

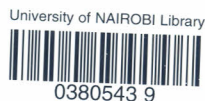
THE PSYCHOTRAUMA TRAINING WORKSHOP  
FOR THE LANGUAGE SERVICES SECTION (LSS) STAFF  
OF THE UNITED NATIONS INTERNATIONAL  
CRIMINAL TRIBUNAL FOR RWANDA (UNICTR)

VENUE:  
NGURDOTO MOUNTAIN LODGE,  
27-29 JANUARY, 2006 AND IMPALA HOTEL, 3-5,  
FEBRUARY, 2006 IN TANZANIA

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## INTRODUCTION

### a. BACKGROUND

The United Nations Security Council Resolution 955 created on 8<sup>th</sup> November 1994 an International Criminal Tribunal (hereinafter called the Tribunal) intended to 'bring to justice those persons presumed responsible for acts of genocide or other violations of humanitarian law on Rwanda territory, and Rwanda citizen presumed responsible for such acts or violations committed on the territory of neighbouring States between 01 January and 31 December 1994'

The ICTR is an independent and impartial body. It consists of three separate organs: the Judiciary, the Office of The Prosecutor (which conducts the investigations and presents the cases in court) and the Registry (which is the administrative arm of the Tribunal). There are three trial chambers and one appeals chamber. All fifteen judges of the Tribunal are of different nationality, none being from Rwanda.

The Language Services Section (LSS) for the ICTR was established pursuant to Articles \*\*\*\*\* of the Statute of the International Tribunal for Rwanda.

### b. THE REQUEST FOR THIS TRAINING WORKSHOP

This was made by the LSS through the Registry, to equip the staff in this section with skills to help them manage any work and non-work related trauma to enable them undertake their mandate more effectively.

The request was made to Professor David M. Ndeti by the ICTR in Arusha. The training was to last two and a half days. Prof. Ndeti was to design the curriculum and prepare the training materials to fit into this available time. This was done and the programme which was later revised to fit the schedule is attached in APPENDIX I

### THE TRAINEES

\*\*\*The list of participants was supplied by LSS – Appendix II

### METHODS AND MATERIALS

#### 1. Lectures

- Prepared notes were presented either on PowerPoint format or screened in full through a projector.
- Diagrammatic representations were done on flip charts, either for the main lecture or from group discussions

#### 2. Detailed lecture notes:

- These were distributed immediately after the lecture on the respective topic.

#### 3. Group discussions – summarized in flip charts and transparencies which were then presented at the plenary

#### 4. Role plays

#### 5. Evaluations

- Pre-Training and Post-Training
  - Facilitators
6. Psychotrauma Assessment on the participants (Part of Pre-Training evaluation)
  - 7.

### **PRE-TRAINING INSPECTION OF THE TRAINING FACILITIES**

The two facilitators visited the courts on the day of arrival to get prior knowledge of what the trainees work schedule and nature of work involves. This was mainly to help the facilitators communicate effectively in terms of feelings with the trainees especially on issues of secondary trauma/ vicarious trauma, which was the main theme of the training. Preparation of conference venues was undertaken both by ICTR staff as well as the facilitators in the morning of each first workshop day. The Facilitators then proceeded to the courts before proceeding for the training, which was to commence in the afternoon then.

## **THE TRAINING**

**Day 1: 27<sup>th</sup> January and 3<sup>rd</sup> February, 2006**

### **1 Opening ceremony**

The opening ceremony started at 4.00p.m for group 1 and 3.40p.m for group 2 and was officiated by Mr.Daouda Niang , the Chief of LSS, who welcomed the facilitators and the participants. He said the training was timely, and was to help the participants evaluate the impact of trauma and trauma related issues they encounter during their interpretation and translation work.

### **2. Introductions**

After the opening ceremony there was a self-introduction of all those present. This consisted of people giving their full names, what they do for the Tribunal and their home countries. The facilitators also introduced themselves. Over 18 nations were represented in this training.

### **3. Baseline Evaluation**

Prof. Ndeti then introduced the subject of the workshop by first getting the participants to go through a baseline evaluation on a prescribed format. This was to assess/ascertain the level of knowledge, experience and their expectation from the workshop. The results of the baseline evaluation are summarized in Appendix III. The baseline also consisted of instruments to measure the amount of PTSD and vicarious trauma in the participants. The results of this PTSD assessment are summarized in Appendix IV. He also outlined the house rules including the election of the trainees' chairman and time keeper. The time table was revised to enable participants to travel back home on good time on the final day and also see how best to cover for the lost time. It was agreed that no assignments would be taken because of the heavy workload of trainees in the prior week. For the purpose of

clarification training at Ngurdoto Lodge will be thereafter referred to as Group 1 and that at Impala Hotel as Group 2 to highlight differences that may be attributable to venue and travel.

#### 4. 1<sup>st</sup> Lecture: Introduction to the Training – “Why this Training”

The introduction session, “Why this training workshop”, was delivered by Prof. Ndetei who looked at the case for Rwanda in terms of the traumatic events surrounding the Genocide. He outlined the justification/objectives for the training for which notes were prepared and handed out later.

He also outlined the areas to be covered: -

- To equip participants with working knowledge on:
  - Stress, its recognition and management in general
  - Complications of traumatic event(s) - Stress, Acute Stress Disorder (ASD), Post Traumatic Stress Disorder (PTSD)
  - What is Post Traumatic Stress Disorder and Acute Stress Disorder
  - How not to confuse PTSD with other types of stress
  - How to recognize stress and PTSD in all its various shades in self, others, colleagues and its effects on the following areas of human activities/functions: -
    - Biological including medical
    - Psychological
    - Social
  - How to help, seek for help and manage PTSD
  - How to prevent/minimize PTSD

**Note:** Lecture notes handed out soon after the lecture

**Due to shortage of time and for the participants to effectively gain from the training , the day ended after the 1<sup>st</sup> presentation at 6.10p.m for group 1 whereas group 2 proceeded to the second presentation on Stress, recognition and management.**

## DAY 2

### 1. 1<sup>st</sup> Lecture: (For Group 1) Stress, Recognition and Management in the African Socio-cultural setting conducted by Prof. Ndetei under the following sub-heading

- Stress
- Recognition and Management
- Stress and lifestyle

**Note:** Lecture notes handed out soon after the lecture. Several questions were raised and answered after this presentation which ended up taking 2 hours instead of 1 hour.

### 2. Lecture: Post-traumatic stress disorder by Prof. D.M. Ndetei

- Historical background
- Diagnosis
- Management
- Life course (natural history)

**Note:** Lecture notes handed out soon after the lecture

### **After Lunch**

#### **8. Group discussion and group presentations at the plenary**

There were group discussions where participants went into groups of 6-7 each and discussed their experiences with different traumas in relation to their personal lives and work.

Because of the keen interest by the participants in the group discussions and the participatory nature the discussions, the groups were allowed to continue until tea break and the plenary was held after the tea break. The scheduled session "PTSD in children" was therefore rescheduled for day 2 by consensus.

The Agenda for the group discussions and the outcome of those group discussions are summarized in Table V

#### **9. Lecture: PTSD in Children:** by Dr. Ongecha-Owuor, under the following headings: -

- Factors that affect a child's response to stress
- General symptom of PTSD in children
- Diagnosis of PTSD in children

#### **10. Group discussion**

### **Day 3:**

#### **Morning**

**1. Relaxation Exercise: (For group 2)** Participants were taken through an "exercise and relaxation" training session followed by anxiety reduction techniques by Dr. Ongecha-Owuor

**2. Lecture: Grief, Mourning and Traumatic Grief:** by Dr. Ongecha-Owuor. The following were discussed:

- Definitions
- Characteristics and stages of normal grief
- Grief in parents
- Bereavement in children
- Abnormal grief and its stages
- Grief management and therapy
- Stages in Mourning
- Traumatic grief

**Note:** Lecture notes handed out soon after the lecture

### After morning tea break

#### 3. Lecture: Acute Distressing Event and Debriefing , Testimony and Confessions

Dr. Ongecha-Owuor under the following subheadings: -

- Definition
- History
- Purpose
- Functions and
- Setting – Who? When? Where and How?

**Note:** Lecture notes handed out soon after the lecture

#### 4. Lecture: Management of PTSD – Counselling and Cognitive Behavioural Therapy (CBT), group therapy and psychopharmacotherapy by Prof. D. M. Ndeti

- Definitions
- Basic Counseling
- Maslow's hierarchy of needs
- Carl Rogers therapy and application
- Aims of therapy
- Therapeutic (counselling) process
- Supportive Psychotherapy
- Cognitive Behavioural Therapy (CBT)
- Group therapy
- Use of drugs

**Note:** Lecture notes handed out soon after the lecture

### After Lunch break

#### 5. Role Play and Plenary Discussion

Role-play of counselling session where the participants were to evaluate the skills of the counselor (one of the participant): Each group participated in a role play, in group one the client's main issue was failed relationship resulting in a devastating feeling, whereas in group 2 the client was a victim of stressful work situation performed by two volunteers from the group.

The following were discussed in plenary: -

- (i) How the counsellor handled the situation – reported by the audience
- (ii) How the client felt – reported by the client
- (iii) How the counsellor felt – reported by the counsellor

In all the above the following skills were evaluated: -

- Listening skills
- Empathy
- Helping client make decision and not offering advice

- Body language
- Genuineness
- Tenderness

## 6. Final Evaluation

- ❖ There was the final evaluation of the programme where the forms were given to each participant to evaluate the workshop/training attributes in terms of venue, class size, time, organization, participation expectations and objectives achievement. The results are summarized in Appendix VII.
- ❖ They also evaluated the facilitators individually (Appendix VIII).

## CLOSING CEREMONY

For group one was presided over by the Chief of the section whereas Group 2 the seminar chairman gave a vote of thanks and read the Chief of Section's speech which was highly motivating to both participants and facilitators. He thanked the facilitators for having made it for the seminar which was much needed by the staff in his section.

## INDIVIDUAL CONSULTATIONS/ COUNSELING

It is important to note that the two training sessions were conducted two consecutive weekends and thus the trainers who were in Arusha during the whole period held individual consultations and counseling sessions with participants from group 1 between Monday 01/30/2006 and 02/02/2006. A total of 18 consultations were made including couple sessions/ marital therapy. A number of those who came for consultation had issues that involved other family members who are not ICTR staff and could not make it to the consultations due to nature of their work, distance from ICTR and school schedules in the face of no prior arrangements.

For those who attended there was need for continued therapy which unfortunately could not continue as the consultants had to leave after the second training session. Over the same period the Trainers attended court sessions on a daily basis and interacted with some of the staff (LSS) in their usual duty station to get an indepth understanding of their nature of work and experiences.

The Trainers also noted that the group 2 training aroused a lot of emotional distress that needed immediate follow-up for some participants. Indeed most of the facilitators' breaks were individual consultations (read- not done in the best way but managed as a crisis intervention for the distressed participants). It is recommended that appropriate professional services be available within the medical facilities at the tribunal.

## CONCLUSIONS

1. The people who were trained were very highly traumatized as indicated by the instrument we used, regardless of their exact nature of work, that is whether in the



court room interpreting or out working on the documents (translating, revising, referencing or proof-reading).

2. Most of them, including those who had worked in Rwanda before had not been exposed to this kind of training
3. The trauma had been caused through various routes:
  - Interpreting witness and lawyers statements in court
  - Translating/Revising/proofreading the witness statements
  - Exposure to and contact with those who had been traumatized
  - Listening to the stories of those who had been traumatized
  - Coming into contact with the alleged perpetrators
  - Frequent reminders of what happened by outsiders who always want to know what is happening at the tribunal
  - Direct physical exposure to the traumatic event to the self
  - Direct physical exposure to the traumatic event to significant others

**Note:** The first six are indirect exposure (also referred to as Secondary Trauma or Vicarious Trauma) and last two routes are direct exposure.

4. They appreciated the training in relation to:
  - Their own individual and personal needs
  - Their work.
5. It was going to improve their performance relation to the two areas specified in 4 above
6. The participants would have benefited more if there was more time.

#### **Further observation**

There are a lot of reservations from the staff on their utilizing services from SOS counselors in each section.

#### **RECOMMENDATIONS**

1. There is an urgent need to train everybody involved in work in the courts for two reasons: -
  - (i) For their own Psychological benefits and needs
  - (ii) For increase efficiency in: -
    - Working with witness/victims
    - Related duties
2. The counsellors should be empowered with further training as part of continuing education so as to update on skills and in their effective deliver of help to all those with psychological needs.

3. There are two venues to be considered for cost effective training and in the right context: -
- (i) Those based in Rwanda are best trained in Rwanda
  - (ii) Those based in Arusha are best trained in Arusha
4. For any future training more time should be allocated for (there was a serious constraint on time for these very powerful tools of training): -
- Group work/discussion
  - Role plays
- Note:** The above should be tailored to the various topics
5. It is recommended that ideal training period inclusive of lectures, group work, role-plays should be 5 working days with more time for homework, group work and role-plays. This is based on the experience of this training and the evaluations from the participants. This however has to be balanced against other considerations by the ICTR.
6. The hard copies for the training material should be available in English, French and if possible in Kinyarwanda .
7. The trainees should have a follow-up professional consultations to manage the immediate crisis that may be aroused with this kind of training and exposure.
8. Facilities – The following should be made available for future training: -
- PowerPoint presentation facilities
  - Light pointer
  - Overhead projector
  - Voice- Recorder
  - T.V. Screen and Video cassette player and tapes (will provide records for the trainees to refer to, especially on role-plays)
  - Video – recorder for same purposes as above
  - Flip charts
  - Pencils/pens
  - Writing materials
  - Photocopying facilities
  - If possible obtain video tapes of what happened during the genocide
9. Administrative:
- (i) A minimum of 2 facilitators
  - (ii) Facilitators should have the background and nature of work of the trainees detailed to allow for tailor-made needs covered during the session.
  - (iii) Facilitators to visit and inspect the training facilities a day before the start of the training to give enough time for any inadequate arrangements to be corrected and also to compare notes with the workshop secretariat.
  - (iv) For any training inform facilitators in good time to harmonize diaries before final decision on the actual dates. A telephone call will do.

Appendix I: PROGRAMME FOR PSYCHO-TRAUMA TRAINING WORKSHOP  
 AT NGURDOTO LODGE, TANZANIA ON 27- 29 JANUARY,2006 and IMPALA  
 HOTEL 3-5 FEBRUARY,2006.

DAY I:

TIME	ACTIVITY	FACILITATOR
3.00 pm-3.10 pm	Opening (Less than 10 minutes) Climate setting	Chief of LSS Ndetei/Ongecha
3.10 pm-3.40 pm	Baseline evaluation/Vicarious Trauma evaluation Baseline Trauma	Ongecha
3.40 pm -4.00 pm	Tea Break	
4.00 pm - 5.00pm	Why this training workshop The case for Rwanda: the traumatic events surrounding the genocide (1994) between then and now and into tomorrow	Ndetei
5.00 pm - 6.00 pm	Stress and Stress Recognition	Ndetei
	End of day 1	

DAY 2		
8.30 am - 9.30 am	Post- Traumatic Stress Disorder: Diagnosis, management, History and Life Course - Part I Emphasis: Vicarious Trauma	Ndetei
9.30am - 10.30 am	Post- Traumatic Stress Disorder: Diagnosis, management, History And Life Course -Part II	Ndetei
10.30am - 11.00am	Tea Break	
11.00am - 12.00p.m	Group discussion (in 5 groups each of 8) Vicarious Trauma	
12..00pm - 12.45pm	Report back to Plenary	Ndetei/Ongecha
12.45pm - 2.00 pm	Lunch Break	
2.00 pm - 3.15pm	PTSD in children - Overview	Ongecha
3.15p.m-4.30p.m	Group discussion +Tea (Each group to come up with recommendations on how to handle trauma related to their work )	
4.30 pm-5.00pm	Report back to plenary	

DAY 3

TIME	ACTIVITY	FACILITATOR
------	----------	-------------

8.30am-9.00am	Plenary: Exercise and relaxation techniques (Anxiety Reduction Techniques)	Ndetei/Ongecha
9.00 am – 10.30 am	Grief and Mourning and Traumatic Grief plus group discussion (30 minutes)	Ongecha
10.30am – 10.45 am	Tea Break	
10.45 am – 11.45 am	Management of Acutely Distressing event – Debriefing	Ongecha
11.45am – 12.15 pm	Management of PTSD – Counseling (individual and group therapy)	Ndetei
12.15 pm – 12.45pm	Management of PTSD – Cognitive-Behavioral-Therapy (CBT) and pharmacotherapy	Ndetei
12.45 pm – 2.15 pm	Lunch Break	
2. 15 pm – 3. 00 pm	Role play	
3.00 pm – 3.15pm	Final evaluation of the programme and facilitator evaluation and closing of the workshop	Ndetei/Ongecha /LSS Representative

## Appendix II: INVITED PARTICIPANTS (List supplied by LSS)

### Participants from LSS

No.	NAME
1.	Jean-Pierre Ntawizeruwanone
2.	Cyprian Muhumuza
3.	Jean-Marie Viannoy Kanzeirera
4.	Charles Zikuliza
5.	Daouda Niang
6.	Ainalem Zerom
7.	Farida bengeloune
8.	Eli Amemaror
9.	Daniel Mboua-Yogo
10.	T. Ntukanyagwe
11.	Elizaphan Nkurunzizer
12.	Daniel Ntakirutimana

13.	Chantal Kubwimana
14.	Elysee Ntivuguruzwa
15.	Rosemary Ekosso
16.	Isabelle Polneau
17.	Charles Faye
18.	Monde Zaza
19.	Gaudence Mukakigeli
20.	Anne Behle
21.	Roland Ngong
22.	Komla Akpawu
23.	Ndongo- Keller Justine
24.	Oscar Tanifum
25.	Wollasse Samuel
26.	Alexis isibo- Rutimirwa
27.	Tawe Eugene
28.	Rose Syemour

### Appendix III: PRE-TRAINING EVALUATION

From the Baseline measure tool these were the findings: -

A total of 74 participants did this evaluation. They were all from Arusha office of the UNICTR. 34 were males and 40 were females. (Group2 male-23 and 17 females)

#### Nature of work

- 1-Administrator-Chief of Language Services Section
- 1-Deputy chief of LSS
- 1-Administrative assistant
- 1-Secretary
- 2 -Revisers/Interpreters
- 1-Translator/Interpreter
- 12-Interpreter
- 22-Translators
- 2 -Reviser / translator
- 1- Reviser
- 1- Proof reader
- 5-Document control unit
- 2-Document reproduction
- 3-Reference assistants
- 1-Research assistant

All participants were of high academic achievement ranging from Form IV (only 2) to University, majority with more than one degree.

Only 4 of those in attendance had had a previous training in trauma/genocide management.

Their collective experiences with trauma/genocide survivors included the following: -

- interpreting victim's statements, witness testimonies (killings and rapes)
- Translating witness testimonies
- in court sessions
- Revising texts (witness statements) of some survivors of the genocide
- Made contact with several survivors who turn to become my friends while serving in Rwanda before coming to serve at Arusha- ICTR –Witness fainting

#### Note:

5 responded to having received help for their trauma in form of consulting colleagues 3 gained from personal counseling (trauma counselor and psychiatrist) and 1 from medicinal tablets. The 5 gained from the help they got in the following ways: -

- Re-assurance that there was nothing to worry about
- Nightmares are no more frequent
- Slept a little better
- Understanding emotions post event
- Formulate what happened, express fears.

### **Expectation with regard to the training:**

- New outlook on stress challenges
- Learn more about different aspects of trauma
- To be able to manage stress resulting from documents revision relating to witness statements and court room attendance.
- Hopefully will help manage traumatic events in a more effective way
- To release stress on a daily basis and work efficiently
- Understanding victims of traumatic experiences
- Have an insight into traumatic disorders
- To reduce nightmares
- Help me deal with my own trauma
- Knowledge to recognize post-traumatic disorders
- Skills to manage stress and trauma
- Learn to identify symptoms of stress and keys to managing it or preventing it
- To hear and be told what needs to be done with all the experiences related to genocide that I hear of in my work as a translator/ interpreter
- Build a greater sense of trust in mankind and explain how and why humans can go to such extremes (Xenophobia and hate)
- Help me identify psycho trauma and help me manage it
- Receive advice on how to behave in case of trauma to us and others
- To understand what trauma really mean
- I think this training comes a little late, as one has developed one's own coping mechanisms
- I hope it will broaden my outlook as far as trauma sufferers is concerned
- Attain good relations with my clients
- To be able to deal effectively with what I read as part of my work
- To help me understand how I can be traumatized working in ICTR
- Introspection and sharing in relation to possible effects of secondary but permanent exposure to materials related to genocide
- To know how one becomes traumatized
- To know what is traumatism, causes and consequences and remedies
- Knowledge will lead to better management of stress and PTSD
- Acquire skills to cope with trauma

### **How will this training be useful in relation to: -**

#### **Self**

- Help me better manage stress situations
- Cope with trauma related stress
- New knowledge and awareness
- Keep my mental health
- Better understanding
- Help me to recognize and deal with trauma
- Nightmares will reduce/advice on how to have good dreams
- Lessen the shock/ impact as I meet victims of trauma

- Make me more sensitive to stressors and avoid them or avoid being infected or stressed up by others and vice versa
- Gain good relationship with anybody I have never come across in my life
- Knowing when to seek assistance
- Better equipped when faced with traumatic events

#### **Work**

- Better planning
- Help me be prepared to face hard situations at work
- My awareness will be acute
- Better cope with what I hear in court and withstand work pressure in court
- Enhanced professionalism and build confidence and hope
- Better understand victims of trauma
- Avoid taking my work too personal
- Enhance my empathy toward victims of trauma in my day-to-day dealings
- How not to be affected by awful descriptions in witness statements
- Work in a stress free environment
- Relax
- Alleviation of certain pressures
- Reduce level of stress when exposed to traumatic events experienced by others
- It will help me maximize my potential to tackle and overcome difficult subjects
- To harness my emotions and maintain my dedication

#### **Appendix IV: PTSD LEVELS IN THE PARTICIPANTS**

##### **Trauma that is most distressing**

- When female witnesses narrate what they went through while being raped
- Cutting somebody to pieces
- An incident where my entire family was involved in a very serious car accident
- The unexpected passing of a close relative
- Trauma of war x 2
- Terror attack
- Killings/ death of relations
- Repetitive dreams/ nightmares
- Physical and mental threats based on my birth data
- Dismembering of women and young girls
- Listening to the witness' narration of killings and more so the manner in which the killings were perpetrated
- Killing with a machete
- Job loss
- Suicide
- The tragic death of my son, 4 months ago. He was killed by a leopard
- Loss of baby
- I witnessed a killing where a friend died
- The causes of hatred



- Lost my father more than 33 years ago. It had been distressing for me but I got over it only a few years ago.
- Accident
- Identification of victims of genocide in court especially body parts and pictures of exhumations
- Hearing women's account of sexual violence incidents not knowing what to make of all the stories I hear losing my sense of outrage, becoming biased or insensitive.

## SECTION B

Each of the following questions asks you about specific symptom. For each question, consider how often in the last week the symptom troubled you and how severe it was. In the two boxes beside each questions, write a number from 0-4 to indicate the frequency and severity of the symptom.

### Frequency

Questions	N=74	Frequency		Severity	
		Yes (1-4)	No (0)	Yes (1-4)	No
(i) Have you ever had distressing dreams of the event?		27	21	24	20
(ii) Have you been upset by something that reminded you of the event?		33	16	31	14
(iii) Have you been avoiding any thoughts or feelings about the event?		22	23	25	19
(iv) Have you found yourself unable to recall important parts of the event?		10	35	21	22
(v) Have you felt distant or cut off from other people?		20	26	19	24
(vi) Have you found it hard to imagine having a long life span and fulfilling your goals?		16	26	19	22
(vii) Have you been irritable or had outbursts of anger?		30	15	30	15
(viii) Have you been jumpy or easily started?		24	23	21	22

## SECTION C

Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

**NOTE:** "Client is used to indicate persons with whom you have been dealing with.

		No	Yes
1.	I felt emotionally numb	21	24
2.	My heart started pounding when I thought about my work with clients	21	22
3.	It seemed as if I was reliving the trauma(s) experienced by my clients(s)	22	20
4.	I had trouble sleeping	19	25
5.	I felt discouraged about the future	23	20
6.	Reminders of my work with clients upset me	19	23
7.	I had little interest in being around others	21	21
8.	I felt jumpy	21	21
9.	I was less active than usual	18	23
10.	I thought about my work with clients when I didn't intend to	15	25
11.	I had trouble concentrating	15	30
12.	I avoided people, place, or things that reminded me of my work with clients	28	15
13.	I had disturbing dreams about my work with clients	28	15
14.	I wanted to avoid working with some clients	27	15
15.	I was easily annoyed	16	24
16.	I expected something bad to happen	21	21
17.	I noticed gaps in my memory about client sessions	20	23

FA - do you really need to include this table? Will they understand? If you need to use it then make it simpler

Mean Scores	Frequencies		Mean Scores	Avoidance
	Intrusion	Hyperarousal		
1.0	8	6	1.0	7
1.2	2	4	1.1	3
1.4	5	6	1.3	3
1.6	3	3	1.4	4
1.8	7	1	1.6	1
2.0	5	5	1.9	3
2.2	2	4	2.0	4
2.4	2	2	2.1	2
2.6	1	3	2.3	1
2.8	1	0	2.4	1
3.0	3	3	2.6	2
3.2	0	1	2.7	2
3.6	0	2	2.9	1

3.8	0	0	3.0	1
4.0	0	0	3.1	3
Total	39 (45.9%)	40 (47.1%)		38 (44.7)

#### Summary of the above table

- There was high hyperarousal level in the participants as compared to Avoidance and intrusion. However, all these are over 50% in the whole group trained.
- There was intrusion in 39/74(53%) of those in attendance.
- For avoidance – 38/74 (51%), of the participants had a positive score.
- For Hyper arousal – 40/74 (54%) of the participants had positive scores.

#### Conclusion:

There is high level of PTSD symptomatology in the participants as the results above indicate. These need to be dealt with as per the recommendations under.

### Appendix V: GROUP DISCUSSION

There were a total of 9 groups consisting of 8-9 participants (4 from group at 1 and 5 from group 2)

#### (a) TASKS FOR EACH GROUP

1. Participants to share their own experience of Trauma/ Genocide in relation to: -
  - Self
  - Others
2. Each group to come up with a list of all the possible Trauma related to: -
  - The Genocide in Rwanda
  - Other events not related to the Genocide
3. Each of the above in relation to: -
  - Work and
  - Personal growth
4. Each group to come up with how they have coped, their limitations, and what recommendations for way forward.

#### (b) REPORTS BY THE GROUPS

##### GROUP 1

#### 1. Experience (This group combined the experience of self and others)

- ❖ Presence of the trauma

- ❖ Denial / lack of closure
- ❖ Matter much broader than us!
- ❖ Can Psychiatry do it?
- c. Help
  - ❖ Felt need to seek help but did not
  - ❖ Prayer

## GROUP 2

### 1. EXPERIENCE GENOCIDE/OTHER

- Presence at the time and locus of genocide (impact)
- Evacuation from war zone (gunshot, killings)
- Numbness and pre-disposition to obey any orders
- Heightened sense of self-preservation (hyper alert)
- Memory loss particularly of dates
- Involvement in Burundi peace talks and threat of bomb plus explosion in hotel and storm incident on return journey. Unable to see, felt lost, fear and desire to take self out of that context (extricate) or use alcohol.
- Accident involving death: Shock and guilt for taking a life.
- Flying into a storm: Fear of death but also concern about family which will not be able to grieve properly (will not see the body)
- Discomfort from revisiting genocide at work (Rwanda colleagues) through testimonies, examination and judgments
- A great sense of loss: school mates and friends who will never be seen again
- Narrowly escaping drowning – friends drowned before me; fear, anxiety, helplessness, guilt, recurring dreams but got help and now better.
- Guilt and helplessness though not involved in or present at genocide
- Total loss of 30 years of accumulated property –take one day at a time.
- Loss of father: brave through funeral but cracked down into grief (worst ever experience). Sense of guilt for inability to help and for not having been a better child (offspring) and felt remorseful.

### 2. Possible Traumas – Participants related to the following:

- Nightmares
- Fear
- Uncertainty about the future
- Guilt
- Constipation/ loss of appetite
- Loss of trust and faith in people/ God/ Authority
- Where was God
- Mental disorders
- Sleeplessness
- Isolation (withdrawal)
- Death

### 3. Work

- Avoidance of Rape testimonies
- Numbness
- Lack of concentration
- Denial
- Reluctance to engage
- Professional indifference
- Relevance to work

#### **Personal growth**

- Loss of interest in life
- Loss of purpose and vision
- Making (earning) blood money
- Help in reconciliation in Rwanda

#### **4. Coping**

- Absence from locus of event
- Faith and hope in international justice
- Withdrawal (Denial)
- Renunciation (Hands off attitude)
- Financial assistance to survivors
- Seek your own solution

#### **Limitations**

- Lack of qualified professional assistance to build awareness and help
- Denial because they did not bury their relations thus live in th hope that they are alive and will come back one dayfor lack of closure? (burial of dead relatives)
- The job is much broader than any single institution can handle (ICTR, individual, etc)
- No belief in Psychiatry. Can they do it?

#### **Help needed**

- Felt a need to seek help but did not
- Prayer and spirituality

### **GROUP 3**

#### **1. In relation to self and others**

**-Rwanda direct**

**-DRC (Eastern Congo)**

- ❖ Eating disorders
- ❖ Irritability
- ❖ Sleep disturbances
- ❖ Fear
- ❖ Stigmatization (of Rwanda nationals) by nationality
- ❖ Guilt feelings
- ❖ Lack of concentration
- ❖ Nightmares

- Audio
- Visual
- Live & audio-visual

2. Trauma related to the genocide/ other events

- ❖ Death of colleagues ( Violent deaths of colleagues augment guilt feelings and grief
- ❖ Images / media pictures – Media barrage brings images of suffering in vivid detail
- ❖ Isolation in Arusha compounds situation

3. a). Work-Working with “uneducated” clients heightens difficulty. Unstructured thoughts, affects quality of performance.

*Working with lawyers, judges, prosecution, witnesses →Output Quality*

- b). Personal Growth – Is knowledge desirable? Where does it go? Knowledge =Burden
- Spirituality???? Spiritual growth or Revolt: it can go both ways
  - Revolt ≠ God-fearing or spiritual maturity

4. Coping

- ❖ Denial
- ❖ distancing as protection
- ❖ withdrawal
- ❖ Escape

Limitations

- ❖ Remoteness of Arusha
- ❖ Fears
- ❖ Powerlessness
- ❖ Insensitivity

Recommendations

- ❖ Exercise
- ❖ Group discussions
- ❖ Counseling
- ❖ Scaling down workload

**GROUP 4**

1.

**(a) Self**

- Anger
- Sense of helplessness
- Frustration

**b) Others:**

- Sadness
- Frustration
- Lack of trust and confidence (mistrust) you cannot trust a neighbour
- Pessimism
- Lack of normal human feeling (numbness); people die and no one cries

- Indifference
- Anti-social attitude

2. a) as Q.1

**b) Other non-genocide related trauma**

- September 11 – Phobia in planes
- Natural disasters (Tsunami, Hurricane)
- Wars

**3. Work – Genocide related**

- Lack of concentration
- Physical and intellectual exhaustion due to nature and subject of testimonies
- Positive side (we are very humbled by suffering of fellow men)

**Personal growth**

- Humbling experience
- Sympathy
- Empathy

**4. Coped**

- UN bureaucracy is a welcome distraction
- Avoidance of anything related to genocide out of court
- Spiritual modes of healing (prayer, worship)
- Jokes
- Physical exercise
- Alcohol
- Sex
- Leisure activities and trips

**Limitation**

- Limited facilities in Arusha
- Separation from family
- Poor medical/ Psychiatric services
- Poor working conditions (zero career prospects stressful exit strategy)

**What help do we need?**

- Psychiatric clinic in Arusha
- More CTOs and leave days (more flexibility)
- Improved working conditions and social facilities
- More interpreters particularly for Kinyarwanda booths

## GROUP 5

### Other Trauma

Trauma	Self	Others
Road Accident	-crutches & understanding -Scared of road, animals crossing, -Avoidance of road	-
Car jacking	-Car door locking -Avoidance of late driving, of trips to Nairobi - Over-reaction at knocking of car door	-
Robbery	Avoidance of market carriers -Terror -Loss of reflexes(sphinters ) -Avoidance of same route	-
Motor-bike accident	-	-Almost quit job (related to trauma)

### 2. Genocide in Rwanda –Post and present

- ❖ Apparent insensitivity
  - ❖ Anxiety
  - ❖ Sleeplessness
  - ❖ Helplessness
  - ❖ Insecurity-life (survival)
  - ❖ Financial
  - ❖ Loss of appetite
  - ❖ Alcoholism
  - ❖ Substance abuse
  - ❖ Nightmares
- b). Other Events
- ❖ Claustrophobia
  - ❖ Lift scare

### 3. Genocide in relation to

#### (a) Work

- ❖ Scared of witness hearings
- ❖ Nightmares after translation
- ❖ Scare of food contamination from corpses
- ❖ Indifferences vis-a vis work
- ❖ Reduction of work performance
  - imprecision
  - Graphic descriptions
  - Self involvement
- ❖ Loss of appetite



**(b) Personal Growth**

- ❖ Maturity
- ❖ Insensitivity
- ❖ Objectivity

**5. a) Coping**

- Better time management
- Extra-time
- Seeking help from colleagues
- Distancing from story
- Competence
- Relaxation

**b) Limitation**

- High and permanent workload
- Less than optimal relation between staff and management
- Minimal recreation facilities
- Poor health facilities

**c) Way forward**

- Correct all (b) above
- Training
- Meetings

**GROUP 6**

**1. a) SELF**

- ❖ Initial experience upon taking appointment at ICTR- When reading materials on Genocide I experienced shock. Currently / Recent (9 years after) still affected by Gruesome killing of baby (whose head was smashed against a wall) and Girls raped and killed.
- ❖ Court room experience initial shock and nightmares about rape though now experiencing a lesser degree of shock. Had emotional reactions (would cry in the booth)
- ❖ Elimination of Cameroon in the world cup (8/10/2005)when they missed a penalty

**b) Others:**

- ❖ A friend in Kenya got news of murdered relatives (ALL FAMILY MEMBERS)- he had emotional feelings, hopelessness and helplessness.
- ❖ A colleague in Uganda campus (whose family also murdered) refused to sit examinations, left campus, and was last seen in Mwanza and other places. Currently I don't know where he is but I constantly dream about him and get nightmares too.

2. a) **Genocide in Rwanda**

- ❖ Mistrust in God and church (Loss of faith)
- ❖ Sense of betrayal by the
  - National churches
  - International community
  - Fellow countrymen
- ❖ Withdrawal
- ❖ Diseases
  - mental disorders
  - Diabetes
  - High Blood Pressure
  - HIV
- ❖ Hatred / Inability to love
- ❖ Revenge
- ❖ Unwanted children
- ❖ Unforgiveness

b) **Other events unrelated to the genocide**

- ❖ Disillusionment (CONGO, TOGO)
  - Loss of sense of patriotism
- ❖ Shame of identifying with perpetrators of crime
- ❖ Coup attempt in Cameroon on 6/4/1984- involved bombing /trauma
- ❖ In 1991 re-experienced the same in Ethiopia

3. a) **Work**

- ❖ Colleague fell sick felt witnesses were lying developed diabetes and was affected professionally
- ❖ Lack of concentration

b) **Personal growth**

- ❖ Understanding individual differences
- ❖ Tolerance
- ❖ Forgiveness
- ❖ Avoid blind obedience
- ❖ National reconciliation
- ❖ Fear of God

4. a) **Coping**

**Stressors**

- Workload
- Deadlines
- Office space small
- Career development/ promotions lacking
- Discrimination / Remuneration
- Responsibility without compensation/ classification of duties
- Lack of appreciation

- Unfriendly attitude (management and colleagues)
- Favouritism

### **Coping**

- Workload –NO
- Deadlines- NO, NO, NO
- We simply observe, complain among ourselves then resign ourselves to the situation

### **Limitations**

- Technical nature of work
- Ad hoc nature of ICTR
  - Completion pressure
  - External candidacy
- Rigid staff rules especially G- to –P

### **Recommendations**

- Transparency within management
  - Communication should be two way
- Management should actively defend colleagues' rights
- Counselling
  - Briefing and debriefing sessions
- Workload and deadlines- more staff for all units
- Incentives /motivation (promotion)
- Career development (professional training and opportunities)
- Discrimination- justice, fairness and fairplay
- Management should appreciate staff members (money/salary is not the only motivator)
- Implementation of recommendations and seminar recommendations

## **GROUP 7**

### **1. List of all trauma:**

#### **GENOCIDE**

- ❖ No direct experience; only through reading and listening which is followed by nightmares
- ❖ For those with first hand experience-
  - Live in constant fear thinking the whole thing will start again
  - No trust in people
  - Questioning if life is worth living
  - Sight of blood or machetes bring back memories
  - Difficulty in sleeping
  - Refusal to watch war movies
- ❖ Rape incidents in testimonies causes trauma

#### **NON-GENOCIDE**

- ❖ Living in post-war Angola thus not wanting to live there
- ❖ Road accident- conscious when passing the area

- ❖ Death in the family trying to take things in perspective but finding it difficult

Conclusion- The way forward.

Coping mechanisms	Limitations
Detachment as much as possible	Difficult for Rwandans especially with triggers since they know names of those mentioned and places
Variety in the nature of documents	Sometimes, no choice as to documents to be translated
Time: "Life must go on"	Dehumanizes; Insensitive
Taking time off	Re-experience stress upon return
Other social activities ( sports, Charity work,etc)	It's not a panacea; effectiveness is not known

### Recommendations

- Less in terms of deadlines for example traumatic text to be shared out whenever possible
- Management to show greater awareness and sensitivity to the stressful working conditions. Not to be considered as whits of production
- Be more accommodating in terms of leave and setting deadlines
- More discussion on our work experiences among colleagues / slowness on part of colleagues to share experiences.
- Be more accommodating and tolerant with each other.

### GROUP 8

This group allowed each member to describe their own experiences under the following headings and did not put the, down in writing which they said were similar to other groups' presentations/experiences:

- ❖ *Scope and experiences and triggers-*
- ❖ Genocide- related
- ❖ Working and coping
- ❖ Counselling?

#### Coping mechanisms:

- Not dwelling on the meaning of the material
- Translators may be unable to adopt this method; they may need to take a break/pause
- Change of tasks- he had to abandon interpretation. With translation he could stop, deal with his emotions then continue.
- Coping with the idea that he is making a living out of some people's misfortune

- How useful will our efforts be in future
- How do we deal with complaints from victims/witnesses who have never stopped criticizing the work of the tribunal?
- Translation of witness statements: do we downplay their contents.

#### Limitations

- As ICTR staff members people outside the tribunal want to know what is going on in the Tribunal and you find yourself trying to explain to them, in other words you still will have to talk about the genocide whether you like it or not.
- Objectivity in the face of defence arguments
- Helplessness when the prosecution is messing up.

#### Recommendations

- More understanding and awareness from the management
- There is one psychiatrist to 65 detainees and none to about 1000 staff members. The SOS – counseling unit is staffed by staff members thus no privacy – we need people from the outside.
- Bi-lingual secretary: Avoid sound / image , contract them out
- More flexibility with respect to leave since we do not enjoy R & R
- More support in the processing of personal documents
- Regular mental assessment (Optional)
- Stress/ Trauma = general, over to you –Too little too late

### GROUP 9

#### Personal Experience

##### a) Genocide

- ❖ In 1959 when he was a child and left alone both parents died
- ❖ Mother-in-law who had to jump over a fence to rescue her husband and was half naked. Currently several years later she sleeps with her suitcase/bag with clothes under her head because she believes she may have to escape again but this time does not want to go without her clothes
- ❖ Reading materials or watching television on issues related to trauma/genocide.

##### b) Others

- ❖ Accident involving friend and sister
- ❖ Death of loved ones
- ❖ New York Twin Bombing of World Trade Centre ((Nine Eleven )
- ❖ Shipwreck (DIOLA)

#### 5. How do we cope?

- ❖ Translators- Accept that we may be called  
-Time management
- ❖ Documents control-Asked the chambers to fix their priorities
- ❖ General-Talk

- Try to help
- Concentrate on the future

#### **Limitations**

- Shifting priorities with chambers
- Shortage of staff
- Shortage of other resources

#### **Recommendations**

- Use efficiently the tools especially Docs control: (recognize the role of the docs)
- Time management (for translators)
- General management of time
- Training tools : Seminars in Law
- Respect of Hierarchies
- Mutual help(translators) without shifting the stress to others
- Planification (freelance translators)
- Follow-up on established rules and recommendations

## Appendix VI: FINAL EVALUATION OF THE WORKSHOP

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

WORKSHOP ATTRIBUTES	POOR		FAIR		GOOD		VERY GOOD	
	1	2	1	2	1	2	1	2
1. Venue. Facilities, location, food seating arrangements, size of room, noise etc. <u>Comments:</u> •	0	4	3	14	13	19	19	4
2. Size of the class. Was the number of trainees adequate for the activities planned? <u>Comments:</u> •	0	0	1	4	15	21	20	14
3. The amount of time given to sessions. <u>Comments:</u> •	2	3	23	15	10	20	1	2
4. Organizations of the training agenda. <u>Comments:</u> •	3	2	14	6	15	23	3	8
5. Level of participation: <u>Comments:</u> •	1	2	2	6	26	22	6	10
6. The degree to which your expectations were met: <u>Comments:</u> •	3	1	8	9	21	23	4	6
7. The degree to which the objectives were met. <u>Comments:</u> •	1	1	10	7	22	25	1	6

8. What skills and information did you find particularly beneficial to your needs. Why?

- Coping skills (empathy, counseling, role play, trauma)
- Information about stress
- Group discussion, counseling
- How to identify trauma/ stress in ourselves x4
- Understanding the concepts
- PTSD is a subject that intuitively I felt could be a problem to me and some of my relatives and which needed reflecting on
- Relaxation exercises x5 they help me to relax / very practical in relation to my work

- Diagnosis of stress and its management x4
- The general information that stress plays a big part in many of our ailments and problems, both physical and psychological
- Explanations on the Rwandan genocide
- Identification of self
- Relaxation exercise and anxiety reduction techniques x7
- I was able to appreciate other people's way of coping with their problems
- Knowledge and techniques x2
- PTSD diagnosis and management x3
- To avoid PTSD for myself and for kids
- Everything because I was unfamiliar with the subject
- Knowledge of the facilitators, because they answered all my questions without me asking them
- How to cope with stress and how to counsel someone who is stressed r traumatised
- Knowledge, diagnosis, recognition and minimization of ASD and PTSD because I suffer from job-related stress and potentially from PTSD in future
- It was good
- How to manage the stress because I am always stress about my family, how can I help them-----
- Information on Grief/ mourning/bereavement x3
- Listening skills x2
- Self examination on stress and PTSD
- PTSD in children, I am a daddy
- Description of mourning stages
- PTSD: suffered many sad events in recent years
- General information about psychological issues
- CBT and management of acutely distressing events
- Virtually the entire course because this will help deal with stress management
- Information about colleagues
- None- most things were read from materials easily found on the internet
- Stress identification in children. Why? I have young children
- I learn that help is always round the corner not necessarily from professionals, but neighbours too

9. What do you think you missed from the training?

- More group work x2
- Time to digest the presentations
- Real case studies
- How to deal with someone who speaks a strange language
- More focus on African examples
- Practical ways to minimize stress x3
- Relevant mechanism for coping with work-related stress x2
- More practical exercises x4



- The training didn't seem to be tailored to the needs of an interpreter. It was like we were being trained to be counselors
- Enough time for teaching practical relaxation methods and for relaxation x3
- Nothing
- Some little time to discuss with the organizers of the seminar
- I didn't feel like participating as such
- Adequate time allotted to the training
- More coping strategies
- Specific linkage to ICTR context
- More material leaning on practical, too much theory
- The risks counselors are exposed to in terms of being infected or affected by clients condition and prevention technique

10. Were the two days enough?

	Group 1	Group2	Total
Yes	12	19	31
No	24	20	44

11. If No, how many days?

Suggested no. of days	Group 1	Group 2	Total
3 full days	8	3	11
4	6	4	10
5	5	7	12
One week	4	4	8

12. Would any further training be helpful to improve your skills for the job you do?

Yes x 61      No x 12

13. If yes explain further

- Follow-up sessions and appraisal of my job performance following acquisition of these skills x2
- Continuing learning
- Counseling techniques can be applied to colleagues in the booth, helping to improve working atmosphere
- I feel several two-day sessions would be appropriate to dwell further on specific aspects
- It could help be more relaxed in work and in relating to others
- More practical training and role playing
- Follow up group therapy/ counseling would be a big help
- A training really on helping interpreters to destress and have more balanced lives would be more appropriate
- There was too much material for too little time! X2
- Have more time to tackle each aspect of the problem
- What is needed is a full time psychologist on site

- Managing work-related stress and personal trauma within a context of limited facilities
- We would get a better and in-depth understanding of the subject
- Regular translators and revisers meetings
- We did not have enough time for full participant participation
- Relaxation
- How to behave with friends, how to listen to them, how to help them
- Real counseling techniques
- This was a mere introduction to issues at hand
- To emphasize more on practical aspects of anxiety reduction techniques
- This is a very important need for people working in a terribly traumatizing environment like ICTR/ Arusha
- Each point on the agenda could be thoroughly covered and digested by the participants
- I need to better understand the topics covered
- To be able to cope with our daily stress
- I need to better understand the stress that really specific to interpreting
- Because I think I should participate with a sufficient concern or interest
- Needed once a year
- Reflexology sessions at work, or Yoga
- Practical course in counseling, group and individual
- It can help me to understand and sit with people from Rwanda
- Presentations were too fast due to time constraint
- Would have time to read the various handouts and hence more prepared leading to better understanding
- By teaching more techniques to avoid stress and trauma
- Client orientation, dealing with multicultural environment
- Stress is a permanent 'gust' in my professional life
- Group therapy x2/ counseling skills
- Specific coping mechanisms in relation to ICTR context
- One session a year for example to share experiences and to know how things change
- More counseling
- Refresher course
- Another opportunity for this kind of exchange to build team spirit
- The sessions were therapeutic by themselves and I would appreciate others
- In order to offer basic assistance to stress or trauma sufferers more training is required

4. Other comments:

- Thank you
- The training was tiring and stressing having to attend over the weekend, there was no time for the participants to rest for the working week to come i.e the timing was very poor

- I realize the exercise we had in class was useful (client & counselor) I recommend an exercise to each topic so that we learn better from each other
- An enjoyable weekend with colleagues
- Sources of stress to ICTR translators should be addressed adequately by both Head of section and ICTR managers
- Judges , prosecutors and lawyers should be trained to understand that the kind of job in the booths is stressful since , each time the witness does not respond properly, they start imparting the fault on interpretation
- Welcome initiative
- It was overall an interesting workshop
- Worthy initiative, deserves follow-up
- There was an 'improvised' aspects of the whole exercise
- A useful topic, for stress is a silent killer
- On the whole beneficial and enlightening
- Prof. and Dr. – they have done well their job. Thanks if next time can take care of our discussions which we were conducting in the groups
- I learnt from this training how to cope with my stress
- It was successful for me to attend this seminar and hope that we will attend other at another venue, with more time
- I would love course on mutual counseling between husband and wife –to really help one another in practical way
- Very useful seminar and very efficient facilitators
- The training came late for many of us
- This workshop should have been held 10 years ago when we started this Tribunal
- It seemed the seminar was hastily organized to the point that we chose the wrong location and got the wrong rooms for which created more stress in the participants
- Very useful, excellent resource persons. Hope there will be a follow-up focused on more emphasize on stress on interpreters' work
- I greatly enjoyed the whole exercise
- In general it was not bad
- We are living with stress, is not only office, our social life gives us stress everyday
- I wonder if the counseling part was necessary
- Well done and thanks very much
- Focus more on aspects specific to nature of participants e.g vicarious trauma impact and management
- I feel it is dangerous to invite people to express themselves (sometimes for the first time) about traumatic events and not have any follow-up or professional support available
- This comes too late, it should be organized on a yearly basis especially for persons just joining ICTR- not after 5,6,7, or 8 years in lots of cases.
- There is need for more focus on genocide related stress and PTSD as they affect interpreters

- Thanks for your efforts
- As educated individuals, interpreters will certainly know basic concepts of anatomy and medical treatment. Too much time was wasted on useless explanations. Trainers must always know who they are talking to and gauge their language accordingly. I often felt impatient
- That would help assessing the trauma caused and do something about it
- Recommendations made by the participants must be forwarded to the ICTR management failing which the training would be an exercise in futility
- Trainers should address and advise managers to work on what has been stressing clients/ staff members
- We should have some sessions sometimes with counselors who are none UN staff
- After this training I come to the conclusion that I very much need some counseling. But in the near future there seems to be no possibility to see a specialist at ICTR. Trying to solve the problems ourselves brings about other stressing situations. We all need counseling as soon as possible

#### Appendix VIB: FINAL EVALUATION OF THE WORKSHOP

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
1. Venue. Facilities, location, food seating arrangements, size of room, noise etc. <u>Comments:</u> •	4	14	19	4
2. Size of the class. Was the number of trainees adequate for the activities planned? <u>Comments:</u> •	0	4	21	14
3. The amount of time given to sessions. <u>Comments:</u> •	3	15	20	2
4. Organizations of the training agenda. <u>Comments:</u> •	2	6	23	8
5. Level of participation: <u>Comments:</u> •	2	6	22	10
6. The degree to which your expectations were met: <u>Comments:</u> •	1	9	23	6
7. The degree to which the objectives were met. <u>Comments:</u> •	1	7	25	6

**Appendix VIII: (a) EVALUATION OF FACILITATOR**

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

**NAME OF FACILITATOR:** Prof. David M. Ndetei

**TOPIC(S):** \_\_\_\_\_

	<b>WORKSHOP ATTRIBUTES</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1.	Mastery of Knowledge. <u>Comments:</u> •	0	2	17	59
2.	Confidence with presentation. <u>Comments:</u> •	0	6	17	54
3.	Pace of instruction. <u>Comments:</u> •	0	11	46	19
4.	Clear instruction. <u>Comments:</u> •	1	7	36	35
5.	Volume of voice. <u>Comments:</u> •	1	12	31	34
6.	Motivation of participants. <u>Comments:</u> •	0	14	41	22
7.	Linking information to participant's experience. <u>Comments:</u> •	2	13	35	28
8.	Useful information. <u>Comments:</u> •	2	6	29	41
9.	Organized presentation. <u>Comments:</u> •	0	10	30	36
10.	Participants' use of materials. <u>Comments:</u> • We are still to read /digest all handouts •	3	10	32	29

**(b) EVALUATION OF FACILITATOR**

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

**NAME OF FACILITATOR:** Dr. F. Ongecha-Owuor

**TOPIC(S):** \_\_\_\_\_

	<b>WORKSHOP ATTRIBUTES</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1.	Mastery of Knowledge. <u>Comments:</u> •	0	3	31	44
2.	Confidence with presentation. <u>Comments:</u> •	0	8	31	39
3.	Pace of instruction. <u>Comments:</u> • •	1	13	41	22
4.	Clear instruction. <u>Comments:</u> •	1	7	31	28
5.	Volume of voice. <u>Comments:</u> •	3	6	34	30
6.	Motivation of participants. <u>Comments:</u> •	1	10	45	21
7.	Linking information to participant's experience. <u>Comments:</u> •	2	14	42	16
8.	Useful information. <u>Comments:</u> •	2	8	41	27
9.	Organized presentation. <u>Comments:</u> • Well prepared •	0	10	31	37
10.	Participants' use of materials. <u>Comments:</u> •	3	10	32	28

**THE PSYCHOTRAUMA TRAINING WORKSHOP  
FOR THE LANGUAGE SERVICES SECTION (LSS) STAFF  
OF THE UNITED NATIONS INTERNATIONAL  
CRIMINAL TRIBUNAL FOR RWANDA (UNICTR) AT  
KIGALI, RWANDA**

**VENUE:  
AKAGERA GAME LODGE,  
10-12 MARCH, 2006 IN RWANDA**

**FACILITATORS:**  
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**AND**

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Consultant Psychiatrist & Research Associate, Africa Mental Health Foundation

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## **INTRODUCTION**

### **a. BACKGROUND**

The United Nations Security Council Resolution 955 created on 8<sup>th</sup> November 1994 an International Criminal Tribunal (hereinafter called the Tribunal) intended to 'bring to justice those persons presumed responsible for acts of genocide or other violations of humanitarian law on Rwanda territory, and Rwanda citizen presumed responsible for such acts or violations committed on the territory of neighbouring States between 01 January and 31 December 1994"

The ICTR is an independent and impartial body. It consists of three separate organs: the Judiciary, the Office of The Prosecutor (which conducts the investigations and presents the cases in court) and the Registry (which is the administrative arm of the Tribunal). There are three trial chambers and one appeals chamber. All fifteen judges of the Tribunal are of different nationality, none being from Rwanda.

### **b. THE REQUEST FOR THIS TRAINING WORKSHOP**

This was made by the LSS through the Registry, to equip the staff in this section with skills to help them manage any work and non-work related trauma to enable them undertake their mandate more effectively.

The request was made to Professor David M. Ndetei by the ICTR in Arusha. The training was to last two and a half days Prof. Ndetei designed the curriculum and prepared the training materials to fit into the available time. The programme which was later revised to fit the schedule since the participants had to travel back to Kigali on time is attached in APPENDIX I

### **THE TRAINEES**

These included staff from the LSS, investigation, and one each from administration and RESPS information section all based at Kigali – Appendix II

### **METHODS AND MATERIALS**

#### 1. Lectures

- Prepared notes were presented either on PowerPoint format or screened in full through a projector.
- Diagrammatic representations were done on flip charts, either for the main lecture or from group discussions

#### 2. Detailed lecture notes:

- These were distributed immediately after the lecture on the respective topic.

#### 3. Group discussions – summarized in flip charts which were then presented at the plenary

#### 4. Role plays

#### 5. Evaluations

- Pre-Training and Post-Training
- Facilitators

6. Psychotrauma Assessment on the participants (Part of Pre-Training evaluation)

## INSPECTION OF THE TRAINING FACILITY

The two facilitators visited the training facility on the day of training where by it occurred that the booked conference room was being utilized by another group forcing the trainers and organizers to opt for a smaller room on the afternoon of day 1. However, the second and third day the group moved to a bigger conference room.

## THE TRAINING

Day 1: 10<sup>th</sup> March, 2006

### 1. Opening ceremony

The opening ceremony started at 4.12p.m and was officiated by Mr.Daouda Niang, the Chief of LSS, who welcomed the facilitators and the participants to the beautiful setting. He said the training was timely, and was to help the participants evaluate the impact of trauma and trauma related issues they encounter during their interpretation and translation worker. He assured the participants that having attended the two previous training they would definitely find the workshop useful to them not only on their work but also in their day to day lives. He apologized for the late starting time that was occasioned by some unavoidable circumstances.

### 2. Introductions

At 4.17 pm Prof. Ndetei, took over the floor and thanked Mr. Daouda and his team for the invitation. He felt privileged to be back in Rwanda and narrated his experience in 1995/6 when he was in Rwanda training 60 mental health workers to manage the mental health needs of the citizens then. He then gave a brief outline on how the workshop would proceed from then on. The first item was a self-introduction of all those present. This consisted of people giving their full names and what they do for the Tribunal. The facilitators also introduced themselves. 8 nationalities were represented in this training that is Benin, Congo, Gambia, Niger, Rwanda, Senegal, Trinidad and Uganda.

### 3. Baseline Evaluation

Prof. Ndetei then introduced the subject of the workshop by first getting the participants to go through a baseline evaluation on a prescribed format. This was to assess/ascertain the level of knowledge, experience and their expectation from the workshop. The results of the baseline evaluation are summarized in Appendix III. The baseline also consisted of instruments to measure the amount of PTSD and vicarious trauma in the participants. The results of this PTSD assessment are summarized in Appendix IV. He also outlined the house rules including the election of the trainees' chairman and time keeper. The time

table was revised due to late kick off time and also to enable participants to travel back home on good time on the final day and also see how best to cover for the lost time.

### **Lecture: Introduction to the Training – “Why this Training”**

The introduction session, “Why this training workshop”, was delivered by Prof. Ndetei who looked at the case for Rwanda in terms of the traumatic events surrounding the Genocide. He outlined the justification/objectives for the training for which notes were prepared and handed out later.

He also outlined the areas to be covered: -

- To equip participants with working knowledge on:
  - Stress, its recognition and management in general
  - Complications of traumatic event(s) - Stress. Acute Stress Disorder (ASD), Post Traumatic Stress Disorder (PTSD)
  - What is Post Traumatic Stress Disorder and Acute Stress Disorder
  - How not to confuse PTSD with other types of stress
  - How to recognize stress and PTSD in all its various shades in self, others, colleagues and its effects on the following areas of human activities/functions: -
    - Biological including medical
    - Psychological
    - Social
  - How to help, seek for help and manage PTSD
  - How to prevent/minimize PTSD

**Note:** Lecture notes handed out soon after the lecture

**Due to shortage of time and for the participants to effectively gain from the training , the day ended after the 1<sup>st</sup> presentation at 6.10p.m**

### **DAY 2**

**1. 1<sup>st</sup> Lecture: Stress, Recognition and Management in the African Socio-cultural setting conducted by Prof. Ndetei under the following sub-heading**

- Stress
- Recognition and Management
- Stress and lifestyle

**Note:** Lecture notes handed out soon after the lecture. Several questions were raised and answered effectively after this presentation which ended up taking 2 hours instead of 1 hour.

### **After Tea Break**

**Lecture: Post-traumatic stress disorder by Prof. D.M. Ndetei**

- Historical background
- Diagnosis
- Management

- Life course (natural history)

**Note:** Lecture notes handed out soon after the lecture

### **Group discussion and group presentations at the plenary**

There were group discussions where participants went into groups of 5-6 each and discussed their experiences with different traumas in relation to their personal lives and work.

Because of the keen interest by the participants in the group discussions and the participatory nature of the discussions, the groups were allowed to continue until lunch time.

#### **After Lunch**

##### **Plenary session**

The plenary was held after lunch. The Agenda for the group discussions and the outcome of those group discussions are summarized in Table V

**Lecture: PTSD in Children:** by Dr. Ongecha-Owuor, under the following headings: -

- Factors that affect a child's response to stress
- General symptom of PTSD in children
- Diagnosis of PTSD in children

#### **Group discussion**

Participants broke out into their former groups and held a second group discussion on how they have coped with their work, challenges/limitations and what help they needed.

#### **Anxiety reduction techniques and relaxation exercises:**

Under the guidance of Dr. Ongecha-Owuor. The group went through various anxiety reduction techniques with a lot of discussion. A relaxation exercise lasting about 20 minutes was also undertaken by the entire group. The activities of the day ended at 6.15pm

### **Day 3:**

#### **Morning**

**1. Lecture: Grief, Mourning and Traumatic Grief:** by Dr. Ongecha-Owuor. The following were discussed:

- Definitions
- Characteristics and stages of normal grief
- Grief in parents
- Bereavement in children
- Abnormal grief and its stages

- Grief management and therapy
- Stages in Mourning
- Traumatic grief

**Note:** Lecture notes handed out soon after the lecture

## 2. Lecture: Acute Distressing Event and Debriefing , Testimony and Confessions

Dr. Ongecha-Owuor under the following subheadings: -

- Definition
- History
- Purpose
- Functions and
- Setting – Who? When? Where and How?

**Note:** Lecture notes handed out soon after the lecture

### After Tea Break

## 3. Lecture: Management of PTSD – Counselling and Cognitive Behavioural Therapy (CBT), group therapy and psychopharmacotherapy by Prof. D. M. Ndeti

- Definitions
- Basic Counseling
- Maslow's hierarchy of needs
- Carl Rogers therapy and application
- Aims of therapy
- Therapeutic (counselling) process
- Supportive Psychotherapy
- Cognitive Behavioural Therapy (CBT)
- Group therapy
- Use of drugs

**Note:** Lecture notes handed out soon after the lecture

## 4. Role Play and Plenary Discussion

Role-play of counseling session where the participants were to evaluate the skills of the counselor (one of the participant): Two sessions;

- where the client was a victim of home burglary and was now having difficulties in falling asleep, sensation like the butt of gun is on her temporal forehead, and fear that the robbers may come again. She had tried changing residence but so far cannot get a house unless she goes out of Kigali.
- The second client was disturbed by the fact that he is now 40 years and still not married, he can't get a wife and is also losing interest in sex, and he is shy too. His relations, parents and grandparents are concerned about this as well.

The following were discussed in plenary: -

- How the counsellor handled the situation – reported by the audience

- (ii) How the client felt – reported by the client
- (iii) How the counsellor felt – reported by the counsellor

In all the above the following skills were evaluated: -

- Listening skills
- Empathy
- Helping client make decision and not offering advise
- Body language
- Genuineness
- Tenderness

### 5. Final Evaluation

- ❖ There was the final evaluation of the programme where the semi-structured forms were given to each participant to evaluate the workshop/training attributes in terms of venue, class size, time, organization, participation expectations and objectives achievement. The results are summarized in Appendix VII.
- ❖ They also evaluated the facilitators individually (Appendix VIII).

### CLOSING CEREMONY

This was presided over by the Chief of the section, Mr. Daouda Niang which was highly motivating to both participants and facilitators. The participants recommended the same training for their other colleagues in various departments at Kigali to the Chief and to the country at large. He thanked the facilitators for having conducted the seminar which was much needed by the staff in Kigali.

### CONCLUSIONS

***The people who were trained were very highly traumatized infact more than their counterparts in the same section at Arusha office as indicated by the instrument we used. (On the secondary / Vicarious trauma scale***

- There was very high levels of hyper-arousal 16/22 (72.7%) in the participants compared to their colleagues at Arusha where levels were 40/74 (54%).
- This was followed by avoidance at 14/22 (64%) and intrusion at 11/22(50%) compared to 38/74 (51%) and 39/74 (53%) for the LSS staff based in Arusha respectively.)

b) These findings cut across all staff irrespective of whether they were in Rwanda at the time of the genocide or not.

Most of them, including those who had worked in other traumatic missions had not been exposed to *this kind of training*

The trauma had been caused through various routes:

- Direct physical exposure to the traumatic event to the self

- Direct physical exposure to the traumatic event to significant others
- Interpreting witness and lawyers statements in court
- Translating/Revising/proofreading the witness statements
- Exposure to and contact with those who had been traumatized
- Listening to the stories of those who had been traumatized
- Coming into contact with the alleged perpetrators

**Note:** The first two routes are direct exposure whereas the last six are indirect exposure (also referred to as Secondary Trauma or Vicarious Trauma).

4. They appreciated the training in relation to:

- Their own individual and personal needs
- Their work.

5. The participants would have benefited more if there was more time.

#### **Further observation**

Participants had individual urgent psychological needs for which time was neither allocated nor available.

### **RECOMMENDATIONS**

1. There is a urgent need to train everybody involved in work in the courts for two reasons: -
  - (i) For their own Psychological benefits and needs
  - (ii) To increase efficiency in: -
    - Working with witness/victims
    - Related duties
2. Kigali office requires more psychological support available to the staff and counselors if present should be empowered with further training as part of continuing education so as to update on skills and in their effective delivery of help to all those with psychological needs.
3. For any future training more time should be allocated for (there was a serious constraint on time for these very powerful tools of training: -
  - Group work/discussion
  - Role plays

**Note:** The above should be tailored to the various topics

4. It is recommended that ideal training period inclusive of lectures, group work, role-plays should be 4-5 working days with more time for homework, group work and role-plays. This is based on the experience of this and previous training and the evaluations from the participants. This however has to be balanced against other

considerations by the ICTR. Or regular 2 day trainings on specific topic after this initial exposure would be beneficial.

5. The hard copies for the training material should be available in English and French
6. The trainees should have a follow-up professional consultation to manage the immediate crisis that may be aroused with this kind of training and exposure.
7. Facilities – The following should be made available for future training: -
  - PowerPoint presentation facilities
  - Light pointer
  - Overhead projector
  - Voice- Recorder
  - T.V. Screen and Video cassette player and tapes (*will provide records for the trainees to refer to, especially on role-plays*)
  - Video – recorder for same purposes as above
  - Flip charts
  - Pencils/pens
  - Writing materials
  - Photocopying facilities
  - If possible obtain video tapes of what happened during the genocide



Appendix I: PROGRAMME FOR PSYCHO-TRAUMA TRAINING WORKSHOP  
AT AKAGERA GAME LODGE, RWANDA ON 10-12 MARCH,2006

DAY I:

TIME	ACTIVITY	FACILITATOR
8.00pm-2.10 pm	Opening (Less than 10 minutes) Climate setting	Chief of LSS Ndetei/Ongecha
2.10 pm-2.40 pm	Baseline evaluation/Vicarious Trauma evaluation Baseline Trauma	Ongecha
2.40 pm -3.00 pm	Tea Break	
3.00 pm - 4.00pm	Why this training workshop The case for Rwanda: the traumatic events surrounding the genocide (1994) between then and now and into tomorrow	Ndetei
4.00 pm - 5.00 pm	Stress and Stress Recognition	Ndetei
	End of day 1	

DAY 2		
8.30 am - 9.30 am	Post- Traumatic Stress Disorder: Diagnosis, management, History and Life Course - Part I Emphasis: Vicarious Trauma	Ndetei
9.30am - 10.30 am	Post- Traumatic Stress Disorder: Diagnosis, management, History And Life Course -Part II	Ndetei
10.30am - 11.00am	Tea Break	
11.00am - 12.00p.m	Group discussion (in 5 groups each of 8) Vicarious Trauma	
12..00pm - 12.45pm	Report back to Plenary	Ndetei/Ongecha
12.45pm - 2.00 pm	Lunch Break	
2.00 pm - 3.15pm	PTSD in children - Overview	Ongecha
3.15p.m-4.30p.m	Group discussion +Tea (Each group to come up with recommendations on how to handle trauma related to their work )	
4.30 pm-5.00pm	Report back to plenary	

DAY 3

TIME	ACTIVITY	FACILITATOR
8.30am-9.00am	Plenary: Exercise and relaxation techniques (Anxiety Reduction Techniques)	Ndetei/Ongecha
9.00 am – 10.30 am	Grief and Mourning and Traumatic Grief plus group discussion (30 minutes)	Ongecha
10.30am – 10.45 am	Tea Break	
10.45 am – 11.45 am	Management of Acutely Distressing event – Debriefing	Ongecha
11.45am – 12.15 pm	Management of PTSD – Counseling (individual and group therapy)	Ndetei
12.15 pm – 12.45pm	Management of PTSD – Cognitive-Behavioral-Therapy (CBT) and pharmacotherapy	Ndetei
12.45 pm – 2.15 pm	Lunch Break	
2.15 pm – 3. 00 pm	Role play	
3.00 pm – 3.15pm	Final evaluation of the programme and facilitator evaluation and closing of the workshop	Ndetei/Ongecha /LSS Representative

**Appendix II: INVITED PARTICIPANTS (List supplied by LSS)****Participants Attendance List**

NAME	SECTION
Fatou Binta Sall	LSS
Jean Baptiste Gasominari	INVESTIGATION
Joseph Sibomana	INVESTIGATION
Albert Nwoinareza	LSS
Halindaintwali Theodomir	LSS
Eliphaz B. Kazuba	LSS
Kebba Jarju	LSS
James Luyinda-Miti	LSS
Demokrasi Samson	INVESTIGATION
Charles Harerimana	LSS
Maka Soumana	LSS
Murebwayire Collette	INVESTIGATION
Emmanuel Bimenyimana	INVESTIGATION
Jean Maguru Chinyema	LSS
Jean-Marie Gatarazi	LSS
Kamuru Charles	ERSPS
Olga Simpson	LSS
Richard Kayonga	LSS
Fidele Kabingera	LSS
Ingrid Phillip-Bristol	ADMINISTRATION
Antoine Rwamanywa	INVESTIGATION
Rwamigabo Eugene Remy	INVESTIGATION

### Appendix III: PRE-TRAINING EVALUATION

From the Baseline measure tool these were the findings: -

A total of 22 participants did this evaluation. They were all from Kigali office of the UNICTR. 17 were males and 5 were females.

#### Nature of work

- 1-Information Assistant
- 1- Counselor/staff welfare Assistant
- 2-Transcript typists
- 13-Translator/Interpreter
- 2- Field Interpreters
- 2-Interpreters
- 1-Legal Translator

All participants were of high academic achievement ranging from Form IV (only 1) to University, with some having more than one degree.

Only one participant had had a previous training in trauma/genocide management.

50% of those in attendance had been traumatized or exposed to a traumatic event which included the following:-Loss of beloved ones(parents and relatives), war, injustice, being raped, having my teenage daughter raped, Seeing people maimed and child soldiers (Chad, Liberia, Sierra Leone), brother narrowly escaped death experiences sporadic trauma, missed a better paying job I had aspired for, people going mad when they remember what happened to them or their relatives.

They had had work experience with trauma/genocide survivors or victims and their collective experiences with trauma/genocide survivors included the following: -

- Recording statements from genocide survivors
- In our daily assignment we do record statements from genocide survivors
- Asking survivors about their genocide experiences that is what they witnessed and experienced
- Witness living in misery(no shelter, no food, no school for children)
- Witness or survivor not assisted for medical expenses
- Survivors who had their genitals cut
- Hearing of terrifying stories of some genocide survivors
- interpreting victim's statements, witness testimonies (raped four days after delivery, women subjected to rape and violence) in court
- Translating witness statements
- Revising texts (witness statements) of some survivors of the genocide
- Watching genocide films
- Dealing with traumatized survivors during investigations

Only one responded to having received help for their trauma in form of relieving words from trauma specialists.

**Expectation with regard to the training:**

- To deal properly with various trauma situations
- Manage stress in a work environment
- To try and be more stronger emotion wise
- Understand and manage stress and trauma
- Come up with techniques /ways of how to behave in case faced with a traumatized witness or any other person
- Learn more on how to help my colleagues deal with the genocide experience

**How will this training be useful in relation to: -**

**Self**

- Help me better manage stress situations
- Live a less-stressed life and manage traumatic situations
- Better understanding of trauma
- Help me to recognize and deal with trauma
- Knowing when to seek assistance
- Better equipped when faced with traumatic events

**Work**

- Be more effective in handling trauma cases
- Carry out my job effectively and with confidence
- Better deal with my job at ICTR
- Understand better situation of colleagues under my supervision and be able to let them live free of traumatic situations at work
- To allow me be more detached when listening to someone report traumatic events
- Dealing with work-related stress
- I will improve it

## Appendix IV: PTSD LEVELS IN THE PARTICIPANTS

### Trauma that is most distressing

- Remembering seeing people being thrown in Nyabarongo river
- Death of a loved one.
- When I first listened to genocide victims testify in court
- Incident at work whereby a senior member of staff suspected and wrongly accused some of his staff including myself, of breaking into (hacking) his computer
- Sometimes have nightmares due to war and genocide situations I went through
- Genocide
- Seeing corpses and skeletons on films or in reality
- Seeing people maimed or bearing scars for life

### SECTION B

Each of the following questions asks you about specific symptom. For each question, consider how often in the last week the symptom troubled you and how severe it was. In the two boxes beside each questions, write a number from 0-4 to indicate the frequency and severity of the symptom.

#### Frequency

Questions	N=22	Frequency		Severity	
		Yes (1-4)	No (0)	Yes (1-4)	No
(i) Have you ever had distressing dreams of the event?		10	6	7	5
(ii) Have you been upset by something that reminded you of the event?		8	6	8	4
(iii) Have you been avoiding any thoughts or feelings about the event?		7	7	4	7
(iv) Have you found yourself unable to recall important parts of the event?		6	9	4	7
(v) Have you felt distant or cut off from other people?		4	8	3	7
(vi) Have you found it hard to imagine having a long life span and fulfilling your goals?		8	6	10	3
(vii) Have you been irritable or had outbursts of anger?		4	16	3	7
(viii) Have you been jumpy or easily started?		10	7	8	7

## SECTION C

Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

**NOTE: "Client is used to indicate persons with whom you have been dealing with.**

		No	Yes
1.	I felt emotionally numb	7	10
2.	My heart started pounding when I thought about my work with clients	7	8
3.	It seemed as if I was reliving the trauma(s) experienced by my clients(s)	8	7
4.	I had trouble sleeping	5	12
5.	I felt discouraged about the future	4	11
6.	Reminders of my work with clients upset me	6	9
7.	I had little interest in being around others	5	12
8.	I felt jumpy	7	10
9.	I was less active than usual	3	14
10.	I thought about my work with clients when I didn't intend to	3	12
11.	I had trouble concentrating	3	14
12.	I avoided people, place, or things that reminded me of my work with clients	7	10
13.	I had disturbing dreams about my work with clients	7	10
14.	I wanted to avoid working with some clients	6	9
15.	I was easily annoyed	3	14
16.	I expected something bad to happen	5	11
17.	I noticed gaps in my memory about client sessions	6	10

### Interpretation of the above table:

The following were the commonest symptomatology exhibited by the participants who responded to the secondary trauma scale above. These were items 9, 11, 15, 4, 7, and 10 all of which can impact negatively on work performance.

### PTSD subscales:

Mean	Frequencies			
Scores	Intrusion	Hyperarousal	Scores	Avoidance
1.0	2	2	1.0	2
1.2	2	-	1.4	1
1.6	2	2	1.6	2
1.8	2	2	1.7	1
2.4	1	1	2.0	1
2.6	-	4	2.1	1
2.8	1	1	2.3	1
3.0	1	2	2.6	2
3.2	-	1	2.7	1
4.0	-	1	3.3	1

			3.7	1
Total	11	16		14
	<b>11/22 (50%)</b>	<b>16/22 (72.7%)</b>		<b>14/22 (63.6%)</b>

**Summary of the above table**

On the secondary / Vicarious trauma scale

- There was very high levels of hyper-arousal 16/22 (72.7%) in the participants compared to their colleagues at Arusha where levels were 40/74 (54%).
- This was followed by avoidance at 14/22 (64%) and intrusion at 11/22(50%) compared to 38/74 (51%) and 39/74 (53%) for the LSS staff based in Arusha respectively.

**Conclusion:**

There is a higher level of PTSD symptomatology among staff in Kigali office than those in Arusha office as the results above indicate. These need to be dealt with as per the recommendations above.



## Appendix V: GROUP DISCUSSION

There were a total of 4 groups consisting of 5-6 participants

### (a) TASKS FOR EACH GROUP

1. Participants to share their own experience of Trauma/ Genocide in relation to: -
  - Self
  - Others
2. Each group to come up with a list of all the possible Trauma related to: -
  - The Genocide in Rwanda
  - Other events not related to the Genocide
3. Impact of each of the above in relation to: -
  - Work and
  - Personal growth
4. Each group to come up with how they have coped, their limitations, and what help they need.

### (b) REPORTS BY THE GROUPS

#### GROUP 1

##### 1. a) Self

- Directly (Rwandan/foreigner in Rwanda)
- A trainee who had lived in Rwanda during the genocide had to hide in Tanzanian embassy for 3 months after running away from home. He pointed out that on his way he encountered killers and also lost friends. Worst the bodies of the killed were used as road blocks.
- The other experienced genocide at Nduraboturo-Nyabugo and Butare where he witnessed machetes used. He still is traumatized by site of machetes but he's trying to cope with it.
- I was in Rwanda since the time where many friends were killed. He was attacked and still traumatized. We were attacked Coping-talk, approaching neighbours
- Another member narrated his experience in court when she was interpreting a rape case and for the subsequent two weeks could not sleep due to terrifying nightmares. She would wake up sweating. I discussed the matter with colleagues, and all told me they endured the same situations.
- Any time a trainee watched genocide films at UNICTR he couldn't sleep

## 2. Genocide

- When interpreting witness' who had been raped in court the interpreter was shocked and needed two weeks to recover before he could take up his job indeed he had to do a different task other than interpreting in court
- Experienced self-guilt after seeing a killer bringing to the brigade a skull of the killed
- Sleepless nights with nightmares
- Personal stress
- Fear (afraid to sleep alone-waking up)
- Frightened by stories

### b) Other

- - Attacked in the house by armed robbers (not identified) threatened him to death and asking for money though he managed to escaped through another door.

## 3. Personal

- Developed negative attitude towards life
- Became pessimistic/too cautious
- Regret over what work am doing (interpreting)
- Became more religious

## 4. a) Kinds of stress encountered

### How we have coped

Employed patience, perseverance, strong heartedness/hardiness  
Believing in the fact that the truth will come out  
Some tried reading,  
watching TV,  
Sharing experiences, and  
Others felt that they contributed to the healing process by nature of job  
(justice system-at ICTR).

### Help Needed

We have to be treated as fellow staff members  
Regular meetings as staff members  
Regular seminars where they can discuss as groups

## GROUP 2

### 1. a) Self

- Watching genocide films for example of Rwanda, Germany, Armenia
- Looking or seeing traditional weapons that were used during the genocide such as machetes, spears, clubs etc

- Conversation related to genocide
- Visiting genocide memorial sites

#### **b) Others**

- Rape victims not willing to get married
- Increase of trauma cases during the genocide mourning period and
- During confessions and testimonies (Gacaca, ICTR, National jurisdiction and prisons)

### **2. a) Genocide in Rwanda**

- Widows collapsing
- Guilt and remorse from perpetrators
- Rape victims refusing to get married
- Avoidance of genocide conversations

#### **b) Others**

- Road traffic accidents
- Physical fighting between people
- Nightmares resulting from watching horror films
- Death/ Loss of parents for children (HIV/AIDS etc)

### **3. a) Work**

- Lack of concentration
- Mistrust of interpreters by witnesses based on gender (especially women being interviewed by men)
- Negative reaction from the local people who attend ICTR awareness raising workshops

#### **b) Personal growth**

- People affected with trauma lack future perspectives(socio-economic) and this seems to traumatize me

### **4. a) Coping- we took an example like in case of rape victims testifying:**

- We exhibit patience
- In such situations we employ a female team to conduct the interviews (lawyers, language assistant, investigator)
- We also try to provide psychological/ counseling support to the witness

#### **b) Limitations**

- Witnesses unwillingness to recount painful story
- Time management –in such situations the interview takes longer than expected

#### **c) Help needed**

- Training on regular basis (how to deal with the situations and similar ones)
- Counseling support to the victims
- Resource support from ICTR and other partners (NGOs and other civil societies) for the survivors
- Support from local authorities

### GROUP 3

#### 1. a) Self

- Death of a close family members, acquaintances
- Rape
- Injuries (serious)
- Loss and destruction of property

#### b) Others

- Bankruptcy
- HIV/AIDS
- Armed robbery

#### 2. a) Rwandan genocide

- Murder
- Rape
- Looting
- Betrayal
- Phobia
- Hatred
- Abortion
- Destruction
- Displacement
- Distrust

#### b) Others

- Fear (phobia)
- Hatred

#### 3. a) Impact Work

- Low productivity
- Problems with colleagues (close to killers or suspects)

#### b) Personal

- Low/lack of self esteem
- Self destruction

#### 4. a) Coping

- Have a -drink at the end of day to unwind and relax
- Listen to music

- Play and watch football
- Regular exercise
- Visit friends
- Read
- Travel

#### B) Limitations

- Having a tendency to indulge
- Time constraint
- Frequent electricity blackouts thus cannot read leading to dropped performance
- Financial constraints/Availability of utilities

#### c) Help needed

- Counseling
- More staff and good distribution of work
- More specific training for translator/interpreters

### GROUP 4

(Interpreters)

#### 1. a) Self

- A witness who was raped cried for 30 minutes while recounting her ordeal, the investigator wanted to continue but interpreter said be patient
- A male witness in the witness box saw an accused person related to him in the court room, so the witness asked for permission to stop for a while. The judge was understanding enough to allow 5 minutes for the witness to be composed and continue with the proceedings
- Female witness genocide survivor who was raped four days after delivery stopped and started crying in the middle of her evidence, unfortunately the investigator insisted that they did not come to court to waste time but listen to the witness. She however, later calmed down after thirty minutes and the proceedings continued.

#### 2. a) Related to genocide

- Translators/Interpreter kept thinking about the witnesses' narrations continuously
- Interpreting witness testimony of elderly lady who was raped. In the course of interview with 2 persons male and female a question was put to old lady as to how deep was the penetration, the poor old woman cried after my translation. The lady cried for 20 minutes during which time I counseled her so she could answer. Even though I was shocked and could not concentrate well on my work the investigators did not seem to care. It's like they felt the old woman was wasting time.

### **b) Other Trauma**

- TV pictures of traumatic events interfere with my sleep especially if I watch them at night
- Watching or seeing hunger victims especially children
- There is one participant whose uncle's wife repeated comments that he is very thin leaves him worried and affected

### **3. a) Work**

- As an employee of ICTR I don't get discouraged because I am working towards justice
- Give own contribution when I came to work with ICTR by devoting herself to perform well as a healing
- Trauma experience prompted me to be careful and compassionate so as to get the best out of witnesses and perform my work well
- Also at times I am afraid of stories by witnesses and perpetrators for they are always present in my mind

### **b) Personal growth**

- More understanding as a person and does accept some point of view of others and try to negotiate a solution instead of retreating
- Better communication with others, knowledge of handling victims, traumatized survivors especially females
- Afraid of human beings
- Not successful in understanding the attitude of man to man and I tend to believe what philosopher John Locke said that-" Human being is more dangerous than an animal to other human being"
- Respect any human being

### **4. a) Coping-in relation to our work at ICTR**

- Adopting positive attitude
- Getting closer to my creator by reading and meditating the word
- Engaging in Sports activities
- Communication with colleagues to get some relief (to get things out of my chest)
- Information-by reading books for better understanding of the genocide

### **b) Limitations**

- No formal coping mechanism all the above were found out of an individual basis

- As far as use of sports activities there is issue of time not available and also the recreational facilities in Kigali are very expensive in terms of membership fees etc.

**c) Help needed**

- More of this kind of training
- Staff members should be given the opportunity to consult specialists on an individual basis (psychologists, physiotherapists, doctors)
- Once problems are identified there should be solutions and follow-up

156533/row

## Appendix VI: FINAL EVALUATION OF THE WORKSHOP

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
Venue. Facilities, location, food seating arrangements, size of room, noise etc. <u>Comments:</u> <ul style="list-style-type: none"> <li>• But there is no hot water in some rooms</li> <li>• Room used on first day was too small and hot while for the bigger room there was noise of chairs being dragged upstairs</li> <li>• Venue and all related needs were very good</li> <li>• Room not well ventilated</li> </ul>	0	1	5	16
Size of the class. Was the number of trainees adequate for the activities planned? <u>Comments:</u> <ul style="list-style-type: none"> <li>• Looking at the projector caused me neck pains because I was not in a good position- preferred a round sitting rather than rectangular</li> </ul>	0	1	8	13
The amount of time given to sessions. <u>Comments:</u> <ul style="list-style-type: none"> <li>• Trainers were obliged to rush due to lack of time</li> <li>• Was fairly enough</li> <li>• More time needed x2</li> <li>• Some sessions required more time e.g group sessions</li> <li>• Not enough we needed about 5 working days</li> </ul>	1	7	11	3
Organizations of the training agenda. <u>Comments:</u> <ul style="list-style-type: none"> <li>• Was so good</li> <li>• Sessions should have been given priority according to their importance</li> </ul>	0	1	12	9
Level of participation: <u>Comments:</u> <ul style="list-style-type: none"> <li>• The participation was encouraging</li> <li>• Very good, training brought together people of the same occupational group</li> <li>• More people need this training but only few were conveyed</li> </ul>	1	1	8	12



The degree to which your expectations were met: <b>Comments:</b>	0	0	12	9
<ul style="list-style-type: none"> <li>• We did not have enough time to relax between 2 consecutive sessions</li> <li>• I learnt a lot</li> <li>• Satisfied</li> <li>• Technical terms were not well explained due to time constraints</li> <li>• I really learned new things that I did not expect</li> <li>• Knowledge obtained can be used in a wider range of management issues</li> </ul>				
The degree to which the objectives were met. <b>Comments:</b>	0	2	12	8
<ul style="list-style-type: none"> <li>• They were surely met</li> <li>• 80%</li> </ul>				

8. What skills and information did you find particularly beneficial to your needs. Why?

- Stress recognition and management because this is applicable to my work situation and will be helpful to self and my colleagues
- Counseling skills such as learning skills, genuineness because they will enable me to help colleagues and people in my surroundings
- Understanding what stress and trauma are; and learning how to cope with PTSD
- Causes and Management of PTSD
- Critical Incident and Debriefing - this would be useful in the many UN missions worldwide and especially in the heightened awareness of terrorism
- The course addressed various problems encountered during my job such as stress, behaviour change, managing critical situations arising in someone's life course.
- Normal and abnormal reaction in mourning because death is part of life
- The whole training actually-while discussing with my colleagues all of them pointed out that the training is relevant to the work we are doing since we work with pressure

9. What do you think you missed from the training?

- More group sessions/ practical sessions/role plays
- Traumatic grief
- Exercises in a real situation (real client and real counselor)
- Explanations of some terminologies
- Most of issues relevant to our specific profession were not widely touched although mentioned

- The content of the subjects were Ok but lack of time to go deeply

10. Were the two and half days enough?

	Frequency
Yes	6
No	16

11. If No, how many days?

Suggested no. of days	Frequency
3 full days	2
4	6
5	4
6-7 days (One week)	4

12. Would any further training be helpful to improve your skills for the job you do?

Yes x 19

No x 3

13. If yes explain further

- This training and further training would help the whole organization (including other sections like administration/ finance and health services) and work there would be even more productive
- Any training related to trauma and counseling since time allocated to the subject was very short
- How to appreciate the state of mind of clients
- How to handle specifically traumatized witnesses who are also genocide survivors
- Need further training on social matters which increase my stress at work
- Training in interpretation/ Translation
- It would improve my personality and reduce stress that usually affect my performance
- Because in applying what I've learnt during this training some new issues would rise and it would be difficult for one to cope with them
- It would provide additional opportunity to further understand the issues and put the skills learnt to practical use
- Whereby one can individually have enough time to talk about individual situations

14. Other comments:

- The trainers should get time to listen to the staff individually
- As some trainees are not good at English, something should be done to help them follow the training as well as possible
- The trainees should be provided with a DSA as this is like a field mission
- Overall it was an excellent program, and should have another one of its kind
- This type of training would be of great importance to all Rwandese and even for others
- Considering the complexity of the subject, I think that more time was needed for participants to get maximum benefit from course
- Participants should have time to meet trainers on individual basis to talk about their traumatic experiences after the first day of training so that trainers know for the rest of the training what kind of people they are training
- Such training should be held so often and senior managers also trained
- I think our visitors are very competent and one could like to have more courses with them
- It was very good. Thanks to the organizers and providers
- The course just very beneficial, and more of it will be very good
- Congratulations, trainers!!

### Appendix VIII: (a) EVALUATION OF FACILITATOR

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

NAME OF FACILITATOR: Prof. David M. Ndetei

TOPIC(S): \_\_\_\_\_

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
1. Mastery of Knowledge. <u>Comments:</u> •	0	0	1	22
2. Confidence with presentation. <u>Comments:</u> •	0	0	0	22
3. Pace of instruction. <u>Comments:</u> •	0	1	9	12
4. Clear instruction. <u>Comments:</u> •	0	0	7	15
5. Volume of voice. <u>Comments:</u> •	0	0	11	12
6. Motivation of participants. <u>Comments:</u> •	0	2	12	9
7. Linking information to participant's experience. <u>Comments:</u> •	0	2	10	11
8. Useful information. <u>Comments:</u> •	0	0	8	15
9. Organized presentation. <u>Comments:</u> •	1	0	8	14
10. Participants' use of materials. <u>Comments:</u> •	0	1	12	9

**(b) EVALUATION OF FACILITATOR**

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

**NAME OF FACILITATOR:** Dr. F. Ongecha-Owuor

**TOPIC(S):** \_\_\_\_\_

	<b>WORKSHOP ATTRIBUTES</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>VERY GOOD</b>
1.	Mastery of Knowledge. <u>Comments:</u> •	0	0	7	16
2.	Confidence with presentation. <u>Comments:</u> •	0	0	9	14
3.	Pace of instruction. <u>Comments:</u> •	0	2	13	8
4.	Clear instruction. <u>Comments:</u> •	0	1	8	13
5.	Volume of voice. <u>Comments:</u> •	0	2	12	8
6.	Motivation of participants. <u>Comments:</u> •	0	5	7	11
7.	Linking information to participant's experience. <u>Comments:</u> •	0	3	11	9
8.	Useful information. <u>Comments:</u> •	0	0	12	11
9.	Organized presentation. <u>Comments:</u> •	1	1	8	13
10.	Participants' use of materials. <u>Comments:</u> •	0	2	10	10

THE PSYCHOTRAUMA AND BASIC COUNSELING  
SKILLS TRAINING WORKSHOP FOR THE WITNESSES  
AND VICTIMS SUPPORT SECTION AND THE OFFICE OF  
THE PROSECUTOR STAFF OF THE UNITED NATIONS  
INTERNATIONAL CRIMINAL TRIBUNAL FOR RWANDA  
(UNICTR)

VENUE:  
NGURDOTO MOUNTAIN LODGE,  
31<sup>ST</sup> MARCH AND 1<sup>ST</sup> APRIL, 2006 IN ARUSHA,  
TANZANIA

FACILITATORS:  
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MB ChB (Nairobi), DPM (Lond), M.R.C.Psych., FRCPsych. (UK),  
MD (Nairobi), Certificate in Psychotherapy (London)  
Professor of Psychiatry  
University of Nairobi  
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Director, Africa Mental Health Foundation (AMHF)

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MBCHB (Nairobi), M.Med.Psych. (Nairobi)  
Consultant Psychiatrist & Research Associate, Africa Mental Health Foundation

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## **INTRODUCTION**

### **a. BACKGROUND**

The United Nations Security Council Resolution 955 created on 8<sup>th</sup> November 1994 an International Criminal Tribunal (hereinafter called the Tribunal) intended to "bring to justice those persons presumed responsible for acts of genocide or other violations of humanitarian law on Rwanda territory, and Rwanda citizen presumed responsible for such acts or violations committed on the territory of neighbouring States between 01 January and 31 December 1994"

The ICTR is an independent and impartial body. It consists of three separate organs: the Judiciary, the Office of The Prosecutor (which conducts the investigations and presents the cases in court) and the Registry (which is the administrative arm of the Tribunal). There are three trial chambers and one appeals chamber. All fifteen judges of the Tribunal are of different nationality, none being from Rwanda. The Witnesses and victims

### **b. THE REQUEST FOR THIS TRAINING WORKSHOP**

This was made by the WVSS through the Registry; to equip the staff in this section with skills to equip them with basic counseling skills, help them manage any work (secondary trauma and posttraumatic stress disorder) and non-work related trauma to enable them undertake their mandate more effectively.

The request was made to Professor David M. Ndeti by the ICTR in Arusha. The training was to last two days. Prof. Ndeti was to design the curriculum and prepare the training materials to fit into this available time. This was done and the programme which was later revised to fit the schedule is attached in APPENDIX I

### **THE TRAINEES**

These included the victims' support officers, witnesses support officers, security officers, trial attorneys, legal associates, legal assistants, secretarial staff and administrators, and representative of two NGOs from Rwanda. Attendance list attached in Appendix II

### **METHODS AND MATERIALS**

#### **1. Lectures**

- Prepared notes were presented either on PowerPoint format or screened in full through a projector.
- Diagrammatic representations were done on flip charts, either for the main lecture or from group discussions

#### **2. Detailed lecture notes:**

- These were distributed immediately after the lecture on the respective topic.



3. Group discussions – summarized in flip charts and transparencies which were then presented at the plenary
4. Role plays
5. Evaluations
  - Pre-Training and Post-Training
  - Facilitators
6. Psychotrauma Assessment on the participants (Part of Pre-Training evaluation)

## THE TRAINING

Day 1: 3/31/2006

### 1. Opening ceremony

The opening ceremony started at 9.10am and was officiated by the Office of the Prosecutor's representative who reminded the participants of the need and importance of the workshop in relation to their work which involves dealing with the witnesses, victims and the perpetrators. He welcomed the facilitators and the participants and declared the seminar opened at 9.20am.

### 2. Introductions

After the opening ceremony there was a self-introduction of all those present. This consisted of people giving their full names, what they do for the Tribunal and their home countries. The facilitators also introduced themselves and Prof. Ndetei acknowledged the presence of one of the participants representing the Rwandan NGO who they worked with in Rwanda in 1995/6. Over 13 nations were represented in this training.

### 3. Baseline Evaluation

Prof. Ndetei then introduced the subject of the workshop by first getting the participants to go through a baseline evaluation on a prescribed format. This was to assess/ascertain the level of knowledge, experience and their expectation from the workshop. The results of the baseline evaluation are summarized in Appendix III. The baseline also consisted of instruments to measure the amount of PTSD and vicarious trauma in the participants. The results of this PTSD assessment are summarized in Appendix IV. He also outlined the house rules including the election of the trainees' chairman and time keeper.

### 4. Lecture: Introduction to the Training – “Why this Training”

The introduction session, “Why this training workshop”, was delivered by Prof. Ndetei who looked at the case for Rwanda in terms of the traumatic events surrounding the Genocide. He outlined the justification/objectives for the training for which notes were prepared and handed out later.

He also outlined the areas to be covered: -

- To equip participants with working knowledge on:
  - Stress, its recognition and management in general
  - Complications of traumatic event(s) - Stress, Acute Stress Disorder (ASD), Post Traumatic Stress Disorder (PTSD)
  - What is Post Traumatic Stress Disorder and Acute Stress Disorder
  - How not to confuse PTSD with other types of stress
  - How to recognize stress and PTSD in all its various shades in self, others, colleagues and its effects on the following areas of human activities/functions: -
    - Biological including medical
    - Psychological
    - Social
  - How to help, seek for help and manage PTSD
  - How to prevent/minimize PTSD

**Note:** Lecture notes handed out soon after the lecture.

**5. Lecture: Stress, Recognition and Management in the African Socio-cultural setting conducted by Prof. Ndetei under the following sub-heading**

- Stress
- Recognition and Management
- Stress and lifestyle

**Note:** Lecture notes handed out soon after the lecture. Several questions were raised and answered after this presentation which ended up taking 2 hours instead of 1 hour.

**After Lunch Break**

**6. Lecture: Post-traumatic stress disorder by Prof. D.M. Ndetei**

- Historical background
- Diagnosis
- Management
- Life course (natural history)

**Note:** Lecture notes handed out soon after the lecture

**7. Group discussion and group presentations at the plenary**

There were group discussions where participants went into groups of 5-6 each and discussed their experiences with different traumas in relation to their personal lives and work.

Because of the keen interest by the participants (the first time they were able to discuss their feelings as a group) in the group discussions and the participatory nature of the

discussions, the groups were allowed to continue until after 6.00 pm at which time they broke up for the day.

The Agenda for the group discussions and the outcome of those group discussions are summarized in APPENDIX V

## **DAY 2 -1<sup>st</sup> April**

### **8. Recap of the previous day's work**

About 20 minutes where participants voiced the following that the previous day was a learning session, stress is normal, how to avoid trauma, stress comes in various forms, differences between stress and trauma, we are actually a stressful people, sharing experiences and that speaking out is a way of coping.

### **9. Plenary**

The previous day's group work was presented and discussed. These are documented below in APPENDIX V

### **10. Lecture: Management of PTSD – Counseling and Cognitive Behavioural Therapy (CBT), group therapy and psychopharmacotherapy by Prof. D. M. Ndeti**

- Definitions
- Basic Counseling
- Maslow's hierarchy of needs
- Carl Rogers therapy and application
- Aims of therapy
- Therapeutic (counseling) process
- Supportive Psychotherapy
- Cognitive Behavioural Therapy (CBT)
- Group therapy
- Use of drugs

**Note:** Lecture notes handed out soon after the lecture

### **11. Lecture by Dr. Ongecha-Owuor on The counseling Process and Grief Management**

### **12. Presentation by the Rwandan NGOs representative**

They listed the following as the intervention categories in Rwanda and the organisations involved:

-SECURITY at the borders and within the country by government local initiatives and community policing.

-BASIC NEEDS provided by the Ministry of social services, Ministry of housing, water and Health

- SPECIAL NEEDS For widows of genocide by AVEGA; child headed households, and youths to help in the healing
- SPECIALISED INTERVENTIONS psychosocial community organizations
- OTHER PROCESSES writing of constitution, unity and reconciliation associations, the justice system-including the GACACA courts/ICTR
- Trauma counseling whereby trauma counselors are trained for one year
- Mental Hospitals have 16 students on training with two psychiatrists and an Msc program in psychology
- Other poverty alleviation
- Family issues and support
- INTERNATIONAL COMMUNITY- Rwanda still needs specialized people and more counselors

### **Documented evidence**

There was a study carried out recently which did reveal that in 1994 Rwandese presented with insecurity, crying, fear and anxiety and this has been subsiding whereas there is more grief and an increase in the same among those who present for help. This is partly explained by the fact that the initial immediate needs for the Rwandese was security and basic needs and having achieved that to some extent is when they now realize the loss of the loved ones thus the grieving process going on.

They also reminded the team that the **RICH** approach is what worked with those who have gone through the process of healing. This is an acronym for:

Respect the client

Information-give information/facts/educate on symptomatology

Connecting-with the client

Hope -give hope

**13. Relaxation Exercise:** Participants were taken through the various "Anxiety Reduction Techniques and Relaxation exercise" training session by Dr. Ongecha-Owuor.

**14. OPEN FLOOR DISCUSSION:** Instead of second group discussions we had an open floor group discussion of two case vignettes due to shortage of time and the group discussed case one and two only.

### **15. Role Play and Plenary Discussion**

Role-play of counseling session where the participants were to evaluate the skills of the counselor (one of the participant). One session where the client was 43 years old and not married no girlfriend and did not rise to the occasion. These were performed by volunteers from the groups.

The following were discussed in plenary: -

- (i) How the counsellor handed the situation – reported by the audience
- (ii) How the client felt – reported by the client
- (iii) How the counsellor felt – reported by the counselor

(iv) General observations

In all the above the following skills were evaluated: -

- Listening skills
- Empathy
- Helping client make decision and not offering advice
- Body language
- Genuineness
- Tenderness

#### 16. Final Evaluation

❖ There was the final evaluation of the programme where the forms were given to each participant to evaluate the workshop/training attributes in terms of venue, class size, time, organization, participation expectations and objectives achievement. The results are summarized in Appendix VII.

❖ They also evaluated the facilitators individually (Appendix VIII).

#### 17. CLOSING CEREMONY

Was presided over by the **REGISTRAR** who acknowledged the optimism that the participants are now well equipped to handle some of the difficult situations especially emotional experienced during work at the tribunal especially in preparing and handling witnesses and victims during the judicial procedures and also for their own personal growth. He also did thank the facilitators for their input and effort.

#### CONCLUSIONS

1. The people who were trained were highly traumatized as indicated by the instrument we used as summarized in APPENDIX IV.
2. Most of them, including those who had worked in Rwanda and other conflict areas before had not been exposed to this kind of training
3. The trauma had been caused through various routes:
  - Preparation and conducting trials
  - Interviewing and examining witnesses in court
  - Exposure to and contact with those who had been traumatized
  - Listening to the stories of those who had been traumatized
  - Coming into contact with the alleged perpetrators
  - Direct physical exposure to the traumatic event to the self
  - Direct physical exposure to the traumatic event to significant others
4. They appreciated the training in relation to:

- Their own individual and personal needs
  - Their work.
5. It was going to improve their performance in relation to the two areas specified in 4 above
  6. The participants would have benefited more if there was more time.

## RECOMMENDATIONS

1. There is an urgent need to train everybody involved in work in the courts for two reasons: -
  - (i) For their own Psychological benefits and needs
  - (ii) For increased efficiency in: -
    - Working with witness/victims
    - Related duties
2. The counsellors should be empowered with further training as part of continuing education so as to update on skills and in their effective delivery of help to all those with psychological needs.
3. For any future training more time should be allocated for (there was a serious constraint on time for these very powerful tools of training): -
  - Group work/discussion
  - Role plays
4. It is recommended that ideal training period inclusive of lectures, group work, role-plays should be 4-5 working days with more time for homework, group work and role-plays. This is based on the experience of this training and the evaluations from the participants. This however has to be balanced against other considerations by the ICTR.
5. The hard copies for the training material should be available in English and French.
6. The trainees should have follow-up professional consultations to manage the immediate crisis that may be aroused with this kind of training and exposure.
7. Facilities – The following should be made available for future training: -
  - Light pointer
  - Overhead projector
  - LCD projector
  - Voice- Recorder
  - T.V. Screen and Video cassette player/recorder and tapes (will provide records for the trainees to refer to, especially on role-plays)
  - Flip charts

- Pencils/pens
- Writing materials
- Photocopying facilities
- If possible obtain video tapes of what happened during the genocide

8. Administrative:

- (i) A minimum of 2 facilitators
- (ii) Facilitators should have the background and nature of work of the trainees detailed to allow for tailor-made needs covered during the session.
- (iii) Facilitators to visit and inspect the training facilities a day before the start of the training to give enough time for any inadequate arrangements to be corrected and also to compare notes with the workshop secretariat.
- (iv) For any training inform facilitators in good time to harmonize diaries before final decision on the actual dates. A telephone call will do.

Appendix I: PROGRAMME FOR PSYCHO-TRAUMA TRAINING WORKSHOP  
 AT PROGRAMME FOR PSYCHO-TRAUMA AND BASIC COUNSELING  
 SKILLS TRAINING WORKSHOP AT NGURDOTO MOUNTAIN LODGE,  
 ARUSHA, TANZANIA ON 31<sup>ST</sup> MARCH – 1<sup>ST</sup> APRIL 2006

	ACTIVITY	FACILITATOR
8am-9.20 am	Opening (Less than 10 minutes)  Climate setting	WVSS/OTP representative Ndetei/Ongecha
9am-9.40 am	Baseline evaluation	Ongecha
9am-10.00 am	Why this training workshop The case for Rwanda: the traumatic events surrounding the genocide (1994) between then and now and into tomorrow	Ndetei
10am-11.15am	Stress Recognition and management in the Africa Socio- cultural setting	Ndetei
11am 11.30 am	Tea Break	
11am -1.00 pm	Post- Traumatic Stress Disorder/Vicarious Trauma: Diagnosis, History and Life Course	Ndetei
12pm-2.00 pm	Lunch Break	
2pm - 3.15pm	Group discussion (in 6 groups each of 10 – mixed)	
3pm - 3.45pm	Report back to Plenary	Ndetei/Ongecha
3pm - 4.00 pm	Tea Break	
4pm - 5.30pm	Grief /Traumatic Grief and Mourning	Ongecha

DAY II

	ACTIVITY	FACILITATOR
8am-9.30am	Management of PTSD – Counseling and Cognitive- Behavioural-Therapy (CBT) and pharmacotherapy and Group therapy	Ndetei
9am-10.30am	The Counseling Process	Ongecha
10am - 10.45 am	Tea Break	
11am - 12.00pm	Group session – Case vignettes	
12pm - 1.00 pm	Discussion	
1pm - 2.00 pm	Lunch Break	
2pm - 3.15 pm	Role play	
3pm - 3.45 pm	Discussion	Ndetei/Ongecha
3pm - 4.45pm	Exercise and relaxation techniques (Anxiety Reduction Techniques	Ongecha
4pm - 5.00pm	Tea Break	
5pm - 5.15pm	Final evaluation of the programme and facilitator evaluation	Ndetei/Ongecha
5pm - 5.30pm	Closing of the programme	WVSS/OTP representative



**Appendix II: PARTICIPANTS LIST**

No.	NAME	FUNCTIONAL TITLE
1.	Mr. Alayne Frankson-Wallace	Trial Attorney
2.	Mr. Alphonse Van	Senior Trial Attorney
3.	Ms. Althea Alexis-Windsor	Trial Attorney
4.	Ms. Felista Mushi	Assistant Trial Attorney
5.	Mr. Efrem Mutashya	Language Assistant
6.	Ms. Evelyn Kamau	Associate Appeals officer
7.	Ms. Florida Kabasinga	Associate Legal Officer
8.	Mr. Francois-Xavier Nsanzuwera	Assistant Appeals Counsel
9.	Mr. Ignacio Tredici	Assistant Trial Attorney
10.	Mr. Iskander Ismail	Assistant Trial Attorney
11.	Ms. Jane Mukangira	Case Manager
12.	Mr. Justus Bwonwonga	Trial Attorney
13.	Mr. Kentaro Kanyomozi	Case Manager
14.	Mr. Ousman Jammeh	Assistant Trial Attorney
15.	Mr. Patrick Gabaake	Trial Attorney
16.	Ms. Renifa Madenge	Legal Advisor
17.	Mr. Segun Jegede	Trial Attorney
18.	Mr. Shamus Mangan	Case Manager
19.	Mr. Stephen Agaba	Associate Investigator
20.	Mr. Sylver Ntukamanzina	Trial Attorney
21.	Mr. Yerima Bako	Document Control Assistant
22.	Ms. Sera Attika	Victims Support Officer
23.	Mr. Joseph Essombe Edimo	Witness Support officer
24.	Ms. Fadila Tidjani	Associate Witness Support
25.	Ms. Chantal Niyonkuru Saadu	Witness Support Assistant
26.	Ms. Sarah Sentabyo	Witness Support Assistant
27.	Ms. Goretti Mugeni	Witness Support Assistant
28.	Ms. Emilienne Muhorakeye	Witness Support Assistant
29.	Ms. Marie Isibo	Witness Support Assistant
30.	Ms. Josephine Diakite'	Witness Support Assistant
31.	Ms. Catherine Akida	Nurse
32.	Ms. Nsia Muro	Nurse
33.	Mr. Emmanuel Onoja	Protection Officer
34.	Mr. Momodou Ceesay	Security Officer
35.	Mr. Shollo Lema	Security Officer
36.	Mr. Steven Makule	Security Officer
37.	Mr. Said Shekimweri	Security Officer
38.	Ms. Elsie Effangue-Mbella	Gender Adviser
39.	Ms. Lamarana Bah	Nurse
40.	Ms. Teresita Suguitan	Nurse
41.	Mr. Kosic Novica	Security Sergeant
42.	Mr. Raphael Mulashani	Security Officer
43.	Ms. Alphonsine Mutabonwa	Counselor/legal rep-ARCT-RUHUKA

### APPENDIX III-PRE-TRAINING/BASELINE MEASURE

#### The following were the results of the pre-baseline evaluation

##### Section A:

A total of 36 participants filled the pre-baseline questionnaire of which 21 were male and 15 females.

Place of work: All were based in Arusha except for three of whom two were based in Rwanda and one in Dafur, Sudan.

##### Nature of work:

There were 16 lawyers (7 Trial attorneys, 1 senior trial attorney, 2 assistant trial attorneys, 3 legal officers, 3 case managers); 7 security officers, 5 staff from Witnesses' and Victims' support, 3 nurses/counselors, 2 administrators – Deputy Chief of OTP and Head of Support unit, 1 information network assistant, 1 document control staff and 1 language assistant.

**Education:** Only one had secondary school certificate with majority have 2 degrees and one had a doctorate degree.

##### Trauma training and exposure

Only 9 participants had had previous training in trauma/genocide management. Though 21 indicated having been traumatized or exposed to a traumatic event. The list of the various types of trauma they had gone through included:

- a. Death of colleagues and friends
- b. Losing very close and nice relatives, my own parents, grandfather
- c. Shock of sites of genocide
- d. Wars and killings
- e. Stress, depression, anger, crying
- f. The genocide in Rwanda/ working with victims
- g. Accident
- h. Various situations during the war time
- i. Mugging/ Assault

- j. Breaking into a home
  - k. Not going to the college of my choice before going to the university
5. 23 alluded to having had work experience with trauma/genocide survivors or victims and had the following kinds of experiences:
- a. Working in East Timor and ICTR
  - b. Witnesses traumatized are involved and always cry
  - c. Interviewing Rwandan genocide victims
  - d. In Rwanda leading people through the reconciliation process, victims and the suspects
  - e. Proofing witnesses statements
  - f. As judge of the special panels of serious crimes in East Timor
  - g. Interviewing witnesses who survived the genocide killings
  - h. Currently working with victims of the 1994 genocide
  - i. Some of them were weeping when taking investigative strategies from them

Out of the 23 only 7 had received some kind of help which ranged from spiritual advice, counseling from friend and family, mother and friends support to individual counseling sessions with professionals. These were useful to the recipients in that they were able to relaxed and believed in true God, felt comfortable and mind settled, clinical supervision and support when necessary x2 and also it made me a stronger person emotionally.

Only 4 participants had had previous training in mental health skills

**Expectations with regard to this training?**

- a. I hope it could help me to assist my witness in dealing/ recounting their traumatic experiences
- b. To get appropriate solutions for traumatized victims and witnesses, especially women raped
- c. To be able to handle my work with clients
- d. To learn more counseling skills that will assist in my future duties. I also expect to be certificated
- e. To learn more about trauma and its treatment

- f. To be able to recognize my own stress trauma
- g. To get help on how to handle trauma victims and situations without them negatively affecting me
- h. How to prepare and help witnesses and survivors
- i. To widen a general knowledge and to get a different perspective concerning the topic
- j. Understand more the post conflict psycho-trauma
- k. In addition to being able to deal with handling traumatized survivors; how best to handle their situation(s) without internalising it
- l. To have a better understanding of human mind
- m. To learn methods of stress management

**How this training will be of help to:**

**a) You as an individual?**

- i. It would help me understand the trauma in a more rational way
- ii. I hope it will teach me to be more sensitive to victims in ordinary life and in my work
- iii. I think I will be able to handle traumatized witnesses efficiently
- iv. Recognition of my own trauma
- v. To recognize signs of stress
- vi. Understand trauma, its effects
- vii. Dealing with traumatized witnesses in my daily work at OTP
- viii. It will help me as an individual and in regard to my work
- ix. Personal Growth
- x. Expand my knowledge of working with WVSS
- xi. Assist in separating victims trauma and not have it affect me diversely
- xii. Increasing my skills

**b) You in regard to your work?**

- i. It would help me in assisting the witnesses to recreate their traumatic experiences
- ii. I will be able to understand colleagues who are victims and advice them

- iii. I will help better traumatized witnesses and I will be able to counsel them very well
- iv. How to deal with traumatized people
  - v. Will help me know more about trauma
- vi. In interviewing witnesses
- vii. Enhance the skills required to deal with survivors/victims/witnesses of the traumatic events of 1994 in Rwanda
- viii. Efficiency of work and techniques of handling the witnesses

## APPENDIX IV: PTSD LEVELS IN THE PARTICIPANTS

### SECTION B

Each of the following questions asks you about specific symptom. For each question, consider how often in the last week the symptom troubled you and how severe it was. In the two boxes beside each question, write a number from 0-4 to indicate the frequency and severity of the symptom.

Frequency

Questions	N=22	Frequency		Severity	
		Yes (1-4)	No (0)	Yes (1-4)	No
(i) Have you ever had distressing dreams of the event?		12	8	10	8
(ii) Have you been upset by something that reminded you of the event?		14	6	14	5
(iii) Have you been avoiding any thoughts or feelings about the event?		8	9	0	0
(iv) Have you found yourself unable to recall important parts of the event?		5	14	8	9
(v) Have you felt distant or cut off from other people?		7	12	7	10
(vi) Have you found it hard to imagine having a long life span and fulfilling your goals?		7	10	8	8
(vii) Have you been irritable or had outbursts of anger?		14	5	14	4
(viii) Have you been jumpy or easily started?		11	8	10	6

### SECTION C

Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

**NOTE: "Client is used to indicate persons with whom you have been dealing with.**

	Items	No	Yes (1-4)
1.	I felt emotionally numb	9	13
2.	My heart started pounding when I thought about my work with clients	7	15
3.	It seemed as if I was reliving the trauma(s) experienced by my clients(s)	7	15
4.	I had trouble sleeping	8	14
5.	I felt discouraged about the	10	11

	future		
6.	Reminders of my work with clients upset me	4	18
7.	I had little interest in being around others	7	14
8.	I felt jumpy	5	17
9.	I was less active than usual	4	17
10.	I thought about my work with clients when I didn't intend to	1	21
11.	I had trouble concentrating	2	20
12.	I avoided people, place, or things that reminded me of my work with clients	9	13
13.	I had disturbing dreams about my work with clients	10	12
14.	I wanted to avoid working with some clients	10	12
15.	I was easily annoyed	3	18
16.	I expected something bad to happen	7	15
17.	I noticed gaps in my memory about client sessions	7	15

**Interpretation of the above table:**

The following were the commonest symptomatology exhibited by the participants who responded to the secondary trauma scale above. These were items 10,11,15, 6, 8, and 9 all of which can impact negatively on work performance especially on relationships and attitudes towards the clients-witnesses.

**SYMPTOM CLUSTER FOR PTSD**

Mean	Frequencies			
Scores	Intrusion/Re-experiencing	Hyper-arousal	Scores	Avoidance/numbing
1.2	0	1	1.1	0
1.4	0	2	1.3	1
1.6	1	1	1.4	2
1.8	7	0	1.6	1
2.0	5	4	1.9	2
2.2	2	3	2.0	4
2.4	2	1	2.1	2
2.6	1	2	2.3	0
2.8	1	0	2.4	0
3.0	3	3	2.6	1

3.2	0	1	2.7	2
3.6	0	2	2.9	1
3.8	0	0	3.0	1
4.0	0	0	3.1	2
<b>Total</b>	<b>22/ 36 (61%)</b>	<b>20 /36 (55.6%)</b>		<b>19 /36 (52.8%)</b>

**Summary of the above table**

- There was high intrusion/re-experiencing (61%) level in the participants as compared to hyper-arousal (55.6%) and avoidance (52.8%). However, all these are generally high in the whole group trained.

**Conclusion:**

There is high level of PTSD symptomatology in the participants as the results above indicate with majority re-experiencing the symptoms from their clients stories/narrations. These need to be dealt with as per the recommendations above.

**APPENDIX V: GROUP DISCUSSIONS**

**GROUP I**

**EXPERIENCE OF TRAUMA**

a) Self

Lost relations in genocide. Led to tendency to avoid discussing events

- No hatred towards perpetrators
- Try to overcome trauma by not thinking about it
- Contact with witnesses in case of work as nurse- becomes traumatized by listening

**Coping strategies**

- Open forum/education
- Sharing/prayers/communication
- Increased working hours

**Limitations**

- a) Lack of information
- b) Linguistic problems



c) Time

d) Inadequate personnel resources

**Help needed**

1. Needs assessment/capacity building
2. Financial support
3. Social/philanthropic
4. Increased participation
5. Networking/partnership
6. Building trust/teamwork

**GROUP 2**

**1. Experience of trauma/genocide**

**Self**

- Attack by soldiers
- Snatch thief-twice
- Social worker traumatized by events (someone else's trauma)

**Others**

- Rehabilitation process in Rwanda
- Relative involved in accidents
- People (survivors) hallucinating
- Someone died

**2. List of possible trauma**

- Genocide in Rwanda
- Hallucination, fear of seeing guns, machetes, phobias
- Permanent disability, HIV internally injured caused by rape

**Other events of genocide**

- People afraid of socializing caused by kidnapping

- People fear to drive following an accident
- Physical assault- domestic violence
- Teacher can terrorist
- Fear of darkness after break-ins
- Fear of dogs and turtles
- Fear of retrenchment

### 3. Impact of trauma

#### Work

- Performance
- Fear of particular locations (e.g. Cyangu)
- Interaction with colleagues

#### Personal growth

- Malnutrition
- Lose concentration (e.g. refusal to study, to have social life- anti-social)

### 4. How to cope with it

- Become religious or involve in religious groups
- Counseling
- Happy hours! Smoking heals!
- Exercise body and mind

## GROUP 3

### 1. Experience of trauma

- Loss of family members
- Avoided discussing events
- No hatred- sympathy for victims
- Trauma from victims accounts

- Initial contacts caused fear

## **2(A) Trauma Related To Genocide**

- Hallucinations
- Depression
- Hatred
- Homicidal
- Frustration
- Lack of sleep
- Anger

## **(b) Trauma Related To Other Events**

- Trauma resulting from bullying
- Violence- robbery

## **3. Impact Of Trauma**

### **(a) On work**

- lack of concentration
- low productivity-quality and quantity
- irritability
- unemployment

### **(b) On personal growth**

- alcoholism- from frustration
- suicide
- delinquency
- isolation
- accident from loss of memory

#### 4. Coped by:

- accepting the situation with understand
- detached self from experience
- prayer

#### (b) Limitations

- problem unavoidable
- helpless vis-à-vis victims

#### (c) Help Needed

- acquire knowledge about trauma
- diagnosis and treatment

### GROUP 4

#### Coping

Identify the root cause

- Religion
- Limitation
- Acceptance
- Help needed is counseling

#### Self

- Rejection from college
- Witnessing accidents
- Ill treatment at work
- Loss of parent

#### Other

Work related (witnesses)

## Trauma /Genocide

### Self

- IDP's/refugees (displacement fear)
- Mistrust

### Others

- Inter-ethnic clashes (victims were friends)
- Mistrust/ effects on perception
- Involvement in re-settlement of refugees
- Saw the after effect of trauma resulting from war
- Nightmares from trauma victims' stories (Q3)
- Accidents related trauma
- Rape victims- minor victims and their trauma effect/anger
- Experience of a victim/survivors difficulty to testify in court

## APPENDIX VI: FINAL EVALUATION OF THE WORKSHOP

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
Venue. Facilities, location, food seating arrangements, size of room, noise etc. <u>Comments:</u> 1. No water for bathing 2. Food is average	1	5	16	21
Size of the class. Was the number of trainees adequate for the activities planned? <u>Comments:</u> 1. Yes 2. It would be better to have a smaller group 3. Not quite because of absentees		10	15	19
The amount of time given to sessions. <u>Comments:</u> 1. Participants were never given enough time to talk 2. More time was needed 3. More discussions from participants would have been great 4. Not balanced 5. I wish we could have 5days to cover the material because you were not given enough time 6. The time not enough for all these	16	15	12	
Organizations of the training agenda. <u>Comments:</u> 1. There seemed to be no organizer present 2. Initially had too much theory. Facilitators did not apply it to the participants 3. More practical content should have been included 4. Due to lack of time.	5	13	14	11
Level of participation: <u>Comments:</u> 1. Participants would have loved to be more involved than they were 2. Everybody dug in 3. Not all participants were available. No reasons given		3	33	13
The degree to which your expectations were met: <u>Comments:</u> 1. Not very good, because the time is not enough for this kind of session	2	9	22	8

2. I feel I did not get much help as to how to help witnesses				
3. A rush kind of things became impossible to absorb				
The degree to which the objectives were met.	1	9	22	9
<b>Comments:</b>				
1. Rushing was that phenomenon imposed. Unable to follow				

**8. What skills and information did you find particularly beneficial to your needs.**

**Why?**

- a. Trauma /counseling
- b. Post traumatic stress disorder and counseling. They were very well explained and understood by me.
- c. Counseling Process/skills In daily life people/ members of family need counseling
- d. Case vignettes. At least one of the cases seemed real
- e. The Rwandan presentation because it was relevant to my work and the group sessions for diagnosis; they are out in the field.
- f. All the skills because they are directly concerned with my own life, social life and working environment
- g. Relaxation technique and how to identify trauma, stress etc
- h. Sure I got information/ knowledge of how to deal with stress in and outside me as well as how to counsel.
- i. Counseling trauma victim and identification of stress
- j. Relaxation skills, counseling skills because these are what I need in my job
- k. Identification of psychological problems
- l. Anxiety reduction techniques
- m. All of them
- n. General knowledge and idea about the topic(s) given and as we had said knowledge is power (this does not mean that I am power hungry) but it is not bad to know more
- o. The anxiety reduction techniques I will definitely use my day to day anxiety management I am overcome with anxiety and sometimes it bothers me why!
- p. Listening skills
- q. Stress, PTSD, Rwanda picture, I have problems which needs solutions and my family too.

**9. What do you think you missed from the training?**

- a. NOTHING; although we had to skip other topics due to time limit; but the important ones were met.
- b. The time was very little so I didn't catch everything the way I expected
- c. How to handle witnesses who break down-practically
- d. More practical skills on counseling
- e. Missed more group interactions
- f. Update research findings from Rwanda
- g. Nothing

- h. Some of the topics e.g. not all case studies were covered and topics like grief and mourning were not covered
- i. More interpersonal consultations with presenters
- j. Enough time to go through discussions and questioning. We were always short of time
- k. Too much lectures- it must be balanced between lectures and role play discussions
- l. Work related content
- m. Time for more conversation (interactive) should be available
- n. The practical utilization in my daily work. However it was very informative
- o. Follow-up
- p. Money

**10. Were the two days enough? Yes (5) No (35)**

Recommended no. of days	Frequency
3 days	13
4 days	9
5 days	4
7 days	5
2 weeks	1
Total	32

11. Would any further training be helpful to improve your skills for the job you do? Yes (34) No (4)

**12. If yes explain further**

- 1. We went through some of the topics at a very quick speed. It needs time and not 'stressful' time
- 2. Since we are daily dealing with victims of different kinds it will never tire rather it will be of value each time it is conducted as one can't grab everything taught once/twice
- 3. Communicating with the people who had suffered
- 4. It would be better if during the next session more participants from Rwanda were present and given more time to talk
- 5. I would rather suggest that we have such training at least once a year
- 6. Especially when you deal with survivors of genocide this kind of training is very helpful
- 7. Advanced counseling skills
- 8. Increase number of training courses
- 9. Debriefing as a secondary trauma client
- 10. We need more time to address more issues in detail
- 11. We are dealing with genocide perpetrators and we have different perception towards those individuals
- 12. Practical knowledge to help depressed witnesses
- 13. We are working with traumatic people we need intensive training of how to go about such complex situations
- 14. Focus on how to deal directly with witnesses



15. More emphasis on counseling skills
16. Life is moving forward so there are always needs for changes and additions- those are improvements
17. There's a need to acquire and master more techniques
18. Training on how to cope with stress is needed because the type/ kinds of stress/ trauma we face differs everyday
19. It would be best to have training specifically geared to and totally focused on our work with our clients
20. A need to introduce the real counseling exercise in our working place

**13. Other comments:**

1. It was a very worthwhile training and I enjoyed it tremendously. It will help me in my kind of job.
2. Well done. Kindly arrange to have similar workshops, they relax us and renew the little knowledge we have \* in education, one cannot get enough\*
3. I will be very happy to have another workshop like this
4. Thanks to the expert, thanks to the sisters from Rwanda
5. Thank you/Very informative
6. Welcome again to impart more knowledge on us
7. The course or training should be extended to the advanced level
8. Just advice ICTR to have an intensive programme training on how to make counseling and stress remover as well as conflict resolution
9. Good course/ The presentation was excellent
10. I really would like to express my heart-felt gratitude to my chief to allow me to attend this training. My thanks also to Ndetei and Ongecha
11. More days for this type of training
12. Participating in this, and previously in the building a trust course, I have found out that frequently people are missing their lives (not losing, but missing- living an empty one) due to lack of communication
13. *The presenters are very good but the time allocated to them denied them of the opportunity to give us the best*
14. You are both great and the programs most enlightening and we wish you continued success /All the best trainers and educate many others to assist in this area

**APPENDIX VII: EVALUATION OF FACILITATOR**

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

**NAME OF FACILITATOR:** Prof. David Ndeti

**TOPIC(S):** PTSD etc \_\_\_\_\_

	WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
1.	Mastery of Knowledge. <u>Comments:</u>			9	26
2.	Confidence with presentation. <u>Comments:</u>		1	9	25
3.	Pace of instruction. <u>Comments:</u>		5	17	14
4.	Clear instruction. <u>Comments:</u>		4	17	15
5.	Volume of voice. <u>Comments:</u>		1	11	25
6.	Motivation of participants. <u>Comments:</u>	3	1	13	19
7.	Linking information to participant's experience. <u>Comments:</u>	4	5	13	14
8.	Useful information. <u>Comments:</u>	2	3	14	17
9.	Organized presentation. <u>Comments:</u>		2	21	13
10.	Participants' use of materials. <u>Comments:</u>	2	4	18	12

NAME OF FACILITATOR: Dr. Ongecha-Owuor

TOPIC (S): \_\_\_ Counseling Process etc \_\_\_\_\_

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
1. Mastery of Knowledge. <u>Comments:</u>			6	28
2. Confidence with presentation. <u>Comments:</u>			9	26
3. Pace of instruction. <u>Comments:</u>	1	1	16	17
4. Clear instruction. <u>Comments:</u>	1	2	14	17
5. Volume of voice. <u>Comments:</u>		1	14	20
6. Motivation of participants. <u>Comments:</u>	1	2	15	17
7. Linking information to participant's experience. <u>Comments:</u>	1	2	20	12
8. Useful information. <u>Comments:</u>	2	2	15	17
9. Organized presentation. <u>Comments:</u>		1	17	18
10. Participants' use of materials. <u>Comments:</u>	2	6	12	14

**REPORT OF THE PSYCHOTRAUMA TRAINING  
WORKSHOP HELD ON 31<sup>ST</sup> JULY TO 1<sup>ST</sup> AUGUST  
2004 AT ARUSHA INTERNATIONAL CONFERENCE  
CENTRE (AICC) TANZANIA FOR THE WITNESSES  
AND VICTIMS SUPPORT SECTION (WVSS) STAFF OF THE  
INTERNATIONAL CRIMINAL TRIBUNAL FOR RWANDA  
(ICTR)**

**FACILITATORS:**

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**2. DR. FRANCISCA ONGECHA-OWUOR**

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Research Associate, Africa Mental Health Foundation

**Report Done by: -**

1. Prof. David M. Ndetei
2. Dr. Francisca Ongecha-Owuor

**Data Analysis for PTSD done by: -**

1. Victoria Mutiso – Africa Mental Health Foundation
2. Grace Mutevu – Africa Mental Health Foundation

**Translation from French to English (for the French speaking participants for  
baseline evaluation, group discussions report, Homework and Post-training  
evaluation)**

Oscar Nduwarugira – Africa Mental Health Foundation

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# INTRODUCTION

## a. BACKGROUND

The United Nations Security Council Resolution 955 created on 8<sup>th</sup> November 1994 an International Criminal Tribunal (hereinafter called the Tribunal) intended to 'bring to justice those persons presumed responsible for acts of genocide or other violations of humanitarian law on Rwanda territory, and Rwanda citizen presumed responsible for such acts or violations committed on the territory of neighbouring States between 01 January and 31 December 1994'

The ICTR is an independent and impartial body. It consists of three separate organs: the Judiciary, the Office of The Prosecutor (which conducts the investigations and presents the cases in court) and the Registry (which is the administrative arm of the Tribunal). There are three trial chambers and one appeals chamber. All fifteen judges of the Tribunal are of different nationality, none being from Rwanda.

The Witnesses and Victims Support Section (WVSS) for the ICTR was established pursuant to Articles 14 and 21 of the Statute of the International Tribunal for Rwanda.

The counselling roles of WVSS are spelt out on section 7.3.5 of the ICTR, WVSS manual of operational guidance.

## b. THE REQUEST FOR THIS TRAINING WORKSHOP

This was made by the WVSS through the Registry, to equip the staff in this section with skills to enable them undertake their mandate more effectively.

The request was made to Professor David M. Ndeti by the ICTR in Arusha. Through a teleconference the WVSS explained what they wanted. The training was to last only two days. Prof. Ndeti was to design the curriculum and prepare the training materials to fit into this available time.

## c. PREPARATION FOR THE TRAINING

The Africa Mental Health Foundation sponsored the preparation of the curriculum and the development of the materials. This was done in an out of post preparation workshop, which also came up the programme (Appendix D).

## THE TRAINEES

The list of participants was supplied by WVSS – Appendix II

## METHODS AND MATERIALS

### 1. Lectures

- Prepared notes were presented either on PowerPoint format or screened in full through the PowerPoint.
- Diagrammatic representations were done on flip charts, either for the main lecture or from group discussions

### 2. Detailed lecture notes:

- These were distributed immediately after the lecture on the respective topic.

### 3. Group discussions – summarized in flip charts and presented at the plenary

### 4. Role plays

### 5. Homework

### 6. Evaluations

- Pre-Training and Post-Training
- Facilitators

### 7. *Psychotrauma Assessment on the participants (Part of Pre-Training evaluation)*

## PRE-TRAINING INSPECTION OF THE TRAINING FACILITIES

The two facilitators requested to inspect the facilities immediately on arrival before the start of the training. They were able to do so in the afternoon just before the close of the offices for the weekend. The training was to start the following morning.

## THE TRAINING

Day 1: 31<sup>st</sup> July 2004

### 1. Opening ceremony

The opening ceremony started at 8.45 am and was officiated by Mr. Loremore Green Munlo, the Deputy Registrar ICTR who welcomed the facilitators and the participants. He said the training was timely.

### 2. Introductions

After the opening ceremony there was a self-introduction of all those present. This consisted of people giving their full names, what they do for Tribunal and their stations. The facilitators also introduced themselves.

### 3. Baseline Evaluation

Prof. Ndetei then introduced the subject of the workshop by first getting the participant to go through a baseline evaluation on a prescribed format. This was to assess/ascertain the level of knowledge, experience and their expectation from the workshop. The results of the baseline evaluation are summarized in Appendix III.

### 4. Post-Traumatic Stress Disorder (PTSD) in the participants

The baseline also consisted of instrument to measure the amount of PTSD in the participants. The results of this PTSD assessment are summarized in Appendix IV.

### 5. 1<sup>st</sup> Lecture: Introduction to the Training – “Why this Training”

The introduction session, “Why this training workshop”, was delivered by Prof. Ndetei where he looked at the case for Rwanda in terms of the traumatic events surrounding the Genocide. He outlined the justification/objectives for the training for which notes were prepared and handed out later.

He also outlined the areas to be covered: -

➤ *To equip participants with working knowledge on:*

- Stress in general
- Complications of traumatic event(s) - Stress, Acute Stress Disorder (ASD), Post Traumatic Stress Disorder (PTSD)
- What is Post Traumatic Stress Disorder and Acute Stress Disorder
- How not to confuse PTSD with other types of stress
- How to recognize stress and PTSD in all its various shades in self, others, colleagues and its effects on the following areas of human activities/functions: -
  - Biological including medical
  - Psychological

➤ *Social*

- How to help, seek for help, seek for help and manage PTSD
- How to prevent/minimize PTSD

Note: Lecture notes handed out soon after the lecture

6. 2<sup>nd</sup> Lecture: **Stress, Recognition and Management in the Africa Socio-cultural setting** conducted by Prof. Ndetei under the following sub-heading

- Stress
- Recognition and Management
- Stress and lifestyle

Note: Lecture notes handed out soon after the lecture

After morning tea break

7. 3<sup>rd</sup> Lecture: **Post-traumatic stress disorder** by Prof. D.M. Ndetei

- Historical background
- Diagnosis
- Management
- Life course (natural history)

Note: Lecture notes handed out soon after the lecture

After Lunch

8. **Group discussion and group presentations at the plenary**

There were group discussions where participants went into groups of 6-7 each and discussed their experiences with different traumas in relation to their personal lives and work.

Because of the keen interest by the participants in the group discussions and the participatory nature of the discussions, the groups were allowed to continue until tea break and the plenary was held after the tea break. The scheduled session "PTSD in children" was therefore rescheduled for day 2 by consensus.

The Agenda for the group discussions and the outcome of those group discussions are summarized in Table V

9. **Home work**

Participants were given some homework to be done that night on their own.

Each person was to come up with an exhaustive list of traumatic events realized in relation to self, other, society/community etc

Day 2: 1<sup>st</sup> August 2004

Morning

1. **Homework hand in:** The homework done under paragraph 9 above was handed in. This is summarized in Appendix VI. Note: The list illustrates the wide yet related diversity of traumatic events in the participants.



2. **Relaxation Exercise:** Participants were taken through an “exercise and relaxation” training session followed by anxiety reduction techniques by Dr. Ongecha-Owuor

**Note:** Lecture notes handed out soon after the lecture

3. **Lecture: PTSD in Children:** by Dr. Ongecha-Owuor, under the following headings: -

- Factors that affect a child’s response to stress
- General symptom of PTSD in children
- Diagnosis of PTSD in children

**Note:** Lecture notes handed out soon after the lecture

4. **Lecture: Grief and Mourning and Traumatic Grief:** by Dr. Ongecha-Owuor. The following were discussed:

- Definitions
- Characteristics and stages of normal grief
- Grief in parents
- Bereavement in children
- Abnormal grief and its stages
- Grief management and therapy
- Traumatic grief

**Note:** Lecture notes handed out soon after the lecture

**After morning tea break**

5. **Lecture: Acute Distressing Event and Debriefing**

Dr. Ongecha-Owuor under the following subheadings: -

- Definition
- History
- Purpose
- Functions and
- Setting – Who?, When? and How?

**Note:** Lecture notes handed out soon after the lecture

6. **Lecture: Management of PTSD – Counselling and Cognitive Behavioural Therapy (CBT), group therapy and psychopharmacotherapy** by Prof. D. M. Ndeti

- Definitions
- Basic Counseling
- Maslow’s hierarchy of needs
- Carl Rogers therapy and application
- Aims of therapy
- Therapeutic (counselling) process
- Supportive Psychotherapy
- Cognitive Behavioural Therapy (CBT)
- Group therapy
- Use of drugs

**Note:** Lecture notes handed out soon after the lecture

## After Lunch break

### 7. Role Play and Plenary Discussion

Role-play of counselling session where the participants were to evaluate the skills of the counselor (one of the participant): In the first role play the client was a victim of bereavement following the killing of his wife by a member of the militia. In the second role play the client depicted a male who had been homosexually raped.

The following were discussed in plenary: -

- (i) How the counsellor handled the situation – reported by the audience
- (ii) How the client felt – reported by the client
- (iii) How the counsellor felt – reported by the counsellor

In all the above the following skills were evaluated: -

- Listening skills
- Empathy
- Body language
- Genuineness
- Tenderness

## After tea break

### 8. Final Evaluation

- (a) There was the final evaluation of the programme where by the forms were given to each participant matched to their baseline forms to evaluate the training. The number codes for the evaluation were held confidentially by the participants. The results are summarized in Appendix VII.
- (b) They also evaluated the facilitators individually (Appendix VIII).

## CLOSING CEREMONY AND AWARD OF CERTIFICATES

1. This was held in the evening of 1<sup>st</sup> August 2004 at the residence of the Deputy Registrar where a cocktail reception was also held. The Deputy Registrar presided over the ceremony and also read the speech of the Registrar.
2. He congratulated the participants and facilitators
3. He issued certificates of Completion to all the participants
4. He issued a certificate of appreciation to Africa Mental Health Foundation, received jointly by Prof. David M. Ndeti and Dr. Francisca Ongecha

## CONCLUSIONS

The people who were trained were very highly traumatized as indicated by the instrument we used, regardless of their

- Assignments to the Tribunal and
- Locations of deployment

Most of them, including those who had worked in Kosovo had not been exposed to this kind of training

The trauma had been caused through various routes:

- Direct physical exposure to the traumatic event to the self
- Direct physical exposure to the traumatic event to significant others
- Exposure to and contact with those who had been traumatized
- Listening to the stories of those who had been traumatized
- Coming into contact with the alleged perpetrators
- Frequent reminders of what happened

**Note:** The first two routes are direct exposure; the last four are indirect exposure (also referred to as Secondary Trauma or Vicarious Trauma)

4. They appreciated the training in relation to:
  - Their own individual and personal needs
  - Their work.
5. It was going to improve their performance relation to the two areas specified in 4 above
6. The participants would have benefited more if there was more time.

#### Further observation

1. Problems of language may have hampered effective communication on complicated psychological concepts.
2. There were inadequate facilities for a training seminar

#### RECOMMENDATIONS

1. There is a urgent need to train everybody working for the Tribunal for two reasons: -
  - (i) For their own Psychological benefits and needs
  - (ii) For increase efficiency in: -
    - Working with witness/victims
    - Related duties
2. The counsellors should be empowered with further training as part of continuing education so as to update on skills and in their effective deliver of help to all those with psychological needs.
3. There are two venues to be considered for **cost effective training and in the right context:** -
  - (i) Those based in Rwanda are best trained in Rwanda
  - (ii) Those based in Arusha are best trained in Arusha
4. For any future training more time should allocated for: -
  - Group work/discussion
  - Role plays

**Note:** The above should be tailored to the various topics

5. It is recommended that ideal training period inclusive of lectures, group work, role-plays should be 5 working days with more time for homework, group work and role-plays. This is based on the experience of this training and the evaluations from the participants. This however has to be balanced against other considerations by the ICTR.

6. The hard copies for the training material should be available in English, French and if possible in Kinyarwanda and should be distributed in advance.

7. Facilities – The following should be made available for future training: -

- PowerPoint presentation facilities
- Light pointer
- Overhead projector
- Voice- Recorder
- T.V. Screen and Video cassette player and tapes (will provide records for the trainees to refer to, especially on role-plays)
- Video – recorder for same purposes as above
- Flip charts
- Pencils/pens
- Writing materials
- Photocopying facilities
- If possible obtain video tapes of what happened during the genocide

8. Administrative:

- (i) A minimum of 2 facilitators
- (ii) Facilitators should visit and inspect the training facilities a day before the start of the training to give enough time for any inadequate arrangements to be corrected and also to compare notes with the workshop secretariat.
- (iii) For any training inform facilitators in good time to harmonize diaries before final decision on the actual dates. A telephone call will do.

Appendix I: PROGRAMME FOR PSYCHO-TRAUMA TRAINING WORKSHOP AT ARUSHA, TANZANIA ON 31<sup>ST</sup> JULY 2004 – 1<sup>ST</sup> AUGUST 2004

	ACTIVITY	FACILITATOR
8.30 am	Opening (Less than 10 minutes) Climate setting	Becky Ndetei/Ongecha
9.00 am	Baseline evaluation	Ongecha
9.30 am	Why this training workshop The case for Rwanda: the traumatic events surrounding the genocide (1994) between then and now and into tomorrow	Ndetei
10.30 am	Stress Recognition and management in the Africa Socio-cultural setting	Ndetei
10.45 am	Tea Break	
11.45 am	Post- Traumatic Stress Disorder: Diagnosis, management, History and Life Course - Part I	Ndetei
12.45 pm	Post- Traumatic Stress Disorder: Diagnosis, management, History And Life Course –Part II	Ndetei
2.15 pm	Lunch Break	
3.15pm	Group discussion (in 6 groups each of 10 – mixed)	
3.45pm	Report back to Plenary	Ndetei/Ongecha
4.00 pm	Tea Break	
5.00pm	PTSD in children	Ongecha
Dinner	Homework with participants on their own: Objective: Each person to come up with an exhaustive list of traumatic Events realized in relation to self, others, society/ community etc	

DAY II

	ACTIVITY	FACILITATOR
8.30 am	Plenary: 1. Each participant to hand in their homework 2. Lessons so far learnt	Ndetei/Ongecha
9.00am	Plenary: Exercise and relaxation techniques (Anxiety Reduction Techniques)	Ndetei/Ongecha
10.30 am	Grief and Mourning and Traumatic Grief	Ongecha
10.45 am	Tea Break	
11.45 am	Management of Acutely Distressing event - Debriefing	Ongecha
12.45 pm	Management of PTSD – Counseling and Cognitive-Behavioural-Therapy (CBT) and pharmacotherapy and Group therapy	Ndetei
2.15 pm	Lunch Break	
3.15 pm	Role play	
3.45 pm	Discussion	Ndetei/Ongecha
4.00pm	Tea Break	
4.30pm	Final evaluation of the programme and facilitator evaluation	Ndetei/Ongecha
5.00pm	Closing of the programme	Becky

**Participants from WVSS Arusha**

1. Sylvie Becky Deputy Chief
2. Charles Kalumo Head of Security and Movement Unit
3. Joseph Essombe-Edimo Head of Support Unit
4. Emmanuel Onoja Head of Judicial Protection Unit
5. Angele Sama Bilingual Secretary
6. Fadila Tidjani Associate Witness Support Officer

**Security Officers**

7. Shollo Lema
8. Joseph Jairo
9. John Osunga
10. Amos Yohana
11. Momodou Ceesay
12. Ndiouga Diop
13. James Collier
14. Charles Gabikwa
15. Lucian Mbilinyi
16. Kanitsota Lumwamu Security and Movement Coordinator

**Witness Support Assistants**

17. Consolee Mukamusonera
18. Evelyn Batamuliza
19. Annick Rutanganwa
20. Noella Umuhoza
21. Jean-Christophe Mulera
22. Etienne Hakizimana, Cleaner

**Safe House Support Staff**

23. Ely Nko, Cook
24. Moses Kingu, Cook
25. Anna Mangowi

**Other participants from other Sections of the Tribunal**

1. Elsie Effange-Mbella, Gender Adviser
2. Catherine Akida, Nurse
3. Hassan Msingi, Laboratory Technician

**Participants from WVSS Kigali, who will travel by the UN beechcraft**

1. Aisha Kagabo Associate Witness Support Officer
2. Paul Mnzava Protection Coordinator
3. Jumanne Tindi Security and Movement Coordinator
4. Pacifique Uwimana Witness Support Assistant

- |                          |                           |
|--------------------------|---------------------------|
| 5. William Nyilinkindi   | Witness Support Assistant |
| 6. Beatrice Mushonganono | Witness Support Assistant |
| 7. Drocella Icyetegetse  | Witness Support Assistant |
| 8. Janvier Bayingana     | Witness Support Assistant |

**List of participants from Kigali who will travel by commercial flight**

- |                           |                                     |
|---------------------------|-------------------------------------|
| 9. Sera Attika            | Coordinator, WVSS Kigali sub-office |
| 10. Aida Mulokozi         | Administrative Assistant            |
| 11. Fatou Diarra          | Security Officer                    |
| 12. Dr. Marie Nyiraziraje | Gynecologist                        |
| 13. Claude Zomahoun,      | Assistance Coordinator              |
| 14. Julienne Kamaliza,    | Witness Support Assistant           |

### Appendix III: PRE-TRAINING EVALUATION

From the Baseline measure tool these were the findings: -

A total of 36 participants did this evaluation. 26(72%) were from Kigali office of the UNICTR and rest from Arusha. 20 (55.6%) were males and 16 (44.4%) were females.

#### Nature of work

- 2 - Administrative support to witnesses
- 1 - Cook
- 1 - Gender advisor officer of the registrar
- 1 - Office attendant
- 16 - Security/protection officer WVSS
- 1 - Seminary
- 13 - Support to witnesses

All participants were of high academic achievement ranging from Form IV to University, some with more than one degree.

Of those in attendance only 11(30.6%) had had a previous training in trauma/genocide management.

Their collective experiences included the following: -

- Crying while mid way in recording statement of genocide survivors
- Five months experience dealing with victims of Rwanda genocide
- Genocide survivors and rape victims – comforting them and persuading them with necessary assistance
- Worked with raped witness
- Independence war, Burudi events
- Investigations related to genocide support to victims
- Survivors of a society that experienced ethnic cleansing
- Survivors of war, raped women, witnesses of crime
- That year I was working with the International Red Cross and I received many victims of genocide
- Trauma of witnesses and assisting with support on psychological counseling
- Violent reactions, absence of self confidence, excess fear

#### Note:

6 responded to having received help for their trauma in form of financial assistance, safe houses counseling for victims whereas only 2 have gained from personal counseling and 1 from training in human psychology. The 6 gained from the help they got in the following ways: -

- Gaining confidence
- Counseling skills
- They feel comfortable during stay in Arusha

#### Expectation with regard to the training:

- Acquire skills in handling traumatized people
- Better understanding of the trauma process
- Improvement of counseling skills and better management of PTSD
- Give me confidence and improve in doing my work well
- Have experience on how to handle post traumatic witness and victims and how to counsel them
- Just to learn something new



- This training is going to help me to know how to live myself and to be able to help those who are traumatized morally and psychologically
- This training will allow me to improve my relationship with the witnesses who are traumatized, and help them and encourage them to give testimony
- To acquire more technical skills in handling traumatic victims
- To be able to effectively address issues related to my work
- To enhance the ability/skills in day today interaction with victims of trauma including proper support

**How will this training be useful in relation to: -**

**Self**

- As an individual this training will help me to learn how to handle traumatizing situations
- It will help me to be able to help witnesses and other traumatized people
- By making me expert in further handling of psychotrauma as no education is ever wasted
- Improvement of counseling skills, personal skills
- Help to know if I am not suffering from trauma
- To understand myself and improve personal skills

**Work**

- I will know what it means when one has gone through genocide
- It is very interesting for me because it will improve my job
- It will give me further understanding of dealing with traumatized people
- This training will help the participants to acquire basic knowledge in management of trauma symptoms
- To be able to help other people in need
- To understand and discover several types of trauma or events which can lead to trauma
- It will enable me to deal with the witness in a more sensitive manner
- It will help me to help witnesses and colleagues who are traumatized
- To be able to handle/assist any witnesses/fellow colleagues suffering from trauma

**Appendix IV: PTSD LEVELS IN THE PARTICIPANT**

**Trauma that is most distressing**

- Craziiness (?)
- Genocide
- How to reach my goals in education (degree level)
- *Listening to stories and experiences of people who actually underwent and experienced suffering*
- Mental/psychological trauma`
- People who have been raped during the genocide, witness and victims
- Post-traumatic disorders, paranoia feelings of insecurity
- Pressure of work to meet deadline and working environment
- Rape (sexual violence genocide
- The death of my mother
- The only one was the plane crash
- Trouble sleeping
- War
- When I feel some sort of job insecurity
- Witnessing my family member been killed in front of me

Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

**NOTE: "Client is used to indicate persons with whom you have been dealing with.**

		Yes	No
1.	I felt emotionally numb	16	7
2.	My heart started pounding when I thought about my work with clients	13	10
3.	It seemed as if I was reliving the trauma(s) experienced by my clients(s)	13	8
4.	I had trouble sleeping	11	12
5.	I felt discouraged about the future	8	15
6.	Reminders of my work with clients upset me	12	11
7.	I had little interest in being around others	9	14
8.	I felt jumpy	9	14
9.	I was less active than usual	12	11
10.	I thought about my work with clients when I didn't intend to	12	10
11.	I had trouble concentrating	9	13
12.	I avoided people, place, or things that reminded me of my work with clients	10	13
13.	I had disturbing dreams about my work with clients	8	15
14.	I wanted to avoid working with some clients	12	11
15.	I was easily annoyed	9	14
16.	I expected something bad to happen	8	15
17.	I noticed gaps in my memory about client sessions	9	14

Mean Scores	Frequencies			Scores	Avoidance
	Intrusion	Hyperarousal			
1.0	5	6		1.0	2
1.2	0	3		1.1	1
1.4	3	3		1.3	1
1.6	1	4		1.4	4
1.8	2	0		1.6	3
2.0	5	2		1.7	1
2.2	0	1		1.9	2
2.4	2	0		2.0	1
2.6	1	0		2.1	2
2.8	1	3		2.3	2
3.2	1	1		2.6	1
4.0	1	0		3.0	1
4.4	1	0		3.3	2
46.2	23 = 2.008	23		43.3	23

#### Summary of the above table

- There was high intrusion level in the participants as compared to Avoidance and Hyperarousal.
- There was intrusion in 18/23(78%) in those who had secondary trauma, which is equivalent to 18/36 (50%) of those in attendance.
- For avoidance – 21/23 (91.3%) had a positive score, that is 58.3% (21/36) of the participants.
- For Hyperarousal – 17/23 (73.9%) of had positive scores, and this translator to 17/36 (42.2%) of the participants.

#### Conclusion:

Symptoms of PTSD were highly prevalent in the participants.

## Appendix V: HOME WORK HAND IN: LIST OF TRAUMATIC EVENTS REALIZED IN RELATION TO SELF, OTHER, SOCIETY/COMMUNITY

Note: Reproduced with minimal editing to reflect similarities within diversity

### To Self:

- Attending survivors who were the primary or secondary victims telling their stores how they lost their loved ones or how they witnessed a killing
- Attending HIV/AIDS victims as a result of rape
- Attending sick children conceived during a sexual assault and who will never know their fathers
- Attending mothers who are psychologically affected especially when they have to raise a child as a single parent because the child was conceived during a rape act
- Attending witnesses/victims who have physiological injuries e.g. an amputated limb, ear, one eye, big scars due to cuts etc.
- Attending victims/witnesses who are psychologically affected after coming face to face with genocide perpetrators when testifying. They might develop high blood pressure, asthma attack, headache etc
- Listening to their stories and what they went through affects me psychologically and makes me feel as if I was there and with them during the genocide
- Sexual abuse - x 2
- Accident – x 5
- Banditry attack x 3
- Rape x 6
- Racial discrimination
- Genocide x 4
- War (intertribal, country to country) x 3
- Displaced
- Financial crisis x 2
- Personal conflict x 2
- Family conflict x 2
- Misunderstanding among parents, your elder etc.
- Loss of properties x 2
- Failure in Examinations x 2
- Failure to settle the long standing debts x 2
- When a thief robs you x 3
- Physical assault
- Sexual discrimination
- Incurable illness/long standing illness
- Rejection of a need (?)
- Infection with a certain foreign disease
- Separation from the loved one
- Unwanted by the loved one
- Unable to achieve something as planned
- Confrontation by your co-workers
- Child abuse
- Overwork x 3
- Prolonged exposure to excessive heat
- Starvation and thirst x 3
- Poverty x 2

- To be taken in the court for prosecution x 2
- To be sentenced (taken into the jail)
- Alcoholism x 2
- Drug abuse x 2
- Injury
- Over-traveling (Long journey)
- Exhumation project
- Work next to dead bodies or animals
- Smell related to animals
- War in Bosnia
- Plane crash
- Killings
- Shootings
- Knives
- Crush objects
- Machetes
- Grenades
- Fire arms
- Killings sites
- Grieves sites
- Religious places
- News papers
- TV
- Posters
- Audio News
- Sounds
- Stigmatization
- Miserable
- Oppression
- Pessimism
- Mistrusting
- Hopeless
- Mental weakness
- Disgraceful
- Contagious diseases
- Health problems with children
- Relationship problems x 2
- Having problems related to me by close friends
- Death of friends/family x 2
- Serious illness of family/friends
- When my wife was operated during the birth of our first child
- 24 hours resignation from my first work even before joining UNICTR
- UNICTR driving test
- UNICTR five arms shooting test (Range)
- Living with Hutu Refugees (kigoma) Kavembwa camp
- Hearing gun shots, during the war,
- Having seem people killing others
- Having seen looting and burning of houses and above all having seen the killing of my family member and that fact that I survived alone where I was hiding.
- Every time that there are family problems to be solved, especially those which deal with orphans, it reminds me of the *genocide in Rwanda and at traumatizes me.*

- Death of a loved one
- Loss of employment
- Change of lifestyle one is used to
- I experience the trauma of being of an orphan
- Being a refugee
- The commemoration of the genocide in Rwanda traumatizes me, particularly seeing the video tapes showing the militia killing people because of tribalism, listening also to the testimonies of the survivors of the genocide traumatizes me
- Memorial sites
- Death of a family member (a mother who lost her child)
- Divorce
- Parents misunderstanding for their children
- Fusillade i.e. too much of gunshots and bombs
- Dead bodies laying in the streets
- Destruction of houses
- Ethnic segregation and ethnic discrimination
- Children who have lost their parents during the genocide at their early age (below 5 years) most of them suffered mental disturbances such as being unable to control their toilet. You will find such children aggressive as they search for a parental substitute. The fact that most of them are put in children homes or orphanages you find that one mother takes care of more than ten children. Therefore she does not have opportunity to take care of only one child, - a situation which hinders her to be a real parental substitute. Here love is divided for many children.
- A teacher (female) using caning to punish her pupils
- My mother's chronic disease resulting in consecutive hospitalization
- The sudden death of my child x 3
- The shooting of persons in my presence
- Loss of a job
- HIV in family member
- Violence
- The loss of my husband (he passed away in same week)
- The killings of my only two brothers and for one we don't know how or where he was killed. X 2
- The killing of my best friend by traditional weapons in my presence I witnessed that killing by machetes, clubs etc
- Inability to help people when you can see they have a need.
- The shooting and bombing in genocide
- Being next to dead bodies when I went to seek refugee.
- Being helpless before their children in the genocide when they think that parents are powerful
- Observing people changing behaviour suddenly and beginning killings when you know them differently.
- To witness my relatives kill my family when I thought that they were the first to protect us.
- Going through testimony of rape in genocide (with witness)
- Bereavement
- Stressful news about loved ones
- Fear of not getting married, bearing children, or finding a job
- Fear of children not growing up properly
- Lack of shelter
- Fear lack of good opportunities for personal education and growth.
- Paranoia on personal security after the death of my brother
- Illness of family members

- Bad things about loved ones (?)
- Separating from friends
- Stressful supervisions
- Challenging jobs, traumatizing experiences of influence with those I work with.
- Difficulties in mobilizing funds for witness for medical treatment.
- Unreliable partners/colleagues
- Deadlines for completing testimonials work
- Being away from family
- Supporting my boss adequately
- Excelling in my performance
- Capacity building in relation to my work.
- Gaining excessive weight
- Little adjustments and aches
- Having to wear eye glasses
- Keeping my child & relatives in good health
- Fear of developing cancers
- Fear of STD'S& HIV/AIDS
- I got traumatized about two young girls who were affected by the genocide in Rwanda:
  - They witnessed their mother being raped by more than twenty rapists.
  - They ran away leaving their mother and up to the moment they do not know whether their mother died or is still alive,
  - Every now and then they cry about their mother, father, sisters and brothers
  - Due to that Traumatic event they cannot concentrate on anything in school.
  - The elder one collapses every time she remembers her.
- We are also aware that there are many people from different countries such as Congo, Rwanda and Burundi who also are leaving their home lands because of internal wars and became refugees in others countries. They suffer from Trauma due to the fact that they fail to deal with their own development activities, economic activities and others lost their families members etc. Due to that they became vulnerable and so they even fall into the sexual and Gender based violence etc.
- Encounter with war victims (gang-raped women) in Liberia
- The massacre of more than eighty civilians at greystone compound on 26 June 2003 (Monrovia Iberia) with RPG shelling
- My very first visit to an internally displaced persons was very risky. It was a few miles out of Monrovia.
- Driving across a mine-field in Bissau Guine Bissau)
- Driving a cross human bodies to join Roberts international airport MONROVIA Liberia June 2003)
- The meeting with some Ogoni leaders in the cell where they were confined in Port Harcourt prison (Nigeria).
- The assassination attempt of Hosani Mubrak on road (in my presence), Addis Ababa in June 1995. I did sustain minor injuries.
- While walking home one evening a man run up to me from behind, and snatched my handbag, after a brief struggle he managed to get away with my bag now have fear particularly if I hear someone running behind me (this incident was at about 8.00pm)
- While walking with a friend from the supermarket a man appeared from behind and once again struggled with me before snatching my handbag, now I fear men walking too close behind me.
- Break up of a relationship after being together for 4 years. It was extremely difficult, and I particularly avoid going to places where we had gone together.

- My father's brother was shot and killed. The sudden death was extremely exhausting emotionally. It has been 10 years but still have hard time with this. What made it worse was my grandfather (paternal) also died on the on the same day as my uncle.
- Suffered mental emotional & physical abuse at the hands of a significant other. It affected my self- esteem and as a result it took me to physically move away to finally get out of that abusive relationship.
- My mother always made one of my sibling feel she was the "special" child because she was always first in the class, the rest of us were often made to feel inadequate and insignificant. This tread has continued through to our adult lives.
- As a child my best friend moved to another part of town and changed schools. For a while following that time, I hated going to school.
- One night while my father was away on business, my siblings and our mother were at home alone. It was about 3.00am when I woke up to the sound of someone trying to entry into our house. After lying in bed for about 5 minutes I mustered the courage to go and alert my mother that there were thieves. On seeing the door open made the possibility of danger so real. Now I have fears of sleeping in a room alone.
- As a child had a terrible nightmare when the lights were tuned off. Now I am afraid to sleep with lights off if alone in the room.
- Instances of world terrorism that result in the mass murder and killings of people. e.g. Suicide bounders etc. Examples of recent terrorism that involved and resulted in causing significant trauma nationwide and at the international level.
- Bombing of USA embassy in Kenya and Tanzania
- Mass killings in the Middle East
- Genocide in Bosnia & Kosovo
- Natural disaster such as floods, earthquakes etc
- Loss of family members (death) by killing/ sickness
- Physical assault
- When I went Butare to contact witness for Butare trial I went to a house of a witness and introduced myself that I am from tribunal and had come to inform her that she was required by court to testifying against the accused at the Butare court. Suddenly she started crying and shouting saying "I don't want to see anybody leave me alone" I have to cool her down but later she accepted to talk to me after a long discussion.
- When I listen to radio or watch TV about various people who die such as in accidents, terrorism etc .I feel bad, stressed and shocked by that trauma
- When I meet my friend or relative who are suffering from HIV/AIDS disease.
- When my wife was pregnant and send to the hospital
- When I do and am waiting for results of any examination
- Death of my mother to natural causes.
- Early death of beloved children of neighbours
- Heavy or devastating road traffic accidents that caused deaths and loss of property of neighbours
- Ghastly fire incidents in neighbours homes that caused death and loss of property.
- Broken marriages of neighbours
- Early deaths of neighbours, youths due to HIV and some unexplainable disease.
- Religious intolerance of some neighbours that led to large scale killings of fellow human beings
- Armed robbery against neighbours and others.
- Heavy floods that caused death and loss of financial resources.
- Combat air raid on civilians during or 1967-69 civil war that caused death to many beloved relations of the communities in the eastern party of my country. (? Which country)
- Loss of many civilians and soldiers in the communities of the civil war stated above.



- Displaced persons in my country due to clashes over ownership of land in some communities.
- Hired assassination and other violent crimes in some parts of my country.
- Divine: Only God is the explanation of a divine trauma.
- Hereditary: trauma inherited from the family tree.
- Events: Accidents, natural calamities (such as earthquake etc-) humans' violence (such as war fighting family conflicts etc -).
- Trauma caused by violence
- **Slavery:** Ancient Greek (Europe), Arabs (Africa), (exploitation of) American genocide, Holocaust, transfer of population, colonization, Apartheid, Asia: China, Japan, Russia, Indonesia (East Timor) America: massacre of the individuals, KU, KLUX KLAN (Black Americans etc.:
- Conquering territories all over the world
- World Wars I and II (1914- 1918 and 1939- 1945) Vietnam, Algeria, Afghanistan, Iraq.
- Conquest of power and ethnic conflicts (Congo d'Etats, political violence's such as Kosovo, Rwanda, Senegal Burundi, Sierra Leone, DRC, Liberia.
- Stress: Natural to the human being. It can be positive or negative.
- Illusion and hallucinations
- Paranoid and severe depression
- Insecurity or (madness) etc
- Individual: self control, self criticism,
- Collective; family, friends, reflexive clubs [clubs for leisure]
- Traditional; Traditional healers.
- Modern medicine; In psychiatric hospitals.
- Kill both his wife and the man she was having an affair with.
- Kill himself (Commit suicide)
- Heart attack in the house .
- **A team losing a game.** I give an example of the world cup final match between Brazil and France in 1998. because of that match, hundreds of Brazilians were taken to hospital traumatized because Brazil lost the game. I was also traumatized because Brazil is my team
- **Death of a relative**
- The premature divorce, which my brother suffered. He almost committed suicide. But even up now he is still traumatized on despite our effort to help him.
- A friend who had sex with a woman suspected to be infected of HIV. He was finally suspected of being infected also. Because of that he became traumatized and at the end killed himself.
- A case in which a supervisor evaluate his subordinates in an unfair manner.

#### To Others:

- Killing/murder
- Physical abuse
- Abortion/miscarriage x 2
- Financial problems
- Loss of job/income x 2
- Homelessness x 2
- Loss of property/livelihood e.g. Fire/theft x 2
- Discrimination
- Discrepancies with other in society
- Rape x 3
- Loneliness, Isolation
- Economic depression
- Family separation

- Wife stole family items while the husband is not at home
- Redundancy (axed from work)
- HIV infection x 2
- Pictures of small babies
- Orphans, Image of war
- Aggressive attitude
- Change of a friendly relationship
- Health condition (psychological and physical)
- Ladies infected of HIV because of rape
- Undesirable pregnancies for girls who survived x 2
- Poverty x 2
- Prostitution x 2
- Alcoholism
- Drug abuse
- Insecurity x 2
- Terrorism – in a country where there are a lot of bombs, people are always anxious
- Misunderstanding between supervisors and their subordinates i.e. the chief never wants to hear his subordinates
- Parents whose four years old child was raped
- Two brothers who died in an accident x 2
- A lady who was often beaten by her husband forcing her even to spend the night outside the house.
- Diseases caused by malnutrition for children born of poor families
- Testimonies of some women who were raped during the genocide
- Loss of income
- Marriage breakdown
- Mental illness of a family member x 2
- Injuries from dangerous sport
- Injury from arson
- Crash on property market
- Attack by wild animal
- Air crash
- Bomb injuries
- Bullet injuries
- Drowning accident
- Terminal illness i.e. cancer
- Violence
- Lack of parental affection
- Armed robbery
- Seeing street children, poor and begging when before the war their families were rich
- Seeing people who are now mad because of war, wandering and begging in the streets
- Seeing students and pupils who can no more afford school because of poverty
- Seeing people dying of hunger and laying by side of the road
- They are no more secure and they are no sure that what happened would not occur again
- Widows with financial problems
- Children without parents because of genocide and HIV/AIDS
- Insecurity
- Staying alone because the rest of sibling/your family passed away during the genocide.
- Loss of belongings and killings
- Problems with the boss
- Leaving with traumatized people.

- The reaction of the late Bakeries mother the day she learnt about the assassination of her son by Charles Taylors' henchmen.
- Despair of Cameroon airlines crash victims at the Douala airport.
- On one national day celebrations at home, a plane crashed during the "air display" Every time we drove by the scene as a child I would be gripped by fears –re-living the crash.
- Following the Sept. 11 terrorist attacks in the US. I have developed a phobia of Arab looking individuals particularly those dressed in traditional Arab garb. I have a hard time disassociating them from terrorist activities
- Widow – loss of husbandry/wife
- Orphans – loss of father/mother
- Disabled – loss of parts of body
- Physical disabilities also come to people have been traumatized by physical abuse such as breaking of some parts of the body.
- Others are traumatized when they witnessed killings of their relations or members of their family e.g. parents children, sisters etc. He/she can be traumatized even after the period of time once he remembers.
- Many African societies are suffering from economic collapse.
- Climatic change. This also can bring to the traumatizing to some of the societies. Such heavy rainfall can led to floods resulting and death of people. Draught resulting to lack of food to the society.

### **To Community/Society**

- Economically they are no longer stable
- Diseases e.g. hypertension, diabetes, mental ulcers to most of the people in the community, which affects the output of every one in the society as an individual
- Out break of communicable diseases e.g. cholera in refugee camps
- School damaged and broken
- Financial/logistic problems e.g. loss of work/properties
- Fear of foreigners
- Ignorance
- The unknown
- Air planes, helicopters
- War x 4
- Rebellion
- Rape
- Lack of food
- Epidemic diseases
- Social discrimination
- Ethnicity
- Minority
- Slave
- Family conflict
- Natural disasters i.e. floods, famine, drought x 2
- Man-made disasters i.e. Bhopal, Chernobyl
- Persecution/Genocide
- Violent crime
- Regional conflicts
- Terrorism x 2
- Disease – AIDS

- The breaking of society order
- The phenomenon of street children x 2
- Socio-Economical crisis in the country
- Children heading families
- Increasing number of HIV infected people in Rwanda
- Insecurity
- Destruction of industries and burning of houses in Rwanda
- Ethnic division i.e. ban of marriages between two different tribes even of the young people love each other
- Biased judges/partiality of judges
- Bomb blast x 2
- Genocide
- Poverty of the population
- Prostitution because of different problems especially financial problem
- Separation in the society
- Political problems etc.
- Coping with poverty of family members and others
- Quarrels with neighbours
- Thieves breaking into your home
- Wickedness
- Out break of conflict
- Corruption
- Breakdown of law and order
- Political stress
- Lack of cleanliness
- Meeting obligations of your child's school
- Being accommodative of others
- Abuse from house help
- Highway robbery in Northern Cameroon
- Extra-Judicial killings in Sudan in 1989.
- The state of lawlessness in Nigeria during Abacha's reign
- The burning of thieves (alive) in Lagos x 2
- The extra- judicial execution of outlaws
- The ongoing ethnic cleansing in Darfur (Sudan).
- Economic oasis
- Unemployment
- Mass killings

## Appendix VI: GROUP DISCUSSION

There were 6 groups consisting of 6-7 participants

### (a) TASKS FOR EACH GROUP

1. Participants to share their own experience of Trauma/ Genocide in relation to: -
  - Self
  - Others
2. Each group to come up with a list of all the possible Trauma related to: -
  - The Genocide in Rwanda
  - Other evens not related to the Genocide
3. Each of the above in relation to: -
  - Work and
  - Personal growth
4. Each group to come up with how they have coped, their limitations, and what help they need

### (b) REPORTS BY THE GROUPS

#### GROUP 1

1.

##### Self

- Shooting bombing
- Disposed bodies in the street
- Lootings
- Destruction of houses

##### Others

- Rape
- HIV/AIDS infection
- Destruction of families
- Mutilation

#### 2. Street children with no support

- Widows who lost their husband because of war
- Poverty
- Prostitution
- Unwanted pregnancy
- Looking at fire arms
- Looking at uniform
- Civilian carrying machetes
- The whole picture of displacements of populations
- The picture of war

#### 3. The account (narration) of witness

- Looking at poor populations
- Frequent medical consultation
- The will to deal with the situation experienced in a positive manner
- Starting a new life somewhere else

- Prayer
- Compassion

## GROUP 2

### **1. In relation to self**

- A young girl whose mother was assassinated in her presence and then developed a kind of phobia in relation to anything which is red (clothes, flowers etc)
- A person who witnessed the genocide is traumatized by shootings, therefore cannot watch violent movies
- Announcement of a rape victim to the staff members who in return became traumatized as result of the news given to him

### **2. Possible Traumas**

- Fear of firearms and other weapons
- Fear of soldiers uniform
- Fear of violent noises (Harmer, guns)
- Violence against women
- Lack of parental affection for problem/abandoned children
- Fear of robbery with violence
- Trauma caused by a distressed supervisor
- Being exhausted (extremely tired)

### **3. Work – Genocide related**

- Sexual harassment
- Professional harassment
- Trauma resulting from a permanent contact with the witness and victims of the genocide
- Trauma connected to the interpretation of the testimonies
- Risks of producing very little
- Unnecessary professional tensions
- Fear for taking initiatives
- To develop and build of phobia in relation to the place of work
- Trauma caused by violent events (the victim or witness e.g. the member of the staff tried to put himself in the shoes of the witness and he looked like developing the same troubles till he fell into syncope)

### **4. How is trauma cured? What kind of assistance that is needed?**

- To realize that one is traumatized
- Express the trauma (weeping hysteric laughter)
- Speak out and share your traumatic experience with others
- Consult psychologist or psychiatrist
- Make sure the traumatized person is not isolated

### **Challenges**

- Lack of will power for the person traumatized to come out of the situation

### **Assistance needed**

- Having a specialist of the psychology of trauma
- Material, physical and psychological rehabilitation
- Show compassion to one's suffering
- Respect the suffering of others

### GROUP 3

1.

#### (a) Self

- When I hear the stories, try to imagine the incident as it occurred
- Feel sorry for the victim
- Feel helpless
- Feel angry
- Shocked

#### (b) Others:

- When witnesses are approached, some begin to cry
- Angry witness/victims
- Show signs of nervousness

### 2. All possible trauma related to genocide

#### (a) Psychological

- Nervous and Hysterical
- Flashbacks
- Anxiety
- Helplessness
- Question “Why me?” – life is unfair
- Loss of self confidence

#### (b) Physical

- Rape
- Amputation/Scars
- STD/HIV
  - Gynecological complications e.g. continuous bleeding

#### (c) Social/Economical

- Loss of income
- Loss of property
- Loss of family- dead, missing

#### Others

- Banditry attack
- Loss of a beloved one
- Accident
- Break of relationship
- Financial crisis

### 3. Work – Genocide related

- Internalize their experiences
- Difficult to handle – because of sensitivity
- If first encounter “Brings you down” it affects the entire day
- Feel helpless
- *Feel nervous*
- Loss temper

## Other events

### Work

- Stressed
- Angry
- Nervous

## Personal growth

### The Genocide

- Totally stressed
- Cannot function socially
- Family and moral support missing
- Loss of confidence
- Avoiding “memory triggers” points/sites
- Psychological “sickness” e.g. headaches

## 4. Coped

- Peer discussion
- Try to separate self
- Show as much compassion and support

## Limitation

- Financial constraints
- Don't have answers to their needs
- Locating family members

## Needs

- Counselling
- More support from peer/colleagues
- Stress management
- Massage! = Relaxation!!
- More personal time

## GROUP 4

### 1. Own experiences

- Dealing with witnesses who are survivors
- Frequent exposure to TV News relation to background history of the genocide
- Visiting genocide memorial sites
- Listening to the testimony of witnesses
- Discussions with survivors

### 2. Possible Traumas

- Bereavement due to loss of loved one
- Rape/sexual assault
- HIV/unwanted pregnancy
- Physical disabilities/disfigurement
- Loss of property/livelihood
- Mental problem e.g. paranoid



## **Non-Genocide**

- Poverty
- Diseases
- Regional conflicts

## **3. Work**

- Witnesses exhibit PTSD symptoms before testifying
- Welfare issue of witnesses
  - Financial
  - Security

## **Personal growth**

- Tolerance
- Learning from history
- Empathy

## **4. Coping strategies:**

- Listening/compassion
- Comforting
- Human and material resources
- Advocacy/networking
- Humour

## **GROUP 5**

### **1. Example of killings I witnessed during the genocide of 1994 Rwanda:**

- The case of Interahamwe militia who captured a family and they killed all its members. This event traumatized me so much and whenever I sat to watch TV the image of the killing appeared on the TV instead of the real images. For a certain period of time, I thought that my family also had been killed by the same militia because I didn't have any news about them.

### **2. Each group to come with up a list of all possible trauma related to: (A genocide in Rwanda)**

- Body marks suffered form physical assault
  - Machete cuts
  - Rape victims
- During after testimony
  - Anger/crying, anxiety/hopelessness
  - Physical pain – headache, stomach, diarrhea
  - Hypertension, recurrent, nightmares
  - Loss of appetite/alcohol abuse
  - Loss of memory
- Genocide week – TV programmes make Rwandese to experience the events that took place, severe depression

## **Other events no related to genocide**

- Rape
- World terrorism – 9/11
- Difficult /un conducive working environment
- Family pressures
- Bereavement

### 1. Genocide in relation to (a) Work (b) Personal development

- The traumatized person finds himself in difficulties or conflicts with his supervisor as he tries to assert or claim his rights as far as work is concerned. This person also cannot give constructive ideas to the organization he is working for.
- Concerning personal development, the person who is traumatized cannot concentrate in his work and his productivity is mediocre. Life becomes hard for him as far as personal development is concerned.
- On the academic level, the person who is traumatized cannot attend academic institution because he feels he has no more hope for a good living
- In short, the team cannot give an exhaustive list of the negative effects caused by trauma.

### 4. How they have coped

- By getting counselling/education
- By getting spiritual hearing
- By getting economic support
- Time for recreation

### Limitation

- Don't discuss about past genocide which accrued
- TV's not to show programmes showing genocide

### Help

- More counselling and material support is needed to the survivors of genocide

## GROUP 6

### 1. Repatriation

#### Others:

#### (a) Rape victim of the genocide

- Witnessed a young girl, went to her rescue – flashback

#### (b) Hammering sounds

- 1 week to clinic WVSS triggered the bad memories of genocide

#### Self:

#### Reminders: Re-experiences

- Survivor of genocide
- Movies
- TV
- Newspapers/posters
- Memorial functions/ceremonies disassociated ones self from the society/community - Loneliness
- Lost parents
- Living with brothers, sisters, cousin
- A university student/bread winner
- Economic problem
- Disassociate himself from family

Others:

- Save the children funds
- Children lost in forest
- Documentation
- Stories very traumatizing
- Loss of appetite, crying
- Rape
- Sexual abuse
- Killings
- Decapitation
- Intimidation
- Discrimination/segregation
- Displacement/Refugee
- Stealing/theft/armed robbery
- Embezzlement of public funds

**Health problem**

- Dwindling of social services e.g. health, education, communication e.t.c.
- Poverty
- Unemployment
- Insecurity
- Political divide
- Loss of income
- Inefficacy/non-productivity
- Loss of control (self)
- Disunity/un-cooperative
- Cruelty/Aggressiveness

**Counselling**

- Talking about it/reconciliation
- Social inter action – sports, associated with victims/survivors
- Courts justice

## Appendix VII: FINAL EVALUATION OF THE WORKSHOP

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
<p>ue. Facilities, location, food seating arrangements, of room, noise etc.</p> <p><b>Comments:</b>                      Provision of lunch is very important                      For the food they could do more but for now we know that ICTR is facing financial problems, it is okay                      Okay                      It would be proper if the food was prepared at UN Cafeteria close to the workshop venue                      No problem for participants                      Food sitting arrangements was not good especially for lunch                      Arrangements for lunch would have been better for the groups                      There was no organization to welcome the participants from far                      You are well studious, diligent</p>	1	1	22	12
<p>e of the class. Was the number of trainees adequate for the activities planned?</p> <p><b>Comments:</b>                      Yes, the team work was done easily                      Class was too large                      Okay                      Trainees are adequate and capable                      Yes                      Large size                      Well done</p>		3	11	22
<p>the amount of time given to sessions.</p> <p><b>Comments:</b>                      Too much materials for a short head to failure to concentrate                      The time given to sessions was too short, this training needs almost a week                      Very short/needs more time                      Reasonable – it is okay                      We didn't have enough time to discuss deeply all the issues                      Forced to rush due to time frame                      We wishes to get more days of sessions</p>	3	12	12	11

<p>... could have more time in order to cover IRQ had respect</p> <p>... time was not enough it is very limited compared to topics</p> <p>... this is in very complex and so may be more specialization over only 2 days would be better</p> <p>... duration of the workshop was short it would have been for the whole week</p> <p>... The time was sufficient for all indicated in the programme was done</p> <p>... Was wished more time is required especially for class participation (role play)</p> <p>... Was enough</p> <p>... The time is very much limited. It needs to be looked at</p> <p>... Considering the importance of the seminar time is a problem, insufficient</p>				
<p>... organizations of the training agenda.</p> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Very good but limited time factor</li> <li>• Too much condensed not allowing times for assimilation by the participants</li> <li>• Through briefing time for role players should be incorporated</li> <li>• Not enough</li> <li>• Well done</li> </ul>		1	16	19
<p>... level of participation:</p> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Appreciated</li> <li>• Very good</li> <li>• However may be make more interactive sessions in between the presentations</li> <li>• Problem of expression</li> </ul>		2	20	15
<p>... the degree to which your expectations were met:</p> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Some expectations were met</li> <li>• Need more training on the matter and more concentration</li> <li>• Yes of course</li> <li>• Yes my expectations were met</li> </ul>		1	25	10
<p>... the degree to which the objectives were met.</p> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Quite a good coverage of issues.</li> <li>• Objectives were good but limited for time factors</li> <li>• Absolutely</li> </ul>			25	9

8. What skills and information did you find particularly beneficial to your needs. Why?

- The method of handling traumatic cases was highly appreciated, this would help me further on carrying out my present official engagements
- Stress and Stress management, because stress is part of life and reorganization and management it is important x 3
- How to discover trauma problems and how to help those who are suffering from it
- The counselling skills were important
- I was very strong on the skills, now I have gained new material to facilitate my work
- I learnt more and new things
- Knowledge of PTSD its management and counselling not for witnesses alone but for the whole cases in the society x 5
- About psychotrauma matter related to my duty with witnesses I have realized what I was doing was wrong
- All the skills and information were beneficial to me because they will help me to improve my daily work x 3
- Stress management because I have come to understand what is stress, its disadvantages and how to go against it
- Knowledge of how to deal with traumatized witnesses
- Knowledge about trauma
- I have got skills in handling professionally a traumatized client i.e. stress management
- CBT because I got knowledge how to counsel a victim, witness
- The debriefing phase, because it allows us to put ourselves in real situation, further allows the trainees to participate actively
- The recognition of PTSD symptoms, as we see many in the witnesses we deal with CISD format as this is very important areas not just here
- The counselling session – being empathetic versus sympathetic the importance of valuing every client, because all cases are unique, and every event important
- How to react to and handle a witness/victim who is presented to you in an already elevated state of agitation and trauma
- Active listening skills, counselling skills
- The capacity to detect trauma and identify it. This has not been the case in my past experience
- Critical Incident debriefing because of my past experience as military personal

9. What do you think you missed from the training?

- In depth of the psycho-trauma training
- Nothing because I don't have prior knowledge of what has been presented within training x 6
- More practice x 2
- Concentration of the time intervals and lunch provision
- The time was not enough to go in the deep of the way to deal with witnesses x 3
- I missed the case of therapists who approaches a traumatized person as we deal in the field
- Obtain real situations from videos to see the real events, not the stage ones
- Enough/sufficient practical exercises relating to real situations on the ground
- Video tapes showing trauma events can be borrowed or obtained for purposes of training
- As far as the counselling skills are concerned 2 days session are not enough
- The specificity of witness support work in the field
- Would have liked to gain skills of self stress management because realize from the symptoms list that I am indeed stressed. Therefore more time required.

- More room for more real examples of real situations and discussions on how they can be handled
- More role play and critique (practice)
- There is nothing I miss, but the only one thing I would like, it to be given another time for training

10. Were the two days enough?

- No x 28
- Yes x 3

11. If No, how many days?

- 5 days x 6
- 1 week x 11
- 2 weeks
- 4 days x 6
- 3 days x 3
- 10 days
- 1 month
- 3 days per month

12. Would any further training be helpful to improve your skills for the job you do?

- Yes x 31

13. If yes explain further

- The issue of psychotrauma needs in depth knowledge particularly as it relates to my official assignment x 2
- To know how to deal with traumatized witness in the field and during contact
- According to the time frame to this session the information got was not in depth in discussion, therefore another training as a follow up would be necessary
- We need to refine our counselling skills x 3
- Not a single training gives a full meaningful, there must be several trainings.
- I would like further training because I want to do well or to help the client when they are coming for my help
- Being a nurse I come in daily contact with different cases, so such a training tome is very beneficial
- We have different witnesses and each one has his own trauma then we can be able to expose different problems we meet x 2
- For improvement of our duty
- It would be for me an occasion to know about most cases that I meet.
- It will give us more time to extract more experience and understand more principals according to the subject
- Step by step approach of the various topics coupled with practical exercises
- Further training will make us acquitted in dealing with traumatized persons
- Give me confidence to talk to people when they need my help
- It is always important to be refreshed about important aspects of human psychology in role to improve the working correlation and creative
- It is good to have this kind of training because this will improve our job and our future
- To update any knowledge on the topic and get to share more experience x 3
- Most of witnesses speak only Kinyarwanda and some of them France so it makes me difficult to have good communication with them. So I need to know speaking France and Kinyarwanda.
- Regular refresher training would be useful and more practical in role playing
- To expand more on how to deal with witnesses when they are contacted and happen to be traumatized

- I would be interested in an intensive counselling course offering a variety of counselling options
- One can get adequate training on how to handle trauma victims as there are different types of traumas and ever similar
- Because we are dealing with witnesses we need time to time training to remind ourselves
- To help enhancing the acquired skills and assisted practice
- For the WVSS to gain more information on subject and perfect skill
- Especially in the area of critical Incident debriefing in order to manage our stress when facing difficult witness.
- I got a new knowledge to talk with people who had suffering from trauma
- This conference has a lot of relevance to many cases which I experience in my profession

#### 14. Other comments:

- The practice on real cases would be more helpful in the further training in order to be more strong in counselling, I hope the other training should consider the cases in which counselor first sees people who are traumatized
- Modern organization is required for the better deliveries, such modern organization must be associated with lunch provision and product money from the institution
- I suggest another training. Thanks very much and you are well come again x 2
- We need enough time to explain the kind of trauma we meet in the course of work.
- INCTR has to continue organizing form time to time this training
- I really appreciate the plan of the training congratulation to both of you
- Time should be a great resource to consider. Time was too limited and the materials/notes were a lot to cover. More we need them to be back again for training
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- The period of training sessions have to be added so as we will be able to learn slowly which will result to the good understanding
- To help me to know how to help people in my all life not to WVSS only
- A conclusive environment for people that we support
- No further comment except try your level best to reach this counseling skills to other institution which needs this knowledge
- To also provide background music during the relaxation and exercise techniques
- Let this training be taken to other staff members especially security and safety section because they also deal with this victims and accused persons who are also suffer from traumatism
- This workshop should not be on weekend. I recommend other day to be on working days x 4
- I believe more control and direction for the participants in the role play situations would have provided a more positive learning experience, also spending more time would have enable more participants.
- Because of the volume of material, it may be better to spread it out over 4 days including more interactive sessions. Role play which brings participants near to practice than theory should be emphased
- The venue should change from the workplace to somewhere way out of it
- To have a follow-up training and also on drugs
- Training was good
- As the professor himself did show to Mrs. Sylvia all the participants are traumatized. I believe psychologist is needed for consultation of the staff.
- The conference is very indispensable for my current work at ICTR



Appendix VIII: (a) EVALUATION OF FACILITATOR

Please tick in spaces provided and add comments where indicated. Your honest opinion will help us improve our training efforts. Thank you.

NAME OF FACILITATOR: Prof. David M. Ndeti

TOPIC(S): \_\_\_\_\_

WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
Mastery of Knowledge. <u>Comments:</u> <ul style="list-style-type: none"> <li>Highly academics</li> <li>He is an expert in the area</li> <li>It is very important regarding day today's work</li> <li>You are well studious, diligent and you deliver well what is provided</li> </ul>			8	28
Confidence with presentation. <u>Comments:</u> <ul style="list-style-type: none"> <li>The teaching qualities were highly utilized for the benefit of the audience</li> <li>Your presentation make the material easy to follow</li> <li>You give satisfaction</li> </ul>			4	32
Pace of instruction. <u>Comments:</u> <ul style="list-style-type: none"> <li>More time was needed for information designated</li> <li>At times you speak faster</li> <li>The place made it easy to follow instruction</li> <li>Excellent</li> </ul>			10	26
Clear instruction. <u>Comments:</u> <ul style="list-style-type: none"> <li>The different paragraphs were explained clearly</li> <li>Excellent but the time was short</li> </ul>			9	27
Volume of voice. <u>Comments:</u> <ul style="list-style-type: none"> <li>Superb</li> </ul>		3	7	26
Motivation of participants. <u>Comments:</u> <ul style="list-style-type: none"> <li>The participants showed more motivation by the training</li> <li>Superb</li> </ul>		2	14	20
Linking information to participant's experience. <u>Comments:</u> <ul style="list-style-type: none"> <li>More class participation with relation of experiences of PTSD</li> <li>Okay also</li> <li>Superb</li> </ul>		2	11	23
Useful information.			10	20

<b>Comments:</b> • Superb				
Organized presentation. <b>Comments:</b> • PowerPoint presentation for all topics would be more beneficial • Good no problem • Superb		1	8	27
Participants' use of materials. <b>Comments:</b> • Will read after the course • Not too much due to financial problems which ICTR is facing now • Superb	1	3	12	19

### (b) EVALUATION OF FACILITATOR

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NAME OF FACILITATOR: Dr. F. Ongecha-Owuor

TOPIC(S): \_\_\_\_\_

	WORKSHOP ATTRIBUTES	POOR	FAIR	GOOD	VERY GOOD
1.	Mastery of Knowledge. <b>Comments:</b> • Highly motivating • This first point is very important regarding own duty • Excellent • Talking too much			10	25
2.	Confidence with presentation. <b>Comments:</b> • Full of confidence in her presentation at her assigned over of study • Because to talk about Rwanda genocide witness and victims problems we need some confidentiality • Super • Talking too much • Too much reading from screen			12	23
3.	Pace of instruction. <b>Comments:</b> • We need to know the things you brought to our attention so we can do more • Supper • In place a bit faster		1	15	19
4.	Clear instruction.		1	12	21

	<p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• The lessons were explained clearly</li> <li>• Excellent</li> <li>• Should try to expound and points instead of constant reading form screen</li> </ul>				
	<p>Volume of voice.</p> <p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• No problem here also</li> <li>• The volume of voice not stead, sometimes high sometimes low or faster</li> <li>• Excellent</li> </ul>			14	21
	<p>Motivation of participants.</p> <p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• Because concerning their day today works</li> <li>• To check audience if they are listening</li> <li>• Excellent</li> <li>• More control and direction for group activities and role play required</li> </ul>		4	11	20
	<p>Linking information to participant's experience.</p> <p><b><u>Comments:</u></b></p> <ul style="list-style-type: none"> <li>• Okay also</li> <li>• Excellent</li> </ul>			11	24
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- Prayer
- Compassion

## ROUP 2

### **In relation to self**

- A young girl whose mother was assassinated in her presence and then developed a kind of phobia in relation to anything which is red (clothes, flowers etc)
- A person who witnessed the genocide is traumatized by shootings, therefore cannot watch violet movies
- Announcement of a rape victim to the staff members who in return became traumatized as result of the news given to him

### **2. Possible Traumas**

- Fear of firearms and other weapons
- Fear of soldiers uniform
- Fear of violent noises (Harmer, guns)
- Violence against women
- Lack of parental affection for problem/abandoned children
- Fear of robbery with violence
- Trauma caused by a distressed supervisor
- Being exhausted (extremely tired)

### **3. Work – Genocide related**

- Sexual harassment
- Professional harassment
- Trauma resulting from a permanent contact with the witness and victims of the genocide
- Trauma connected to the interpretation of the testimonies
- Risks of producing very little
- Unnecessary professional tensions
- Fear for taking initiatives
- To develop and build of phobia in relation to the place of work
- Trauma caused by violent events (the victim or witness e.g. the member of the staff tried to put himself in the shoes of the witness and he looked like developing the same troubles till he fell into syncope)

### **4. How is trauma cured? What kind of assistance that is needed?**

- To realize that one is traumatized
- Express the trauma (weeping hysteric laughter)
- Speak out and share your traumatic experience with others
- Consult psychologist or psychiatrist
- Make sure the traumatized person is not isolated

### **Challenges**

- Lack of will power for the person traumatized to come out of the situation

### **Assistance needed**

- Having a specialist of the psychology of trauma
- Material, physical and psychological rehabilitation
- Show compassion to one's suffering
- Respect the suffering of others

### GROUP 3

#### 1.

##### (a) Self

- When I hear the stories, try to imagine the incident as it occurred
- Feel sorry for the victim
- Feel helpless
- Feel angry
- Shocked

##### (b) Others:

- When witnesses are approached, some begin to cry
- Angry witness/victims
- Show signs of nervousness

#### 2. All possible trauma related to genocide

##### (a) Psychological

- Nervous and Hysterical
- Flashbacks
- Anxiety
- Helplessness
- Question "Why me?" – life is unfair
- Loss of self confidence

##### (b) Physical

- Rape
- Amputation/Scars
- STD/HIV
  - Gynecological complications e.g. continuous bleeding

##### (c) Social/Economical

- Loss of income
- Loss of property
- Loss of family- dead, missing

##### Others

- Banditry attack
- Loss of a beloved one
- Accident
- Break of relationship
- Financial crisis

#### 3. Work – Genocide related

- Internalize their experiences
- Difficult to handle – because of sensitivity
- If first encounter "Brings you down" it affects the entire day
- Feel helpless
- Feel nervous
- Loss temper

## Other events

### Work

- Stressed
- Angry
- Nervous

## Personal growth

### The Genocide

- Totally stressed
- Cannot function socially
- Family and moral support missing
- Loss of confidence
- Avoiding “memory triggers” points/sites
- Psychological “sickness” e.g. headaches

## 4. Coped

- Peer discussion
- Try to separate self
- Show as much compassion and support

## Limitation

- Financial constraints
- Don't have answers to their needs
- Locating family members

## Needs

- Counselling
- More support from peer/colleagues
- Stress management
- Massage! = Relaxation!!
- More personal time

## GROUP 4

### 1. Own experiences

- Dealing with witnesses who are survivors
- Frequent exposure to TV News relation to background history of the genocide
- Visiting genocide memorial sites
- Listening to the testimony of witnesses
- Discussions with survivors

### 2. Possible Traumas

- Bereavement due to loss of loved one
- Rape/sexual assault
- HIV/unwanted pregnancy
- Physical disabilities/disfigurement
- Loss of property/livelihood
- Mental problem e.g. paranoid

### **Non-Genocide**

- Poverty
- Diseases
- Regional conflicts

### **3. Work**

- Witnesses exhibit PTSD symptoms before testifying
- Welfare issue of witnesses
  - Financial
  - Security

### **Personal growth**

- Tolerance
- Learning from history
- Empathy

### **4. Coping strategies:**

- Listening/compassion
- Comforting
- Human and material resources
- Advocacy/networking
- Humour

## **GROUP 5**

1. Example of killings I witnessed during the genocide of 1994 Rwanda:
  - The case of Interahamwe militia who captured a family and they killed all its members. This event traumatized me so much and whenever I sat to watch TV the image of the killing appeared on the TV instead of the real images. For a certain period of time, I thought that my family also had been killed by the same militia because I didn't have any news about them.
2. Each group to come with up a list of all possible trauma related to: (A genocide in Rwanda)
  - Body marks suffered form physical assault
    - Machete cuts
    - Rape victims
  - During after testimony
    - Anger/crying, anxiety/hopelessness
    - Physical pain – headache, stomachache, diarrhea
    - Hypertension, recurrent, nightmares
    - Loss of appetite/alcohol abuse
    - Loss of memory
  - Genocide week – TV programmes make Rwandese to experience the events that took place, severe depression

### **Other events no related to genocide**

- Rape
- World terrorism – 9/11
- Difficult /un conducive working environment
- Family pressures
- Bereavement

## Genocide in relation to (a) Work (b) Personal development

- The traumatized person finds himself in difficulties or conflicts with his supervisor as he tries to assert or claim his rights as far as work is concerned. This person also cannot give constructive ideas to the organization he is working for.
- Concerning personal development, the person who is traumatized cannot concentrate in his work and his productivity is mediocre. Life becomes hard for him as far as personal development is concerned.
- On the academic level, the person who is traumatized cannot attend academic institution because he feels he has no more hope for a good living
- In short, the team cannot give an exhaustive list of the negative effects caused by trauma.

### 4. How they have coped

- By getting counselling/education
- By getting spiritual hearing
- By getting economic support
- Time for recreation

### Limitation

- Don't discuss about past genocide which accrued
- TV's not to show programmes showing genocide

### Help

- More counselling and material support is needed to the survivors of genocide

## GROUP 6

### 1. Repatriation

#### Others:

#### (a) Rape victim of the genocide

- Witnessed a young girl, went to her rescue – flashback

#### (b) Hammering sounds

- 1 week to clinic WVSS triggered the bad memories of genocide

#### Self:

#### Reminders: Re-experiences

- Survivor of genocide
- Movies
- TV
- Newspapers/posters
- Memorial functions/ceremonies disassociated ones self from the society/community - Loneliness
- Lost parents
- Living with brothers, sisters, cousin
- A university student/bread winner
- Economic problem
- Disassociate himself from family

156533/hon



**Others:**

- Save the children funds
- Children lost in forest
- Documentation
- Stories very traumatizing
- Loss of appetite, crying
- Rape
- Sexual abuse
- Killings
- Decapitation
- Intimidation
- Discrimination/segregation
- Displacement/Refugee
- Stealing/theft/armed robbery
- Embezzlement of public funds

**Health problem**

- Dwindling of social services e.g. health, education, communication e.t.c.
- Poverty
- Unemployment
- Insecurity
- Political divide
- Loss of income
- Inefficacy/non-productivity
- Loss of control (self)
- Disunity/un-cooperative
- Cruelty/Aggressiveness

**Counselling**

- Talking about it/reconciliation
- Social inter action – sports, associated with victims/survivors
- Courts justice

- I would be interested in an intensive counselling course offering a variety of counselling options
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