communist parties. It is in this state of almost exemplary return to democracy in 1980 when paradoxically, the armed revolution of the Shining Path (*Sendero Luminoso*) a Maoist leftist faction, started its violent actions against the government. To understand the rising of Shining Path, it is important to first examine the particular context of Ayacucho, the region that served as the epicentre of the civil war between the Shining Path and the government counterinsurgency forces, which is the topic of the next section.

4.2 AYACUCHO: "THE CORNER OF THE DEAD"

In Quechua, "Ayacucho" means the "the corner of the dead". Considering that Ayacucho was the centre of an armed conflict that took the lives of more than 69,280 people, the Quechua translation indeed appears prophetic of the role of this Andean province in those difficult times of Peru. The history of Ayacucho as a center of violent episodes in Peruvian history, however, is not new and dates back centuries.

Positioned almost in the centre of Peru (see Figure 3) the department of Ayacucho is located in the south central Andean zone, and has been the field of many battles and conflicts. For instance, in pre-Incas times, Ayacucho was the centre of the expansion of the Wari culture. This civilization is well known from the legacy of two distinctive groups: its warriors and its artists (Degregori, 1990). Its beautiful but mountainous landscape and rock-strewn lands made the region of central Ayacucho an agricultural challenge, leaving the original inhabitants the only option to merge with nearby communities, in order to have adequate supply of food and natural resources - this is how the Wari civilization acquired the extension of almost all of actual Peru

(Figure 4). The consolidated Wari region also initially resisted the Incas domination, instead attempting to join another regional centre, the Chanka Confederation, but was finally conquered by the Inca Pachacutec in the 15th century.

During the Viceroyalty of Peru, the foundation of the city of Huamanga (or Ayacucho city) was associated with another conflict - the rebellion of Manco II - against the Spanish colonialists. Huamanga was initially called *"San Juan de la Frontera"* [Saint John of the Frontier/Border], as it was founded to create a barrier against the rebel forces (Degregori, 1990). The final and victorious battle against the Spanish forces also developed in *La pampa de la Quinua* [The Quinua Field], just one hour from the city of Huamanga in 1824 with significant participation of local combatants. Despite this important role in the Independence war, Ayacucho was abandoned during the Republic times resulting in increasing regional poverty. It is therefore not surprising that during the early republican years, Ayacucho was the centre of numerous *campesinos* revolts - for example, the peasant rebellion in the province of La Mar in 1923 (Degregori, 1990). Ayacucho seems to be a region intermittently shaken by violence; however, according to local residents and historians, the recent civil conflict has been the most devastating experience of violence for Ayacucho which, following the Ayacuchan traditions, has been widely expressed by local artists and musicians (Vergara, 2010)[18].

As mentioned, mountainous landscape prohibited central Ayacucho from being a prosperous agricultural or livestock region, and for centuries, the local residents have instead been notorious for their architecture, ceramic, metallurgic, textile and other artistic abilities, as well as skilled merchants and narrators. The flourishing arts and architecture in Ayacucho during the Colonial times were instrumental in the 1677 creation of the *Real y Pontificia Universidad San Cristóbal de Huamanga* [the Royal and Pontifical University of Saint Cristobal of Huamanga] in the city of Ayacucho, the second oldest in Peru. Ayacucho became a city privileged by the Spanish colonizers, and more than 33 Catholic churches were built, as were large colonial mansions. In retribution, the Spanish descendants and religious orders that established in Huamanga enjoyed

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[18] Anthropologist Abilio Vergara in "*La tierra que duele" de Carlos Falconi* ["The land that hurts" of Carlos Falconi] (2010) analyzes the interaction of culture, music, identity and violence in Ayacucho through an historical account of the prolific work of Carlos Falconi, a local musician, teacher, activist and journalist, during and after the conflict.

the typical good weather of the area, the intellectual exchanges in the University, and the skills of local artisans (Vergara, 2010).

Despite this prosperity during colonization, Ayacucho became, in contrast, one of the most neglected departments during republican times. The University was closed in 1885 and was not re-opened until 1959. Moreover, the new political division of the new republic of Peru did not respect the long-time boundaries of Ayacucho's cultural area called *Pokra-Chanka*[19] (Degregori, 1990). For instance, some provinces were soon dislocated from the region of Ayacucho and passed to form the new department of Apurímac. Being deprived of these important areas of production, Ayacucho became commercially dependent on other centres outside the region (for example the cities of Huancayo and Ica); the whole region started to decline, and progressively entered a situation of extreme poverty. National statistics from 1981 show that Ayacucho was one of the two poorest regions in Peru, with a per capita income lower than one third of the national average (Verdera, 2007). Considering that approximately 50% of the population of Peru was living in poverty in those years (Verdera, 2007), the situation of the poor in Ayacucho was one of absolute poverty. Ironically, it was not the first time that Ayacucho was described as "*suma pobreza*" [sum poverty] - indeed, when the University of Huamanga was created in 1677, the inaugural speech by a local Bishop emphasized that the arts and the new university were there to counteract the *suma pobreza* of the land of Ayacucho (Degregori, 1990).

Of importance to this study the examination of the participation of Quechua women in the history of Ayacucho. There are historical accounts of the important role of Quechua speaking women as social actors in the regional dynamics at different points in time. For instance, in the 18th century the economy of Ayacucho was of self-subsistence, where the transport and commerce of agricultural products depended on indigenous merchants who bring those products from the rural areas to the cities (Trigos, Lagos and Huamani, 2006). As a result of these economic dynamics, at the end of the 19th century Ayacucho was already a "ruralized city", where upper and middle class residents coexisted with a large indigenous population, often called the derogatory term of "*a masa of indios"* [Indian mass] (Trigo, et al, 2006). However,

[19] The distinctive characteristics of the *Pokra-Chanka* culture according to Jose Maria Arguedas included a common dialect of Quechua, called Ayacuchan Quechua to differentiate from the Quechua from Cuzco, and typical dances, folkloric music and architecture (De Gregori, 1990)

Quechua women were responsible- on numerous occasions - for promoting advances in the rights and citizenship of this large indigenous population.

In the city of Huamanga, for example, Quechua women who worked as vendors or "vivanderas" in the 18th century were instrumental to the creation of the first municipal markets in the city in 1880. In addition, later on (1917, 1922), market vendors and street vendors - "vivanderas" - were also the protagonists of several revolts advocating for the rights of impoverished merchants and producers, and against punitive changes in the local economy – e.g. increased municipal taxation. The "vivanderas" have been recognized by popular classes as leaders and promoters of social movements, however their ethnicity as Quechua women made them "despicable" and invisible to the privileged classes (Trigos, et al, 2006). In contrast to the activism of merchants Quechua women in the city, Quechua women in rural villages lived under a more traditional patriarchal system, which kept them from public visibility before the conflict. However, their economic and social participation as *campesinas*, traders, crafters and mothers, was always as important as the contributions of their male partners through the history of Ayacucho (CEPRODED, 1991).

There were several consequences of the increasing extreme poverty of Ayacucho. First, an outward migratory process of people looking for working opportunities in large cities or more prosperous rural areas made Ayacucho the province that supplied the rest of the country with the most migrants. Second, even *latifundistas,* or large landowners, left the area as permanent residence, returning only for local festivities and to collect rent from *campesinos*. Third, the local university was re-opened in 1959 - this time as the *Universidad Nacional San Cristóbal de Huamanga* [UNSCH, National University of Saint Cristobal of Huamanga] - with a mission to counteract the persistent migration of local residents outside Ayacucho, and as before, to combat the *sum* poverty of the region with locally educated professionals (Degregori, 1990; Gorriti, 2008).

Surpassing initial expectations, the UNSCH student population grew steadily, and going from less than 500 students in 1959, the university registered more than 7,000 students in 1977. The 1977 UNSCH student body represented more than 15% of the population of the city of

Huamanga (Degregori, 1990). If high school students were also included, then students constituted one quarter of the population of the City of Ayacucho in 1972 (Gall, 1976). In contrast to this large student population with higher levels of education, the overall literacy level of the region still was lower (40%) than the national average (73 %), according to Census data from 1972. This situation was unique amongst Peruvian provinces where literacy level was often congruent with levels of secondary and post-secondary education, appearing that the high levels of outward migration in Ayacucho - the most educated always leave - contributed to this contrasting outcome (Degregori, 1990).

The growth of the UNSCH included the hiring of Professor Abimael Guzman, who started teaching Philosophy in the Faculty of Education in 1962. Abimael Guzman, later joined *Bandera Roja* [Red Flag], a Maoist faction of the Communist Party (PCP), who officially separated from other factions of the PCP in 1969. After drastically separating from other leftist blocs, Abimael Guzman became the top leader of a new political group he and some of his fellow colleagues and students envisioned, *Sendero Luminoso*/Shining Path. It is in this socio-political scenery of absent and/or apolitical middle classes, an impoverished and illiterate peasantry, and the presence of an educated but ideologically fanatical group of educators and students that the tragically violent civil conflict started in Ayacucho.

4.3 THE SASACHACUY TIEMPU [THE DIFFICULT TIMES][20] : THE 1980-2000 CIVIL CONFLICT IN PERU

From 1980 until 2000, an internal war erupted in the Peruvian highlands involving the factions of the rebel group, Shining Path (*Sendero Luminoso*), and the Peruvian armed forces. Another dissident group the Revolutionary Movement Tupac Amaru [*Movimiento Revolucionario Tupac Amaru*, MRTA] also participated in this conflict although in minor scale than *Sendero*, therefore is not included in this discussion. The war originated in 1980 in the Andean province of Ayacucho when Sendero Luminoso - inspired by Maoist warfare theories - initiated a violent campaign to establish its own version of a utopian society, where *Sendero* would lead the

[20] The years of the conflict are commonly called the *sasachacuy tiempu[los tiempos dificiles*, the difficult times] by the Quechua-speaking population in Ayacucho.

peasantry from the Andean region to overthrow the Peruvian state and subordinate the privileged classes (Laplante & Rivero, 2006). The first attack of Sendero was on May 17, 1980 - the day before the national elections in the town of Chushi, Ayacucho. Ironically, the Shining Path was the only faction of the existing leftist political parties at that time (1979-1980) that did not participate in the electoral process.

An important question arises here: why did *Sendero* violent activities escalate just when the country was returning to democracy? Informed by political opportunity theories, James Ron (2001) answered this question by explaining how the military repressive regime fostered the growth of strong left-wing political factions. Later, these factions (for the most part) were receptive of the democratization process, looking for a political opportunity to win civilian elections. Because of “internal differentiation”, however, not all factions shared the same amount of political influence; thus, some - such as *Sendero* - would choose a more radical path to compete (Ron, 2001). Yet, as Ron argues, to understand *Sendero*’s choices, we have to “observe the interaction effects between ideology, political and social context….as neither ideas nor social structure alone can explain movement trajectories and tactics’ (2001, p. 571). While the social context of Ayacucho - extreme poverty, inequalities, historical injustice, and racism - and the political circumstances of Peru have been already outlined, the further step is therefore, to examine the ideology of Abimael Guzman, the autocratic leader of *Sendero,* in order to understand the ideology of the whole movement.

Abimael Guzman was born in the department of Arequipa in 1934 - fruit of an unwed relationship. Abandoned by his mother at the age of 10, he was raised by his father and stepmother. Guzman - always a gifted intellectual - studied Law and Philosophy, graduating with honours. In 1962, he was hired as a philosophy professor at the recently re-opened UNSCH in Ayacucho, in the Faculty of Education. A charismatic and radical leftist educator, the lectures of professor Guzman were well received by some of his colleagues and by a largely impoverished student body that were, for the most part, representing low income urban and rural families (Roncagliolo, 2007).

Guzman embraced the Maoist doctrine from 1963 and received political training in North Korea and China in 1965 and 1967. In 1964, he joined the Maoist faction of the Peruvian Communist Party, *Bandera Roja*, which was composed of students, teachers and peasants. The urban proletariat had remained faithful to the Soviet faction of the PCP. In 1969, he left *Bandera Roja,* followed by students and teachers, while peasants remained with this faction. Leaving his academic career behind, Guzman began a clandestine life in 1979, in order to lead what he called "the Revolution of the Shining Path of Mariategui [*La Revolución del Sendero Luminoso de Mariategui*]" (Roncagliolo, 2007). Though the movement named a Peruvian ideologist – Mariategui - it appears that for *Sendero*, the example of a foreign ideologist - Mao Tse-tung - was in fact the inspiration to determine that the obligatory path to the triumph of underprivileged classes was an armed revolution (Roncagliolo, 2007). Indeed, CVR testimonies and several scholars (e.g. Gorriti, 2008; Ron 2001; Roncagliolo, 2007) agreed that Guzman and *Sendero* were guided by Maoist social conflict doctrine and the view of violence as necessary and constructive, in order to reclaim the rights of the oppressed; therefore, violence was overvalued and praised by *Sendero* militants. This researcher also points to a particular event outside Peru that may have been influential to Guzman's appraisal of violence as only road to political power: the 1973 violent coup d'etat in Chile by General Pinochet, ending the government of Salvador Allende - the first elected socialist leader in South America. The dead of Allende and the repressive regime that followed were, for most Latin Americans, a signal that democracy was once again ineffective in making social transformations, but violence was not. While this important event has been mentioned in historical analyses of *Sendero,* it has not been signalled as a potential contributing element to the Guzman pro-violence ideology.

Another distinctive characteristic of *Sendero* was its vertical organization - all decisions were taken following a top-bottom approach, from the top leader, Abimael Guzman to his two second comrades - his first wife Augusta La Torre and Elena Iparraguirre, who would become his second wife - to the high commanders, and finally to the bases (Roncagliolo, 2007). In contrast to the "invisibility" of Quechua women, women militants had power and visibility, and occupied top positions in *Sendero* as observed by the high rank of La Torre and Iparraguirre and other female comrades (Portugal, 2008). The presence of disciplinary internal tribunals to address mistakes and weaknesses of *Sendero* militants - with the exception of Guzman - has been also

documented (Gorriti, 2008; Roncagliolo, 2007). Even the Maoist ideology of Sendero later became personalized in the figure of Guzman, and was called "*El Pensamiento Gonzalo*" [Gonzalo thinking] - the clandestine name of Guzman was [*Presidente*] *Gonzalo* (Roncagliolo, 2007).

This autocratic, linear direction of *Sendero's* ideology partially explains a second question posed by Ron (2001): why *Sendero* chose to pursue a campaign of anti-left violence instead of searching for a collaboration with the rest of left-wing factions. Indeed, it is estimated that Sendero eliminated 291 left-wing union leaders, politicians, community organizers and municipal officers (Ron, 2001). *Sendero*'s inability to recruit members from the legalized left-wing parties appears to have leaded the movement to again resort to violence in order to compete with these organized factions. Thus, *Sendero's* strategy to be established in regions dominated by other left-wing groups (e.g. APRA and IU), was to dismantle its competitors by eliminating their leaders and terrorizing their bases (Ron, 2001).

Sendero early militants were mainly university students or urban working professionals (especially teachers) - social identities that ironically generated distrust and social distance with the same population they wanted to redeem: the indigenous peasants (Portugal, 2008). However, Sendero recognized that to overthrow the government, they needed popular support and in Ayacucho, that means support from the *campesino* communities. Following the Maoist ideology, the initial recruitment strategy was to educate peasants and potential militants on the political philosophy of *Sendero* armed revolution, however, this political training was not always well received, in particular by local communal leaders. Sendero initial attacks in the early 1980s were therefore directed at local authorities, opponent politicians, police stations and unsupportive peasant communities in Ayacucho and nearby departments.

The government responded to *Sendero* initial attacks in Ayacucho and Huancavelica with a fierce counter-insurgency, which included widespread killings, sexual violence, torture, and disappearances. Unable to identify Sendero militants or sympathizers, the army also targeted other leftist groups and the overall peasantry and young. This brutal response from the police and army forces not only created massive displacement of affected individuals and communities, but

also favoured Sendero, which gained popular support and spread to other regions (Ron, 2001). As a result, the army revised its tactics and in the late 1980s, its anti-terrorist activities became more targeted and started supporting local peasant self-defence units, known as *rondas campesinas*. Although some communities resisted and defended their perimeters through the *rondas*, many were forced to leave their villages and the region (Gorriti, 2008; Ron, 2001)

Critical questions arise here: who collaborated with *Sendero*? What was the reason that some peasants and communities enlisted with *Sendero,* while other resisted its influence? Although there is agreement that Sendero started within the classrooms of the UNSCH from a group of intellectuals led by Abimael Guzman, there is much controversy around the profile of its militants. The official discourse from the government was that most militants were fanatic and leftists' radicals directed by international communist movement, but political analysts were seeing *Sendero* as a product of the historical injustice of the Andean indigenous. However, after *Sendero* tactics increased in violence and destruction, the relationship between the Andean peasantry and *Sendero* also appear to evolve. As mentioned already, the initial public opinion was that *Sendero* forces were primarily left-wing intellectuals, teachers, urban workers and students with no strong linkages to the peasants. Peruvian scholars, Carlos Degregori (1990) and Jose Coronel (1996) among other, further indicated that *Sendero* bases were also formed by peasants, mainly from peri-urban zones, lower lands, connected to the markets and with some level of education. In addition, peasant communities in the highlands also were often resistant to Sendero in an attempt to preserve their traditional social organization and cultural practices.

While there are no official statistics on the exact number of Sendero militants, according to McClintock (1998) in the early 1990s Sendero's full time fighters were about 10,000, and its part time supporters were between 50,000 to100, 000. Congruent to these estimates, the CVR (2003) reported that around 20,000 people were in prison between 1980 and 2000, accused of terrorism, and in 2007, around 2000 prisoners remained. Extrapolating from a random sample of CVR testimonies, Portugal (2008) estimated that more than half of Sendero militia were young (20-29 years old) at the time of detention, half of his members had higher education, and 40% had finished either secondary or primary school; in the case of women associated with Sendero, also more than half had higher education. In regards to their occupation, 22.2% were students, 19.7%

peasants, 16.7% merchants, 10.6% independent workers, 8.9% local leaders, officers and 6.4% professors or teachers (Portugal, 2008). Portugal findings confirmed the involvement of peasants with *Sendero* in certain extent, as well as with other social groups.

Portugal (2008) also examined the motivation of Sendero militants and found that *Sendero* ideological discourse (achievement of social justice through violence) and militants' grievance and/or desire of revenge due to own experiences of injustice and discrimination were the main motivators. La Serna (2008) ethnographic study of two peasant communities in Ayacucho suggests that peasants who supported the revolution of *Sendero* did so because it was offering an opportunity to solve their local differences and re-establish authority and values. In contrast, communities that felt that their values and structures were unbroken fiercely resisted Sendero advances, and in most cases, organized themselves in *rondas* against the revolutionary group. In summary, the motives for resistance or acceptance of *Sendero* amongst the peasants remain an area where ultimately a no "fit to all" explanation would be suitable or desirable due to the diversity of linkages between Sendero and the peasants' communities.

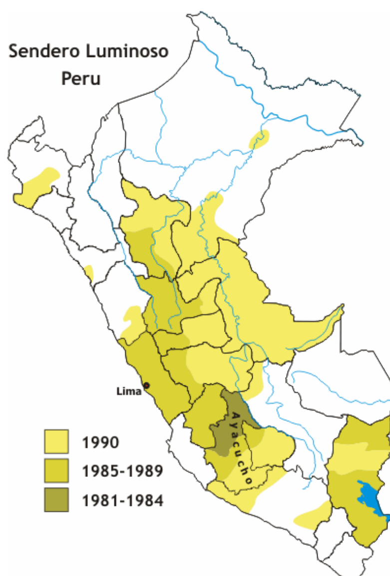

Figure 5. Chronological Expansion of *Sendero Luminoso*

Source: Wikipedia

The conflict gradually pervaded the coastal region (in particular, Lima, the capital city), but the highest level of violence was executed in the Andean provinces (Figure 5). The Andean

communities experienced a wave of violence where killings, torture, rape, sexual violence, disappearances and forced displacement were most prevalent. It has been estimated that 430 campesino communities were practically destroyed and/or abandoned - 70% of them in Ayacucho - with Sendero primarily responsible (CEPRODED, 2002). Ethnographer Kimberly Theidon (2004) emphasizes that this war was also an attack on the cultural practices and meaning of life in the indigenous villages. She describes *Sendero* procedures forbidding traditional family and community festivities, as well as religious practice in their attempts to foster a "cultural revolution" amongst these communities.

Indeed, in times of political violence cultural changes occur, as there is a need for new meanings to explain the destruction that is rapidly transforming ordinary lives. For instance, a number of Andean peasant communities and individuals appear to have adapted to the tensions during the early years of the conflict by joining Evangelical Churches, a new religious movement in Peru at that time (Gamarra, 2000). Ayacucho is a traditionally Catholic province - as is the rest of Peru - but the Catholic Church has always been side-by-side with powerful institutions, either with the colonizers or with the *hacendado*s /landowners. The latter is particularly clear in rural villages where the Church is most likely placed next to the landowner's stately home. During the conflict, all landowners, or other representatives of local economic power, migrated to Lima or to the city of Ayacucho, leaving the Church without allies to counteract *Sendero* propaganda. It was therefore a strategic moment for evangelic preachers to access isolated communities abandoned by their *masters*. As Gamarra (2000) analysis suggests, the reaction of these communities or individuals is better understood when examining their pressures in those times of war (forced migration, and economic deprivation) and the need to access new resources - these being political, economical or symbolic - such as the ones offered by the evangelization movement. Indeed, those communities that turned Evangelic were more likely to resist *Sendero*. Gamarra concluded that this process of cultural adaptation and resistance is nevertheless fluid, has indeed changed directions in post-conflict, and will continue to evolve.

The years of most extreme violence (1980-85) in the Andean provinces also fosters the emergence of three new social actors: the displaced, the committees of self-defence or *ronderos,* and new roles for Quechua women who started taking care by themselves of their families, lands

and communities. In conversations with participants and key informants, a complaint that I heard often was that most reports of the conflict emphasizes the “victim” role of women, giving their roles as community keepers and social organizers less importance. Indeed, Quechua women were victimized, but this situation along with the killings and disappearances of their loved ones also made them ferocious fighters for the human rights of their families and communities (CEPRODED, 2002). For instance, at a time when any public association was dangerous and almost forbidden, two organizations led by brave Quechua women were founded in Ayacucho- the *Asociación Nacional de Familiares de Secuestrados, Detenidos y Desaparecidos del Peru* [National Association of Families of the Kidnapped, Detained and Disappeared of Peru- ANFASEP] in 1983, and *la Federación Departamental de Clubes de Madres de Ayacucho* [Departmental Federation of Clubs of Mothers]- FEDECMA] in 1989. The courage of these women is outstanding, as is their solidarity with all women and children affected by the conflict. Women from both organizations searched without rest for the disappeared, claimed justice for the detained or killed, organized soup kitchens, took care of orphaned children, and organized protests for peace and justice (CEPRODED, 2002; Trigos, et al, 2006; ANFASEP, 2007). While internationally supported by peace and human rights activists, including the Nobel Peace winner Adolfo Perez Esquivel, internally, members of ANFASEP in particular, were persecuted and imprisoned by the police and the army, threatened by Sendero, and ostracized by the large society that often labelled them as “terrorists”, but their courage and dedication never lessened.

Sendero advances in the rest of the country were surrounded by distrust and fear - especially in the city of Lima, where its terrorizing tactics to gain adepts were not well received. Indeed, they found strong resistance from labour unions, and low income and working classes (Gorriti, 2008). In addition, the government was slow in understanding the full extent of the conflict in the 1980s. Only after Sendero started operating in Lima, did the new government of Fujimori (1990-2000) renew the anti-terrorist efforts, and after twelve years of destruction and massacres, *Sendero Luminoso* was shattered in 1992 following the capture of its founder, Abimael Guzman, and other top leaders in Lima. Guzman and other *comrades* signed a Peace Agreement in 1994; however, threats of terrorism and extreme forms of violence prevailed until 2000.

4.4 POST-CONFLICT COMPLEXITIES

Subsequent efforts to rebuild the social fabric of the affected communities have included the 2001 establishment of the Truth and Reconciliation Commission (*Comisión de la Verdad y Reconciliación*, CVR), and more recently, the National Council of Reparations (*Consejo Nacional de Reparaciones,* CNR). The CVR investigated human rights violations committed by the state armed forces and the rebel groups, and reported that 69,280 people were either killed or have disappeared as a result of the conflict - 45% of them from Ayacucho. Approximately 75% of these victims were young, male, and indigenous (mostly of Andean background) who spoke either Quechua or another native language (CVR, 2003), which lends credence to the notion that "death and disappearances were disproportionately distributed by geography, gender, class, and ethnicity" (Theidon, 2006, p.437).

The civic conflict in Peru is cited as an exceptional case within Latin America where *Sendero Luminoso* was responsible for 54% of the deaths of victims (CVR, 2003), while in other conflicts - such as Guatemala, El Salvador, and Nicaragua - the state forces were accountable for most of the killings (Leiby, 2009). Responsibility for sexual violence, on the other hand, was reversed with *Sendero Luminoso* liable for 11% of reported cases, and the state forces for 85% (CVR, 2003), which makes it more difficult for victims to make claims for justice; indeed, only three cases of sexual violence have successfully reached the legal system and were presented in court (Demus, 2010). Testimonies in the CVR section of sexual violence account for more than 500 rapes or other incidents of sexual violence, however, victims and witness declarations indicated that the number of victims was highly underreported and underestimated, because rape and sexual assaults were massive and daily occurrences - especially in zones where army bases were installed (CVR, 2003). Indeed, as sexual violence was often accompanied by torture or other acts of violence, the CVR suggested that the number of victims could be 7426, which is the total number of women estimated to be victims of forced disappearance, detention, torture and mass executions (CVR, 2003). Consistent with the targeted nature of death and disappearances, sexual violence was more prevalent (though not exclusive) towards marginalized women, that is, Quechua-speaking (75%) , from rural areas (83%), peasants/campesinas (36%) or housewives (30%), the majority of which were between 10-29 years old and illiterate, with 48% from Ayacucho, the province where most cases had been reported (CVR, 2003). The acts of sexual

violence included, rape, forced marriages, sexual slavery and forced abortions, and were committed by the fighting groups, including Sendero but mainly by the following organizations: the police, navy and army forces, prison personnel, and undetermined/other, which includes "*ronderos"* and community members. In most of the testimonies, the victims reported being brutally assaulted several times during long periods - sometimes weeks or months - and by several men. Remarkably, there are no legal sanctions yet on the perpetrators of sexual violence during the conflic**t,** which may be contributing to make these crimes unspeakable.

Sexual violence was also perpetrated against men, but rarely reported or discussed. Of all those accounted as victims of torture (*N*= 291), 86% were male; of this number, 11.6% reported being victims of sexual violence and 2 % raped (Dador, 2007). Sociologist Jennie Dador has contributed to the only existing analysis of the male victims of sexual violence during the conflict. Dador examines how a gender perspective can contribute to the study of the social memory of sexual violence against males, and opens the discussion on sensitive topics such as homophobic fear, humiliation and masculinity, all of which contribute to a culture of silence and impunity in this topic.

The CVR prioritized reparations utilizing a human rights-based framework; however, eight years after the dissemination of the final report, victims remain disappointed by the ineffectiveness and inaccessibility of the National Council of Reparations (CNR) in implementing the promised reparations. While a small number of economic reparations at community level have been accomplished, individual reparations are still pendant (Laplante and Rivero, 2006). The importance of individual reparations should be also understood in the context of the extent of displacement of the Andean populations affected by the conflict. The CVR (2003) estimated that approximately 500,000 people got displaced in the 1980-1990s, but it has been estimated that just in Ayacucho the number of displaced people in 1997 was 156,575, with only one-fifth having returned to their original communities (Coronel, 1997 as cited in Gamarra, 2000). Thus, collective reparations only support the claims of a portion of the victims, not for all the displaced or relocated. Ironically, the same process of being identified as a victim is largely responsible of keeping people displaced in large cities where they can register and make claims for monetary compensation due to specific violations of their human rights. It is estimated that at least 200,000

displaced people from Andean provinces currently live in Lima's shantytowns (White, 2009), however, it is also clear that the displaced groups are not just waiting to be compensated, and instead they are becoming important contributors to the largely active informal economy in Peru (White, 2008)

Although several governmental agencies and NGO's offer diverse services to indigenous communities - including legal and advocacy support, health and other services - their impact on these communities has not been evaluated, and their effectiveness in meeting the needs of this population remains unknown (Pedersen, et al, 2008). One exception is the comprehensive evaluation of rural health services in the Andean communities, conducted by British social welfare scholar Timothy Bowyer. Bowyer (2004) evaluated the health services of 20 peasant communities in two departments, Ayacucho and Cajamarca, from 1997-2001. Bowyer presented a detailed picture of the implementation and delivery of community health services at regional and local level through quantitative questionnaires, in-depth interviews with peasants, health providers, local authorities and policy makers, and secondary data analysis of existing health data. His findings pointed to the lack of popular participation in deciding the communities priorities, the absence of horizontal and vertical integration of health policies and services, the absence of adequate services to peasant communities that are significantly far from roads, and lack of progress on health indicators (e.g. malnutrition, infants mortality) in most communities, despite having some health services available. In summary, Bowyer findings indicate the lack of effectiveness of health services due to the insufficient and otherwise vertical interaction between users and health providers, and most importantly, with policy makers. Participants highlighted poverty and lack of roads as their most important priorities, while health was only secondary. While Bowyer's study is restricted to health services, his participants also refer to the lack of coordination and integration of the services offered by NGOs to communities in the Andean highlands. Those services, according to participants, are often redundant, always time-limited, and in most cases unrelated to the priorities and needs of the communities - rather, they are designed based on the funding priorities of the NGOs (Bowyer, 2004, p. 142, 250). The social exclusion and marginalization of Andean peasants as service users is evident in this study.

Despite the absence or inappropriateness of services , indigenous communities are attempting to rebuild their social fabric through their own cultural means, and employment of traditional rituals of “forgiveness” (Theidon, 2006) and “forgetting” (Elsaas, 2001), in order to incorporate former *senderistas* and/or returnees into the community again. For instance, Gamarra (2000) described a ceremony in the highlands of Huanta, where neighbour communities offered a welcome back reception to returning residents. The different ritualistic activities in this reception represented the diverse resources of these communities, their new Evangelic faith, traditional Catholic beliefs and ancient Andean symbols. As Gamarra suggests, in these ceremonies was a need “to reconcile space [physical and cultural] and time, past with present” (p.278), which allows for pluralistic beliefs, in contrast with the times of the conflict, where only one set of beliefs was tolerated in order to keep the unity of the community.

In the city of Ayacucho and the whole region, different movements and NGOs attempt to guide a popular reconciliation process - for example, the movement “*Para Que no Se Repita*” [To do not repeat] and the “*Oficina de Apoyo Para la Paz* “[Office in support of peace]. Most of these efforts, however, remain more accessible to academics, professionals and activists, rather than to peasants and ordinary citizens. While conducting fieldwork in Ayacucho, I was however able to identify one program of reconciliation that is successfully being offered to all sectors of the population. This program was “ESPERE” [Wait], offered by the Loyola Center, which (through a series of modules) offers participants practical and theoretical tools to facilitate forgiveness and heal the wounds of violence and create a basis for reconciliation. The ESPERE modules are offered periodically in Quechua and Spanish, as well as training to new facilitators (Loyola Centre, 2010). The overarching objective of ESPERE and the Loyola Center is to overcome the inequalities and exclusion of various spaces of the civil society, which remains the underlying reason for the development of the violence in Ayacucho.

In this context, an important contribution of the CVR was the identification of high levels of historical discrimination, subordination, and oppression against the Indigenous population as the major underlying cause of the violence (CVR, 2003). Indeed, urban coastal communities (mostly comprised of a non-indigenous population) were largely unsympathetic to the conflict, until the conflict affected them directly (Laplante & Rivero, 2008). An important aim of the CVR was

therefore to promote and foster a multiethnic, multicultural, and multilingual society, by including indigenous narratives into the public discourse of the conflict. Whether the CVR has been able to foster a collective record of the past, however, has not yet been determined.

Nevertheless, as result of the CVR report, it has been recognized that the indigenous communities were ultimately the primary targets of violence during the conflict, which was followed by an unquestioned sequel of trauma, suffering and dislocation in the Peruvian highlands (Pedersen et al, 2008). Several studies have indeed found elevated but inconsistent prevalence rates of post-trauma symptoms (equivalent to PTSD) amongst this population, ranging from 12.5% (*Instituto Especializado de Salud Mental*, Mental Health Institute, 2003)**,** 24.7% (Pedersen, et al, 2008), to almost 90% (Snider, et al, 2004). However, to avoid ineffectiveness of services, local meanings of mental health should be incorporated into the design and implementation of such services. In this context, Pedersen and colleagues (2010) have contributed with fundamental research by examining the intersection of cultural norms, past and current events, and expressions of distress in the Quechua population of Northern Ayacucho. They identified and described local expressions of distress and suffering, such as “pinsamientuwan” (worrying thoughts), “ñakari” (suffering) and “llaki “(sorrow), and advocated for more appropriate and culturally meaningful health interventions.

The interconnection of physical and mental health in the long term consequences of exposure to violence have been examined scarcely. An exception is Grimard and Laszlo’s (2010) study, which examined the long-term effects of civil conflict on women’s health outcomes in Peru. Using longitudinal district level data from Peru’s Demographic and Health Survey and the CVR violence statistics, Grimard and Laszlo analyzed (using sophisticated econometric tools) the health outcomes of women who were born before or in 1990 in districts that have experienced a significant number of deaths and disappearances in her birth year or adjacent years. Informed by theories on the long-lasting effect of shocks experienced in early life, either in uterus, or early infancy, the study findings confirmed the long lasting effects of stress in critical periods of health indicators - especially in women’s height (shorter) and prevalence of anemia. This effect was strong, even after controlling for socio-economic status. Grimard and Laszlo also include

tentative findings in regards to psychosocial outcomes by reporting only moderate effects on reports of domestic abuse suggesting that women may be particularly resilient in this area.

To understand the suffering and the resilience of the Andean population, their current stressors should also be examined. Although *Sendero Luminoso* has officially been terminated as a faction, a remnant group remains active in a northern zone of the Andean provinces (e.g. Ayacucho, Apurimac), and the jungle provinces in an area called VRAE (Valley of the rivers Apurimac and Ene). Participants in this study indeed reported fear of entering an active conflict again, because of the activities of remainder forces of the Shining Path that operate now in alliance with drug trafficking groups in the VRAE. The responses from the government and armed forces have been ineffective in pacifying the zone so far, and in integrating again the VRAE to the regional dynamics. Moreover, these activities have again categorized Peru (2010) in the Upsala Conflict Database, as a zone with an active armed conflict, due to the official count of 25 or more related deaths per year in any of the opposing parties (UCD, 2010)

Peru's actual government was democratically elected in 2006, and more than 30 political parties or groups participated in the election process. These competing parties represented an ample range of political affiliations from extreme left to extreme right tendencies. Freedom of political affiliation, therefore, is not presently a concerning issue - however, affiliation or support to any form of terrorism is illegal (as in most countries). The current government of President Alan Garcia (2006-2011) has partially continued the implementation of the recommendations of the CVR, initiated by the previous government, but has also put the most waited individual reparations on hold. Moreover, in 2007, Garcia issued a new law that protects the police and military from prosecution, if lethal force is used while "fulfilling their duty" (Laplante, 2008) - this law gives ample impunity to perpetrators of human rights violations during the conflict. Thus, the Andean communities still experience numerous barriers in obtaining the reparations they are entitled as victims/survivors of the conflict. Indeed, the Human Rights Watch 2009 Report stated, "Justice for past abuses continues to be a leading human rights concern in Peru. For the first time in its history, the country is currently trying a former president [Fujimori, 1990-2000] for grave human rights violations. While authorities have made some progress in holding accountable others responsible for abuses committed during Peru's 20-year internal armed conflict, most perpetrators continue to evade justice". Though the safety of the women

participating in this research - as well as the rest of the Quechua communities - is not currently under serious risk, claims of past violence continue unresolved and a proximal zone is experiencing active violence. As Gamarra (2000) suggests, in Ayacucho there appears to be an unrelenting need to reconcile the past with the present, but I argue that there is also the need to comprehend how the present influences the future. If democracy works, it should be the tool to address the problems of the future in the present.

The prevalent socio-political discourse in Peru, from the Republican times, has been framed in terms of "class", rather than race or ethnicity (Thorp et al, 2006). While ethnicity per se is not necessarily a mobilising element of political violence, the past conflict in Peru and other examples in Latin America (e.g. Guatemala, Bolivia), indicate that inequalities based on ethnicity are indicators of the extent of violence, once a conflict is initiated (Thorp et al, 2006). At the time that this thesis is written, a new election process was in place in Peru where the candidates profile portrayed well the ethnic diversity of Peru. The ethnic variation of these candidates is, however, less extreme than their political options, ranging from left, centre, and right wing options. A first round of the elections in April 2011 produced inconclusive results. The distribution of votes in the first round (Figure 8)- replicated however, to a certain extent, the multi-ethnic division of Peru. For instance, Ollanta Humala, self-identified *mestizo* candidate, had major support from the Andean provinces; Alejandro Toledo, a former *mestizo* President, endorsed by the large but under populated Amazonic provinces; Pedro Pablo Kuczyinski (European ancestry) supported by the capital city; and Keiko Fujimori (Japanese ancestry) gained the most support in the Northern provinces. A second electoral round was called for June 5, 2011 where the winner was Ollanta Humala over Keiko Fujimori.

Figure 7. Peru's April Presidential Elections (Source: The Economist)

It is the hope of most Peruvians that the new government would use the present to build a better future for Peru - a future with fewer inequalities, and free of violence.

CHAPTER 5: RESEARCH METHODOLOGY

The theoretical and empirical reviews examined in previous chapters suggest that the socio-political context of traumatic events influence the resilience and post-traumatic stress outcomes of affected individuals. The current study is based on my interest in learning directly from the experiences of Quechua women, and about their resilience in the aftermath of the Peruvian armed conflict. The following sections in this chapter present: the study overview; research sites; local affiliations; the process of developing contextually appropriate measurement tools; study sample; measurement of variables; data collection procedures; ethical concerns; and methods for data analysis.

5.1 STUDY OVERVIEW

This study is based on original data collected between May- August 2010 in Ayacucho (Peru) using a cross-sectional design. The study examines the simultaneous occurrence of resilience and post-traumatic stress in Quechua women, and examine whether these processes are different for women victims of sexual violence during the conflict than for non-victims, and for women of different migratory status. The study was possible thanks to the collaboration of two local organizations: the *Asociación Nacional de Familiares de Secuestrados, Detenidos y Desaparecidos del Peru (*ANFASEP) [National Association of Families of the Kidnapped, Detained and Disappeared of Peru] and the *Hatun Ñan* [Long Road] Project , *Universidad San Cristóbal de Huamanga,* Ayacucho (UNSCH). These organizations provided local information and guidance during the processes of research design and data collection. The first step in designing this study was a preliminary field visit to the cities of Lima (Peru's capital) and Ayacucho by this researcher during the month of June 2009. The purpose of this trip was to inform the development of the research questions and methodology. The author met with several non-governmental organizations (NGO's), grassroots indigenous women's organizations, social work and public health scholars, as well as government officers. This exploratory process also follows the recommendations of Mollica, et al (2004) to review available ethnographic and clinical experiences prior to cross-cultural adaptation of instruments. Several NGO's, academics

and community groups[21] expressed interest in collaborating with this research and reviewing the study findings on issues and objectives specific to the realities of Quechua women in Ayacucho, which partially fulfill the ethical responsibility of ensuring relevance of the investigation to the identified population. Based on these meetings, a review of the local literature and most importantly, feedback from the Quechua women, the research questions and methodology for this study were refined and ultimately established.

The study encompassed two phases whereby the initial phase informed the subsequent quantitative phase. **The** ***first phase*** consisted of the translation and cross-cultural adaptation of instruments required for this study - for instance, the Connor-Davidson Resilience Scale (CD-RISC) and the Life Stress Questionnaire (LSQ). This process included both consultation with key informants and focus groups with participants. The use of key informants is already widely recognized as having good potential to contribute to the explanation of outcomes (Hughes & Preski, 1997). Interviews with local informants were recommended in the instruments' own guidelines for this translation, and also achieved the strategic objective of facilitating the recruitment of participants. The majority of the interviews with key informants were conducted on the first exploratory trip and on a second trip to Peru in November 2009, where the translation to Quechua of the afore-mentioned instruments was also initiated. Two focus groups were later conducted to examine the cultural validity of the translated instruments prior to the start of data collection. This process followed the recommended steps for semantic and cultural validation proposed by Van Ommeren, et al (1999), which triangulate the information from translators and key informants, with focus groups with participants. In doing so, this phase also identified the indicators of resilience and current stressors as perceived by Quechua women.

The ***second phase*** utilizes a cross-sectional design to identify individual and community factors influencing the resilience of Quechua women, and to examine the relationship between the two

[21] In this exploratory trip, the following NGO's and professionals offered to collaborate with this research project: 1) *Comisión de Derechos Humanos* (COMISEDH) [Commission of Human Rights]; 2) *Asociación para el Desarrollo Humano- Para Nuestra Gente- Runa masinchiqpaq* (ADEHR) [Association for Human Development – For Our People]; 3) *Paz y Esperanza* [Peace and Hope]; 4) Professor Gumercinda Reynaga, School of Social Work, Director of the *Hatun Ñan* [Long Road] Project , *Universidad Nacional San Cristóbal de Huamanga,* Ayacucho; 5) Gloria Huamani, social worker and Quechua/Spanish interpreter; 6) *Asociación Nacional de Familiares de Secuestrados, Detenidos y Desaparecidos del Peru (*ANFASEP) [National Association of Families of the Kidnapped, Detained and Disappeared of Peru].

variables of interest: resilience and post-traumatic stress. The advantage of having a more detailed description of the resilience outcomes of Quechua women in Ayacucho made this researcher give priority to a heterogeneous sample, and therefore, used diverse recruitment strategies. The cross-sectional survey and the sampling strategies were first pilot-tested with a small convenience sample; the study sample consisted of 151 Quechua women living in the region of Ayacucho. The fieldwork was conducted in the city of Huamanga and in three rural villages (*comunidades campesinas):* Socos, Maucallaqta (Annexes of the Municipality of Socos) - north of Huamanga - and Ccayarpachi (Annex of the Municipality of Santiago de Pischa) - south of the city. The total amount of time spent in field research was 90 days, from May 14th until August 15th, 2010. The cross sectional survey was conducted through individual face-to-face interviews - trauma research supports this method as providing more control and perceived benefits to participants than paper-and-pencil surveys (McClain, et al, 2007). As the preferred language for the majority of participants was Quechua, a bilingual group facilitator (Spanish/ Quechua) was trained to conduct the focus groups in the preliminary phase, and bilingual field workers conducted most of the individual interviews in this quantitative phase. The data collection of the study was funded by the International Development Research Centre (IDRC) Doctoral Research Award, which subsidizes the cost of data collection for doctoral research projects in non-Western contexts that fall within their scope of interest.

5.2 RESEARCH SITES

Ayacucho is a province in Central Peru characterized by mountainous landscapes, due to its proximity to the Andes Mountains. It is also one of the poorest and least developed areas of the country. The Quechua-speaking population lead a traditional communal lifestyle that has not changed significantly for centuries, and typically reside in small villages, or *comunidades campesinas,* although many migrated to urban locations during or after the conflict. Based on the CVR report, 40% of the victims of the conflict lived in the countryside within the region of Ayacucho (CVR, 2003), thus making Ayacucho the province most exposed to violence during the conflict. The city of Ayacucho - or Huamanga as known by locals - is the largest urban center of the region and the primary location of this research; it is a frequent destination for visiting

Quechua women from the *campesino* communities, as well as the permanent residence of a large number of women who had migrated there.

Two of the three rural sites of the research, Socos and Maucallaqta, were located an hour and a half northeast of Huamanga, while Ccayarpachi was more than 2 hours south of the city. These communities were selected due to their geographical diversity, but also because of their different experiences during the conflict. For instance, Socos was one of the villages in Ayacucho that promptly developed its own defensive force of "*ronderos*" against the Shining Path and the MRTA, however, Socos is also known because of the massacre of the "wedding party" or the killing of 37 people attending an engagement party by the army forces in 1982. Maucallaqta is known as a town sympathetic of the Shining Path, and the constant persecution of its villagers for this reason - at one point the town was a men-free place because of this. In contrast, Ccayarpachi is almost a new development, and has only achieved the title of "village " or *comunidad campesina,* because of its recent population growth - mainly composed of people displaced from other villages or the city. Indeed, the migratory characteristics of the population of these villages are also different. Socos and Maucallaqta are comprised of people who never moved or have returned to these locations after the conflict, while Ccayarpachi consists of a majority of people who have relocated to this location from other places. The three villages have also different needs and economic capacities - Socos being the most prosperous town, followed by Maucallaqta and Ccayarpachi.

5.3 STUDY LOCAL AFFILIATIONS

Two primary local affiliations supported this research from June 2009: one, a civil society organization and the other an academic institution. The first affiliation of this study was with the *Asociación Nacional de Familiares de Secuestrados, Detenidos y Desaparecidos del Peru* (ANFASEP) [National Association of Families of the Kidnapped, Detained and Disappeared of Peru], and the second affiliation was with the Hatun-Ñan [*Camino Largo para la Education Superior,* Long Road for Superior Education] Affirmative Action Program, of the National University San Cristobal de Huamaga -*Universidad Nacional San Cristobal de Huamaga-* (UNSCH) in Ayacucho. Both affiliations provided guidance and logistical support, as well as

entry points into the communities where I carried out this research. I established partnerships with two institutions in Ayacucho as the complexity of my research topic required support from Peruvians of different capacities and contexts (e.g., grassroots organizations, local community leaders, NGO's, interdisciplinary scholars and practitioners, etc).

5.3.1. CIVIL SOCIETY AFFILIATION: ANFASEP was founded in 1983 in the midst of (and in response to) the political violence in Ayacucho. It is a grassroots organization created and directed by Quechua women, who are victims and survivors of the violence during the conflict. Initially, ANFASEP began as an 'informal' support network for wives and mothers whose family members went missing during the violence. The founders are a group of three courageous women who met while searching through 'body dumps' during the evenings, hoping to find any trace of their missing partners or children. It later mobilized into an organization that began to organize protests, demand action from the government, and raise awareness of the political violence in Ayacucho. The objectives of ANFASEP include: (1) to organize the relatives of the kidnapped, detained or disappeared; (2) to provide legal assistance and instrumental aid to its members, and (3) to promote peace and social justice development in the Andean region. ANFASEP has approximately 400 members, 80 percent of whom are Quechua women representing at least 100 geographically diverse communities of the provinces of Ayacucho and Huancavelica. This research is of special interest to ANFASEP, as the organization is a tangible example of the individual and communal dimensions of the resilience among Quechua women. ANFASEP provided entry points into the indigenous communities, and offered space for the focus groups and individual interviews (Letter of Affiliation see Appendix 1). I was also granted permission to present my research at ANFASEP's bi-monthly meetings - attended by an average of 100 members - in order to recruit participants. Most importantly, ANFASEP was instrumental in providing the study with an insider perspective on to how to ensure that the research was as constructive and non-invasive as possible for the participants. To reciprocate, I supported ANFASEP in different areas, such as attending the Board of Directors (*Junta Directiva*) weekly meetings, helping with the preparation of funding proposals and advocacy reports, identifying additional sources of funding, etc. At their request, I have also produced a video documentary of the history of ANFASEP, its memoralization process and its vision for the future, with the testimonial narratives of ANFASEP members. ANFASEP already has a copy for dissemination

of the documentary in Spanish, and the development of a version with subtitles in English is in progress.

5.3.2. ACADEMIC AFFILIATION: Hatun-Ñan is an outreach program of the UNSCH which primarily targets the Quechua and Asshaninkas communities, as well as other indigenous groups. The project was created after the conflict to facilitate the full inclusion of Quechua students into the UNSCH community, as well as to promote other community projects with indigenous communities. The Hatun-Ñan project has been awarded the Peruvian National Prize for "Best Practices in Public Management" in 2008 because of its excellence and innovation in services to the community, and its successful outcomes. The Hatun-Ñan project was founded in 2003 and directed by social work professor Gumercinda Reynaga until March 2010. Professor Reynaga was always very supportive of this study, and was instrumental in formalizing the study association with Hatun- Ñan (See Letter of Affiliation in Appendix 2) . The project interdisciplinary directorate also includes members from the sociology, anthropology, biology, history, engineering, and education departments. At the time of the study field work (May-August 2010) the new director of the program was anthropology professor Jeffrey Gamarra, who continued Hatun-Ñan support of this study. This research was well situated with Hatun-Ñan, whose ultimate goal is fostering the strengths and resilience of the Quechua communities, particularly among young men and women. The study contributes to this goal by providing empirical evidence regarding resilience strategies used during and after the conflict. These findings can be used and disseminated among policy-makers, in order to provide more contextualized policy and program interventions in Quechua communities. I reciprocated with this collaboration in different ways, such as assisting on the psychosocial assessments of faculty candidates for the tutoring positions, participating in the Directorate monthly meetings, and offering information of potential funding envelopes that can support the Hatun-Ñan program in expanding their networks and activities.

Following the Andean "reciprocity", my affiliation with both organizations does not finish with the completion of this research - I will continue exploring more "giving back" activities with them. I also closely followed the OCAP (ownership, control, access and possesion) principles developed in Canada for research with the Aboriginal communities (Kovachs, 2010), and the

study data and findings will be available to all participants, the local affiliations and collaborative network of this research.

5.3.3. COLLABORATIVE NETWORK. This research also attempted to foster linkages between Northern and Southern practitioners, and scholars in the area of psycho-social interventions - particularly among social work practitioners. Several members of the UNSCH School of Social Work - including professors Roberta Garcia, Blanca Zanabria, Tula La Torre, and Gumercinda Reynaga - served as an advisory committee for this research, in an effort to ensure that the methodology used was appropriate to the local context. Importantly, in their Bachelor of Social Work (BSW) curriculum, the UNSCH includes a course on “Resilience” taught by professor Zanabria who, along with other local scholars, contributed with valuable local knowledge on resilience to this research. I also participated in discussion forums within the School of Social Work with students and faculty members. More formally, in November 2009, I was invited to present at a student-led National Social Work Conference with the central theme of "Social Workers role and challenges in front of violations of human rights". During my stays in Ayacucho, I also participated actively on research / scholarly/ public discussions organized by the *Office in Support of Peace* [Oficina de Apoyo para la Paz] called *Mesas Verdes* [Green Tables], and other activities sponsored by the *Loyola Center*, and the *Association for Human Rights*. All the mentioned activities enriched this research with local information and stimulating discussions on the struggling realities of post-conflict Ayacucho.

5.4 RESEARCH QUESTIONS

Based on the empirical and theoretical review from previous chapters and the analytic guidance from local informants, the following research questions and their theoretical predictions were established:

1) ***Is resilience associated with individual characteristics (age, education, occupation, marital status, income, civic participation, migratory status) and residency characteristics (urban or rural location) over and above its association with past exposure to violence and current stressors?***

1.1 Resilience will be inversely associated with women's past exposure to violence in the conflict, as well as with their current stressors.
1.2 Individual and community characteristics will be associated with resilience over and above its association with past exposure to violence and current stressors.

2) ***Is post-traumatic stress associated independently with resilience over and above its association with past exposure to violence and post-conflict life stressors?***
2.1 Resilience will be inversely associated with post-traumatic stress.
2.2 Past exposure to violence, and current life stressors will be positively associated with post-traumatic stress.
2.3 Resilience will make an independent contribution to post-traumatic distress over and above the effects of either past exposure to violence, and current life stressors.

3) ***Are resilience/post-traumatic stress related outcomes different for women victims of sexual violence in the conflict versus women who were non-victims of sexual violence?***
3.1 Resilience scores would be lower for women who were victims of sexual violence in the conflict, than for women who were non-victims of sexual violence.
3.2 Post-traumatic stress related symptoms would be higher for women who were victims of sexual violence in the conflict, than for women who were non-victims of sexual violence.

4) ***Are resilience/ post-traumatic stress outcomes different for women who have never migrated from their original communities, than for those who have returned or relocated?***
4.1 Resilience scores would be higher for women, who have never moved and/or returned, than for women who have relocated to another community/city.
4.2 Post-traumatic stress related symptoms would be lower for women, who have never moved and/or returned, than for women who have relocated to another community/city.

5.5 CROSS CULTURAL VALIDATION OF INSTRUMENTS

5.5.1. THE TRANSLATION PROCESS: The translation requirements of this study involve three languages - English, Quechua and Spanish - although data collection was restricted to

Quechua and Spanish. Research tools such as the information sheet, consent forms, and flyers were translated from English to Spanish and Quechua, and back translated in a similar manner. The instruments selected to use in this study were also translated from English to Spanish, and then to Quechua using back-translation procedures. The Harvard Trauma Questionnaire (HTQ) Part IV and Part I were already translated to Spanish and Quechua, and have Spanish/Quechua versions validated for use within the Quechua population by Pedersen and colleagues (2008), see also Tremblay, Pdersen and Errazuris (2010) . The Trauma Questionnaire of Local Idioms of Distress (TQ-LID), developed as an addition to the HTQ by Pedersen and colleagues (2010) also has validated versions in Spanish and Quechua. Therefore, only two of the study instruments, the Connor-Davidson Resilience Scale (CD-RISC) and the Life Stress Questionnaire (LSQ), were in need of translation and cross-cultural validation. In addition, the LSQ and CD-RISC[22] were already translated to Spanish, thus less translation steps were needed on those instruments. Bilingual mental health professionals carried out the translations, and professional translators carried out back translation (in all cases). With the aid of key informants, the researcher sought consensus decisions regarding the accuracy of all translations. As Mollica and colleagues (2004) stated, "comparison and consensus of translation and back translation by an expert group leads to a highly valid and reliable instrument" (p. 9).

This process of translation and back translation was done twice for the two instruments, the CD-RISC and LSQ, due to initial incongruence in the first set of translations. The study advisory committee and other bilingual key informants provided ongoing feedback on the sensitivity of the translated instruments to the Quechua population and modifications were made accordingly to the translated instruments. Key informants were selected primarily from the organizations and academic institutions that were contacted during the researcher's preliminary visits to Ayacucho and Lima; the LSQ is available for public use, unlike the CD-RISC which requires permission from the authors of the scale for its use. Therefore, the resulting Quechua version of the CD-RISC was presented for approval to the developers of the scale. Dr. Jonathan Davidson authorized this researcher to conduct the final back translation to English and after some insightful recommendations from his side and minor modifications, the Quechua translation

[22] The Quechua translation of the CD-RISC needed the approval by the developers of the scale before data collection as per user agreement of this instrument.

received his official approval on May 2010 being the first Quechua version of this instrument. Key informants and advisors also revised and approved the final translation of the other instrument, the LSQ.

An important observation in this process of translation was the evident semantic differences, and the fact that the Quechua version of the instruments finish considerably longer than the English or Spanish versions due to translation. For example, the word “stress” is translated to Spanish as the anglicized noun “estrés” but in Quechua was translated as a whole sentence - “feeling tired and with headaches because of having problems or difficulties”. For other words, it was necessary to use “linguistic borrowings” from Spanish - for instance, the English word “thought” is translated to Spanish as “pensamiento”,but has no equivalent in Quechua, thus, is translated to Quechua as “piensamientu” by making an adjustment to the pronunciation of the word. Several additional words were also translated from Spanish as whole sentences in Quechua, extending the length of the questionnaire in Quechua.

5.5.2. THE VALIDATION PROCESS: Following the model of cultural validation proposed by Van Ommeren (1999) the information from translators and key informants was triangulated with the findings from focus groups with participants. A goal of the focus groups in this phase of this study is well articulated by Ekblad and Baarnhielm (2002): “An important application of focus groups in transcultural psychiatry is to obtain insight into groups’ own terms, vocabulary, opinions, attitudes and reasoning about distress and healing” (p. 486). Another important attribute of focus groups is that they do not discriminate against those who are unable to read or write (Ekblad & Baarnhielm, 2002), a common characteristic among adult Quechua women. The goal is to assess the cross-cultural validity of the instruments and to avoid Kleinman’s “category fallacy”, or the false idea that a phenomenon has the same meaning across cultures if similar effects are observed.

After translation and consultation with key informants, the next step consisted of organizing and conducting two focus groups to validate the translation to Quechua of the Connor-Davidson Resilience Scale (CD-RISC) and the Life Stress Questionnaire (LSQ). The recruitment of participants for the focus groups followed a purposive sample approach, which ensured that

information obtained closely represented the Quechua women survivors of the conflict. The group participants (6 per group) were recruited through visits to the collaborating organizations and flyers (Appendix 3) posted in the same locations. The focus groups were facilitated by one of the research assistants, and recorded with permission of the participants. Participants were first informed in detail of the study procedures and consent requirements prior to participation in the focus groups. All participants were asked to sign a consent form (Appendix 4) prior to participation in the study. Each focus group assessed one instrument at a time, discussed relevant topics (either indicators of resilience or recent stressors), and followed a semi-structured interview guide (Appendix 5). The first focus group discussed the Quechua translation of the LSQ and took place in the boardroom of the Loyola Center on Wednesday, June 2, 2010 from 4-6pm. The second group discussed the translation of the CD-RISC and took place in the meeting room at ANFASEP on Friday, June 4, 2010 from 3-5pm.

The translated instruments were evaluated for semantic equivalency in Quechua and Spanish, and cross-cultural understanding of the questions and statements were reviewed. As a result, the participants validated the Quechua translation of both instruments. A few items of the LSQ needed to be reworded, for example, instead of "having problems paying rent or mortgage" the question was changed to "having financial problems related with their house and/or land", as most people do not carry mortgages, but may have asked for a loan using their land as guarantor. No items of the CD-RISC needed to be changed, but a few items of the resilience scale needed to be explained with examples in order for women with limited literacy to fully understand. For instance, the statement "in dealing with life's problems, sometimes you have to act on a hunch without knowing why" was easy to understand after explaining that was simply a matter of following our intuition or premonitions.

One of the research assistants translated and transcribed both focus groups [from Quechua to Spanish] and the content was analyzed by the research team. Changes to the CD-RISC items were not necessary, but this instrument required that I develop additional guidelines for the team on how to offer examples illustrating some of the questions and how to ensure the person understands the questionnaire. The findings from the second focus group, and consultations with key informants and the research team were also instrumental to the development of five

Additional Questions to the CD-RISC (ADD-CDRISC), reflecting local indicators of resilience that are used to triangulate information with the CD-RISC. Three resulting resilience themes informed these additional questions: cultural identity, capacity to reciprocate, and communal (rather than social) support. The referred themes were not included in the domains of the CD-RISC. The ADD-CDRISC questionnaire has not been evaluated on its psychometric characteristics and therefore its use was intended only for single item comparison, and not for use as an overall single score.

The scoring system of both instruments was also discussed with key informants and focus groups participants. In regards of the LSQ, the decision was to adopt the ordinal scoring for each item, if the occurring stressor is affecting the person, very much, some, or little. For the CD-RISC, the five qualifiers of how people think on each resilience statement - true nearly all the time, often true, sometimes true, rarely true, and, not true at all - were considered unanimously as too many and confusing. Therefore, only three options were kept: true nearly all the time, sometimes true, and not true at all; this modification did not change the scoring system of the scale.

In both focus groups, the topic of the much expected financial reparations to victims of the conflict was also discussed. This was a topic fuelled by the proximity of regional elections. For the LSQ group, the participants' opinion was that hoping for reparations was not a regular stressor, but rather a goal or purpose that some of the victims have and thus was not included in the questionnaire. Similarly, for the CD-RISC group, reparations - or the lack of them - was considered as a something to work on, but not as an indicator of strength or resilience, therefore, it was also not included as an additional question. After incorporating the findings from the focus groups and the feedback of the research team and research advisory committee, the survey was modified with minor changes and the final survey was pilot-tested. The survey was tested first within the research team (mock interviews between interviewers and researcher), then with a convenience sample of four women recruited in the city major Plaza. The pilot-test yielded positive responses about the clarity of the questionnaires and no more adjustments were made to the survey.

This process of translation to Quechua, and cross-cultural validation of the study instruments brings the issues of language dominance to the attention of the researcher. Indeed, the role that language plays in life is more than a communicative one, it is also an important source of support and identity; as Pugh and Jones observed, “ it is a continuing bond and a potential rallying point for ethnic identity” (1999, p. 531). However, as in Peru, the dominant language is not necessarily the native (original) language of a territory - also the case in Canada, Mexico, and USA. The historical presence of socio-economic models such as colonization - and currently, globalization - is determinant of the survival, inclusion, or dominance of languages. Indeed, Quechua is the second official language in Peru, but is not been taught in the public schools, and there are only a few courses offered in Universities - mainly located in the Andean provinces. Therefore, as most informants stated, Quechua is a language at increased risk of extinction because an increasing number of Quechua speaking individuals stop practicing this language daily, as soon as they achieve an education level higher than elementary schooling. This discussion does not seek to emphasize language over other interlocking factors (such as race, class, gender), but argues for considering its inclusion, because ultimately, language is about participation and consequently about citizenship (Kornbeck, 2001).

5.6 SAMPLING

The sampling population of the study was adult Quechua women who live in the region of Ayacucho in Peru, while the sampling target was either women living in Huamanga (Ayacucho city) or in any of the three selected *campesino* communities. *Inclusion criteria* were adult women who have experienced political violence in their rural communities or anywhere in Ayacucho during the armed conflict (1980-2000). Included are victims of torture, prison, sexual and physical violence and other traumatic experiences, as well as witnesses to these acts; the impact of witnessing atrocities may be just as traumatic - or worse - than suffering them, especially when loved ones are involved (Erazo, 1990; Mossellanejad, 2000). Quechua speaking women, 25 years old or older, who lived in the province of Ayacucho during the conflict (all the time, or partially) and live in the province in the present were invited to participate in this study. In addition, previous research (Pedersen et al, 2008) and the final report of the Peruvian Truth and Reconciliation Commission (CVR, 2003) indicate that due to the extent of the violence in

the area during the conflict, it is not possible to find non-exposed individuals in Ayacucho. The sampling approach was therefore based on the assumption that all Quechua women who lived in Ayacucho during the conflict were exposed directly, or indirectly, to violence from one or both opponent sides. The *exclusion criteria* were those women who were not competent to consent, those who had not lived in Ayacucho at anytime during the conflict, and those aged less than 25 years. The rationale for this age determinant was to allow the participation of women who were at least 10 years old at the end of the conflict in the 1990's. Having that age at the end of the conflict, implies that they may have been exposed to sexual violence and other forms of violence, which were among the most common atrocities committed against Quechua women and are of particular interest for this study.

A final sample of 151 Quechua women was recruited. The initial number of participants was 154 but two questionnaires were incomplete (due to time constraints for the participants), and a third questionnaire was incomplete due to early termination of the interview, rendering a final count of 151 participants. Power analysis calculations indicated that for a medium effect size of $f^2 = 0.15$ for a linear multiple regression between resilience scores and 12 variables, alpha at 0.05 for one-tail test, a sample size of 127 yield a power of 0.80. For a medium effect size of $f =$ O.25 for an ANOVA of 2 groups, alpha at 0.05, a sample size of 128 yield a power of 0.80 (G* Power Version 3.1). Therefore, a sample size of 151 participants has sufficient power and stability.

Probability sampling methods are often indicated to be less appropriate - or less feasible - for research with marginalized populations (Guest, et al, 2008; Faugier & Sargeant, 1997). Historically, the Quechua population in Peru has been a target of discrimination, racism, direct and structural violence and other forms of oppression (Laplante & Rivero, 2006). Therefore, due to the marginalization experienced by Quechua-speaking and other indigenous populations in Peru, non-probability-sampling involving purposive and convenience sampling strategies were utilized in this phase of the study.

Purposive sampling involves "defining the characteristics of the persons, settings, treatments, or outcomes to which you want to generalize" (Shadish, Cook & Campbell, 2002, p. 376). It also can be of typical or heterogeneous instances - depending if you want to define a "typical"

person/outcome, or want a sample which is "heterogeneous" - and not a typical instance at all (Shadish, et al, 2002). In this study, the extensive internal migration of people in Ayacucho due to the conflict and for economic reasons, made it difficult to determine a "typical" Quechua-speaking person per se, without the risk of stereotyping this population.

In addition, Shadish et al (2002) indicate the following as advantages of using *purposive sampling of heterogeneous instances* (PSI-Het): first, an association that holds (despite heterogeneity) is presumed to have greater strength and generalizability; second, PSI-Het increases the ability to make discriminations of which parts of the outcome are affected by which parts of the treatment or independent variables. However, PSI-Het also can reduce power due to the greater width of the confidence intervals and consequently increased likelihood of Type II error. Therefore, I choose to use PSI-Het to include a broader range of experiences of Quechua women, which also better fits the exploratory goals of the study. The sampling strategies therefore targeted Quechua women 25 years old and above, of all levels of education, literacy, occupation, income, marital status, family composition, partner relationship, religion, participation in civic activities, different degree of exposure to violence, different migration status, and living in urban or rural areas. These purposeful strategies were combined with c*onvenience sampling strategies*, or the inclusion of conveniently available cases, to attain the desired sample size (Singleton & Straits, 2008) - for instance, participants recruited by referral of other participants, or because of interviewers' connections to certain locations.

5.7 VARIABLES AND INSTRUMENTS

This study has three main goals: a) to examine the association of *resilience* with *post-traumatic stress*, b) to assess for the impact of *past exposure to violence* and *current life stressors* on the women's resilience and post-traumatic stress related symptoms, and c) to identify the *individual and community factors* that contribute to resilience in this sample. For this analysis, the study examined the following variables:

5.7. 1. Resilience: is defined here as a measure of stress-coping ability that varies with context, age, gender, time, and culture, as well as with different faces of adversity (Connor & Davidson, 2003).

The Connor-Davidson Resilience Scale (CD-RISC, Connor & Davidson, 2003) measured resilience in this study. The CD-RISC was constructed as a brief self-rated assessment to quantify resilience. The CD-RISC was developed from a selection of the most salient characteristics of resilient people found in relevant literature. The CD-RISC consists of 25 items all rated on a 5-point range of responses from not true at all (0) to true nearly all the time (4). The scale is based on how the individual has felt over the past month. The total score varies from 0-100, with higher scores indicating greater resilience. An initial study of validation of the CD-RISC shows alpha coefficients of internal consistency reliability of .89, item-total correlations ranged from 0.30 to 0.70, and .87 test-retest reliability (Connor & Davidson, 2003). In an exploratory factor analysis, five factors emerged reflecting: 1) personal competence, 2) tolerance of negative affect and stress-related growth, 3) acceptance of changes, 4) personal control, and 5) spiritual orientation to the future (Connor & Davidson, 2003). The CD-RISC has been used with diverse populations such as survivors of violent trauma (Connor, Davidson, & Lee, 2003), older women (Lamond, et al, 2009), and war veterans (Pietrzak, Russo, Ling & Soutwick, 2010), and has shown adequate psychometric properties. For instance, Lamond, et al's (2009) study on resilience and successful aging in older women reported high internal consistency of the CD-RISC ($\alpha = 0.92$). More recently, Pietrzak and colleagues (2010) study with Iraq war veterans reported similar high internal consistency of the CD-RISC ($\alpha = 0.94$). The instrument has been translated to several languages; a validated Spanish version of the scale was used for the study, and translated to Quechua (Appendix 3). The CD-RISC was selected for this study over other resilience scales due to the consistent report of adequate properties amongst diverse samples, and its ability to measure resilience in non-clinical samples - untreated victims of trauma exposure - as well as in individuals receiving clinical treatment. The CD-RISC has also two shorter versions of 10 (CD-RISC-10) and 2 items (CD-RISC-2). The scales are not of public domain, thus, this researcher has sought and obtained permission from the authors for their use in this study. [23]

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[23] Further questions about the CD-RISC and its availability should be directed to the authors of the scale Dr Connor or Dr Davidson at jonathan.davidson@duke.edu as permission to reproduce the scale in this document was denied

***Additional questions to the CD-ISC (ADD-CDRISC)*:** Three additional resilience themes: cultural identity, capacity to reciprocate, and communal (rather than social) support were identified from the data obtained in the first phase of the study. These themes informed the development of six additional statements on resilience (ADD-CDRISC), which consisted of behaviours or attitudes that reflect the local understanding of resilience and are items that are not found on, or do not overlap, the CD-RISC. These statements are: 1) "I participate in the activities/festivities of my village, town, city, province" 2) "I am proud of my race, language, typical food, clothes, and other traditions of my community/province", 3) "My community/town participates in communal tasks/work that benefit individual members of the community", 4) "I am able to help other people that often help me (family, friends, neighbours)", 5) "My community, town, province often solve well its difficulties and problems", and 6) "My community, town, province, often help me with my difficulties and problems". Participants were asked to indicate if they agree with these statements: Always, Sometimes or Never, which correspond to scores of 4, 2, and zero respectively (Appendix 6). The six-items of the ADD-CDRISC served to triangulate the information obtained from the CD-RISC; more importantly, it explicitly included local understandings and experiences of resilience. The reliability analysis of the ADD-CDRISC is offered in the results section. In addition, the survey included an open-ended question, in order to gain additional information from participants regarding their process of resilience.

***5.7. 2. General exposure to violence and post-traumatic stress-related symptoms*.** These two variables were measured by the *Harvard Trauma Questionnaire* (HTQ, Mollica et al, 1991). *General exposure to violence* (GEV) was measured by Part I of the HTQ and consists of a list of incidents of violence or stressful events that the participant either suffered or witnessed during the years of the conflict (Mollica, et al, 1991). *Post-traumatic stress related-symptom*s (PTSD-R) was measured by Part IV of the HTQ and is defined here as symptoms included in the DSM criteria of PTSD (n =16) that the person reported as experienced during the last month (Mollica, et al, 1991. The study used the adapted Spanish/Quechua versions of the HTQ (Tremblay, Pedersen & Errazuris, 2010)

The HTQ is a survey instrument designed to measure exposure to traumatic events, and severity of post-trauma symptoms. The HTQ has been utilized worldwide with varied populations, primarily with refugees or war survivors. It is a standardized instrument which has shown high rates of validity in numerous studies, as well as in different languages and contexts. In a recent study, Morina and Ford (2008) reported an internal consistency of the HTQ of α= .94 in a sample of civilian war victims in Kosovo. The HTQ consists of four parts: Part I describes 17 traumatic events that the participant may have experienced, witnessed, heard about, or not experienced, with assigned values of 3, 2, 1 and 0 respectively and a maximum cumulative score of 51 for the most severe exposure. Part II is specific to refugee trauma and asks respondents to describe the most traumatic experiences in their country of origin and in a host country. Part III explores the possibility of head injury, and Part IV looks at symptoms of PTSD identifying three main clusters - arousal, avoidance/numbing and re-experiencing symptoms. This study will utilize only Part I (Appendix 7) and Part IV (Appendix 8) to examine past traumatic exposure (*HTQ-GEV*) and post-trauma symptoms (*HTQ-PTSD-R*) respectively. Tremblay and colleagues (2010) reported high internal consistency of the HTQ Part IV of α= .81 in a sample in the Peruvian highlands. The study used the Spanish/Quechua versions of both the HTQ-GEV and HTQ-PTSD-R, validated for use with the Quechua population by Pedersen, et al (2008). In addition, the trauma questionnaire *Local Idioms of Distress* (TQ-LID) developed as an addition to the HTQ by Pedersen and colleagues (2008), is included as complementary of Part IV (items 17-32). The LID (Appendix 8) defines the local meanings of distress among the Quechua population in their own terms identified from ethnographic data. Research indicates that exposure to violence in the context of war trauma may lead to a long-term sequel of symptoms of distress (Pedersen et al, 2008), even if those events had occurred more than 10 years ago (Cohen, et al, 2009) or 60 years ago (Kuwert, et al, 2010). Therefore, GEV and PTSD-related symptoms are variables of extreme relevance for this study.

5.7.3. Current life stress is understood here as recent life events that are perceived by the individual as stressful. Research in posttraumatic stress (e.g. Silove & Ekblad, 2002; Ullman et al, 2007) and resilience (e.g. Lamond et al, 2009; Radan, 2007) in diverse populations, indicate that life stressors in the aftermath of trauma may be hindering resilience and/or enhancing the

probabilities of posttraumatic stress related symptoms. Therefore, the measurement of current stress in this study is considered relevant.

Current theory identifies two processes as crucial mediators of the relationship between stress, the individual, his or her environment and long-term consequences: cognitive evaluation and coping. Since the mid 20th century, several relevant studies have been carried out on the subject of stress associated with important life events. Holmes and Rahe (1967) created the instrumental Social Readjustment Scale, supported by empirical data, which is used to actually measure the negative events, which provoke stress. By conducting a wide poll of subjects, they tried to establish the stress-value that participants attribute to a series of events generally considered agents of life change.

The Life Stress Questionnaire (LSQ, adapted from Holmes & Rahe, 1967) was used to measure current stressors affecting in this sample. The LSQ (Appendix 9) is a measure of recent life events that may be considered stressful. The original scaling values showed Kendall's concordance coefficient of $W= 0.446$ ($p < 0.0005$) in a sample of 394 individuals, meaning that a significant trend of positive agreement in the ranking of stressful events was observed in this sample (Holmes & Rahe,1967). Different versions of the LSQ have been widely used in psychosomatic research since the 1960's. Some recent research using comparable versions of the LSQ are Fountoulakis et al's (2006) study of major depression, Kolves, et al's (2006) comparative study on suicide, and Ahearn and Noble's (2004) study on internally displaced war survivors in Nicaragua. Some of the 43 events comprised in the LSQ were modified according to relevance to Quechua women. This measure assigns a value of 10-120 for each stressor, rated on the degree to which it has affected the person - i.e. greatly, moderately or slightly. A total score of 300 or above indicates an extremely high level of stress, from 150 to 300, a moderately high level, and 150 or under indicates a low stress level.

5.7.4. Socio-demographics are defined here as the socio-demographic characteristics that can be considered as potential influential factors on the women's resilience.

Individual questionnaire**:** The individual questionnaire (Appendix 10) designed for this study solicits socio-demographic information and other potential moderators of the women's resilience. Consistent with the study design of purposeful sampling of heterogeneous instances, items include several individual and social factors such as age, marital status, literacy, education,

religion, occupation, living arrangements, and migration status. A category of particular interest is involvement in civic or community activities. Most variables in this questionnaire are categorical, but age is a continuous variable.

5.8 DATA COLLECTION

5.8.1 RESEARCH ASSISTANTS

Three bilingual (Quechua/Spanish) interviewers/research assistants were hired on a part time basis for this study. Hiring qualified assistants was a quick process thanks to the search performed on previous exploratory trips, and the timely information and support provided by key informants and collaborating organizations. Due to the gender-sensitive nature of the study, only women were hired as interviewers. One assistant was a 3rd year social work student (BSW), the second holds a BA in history and has ample experience as interviewer for the CVR, and the third holds a BA in administration, has research experience and has worked as a group facilitator for women's programs. An interpreter was also hired for the initial recruitment visits, and private transportation was contracted for recruitment and for the interviews done in the three rural communities. All research assistants were trained on issues of ethics and confidentiality in research, the conceptual background of the study, questionnaires guidelines, and basic interviewing and crisis intervention strategies. In addition, all research assistants signed an agreement of confidentiality.

5.8.2 RECRUITMENT IN THE CITY OF AYACUCHO

Accordingly to the study sampling design, the recruitment followed different strategies in the city of Huamanga:

1. Advertisement through flyers (Appendix 11) and oral presentations at the bi-monthly meetings of ANFASEP, where approximately 100 Quechua women from the city, as well as from the *campesino* communities, attend. This organization authorized the researcher to advertise her study to its members.

2. Advertisement through flyers and oral presentations in three local food markets (*Mercados Vivanco, Plaza Grau and Magdalena)*, targets included vendors and costumers. This researcher

first approached the Market's administrators for permission to advertise the study. Informal local vendors not pertaining to these markets were also approached.

3. Advertisement through flyers and oral presentations in some of the city's Mothers' Clubs (Government-sponsored program supporting mothers and families) and Associations for the Displaced in several neighbourhoods of Huamanga.

4. Advertisement through flyers and oral presentations in other collaborating organizations, for instance the Loyola Center, Hatun-Ñan, as well as public places such as Art Galleries and the Auditorium of the Municipality

The food markets, ANFASEP, and the Associations of the Displaced were the most successful recruitment sites in the city, and the Mothers' Clubs were the least successful. While the voluntary nature of the sample precludes the calculation of an exact response rate, the fast recruitment of the desired sample size suggests a response rate consistent with those of previous surveys conducted with this population - for instance Pedersen, et al (2008) reported a response rate of 99.02%.

5.8.3. RECRUITMENT IN THE RURAL LOCATIONS

The recruitment of participants in the rural villages followed different steps:

1. First, the researcher sought permission of the Major of the village to advertise the study amongst women in the village and its Annexes. Second, the *Presidentes de las Comunidades* [Communities/Annexes Presidents or Leaders] were approached with the same request[24]. This process involved the exchange of letters requesting permission and approval letters as well as several visits to the location to meet with these authorities.

2. Once the permission was obtained, I negotiated the days that the team would conduct interviews and gave flyers to the village authorities to be posted; I also arranged for an oral announcement by the Municipality loudspeaker on the day(s) of data collection.

3. The selection of dates for data collection in the villages took the end of harvest season (end of June) into consideration, as this would have affected the availability of the participants (as advised by collaborators).

[24] The Majors are elected through regular official elections and the *Presidentes* are informally elected by the village [*comunidad campesina*] residents or *comuneros/as.* Both authorities have different but somewhat overlapping roles.

4. The selection of the three rural sites was based on being situated in different geographical areas (North and South of Ayacucho city), and the differences on migratory status of the villagers. For example, Socos and Maucallaqta are areas where residents were either never displaced during the armed conflict or returned to the same location after the conflict, while Ccayarpachi is a community populated mainly by people displaced from other towns.

Having a research collaborator with contacts in each of the villages was instrumental to facilitate the prompt access to the village and authorities. Other villages considered were Huamanguilla, Quinua and Lucanamarca. Delays in accessing the authorities (Quinua) or safety concerns (Lucanamarca and Huamanguilla) stopped the consideration of these villages as potential research sites. This researcher also followed the University of Toronto and IDRC specific travel safety guidelines of only visiting or staying in locations deemed safe, and not included in current travel warnings issued by the Department of Foreign Affairs and International Trade of the Government of Canada (DFAIT). This was the case in the provinces of Huanta and La Mar in the region of Ayacucho, which are warned by DFAIT as "avoid all travel", due to the presence of remnants of the Shining Path and narcotic trafficking.

The recruitment in the city was initially slow, but once the research team was better known in certain locations - such as the members' meetings at ANFASEP, or the markets - the responses rapidly increased. In addition, word of mouth also raised awareness to other participants who were connected with different women's groups. In the rural villages the challenge was not recruitment - as women seemed to be interested in participating (or maybe they do have less competing activities?) - the challenge was conducting the interviews at the times when most women were free of household or farm duties i.e. evenings or early hours of the morning.

5.9 PROCEDURES

Location of interviews: Once the person had expressed interest in participating, the survey was administered through face-to-face interviews at a mutually agreed upon location, often immediately after this initial contact. The study was briefly explained in the flyer, however participants were informed (verbally and in writing) in detail of the study procedures and consent

requirements prior to participation. Interviews in the city were conducted at private rooms in ANFASEP or the Loyola Center, the markets stands, participants' houses, public plazas, etc. All efforts were done to ensure privacy if the interview was done in a public place. In Socos, the Municipality gave three large offices to the research team (as most interviews were done in the evening), but some were done on benches in the town plaza. In Maucallaqta, the interviews were conducted on the town soccer field and participants' houses. In Ccayarpachi, all interviews were done at the local Community Center.

Competence to consent: Participants were also assessed for competence to consent following the Ethics protocol; that is, the field worker asked the participant a few questions about the procedures of the informed consent (Appendix 12). If the participant appeared confused or unsure of what to answer, the section(s) involved were reviewed again. The participant was then asked the same questions - if unable to answer again, the participant was notified by the field worker that unfortunately the interview was cancelled, but she would receive the study compensation. If the participant was upset with this decision, back-up therapeutic support was offered, as was contact information with local supervisor (Professors Gumercinda Reynaga/Jeffrey Gamarra) or the researcher. There was only one instance of this situation, which was resolved following protocol in an unproblematic manner. The interviews were conducted in the participant's language of preference: Spanish or Quechua. I conducted interviews in Spanish with bilingual women, and in Quechua with the help of an interpreter (only in Maucallaqta).

Confidentiality and right to withdraw: Participation in the study was voluntary, confidential, and participants were able to withdraw at any time. All participants were asked to sign a consent form prior to participation in the study. Participants who were unable to sign were asked to provide either verbal consent, which was recorded on audio tape, or to sign with an "X". Anonymity was maintained by assigning participants answers to the survey with a code number, the initial of the interviewer and the number of the interview, and separating the informed consent signature from the rest of the survey. All identifying information was collected daily and secured by the researcher. Interestingly, some participants requested to have their names written in full in reports of the study, thus, a separate file was organized with those names.

Duration of the interviews: The duration of the interviews ranged from 40 minutes to almost 2 hours depending on the age and literacy of the participant and the language of the interview, with shorter times belonging to younger, high school educated (or more), bilingual (Quechua/Spanish) participants.

Split half reverse order of questionnaires: The questionnaire consisted on 8 sections, first the socio-demographic questionnaire followed by the CD-RISC, ADD-CDRISC, LSQ, HTQ-GEV, HTQ-PTSD-R, TQ-LID and final open question. To control for interviewing fatigue, half of the participants interviewed by each research assistant and this researcher were presented with the questionnaire starting by the socio-demographic section followed by the mentioned scales and half were presented with the socio-demographic questionnaire and the reverse order of the scales.Comparison between both halves shown no significant differences.

Therapeutic back-up support was arranged through the Loyola Center, who provided contact information of a bilingual psychologist for participants that may have become distressed or in crisis during their participation in the survey. Only two women expressed signs of distress, which was otherwise transient and receded with comforting measures.

Compensation: All participants in the research (focus groups and survey) received honorariums in-kind, equivalent to 30 Peruvian New Soles or CDN $ 10 for their time and effort, as established in the Ethics Protocol of the study.

5.10 ETHICAL PROCEDURES

Ethical approval from the Ethics Office of the University of Toronto was obtained on April 7, 2010 (Appendix 13.1) and renewed in March 15, 2011 (Appendix 13.2). The study affiliations in Peru did not request an additional ethics review, however they also received a copy of the approval letter from the University of Toronto. The Tri-Council Policy Statement - Ethical Conduct for Research Involving Humans - was followed throughout the study. This section will discuss the potential psychological and social risks for the participants through their participation in the study and the steps taken to minimize these risks, as well as the potential benefits.

Psychological risks: This researcher recognized that participants might experience distress in recounting traumatic events during the armed conflict or more recent difficult times. In order to minimize psychological/emotional risks, the following steps were taken: 1) participants could skip any question that made them uncomfortable; 2) participants could stop the interview and withdraw from the study at any time; 3) In case any participant experienced such distress, the researcher and/or field workers were prepared to use basic crisis intervention strategies, e.g. stop the interview, offer a restful and comfortable place, listen, offer support, etc; 4) The researcher and/or the interviewer will offer the participant in distress available therapeutic services at the Loyola Center and with a bilingual psychologist, in the city of Ayacucho. 5) It was also acknowledged by the team that when utilizing face to face interviews, the focus of the research should not be confused as a form of therapeutic intervention for participants. As the intent of individual interviews is to solicit personal information, they in some way mimic a counselling session, and may foster participation as a means of seeking help (McClain, et al, 2007); however, therapeutic support outside the research team was to be offered and arranged for participants in need. The provision of therapeutic support was free of cost for participants who required and agreed to use these services, as was the cost of transportation. Procedures to access these services were also in place - for instance, the researcher was covering the cost of transportation to access the services; if the participant required and/or agreed to access the services immediately, they were assisted in getting there or alternatively in returning to their home or other place of preference. If the participant agreed, a follow up call/visit was done to ensure the woman's safety.

It was anticipated, however, that the study's emphasis on resilience and associated positive influences would minimize psychological risks. Indeed, only two women expressed signs of distress while answering the survey, one in Socos and one in the city of Ayacucho, and both were more than 65 years old. The distress was, transient and disappeared with comforting measures (offering a drink, privacy, listening, etc); in both cases, the interviews were suspended, and in the case of the woman from Socos, cancelled. Both women were offered information regarding support available at no cost for them (including transportation) but they declined. With

their consent, I conducted a follow-up visit the day after to see if the women had recovered well, and gave them my contact information in case of further complications.

Social risks**:** as individuals were exposed to political violence, there was a risk of being identified as a sympathizer of one of the different parties in the conflict, thus the confidentiality of survey respondents was assured. To minimize this risk, the consent form clearly indicated that no names or identifiers would appear in the survey forms or in any further publication or dissemination of the research. In addition, a private location for the interview was always determined in agreement with the participant - however, there was the risk that confidentiality outside the focus groups could not be guaranteed by the researcher. This social risk was higher in the context of the focus groups, where participants might have disclosed information that identified them as a sympathizer of a faction different from other group participants. To minimize this risk, the consent form described this particular risk and participants were asked not to disclose such identifying information which otherwise was not relevant to the themes of the groups. The group facilitator was also attentive to any discussion that might have lead to increasing this risk, and diverted the focus of the group to another topic.

Benefits: There were no explicit benefits to participating; however, it has been shown that participants in trauma research often derive benefits from sharing their experiences (McClain, et al, 2007; Snider, et al, 2004). The study findings also have the potential to inform health promotion and community development programs in the Quechua communities to more effectively support those in need and enhance the resilience abilities of this population.

5.11 DATA MANAGEMENT

All information was originally collected via paper forms and entered into SPSS by this researcher at a later time. Participants' surveys were assigned identification numbers, and all identifying information was removed and stored separately. In this manner, all data was managed and entered into the database without any information of the participant's identity. The following procedures were followed to manage the data:

- Code numbers (Interviewer first initial plus interview number for this interviewer) were used to create a quantitative data file using PASW Statistics 18, the latest version of the Statistical Package for the Social Sciences (SSPS) for Windows
- All the quantitative data, from the socio-demographic questionnaire and answers to survey were entered into this data file in a password-protected laptop
- Accuracy of data file was confirmed by checking congruency on the data entered for 30 randomly selected participants.
- Qualitative data from the focus groups and the final open-ended question of the survey was entered in Microsoft Word text files.
- The audio records of the focus groups were destroyed once they were entered into the laptop and transcribed, following the study Ethics Protocol.
- A set of photocopies of all surveys without the identification pages were left in a safe location in Ayacucho (safety box of the Loyola Center)
- Surveys were transported to Toronto and will be kept for 3 years in a locked cabinet, separate from the identification pages.

5.12 DATA ANALYSIS

***Qualitative data*:** With the consent of participants, focus groups were tape recorded, note-recorded and transcribed. Content analysis was conducted for thematic coding. The results were reported back to selected key informants and participants to confirm if the themes truly reflected the experiences of the Quechua women. The findings informed the development of the ADD-CDRISC questionnaire and the validation of the translations of the CD-RISC and LSQ. Participants also answered the final open-ended question of the questionnaire about any other factor contributing to their resilience that had not been considered in the survey. The resulting themes of the content analysis of these answers were used to triangulate information from the quantitative survey.

Quantitative data: The scores of the instruments were recorded in accordance with the procedures indicated for each instrument. The measures' scores and data from the individual questionnaire - including categorical, dichotomous and interval variables - were analyzed using the PASW Statistics 18. Table 4 below offers a summary of the research questions and the type

of analysis used to answer these questions. The following statistical tests were performed on the resulting data:

1. ***Descriptive statistics.*** To provide an overview of the participants, a descriptive analysis of all variables was performed. For all instruments representing continuous variables - CD-RISC, LSQ, HTQ-GEV, HTQ-PTSD, and TQ-LID - as well as age and number of children, frequencies and measures of central tendency were obtained. For all categorical variables – religion, migration status, education, occupation, etc - frequencies and percentages were calculated.
2. ***Reliability analysis.*** Reliability analysis of the scales was performed using Cronbach's alpha, all the scales shown enough internal consistency to enter the analysis as detailed in Chapter 6
3. ***Bivariate analysis.*** The conceptual model being tested in this study examined a) the association between resilience and post-traumatic stress, b) the impact of past exposure to violence and current stressors on post-traumatic stress and resilience, and c) the contribution of individual and community factors to resilience. Therefore, it was important to analyze the relationship between all singular variables. Pearson's correlation coefficients were calculated for all continuous variables and independent t-tests for associations between the categorical variables and the two outcomes of interest, resilience and post-traumatic stress. These analyses informed the decision of which variables entered the multivariate analysis.
4. ***Multivariate analyses.*** To answer the study research questions multiple regressions (MR), t-tests, and multivariate analysis of variance (MANOVA) methods were used. *Multiple regression analysis* offers powerful tools to analyze the combined and independent contributors of multiple potential influential factors, in particular when an experimental design is not feasible (Licht, 2004). MR can also take the form of moderator analysis when the influence of a moderator variable(s) - a variable that change the strength of the association between a dependent and an independent variable - and the interactions between independent variables and moderator's variables are also examined (Baron & Kenny, 1986). Although a moderator analysis may offer valuable insight to the relationship between resilience and post-traumatic stress (over and above the impact of traumatic exposure to violence and current stress), its use was precluded due to lack of necessary sample size. Indeed, Aguinis (2004) indicated that only sample sizes over 200 have reasonable power to detect moderator effects when one of the variables is continuous. Hierarchical regression is otherwise appropriate for complex research with multiple predictors, and the order for entering predictors into hierarchical models is based on previous research and

the theoretical importance of the variables (Field, 2009). The predictors considered most important in the analyses are entered first in hierarchical models. Block regression in this analysis is based on the expanded conceptual framework detailed in chapter 3. Independent t-tests also were used to assess the statistical significance of difference between two groups in regards of a continuous outcome variable (Licht, 2004). The methods of analyses employed to answer the research questions were therefore hierarchical multiple regression, independent t-tests, and analyses of variance.

Table 2. Research Questions and Data Analysis

Research Questions	Method of Analysis
1. Do individual characteristics (age, education, occupation, income, civic participation, marital status, etc) and community characteristics (urban or rural location) contribute independently to the variance of resilience over and above its association with past exposure to violence and current stressors?	*Multiple regression analyses* to examine the impact of selected individual and community characteristics on resilience independently of past exposure to violence and current level of stress.
2. Is post-traumatic stress associated independently with resilience over and above its association with past exposure to violence and post-conflict life stressors?	*Multiple regression analyses* to examine the impact of resilience on post-traumatic stress independently of past exposure to violence and current level of stress and selected individual and community characteristics
3. Are resilience and post-traumatic stress related outcomes different for women who were victims of sexual violence in the conflict versus women who were not victims of sexual violence?	*Multiple regression analyses* (from questions 1 and 2) *and independent t-tests,* to examine the differences between the 2 groups for each outcome variable.
4. Are resilience/post-traumatic stress related outcomes different for women who have never migrated from their original communities than for those who have relocated or returned?	*Multiple regression analyses* (from questions 1 and 2) *and MANOVA* to examine the differences on resilience and post-traumatic stress on the three migratory groups

CHAPTER SIX: RESULTS

The main objectives of the data analysis were a) to test theoretical predictions regarding the associations between resilience, past exposure to violence, current stress and post- trauma related symptoms amongst Quechua women in Ayacucho; and b) to examine the individual and community factors associated with resilience in this sample. The results are presented in six sections: 1) descriptive analysis of the study sample; 2) descriptive analysis of the scales used; 3) reliability analysis; 4) relationships between variables; 5) results based on research questions; and 6) content analysis of survey open-ended question.

6.1 SAMPLE CHARACTERISTICS

Socio-demographic characteristics of women participants (*N*=151) are found in Table 3. The average age of the sample was 46.76 years old (*SD*= 14.5), with participants ranging from 25-85 years old. Sixty percent of participants (*N* = 91) were recruited from different locations in the city of Ayacucho, (ANFASEP, Public Markets, Associations of Displaced, and the wide community), and 39.7% (*N*= 60) from three rural villages - or "*campesino"* communities - Socos, Maucallaqta and Ccayarpachi. Sixty-nine women (45.7%) had never moved from their current place of residence, fourteen (9.3%) had returned to their original communities after the conflict, and sixty-eight (45%) had relocated to another location.

In regards to their family and relationship status, seventy-five women (40.5%) were married, twenty-four (13%) were in a common-law relationship, twenty-three (12.4%) were single, five (3.3%) were divorced or separated, and twenty four (13%) were widowed - most of them having lost their husbands during the conflict. The average number of children per woman was 3, with a total range of 1-8 children. Most women (*N*= 65, 63.1%) reported feeling respected in their relationship, but thirty eight (36.9 %) reported being abused by their partners. Most women (*N*= 143, 94.7 %) were living with other family members, e.g. children, husband, in laws, parents etc, and eight women (5.3%) were living alone. The latter group was comprised mainly of women

who had never moved (N=6), were between 54 and 66 years old, and either single (*N*=3), widowed (*N*=4) or separated/divorced (*N*=1), and living in a rural setting (*N*=6).

Quechua was the primary language and/or language of preference for most women (*N*= 76, 50.7%), while twenty-two (14.7%) preferred Spanish and fifty-two (34.7%) stated no preference. The majority of women reported they could read (*N*=98, 64.9%) but fifty-three women (35.1 %) stated that they are unable to read. The level of education of the sample is described in Table 1, showing on one extreme thirty-four women (22.5%) who have no schooling at all, and twenty-two women (14.6 %) that have some post secondary training on the other side. The majority of women (*N*=94, 62.3%) indicated household and farming duties as their primary occupation with occasional crafting or weaving, followed by forty-four (29.1%) merchants (from formal and informal markets) and only thirteen (8.6 %) as paid employees. Fifty-four participants (35.8%) reported having "not enough" income to cover basic needs (food, shelter) while ninety-five (62.9)% stated having "enough" income to cover basic needs, but "not sufficient" for clothing, education, health or other primary expenses, and only two women (1.3%) reported to earn "sufficient" income to cover all important living expenses. Finally, more than half of the women in this sample (*N*= 78, 51.7 %) regularly participated in civic activities (e.g. women's rights associations, victims' associations, labour unions, mothers clubs etc), while seventy-three (48.3%) did not participate in such activities.

Table 3. Socio-demographic characteristics of participants

Variables		*N*	Percentage	Mean (*SD*)	Range
Age		151		46.76 (14.5)	25-85
Marital Status		151			
	Single	23	12.4%		
	Married	75	40.5%		
	Common law	24	13.0%		
	Separated/ Divorced	5	3.3%		
	Widow	24	13.0%		
Have Children		100		2.99	1-8

				(1.55)	
Relationship		103			
	Feel respected	65	63.1%		
	Feel abused	38	20.5%		
Living arrangements		151			
	Alone	8	5.3%		
	With others	143	94.7%		
Preferred Language		151			
	Quechua	76	50.7%		
	Spanish	22	14.7%		
	Both	52	34.7%		
Literacy (Read)		151			
	Yes	98	64.9%		
	No	53	35.1%		
Migration		151			
	Never moved	69	45.7%		
	Returned	14	9.3%		
	Relocated	68	45.0%		
Recruitment site		151			
	Anfasep	17	11.3%		
	Markets/ Ayacucho	25	16.6%		
	Displaced Assoc/Ayac	20	13.2%		
	Other/Ayac.	29	19.2%		
	Soccos	40	26.5%		
	Maucallaqta	11	7.3%		
	Ccayarpachi	9	6.0%		
Location		151			
	Urban	91	60.3%		
	Rural	60	39.7%		
Religion		151			
	Catholic	131	86.8%		
	Evangelic	19	12.6%		
	None/other	1	0.7%		
Income		151			
	Not enough	54	35.8%		
	Enough not sufficient	95	62.9%		
	Sufficient	2	1.3%		

Education		151			
	No schooling	34	22.5%		
	Elementary	65	43.0%		
	Secondary	30	19.9%		
	Post secondary	22	14.6%		
Occupation		151			
	Farm/house/ handicrafts	94	62.3%		
	Merchant	44	29.1%		
	Employee/ other	13	8.6%		
Civic Participation		151			
	Yes	78	51.7%		
	No	73	48.3%		

6.2 DESCRIPTIVE ANALYSIS OF SCALES

The descriptive statistics of the study instruments measuring quantitative variables are shown below in Table 4.

Table 4. Descriptive statistics of scales

Variables	Mean	*SD*	Range	*N*	Missing
CD-RISC	63.99	16.03	26-92	150	1
AddCD-RISC	14.30	8.68	2-24	146	5
HTQ- GEV	8.68	3.94	0-15	151	0
HTQ-PTSD-R	29.35	7.17	16-46	151	0
TQ-LID	28.62	7.44	16-51	151	0
LSQ	248.87	140.30	0-667	151	0
PTSD-R score	1.83	0.45	1-3	151	0
LID score	1.79	0.46	1-3.19	151	0

6.2.1 Connor-Davidson Resilience Scale (CD-RISC)

The mean score for the 25-items of the CD-RISC was 63.99 (*SD*= 16.03), and the median was 66. The distribution of CD-RISC scores has a trend of negative skeweness (-.364) and negative kurtosis (-.528), although remaining within the normalcy range, or between -2 and 2 (Weinberg

& Abramovitz, 2008). The CD-RISC mean score in this study (*M*= 63.99) is lower than the mean score of 80.4, found in the original validation study of the scale in a national community sample in US (Connor & Davidson, 2003), but higher than mean scores found in two clinical samples of PTSD patients, 47.8 and 52.8 (Connor & Davidson, 2003). Studies in other countries have tended to report lower scores than in the US, which indicate ethno-cultural differences in the conceptualization of resilience.

6.2.2 Additional Questions to CD-RISC (Add CD-RISC). The global mean score for the 6 items of the Add CD- RISC was 14.30 (*SD*= 4.78) with a median of 14. As the construction of this measure was intended to offer single-item comparison analysis, no further analysis of the global score is relevant. The frequencies of the individual questions are shown below.

Table 5. Frequencies of ADD-CDRISC 1: "I participate in the activities/festivities of my village, town, city, province"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	33	22.4	22.4
SOMETIMES	59	40.1	62.6
ALWAYS	55	37.4	100.0
Total	147	100.0	

Table 6. Frequencies of ADD-CD-RISC 2: "I am proud of my race, language, typical food, clothes, and other traditions of my community/province"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	1	.7	.7
SOMETIMES	20	13.6	14.3
ALWAYS	126	85.7	100.0
Total	147	100.0	

Table 7. Frequencies of ADD-CDRISC 3: "My community/town participates in communal tasks/work that benefit individual members of the community"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	45	30.6	30.6
SOMETIMES	57	38.8	69.4
ALWAYS	45	30.6	100.0

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	45	30.6	30.6
SOMETIMES	57	38.8	69.4
ALWAYS	45	30.6	100.0
Total	147	100.0	

Table 8. Frequencies of ADD-CDRISC 4: "I am able to help other people that often help me (family, friends, neighbours)"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	2	1.4	1.4
SOMETIMES	30	20.5	21.9
ALWAYS	114	78.1	100.0
Total	146	100.0	

Table 9. Frequencies of ADD-CDRISC 5: "My community, town, province often solve well its difficulties and problems"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	41	27.9	27.9
SOMETIMES	81	55.1	83.0
ALWAYS	25	17.0	100.0
Total	147	100.0	

Table 10. Frequencies of ADD-CDRISC 6: "My community, town, province, often help me with my difficulties and problems"

Valid	Frequency	Valid Percent	Cumulative Percent
NEVER	88	59.9	59.9
SOMETIMES	47	32.0	91.8
ALWAYS	12	8.2	100.0
Total	147	100.0	

The overall scores of the ADD-CDRISC were significantly correlated with the CD-RISC (r=.251, p=. 002). Single item comparisons show that the positive correlations of CD-RISC with questions 3 (r=.258, p=. 002), 4 (r=.257, p=. 002), and 5 (r=. 197, p=. 017) were significant, while the correlations with questions 1, 2, and 6 were not. The latter findings suggest that a sense of resilience based on cultural identity (questions 1 and 2) is independent from overall resilience,

similar to a sense of community support. In regards to PTSD-R, none of the single item comparisons was significantly correlated with this scale, similarly than for TQ-LID.

6.2.3 Harvard Trauma Questionnaire-General Exposure to Violence (HTQ-GEV)

The mean score for the HTQ-GEV was 8.68 (*SD*= 3.94), with a median of 9. The distribution is negatively skewed (-.368) and with negative kurtosis (-. 623), but remains within the normalcy ranges. The GEV represents the number of violent events during the conflict that the sample has suffered or witnessed, or not.

6.2.4. Harvard Trauma Questionnaire- Post Traumatic Stress Disorder-Related items (HTQ-PTSD-R). The mean score of the 16-items of the HTQ- PTSD-R was 29.35 (*SD*=7.17), with a median of 29. The distribution is positively skewed (. 257), with negative kurtosis (-.391) but remains within the normality ranges. The global scores were weighted following the guidelines of Mollica et al (2004) and the PTSD-R weighted scores show a mean of 1.83 (*SD*= 0.45). Using the original cut-off of 2.5 - as suggested by the developers of the instrument (Mollica, et al, 2004) - only 9.3 % (*N*= 14) of the sample show symptoms compatible with a full diagnosis of PTSD. However, if using a lower cut-off of 2.0 as suggested for this population by Tremblay, Pedersen, and Errazuris (2009), 29 % (*N*= 44) of the sample reach PTSD criteria.

6.2.5 Trauma Questionnaire- Local Idioms of Distress (TQ-LID). The mean score of the 16 items TQ-LID is 28.62 (*SD*= 7.44) with a median of 27. The distribution is positively skewed (.580) with negative kurtosis (- .287) but still within the normality range. The distribution of TQ-LID however, appears less proximal to normality compared with the PTSD-R distribution in this sample. The global scores were weighted and the TQ-LID weighted scores have a mean of 1.83 (*SD*= 0.45). Using the cut-off of 2.0, as suggested by developers of the scale (Tremblay, et al, 2009) 35.1 % (*N*= 54) of the sample shows LID criteria of full symptomatology.

6.2.6 Life Stress Questionnaire (LSQ). The 42-item LSQ mean score is 248.87 (*SD*= 224.87) with a median of 224.00. The LSQ represents a list of possible events that happened in the past year and their self-assessed stress impact on participants. These scores indicated, on average, a *significant level of life stress* (200-300) for this sample. This average is higher than the *moderate*

(100-200) and *low* stress (<100) categories but lower than the *highly significant stress* (<300) level. It is observed the presence of some extreme outliers (LSQ score > 600) in the distribution of LSQ. The distribution is positively skewed (.522) and with a negative kurtosis (-.007) remaining within the normality ranges.

6.3 RELIABILITY ANALYSIS

The reliability analysis of the scales used in this study is presented in Table 11. Overall, all standardized scales (CD-RISC, HTQ-PTSD-R, and TQ-LID) have a *Chronbach Alpha* >.80, which indicates adequate reliability to include the scales in the analyses (Field, 2009). The LSQ and HTQ-GEV were not included as these scales represented lists of events, and not interrelated concepts; therefore, a reliability analysis was not pertinent (Tremblay, et al, 2009). The additional questions to the CD-RISC constructed from qualitative findings show a Cronbach Alpha of 0.70 that is not sufficient to enter the variable in the analysis and will be excluded as global score. However, the individual questions will be still used for triangulation of findings and single item comparisons.

Table 11. Reliability Scores

Scale	Cronbach's Alpha	Number of items	*N*
CD-RISC	0.85	25	150
Add CD-RISC	0.70	6	146
HTQ-PTSD-R	0.87	16	151
TQ-LID	0.90	16	151

6.4 CORRELATION ANALYSES

The correlations between all instruments and age are presented in Table 12. The correlation between HTQ-PTSD-R and TQ-LID is $r = .793$ ($p<0.001$). Based on this result, and considering that both instruments measure post-trauma symptoms, only one of these measures is used in the analysis to avoid multi-collinearity. However, despite the degree of overlap between these measures, they also represent culturally different sets of post-trauma symptoms (Tremblay, et al,

2009), thus, comparison between both scales will be also performed for explanatory purposes. The stronger correlations of the CD-RISC were with TQ-LID, age, and HTQ-PTSD in this order. The latter indicates higher resilience for women with lower scores of post-trauma symptoms and for younger women. Higher level of current stressors and past exposure to violence were negatively associated with lower resilience, but the associations did not achieve significance. On the other side, HTQ-PTSD-R was strongly associated with LSQ, TQ-GEV, age and CD-RISC in this order. The latter indicates higher levels of PTSD-related symptoms for women with higher levels of current stressors, higher exposure to violence during the conflict, older age and lower levels of resilience. In addition, women's age correlates positively with life stress and post-trauma symptoms, while negatively with resilience despite the level of exposure to violence in the past.

Table 12. Pearson Correlations Table for CD-RISC, LSQ, HTQ-PTSD, HTQ-GEV, TQ-LID, and AGE mean scores

	CD-RISC *N*=150	**LSQ** *N*=151	**HTQ PTSD-Related** *N*=151	**HTQ General Exposure to violence** *N*=151	**TQ-Local Idioms of Distress** *N*=151	**Age** *N*=151
CD-RISC	1	-.104	-.189*	-.123	-.363**	-.258*
LSQ		1	.498**	.523**	.509**	.269**
HTQ PTSD- R			1	.495**	.793**	.392**
HTQ-GEV				1	.351**	.205
TQ-LID					1	.411**
Age						1

***p<.0001, ** p<.001, *p< .05

6.5 BIVARIATE ANALYSES

In this section, the mean scores of HTQ-PTSD-R and CD-RISC are examined on all the categorical variables (Table 13). T-tests were conducted for dichotomous variables and one-way analyses of variance for variables with three categories or more.

Table 13. Bivariate analyses of CD-RISC, HTQ-PTSD-R and categorical variables.

Variables	Categories	*N*	%	CD-RISC	HTQ-PTSD-R
Marital Status		151		*F*= 3.871*	*F*=2.499*
	Single	23	12.4%	68.09	29.26
	Married	75	40.5%	65.05	28.39
	Common law	24	13.0%	68.50	28.17
	Separated/ Divorced	5	3.3%	54.80	30.80
	Widow	24	13.0%	54.17	33.33
Relationship		103		*t* = - .337	*t* = -1.107
	Feel respected	65	63.1%	64.78	27.78
	Feel abused	38	20.5%	65.89	29.37
Living arrangements		151		*t* =2.535*	*t* = 2.216*
	Alone	8	5.3%	50.25	34.75
	With others	143	94.7%	64.76	29.05
Preferred Language		151		*F*= 10.897***	*F*= 14.179***
	Quechua	76	50.7%	58.45	32.18
	Spanish	22	14.7%	68.00	25.41
	Both	52	34.7%	70.62	26.98
Literacy (Read)		151		*t* = 6.220***	*t* = -4.137***
	Yes	98	64.9%	62.29	27.66
	No	53	35.1%	54.00	32.47
Migration		151		*F*= 1.118	*F*= 2.543
	Never moved	69	45.7%	64.43	28.62
	Returned	14	9.3%	69.69	33.21
	Relocated	68	45.0%	62.44	29.40
Recruitment site		151		*F*=0.920	*F*= 3.355*
	Anfasep	17	11.3%	67.76	33.71
	Markets/Aya-cucho city	25	16.6%	65.20	27.20
	Displaced Assoc/Ayac	20	13.2%	58.60	29.05
	Other/Ayac.	29	19.2%	66.76	27.31
	Socos	40	26.5%	63.05	28.58
	Maucallaqta	11	7.3%	59.27	34.82
	Ccayarpachi	9	6.0%	66.75	31.00
Location		151		*t* = .699	*t* = -1.019
	Urban	91	60.3%	64.73	28.87
	Rural	60	39.7%	62.85	30.08
Religion		151		*t* = 0.57	*t* = -1.409
	Catholic	131	86.8%	64.72	29.03

	Evangelic/other	20	13.2%	62.09	31.45
Income		151		*F*= 7.519**	*F*=1.772
	Not enough	54	35.8%	57.70	30.69
	Enough not sufficient	95	62.9%	67.30	28.53
	Sufficient	2	1.3%	78.00	32.50
Education		151		*F*=17.031***	*F*= 7.579***
	No schooling	34	22.5%	51.24	33.56
	Elementary	65	43.0%	63.34	29.45
	Secondary	30	19.9%	72.33	26.27
	Post secondary	22	14.6%	74.18	26.77
Occupation		151		*F* = 6.993*	*F* =3.195*
	Farm/house/ handicrafts	94	62.3%	61.18	30.48
	Merchant	44	29.1%	65.86	27.61
	Employee/ other	13	8.6%	77.69	27.08
Civic Participation		151		*t* = -3.203**	*t* = -2.080*
	Yes	78	51.7%	67.95	30.51
	No	73	48.3%	58.81	28.11

***p<.0001, ** p<.001, *p< .05

Resilience scores were significantly lower for women who were either separated/divorced or widowed, live alone, identified themselves at solely Quechua-speaking, illiterate or with only some elementary schooling, reported having “not enough” income, are not employed and mainly work on farming, household and/or occasional crafting activities, and do not participate regularly on civic activities in their communities. A trend of lower resilience was also found amongst women who feel abused in their relationships, have returned after the conflict to their original communities, and lived in a rural setting.

Similarly, a higher level of PTSD-related symptoms was statistically significant for the same groups that show lower resilience, except for the “not enough” income group and women who do not participate in civic activities. Interestingly, women who participate regularly in civic activities show a significant association with higher level of PTSD-related symptoms as well as with higher resilience. The participation of at least 50 women from this group in a number of associations that represent victims of the conflict (e.g. ANFASEP) or displaced persons, may explain the high level of PTSD-symptoms, as their exposure to violence in the past likely is

higher. In addition, as in the case of members of ANFASEP, they may have also a higher level of life stress. This is observed in the significant association of PTSD- related symptoms with the recruitment site , where women from this type of associations (ANFASEP and Displaced associations) and two of the rural villages show higher scores of PTSD-R. Returnee women also show a trend of simultaneous higher resilience and higher PTSD-R compared to the other two migratory groups.

6.6 RESEARCH QUESTIONS

6.6.1 Research Question One: ***Do individual (e.g. age, education, occupation, income, civic participation, marital status) and community (urban or rural residency) characteristics contribute independently to the variance in resilience over and above its association with past exposure to violence and current stressors?***

To answer this question, a linear regression was performed first to examine the association of resilience with past exposure to violence and current life stress. As indicated by previous correlational analysis, the resulting model showed a non-significant association of HTQ-GEV and LSQ with CD-RISC (Table 14). In other words, the resilience scores of women in this sample are not associated with the women's past exposure to violence or women's current level of life stress.

Table 14. Linear regression examining participants' life stress and past exposure to violence association with resilience

	Model	**Stand. β**	***T***	**Sig.**
	Constant		20.786	.000
Adjusted	HTQ-GEV	-0.95	-.995	.322
$R^2 = .004$	LSQ	-0.54	-.054	.569

A second regression was performed to examine the association of resilience with individual characteristics (age, income, education, occupation, living arrangements, migratory status, experience of sexual violence and civic participation), and community characteristics (urban or rural setting). There is no conclusive theoretical support for a universal combination of

individual or community factors associated with resilience (Zahradnik, Stewart, O'Connor, Stevens, Ungar & Wekerle, 2010), thus, this analysis is exploratory and a stepwise method was selected for this regression. A backward method was preferred to a forward method to minimize risk of Type II error, due to exclusion of predictors involved in suppressor effects (Field, 2009). The categorical variables - income, occupation, marital status, education and migratory status - were converted into a series of dummy variables. The dichotomous variables - living arrangements, civic participation, and rural or urban setting - were also re-coded with the values of 0 and 1. In addition, item number 6 of the HTQ-GEV questionnaire, "Have you been abused or sexually assaulted during the conflict?", was transformed into the dichotomous variable "Sexual violence in conflict" with two categories: 0= Not experienced/witnessed (*n*= 104), and 1= Experienced /witnessed (*n*= 47). The final model of twelve regression models is presented in Table 15. This final model shows that lower levels of education (no school and elementary), unpaid occupations (farm/household), and having experienced or witnessed sexual violence were negatively associated with higher levels of resilience ,while regular participation in civic associations and being a returnee were positively associated with high resilience. The model accounted for 32% of the variations in resilience (R^2 = .321). In the final model, the difference between the R^2 final model with the Adjusted R^2 is 0.0 19, which indicate about 1.9% of shrinkage. Thus, if the model were derived from the population rather than a sample it would account for approximately 1.9 % less variance in the outcome, which also supports the cross-validity of this regression model.

Table 15. Final model of stepwise regression examining the association of resilience with socio-demographic variables

	Model	**Stand. *β***	***t***	**Sig.**
Step 12	Constant		19.929	.000
	No-schooling	-.441	-5.271	.000
R = .604	Elementary school	-.254	-3.065	.003
R^2 = .364	Household/farming	-.385	-2.854	.005
Adjusted	Civic Participation	.276	3.794	.000
R^2= .333	Returned	.142	2.018	.045
	Sexual violence	-.172	-2.385	.018

To further this analysis, an additional stepwise regression was conducted including LSQ, PTSD-R and HTQ-GEV in addition to variables included in the previous model, which led to almost

identical results (Table 16). The latter analysis confirmed that the association of resilience with these socio-demographic variables is strong enough to hold, even in the presence of stress, history of violence and post-trauma symptoms.

Table 16. Final model of stepwise regression examining the association of resilience with PTSD-R, LSQ, HTQ-GEV and socio-demographic variables

	Model	**Stand. *B***	***T***	**Sig.**
Step 15	Constant		19.929	.000
	No-schooling	-.441	-5.271	.000
R = .604	Elementary school	-.254	-3.065	.003
R^2 = .364	Household/farming	-.385	-2.854	.005
	Merchant	-.228	-1.834	.069
Adjusted	Civic Participation	.276	3.794	.000
R^2= .333	Returned	.142	2.018	.045
	Sexual violence	-.172	-2.385	.018

To summarize, past exposure to violence (HTQ-GEV) and current levels of life stress (LSQ) were not associated with resilience in this sample. More importantly, results from an exploratory regression analysis indicated that education, occupation, migratory status, experience of sexual violence and civic participation are individual characteristics significantly associated with the level of resilience in the sample. Community characteristics (urban or rural) were not associated with resilience in this sample.

6.6.2 Research Question Two: ***Is post-traumatic stress (HTQ-PTSD-R) associated independently with resilience (CD-RISC) over and above its association with past exposure to violence (HTQ-GEV) and post-conflict life stressors (LSQ)?***

A) A hierarchical regression was performed to answer the first research question (Table 17). The overall scores from the Harvard Trauma Questionnaire Part I General Exposure to Violence (HTQ-GEV) were entered in the first block, scores from the Life Stress Questionnaire (LSQ) in the second block, and scores from the Connor-Davidson Resilience Scale (CD-RISC) in the third block. Assumptions of collinearity, and normality were assessed and no significant violation was

found[25]. As predicted, GEV and LSQ show a strong association with the overall scores of the Harvard Trauma Questionnaire Part IV Post Traumatic Stress Related Symptoms (PTSD-R) and account alone for 33% of its variance (R^2 = .325). In contrast, the final model including CD-RISC account for 34% of the variance (R^2 = .338) of PTSD-R, thus CD-RISC contributes only with 1% of PTSD-R variance.

Table 17. Coefficients table of HTQ-PTSD-R as dependent variable

	Model	**Stand. B**	**T**	**Sig.**
Block 1.	Constant		17.358	.000
Adjusted	HTQ-GEV	.493	6.898	.000
R² = .238				
Block 2	Constant		16.214	.000
Adjusted	HTQ-GEV	.321	4.047	.000
R² = .316	LSQ	.334	4.213	.000
Block 3	Constant		9.708	.000
Adjusted	HTQ-GEV	.309	3.920	.000
R² =.325	LSQ	.327	4.155	.000
	CD-RISC	-.117	-1.718	.088

Therefore, contrary to prediction, resilience was not a significant contributor to the variance of PTSD-R (β= - 0.117, t = -1.718, p = 0.088). Simply put, the resilience of women participants did not influence the level of overall posttraumatic stress related symptoms which was instead influenced by women's level of current stress and exposure to violence during the conflict. The sample R^2 typically overestimates the population R^2, and needs to be adjusted downward. The adjusted R^2 makes the adjustment by assuming a fixed effects model (Green & Salkind, 2004). The difference between the R^2 of the final model (.338) with the Adjusted R^2 (.325) is 0.013, or 1.30 of shrinkage. The latter means that if the model were derived from the population (rather than from a sample) it would account for approximately 1.3% less variance in the outcome, thus making an adequate model. The latter also supports the cross-validity of the regression model or the likelihood of its accuracy across different samples (Field, 2009).

[25] For all multiple regression analyses a matrix scatterplot assessed for linear relations between continuous variables, homoscedasticity was assessed by a graph between the standardized predicted values (ZPRED) and the standardized residuals, or errors (ZRESID) , and normality was assessed by the histogram of regression standardized residuals of the outcome variable and normal probability plots (Field, 2009).

To further explore covariants of PTSD-R in this sample, a second regression model (backward) was obtained incorporating the socio-demographics variables of levels of education, age, occupation, migratory status, marital status, experience of sexual violence, living arrangements, income, urban or rural residency, and civic participation; as well as CD-RISC, LSQ, and HTQ-GEV (Table 18). In the last model, LSQ and GEV remained strongly associated with PTSD-R, while age and no schooling were also associated with PTSD-R. The latter indicates that older women and illiterate women who have a higher level of current stress and have experienced higher exposure to general violence during the conflict are likely to experience higher levels of post-traumatic distress, which is consistent with previous literature.

Table 18. Final model of stepwise regression examining the association of CD-RISC, LSQ, HTQ-GEV and socio-demographic variables with PTSD-R

	Model	**Stand. *β***	***T***	**Sig.**
Step 17	Constant		8.927	.000
	LSQ	.314	2.104	.000
R = .649	GEV	.251	3.294	.001
R^2 = .421	No-schooling	.164	2.247	.026
Adjusted	Age	.180	2.410	.017
R^2= .401	Married	-.127	-1.963	.052

B) A hierarchical regression was performed to examine the contribution of resilience, general exposure to violence and life stressors to post-trauma symptoms when these symptoms are measured by local idioms of distress. In this regression analysis, PTSD-R was replaced for the Trauma Questionnaire- Local Idioms of Distress (TQ-LID) as dependent variable. Results are presented in Table 19 and show that resilience makes in this case, a significant contribution to post-trauma distress, independent of the contributions of life stress and past exposure to violence (β = -.309, t= -4.590, p <0.001). Past exposure to violence was not a significant predictor of post-trauma distress after the inclusion of current life stress in the second block. The final model accounted for 35% of the variance (R^2 = .350) of TQ-LID.

Table 19. Coefficients table of TQ-LID as dependent variable

	Model	Stand. *B*	*T*	Sig.
Block 1.	Constant		16.674	.000
Adjusted	HTQ-GEV	.343	4.446	.000
R^2 = .112				
Block 2	Constant		15.706	.000
Adjusted	HTQ-GEV	.118	1.420	.158
R^2 = .246	LSQ	.435	5.238	.000
Block 3	Constant		12.401	.000
Adjusted	HTQ-GEV	.089	1.134	.259
R^2 =.337	LSQ	.418	5.362	.000
	CD-RISC	-.309	-4.590	.000

To further explore covariants of TQ-LID, a second regression model (backward) was obtained incorporating the socio-demographics variables of level of education, age, occupation, migratory status, marital ststus, experience of sexual violence, living arrangements, income, urban or rural residency, and civic participation; as well as CD-RISC, LSQ, and HTQ-GEV (Table 20). In the last model, LSQ remained strongly associated with TQ-LID, while CD-RISC did not. In addition, no-schooling or only elementary level of education and living alone were also positively associated with TQ-LID while being married was negatively associated. The latter indicates that in this sample, women who have a low level of education, live alone and have a higher level of current stress are likely to experience higher level of distress as expressed in local idioms, while being married was associated with lower levels of such form of distress.

Table 20. Final model of stepwise regression examining the association of PTSD-R, LSQ, HTQ-GEV and socio-demographic variables with TQ-LID.

	Model	Stand. *β*	*t*	Sig.
Step 16	Constant		5.935	.000
	LSQ	.451	7.080	.000
R = .677	CD-RISC	-.131	-1.796	.075
R^2 =. 459	No-schooling	.456	5.329	.000
Adjusted	Elementary	.208	2.708	.008
R^2=. 436	Living alone	.142	2.090	.038
	Married	-.162	-2.425	.017

C) Theoretically, PTSD is considered a multidimensional construct, which combines three clusters of symptoms: arousal, re-experiencing, and avoidance symptoms (see Appendix 14 for a detailed list of items). Previous research has indicated that the three clusters of PTSD symptoms are either enhanced or hindered differentially by individual and social factors (McMillen, North, & Smith, 2000; Orcutt, Erikson, & Wolfe, 2002). Taking into account these considerations, the variable HTQ-PTSD-R was transformed into 3 separate variables: re-experiencing, arousal, and avoidance symptoms. Following the symptoms classification of Mollica et al (2004), the re-experiencing variables included HTQ-PTSD-R items 1, 2, 3, 1 and 16; for arousal, items 6, 7, 8, 9, and 10; and for avoidance, items 4, 5, 11, 12, 13, 14, and 15. These three clusters of symptoms have been validated by confirmatory factor analyses in several studies (Mollica et al, 1998; Scher et al, 2008) using self-reported data. In this study, the Chronbach coefficients for the new variables of re-experiencing, arousal and avoidance symptoms were .74, .76 and .73 respectively, indicating enough reliability to perform the analysis. Similarly, the skewness of the distributions fall under normal ranges with values of .307, .483 and .369 for the re-experiencing, arousal and avoidance subscales respectively. Three separate hierarchical regression analyses were conducted with these new variables as dependent variables to examine the contribution of CD-RISC, HTQ-GEV, and LSQ on each of the symptoms clusters. In all the regressions, HTQ-GEV and LSQ were entered in the first block, and CD-RISC in the second block. The results of the regression analyses are presented below in Tables 21, 22, and 23.

Table 21. Coefficients table of re-experiencing symptoms as dependent variable

	Model	**Stand. *β***	***T***	**Sig.**
Block 1	Constant		10.013	.000
Adjusted	HTQ-GEV	.423	5.593	.000
R^2 = .375	LSQ	.283	3.746	.000
Block 2	Constant		5.380	.000
Adjusted	HTQ-GEV	.421	5.525	.000
R^2 =.372	LSQ	.282	3.712	.000
	CD-RISC	-.027	-.405	.686

Table 22. Coefficients table of arousal symptoms as dependent variable

	Model	**Stand. *β***	***T***	**Sig.**
Block 1.	Constant		12.562	.000
Adjusted	HTQ-GEV	.154	1.885	.000
R^2 = .273	LSQ	.436	5.337	.000
Block 2	Constant		7.012	.000
Adjusted	HTQ-GEV	.148	1810	.072
R^2 = .271	LSQ	.433	5.287	.000
	CD-RISC	-.057	-.807	.421

Table 23. Coefficients table of avoidance symptoms as dependent variable

	Model	**Stand. *β***	***T***	**Sig.**
Block 1.	Constant		15.824	.000
Adjusted	HTQ-GEV	.257	2.849	.000
R^2 = .113	LSQ	.143	1.586	.115
Block 2	Constant		10.368	.000
Adjusted	HTQ-GEV	.238	2.686	.000
R^2 = .146	LSQ	.132	1.492	.138
	CD-RISC	-.198	-2.595	.010

Results indicated that resilience only reached statistical significance as a contributor of the variance of avoidance symptoms (β= *-.198,* t = -2.595, p= .010), but not for re-experiencing and arousal symptoms. The regression model of avoidance symptoms accounted for 16.30% of the variance of those symptoms, R^2= .163*,* F (1, 146) = 6.732, p= 0.010*.* Although this small level of R^2 is typical of social sciences research (Shadish et al, 2007), this finding leaves more than 80% of the variance of avoidance symptoms to explain by unknown variables. Due to the social nature of some avoidance symptoms (e.g. withdraw from people, avoid activities), these symptoms likely have a reciprocal relationship with individuals' social environment**.** In addition, past exposure to violence during the conflict (HTQ-GEV) was positively associated with avoidance symptoms, which points to the significance of the "worst event(s)" in posttraumatic responses (Breslau et al, 2004). The multivariate differences in associations with the three clusters of PTSD symptoms confirmed the multi-dimensional structure of the construct of PTSD, and pointed to the partial association of resilience with a cluster of PTSD-related symptoms in this sample.

6.6.3. Research Question Three: ***Are resilience/post-traumatic stress related outcomes different for women victims of sexual violence in the conflict versus for women who were non-victims of sexual violence?***

The regression analyses performed to answer previous research questions already indicated that the experience of sexual violence was associated negatively with the resilience of women in this study. To examine differences between subjects in addition to the associations between variables, independent samples t-tests were conducted to evaluate the prediction that the resilience and post-trauma related symptoms of women who experienced sexual violence in the conflict will be different from the scores of those women who were not victims of sexual violence. The t-test was not significant for the resilience scores, t (148) = .739, p = .461. Assumptions of homogeneity of variances were not violated as evaluated by the Lavene's test for equality of variances (F= .018, p= .894). Resilience scores of women who experienced or witnessed sexual violence during the conflict (M=62.55, SD=16.55) were lower, but not statistically different from the resilience scores of women who did not experienced sexual violence (M=64.64, SD= 15.84). However, the t-test for post-trauma related symptoms was significant, t (149) = -3.085, p= 0.002. Assumptions of homogeneity of variances were not violated as evaluated by the Lavene's test for equality of variances (F= .342, p= .560). PTSD-related scores of women who reported that they had experienced or witnessed sexual violence during the conflict (M = 31.96, SD= 6.82) were significantly higher than the scores of women who had not experienced or witnessed sexual violence (M= 28.17, SD= 7.05).

6.6.4. Research Question Four: ***Are resilience/ post-traumatic stress outcomes different for women who have never migrated from their original communities, than for those who have returned or relocated?***

Previous regression analyses indicate that the category of returnees was associated with higher resilience scores Considering the significant correlation between HTQ-PTSD-R and CD-RISC (r= -.189, p>.05) a MANOVA was performed to evaluate the hypotheses that the scores of resilience and post-trauma related symptoms of women are different among the three groups of women, according to migratory status. Assumptions of equality of covariance matrices were not

violated in this analysis as indicated by the non-significance of the Box test , F (6, 8.196) = 5.861, p= .493, and the non-significance of Lavene's Test of Equality of Variance for CD-RISC , F (2, 147) = .817, p = .444), and for PTSD-R, F (2, 147) = 2.119, p = .124. Sphericity was not met as the Bartlet test was significant (p= 000), however, sphericity has been considered not a required assumption of MANOVA only for univariate repeated measures designs (Field, 2009, p. 608), thus allowing to continue the analysis. Using the Wilk's Lambda statistic, the effect of women's migration status on post-trauma stress –related symptoms and resilience scores was not statistically significant, Δ = .945, F (4, 292) = 2.076, p = .084. However using Roy's largest root, which is based on the variance of the dimension that separate the groups the most, there was a significant effect of migrational status on resilience and post-trauma symptoms, Θ = .052, F (2, 147) = 3.797, p <. 025. However, separate univariate ANOVAS on the outcome variables, revealed non-significant effects of migrational status on women's resilience, and post-trauma related symptoms. The profile plots of the effect of migrational status on PTSD-R (Figure 8) and CD-RISC (Figure 9) show that women who have returned to their original communities have the higher scores of resilience and posttraumatic responses.

The results of the two-univariate one-way analyses of variance are summarized as follows: The first ANOVA with resilience as a dependent variable was not significant, F (2, 147) = 1.168, p = .314. Resilience scores of women who returned to their original communities after the conflict (M=69.69, SD= 11.83) were higher, but not statistically different from the resilience scores of women who relocated during or after the conflict (M=62.44, SD= 16.03), or women who never moved (M=64.43, SD= 16.04).

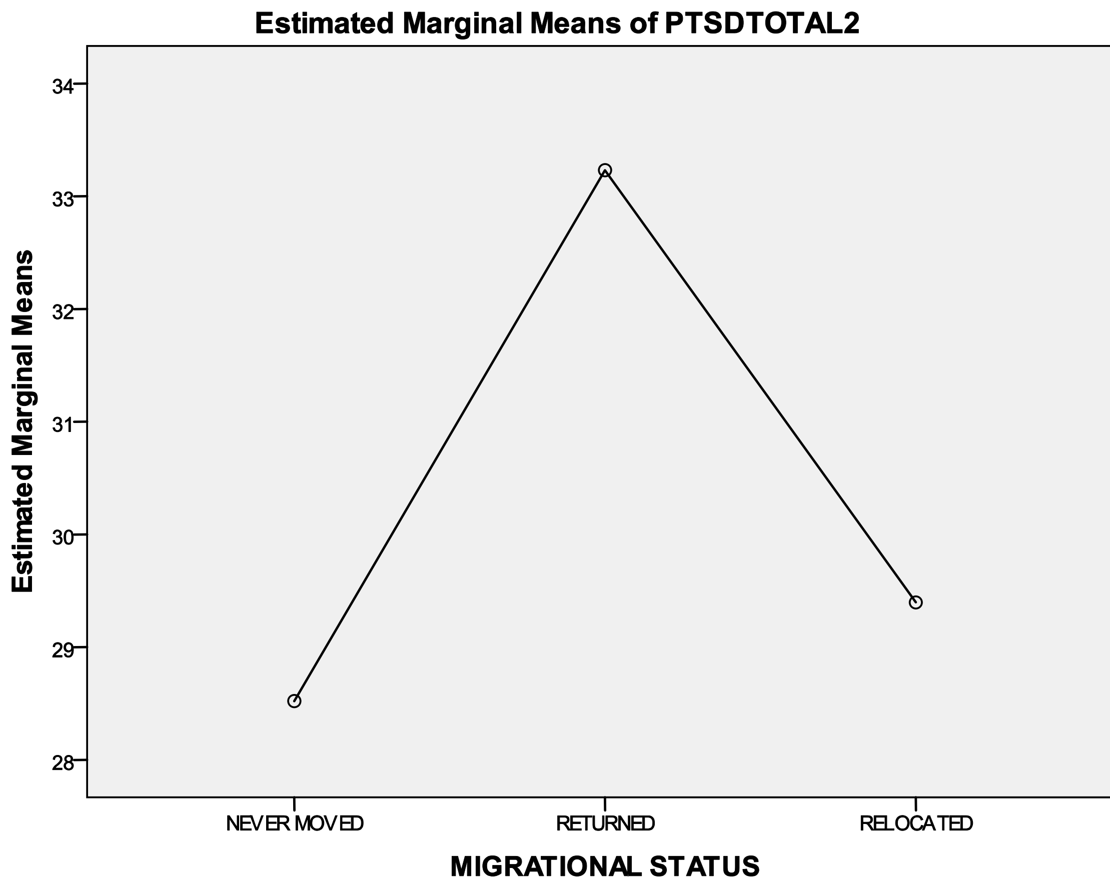

Figure 8. Profile Plot for Post-traumatic stress related symptoms and Migrational Status

The second ANOVA with PTSD-R as a dependent outcome was also not significant, *F* (2, 147) = 2.395, *p*= 0.095. PTSD-related scores of women who never moved (*M*= 28.52*, SD*= 6.68) were lower but not statistically different from the scores of women who relocated during or after the conflict (*M*= 29.40*, SD*= 7.04), or women who returned to their original communities after the conflict (*M*=33.21*, SD*= 9.22). The fact that PTSD-R and CD-RISC mean scores are higher for women who had returned to their original communities, may suggests that for some women in this sample resilience and post-traumatic stress are distinct but parallel processes.

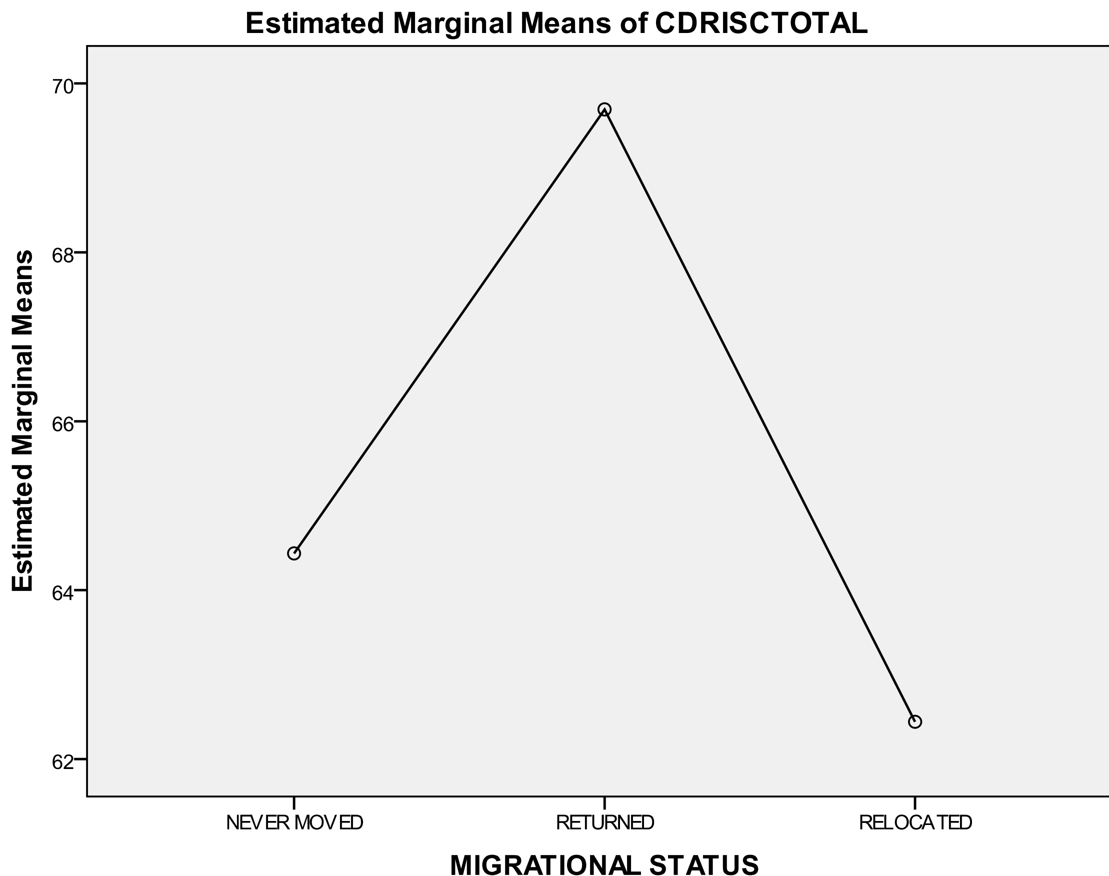

Figure 9. Profile Plot for Resilience scores and Migrational Status

6.7 THEMES FROM QUALITATIVE ANALYSIS

The survey's final open-ended question: *Please tell us about other factor(s) that had not been considered in the questionnaire that also help you to survive in front of difficulties?* was answered by the majority of participants (*N*= 140). The analysis of the qualitative data based on these responses resulted in the following major themes: 1) Family as a reason to survive, 2) Work as a source of survival, 3) God and religion as an understanding of survival, and 4) Give to others, receive from others, as survival strategies. The dependability of this content analysis was ensured through consultation or member checking with the research team and advisory committee, which corroborated the resulting themes.

6.7.1. ***Family as a reason to survive:*** because family is a central social network in Andean culture (CODINFA, 2002), it is not surprising that participants mentioned their own children, parents and spouses - in this order - as the most important reasons to survive. Importantly, it was often not support from the family that was indicated as a strength or resource; rather, participants stated that their responsibilities towards their family members - especially children - are what give them strength to survive, even in difficult times. Below are some examples of these responses:

"My children need me" (C-41)
"For my son I do all efforts" (P G-5)
"My husband and my children made me to survive, because my husband drinks, without me I don't know how will be their lives (G-40)
"For my children that have died, I live with my grand children" (J-30)
"The fact that I am close to my husband and children" (C-14)
"Life goes on and my children need me" (C-38)
"My peace with my husband, children and friends" (G-15)
"The daughter that I have, for her I put more effort and don't care if I have to work in difficult jobs" (G-38)
"My children are adults now and they help me, this gives me happiness, I feel good and I got strength to help my daughter that has health problems" (G-11)
"The small things I do to cope with poverty, my son gives me strength to survive because he is 17 years old and help me with my difficulties" (G-31)

In addition, some participants also mentioned that the example - and sometimes the memory - of their parents and grand parents was also a source of strength and reason to continue living.
"My family, the example of my parents that have suffered so much, they lost 4 sons (E-3)
"The memory of my parents, they were killed during the conflict and I raised my siblings from when I was 12 years old "(E-13)
"For my grandparents" (J-42, J-34)
"For my grandmother who raise me" (J-28)

6.7.2. *Work as a source of survival.* Work was considered an important asset to survive in spite of adversity. Work broadly includes household chores, self-survival farming, running one's own small business, crafting, paid employment, etc. Survival is conceptualized by several women as fighting poverty and hunger, e.g. "The small things I do to cope with poverty" (G-31). The importance of farming work to cover basic needs had already been indicated by Peruvian anthropologist Enrique Mayer (2001) when he noted that "house, farm and money" are the three key elements in local household economies in the highlands of Peru. Some of the responses were:

"My business gives me strength to help myself and my health allows me to keep working" (G-17)

"I survive with my labour in the field; still I have something that defends me" (G-33)

"I sell food and daily menus to people; I fight any difficulty by working" (C-20)

"Here in my work I get distracted" (market vendor C-14)

"The nutrition that I have because of my work in the farm" (G-30)

"My work gives me courage, my children and my friends understanding" (G-14)

"I do different things, what I can, in order to have an income, and survive" (G-47)

6.7.3. *God and religion as an understanding of survival.* Religion gave meaning to the survival of some participants, however, appear that women see themselves not as passive receivers of support but regarded religion as a context of their own agency. From the colonial times, religion indeed had an important place in Andean culture with a unique syncretism of the Catholic faith and indigenous cosmology. Taipe (1995) has indicated that religion is one of the basic processes of Andean socialization, which also represents norms of social control and order. For instance, in addition to thanking God for all that they have in this world, it is also common to fear God's punishment after behaving in ways that are considered in fault (Garcia & Rios, 2002). After the conflict, in addition to the Catholic Church, Evangelic groups successfully recruited members to their congregations - especially in remote communities. In this sample, the majority of participants identified themselves as Catholic (86.8%), however, from the total of qualitative responses (N=18) indicating religion as a protective factor of survival or resilience, more than half of these responses were from women who identified themselves as Evangelic. Some of these responses are presented below:

“God helped me to solve my problems and my children gave me strength” (E-5)
“For me, nothing is impossible with God help and good will” (C-21)
“Despite having lost my daughter, I have come through thanks to my faith in God and the support of my family” (C-10)
“I move forward in life by asking God and my parents, who are in Heaven; they give me strength to continue living” (C-32)
“I survive with God’s help, He resolves everything” (C-26)
“Nothing gives me strength, only God helps me and my work in the field” (G-29)
“God gives me health, He knows how I will be, I am in His hands” (G-37)
“Our God gives me strength, the fact that I returned to my town, I do my labour, all give me strength to survive” (G-44)

6.7.4. ***Social participation, give to others; receive from others, as survival strategies.***
Participants reported that support received from their communities and being able to support others themselves, are means for survival. In particular, for some, participation in different organizations (ANFASEP, Associations of Displaced, and Mother’s Clubs) was what keeps them alive and well. Traditional Andean reciprocity is evident here, as is the importance of social participation as strategies of resilience.

“My biggest satisfaction is to support others that need more, because of the leader position that I hold, I know of many cases of domestic violence and I try to look for solutions, by personal or professional means, every case resolved is a joy for me” (C-21)
“The support from my community and the work that we are doing together with my family and my parents” (G-45)
“It gives me strength the trainings that I am receiving in my community, the incentives to keep working in our farms” (G-46)
“It gives me life, my organization [ANFASEP], with them I share my sorrows” (G-39)
“My organization [ANFASEP] gives me strength” (G-49)
“Being a member of the neighborhood association distract me from my pains and makes me forget my difficulties” (C-7)

"Participating in several organizations and being with my family" (C-29)
"I forget quickly about any problem, I just go to do my daily chores, to my family and to the different associations I belong" (C-30)

6.8 SUMMARY

This study examined the simultaneous occurrence of post-traumatic stress-related symptoms and resilience in a sample of indigenous women victims/survivors of political violence in Peru. This chapter presents the data analysis and findings of the study. The descriptive statistics offer a profile of the socio-demographics characteristics of participants as well as the distribution of scores of the study variables. The bivariate analyses identify how variables are related to each other, and in particular the differences on resilience and post-traumatic responses amongst the socio-demographic characteristics of the sample. Multivariate analyses identify the variables contributing to the variance of resilience and post-traumatic related symptoms, as well as for the three clusters of post-traumatic symptoms. In addition, it was examined the differences on resilience and post trauma symptoms scores for women who have experienced sexual violence or not and for women with different migrational status. The content analysis of the open-ended question of the survey was also presented. These results set the stage for the discussion on next chapter, the final and conclusive section of this dissertation.

CHAPTER 7: DISCUSSION AND CONCLUSIONS

This study is based on the expressed interest of the Quechua women in having their "courage" (*coraje*) recognized, and on my desire to directly learn from their experiences of resilience in the aftermath of the Peruvian armed conflict. The empirical and theoretical reviews examined in previous chapters suggest that the socio-political context of traumatic events influence the resilience and post-traumatic responses of affected individuals. The trauma paradigm, however, has served as the dominant explanatory framework for human suffering in post-conflict societies, while the resilience of individuals and communities affected by mass violence has not been examined, nor given equal prominence. The gendered nature of peace has been also less emphasized than the gendered nature of war (Borer, 2009); consequently, interventions in post-conflict zones are often not responsive to local realities, and ill-equipped to foster local strengths and participation in the social repair process (Denov, 2010; Miller et al, 2006). This study responds to these gaps by examining the resilience of Quechua women in the aftermath of the political violence in Peru (1980-2000), and their endurance of racial and gender-targeted violence. Enthused by previous research done in Peru's highlands - in particular, by Pedersen and colleagues (2008), Bowyer (2004), CODINFA (2002), Elsaas (2001), and Theidon (2004, 2006, 2007) - this study further explores resilience strategies and the difficult realities faced by Quechua women in post-conflict Ayacucho. The main objectives of this study were: a) to test theoretical predictions regarding the associations between resilience, past exposure to violence, current stress and post-trauma related symptoms amongst Quechua women in Ayacucho, and b) to examine the individual and community factors associated with the resilience of Quechua women. In doing so, this study makes a unique contribution by simultaneously examining post-traumatic responses and resilience in a post-conflict society, an area with a dearth of research.

Drawing from trauma, resilience, structural violence, and feminist theories and the review of previous empirical research, this study enhances the understanding of the relationship between resilience and post-traumatic responses; most importantly, the study explores the influence of social, individual and community factors on resilience, in order to contextualize the experiences of Quechua women within the larger socio-political environment. This study primarily uses

quantitative methods, however, includes a minor qualitative component to provide triangulation of data. This chapter begins with a summary of the study, followed by a discussion of the major themes derived from study findings; subsequently, it outlines the limitations of this research. The chapter concludes by highlighting the implications for social work practice, theory, research and final remarks.

7.1 SUMMARY OF THE STUDY

The study involved 151 participants: 91 Quechua women were from the city of Ayacucho and 60 from three rural villages. Four key variables were chosen for investigation in this study: resilience, post-traumatic responses, general exposure to war violence, and current stress. Using a cross-sectional survey design, the study answered the following questions: 1) Which individual and community characteristics are associated with resilience, over and above its association with exposure to violence and current stress? 2) Is resilience associated with post-traumatic responses over and above its association with exposure to violence and current stress? 3) Are resilience and post-traumatic stress scores different for women who have experienced or witnessed sexual violence during the conflict than for women who did not experience sexual violence? 4) Are resilience and post-traumatic stress related symptoms different for women according to their migrational status?

The preliminary phase of the study consisted of the translation and cross-cultural validation of two of the instruments selected for this survey - the Connor-Davidson Resilience Scale and the Life Stress Questionnaire. The University of Toronto Health Sciences Research Ethics Board granted Ethics Approval for the study on April 6, 2010. Data collection was conducted from May-August 2010 in Ayacucho, Peru with the participation of three research assistants and a local advisory committee. The survey was pilot-tested before data collection. The analytic strategies of the study included univariate, bivariate and multivariate analyses for the quantitative data, and content analysis for the interpretation of qualitative data. Contrary to theoretical prediction, resilience scores were not significant contributors to the variance of post-trauma symptoms as measured by the Harvard Trauma Questionnaire (HTQ); yet, resilience scores were associated with post-trauma symptoms if the measurement instrument was based on local idioms of distress (TQ-LID). Resilience also reached statistical significance as a contributor to PTSD

avoidance symptoms, but not for re-experiencing or arousal symptoms. Importantly, higher resilience was strongly associated with regular participation in civic activities, and migratory status as a returnee, while lower resilience was associated with low levels of education (none, or elementary), experience of sexual violence during the conflict, and not having an occupation outside their home and/or survival farming. In contrast, post-trauma symptoms were significantly higher for women who had experienced or witnessed sexual violence in the conflict, and for women in the category of migratory returnees. These results were triangulated with the content analysis of the study's open-ended question, which pointed to work and social participation as enhancing factors of resilience, as well as the presence of family and religious beliefs.

The complex and likely reciprocal association between resilience and post-traumatic responses observed in this study contributes to the literature on the long-term consequences of war trauma. The study shows that certain groups of women - e.g. returnees and women who participate regularly in civic associations - show higher resilience as well as higher levels of post-trauma symptoms, indicating that (for these participants) both processes appear to have distinct but parallel pathways. These findings are congruent with the conceptual framework of traumatic stress guiding this study, which emphasizes the simultaneous presence of resilience and post-traumatic responses, the targeted occurrence of traumatic events, and the importance of local contexts in explanatory frameworks of trauma.

7.2. DISCUSSION OF FINDINGS

The findings of this study refer to the experiences of indigenous women in post-conflict Ayacucho and can be synthesized in three broad themes: 1) The distinctive relationship of resilience and post-traumatic responses, 2) Factors enhancing or hindering resilience, and 3) The continuum of gender-based violence from war to peace. This section will elaborate on the discussion of these themes; it will be contextualized in light of the literature in this field, but will also provide room for the participants' voices - thus, they can also speak to the literature.

7.2.1 *Resilience and post-traumatic responses: comrades or rivals?*

While the psychological distress produced by traumatic events has been examined to a considerable extent, less is known about how people overcome those events, or more simply, how they become resilient in the face of such adversity. This study starts with the theoretical reflection that since resilience is not defined as a positive outcome per se, but rather a positive outcome despite adversity, it should be examined in situations of extreme adversity, such as war trauma. The latter led to an important query: are resilience and post-traumatic responses in such context opposing or parallel processes? The findings of this study partially answer this question by providing empirical evidence that for some individuals, higher levels of resilience and post-traumatic symptoms coexist, indicating that both processes have a complex association not fully explained by linear and unidimensional associations.

The association between resilience and post-traumatic symptoms did not achieve statistical significance in this study - in fact, current stress and past exposure to violence were singled out as contributors to post-traumatic symptoms. The study prediction of an independent contribution of resilience to post-traumatic responses, however, was supported in part by another important finding of the study, the significant association of resilience with avoidance/numbing symptoms, but not with other clusters of PTSD symptoms, re-experiencing or arousal symptoms. In other words, women displaying higher levels of resilience also displayed lower levels of avoidance symptoms. As listed in the Harvard Trauma Questionnaire, some examples of avoidance/ numbing symptoms include: withdrawing from people, unable to feel emotions, avoiding activities, having less interest in daily routine, avoiding hurtful thoughts, etc. (Mollica et al, 2004). The fact that resilience only had an association with avoidance symptoms (rather than the full spectrum of symptoms) contributes to an explanation of why resilience scores were not associated with overall post-traumatic stress symptoms. The impact of resilience on avoidance symptoms is a revealing finding, since avoidance symptoms are considered central to the diagnosis of PTSD. Indeed, the DSM-IV diagnostic criteria of PTSD requires the presence of *three* avoidance or numbing symptoms (Criterion C), compared with *one* re-experiencing symptom (Criterion B) and *two* hyperarousal symptoms (Criterion D) (APA, 1994). Research also indicates that avoidance and numbing symptoms are uniquely associated with chronic PTSD

(Malta et al, 2009), with pervasive disturbance[26] (Breslau, Reboussin, Anthony & Storr, 2006), and with a higher likelihood of reaching the full criteria of PTSD diagnosis (Breslau et al, 2006; McMillen et al, 2000). The lower level of avoidance symptoms for resilient women in this study therefore explains how women with overall higher levels of re-experiencing and arousal symptoms appear to be functioning well in several life domains, e.g. active engagement on paid or unpaid occupations, active participation in civic associations, etc - in other words, they don't seem to be experiencing "persistence disturbance" or impairment. In addition, the fact that only 9.3 % of the study participants met full PTSD criteria[27] is also congruent with a lower occurrence of avoidance symptoms.

Of particular relevance to these findings is Davidson and Foa's (1991) suggestion that avoidance symptoms appear to be associated with community responses in the aftermath of a traumatic event. These authors suggest that some traumatic events induce a flood of community support that may reduce social withdrawal and numbing - key features of avoidance symptoms. For instance, studies on the tragic events of September 11, 2001 in New York appear to confirm this suggestion, as the low prevalence of PTSD in area residents (Bonnano et al, 2006; Galea et al, 2003) could be a consequence of the outpouring of support they received by the local and international communities. In contrast, the high prevalence of PTSD (and therefore of avoidance/ numbing symptoms), on Vietnam veterans and its proven connection with lack of community support after the war, also confirms the opposite. However, research also cautions on the delayed development of avoidance symptoms - in particular, numbing symptoms - which may occur because the community responses ended or became unsupportive (McMillen et al, 2000), or because the person's own efforts in controlling arousal symptoms fails (Foa, Riggs, & Gershuny, 1995). In this study, Quechua women reported they had experienced some sort of community response through the work of the Peruvian Truth Commission (*Comisión de la Verdad y Reconciliación,* CVR), from a variety of NGOs, government agencies, and most importantly, through their own efforts of creating grass roots organizations of different kind. While the reparation policies that follow up the CVR are often considered absent or ineffective (Laplante &

[26] *Pervasive disturbance* was defined as experiencing a high number of PTSD symptoms (<12), with a large proportion of numbing symptoms which interfere with the individuals life or activities for a long period of time-more than 60 months (Breslau et al, 2006)
[27] Defined by Mollica et al (2004) original cut-off of 2.0

Theidon, 2007), and NGOs and government interventions remain without formal evaluation (Bowyer, 2004; Pedersen et al 2008), participants in this study appraised their own participation in grassroots organizations as very important for their survival. As participants explained: "*My organization [ANFASEP] gives me strength*" (G-49), and "*Participating in several organizations and being with my family [helped me to survive*]" (C-29).

The study findings also contribute to the current debate on the "normality" of PTSD symptoms after exposure to severe traumatic stress; this is between normalizing and depathologizing symptomatic survivors, or categorizing them as suffering from a psychiatric illness, such as PTSD. McMillen et al (2000), elaborate on this discussion by examining the incidence of PTSD in a sample of survivors of the Northridge, California Earthquake. The authors suggest that "for moderately severe traumatic events, re-experiencing and arousal symptoms may be the most *normal"* (p. 57), while a history of psychiatric problems and meeting the criteria for avoidance and numbing symptoms are predictors of full PTSD criteria. While McMillen at al's study certainly clarifies the debate, extensive literature still offers contradictory evidence on the accuracy of the PTSD diagnosis (e.g. Hall & Hall, 2007; Mol et al 2004; Robertson & Larson, 2010), which has resulted in leaving this discussion open. In the context of war trauma, more studies are presenting evidence of otherwise healthy samples of civilian war victims, who do no met the full criteria of PTSD or the more complex diagnostic of DESNOS, but are nonetheless highly symptomatic (e.g. Ford et al, 2006; Morina &Ford, 2008). The present study continues this line of research, contributing with a simultaneous examination of the resilience of women in the aftermath of conflict. Indeed, women who participate regularly in civic associations and women who have returned to their original communities or city after the conflict were also identified in this study as displaying (on average) higher levels of resilience, as well as higher levels of post-traumatic symptoms. In light of previous discussion in this section, the fact that these two groups of resilient women in this study display a high level of social participation and agency while highly symptomatic, is congruent with the protective role of resilience against one cluster of PTSD-related symptoms, and most importantly, with a cautionary interpretation of PTSD symptoms in the context of recovery from political violence. Participants' narratives also confirm the coexistence of resilience and post-trauma problems: "*It gives me life, my*

organization [ANFASEP], with them I share my sorrows" (G-39) and "*Being a member of the neighborhood association distracts me from my pain and makes me forget my difficulties*" (C-7).

To further contextualize these findings within local realities, this study also examined post-traumatic responses using an instrument that reflects those realities; therefore post-trauma symptoms were measured using Pedersen and colleagues (2008) Trauma Questionnaire, based on local idioms of distress (TQ-LID) of the Quechua population. Some examples are *llaki* (sorrow, sadness), *pinsamentuwan* (worry), *ñakari* (suffering) and *alkansu* (possessed by evil spirits). Interestingly, local idioms of distress were found to be inversely associated with resilience scores, while positively associated with current stress but not with past exposure to violence. These findings indicate that the TQ-LID in this study may represent a distinct interrelated spectrum of responses to stress than the HTQ-PTSD-R, which in turn made this instrument sensitive to variations in resilience and levels of current stress. While the latter associations are consistent with universal responses to traumatic stress, the lack of association between TQ-LID and past exposure to violence needs additional exploration. For instance, it may be reflecting issues of temporality, i.e. TQ-LID is more associated with present concerns rather with the past, although further research using qualitative interviews will be needed to offer a conclusive explanation. This result also is contrary to Pedersen and colleagues' findings in a previous study of a significant positive trend between TQ-LID and exposure to violence in the Peruvian highlands (Tremblay, Pedersen & Errazuris, 2009) – though, these authors did not include a measure of current stress in the regression analysis, which may have changed their results if included. Pedersen et al's cross sectional survey was also conducted in 2001 [as reported in Pedersen et al (2008)], while the present study was conducted in 2010; this time difference could also be responsible for this differential result, since the detrimental impact of the violence in the past in the Andean communities may have started to fade due to the passage of time (which may heal the memories of past violence), giving more prominence to current stressors. In addition, gender differences may be a differential factor as this dissertation is gender specific, with only Quechua women interviewed, while Pedersen and colleagues included both genders. The differential findings of the HTQ-PTSD-R, a Western culturally- validated instrument, and the TQ-LID, a locally informed instrument, indicate that although strongly associated, both

instruments may represent different socio-cultural constructions of health and post-trauma responses.

Pedersen and colleagues (2008) finding of an association between migratory status of returnees with higher level of post-traumatic symptoms is also shared by this study. This study also found that returnees show higher levels of resilience compared to the other two migratory groups. Returnees are indeed a distinctive migratory group in Ayacucho, as they have benefited from government support to facilitate their return, and they may have escaped further violence after they migrated, which may partially explain their resilience. On the other hand, returnees may have also been forced to migrate because they experienced extreme violence, persecution or threat from the army or the terrorist groups, possibly contributing to their higher level of post-traumatic symptoms. In contrast, women with no schooling appear to be double-targeted by lower resilience and higher levels of post-traumatic symptoms, which indicate an area where resilience and post-traumatic responses are “opponents” - this is, they go in opposite directions.

In unique ways, the apparent remarkable resilience of Quechua women in this study did not attenuate the otherwise normative impact of past violence and current stressors on their overall post-trauma responses, but instead appears to alleviate the development of “persistent disturbance” or impairment, the chronicity of post-trauma problems, and the severity of overall distress if expressed through local idioms. The study findings indicate the post-traumatic stress symptoms indeed “exist” in this group of women, but question the categorization of these symptoms as an illness, considering the high functionality of these women. The contributions of this study are twofold: first, it identifies a pathway of how resilience influences post-trauma responses and, second it contextualizes within a specific socio-cultural environment the complexities of the relationship between post-traumatic responses and resilience, which as this discussion illustrates, are at times “comrades”, and at other times “opponents”.

7.2.2. The resilience of Quechua women: expected and unexpected associated factors

This study starts with a salutogenic[28] inquiry: if (and how) Quechua women are resilient after experiencing political violence during the *sasachakuy tiempu*. While the study focuses on the experiences of the courageous Quechua women, the question has global implications. During the First World Congress on Women's Mental Health in 2001, international experts, advocacy groups and service users evaluated the social origins of women's health, including the disproportionate share of poverty, violence and discrimination that women experienced worldwide, and concluded with another "salutogenic" remark:

> Despite emphasis on the psychopathology of women, individual women *often display great resilience*, and there should be adequate recognition and study of the protective factors that enable women to function well in environments that are so often unsupportive"
> (Stewart, Rondon, Damiani & Honikman, 2001, p. 16)

The transformation of gender roles during and after an armed conflict often enhances the health risks of women due to increased exposure of gender-based violence - indeed, a significant detrimental environment. This study therefore responds to the call to recognize the resilience of women in post-conflict zones by examining the experiences of Quechua women. Informed by local conceptualizations of resilience, as well as by feminist and structural violence theories, this section discusses the enhancing and hindering factors of the resilience of women participants.

In contrast to post-traumatic responses, resilience was not associated with exposure to overall violence in the past or with current stressors in this study, but instead with specific individual experiences, and characteristics such as education, occupation, participation on civic associations, migration, and experience of sexual violence during the conflict. These findings suggest that resilience - in this sample - builds from interactive exchanges between individual experiences and their environment. This is congruent with the theoretical framework of CODINFA (2002), a group of Peruvian practitioners (residents of Ayacucho) which define resilience as "the emotional, cognitive and socio-cultural capacities of individuals and groups

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[28] The terms of "salutogenic" and "pathogenic" were emphasized by sociologist Aaron Antonovsky who proposed a theory of salutogenesis (origins of health) as a necessary complement to pathogenesis (etiology of disease) (Antonovsky, 1987).

that allow them to recognize, confront and transform constructively situations causing suffering or harm and threatening their development[29]" (CODINFA, 2002, p. 38). In other words, resilience depends on the interaction between individual abilities and the resources in his/her environment that allow the use of those abilities in front of adverse events. Culture has an important role in this process as "conceived in a very broad sense, [culture] is therefore the means by which these resources will finally serve the common good" (Tousignant & Sioui, 2009, p. 49). Participants' answers to the additional questionnaire of resilience indeed suggest the presence of a highly-developed cultural identity - which, in turn, might be responsible for the adequate use of resources. Not surprisingly, cultural identity is also an important element of the Peruvian model of resilience developed by CODINFA; however, in this study, it is also evident that for most Quechua women, social resources (e.g. education, employment, health services) are meager, and therefore this dearth of resources may be inhibiting their resilience.

Two well-known indicators of structural violence, inaccessible education or well-remunerated employment, were inversely associated with the resilience of participants. Restricted access to education and fair employment is, unfortunately, a common occurrence for indigenous populations worldwide who experience similar discriminatory situation - for example, the indigenous groups in Guatemala (Thorp, et al, 2006), or the Aboriginal communities in Canada (Tousignant & Sioui, 2009). Structural violence theory examines the intersection of societal structures that deliberately restrict certain groups of social resources - such as education and employment - inhibiting the development of their potential and placing them at higher risk of harm, including poor health (Farmer, 2003). Since colonization, indigenous groups have been the target of structural violence - first by the Spanish colonizers, and after by post-colonial dominant groups. Quechua women are indeed a group persistently targeted by structural violence because of their two social identities - indigenous and women - which place them at the margins of Peruvian society. In fact, despite the economic boom of the country, provinces with a majority population of indigenous people (such as Ayacucho) continue to be the poorest regions of Peru, with lower levels of income and education than the rest of the country. As examined in Chapter 5, the poverty level in Ayacucho (62.6%) is considerably higher than the overall poverty level (34.9%) in the country (INEI, 2011). The latter is congruent with the high proportion of

[29] Translations from Spanish by this researcher.

women in this study (62.3%) that lack regular paid employment, and subsist by working on their own micro-farms (or *chacra*s) and the sporadic sale of products or handcrafts. In addition, the regional rate of illiteracy in 2009 was 15 % (amongst the population 15 years old and above), compared to the national average of 7.6% (INEI, 2011). Findings of this study, however, indicate that 35.1% (*N*= 53) of the sample was unable to read, and 22.5% (*N*= 34) had never received any formal education, which suggests that disaggregated data by gender will show even higher levels of illiteracy and lower educational attainment for Quechua women in Ayacucho, especially in the rural areas. Sadly, these experiences of marginalization are not new for the overall Quechua population, which has been excluded from the overall moderate welfare of the Coastal regions and non-indigenous population since the start of the colonization in the 16th century. While the conflict exacerbated the marginalization of the Andean region, this situation had not changed in peaceful times, despite the efforts of the Truth Commission. As Laplante and Rivero (2006) stated while referring to the Andean indigenous population: “before becoming victims of war, they had been victims of historical, social, and economic conditions that deprived them of basic social services such as health” (p. 142).

While a lack of access to resources such as education and paid employment illustrates how structural violence influences the resilience of Quechua women, the association of lower resilience with the experience (or witnessing) of sexual violence represents the impact of direct violence on resilience. Forty-seven women (31%) in this study reported being victims or witnesses of sexual violence during the conflict - a high percentage when you consider that Quechua women have traditionally remained silent about this experience (CVR, 2003). Indeed, when researching the micro politics of reconciliation in post-conflict Ayacucho, ethnographer Kimberly Theidon wrote, “if there is a theme capable of producing silence (*mudez*), it is rape” (Theidon , 2004 p. 109). The silence surrounding sexual violence has several explanations, including the local stigmatic views of rape as a crime involving certain level of complicity of the victim (if still alive), and as a dishonour to the family and overall community, as they were unable to protect the victim (Boesten 2010; Franco, 2007; Theidon, 2004). Another explanation refers to the interdependent nature of Andean communities, which prioritize the communal self and social harmony rather than individual experiences. In this context, is expected less acknowledgement or discussion of traumas such as rape that disturb the group or the community

resulting in less assistance to victims of trauma (Jobson & O'Kearney, 2008). Sexual violence during the conflict is also underreported because of the impunity laws promulgated in 2007, which protect perpetrators from government forces, which render accusations useless (Laplante, 2008). These factors, coupled with the overall patriarchal agenda of Peruvian society have prevented most victims from denouncing sexual violence, and most importantly - as this study indicate - might have negatively influenced their resilience against these crimes. Following CODINFA's definition of resilience, there is no doubt that the impunity of the perpetrators, the lack of community support for victims, and the experiences of violence, have been instrumental in preventing the constructive transformation of these traumatic events, allowing them to continue harming affected women and threatening their well being.

Considering the protective role of resources in the development of resilience (Ungar, 2008) and the reduction of post-traumatic stress symptoms (Walter & Hobfoll, 2009), it was not surprising that women who have returned to their original locations of residency were identified as displaying higher levels of resilience. Most returnees were indeed supported by government programs that foster the return of displaced populations to their original communities. It was estimated that about 600,000 people were affected by the massive displacement from Andean communities to coastal urban centres (or neighbouring communities) during the conflict (White, 2009). Government support usually consisted of individual help with transportation and relocation, and in certain locations, funding for local projects as part of the program of collective reparations to communities severely impacted by violence during the conflict. However, the group of returnees also exhibit higher levels of post-traumatic symptoms (as discussed in the previous section). The latter somewhat contradicts the conservation of resources (COR) theory, which suggests that provision of resources is associated with lower symptoms of PTSD (Walter & Hobfoll, 2009). Then again - as previously discussed - in this sample, resilience only has an impact on avoidance symptoms, and not on overall post trauma symptoms, which may explain the dual status of returnees as a resilient but distressed group. Displaced or relocated participants, however, have shown inhibited resilience compared to returnees, which is consistent with findings of the detrimental effects of displacement - for example, Colombia's forced migrants (Riaño-Alcalá, 2008).

This study found a positive impact of membership on civic associations on individual resilience, which is an under explored side of civic associations. Indeed, central themes of research on civic associations focus on their link with social indicators such as democracy, social capital, etc. The impact of participation or membership in civic associations in fostering democracy and socio-economic development was initially highlighted by Putnam's (1993) seminal work in Italy, and has since been widely examined in multiple contexts, such as Mexico (De Ulzurum, 2002), Ghana (Lyon, 2003), and locations of protracted conflicts such as the Philippines (Montiel, 2000) and Nicaragua (Sveasss & Castillo, 2000), etc. However, comparative studies have also pointed out that type of membership and social context *do matter* (Menon & Daftary, 2011; Seligson, 1999). These studies support Putnam's basic premise of social capital[30] as the primary mechanism through which participation in civic associations not only enhances democracy, but also contributes to unpacking the differential impact on type of association. Social work scholars Menon and Daftary (2011) compared associational membership in India and Brazil, and found that membership in political (rather than social) associations affects political engagement, challenging Putnam's assumption that *all* kinds of association membership will contribute to the development of political participation. Social organizations were different from political organizations because their goals are mainly recreational (Menon & Daftari, 2011). Similarly, Seligson's (1999) study in six Central American countries indicates that participation in community development associations, rather than church-related, school related, civic clubs, cooperatives, professional associations and/or unions, consistently predict democratic behaviours (demand making to governments) at an individual level.

Mostly all of the civic associations that study participants join are indeed a combination of political and community development associations (e.g. ANFASEP, Displaced Associations, Women's Rights Associations, and Mother's Clubs), and all have a grassroots foundation, including the labour-based Market Associations. Certainly, members of ANFASEP and other associations show a strong record of displaying the democratic behaviours indicated by Seligson (1999) - that is, they engage in demand making to local and national authorities for enhanced fairness and effectiveness of laws and public services. They also display political engagement

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[30] Social capital is defined by Putnam as "the features of social organization, such as networks, forms and trust that facilitate coordination and cooperation for mutual benefits" (Putnam, 1993, pp 35-36)

behaviours as defined by Menon and Daftari (2011), such as signing petitions, joining boycotts or city/region/nation-wide strikes, and organizing/attending peaceful demonstrations (ANFASEP, 2007; Trigo et al, 2006).

Thus, the questions that arise here are: is women's resilience influencing their political participation, or is the women's political participation enhancing their resilience? Alternatively, is political participation a consequence of the co-existing distress that these women also experienced? There is the need to delve further into these inquiries, as well the combative nature of resilience. As Tousignant and Sioui (2009) indicate, the resilience literature has traditionally focused on constructs from positive psychology, such as hardiness, humour, self esteem etc, rather than less socially desirable concepts as rebellion and resistance, which otherwise appear to influence the resilience of marginalized individuals. Indeed, as a narrative work with six resilient Quechua speaking women in Ayacucho illustrates, they have rebelled against the oppressive conditions in their lives - for example, illiteracy, poverty, wife abuse and violence during the conflict - through the leadership of civic associations and local government (Gamarra, 2009). Targeted action towards oppressive conditions appears to allow these women to separate themselves from these conditions and find solutions. For instance, Gamarra's book narrated the story of Maria, an illiterate older woman who has raised her 11 children alone, and participated actively in her community as leader of the Mother's Club, Municipality Councilor, etc., since her husband was killed in 1985. Maria considers that "although she had not studied, she "*can think"* and this confidence has helped her in obtaining her many achievements" (p. 85). Activism and being able to support others are certainly associated with the resilient participants in this study. As one participant says: *"My biggest satisfaction is to support others, because of the position that I hold [in the organization], I know of many cases of domestic violence and I try to look for solutions, every case resolved is a joy for me"* (C-21). To answer the initial questions of this section, it appears (in this study) that membership in associations with political goals is both an enhancing factor of resilience, and a coping strategy to deal with otherwise disturbing post-traumatic responses.

The protective factors of the resilience of Quechua women examined in this study therefore supports the conceptualization of resilience as a dynamic process, which varies across

individuals and social contexts, suggesting that resilience will be better conceptualized as specific outcomes in front of specific risk situations (Vanderbilt-Adriance & Shaw, 2008). Deepening this analysis, Latin American scholars Kalawski and Haz (2003) further suggest that "all persons who present an unexpected outcome in the face of a given adverse situation should be considered resilient, regardless of the causes of this outcome" (p. 365). The latter reflects the experiences of most marginalized populations targeted by extreme violence - such as the Quechua women in this study - and their display of suffering accompanied by unexpected outcomes of resilience and courage.

The research findings of this dissertation also highlight the importance of culture and social resources in supporting the process of resilience. The measurement of resilience in this study however, was limited to individual resilience and not collective resilience, which is still a "heuristic concept and work in progress" (Tousignant & Sioui, 2009). Yet, considering the collective foundation of the Andean culture and its remarkable resistance to colonization and modern globalization, one wonders if the noteworthy participation of Quechua women in civic associations and communal activities are indeed part of the survival strategies that are inherited from their ancestors, who also survived episodes of destruction and violence. A simplistic view of resilience is not relevant in front of the survival strategies of the study participants, who comprised a myriad of individual and social elements, such as work, family, community, traditions, etc. For instance, some participants answered the question: what helps you to survive? *The support from my community and the work that we are doing together with my family and my parent*s" (G-45), and "*I forget quickly about any problem, I just go to do my daily chores in the field, to my family and to the different associations I belong" (*C-30). Burak and colleagues (2007) indicate that the resilience of Indigenous populations reflects a holistic view of individuals and communities that is difficult to capture by linear associations of protective factors, which is observed in the findings of this study. In addition, this research also suggests that *history matters,* because despite ongoing experiences of direct and structural violence, ancestral traditions of communal work on social projects still seem to be alive in the highlands of Peru - which, in addition to other factors, may underlie the agency and resilience that Quechua women display in difficult times.

7.2.3 ***Gender based violence: the continuum from war to peace***

In-depth knowledge of the gender specific experiences of women during and after war – the way in which violent conflict affects women's lives and survival tactics – is important when trying to support women in rebuilding their lives and communities in the aftermath of a conflict. This section focuses on some of these experiences, as reported by Quechua women living in post-conflict Ayacucho.

Despite the long history of wars in human history, the impact of wars on women has only recently gained international attention. Indeed, just few decades ago, rape became a "war crime" addressed in international tribunals, truth commissions, by civil society, and in UN campaigns (Boesten, 2010); yet, women have been remarkably absent for most of these peace processes (Borer, 2009). The fact that women are traditionally "invisible' from war and peace negotiations, however, does not mean that women were not "visible" in peacemaking. Donna Pankhurst (2003) stated, "women are reified as the peacemakers while excluded from peace processes" (p. 154). Research indeed indicates the active presence of women in conflicts worldwide not only as victims of violence, but also as warriors and liberators. For instance, this is the case in Sri Lanka (Bandarage, 2011), and Uganda (Abel & Richters, 2009). In Peru, the testimonies of the Truth and Reconciliation Commission [*Comisión de la Verdad and Reconciliación*, CVR], ethnographic and historical studies (e.g. CEPRODEP, 2002; Gamarra, 2009; Theidon, 2004, 2007), and analyses based on the CVR records (e.g. Boesten, 2010; Portugal, 2008) indicate that Peruvian women - in particular Quechua women - have in fact held different roles during and after the armed conflict.

The most "visible" role of Quechua women after the conflict, however, has been as victims/survivors of sexual violence, killings and disappearances. The CVR final report clearly indicates the gender differences in violence, with 23% of those killed, 15% of the disappeared and 98% of reported cases of rape being women - the majority of them Quechua women (CVR, 2003). These figures are consistent with other conflicts, as elsewhere civilian women are largely subjected to extreme sexual violence and torture, while men are mainly killed or disappear during armed conflicts (Leiby, 2009). Another commonality across different contexts is that

women who are victims of sexual violence during war, for the most part, disproportionately belong to marginalized groups - including Indigenous and low-income groups (Bandarage, 2011). The latter was also the case in Peru, where Quechua-speaking peasants/*campesinas* or housewives (the majority of which were between 10-29 years old and illiterate), account for more than 80% of the victims of sexual violence, with half of them from Ayacucho, the province where most cases were reported (CVR, 2003). According to the CVR, most Quechua women minimized their own experiences as victims of violence and identified themselves mainly as caregivers to other victims (Laplante, 2008). Theidon (2007) explained this assertion by observing, "[Quechua] women do not talk about themselves' rather than *do not talk* at all" (p. 457), meaning that they do talk about the suffering of family members or other women, but not in first person. This is no doubt a result of the historical and multilayered oppression affecting Indigenous women in Peru, as described in Chapter 4. Quechua women living in Ayacucho during the conflict are indeed described as mainly living within an agrarian economy, where individuals and families farmed to survive, and women are relegated to traditional roles of mothers or wives, while also taking care of hard labor in the fields (CEPRODED, 2002; Laplante, 2008). This profile has not changed much, only increasing the number of women taking care of their families alone. Recent statistics from post-conflict Ayacucho, indicate that women lead more than 35% of households (INEI, 2004); this is mainly due to the disappearance or death of husbands, and increased number of lone mothers. The rock-strewn lands of Ayacucho made it difficult for women to perform all agricultural tasks, which has also been indicated as a reason why women in Ayacucho need a male partner (more so than women on softer lands), and why they are more tolerant of domestic violence (Degregori, 2002). In urban areas, women also worked as merchants, street vendors, handicrafts or in low-paid service jobs. In addition, as observed in this study, illiteracy is still disproportionately higher in Quechua women. This discriminatory and disempowering social context can make Quechua women aware of the futility of identifying their own needs, which may explain the under reporting of the crimes committed towards them.

The final report of the CVR recognizes that the relations between men and women at the time of the conflict were not fair or equal and power differentials on these relations are maintained by an unjust society. It further recognizes that women are not a homogenous group, and ethnicity and

class differences do matter - which had resulted in Quechua women having a higher exposure to violence than other groups of women (CVR, 2003). It would be inaccurate, however, to portray Quechua women as passive victims - the CVR testimonies and ethnographic work show that Quechua women use multiple survival tactics to fight against sexual violence and other types of violence during the conflict. For instance, women often fought ferociously to stop gang rapes, while some were more accommodating of rape because the lives of their families were at stake (Theidon, 2007). Even silences on this matter might constitute a form of agency, considering the stigma attached to this experience and the dubious possibility of obtaining justice (Boesten, 2010). Kimberly Theidon made an important point when asking why women who have been raped are routinely asked disturbing and painful questions, while the "silence of gang rapists is left undisturbed" (Theidon, 2007, p. 473). This exemplifies how even the rapist has the right to remain silent about the intimate details of their crimes - a right that women are refused.

In an exploratory trip, informant Quechua women told this researcher that sexual violence does not represent their multiple experiences during the conflict, and they prefer not to talk about it. They instead want to focus on working towards a better future, and having justice for their important losses, such as the death of family members, fragmented communities, and increasing poverty (Personal communication, 2009)[31]. The study findings, certainly indicate that experiences of structural violence (poverty, lack of access to education and fair employment) appear to be equally or more important than the experience of sexual violence for the resilience of Quechua women.

Another silenced topic for Quechua women is the experience of partner abuse - which, according to key informants and statistics of local NGOs, has increased in Ayacucho after the conflict (COMISEDH, 2003). In this study, 38 participants that were currently in a relationship reported abuse at the hands of their partners. Considering that for most participants only physical abuse (not emotional abuse) is considered "abusive", the prevalence of partner abuse in this sample may be underreported. In fact, after asking an older participant if she feels respected or abused in her relationship, she said "*no, now I do not feel abused because he is not hitting me anymore, he is too old, only yells at me now*" (E-12). The high incidence of domestic violence, however, is a

[31] Interview with ANFASEP members during a guided visit to their installations on May 2009.

national social problem in Peru, which ranked second (after Ethiopia) in terms of the prevalence of partner abuse in a 2003 World Health Organization (WHO) survey. Both an urban location (Lima), and an Andean rural area (Cuzco) were surveyed in Peru; the lifetime prevalence of physical or sexual partner violence in Cuzco area was 69%, and 51.2% in Lima, which are disturbing findings when compared to the lowest rates of 15.4% in Japan (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006). The WHO findings are of great relevance to this study, as it offers evidence of the continuum of violence for Peruvian women at times of peace or conflict. The WHO survey points towards the particularly vulnerable position of indigenous women, in light of the higher rates of partner abuse reported in Cuzco rural area (mainly inhabited by indigenous Quechua population).

The global human rights movement and the local efforts of feminist organizations have positively affected Peruvian family laws reforms, however, and new laws have adopted a stronger stance on condemning partner abuse or family violence using the official language of Peruvian government (McKinley, 2007). For instance, in addition to the prosecutorial process, the reformed Family Violence Law also facilitates complaints outside the courts in specialized Police Stations attended by female police officers, NGOs legal aid clinics, and the Municipal Defender's Offices (DEMUNAS) attended by social workers. Although these complaint mechanisms are indeed empowering for women experiencing violence, the state still is unable to provide a social safety net for women leaving abuse, which reduces the effectiveness of these family violence laws (McKinley, 2007). Concerning rape laws, a key informant, commented that the previous criminal code of 1992 forgave the rapist if he married the victim, including cases of gang rape, while the revised code of 2006 is harsher on perpetrators, with sentences that range from 35 years to life imprisonment, - however, outcomes ultimately depend on the judge. There is no evidence on whether changes in criminal law have resulted in a lower prevalence of partner abuse or sexual violence (Personal communication, June 3 2009). Nevertheless, the exclusion and marginalization of Quechua women from the Peruvian society at large means these legal procedures and resources have limited availability for those that live mainly outside of large cities, which may explain the higher rate of partner abuse in rural areas.

Extreme violence was routinely exercised towards Quechua women and their communities from both sides of the conflict, reaching unthinkable levels. The amplified violence experienced during the conflict transformed the traditional roles of women in Ayacucho into affirmative responses, and a large number of women assumed new roles as caretakers of their families and communities, fighters, social organizers, and political activists (CEPRODED, 2002). Women's responses were however not free of complexity and controversy due to their involvement with opponents sides of the conflict, for example, women who joined the *rondas* or self-defense committees (*Comites de Auto Defensa, CAD)* to fight against *Sendero* or other factions in defense of their communities. Indeed, several participants of this study spoke of their participation with the *rondas,* describing how even little girls were in charge of watching the village access roads for a potential attack of *Sendero*. The best example of affirmative action displayed by Quechua women was their courage in the creation and participation in civic associations aimed as defending the rights of the disappeared or killed during the conflict. As previously mentioned in this dissertation, an example are the brave Quechua women who launched ANFASEP in 1983, in the midst of the violence, and risked their lives in the name of their loved ones who had disappeared; they asked for justice for all of the families who lost a family member by means of the army or *Sendero*. This remarkable valor was instrumental in attracting allies from all spheres. Such allies included international peace activists, women's groups such as the *Madres y Abuelas de la Plaza de Mayo* [Mothers and Grandmothers of the Mayo Plaza] from Argentina, NGOs supporting the defense of human rights (e.g. COMISEDH, Loyola Center), and even local authorities, such as Leonor Zamora, then the Major of the city of Ayacucho[32]. The history of ANFASEP is thus reflective of Comas-Diaz and Jansen's (1995) observation that "what seems to unite all women - transcending race, ethnicity, class, religion, and nationality - is their vulnerability to the denial and violation of their most fundamental human rights (p. 316). Indeed, while the human rights of an entire population are often violated during a conflict, for women, the violence they experience is most likely a continuum from war to peace (Boesten, 2010). For instance, Quechua women in this study are still targets of structural violence from a discriminatory society that does not recognize their fundamental human rights (such as access to education and health), and may experience direct violence at home. The

[32] Because of her extended support to ANFASEP and her efforts in denouncing the violations of human rights in Ayacucho perpetrated by the army forces, Mrs Zamora was labelled as sympathizer of *Sendero* and killed by members of the Intelligence service of the Army on December 21, 1991 (ANFASEP, 2007)

question that arises here is, if “women’s rights are indeed considered human rights?” (Oloka-Onyango & Tamale, 1995, p. 694).

A clear example of the denial of human rights of Quechua women by the Peruvian justice system is the legal impunity granted to the perpetrators of sexual violence during the conflict, that belong to the government forces (army, navy, police) - which were responsible of 86% of the reported cases (CVR, 2003). Two similar concepts, symbolic violence (Bordieu, 2001) and cultural violence (Galtung, 1990), and the construct of intersectionality (Nash, 2008) - from feminist theory - aid in the explanation of this outrageous case of impunity. Intersectionality identifies the multiple oppressions of Quechua women derived from their vectors of subjectivity related to race, gender and class. Intersectionality goes beyond a theoretical analysis to a political focus on multi-oppressed and marginalized subjects (Nash, 2008). In this case, the multi-marginalization of Quechua women - as indigenous and as women in poverty - justifies the political decision to leave sexual violence crimes committed against them by government forces unpunished. Symbolic violence pointed to the unequal power structures that render them as inevitable and unquestioned (Bourdieu, 2001); in fact, no major protest has been observed because of the impunity laws. Cultural violence indicates how symbolic expressions of a cultural context (e.g. religion, arts, media, and myths) are used to justify direct and structural violence (Galtung, 1990). In this case, the patriotic myth of the “innocence of soldiers receiving orders” was one of the cultural representations used to condone the violent crimes committed by the army forces. Moreover, symbolic and cultural violence are still exercised actively in present times to deny and/or ignore the magnitude of the violence experienced by the overall Andean population during the war and its harrowing effects.

In sum, Quechua women in Ayacucho appear to live in a continuum of violence framed by a gendered and patriarchal version of an official discourse, which has excluded the whole Quechua population from the rest of the country and justified their exploitation for almost five centuries. While gendered-based violence was magnified during the conflict, its enduring existence before and after the war is undeniable. As Boesten stated: “war time sexual violence is not an aberration or an exception but an exacerbation of existing violence and gender and racial inequalities” (2010, p. 128). The increasing participation of Quechua women in civic associations that

continue during peace has the potential, however, to increase their political engagement and offers a window of hope into a future with less violence.

7. 3 LIMITATIONS OF THE STUDY

This study aimed to fill the gaps found in the literature review - especially the dearth of research on resilience in the context of post-conflict societies - and has indeed contributed to this area of research; however, there are several limitations to the design, measurement and sampling strategies of the study.

The cross-sectional design is the main drawback of the study, as the study examined certain relationships within a particular group of women in a defined timeframe, preventing the examination of the effect of time passage in the responses of participants and limiting the external validity of the study. The relatively small sample size and the use of convenience and purposive sampling strategies also limit the generalizability of findings to other post-conflict contexts. The fact that all the participants were from the province of Ayacucho also limits the generalizability to other Peruvian provinces, although there are numerous contextual similarities between Ayacucho and other Andean provinces, such as Huancavelica, Apurimac, and Junin. In addition, the small sample size does not allow analyses that examine reciprocal, multi-factorial or curvilinear relationships between variables. The study was also unable to include a non-exposed group, due to the extent of the conflict within the Quechua population in this region, which precluded the employment of techniques such as propensity scores, to control for confounding variables. For instance, the study did not seek information on traumatic events prior to, or after the armed conflict; therefore, the impact of those events may have confounded the outcomes. In addition, depression or other syndromes often presented in comorbidity with PTSD were not evaluated, and may have confounded the findings. The study however, is relevant to Quechua women living in Ayacucho or who have migrated to other regions. By examining resilience and post-traumatic responses as defined by Quechua women in Ayacucho, this study therefore fulfills its goal of achieving “locality relevance” (Rankopo & Osei-Hwedie, 2011), which may set the groundwork for more glocalized studies of resilience in the aftermath of

political violence. While similarities and parallels may indeed exist, the unique specificities and socio-historical conditions of each context must be taken into account.

Another potential limitation of this study is the use of self-reported data, as reporting may have been affected by different factors. For instance, the study was dependant upon participants' accurate recollection of traumatic exposure that may have happened 10 to 20 years ago; therefore, findings are susceptible to recall bias. In addition, social desirability bias in answers is another possible limitation, frequently observed in face-to face interviews; for instance, the virtual absence of positive answers to the question about victimizing others in the HTQ-GEV, suggests a socially desirable answer. In addition, although the research team explained in detail the purpose of the study before the interview, some participants still asked at the end if the survey would bring any direct benefits to them - an assumption that may have influenced their answers. Response bias may also be present, as most scales were scored in the same direction, and may have influenced participants' answers. Self-report also has been identified as resulting in a factor composition of PTSD symptoms of three clusters, different from structured interviews that often yield four clusters of factors (Scher, McCreary, Asmundson & Resick, 2008). Following Scher et al's (2008) findings, this study used a three factors structure of PTSD symptoms, which indeed yields to acceptable reliability scores on the sub-scales. The study took also preventive measures to minimize sources of bias as much as possible; for instance, the order of the questionnaire was reversed for half of the sample, to ensure that interviewing fatigue effect was minimized. Participants were also encouraged to ask clarifying questions and given all the time necessary to answer to facilitate recall.

In addition, most of the study instruments (e.g. LSQ, CD-RISC) have several options for answers, which was an unfamiliar format for most participants. As described before, following the findings from the focus groups in the cross-cultural validation stage, these choices were reduced while taking care not to affect the scoring of the scales; however, some participants still answered "yes" or "no" at times, and were again explained the range of available answers. The latter questioned the cross-cultural validity of this format for this population. Other researchers have indeed questioned the cultural adaptability of Likert-type scales for use in Latino culture (Flaskerud, 1988). In addition, the scales used in this study - with the exception of the locally

designed TQ-LID - have been constructed for populations with at least basic literacy, thus, they may not be contextually appropriate for illiterate women. However, the study's use of face-to-face interviews in the language of preference of participants may have minimized the literacy gap as participants had enough time to answer, the questions were read for them, and all the procedures and questions were explained in their own language. In fact, despite all these limitations, participants often commented that they were very interested in the questions related to their resilience, as they had not had other opportunities to reflect on this topic. In this way, the research process may have had an empowering effect for some participants.

Limitations on content validity of the instruments can also influence the study findings. The CD-RISC, for instance - this study has a sample mean lower than the mean score obtained in the original study by the developers of the scale (Connor & Davidson, 2003). While linguistic and cultural differences in defining resilience and sample characteristics certainly account for this difference, issues of content validity should be also examined. The additional questions on resilience developed for this study point to three local indicators of resilience (i.e. cultural identity, capacity to reciprocate and community support) that were not included in the CD-RISC. Similarly, the data analysis indicates that post-traumatic responses as defined by PTSD symptoms do not capture all the idioms of distress of the Quechua population in the aftermath of trauma, and as suggested by previous research (Pedersen at al, 2008), its measurement was complemented by a locally constructed instrument. Importantly, the study is also limited by not including more qualitative elements in its design. This would have been valuable for a better understanding of the unique experiences of trauma and resilience of Quechua women in Ayacucho.

A final limitation concerns the research relations between participants and the researcher. Similar to other critical social research, social work research attempts to design procedures and methodologies that can make research a more egalitarian process. In this study, the identity of the investigator as a Northern researcher, and the absence of direct benefits for Quechua women derived from this research, limits the attainment of egalitarian research relations. While the study is enlightened by local knowledge, the time constraints of the field work precluded the use of methods truthful of community-based research which can potentially lead to community

development (Ibáñez-Carrasco & Riaño-Alcalá , 2009). In addition, Hill, Lau and Sue (2010) discussed the ethical transgressions of examining Indigenous contexts with the sole use of Western instruments, and without local participation in the research process. They advocate for research that empirically assesses the trauma and losses of Indigenous groups, involves Indigenous partners, and allows them to take the lead in defining the objectives of the investigation. This study attempted to fulfill this ethical responsibility by including local partners in the design of the study, obtaining approval from the advisory committee for the instruments used in the study, and following the objectives defined by Quechua women themselves - aiming, therefore, to offer empirical evidence of their resilience or "*coraje*", and also of their continuum of experiences of violence in war and in peace.

7.4 IMPLICATIONS OF THE STUDY

While the study's focus has been the vastness of violence perpetrated against Indigenous women in peace and war, and their remarkable resilience in spite of this mayhem, it is worth it to take the analysis a step further and think through how change could take place in a context like Ayacucho. In doing so, this section suggests implications for social work practice, education, and policy based on the study findings, as well as for further research and development of theory. This is also part of my commitment to "give back" to the participants of the study. This study also attempts to challenge normative North –South relations, and instead adopt a more humble approach - that is, to learn from Southern experiences, or what has been called a "reverse " mission (Abram & Cruce, 2007); in this case, learn from local knowledge in Peru, including that of local social work practitioners.

The social work profession has a long tradition in Latin America, given that the first school of social work was established in Chile in 1925. The current context of social work practice is one of resistance against neo-liberalism and globalization, or what is called *capitalismo salvaje* [savage capitalism] (Parada, 2007, p. 560). Social movements representing indigenous peoples, workers, women etc are pressing social workers in Latin America to actively engage in social and political responses to the exclusionary practices of neo-liberalism. In post-conflict Peru, social work practice centers on fighting poverty and other forms of social injustice, while

promoting resilience and reconciliation. Among other strategies, they use three distinctive practice tools: a human rights framework, political activism, and Freire's empowering process of *conscientization*[33] . For instance, using a rights-based framework to mental health, social worker Veronica Molina helped to organize ARIL [*Asociacion Reflexion de Inocentes Liberado*s - Reflection Association of Liberated Innocents], a network of victims /survivors who have been unjustly imprisoned. Through collective action and lobbying, ARIL members successfully integrated mental health services to their basic health insurance (Laplante & Rivero, 2006). Northern social workers can certainly learn valuable lessons from the undertakings of social workers in Peru and Latin America, but also from their challenges in partnering with Indigenous social movements without reproducing neo-colonizing practices. As described by Parada (2007): "[the focus is on] current attempts by the social work profession in Latin America to shift its practice from one that works on behalf of others and thereby represents their voice, to one that works alongside others who speak for themselves" (p. 560). Indeed, the most important implications of this study come from Indigenous voices - that is, from the remarkable resilience of Quechua women. While intended to achieve "locality relevance", the study implications are also relevant for social workers in Canada and other Northern countries that come across with service users who are survivors of war or Indigenous people. In addition, social work historical mission to fight injustice and oppression is unquestionably connected with the problems of societies emerging from violence and repression. As Ife (2001) stated, "International social work must no longer be regarded as peripheral to the apparently core task of social workers . . . [because] all social work practice, wherever it occurs, must now be regarded as working at the global/local level" (p.13).

7.4.1 *Implications for Social Work Practice and Policy*

The term *policy* is used here to refer to principles that guide action. Policy may indeed prescribe or proscribe certain actions or practices (Anderson & Christie, 2001). Due to this intimate

[33] "Conscientization [as defined by Brazilian educator Paulo Freire] is the process by which the capacity for critical thinking by the oppressed - of themselves, the community and, ultimately, the society they live in - can be expanded" (Blackburn, 2000, p. 7). Conscientization thus, allows a person to become aware of the sources of own oppression.

connection of policy and practice in social work, both set of implications are presented indistinctively in this section.

7.4.1.1. ***Political participation: a strategy to foster resilience***

The findings of this study suggest that community-based interventions should be prioritized over individual services. Moreover, community interventions reinforcing civil society organizations and informal social networks will also foster individual resilience, as indicated by this study. The majority of Quechua women are affected by structural problems resulting from political processes and are thus in need of political solutions. Political solutions may emphasize programs targeted to increase political engagement of the overall Quechua population, as well as increased political activism from social workers and other allied professionals. As Laird (2004) stated, "Social workers can not be apolitical when inequality is structured into social relations; they are ethically obliged to act" (p. 701). These solutions have a transnational scope if the problems of most social work clients worldwide are considered. Indeed, African social work scholar Tlamelo Mmatli, pointed to political activism as a necessary social work strategy in the context of war-torn, impoverished and devastated Africa. As Mmatly (2008) indicated, there is also an important role for social work education in preparing future social workers to practice political activism. Social workers in post-conflict Ayacucho are indeed engaged in social promotion and social development, and many participate in the regional political arena - however, the level of political participation is important to be able to make changes, and gender inequality can have implications in reaching higher levels of political power. For instance, Elissa Helms (2003) discussed the role of women NGOs in assuming the work of ethnic reconciliation, a political goal itself, in post-conflict Bosnia, which in turn essentialized women as "nurturers", marginalizing them from formal political power. This dissertation described the path of women's associations in Ayacucho that start with "nurturing" tasks (e.g. locating missing family members), but later evolve towards more defined political aims. Other women-led associations or advocates in Lima and other regions of Peru have followed the same path (Laplante, 2007). There is therefore ample evidence pointing to the benefits of political participation as an effective strategy for post-conflict recovery - in particular for women - which should be considered in social policies and development efforts.

7.4.1.2. *Integration of local meanings in mental health services*

This research also suggests the need of holistic community interventions, beyond the scope of the trauma response model based on PTSD. The notion of trauma as a singular event has limited significance in front of collective and repetitive experiences of violence, poverty, and insecurity with which marginalized groups (such as Quechua women) are obligated to live (Beneduce et al, 2006). However, this study also shows that post-traumatic difficulties were in fact a disturbing presence for many women. The study findings also suggest that particular groups of women were more vulnerable to higher level of symptoms - e.g., women living alone, older women, and women who have experienced or witnessed sexual violence during the conflict. The cross sectional design of the study precludes a sequential analysis of PTSD-related symptoms, but these findings suggest the presence of delayed onset of PTSD symptoms or chronic distress. Research studies have indeed indicated the lifelong consequences of war rape for women in several post-conflict zones (Cohen, et al 2009; Kuwert, et al, 2010; Loncar, et al, 2006). Post-trauma problems, including PTSD, can re-occur 10 to 60 years after a war; this reactivation of events might arise during the ageing process, because of current stressors such as isolation, and new significant losses (Ong & Carter, 2001). Screening for risk of delayed onset of symptoms or chronic symptoms will consequently lessen further distress for vulnerable groups of Quechua women. A 2003 epidemiological study conducted by the *Instituto Nacional de Salud Mental* (INSM, National Institute of Mental Health) in Ayacucho and other provinces affected by the conflict, indicate that young adults (26-45 years old) and women in general were more in need of mental health services than other groups (Kendall, Matos & Cabra, 2006). Mental health services are scarce in Ayacucho city, and almost absent in rural areas where only itinerant teams visit sporadically (Kendall et al, 2006). Community mental health services should be sensitive to social inequalities, and bring local resources into play for healing and recovery, in order to be effective. Social work comprehensive assessment models are otherwise uniquely suited to design community mental health services that integrate the social determinants of health and the local meanings of recovery and illness. Martin-Baró's social model of trauma is particularly relevant in post-conflict Peru, where treatment should be directed to those traumatogenic socio-political forces that perpetuate oppression and political violence.

7.4.1.3. *Tackling the continuum of gender-based violence*

Peace activists have recently voiced strong demands[34] that research in conflict zones [such as the Democratic Republic of Congo (DRC)] should stop counting women who are viciously raped daily, and instead do something to stop and prevent this violence from happening (Ensler, 2011). While this is certainly a reminder of disturbing realities, it is also a timely call for the professional practice skills of social work in international efforts to fight extreme violence against women. In Peru, numerous reports on the extent of sexual violence during and after the conflict also are available, but violence against Quechua women is still pervasive. However, an important piece on the analysis is missed: what is the purpose of this violence? For instance, one of the functions of DRC's apparent chaotic violence is to distract the public view from the illegal exploitation of mining resources by neighboring countries (Shannon, 2010). In Peru, sexual violence during the conflict served multiple functions, for example, to demoralize and terrorize victims and their communities, break down traditional Andean culture and institutions, and create a bond among perpetrators (Franco, 2008). In doing so, Quechua women and their communities were once again positioned as second-class citizens, unworthy of the same rights and privileges as the rest of the country - a colonial message that is tirelessly repeated. Violence during the conflict was, however, just a continuity of the persistent violence women experience in private spaces before and after the conflict, which also intended to demoralize and break down women. This continuity of violence simply reflects structural gender inequalities. As Boesten eloquently stated, "here, the two conclusions come together: we can only combat rape in war if the gendered nature of warfare is addressed, and we can only address the gendered nature of war if we recognize its roots in peacetime inequalities and practices" (2010, p. 128). The escalation of domestic violence in the aftermath of conflict has several explanations: the return of combatants still influenced by overstated masculinities, trauma, alcoholism, and men's insecurity in front of social change that allows women to exercise new roles (Boesten, 2010). Therefore, the high incidence of partner violence in post-conflict Ayacucho may be also an attempt to retrench the new advances of Quechua women as social organizers and their increasing political engagement, or as called by feminist scholars, the "backlash hypothesis" (Pankhurst, 2003; Awakame, 1999). While new policies and legislation in Peru attempt to reduce gender

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[34] For more details, read "I am over it" Eve Ensler's manifesto, which call to stop non-sense epidemiological research of the extent of rape in the Democratic Republic of Congo and instead address the underlying causes of the conflict. http://msmagazine.com/blog/blog/2011/05/13/1100-congolese-women-raped-each-day-i-am-over-it/

inequalities in violence, there is no evidence yet that these policy guidelines have been translated in effective practices (Cripe et al, 2010). Gender inequalities also intersect with class, race, age, and other structural inequalities and should be tackled together, as not only oppressions intersect but also oppressive beliefs (Suarez & Gadalla, 2010); this should be considered in social policies and programs. For example, the availability of a safety net for women and the inclusion of male partners in interventions can be key elements in promising domestic violence programs. Most importantly, mezzo level interventions in Ayacucho ought to focus on restoring local traditions and long-established mechanisms of social control such as the *varayocs* [35] [community leaders and elders]. Before the conflict, the *varayocs* were the axis of social life in most indigenous communities in Ayacucho highlands; they acted as conflict mediators, and directed community rituals and celebrations (Arce, 2001). Quechua women had stated that before the war, the *varayocs* did not permit violence against women to escalate in the *campesino* communities, but the *varayocs* and other local authorities were forced to leave or killed during the conflict, and have not been reinstated yet (COMISEDH, 2003). Thus, there is a need to develop local institutional support for situations of domestic violence in such communities.

7.4.1.4. *Reconciliation: a critical undertaking in post-conflict Ayacucho*

Violence perpetrated during conflict (such as war rape) always has an impact on the community at large (Benaduce et al, 2010). An important consequence of war is the dislocation of social ties, and the lack of trust amongst groups formerly on opponent sides. To prevent new episodes of violence - an important task in post-conflict - is therefore reconciliation among all members of the society. A contested term per se, this study used Borneman (2002) definition of reconciliation: “I define [reconciliation] not in terms of permanent peace or harmony but as a project of departure from violence” (p. 286). The latter definition is particularly appropriate to the context of the Peruvian armed conflict, where at times the war was “between neighbours” (Theidon, 2004), making reconciliation a more complex process. Experiences from other conflicts in the South indicate that local rituals (when available) are great resources to start t*he project* of local reconciliation, for example in Uganda (Baines, 2010) and Mozambique (Igreja, 2006). Indeed, there are accounts of community rituals employed in post-conflict Ayacucho

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[35] Traditional authority in the highlands of Ayacucho who carried a wooden cane wrapped in metal as a distinctive symbol of their role. During the conflict, the *varayocs* were practically eliminated or removed from their role as community authority by both the army and *Sendero* (Arce, 2001).

framed on processes of "forgetting" (Elsaas, 2001) and "forgiveness" (Theidon, 2007), in order to incorporate former *senderistas* into the community again. However, as in the case of the *varayocs* and domestic violence, community rituals and other resources are not widely available because the conflict has seriously damaged social ties in communities. Social workers and other community workers may therefore ally with local communities in Ayacucho, in the search for strategies that will facilitate the repair of the social fabric, renew the cultural uniqueness of these communities, and foster the use of traditional rituals in the process of reconciliation.

7.4.1.5. *Policy support to Quechua women's right to education and health*

The connections between economic, social, civil and political rights are particularly clear in Quechua women's lives, yet the state has not done enough efforts to provide the infrastructure, social services and access to justice needed to authenticate these rights, thus giving them meaning. Indeed, the findings of this study suggest that post-conflict policies should focus on building educational and economic opportunities for all Quechua women, which in turn will enhance their resilience and diminish their post-traumatic distress. The intertwining of structural violence and violence against women also made policies that allow Quechua women to enhance their access to education and health imperative, and would help to reduce their poverty and exposure to violence. The detrimental impact of illiteracy is clearly reflected in its association with higher levels of post-traumatic symptoms and lower levels of resilience found in this study. In addition, previous research indicated, "that societies where women have higher social and economic status and greater political representation are less likely to become involved in conflict "(Gizelis, 2009). An improved status of women in the aftermath of conflicts enables states to benefit from greater social capital and larger participation in the reconstruction process (Gizelis, 2009). Enhancement of components of social capital represents a valuable strategy and tool for overall poverty reduction programs, as indicated by Chilean social worker Mahia Saracostti (2007). Therefore, policies investing in the educational and economical status of Quechua women would not only attend to their basic human rights, but contribute to the betterment of overall Peruvian society.

7.4.1.6. *Transitional justice mechanisms: a new field for social work*

The goal of achieving reconciliation in the aftermath of a conflict requires multiple interventions, which commonly fall under the scope of transitional justice. Transitional justice is defined as “a package of measures which societies emerging from violent conflict use to pursue accountability” (Bell & O’Rourke, 2007, p. 24). Some transitional justice mechanisms are war tribunals, monetary compensation programs, and symbolic reparations such as memorials and monuments. Truth and Reconciliation Commissions (TRCs), however, are the most popular mechanism of transitional justice. TRCs are indeed a primary human rights intervention in post-conflict reconstruction seeking to repair the social fabric damaged by violence, by offering victims and perpetrators opportunities to give an account of their experience (Androff, 2010). To be successful, a truth commission should reflect a national commitment to learn and understand a country’s difficult and often controversial past. Social workers’ engagement at multiple levels of society can contribute to the formation of TRCs at all levels. Moreover, social workers can play an important role in supporting and improving TRC interventions, from the sensitive interviewing process of testimonial participants, advocating at various levels of government and community groups, to conducting social work research evaluating the impact of TRCS beyond its legal framework. For example, TRCs have been criticized for not changing structural inequalities, poverty and material deprivation of communities recovering from violence (Androff, 2010). Indeed, the Peruvian TRC generated much disappointment on its participants because of the government’s inability to fund reparations to victims (Lapantle & Theidon, 2007). Social work’s commitment to the betterment of the welfare of vulnerable populations allows the profession to connect issues of poverty and deprivation, to the work of TRCs and to implement recommendations. In addition, social work’s anti-oppressive stance would ensure that the reconciliation process is participatory and inclusive of all marginalized voices. There is limited documentation on the participation of social workers in worldwide TRCs (Rogers, 2008; Sacco & Hoffman, 2004), but it is undeniable that they have offered important contributions in several TRCs - including the Peruvian TRC - and stronger participation will enhance these processes and other transitional justice mechanisms.

7.4.2 Implications for Research and Theory

Pursuing a "reverse" mission approach to international social work also implies the foundation of an "exchange relationship that ideally is reciprocal, mutual and participatory" (Abrams & Cruce, 2007, p. 16). A mutual relationship therefore requires contributions from both sides. Although still scarce, social work research contributions with worldwide populations affected by wars are increasing (e.g. Ahearn & Noble, 2008; Androff, 2010; Baum, 2007; Denov, 2007, 2010; Ibáñez-Carrasco & Riaño-Alcalá , 2009; Laird, 2004; Leavitt, 2003; Manktelow, 2007; Ramon et al, 2006; Riaño-Alcalá, 2008; Zack-Williams, 2001, 2006). Trinder (2000) suggests that in order to boost the impact of research on policy, social work researchers should first understand the political and ethical assumptions and implications of their work**.** This dissertation aims to contribute with a social work perspective that holds the well-being of women as central concern. The key assumptions of this study align with the work of peace and conflict feminist scholars (e.g. Bandarage, 2010; Boesten, 2010; Borer, 2009; Ni Aolain, 2009; Pankhurst, 2003, etc), recognizing that women are complex actors in armed conflicts, and that gender-based violence is reinforced by pervasive structural inequalities that transcend the boundaries of peace and war. The latter assumptions represent a political and ethical stance to honor both the victimhood and the resilience of women survivors of wars that ought to be more represented in research.

This research offers empirical evidence of the complex relationship of resilience and post-traumatic responses as reported by participants. However, further research would benefit from using interpretive methods to elucidate the *meaning* of this relationship for Quechua women in Ayacucho. Indeed, what quantitative methods cannot investigate is whether women's understanding of resilience is more intricate than the examination of associated single factors suggest. For example, the lack of association between local idioms of distress and past exposure to violence in the context of resilience needs additional exploration. Further research should also continue unpacking the mechanisms of political participation as a process of healing and empowerment. The dual role of civic associations as a political space and source of emotional support is far from being understood. This study also suggests that *social participation*, rather than the Western scheme of *social support*[36], influences the resilience of Quechua women. The

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[36] *Social participation* is defined here as frequency of involvement in or attendance at social networking and community activities, including politics, honorary activities in clubs/groups, sports, and attendance of cultural events; versus *social support,* or the frequency and/or quality of support (material, emotional) received from family, friends and community members (Cleland et al, 2010)

differences between these two concepts and how they influence resilience is also an inquiry well-suited for qualitative methodologies. The complexity of trauma responses and resilience processes in the context of extreme violence also calls for a multi-dimensional analysis of the study of violence, its functions, meaning and impact on individual and social structures. Indeed, violence can be a product or tool to pre-established gains, but always has a purpose (Beneduce et al, 2006). How violence is indeed "productive" - and not just "repressive" (Munck, 2008) - should be examined in different socio-political contexts, in order to elaborate upon effective preventive measures. In particular are needed research contributions on a gendered understanding of violence and peaceful practice, as well as the longitudinal trajectory of resilience in front of continuous exposure to violence.

Single item comparison revealed, in this study, that overall resilience scores using the CD-RISC were correlated with items concerning the Andean tradition of *reciprocity* – being able to help others, which in turn help you - but not with items concerning *cultural identity* or *communal support.* This indicates that the last two themes represent additional dimensions of resilience not included in the CD-RISC. Tentatively, these findings also indicate that although the CD-RISC was translated and semantically validated to the Andean context, the local conceptualization of resilience was not totally encapsulated in the instrument - in other words, limiting its content validity with this population. The lack of psychometrically sound properties of the global score of the additional questionnaire of resilience, however, precludes further analysis, though will be an important inquiry of future research.

Hanna Kienzler's (2008) petition for a "division of labour" in the multidisciplinary scholarship of war trauma is more compelling in light of the findings of this study. Research with survivors of war trauma still privilege legal and medical investigations, and epidemiological research is indeed gaining more space on reporting the devastating counts of horrors of war (Ensler, 2011). Less integrated within the study of war trauma is neuroscience research on resilience (e.g. Maier & Watkins, 2010). While this kind of research undeniably does part of the "labour", it does not capture all social devastation of war nor the social processes of survival - or most importantly, the political processes responsible for both. Political science, anthropology and psychology have also notorious visibility in this field of inquiry, however, on the practical grounds of the re-

construction of post conflict societies (such as Ayacucho) the “labour” contributions of social workers, nurses, teachers and other helping professions, as well as local healers, are extensive and far-reaching - yet meagerly documented. It is therefore time to encourage research on war trauma that reflects legitimate interdisciplinary “division of labour”. Social work research is particularly encouraged, as the profession’s mission to promote social justice and fight oppression is indeed closely connected with the definition of “Culture of Peace” as a set of “values, attitudes, and behaviors that reflect and inspire social interaction and sharing based on principles that promote nonviolence and social justice” (UN General Assembly, 1998, p.1).

This exploratory study also offers a number of possibilities for the development of theory on the role of resilience in the context of war trauma, on women’s survival after continuous exposure to violence and trauma, on the traumatogenic power of impunity in keeping war rape as an invisible, but alive, trauma, and the therapeutic value of political participation for women survivors of war, amongst other topics. The study cautions also, about notions of universal vulnerability in front of extreme violence, and instead points to a normativity of resilience. Indeed, this study is in agreement with Summerfeld’s (2000) assertion that most symptoms arising from exposure to trauma do not affect functionality, challenging the way traditional notions of post-traumatic stress disorder as explanatory frame of the consequences of sociopolitical trauma and impunity. In fact, the study shows that is difficult to talk about “post” traumatic stress, given that violent events as well as the traumatic experiences of racism and discrimination continue to happen to Quechua women survivors. The latter added to contributions by feminist theorists (Burstow, 2003, 2005), indicating that there is no *post* in trauma responses of women, because the traumatic problem remains - a patriarchal society that allows that extreme violence happens to women. As Burstow (2005) stated in regards to the responses of a victim of rape, “her fear correspondingly is not simply the result of an unfortunate trigger; and it is not a sign of a *disorder*. It is an attunement to genuine danger” (p. 436).

The simultaneous presence of post-traumatic symptoms and resilient outcomes on participants also calls for theoretical revision of the nature of trauma responses beyond the presence of PTSD-related symptoms. Canadian psychiatrist Claire Pain (2002) indeed highlights: “our current system of registering all disorders as separate diagnoses fails to describe the complexity

…of the post-traumatic response, [and] restricts our ability to understand the chronic adaptation to trauma" (p.3). The study also agrees with Vanessa Pupavac, in that "trauma does not necessarily result in people becoming traumatized. People may respond to adversity by becoming more resilient" (Pupavac, 2001, p. 366). While addressing the need to revise prevalent notions of trauma and resilience, the study findings also offer information for the redefinition of models and theories of rebuilding of societies involved in current armed conflicts, such as Afghanistan, Iraq, Colombia, Sudan, etc. The Peruvian model of resilience (CODINFA, 2002) is also theoretically congruent with resilience studies with the Canadian Aboriginal population, that first, emphasize culture and language as protective factors of resilience (McIvor, Napoleon & Dickie, 2009), and second, the need for community integration, political empowerment and use of local wellness strategies in fostering resilience (Martin, 2009). Integrative research efforts of Indigenous people worldwide on resilience after trauma and violence are needed, as they would have a strong influence on global and local policies. The study has also implications for anti-oppressive social work research, as it demonstrates how quantitative methods can be used to identify sites of oppression and anti-colonial resistance. The latter was accomplished using sensitive data collection tools, participatory inclusion of participants and local advisors, contextualized interpretation of results, and conceptualization of findings informed by critical theories.

7.5 CONCLUSIONS

Although the repertoire of violence during war can be attention grabbing and indeed, captivating (Gourevitch, 1998), this study is not another documentation of the horrors of the armed conflict that devastated Peru from 1980 until 2000. Instead, the contribution of this research is to incorporate the important lessons of survival with the traumatic experiences of Quechua women, providing a record of coping and overcoming trauma. The findings of this study indicate that the impact of war trauma expands beyond the individual, affecting entire communities and societies, and often heightens the existing structural injustice. It is also evident that Quechua women's experience of war was framed within a social context of gender and race discrimination that normalized extreme gender-based violence. Despite these detrimental experiences, women demonstrate significant resilience by organizing and/or participating in community, national and

international human rights networks. However, the realization of social justice, psychological healing, and reconciliation in post-war Peru are challenging tasks, which could take decades to accomplish. As part of the Peruvian Diaspora, I have taken on my responsibility to contribute to these processes - although I continue to struggle with my role in this endeavour; this research is a first step towards answering to this duty.

Although this study focused on the resilience of Quechua women, its findings are not intended to minimize their daily struggles. In fact, the overall Indigenous population in Peru continues to suffer the consequences of unresolved colonial (past and present) experiences, which are responsible for the extreme discrimination that this population is subjected to today. A recent national survey on social discrimination demonstrates the exclusion of the Indigenous population in contemporary Peruvian society; the indigenous were appraised as the category of Peruvians with strongest limitations to exercise their rights (DEMUS, 2007). A second survey reported that Peruvian indigenous groups perceived themselves as powerless in dealing with the central government, police, army, the private sector or the media (Paredes, 2007)[37]. Quechua women are indeed affected by systemic race and gender-based discrimination, which has influenced their ability to heal in post-conflict Peru - for example, there are a series of impunity laws against military officers exonerating these perpetrators of sexual violence during the conflict. While Quechua women have mobilized at the grassroots, national and international levels to fight these injustices, actual legislation has not changed. As Franco (2007) astutely notes, "the problem [in Latin America] is that this mobilization [of women] does not sufficiently disturb the rest of the population and force them to take action" (p.35). Indeed, the general Peruvian population has not been disturbed by the socio-economic, political and judicial demands of this marginalized group of women - in other words, the status quo of the broader society goes usually unchallenged, and unless power dynamics change, little will be done. Despite the collective impact of violence during the armed conflict, victims of war rape in Peru therefore generally endure the

[37] Paredes (2007) survey exploring ethnicity in Peru, yield to the following racial or cultural groups living in Peru: 1) indigenous/ Andean/ or *serranos*, i*ndios* 2) indigenous Amazonian 3) black or *zambos* 4) whites, 5) *cholos* [descendants of indigenous or serranos living in the Coast], 6) *mestizos* [mixed race], 7) Chinese or Japanese, and 8) Other.

psychological impact of the impunity of these crimes by themselves. The experience of continuous violence regrettably, is common for indigenous women worldwide.

By examining the resilience of Quechua women through a prism of perpetual violence, this study facilitates our understanding of the breadth and depth of violence in their lives, and reflects on the various ways women cope with trauma. Quechua women's unrelenting exposure to violence reflects Galtung's three concepts of violence and their different entries in time: the *events* of direct violence (e.g. sexual violence in the conflict), trigger the continuous *process* of structural violence up or down (e.g. patterns of exploitation), while is legitimated by permanent *invariant* cultural violence in this case of continuous discrimination (Galtung, 1990). Symbolic violence (Bourdieu, 2004) further explains the internalized humiliations and legitimations of inequality that frame the lives of Quechua women - another *invariant* condition. In addition to this, I argue that temporal distinction of how each type of violence is exercised also make distinctions in how people survive these experiences of violence. As observed in my fieldwork in Ayacucho, the resilience of Quechua women appears to be sequential and specific to the *events*, *processes* or *invariant conditions* they confront. I am deeply convinced that Quechua women are not powerless; they cope with their experiences of trauma and loss in unique ways and through their increased political engagements, they have begun to challenge gender stereotypes. Unlike the women in Mozambique who stated that "little had changed after the war" (Igreja et al, 2006), Quechua women explained to me that there have been a few, but important, changes for them after the conflict - in particular, how they organize and defend themselves. The political space to change in social relations - especially those related to gender - was opened during Ayacucho's difficult times of social crisis.

This study challenges the notion of resilience as the absence of PTSD or other illnesses. Instead, it demonstrates how political and social activism (among other factors) can serve as determinants of resilience. Normalized violence can also be an expression of resistance, and war is sometimes considered a departure from exclusion. In fact, revolutions only become an option when there is nothing more to lose. According to the former director of the World Psychiatric Organization, "terrorism by itself is not a mental illness; it is a phenomenon often associated with oppression and absence of opportunities for free expression or redress" (Okasha, 2007, p. 198). The

Peruvian conflict exemplifies the complex relationship of inequalities and political violence. The inability to situate violent episodes within the historical dynamics of inequality and oppression has made (at times) the South appear not only intrinsically violent, but also inexorably tragic. Such (mis)perceptions of the South as *tragic* fail to recognize the agency and resilience displayed by Indigenous populations, such as the Quechua women. It is time to challenge common stereotypes of Indigenous women by incorporating an anti-colonial framework in order to revitalize the emancipatory aspects of indigenous knowledge. The resilience of Quechua women - largely driven by political and social activism - is certainly an example of this resistance. A key task for the future is therefore to incorporate narratives of resilience as companion of trauma narrations, in order to connect or “glocalize” trauma with historical processes of violence and oppression, and to situate resilience within local movements of social transformation.

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APPENDICES

Appendix 1: Letter of Affiliation ANFASEP

Ayacucho-Perú, 15 de Octubre, 2009

IDRC Doctoral Research Awards
Centre Training and Awards Program (CTAP)
International Development Research Centre (IDRC)
150 Kent Street, Mailroom Suite 990
Ottawa, Ontario, K1P 0B2 - Canada

Estimados Señoras y Señores:

Tengo el gusto de escribirles esta carta confirmando la afiliación de la investigadora Eliana Suárez con la Asociación Nacional de Familiares de Secuestrados, Detenidos y Desaparecidos del Perú (ANFASEP). Nuestra organización fue creada en 1983 en respuesta al incremento de violaciones a los derechos humanos en Ayacucho, Perú. Desde 1980 hasta 2000 el Perú sufrió el más largo y violento conflicto armado de su historia republicana. Un grupo de mujeres valerosas en su esfuerzo de unir las familiares de las personas desaparecidas crearon ANFASEP en 1983. La misión principal de ANFASEP continúa siendo el apoyo y asesoria a los familiares de personas desaparecidas en el conflicto pero también advocar por el respeto a los derechos humanos y promover la paz y el desarrollo en el Perú. ANFASEP cuenta actualmente con 400 miembros, la mayoría mujeres Quechua hablantes que representan diversas regiones de Ayacucho y Huancavelica

Eliana nos visito el pasado mes de Junio y nos informo del estudio que iba hacer para su tesis del doctorado en la Universidad de Toronto. El tema de resiliencia de la mujer Quechua hablante después de los tiempos dificiles [*sasachakuy tiempu*] del pasado conflicto es de especial interés para nosotros. Estamos interesados en acoger a Eliana como investigadora afiliada a nuestra organización que es un ejemplo practico de la naturaleza individual y social de la resiliencia. Nosotros podemos apoyarla con temas logísticos y también esta invitada a nuestras reuniones que tenemos mensualmente, este ofrecerá una oportunidad para que reclutar a sus participantes.
Estamos a su disposición para cualquier pregunta adicional y les enviamos saludos cordiales desde Ayacucho

Sinceramente,

Fundado el 02 de Setiembre de 1983

Reconocido con Personería Jurídica bajo la partida Nº 7, A-1, Fojas 39, tomo 7, del 26 de Enero de 1990

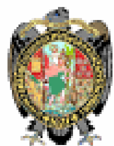
Miembro Fundador de la CNDDHH (Coordinadora Nacional de Derechos Humanos)

Miembro de la Federación Latinoamericana de Familiares Desaparecidos de América Latina

Sede: Prolongación Libertad Nº 1229, Ayacucho
Telefax: (066) 317170

E-mail:anfasep@dhperu.org

Appendix 2: Letter of Affiliation Hatun- Ñan UNSCH



UNIVERSIDAD NACIONAL DE SAN CRISTOBAL DE HUAMANGA
VICERRECTORADO ACADEMICO
Proyecto HATUN ÑAN

Ayacucho, 07 de octubre de 2008.

CARTA Nº104-2009-PHÑ-UNSCH/AYAC

Señora:
Eliana Suarez MSW, RSW
PHD Candidate Factor Inventash Faculty of Social Work
Universidad of Toronto

Canadá

Estimada señora Eliana:

Me dirijo a usted para saludarla a nombre del Proyecto Hatun Ñan; Acción Afirmativa en la UNSCH y desearle muchos éxitos en su gestión. Así mismo quiero hacer de su conocimiento que el proyecto ha acogido favorablemente su incorporación como tesista para desarrollar su trabajo de investigación y así mismo para apoyar a nuestro proyecto con sus conocimientos y experiencia.
Hago propicia la ocasión para expresarle mi más sincero reconocimiento y estima personal.

Atentamente,

C.C
Archivo

Appendix 3.1 : Focus Groups Flyer

Invitation to Focus Group

Project: Resilience of Quechua Women

When: **June 2, 2010 4:00 -6:00pm**

June 4, 2010 3:00-5:00pm

Where: **June 2, Loyola Center, June 4, ANFASEP**

If you are a Quechua woman who have lived through the *sasachacuy tiempo*, we need your valuable opinion about how Quechua women have survived after those difficult times and what are their current living difficulties

Please RSVP at 966 174 362

Thanks

Note: Refreshments will be served and cost of transportation compensated

Appendix 3.2: Focus Groups Flyer Spanish/Quechua Version

Invitación a Focus Group/ achka llamkarinapaq qayarikuy

Proyecto: Resiliencia de las mujeres quechua-hablantes

Quechua rimaq warmikunapa sunqu nanayninmata llamkariy

Si usted es una mujer quechua- hablante de 25 años de edad o mas y que han vivido a través del sasachakuy tiempu, necesitamos de su valiosa opinión sobre los instrumentos de una investigación que estudiará la capacidad de resiliencia de las mujeres quechua-hablante

Por favor llame al 966 174 362 y si es necesario deje un número de teléfono [o la dirección] y las horas que usted prefiere ser contactado

Sichu qam kanki iskay chunka pichqa watayuq wichayman warmi , quechua rimakuq, sichu kawsarqanki sasachakuy tiempu watapi hinaptinqa munasaqku qampa rimariynikitam kay investigaciumpaq, kaymi llamkarinqa quechua rimaq warmikunapa sunqu nanayninmata.

Qayakaykamuy hutaq willaykuwayku maypi yachasqaykita, telefonoykita, imay uratas munawaq tupanapaq.

Gracias/Anchatam Agradecikuni

Nota: Se servirán refrescos y el costo de transporte será compensado

Appendix 4.1: Consent to participate in Focus Groups

FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

Title of project: Surviving the "*sasachakuy tiempu*" [difficult times]: the resilience of Quechua women

Principal Investigator: Eliana Suarez, PHD candidate, MSW, RSW
(Cellular phone number in Peru to be added here)
647-895-2896 Toronto, Canada
E-mail: eliana.suarez@utoronto.ca

Thesis Supervisor: Dr. Charmaine Williams, PHD, RSW
Assistant Dean and Professor
Factor-Inwentash Faculty of Social Work,
University of Toronto
(416) 946-8224
E-mail: charmaine.williams@utoronto.ca

Background and Purpose of the Study: How people survive difficult times (also called resilience) during political violence has not been given equal importance as their suffering. Thus, it remains a largely under-explored component of how daily life evolves after armed conflicts among individuals and communities. For this reason, this study aims to examine the resilience of Quechua women in Ayacucho after the *sasachakuy tiempu* or the past armed conflict. The purpose of the discussion groups, or focus groups, is to review two surveys or set of questions that will be used in the study.

Eligibility: Adult Quechua women older than 25 years old, who live in the region of Ayacucho are invited to be part of this focus group.

Participation: Your participation in this focus group is completely voluntary. You have the right to back-out at any time, and to choose not to respond any question asked in the focus group. If you leave before the end of the focus group, you still will receive the compensation offered for participation in the study

Procedures: If you agree to participate in this focus group, you will be asked to give spoken or written consent. You will then be invited to join a group of 6-8 Quechua women and participate in a discussion. The point of this discussion will be to examine if a survey of characteristics of resilience (or how people survive in life), and/or a survey about current difficulties in life, are true of the experiences of Quechua women. The focus group will last for 2 hours, and the discussion will be audio-taped with the consent of participants, or note-recorded and written out. The focus group will be led by a Quechua-speaking group leader, with the help of the researcher.

Your name will not be included in the written records of the focus group and the information will be used only for research purposes.

Confidentiality: If you agree to participate in this focus group, every effort will be made to keep your information private. All participants will agree to keep the discussion private and to not talk to others about what was said in the focus group. However the researcher cannot guarantee that all participants will keep this privacy agreement and participants must be aware of this. The audio-tapes or notes of the focus group will only be used by this researcher and a research assistant, whose help is needed to write out and translate the discussion. After finishing the focus group, only the researcher and her supervisor will have access to the results. Your name or any other identifying information will not appear in the study. The notes from the focus group will be kept in a secure location in Ayacucho, followed by a secure location in the University of Toronto. The final notes will be entered into a password-protected file on the researcher's computer, and the notes and informed consent forms will be destroyed after three years.

Potential benefits: There are no direct benefits for the participants; however, it has been shown that participants in this type of research often benefits from sharing their experiences. The study findings also have the potential to inform mental health and community programs in the Quechua communities to better support those in need.

Potential risks: We understand that some participants may feel uncomfortable, or experience distress, when they talk about what happened during the armed conflict or more recent difficult times. Arrangements have been made with two local service providers who will give support to participants who may require it. We thought, however, that the study's focus on resilience and associated positive influences after the conflict will minimize this risk. An additional social risk is to be identified as sympathizer of any group involved in the conflict that may be different than for other members of the group, thus, participants should be aware of this risk and may opt not to share identifying information in the group.

Compensation: If you participate in the focus group, you will be given 20 soles to cover the time you spend with the study and cost of getting there. Each focus group will be two hours.

Rights of participants: You waive no legal rights by participating in this research study. If you have questions about your rights as a research participant, you may contact the researcher, Eliana Suarez at 995-865-855 (local address TBD) while in Ayacucho or after at +11-647-895-2896 or at eliana.suarez@utoronto.ca, and her supervisor Dr Charmaine Williams at +11- 416- 946-822 or at charmaine.williams@utoronto.ca . In addition you may contact in Ayacucho Professor Gumercinda Reynaga at 066-313688 or Jr. Arequipa 175, room C-223 Universidad Nacional San Cristobal de Huamanga. You may also contact the University of Toronto Ethics Review Office at +11-416-946-3273 or ethics.review@utoronto.ca.

Dissemination of findings: Only overall results will be reported when we use research findings in papers or presentations. No names or other information that could identify you as a participant will be added. The findings will be shared through Fact Sheets that will be available at collaborative agencies and academic institutions. As a research participant, you may also request a copy of the final research report by contacting the researcher at eliana.suarez@utoronto.ca,

+11-647-895-2896 (Canada), (local phone number to be arranged) or in writing to: 246 Bloor St. West, Factor-Inventash Faculty of Social Work, University of Toronto, Toronto, ON, M5S 1A1, Canada. Alternatively, you may contact the researcher by asking the collaborative agencies and institutions in Ayacucho to send a message to her and/or arrange for a phone meeting at no cost for you. The contact information of the collaborative network is provided below:

ANFASEP: Prolongación Libertad 1229, Huamanga, Ayacucho, phone: 066-317170
HATUN ÑAN Program: Jr. Arequipa 175, Room C-223, UNSCH Huamanga, Ayacucho, phone: 066-313688

Copy of Informed Consent: If you wish, you can receive a copy of this consent form today or in the future by contacting the researcher

Informed Consent: Please read [or listen to] and repeat the following if you agree to participate in the focus group:

I agree to participate in this study. I have heard what I will do in this focus group and have been told that the information gathered from me will be kept confidential or private and only used for the purpose of the research. I have agreed to keep all information I heard from other group participants private, and will not talk about this information to others. I understand that I have the right to end my participation at any time, and that my name will not appear on any of the published work that will result from this research.

____________________ ____________________ _____________
Participant's name Participant's signature Date

I confirm that I have explained the purpose and nature of this focus group, and have answered the questions of research participants before they consent to participate.

____________________ _____________________ ______________
Name of the field worker Signature Date

I have witnessed that the participant have been explained of the purpose and nature of the group and have agreed to participate voluntarily

____________________ ____________________ _______________
Witness Signature Date

Appendix 4.2: Consent to participate in Focus Groups (Spanish/Quechua)

FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

CONSENTIMIENTO PARA PARTICIPAR EN GRUPOS FOCALES.

Título del proyecto: Sobreviviendo al "sasachakuy tiempu" [tiempos difíciles]: la resiliencia de las mujeres quechua.

Investigador Principal: Eliana Suárez, candidata al doctorado, MSW
995-865-855 Peru
647-895-2896 Toronto, Canada.
E-mail: eliana.suarez@utoronto.ca

Supervisor de Tesis: Dr. Charmaine Williams, PHD, RSW Vicedecano
y Profesor Factor-Inwentash Facultad de Trabajo Social,
University of Toronto (416) 946-8224
E-mail: charmaine.williams@utoronto.ca

Antecedentes y propósito del Estudio: El estudio parte de la observación de que no se le ha dado igual importancia a la forma cómo la gente sobrevive tiempos difíciles (también llamada resiliencia) durante y después de la violencia política como a su sufrimiento. Así pues, resiliencia sigue siendo un componente inexplorado de cómo la vida cotidiana de los individuos y comunidades evoluciona después de un conflicto armado. Por esta razón, este estudio apunta a examinar la resiliencia de las mujeres quechua hablantes en Ayacucho después del *sasachakuy tiempu* o el pasado conflicto armado. El objetivo de los grupos focales es revisar dos cuestionarios que serán utilizados en el estudio.

Imatataq kay estudiowan qawarisun.- kay estudiowanmi qawarisunchik imaynam llapa runakuna sasachakuy tiemputa qipancharinku (chaymi resiliencia nisqankuwan sutichasqa) imaynam yacharqaku chay sasachakuy tiempupi chaynallataq qipaman. Chay resiliencia nisqanmi kunamkama kachkan mana allin riqsisqa, imaynas llaqtanku, chaynallataq llapa runapa vidanku richan chay sasachakuy tukusqan huramanta. Chaynallataqmi kay estudio qawarinqa imaynas quechua rimaq warmkuna yachachkanku kay Ayacucho llaqtapi. Warmikunawan gruputa ruaykuspam qawarisun chay cuestionario nisqan tapukuyta chaymi kaqa wakin warmi tapurikunapaq

Requisitos: Mujeres quechua hablantes adultas mayores de 25 años, que viven en la región de Ayacucho son invitadas a formar parte de este grupo.
Pikunas tupuna kanqa: Quechua rimaq warmikuna 25 años puntaman, llapam Ayacucho nisqn llaqtapi yachaqkunam invitasqa kanqaku kay grupupaq

Participación: su participación en este grupo es totalmente voluntaria. Usted tiene el derecho a retirarse del grupo en cualquier momento y también a optar por no responder a cualquier pregunta en el grupo focal. Si usted se retira antes del final del grupo focal, usted todavía recibirá la compensación

ofrecida por su participación en el estudio

Imaynas kanja: Kay gruponisqampim participanqaku pipas munayninwan. Qam munaspaqa pasakunayki munasqaykipi chaynallataq mana munaspaqa ima tapukuytapas mana contestanaykichu. Qam manaraq chay rimanakuy tukuchakaptin pasarikuyta munanki hinaspapas qam chaskinkiraqmi imallatapas qamusqaykimanta.

Procedimientos: Si usted acepta participar en este grupo focal, se le pedirá a dar su consentimiento hablado o escrito. Entonces será invitado a unirse a un grupo de 6 a 8 mujeres quechua hablantes y participar en un debate. El punto de este debate será examinar si un cuestionario de las características de resiliencia (o cómo las personas sobreviven en la vida), y/o un cuestionario sobre las dificultades actuales en sus vidas, reflejan las experiencias de las mujeres quechua hablantes en Ayacucho. El grupo focal aproximadamente durará 2 horas, y el debate será audio-grabado con el consentimiento de los participantes o grabado usando anotaciones escritas. Las discusiones del grupo estarán conducidas por facilitadoras quechua hablantes, con el apoyo de la investigadora. Su nombre no será incluido en las actas del grupo focal y la información se utilizará únicamente con fines de investigación.

Imaynas apakunqa: Qam kay rimanakuy grupupi participayta munaptikiqa, mañarisunkim qampa munasqaykita kanqataq qillqasqa utaq rimayllaykiwan. Chaymanta qam invitasqaña kanki huk suqta utaq pusaq warmikunawan parlarinapaq. Chay rimanakuypim qawarisun chay tapukuykunata (imaynas chay runakuna yacharin kunankuna), chaynallataq ima sasachakuykunas kachkan kunampi. Chay rimanakuysi kanqa iskay hura, chaynallataq chay rimanakuykuna grabadora nisqampi churasqa kanqa, paykunapa munasqa kaptin, chaynallataq qillqasqa kanqa. Chay rimanukuyta grupunisqanta puntaman qawarichinqa warmikuna qamkuna qina quechua rimaq, chay investigadora nisqampa qawarisqaynimpi. Manam sutiki rimanqachu chay acta nisqampi, qampa willakusqaykiqa rimanqa chay inestigacion nisqallampi.

Confidencialidad: Si está de acuerdo en participar en este grupo, se hará todo lo posible para mantener su información privada. Todos los participantes estarán de acuerdo en mantener la discusión privada y a no hablar con otros sobre lo que se dijo en el grupo. Sin embargo, el investigador no puede garantizar que todos los participantes mantendrán esta política de privacidad y los participantes deben ser conscientes de ello. El audio o las notas del grupo sólo serán utilizadas por este investigador y un asistente de investigación, cuya ayuda es necesaria para escribir y traducir el debate. Después de terminar el grupo focal, sólo el investigador y su supervisor tendrán acceso a los resultados. Su nombre o cualquier otra información que la identifica no aparecerán en el estudio. Las notas del grupo se mantendrán en un lugar seguro en Ayacucho y en la Universidad de Toronto. Las notas finales serán ingresadas en un archivo protegido con contraseña en la computadora del investigador, y las notas y formularios de consentimiento informado serán destruidas luego de tres años.

willakusqayki sumaq churasqam kanqa: Sichus qam kay grupunisqampi rimariytamunaki, chay rimasqaykiqa sumaq charasqam kanqa. chanallataq llapam partipaqkuna manam rimarinnachu huk runakunawan chay rimakuy grupupi imapas rimarisqata. Manallataqmi chay nvestigador nisqanqa garantizanmanchu llapam chaypikaqkuna imapas rimarinanta, chaytam llapamku yachata divinku. Chay rimarisqankuta qawariykunqaku chay investigador nisqan chaynalataq yanapaqnin. Rimanakuy tukuykuptim qawarinanku investigadora nisqan chaynallataq supervisorniku. Manan willakusqaykiqa sutikiwanchu rinqa. Willausqaykiqa sumaq chuqasqam kanqa Ayacuchupi chaynallataq chay Universidad Torono nisqampi. Tukuriykuspam churaykunqaku sumaqta investigadorapa computadorampi, chay consentimiento papel qillqasqakim kimsa watamanta chinachisqa kanqa.

Beneficios potenciales: no hay beneficios directos para las participantes; sin embargo, se ha demostrado que los participantes en este tipo de investigación a menudo sienten beneficios de compartir sus experiencias. Los hallazgos del estudio también tienen el potencial de informar el desarrollo de

programas comunitarios y de salud mental dirigidos a la población quechua para apoyar mejor sus necesidades y reforzar sus capacidades.

Pikunataq beneficiasqa kanqa: manam pipas chaypi participaqkuna ima beneficiutapas chaskinqachu; ichaqa yachasqa llapa parcipaqkuna apanku chay rimanakuypi yacharisqankuta. Chaynallataq gruputa ruaykuspa willarinakunku imaynam llaqtata puntaman puririchinata, quchua rimaq llaqtakunata kuskalla quñunakuykuspa puntaman llaqta apanampaq, chay programa comunitario y salud mental nisqampi.

Los riesgos potenciales: entendemos que algunas participantes pueden sentirse incómodas o experimentar angustia, cuando hablan sobre lo ocurrido durante el conflicto armado o los más recientes tiempos difíciles. Se han hecho arreglos con dos servicios terapéuticos locales que darán apoyo a las participantes que lo pudieran requerir. Pensamos, sin embargo, que el énfasis del estudio en la resiliencia y las influencias positivas asociadas con el conflicto, van a minimizar este riesgo. Un posible riesgo social es ser identificado como simpatizante de algún grupo involucrado en el conflicto que puede ser diferente al de otros miembros del grupo, así, las participantes deben ser conscientes de este riesgo y podrán optar por no compartir información de identificación en el grupo.

Imapas pasakunman: ñuqayku yachaniku ichapas hukaqninku mana allinpas tarikunmanchu, chay sasachakuy tieputa yuyarispa. Chaypaqmi kachakan iskay servicio terapéutico nisqan sutiyuq pipas munaqpaq, utaq mana allinpas sintikunmanchu paikunatam qawarinqa. Tarikunmanmi chay rimanakuypi hukaqninku allinta qawarirqa mayqinnin gruputapas, chaytañataq hukaqnin qawarichisunkiman o yuyarichisunkiman, chayna kasupiqa qampaqa mana rimarinaykim.

Compensación: Si usted participa en el grupo de enfoque, se le dará una compensación por su esfuerzo y tiempo dedicado en este estudio y se cubrirá el costo de su transporte. Cada grupo focal durara aproximadamente dos horas.

Yanapasqa: Sichus qam participanki chay rimanakuy grupunisqampi, qamqa chaskinki huk cuyakuyta, tiempuykimanta chaynallataq pasaqikipas riqsisqam kanqa. Chay grupu rimanakuymi durarinqa iskay hura o maspas.

Derechos de las participantes: Usted no renuncia a sus derechos legales por participar en este estudio de investigación. Si usted tiene preguntas acerca de sus derechos como participante en la investigación, puede comunicarse con el investigador, Eliana Suárez al 995-865-855 (dirección local TBD) en Ayacucho o después en Toronto al +001-647-895-2896 o en eliana.suarez@utoronto.ca y su supervisor Dr Charmaine Williams en +1- 416- 946-822 o en charmaine.williams@utoronto.ca. Además puede contactar en Ayacucho Profesor Jefrey Gamarra en 066-313688 o Jr. Arequipa 175, oficina C-223 Universidad Nacional San Cristóbal de Huamanga. Usted puede también contactar a la oficina de Revisiones de Ética de la Universidad de Toronto al teléfono +001-416-946-3273 o ethics.review@utoronto.ca.

Participanteqina qampaqa derechuykim:
Chay rimanakupi kaspaykiqa qamqa manam renuncianaykichu chay derechos legales nisqanta, sichus yachayta munanki inaspaqa tapurikuy kay investigadora Eliana Suárez al 995-865-855 (dirección local TBD) en Ayacucho utaq kay Toronto nisqampi al +11-647-895-2896 o en eliana.suarez@utoronto.ca y su supervisor Dr Charmaine Williams en +11- 416- 946-822 o en charmaine.williams@utoronto.ca. Chaymatañataq kay ayacuchupi tapurikunki chay universidapi yachachikuqta Jefrey Gamarra en 066-313688 o Jr. Arequipa 175, oficina C-223 Universidad Nacional San Cristobal de Huamanga. Usted puede también contactar a la oficina de Revisiones de Ética de la Universidad de Toronto al teléfono +11-416-946-3273 o ethics.review@utoronto.ca .

Difusión de los resultados: sólo los resultados generales serán revelados cuando se usen los resultados de la investigación en reportes o presentaciones. Nombres u otra información que pudiera identificarle como una participante no van a ser incluidas. Las conclusiones serán compartidas a través de datos generales y cifras con los organismos de colaboración e instituciones académicas. Como participante en la investigación, también puede solicitar una copia del último informe de la investigación poniéndose en contacto con la investigadora a: eliana.suarez@utoronto.ca, +11-647-895-2896 (Canadá), o por escrito a: 246 Bloor St. West, Factor-Inwentash Facultad de Trabajo Social, de la Universidad de Toronto, Toronto, ON, M5S 1A1, Canadá. Alternativamente también puede comunicarse con la investigadora enviándole un mensaje a través de los organismos e instituciones colaborativas en Ayacucho y/o a través del arreglo de una reunión telefónica sin costo para usted. La información de contacto de la red de colaboración se ofrece a continuación:

Rimariy tukuykuptin qawarichinqa: Chay rimanakuy tukuruptinñam riqsichinqa hukaqnin rimanakuypi, chay investigación nisqapa ukumpi manan sutiki rimanqachu. Chaynallataqmi chay resultado nisqanta chayarichinqa llapa institución yanapaykusqnmanta, chaynallataq qam munaspaqa qampas mañakuykuwaq investigación ruaykuqta: eliana.suarez@utoronto.ca , +11-647-895-2896 (Canadá) , o por escrito a: 246 Bloor St. West, Factor-Inwentash Facultad de Trabajo Social, de la Universidad de Toronto, Toronto, ON, M5S 1A1, Canadá. Chaynallataq investigación ruaqman willakuyta chayarichinki hukaqnin institución kay llaqtapi tarikuqwan, utaq telefonuntakama qayarinki pero manam qamqa pagankichu. Chay institucionkuna sutin kaypi rimachkan:

ANFASEP: Prolongación Libertad 1229, Huamanga, Ayacucho, teléfono: 066-317170
Programa HATUN ÑAN: Jr. Arequipa 175, Sala C-223, UNSCH Huamanga, Ayacucho, teléfono: 066-313688.

Copia del consentimiento informado: Si lo desea, puede recibir una copia de esta forma de consentimiento hoy o en el futuro solo contacte a la investigadora

Qampas chaskinkim qillqasqaykita: Qam munanki inaspaqa mañakuykunki qillqasqaykita, chay horalllpas o qipamanñapas.

Consentimiento Informado: Por favor, lea [o escuche] y repita lo siguiente, si usted acepta participar en el grupo focal:

"Estoy de acuerdo en participar en este estudio. He escuchado lo que voy a hacer en este grupo y han dicho que la información obtenida de mí será confidencial o privada y sólo se utiliza para el fin de la investigación. He acordado mantener toda la información que escuché de otros participantes del grupo en privado, y no hablar sobre esta información a otros. Tengo entendido que tengo el derecho de terminar mi participación en cualquier momento, y que mi nombre no aparecerá en cualquiera de los trabajos publicados que será el resultado de esta investigación".

Ñuqa uyarini: qanmi huyarisqaykita kaqmanta rimarinki:" ñuqam acuerdo kachkani kay estudiupi participayta. Ñan yachaniña impas kay grupupi ruayta, chaynallataq yachaniña ñuqapa willakusqayqa sumaq chuqasqas kanqa, chaqta qaurinqaku chay investigación nisqallampaqsi. Chaynallataq manam pimampas willanaychu imapas huyarisqayta sumaqtas churanay sunquy ukullapi. Ichataq suchurikunay ñuqa munasqay hura, chaynallataq sutiy mana ricurinqachu chay qillqariykunapi.

____________________	____________________	_____________
Nombre del Participante Rimariqpa sutin	Firma del Participante Rimariqpa sutin	Fecha

Confirmo que he explicado el propósito y la naturaleza de este grupo focal, y he respondido a las preguntas de la participante de la investigación antes de que ella de su consentimiento para participar
Ñuqam sumaqta willarini imaynas apakunqa chay grupo focal nisqan, chaynallataq sumaqta willarini imapas tapukuyninta manaraq allinmi nispa nichkaptin.

.

_________________________ ______________________ ______________

Nombre de la entrevistadora Firma Fecha
Tapukuqpa sutin qillqaynin

He sido testigo que a la participante se le ha explicado el propósito y la naturaleza del grupo focal y ha aceptado participar voluntariamente
ñuqam kani testigo kay participaqman sumaqta willarin imapaqsi kay tapukuykuna y chaynallataq qawani kikimpa munayninwan chay grupo rimariypi kanqa

_____________________ _____________________ _______________

Nombre del Testigo Firma Fecha

Appendix 5 : Focus Groups Interview Guide

1. Introduction of researcher, facilitator

2. Introduction of research purpose and goals

3. Review of voluntary participation and consent form, authorization to tape recording the session

4. Review of ground rules for discussion: e.g. all opinions respected and valued

5. General questions about current issues of Quechua women and their communities

6. For focus group 1: How women had survived the past violence?

7. For focus group 2: What are the current life difficulties of Quechua women?

8. Focus group 1: Presentation of the instrument and examination of the 25 items of the CD-RISC

9. Focus group 2: Presentation of the instrument and examination of the 43 items of the LSQ

10. Wrap up and conclusions

Appendix 6: ADD-CDRISC- Additional Items to the CD-RISC

Código ---------- Fecha -------------- Entrevistadora ------------------------------

Por favor indique si **durante el mes ultimo** Ud. está de acuerdo (Nunca, a veces, casi siempre) con las siguientes frases. Si una situación particular no ha ocurrido recientemente responda como Ud. piensa que hubiera ocurrido.

Puede Ud. decir que: ***Qamniwaqchu***	Could you say :	*Nunca* Never (0)	*A veces* Sometimes (2)	*Casi Siempre* Almost always (4)
1. Participo de las fiestas y actividades de mi pueblo, comunidad, ciudad, provincia	I participate in the festivities and activities of my village, town, city, province			
2. Me siento orgullosa de mi raza, idioma (Quechua), comidas típicas, vestimenta típica, y otras tradiciones de mi comunidad /provincia	I am proud of my race, language, typical food, clothes and other traditions of my community/ province			
3. Mi comunidad/ pueblo participa en tareas comunales que benefician a personas individuales	My community, town participates in communal tasks, work that benefit members of the community			
4. Puedo ayudar a los que me ayudan (familia, amigos, comunidad)	I can help other than help me (family, friends, community)			
5. Mi comunidad, pueblo, provincia, soluciona bien sus dificultades y problemas	My community, village, town, province, solve well its difficulties and problems			
6. Mi comunidad, pueblo, provincia, me ayuda con mis dificultades y problemas	My community, village, province, help me with my difficulties and problems			
Total				

Appendix 7: Trauma Questionnaire- General Exposure to Violence- (TQ- GEV) (Tremblay, Pedersen & Errazuris, 2010)

	Suffered (1)	Wittnesssed (1)	No (0)
1. Severely injured or almost killed?			
2. Tortured?			
3. Combat or armed encounter?			
4. Captured or put in prison?			
5. Received death threats?			
6. Abused, battered, sexually assaulted?			
7. Forced to serve in the military, or militias?			
8. Forced to kill others?			
9.Violent death of friends or neighbours?			
10.Violent death of friends or neighbours?			
11. Any of your relatives/friends disappeared?			
12. The house was put on fire or robbed, animals were killed or steal, the harvests was burnt or steal?			
13. Forced to escape to the mountains (or other places) o have passed days without shelter and food?			
14. Forced to seek refuge in a village nearby?			
15. Forced to seek refuge on another region, city?			
Final Score			

Appendix 8. Part 1-Trauma Questionnaire- PTDS-Related Symptoms
Part 2- Trauma Questionnaire Local Idioms of Distress
(Tremblay, Pedersen & Errazuris, 2010, p.460)

Part 1: Post-traumatic stress disorder related symptoms (PTSD-R)
In the past few days including today:
1. Have you had recurrent thoughts or memories of the most hurtful or terrifying events?
2. Have you been feeling as though the event is happening again?
3. Have you had recurrent nightmares?
4. Have you been feeling detached or withdrawn from people?
5. Have you been unable to feel emotions?
6. Have you been feeling jumpy easily startled?
7. Have you had diffi culty concentrating?
8. Have you had trouble sleeping?
9. Have you been feeling on guard?
10. Have you been feeling irritable or having outbursts of anger?
11. Have you been avoiding activities that remind you of the traumatic or hurtful event?
12. Have you had inability to remember parts of the most traumatic or hurtful events?
13. Have you had less interest in daily activities?
14. Have you been feeling as if you don't have a future?
15. Have you been avoiding thoughts of feelings associated with the traumatic or hurtful experience?
16. Have you had sudden emotional or physical reaction when reminded of the most hurtful or traumatic events?
Part 2: Local idioms of distress (LID)
In the past few days including today:
17. Have you had diffi culty to work or accomplish daily activities?
18. Have you been absent-minded (as in a dream)?
19. Have you had *pinsamientuwan* (have you been with worrying memories)?
20. Have you felt as if you were *lukuyasca* (mad, different, strange)?
21. Have you been *sin sentido* (feeling aimless, without purpose)?
22. Have you had *manan pinsamientuwan* (as if unable to think)?
23. Have you been with *miedo* (fear)?
24. Have you been unable to remember what you said or what you were told?
25. Have you had headaches?
26. Have you had stomachaches?
27. Have you had chest pains?
28. Have you been with *llaki* (sorrow, sadness)?
29. Have you felt as though you were going mad, having an *ataque* (crisis, convulsions)?
30. Have you had *susto* (fright)?
31. Have you been with *ijuyaqchan* (frail mental state, general weakness)?
32. Have you been caught by *alkansu* (reached by an evil spirit)?

Appendix 9.1: Life Stress Questionnaire (LSQ) – English version- Adapted from Holmes and Rahe (1987) Social Readjustment Rating Scale

Stress Event	Score
1. Death of a spouse/partner	100
2. Divorce	73
3. Marital Separation	65
4. Jail term	63
5. Death of a close family member	63
6. Personal injury or illness	53
7. Marriage	50
8. Fired at work	47
9. Marital reconciliation	45
10. Retirement	45
11. Change in health of a family member	44
12. Pregnancy	40
13. Sex difficulties	39
14. Gain of a new family member	39
15. Business readjustments	39
16. Change in financial state	38
17. Death of a close friend	37
18. Change to a different line of work	36
19. Change in number of arguments with spouse	35
20. Large debt or mortgage	31
21. Foreclosusre of mortgage	30
22. Change in responsibilities at work	29
23. Son or daughter leaving home	29
24. Trouble with in laws	29
25. Outstanding personal achievements	28
26. Spouse/partner begins or stops work	26
27. Begin or end school	26
28. Change in living conditions	25
29. Revision of lyfe style/ habits	24
30. Trouble with boss/supervisor	23
31. Change in work hours or conditions	20
32. Change in residence	20
33. Change in school	20
34. Change in recreation	19
35. Change in religious activities	19
36. Change in social activities	18
37. Small debts	17
38. Change in sleeping habits	16
39. Change in number of family get-together	15
40. Change in eating habits	15

41. Vacation	13
42. Holidays	12
43. Minor violation of laws	11
Total score	

Scoring

Each event should be considered if it has taken place in the last 12 months. Add values to the right of each item to obtain the total score. Depending on this overall final score your susceptibility to health and mental health problems is:

Low < 149
Mild = 150-200
Moderate = 200-299
Major > 300

Appendix 9.2: Life Stress Questionnaire (LSQ) – Spanish/Quechua version

ESCALA DE EVALUACION DE ESTRÉS (Adaptado de Holmes & Rahe, 1987)
Por favor indica cuales de los siguientes cambios/eventos han ocurrido en tu vida **en los últimos 12 meses** y dime si te ha afectado: muy poco, algo, o mucho, o no te ha ocurrido

Evento/cambio		No ocurrió	Te afecta mucho **Asllata**	Te afecta Algo **Yanqa Yanqallan**	Te afecta poco **Achka**
1. Muerte del cónyuge/pareja	Wañukunchu qusayki	0	100	66	33
2. Divorcio/ separación de pareja definitiva	Hanaqpaqsi kunanqa rakinakurun	0	73	48	23
3. Separación matrimonial (temporal)	Kasarakusqaykimanta rakikurunkichu qusaykimanta	0	65	43	22
4. Tiempo en prisión	preso unay watam karqa	0	63	42	21
5. Muerte de ser querido o familiar	Icha wañurun quyasqayki, familia.	0	63	42	21
6. Padecer de una enfermedad/herida seria	Ima unquywampas kachkanki	0	53	36	18
7. Matrimonio/ unirse con pareja	Casarakurqani	0	50	34	17
8. Perdida del trabajo/ ser despedido/perdida de tierras/cosechas	Llamkayniki tukurunchu	0	47	32	16
9. Reconciliación con pareja/esposo	qusanwan vidayanku	0	45	30	15
10. Jubilación/no poder trabajar más debido a edad avanzada	Manañachu llamkayta atinki yuyaqña kasqaykiman qina	0	45	30	15
11. Nuevas enfermedades de un familiar/ físicas o mentales	Aylluyki unquchkampas uma nanaywan. Manapas balinchu imanmantapas	0	44	29	14
12. Embarazo	Wiksayuqchu kachkanki	0	40	27	13
13. Problemas de satisfacción sexual/ intimidad [con tu pareja]	Qusaykiwan relaciones sexualista ruwaspa kusisqachu kanki icha manachu, manas gustasunkichu.	0	39	26	13
14. Nacimiento de un hijo(a)/ otro familiar	Wachakurunkiñachu wawaykita	0	39	26	13

nuevo					
15. Cambio en negocios/modo de hacer /tipo de negocio	huk ruaykunapiñam llamkanku	0	39	26	13
16. Cambio en el estado financiero /Perder todo o mucho dinero	Tukurunchu llapan qullqiki	0	38	25	13
17. Muerte de un(a) amigo(a) intima	kuyaynin amigun wañukun	0	37	24	13
18. Cambios en las tareas laborales habituales/otro trabajo	Cambiankichu ima ruwasqaykitapas icha qina kaq trabaqullatachu ruwanki sapa kuti	0	36	24	12
19. Cambio en el numero de peleas con la pareja	manañam hanchatachu piñanakunku	0	35	23	12
20. Contraer una deuda muy grande (hipoteca)	dibikun qatu qatunta	0	31	21	10
21. Perder la casa por no poder pagarla	wasintam kitarun mana pagayta atiptin	0	30	20	10
22. Descenso en el rol o status laboral /Hacer un trabajo inferior	Qina trabaqu ruwasqaykitachu ruwachkanki icha mana ruwanaykitachu	0	29	19	10
23. Alejamiento de tu hijo(a) del hogar.	Ripukunchu wawayki wasikimanta	0	29	19	10
24. Fuertes discusiones con familiares (políticos)	Llumpaytachu discutinakunki familiaykiwan	0	29	19	10
25. Cónyuge/pareja comienza o termina un trabajo	Kusaykipa trabaqun tukuruchu icha qallarichkanchu huk trabaquwan	0	26	17	9
26. Te da preocupación el haber conseguido un logro personal	Preocupasunkichu kikimanta pacha imapas kunankama lograsqayki	0	28	19	9
27. Comenzar o terminar programa educativo	yachayta tukurichkanña	0	26	18	9
28. Cambio en condiciones de vida/comodidades	kunanqa allintañam yachakuchkanku	0	25	17	8
29. Cambios en los	Qina mikunallaykita	0	24	16	8

hábitos de vida (dejar o empezar a fumar, tomar)	mikunki icha cambiarunkichu huk mikuykunawan. Deqarunkichu fumayta.				
30. Problemas con el/los jefes (en el trabajo)	Kachkampas problemakuna jefekiwan	0	23	15	8
31. Cambio en horas de trabajo o condiciones de trabajo (por ejemplo trabajar más horas)	Chunka iskayniyuq urachu llamkanki sapa punchau	0	20	13	7
32. Mudarse a otro sitio/casa	Huk wasimanchu mudakurunki	0	20	13	7
33. Cambio de escuela/ programa educativo	Huk yachaywasi cambiakurun	0	20	13	7
34. (Cambio en) Haber abandonado prácticas deportivas/ ejercicio habitual (caminar/correr)	Diqarunkiñachu pelota qaytayta, puriyta, corriyta	0	19	13	6
35. Cambio en actividades religiosas	huk religionmanñas cambiakurun	0	19	13	6
36. Cambio en actividades sociales	huk ruaykunamanñas cambiakurun	0	18	12	6
37. Tener deudas (menores)	Manuyuqchu kachkanki	0	17	11	6
38. Tener Trastornos del sueño/no poder dormir bien	Sasatachu puñuyta tarinki	0	16	11	5
39. Cambio en el numero de reuniones familiares	kunanqa manas ñaupaq hinañachu quñunakunku	0	15	10	5
40. Cambio en los hábitos alimenticios	kunanqa manas ñaupaq hinañachu mikunku	0	15	10	5
41. Vacaciones	Samarichkankichu	0	13	9	4
42. Fiestas	sasachakuymi fiesta ruaypas	0	12	8	4
43. Problemas judiciales (menores) por ejemplo, juicios pendientes, asuntos de tierras	Juiciopi icha kanki	0	11	7	4
SUBTOTALES					
TOTAL					

Appendix 10.1: Socio-demographic Questionnaire

We will start the survey with some general questions about you. Please take a few moments to answer these questions. All information is confidential.
(The researcher or interviewer will ask questions and fill the forms as participants answer them).

1. Age: ----------

2. What is your relationship status?
Single: --------------
Married: --------------
Common-law partner: --------------
Separated/divorced: -------------
Widow: --------------When did you lose your spouse? ---------------
Other: -------------------

3. Living arrangements:
Live alone: -------------
Live with others: ------------- (specify): ----------spouse
----------Children: Number: --------
----------Other: specify-------------

4. What is your occupation? Check all that apply
Housewife: ----------------
Domestic helper: ---------
Farmer: ------------------
Sheppard/weaver/horticulture: -------------
Crafts-------------------------------------
Student---------------------
Merchant------------------
Clerk---------------------
Other-----------------

5. Languages spoken:
Quechua: ------------------
Spanish: -------------------

6. Literacy:
6.a) Read: Yes---------------
No----------------
6.b) Write: Yes---------------
No---------------

7. What is your level of education?
Never attended school------------------

Some elementary school: --------------
Elementary school graduate: -----------
Vocational training: Post-elementary training: --------------
Some high school: ----------------
High school graduate: ----------------
Some college/university: -------------
Bachelor: -------------------

8. Migrational status:
Never moved-----------
Returnee-----------------
Relocated---------------   Please specify: ------------------------

9. Religion:
Roman Catholic: ---------
Christian Evangelic: -----------
Christian (other): --------------- (please specify):-------------
Other religion: ------------------- (please specify): -------------

10. How much you estimate your income in regards of your living expenses:
Not enough--------------
Enough [to cover some needs] but not sufficient
Sufficient ---------------
More than sufficient------

11. How do you feel with your partner? 1. ¿Respected and understood? -----
2. Disrespected, abused? -------- Physically
--------Emotionally
- -------Financially

12. Do you participate in civic activities? (i.e. membership or support of labor, rights-based, gender-based, community-based, religious-based organizations or activities)
Yes------- (Please specify) ------------------
How often do you participate? Daily------------
Weekly---------
Monthly--------

No-------

13. Are you part of the leadership in any civic, community, social activity? Or have been a leader in the past?

Yes ------------ When? ------------ Which one? --

No--------------

Appendix 10.2: Socio-Demographic Questionnaire (Spanish)

CODIGO **ENTREVISTADORA** **FECHA**

--------------------- **-----------------------------------** **-------------------**

Cuestionario Socio-Demográfico
Vamos a comenzar con algunas preguntas generales acerca de Ud. Por favor tómese unos momentos para contestar estas preguntas, toda la información es confidencial. (La entrevistadora preguntara y llenara la forma con las respuestas de las participantes).

1. Edad: ----------

2. ¿Su estado marital? Soltera: --------------
Con pareja casada: --------------
Con pareja sin casarse: --------------
Separada/divorciada: -------------
Viuda: --------------Cuando perdió su esposo/pareja? -------
Otro: -------------------

3. ¿Con quién vive?
Sola: -------------
Con otras personas: ------------- (especifique): ----------esposo/pareja
---------- Hijos: Numero: --------
----------Otros: especifique---------

4. ¿Cuál es su ocupación? Apunte todas las que se aplican
Ama de casa: ----------------
Trabajo domestico: ---------
Trabajo en el campo: ------------------
Pastora/tejedora/horticultora: -------------
Artesana-------------------------------------
Estudiante---------------------
Comerciante------------------
Ayudante en tienda ---------------------
Otro-----------------

5. Idioma (que habla y que prefiere) Quechua: ------------------
Castellano: -------------------

6. Alfabetismo:
6.a) Lee: Si ---------------
No----------------
6.b) Escribe: Si ---------------
No----------------

7. ¿Cuál es su nivel de educación?
Nunca fue al colegio------------------

Algo de educación primaria: --------------
Termino educación primaria: -----------
Escuela vocacional o otra educación después de primaria: -------------
Alguna educación secundaria: ----------------
Termino educación secundaria: ----------------
Alguna educación técnica o universitaria: --------------
Bachillerato: -------------------
Otro: ------------------

8. Migración:
Nunca se mudo-----------
¿Regreso a esta localidad? ----------------- ¿Cuando?------------- ¿De dónde?------
¿Se mudo a esta localidad? --------------- ¿Cuando? ---------------- ¿De dónde?----

9. Religión:
Católica: ---------
Evangélica: -----------
Cristiana (otra): --------------- ¿Cual? -------------
Otra religión: ------------------- ¿Cual? -------------

10. ¿Cómo califica sus ingresos de acuerdo a sus gastos al mes?
No alcanzan para nada---------------------
Alcanzan para cubrir algo pero no son suficientes--------------
Suficientes---------------
Más que suficientes------

11. ¿Cómo se siente en su relación de pareja? 1. ¿Comprendida y respetada?-----
2. ¿No respetada, abusada?--------
Físicamente_-------
Emocionalmente----
Económicamente-----

12. ¿Ud. participa en actividades cívicas? (por ejemplo: miembro o apoya actividades o organizaciones de base de trabajo, de derechos humanos, de derechos de la mujer, de apoyo a la comunidad, o de base religiosa)
Si ------- ¿Cuál o cuáles? ---
¿Cuán seguido? Diario ------------
Semanal---------
Mensual -------
No-------

13. ¿Ud. es dirigente de alguna actividad comunal, o social? ¿O ha sido dirigente en el pasado?

Si ------------ ¿Cuando?------------ ¿Cuál o cuáles? ----------------
No--------------

Appendix 11.1: Study Flyer

RESILIENCE OF QUECHUA WOMEN RESEARCH

- Are you a Quechua-speaking woman?
- Did you live in the province of Ayacucho during most of the *sasachacuy tiempu?*
- Are you living now in the city of Ayacucho or anywhere in the province?
- Are you at least 25 years old or more?
- Would you be willing to discuss your experiences in a confidential research interview?

This research study is interested in understanding the survival of Quechua women after such difficult time (*sassachacuy tiempu)* and the current difficulties they may be experiencing now. It is being conducted by a doctoral student at the University of Toronto. We hope that the knowledge gained will be used to inform the development of effective and sensitive services to meet the needs of Quechua women.

If you are interesting in participating, please contact the researcher at (number to be arranged), or at (researcher address in Ayacucho). All communication will be confidential. Please leave a message indicating your interest to participate, and provide your first name and when/where you may be contacted.

The participants will be compensated for their time and cost of transportation.

THANKS

Appendix 11.2: Study Flyer (Spanish/Quechua version)

ESTUDIO ACERCA DE LA RESILIENCIA DE LAS MUJERES QUECHUA-HABLANTES *Quechua rimaq warmikunapa kawsayninmanta llamkariy*

• ¿Es usted una mujer quechua-hablante? *¿Qam quechua rimakuq warmichu kanki?*

• ¿Usted vivió en la provincia de Ayacucho durante el sasachacuy tiempu? *¿qam yacharqanki Ayacucho llaqtapichu sasachakuy watakunapi?*

• ¿Está viviendo actualmente en la provincia de Ayacucho*? ¿yachachkanki ayacucho llaqtapichu kunan?*

• ¿Tiene usted 25 años o más? *¿iskay chunka watayuqchu kachkanki icha maschu?*

• ¿Estaría usted dispuesta a compartir sus experiencias en una entrevista confidencial*? ¿qam munawaqchu willarikuyta sasachakuy watapi kawsasqaykita, mana pipa yachayninwan?*

Este estudio de investigación está interesado en comprender la supervivencia de las mujeres quechuas después de los momentos difíciles del conflicto armado (sasachacuy tiempu) y las dificultades actuales que puedan estar pasando ahora. Se está llevando a cabo por una estudiante de doctorado de la Universidad de Toronto. Esperamos que el conocimiento adquirido sea utilizado para informar el desarrollo de servicios adecuados a las necesidades de las mujeres quechua-hablantes.
Kay estudio llamkariyqa sasachakuy watamanta llapallam warmikuna imaynatas kawsarichkan yacharinapaqmi, ima sasachakuykunapis tarikuchkanku. Kay llamkaymi apakuchkan Universidad de Toronto yachay wasipi, doctorado umanchaqwanmi. Kay wilakuykuna yachariywanmi riqsirisun imaynatas quechua rimaq warmikuna kawsarichkan, pisichakuchkan, yanapasqa kachkan.

Si estás interesada en participar, por favor, póngase en contacto con la investigadora en el 966 174 362. Todas las comunicaciones serán confidenciales. Por favor, deje un mensaje indicando su interés de participar, y su nombre y cuando / donde usted puede ser contactada.
Sichu kaypi llamkariyta munanki, hinaptinqa investigadorata qayaykuy telefono: 966 174 362 hutaq asuykuy. Ima willakusqaykitapas manam pipas yachanqachu. Mañakusayki, llamkariy munasqaykita willakuykuy, sutikita, qaykapis, maypis tupaykuchwan.

MUCHAS GRACIAS / anchatam agradicikuni

Las participantes serán compensados por su tiempo y el costo de transporte.
Kaypi llamkariptikiqa pagasqam kanki, pasaqikitapas qusunkim.

Appendix 12.1: Study Consent Form

UNIVERSITY OF TORONTO

FACTOR-INWENTASH FACULTY OF SOCIAL WORK

Consent to participate in Survey Research

Title: Surviving the "*sasachakuy tiempu* "[difficult times]: the resilience of Quechua women

Principal Investigator: Eliana Suarez, PHD candidate, MSW, RSW
(Cellular phone number in Peru to be added here)
647-895-2896 Toronto, Canada
E-mail: eliana.suarez@ utoronto.ca

Thesis Supervisor: Dr. Charmaine Williams, PHD, RSW
Assistant Dean and Professor
Factor-Inwentash Faculty of Social Work,
University of Toronto
(416) 946-8224
E-mail: charmaine.williams@utoronto.ca

Background and Purpose of the Study: How people survive difficult times (or what is called resilience) during political violence has not been given equal importance as their suffering. Thus, it remains a largely under-explored component of how daily life evolves after armed conflicts among individuals and communities. For this reason, this study aims to examine the resilience of Quechua women in Ayacucho after the *sasachakuy tiempu* or the past armed conflict.

Eligibility: Adult Quechua women older than 25 years old, who live in the region of Ayacucho are invited to be part of this study

Participation: Your participation in this study is completely voluntary. You have the right to back out of this study at any time and do not have to answer any question asked to you in the interview. If you back out of the study before the end of the survey, you will still be compensated for your participation in the study.

Procedures: If you agree to participate in this study, you will be asked to give spoken or written consent. You will then be asked then to answer questions about resilience, past stressful events, current difficulties, and post-trauma distress**.** The interview may last for 1 to 2 hours. You will answer the survey with the help of this researcher and/or a field worker in a place and on a date that we all agree on. Your name will not be included in the survey and the information will be used only for research purposes.

Confidentiality: If you agree to participate in this study, every effort will be made to keep your information private. The answers to the survey will only be used by this researcher and a research assistant, whose help is needed to translate information. After finishing to obtain answers from all participants, only the researcher and her supervisor will have access to the answers. Your name or any other identifying information will not appear on the study. The surveys will be kept in a secure location in Ayacucho, followed by a secure location in the University of Toronto afterwards.The survey information will be entered into a password protected file on the researcher's computer, and the surveys and informed consent forms will be destroyed after three years.

Potential benefits: There are no direct benefits for the participants; however, it has been shown that participants in this type of research often benefits from sharing their experiences. The study findings also have the potential to inform mental health and community programs in the Quechua communities, allowing them to better support those in need.

Potential risks: We understand that some participants may feel uncomfortable or experience distress when they talk about what happened during the armed conflict or more recent difficult times. Arrangements have been made with two local service providers who will help participants who may require these services. It is thought, however, that the study's emphasis on resilience and associated positive influences after the conflict will minimize this risk.

Pay: For your participation in this survey you will be pay with 15 soles (in kind)to cover the time you spend with the study and cost of transportation. The times of each interview will vary between 1 to 2 hours.

Rights of participants: You waive no legal rights by participating in this research study. If you have questions about your rights as a research participant, you may contact the researcher, Eliana Suarez at 995-865-855 and (local address TBD) while in Ayacucho, or +11-647-895-2896 or at eliana.suarez@utoronto.ca, and her thesis supervisor Dr Charmaine Williams at +11- 416- 946-822 or at charmaine.williams@utoronto.ca . In addition you may contact in Ayacucho Professor Gumercinda Reynaga or Jefrey Gamarra at 066-313688 or Jr. Arequipa 175, room C-223 Universidad Nacional San Cristobal de Huamanga. You may also contact the University of Toronto Ethics Review Office at +11-416-946-3273 or ethics.review@utoronto.ca.

Dissemination of findings: Only overall results will be reported when we use research findings in papers or presentations. No names or other information that could identify you as a participant will be added. The findings will be shared through Fact Sheets that will be available at collaborative agencies and academic institutions. As a research participant, you may also request a copy of the final research report by contacting the researcher at eliana.suarez@utoronto.ca, +11-647-895-2896 (Canada), (local phone number to be arranged) or in writing to: 246 Bloor St. West, Factor-Inventash Faculty of Social Work, University of Toronto, Toronto, ON, M5S 1A1, Canada. Alternatively, you may contact the researcher by asking the collaborative agencies and institutions in Ayacucho to send a message to her and/or arrange for a phone meeting at no cost for you. The contact information of the collaborative network is provided below:

ANFASEP: Prolongación Libertad 1229, Huamanga, Ayacucho, phone: 066-317170

HATUN ÑAN Program: Jr. Arequipa 175, Room C-223, UNSCH Huamanga, Ayacucho, phone: 066-313688

Copy of Informed Consent: If you would like a blank consent form to take with you, you may ask for a copy. You can also get a copy of your signed consent form today or in the future by contacting the researcher.

Informed Consent - If you agree to participate in the study please read and repeat aloud the following:

"I agree to participate in this study. I have heard what is needed from me for this research and have been told that the information gathered from me will be kept private. I understand that I have the right to withdraw at any time, and that my name will not appear on any of the published work that will result from this research"

____________________	____________________	____________
Participant's name	Participant's signature	Date

I confirm that I have explained the purpose and nature of this study, and have answered the questions of research participants before they consent to participate.

____________________	____________________	____________
Name of the field worker	Signature	Date

I confirm that the participant have been explained about the purpose and nature of the study and is agreeing voluntarily to participate in the study

____________________	____________________	____________
Witness	Signature	Date

Appendix 12.2: Study Consent Form (Spanish/Quechua)

FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

CONSENTIMIENTO PARA PARTICIPAR EN LA ENCUESTA.

Título del proyecto: sobrevivir al "sasachakuy tiempu" [tiempos difíciles]: la resiliencia de las mujeres quechua-hablantes

Investigador Principal: Eliana Suárez, candidata al doctorado, MSW
995-865-855 Peru
647-895-2896 Toronto, Canada.
E-mail: eliana.suarez@utoronto.ca

Supervisor de Tesis: Dr. Charmaine Williams, PHD, RSW Vicedecano
y Profesor Factor-Inwentash Facultad de Trabajo Social,
University of Toronto (416) 946-8224
E-mail: charmaine.williams@utoronto.ca

Antecedentes y propósito del Estudio: El estudio parte de la observación de que no se le ha dado igual importancia a la forma cómo la gente sobrevive tiempos difíciles (también llamada resiliencia) durante y después de la violencia política como a su sufrimiento. Así pues, sigue siendo un componente inexplorado de cómo la vida cotidiana de los individuos y comunidades evoluciona después de un conflicto armado. Por esta razón, este estudio apunta a examinar la resiliencia de las mujeres quechua hablantes en Ayacucho después del *sasachakuy tiempu* o el pasado conflicto armado.

Requisitos: Mujeres quechua hablantes adultas mayores de 25 años, que viven en la región de Ayacucho son invitadas a participar en este estudio.

Participación: su participación en este estudio es totalmente voluntaria. Usted tiene el derecho a retirarse del grupo en cualquier momento y también a optar por no responder a cualquier pregunta. Si usted se retira antes del final de terminar el cuestionario, usted todavía recibirá la compensación ofrecida por su participación en el estudio

Procedimientos: Si usted acepta participar en este estudio, se le pedirá a dar su consentimiento hablado o escrito. Usted será invitado a responder preguntas acerca de la resiliencia, eventos estresantes pasados y presentes y el estrés post-trauma. La entrevista puede durar de 1 a 2 horas. Usted responderá a la encuesta con la ayuda de una entrevistadora en un lugar y fecha en que estamos todos de acuerdo. Su nombre no será incluido en el estudio y la información será utilizada sólo para la investigación

Confidencialidad: Si está de acuerdo en participar en este estudio, se hará todo lo posible para mantener su información privada. Las respuestas a la encuesta sólo serán utilizadas por la investigadora y su asistente de investigación, cuya ayuda es necesaria para traducir la información. Tras finalizar de obtener las respuestas de todos los participantes, sólo el investigador y su supervisor tendrán acceso a las respuestas. Su nombre o cualquier otra información que lo identifica no aparecerán en el estudio. Las encuestas se mantendrán en un lugar seguro en Ayacucho y en la Universidad de Toronto después. La información de la encuesta será guardada en una carpeta protegida por contraseña en la computadora de la investigadora y las encuestas y formularios de consentimiento serán destruidos después de tres año

Beneficios potenciales: no hay beneficios directos para las participantes; sin embargo, se ha demostrado que los participantes en este tipo de investigación a menudo sienten beneficios de compartir sus experiencias. Los hallazgos del estudio también tienen el potencial de informar el desarrollo de programas comunitarios y de salud mental dirigidos a la población quechua para apoyar mejor sus necesidades y reforzar sus capacidades.

Los riesgos potenciales: entendemos que algunos participantes pueden sentirse incómodos o experimentar angustia, cuando hablan sobre lo ocurrido durante el conflicto armado o los más recientes tiempos difíciles. Se han hecho arreglos con dos servicios terapéuticos locales que darán apoyo a las participantes que lo pudieran requerir. Pensamos, sin embargo, que el énfasis del estudio acerca de la resiliencia y las influencias positivas asociadas con el conflicto, van a minimizar este riesgo.

Compensación: Si usted participa en la encuesta, se le dará una compensación por su esfuerzo y tiempo dedicado en este estudio y se cubrirá el costo de su transporte. Cada entrevista durara aproximadamente una hora y media o dos horas.

Derechos de las participantes: Usted no renuncia a sus derechos legales por participar en este estudio de investigación. Si usted tiene preguntas acerca de sus derechos como participante en la investigación, puede comunicarse con el investigador, Eliana Suárez al 995-865-855 (dirección local TBD) en Ayacucho o después en Toronto al +11-647-895-2896 o eliana.suarez@utoronto.ca , y su supervisor Dr Charmaine Williams en +11- 416- 946-822 o en charmaine.williams@utoronto.ca . Además puede contactar en Ayacucho Profesora Gumercinda Reynaga or Jefrey Gamarra en 066-313688 o Jr. Arequipa 175, oficina C-223 Universidad Nacional San Cristobal de Huamanga. Usted puede también contactar a la oficina de Revisiones de Ética de la Universidad de Toronto al teléfono +11-416-946-3273 o ethics.review@utoronto.ca .

Difusión de los resultados: sólo los resultados generales serán revelados cuando se usen los resultados de la investigación en reportes o presentaciones. Nombres u otra información que pudiera identificarle como un participante no van a ser incluidas. Las conclusiones serán compartidas a través de datos y cifras con los organismos de colaboración e instituciones académicas. Como participante en la investigación, también puede solicitar una copia del último informe de investigación poniéndose en contacto con la investigadora: eliana.suarez@utoronto.ca , +11-647-895-2896 (Canadá) , o por escrito a: 246 Bloor St. West,

Factor-Inwentash Facultad de Trabajo Social, de la Universidad de Toronto, Toronto, ON, M5S 1A1, Canadá. Alternativamente también puede comunicarse con la investigadora enviándole un mensaje a través de los organismos e instituciones colaborativas en Ayacucho y/o a través del arreglo de una reunión telefónica sin costo para usted. La información de contacto de la red de colaboración se ofrece a continuación:

ANFASEP: Prolongación Libertad 1229, Huamanga, Ayacucho, teléfono: 066-317170
Programa HATUN ÑAN: Jr. Arequipa 175, la Sala C-223, UNSCH Huamanga, Ayacucho, teléfono: 066-313688.

Copia del consentimiento informado: Si lo desea, puede recibir una copia de esta forma de consentimiento hoy o en el futuro solo contacte a la investigadora

Consentimiento Informado: Por favor, lea [o escuche] y repita lo siguiente, si usted acepta participar en la encuesta:
"Estoy de acuerdo en participar en este estudio. He escuchado lo que se necesita de mí para esta investigación y me han indicado que la información obtenida de mí será confidencial. Entiendo que tengo el derecho a retirarme en cualquier momento, y que mi nombre no aparecerá en cualquiera de los trabajos publicados como resultado de esta investigación"

____________________ ____________________ _____________
Nombre del Participante Firma del Participante Fecha

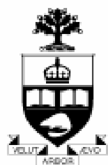
Confirmo que he explicado el propósito y la naturaleza de este estudiol, y he respondido a las preguntas de la participante de la investigación antes de que ella de su consentimiento para participar

.
_________________________ _____________________ ______________
Nombre de la entrevistadora Firma Fecha

He sido testigo que a la participante se le ha explicado el propósito y la naturaleza del estudio y ha aceptado participar voluntariamente

____________________ ____________________ _______________
Testigo Firma Fecha

Appendix 13.1: Ethics Approval



University of Toronto
Office of the Vice-President, Research

Office of Research Ethics

PROTOCOL REFERENCE # 24624

April 7, 2010

Dr. Charmaine Williams Faculty of Social Work University of Toronto 246 Bloor St. W. Toronto, ON M5S 1A1	Ms. Eliana Suarez Faculty of Social Work University of Toronto 246 Bloor St. W. Toronto, ON M5S 1A1

Dear Dr. Williams and Ms. Suarez:

Re: Your research protocol entitled, "Surviving the *sassachacuy tiempu* [difficult times]: the resilience of Quechua women in the aftermath of the Peruvian armed conflict"

ETHICS APPROVAL	**Original Approval Date: April 7, 2010** **Expiry Date: April 6, 2011** **Continuing Review Level: 2**

We are writing to advise you that the Health Sciences Research Ethics Board has granted approval to the above-named research study, for a period of **one year**. Ongoing projects must be renewed prior to the expiry date.

All your most recently submitted documents have been approved for use in this study.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your study. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry, as per federal and international policies.

If your research has funding attached, please contact the relevant Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your project.

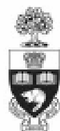
Yours sincerely,

S. Lanthier

S. Lanthier
Research Ethics Coordinator

McMurrich Building, 12 Queen's Park Cres. W, 2nd Floor Toronto, ON M5S 1S8
TEL: 416-946-3273 FAX: 416- 946-5763 EMAIL: ethics.review@utoronto.ca

Appendix 13.2: Ethics Renewal



UNIVERSITY OF TORONTO

OFFICE OF THE VICE PRESIDENT, RESEARCH

PROTOCOL REFERENCE # 24624 March 15, 2011

Dr. Charmaine Williams
Faculty of Social Work
University of Toronto
246 Bloor St. W.
Toronto, ON M5S 1A1

Ms. Eliana Suarez
Faculty of Social Work
University of Toronto
246 Bloor St. W.
Toronto, ON M5S 1A1

Dear Dr. Williams and Ms. Suarez:

Re: Your research protocol entitled, "Surviving the *sassachacuy tiempu* [difficult times]: the resilience of Quechua women in the aftermath of the Peruvian armed conflict" by Dr. C. Williams (supervisor), Ms. E. Suarez (PhD candidate)

ETHICS APPROVAL

Original Approval Date: April 7, 2010
Expiry Date: April 6, 2012
Continuing Review Level: 2
Renewal: 1 of 4

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research study through the REB's delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing projects must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your study. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research has funding attached, please contact the relevant Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your project.

Yours sincerely,

Marianna Richardson

Marianna Richardson
Research Ethics Coordinator

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd. Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 • Fax: +1 416 946-5763 • ethics.review@utoronto.ca • http://www.research.utoronto.ca/for-researchers-administrators/ethics/

Appendix 14: PTSD symptoms clusters Harvard Trauma Questionnaire (Mollica et al, 1994)

A. Re-experiencing items :

1. Recurrent thoughts/memories

2. Feeling event is happening again

3. Recurrent nightmares

16. Sudden Emotional physical reaction

B. Avoidance items

4. Withdrawn from people

5. Can't feel emotions

11. Avoid activities

12. Can't remember parts of events

13. Less interest in daily routine

14. Don't have a future

15. Avoid hurtful thoughts

C. Arousal items

6. Jumpy/easily startled

7. Hard to concentrate

8. Trouble sleeping

9. Feeling on guard

10. Outbursts of anger