



Voices from the Rwanda Tribunal

Official Transcript: Jorge Sierralta (Part 1 of 10)



Role:	Staff Psychologist
Country of Origin:	Peru
Interview Date:	17 October 2008
Location:	Arusha, Tanzania
Interviewer:	Lisa P. Nathan Donald J Horowitz
Videographer:	Nell Carden Grey
Interpreter:	None

Interview Summary

Jorge Sierralta talks about his role as a psychologist and social counselor for the United Nations and reflects on the challenges of working with people from diverse cultural backgrounds. He discusses his work as a counselor at the ICTR, including the mental health education and support services that have been introduced. Sierralta describes various coping mechanisms employed by Tribunal staff as well as the stigma associated with seeking counseling.

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Part 1

- 00:00** Lisa P. Nathan: **So to begin with, would you tell me your full name, the country you are from and your title here at the ICTR?**
- 00:08 My name is Jorge Sierralta. I, I am from Peru, but I spent more than 22 years in Russia because my father was member of the Communist Party so I was educated in Russia. And I, my title is, I am the Staff Counselor, yeah, so I look after the psychosocial needs of the staff, the well-being of the staff.
- 00:37 LPN: Can you walk me through – my understanding is you have worked for the UN in many roles. Can you walk through – describe your timeline with the United Nations?**
- 00:46 Yeah, I started working in Russia with refugees with UNHCR, just providing psychosocial support to refugees. Then I moved to Congo and I worked with DPKO. Then after that I work in Afghanistan and I also provided assistance to staff working in Pakistan. And then since March 2008, I moved to ICTR Arusha. So has been a change, yeah, so.
- 01:23 But I've been always doing psychosocial support with the UN and previous to the UN I've been always – I am a clinical psychologist and I am a PhD in Clinical Psychology, and I graduated from the St. Petersburg State University in Russia, yeah.
- 01:43 LPN: Can you just – thank you very much for that. Can you go back to that and actually give me the, the years that you were, sort of rough one, two years or, and also you used DPKO. I don't know what those terms are . . .**
- 01:57 Ah, DPKO, yeah.
- 01:58 LPN: . . . so go back and do the same but with the time and then talk out the acronyms, that would be very helpful.**
- 02:05 Okay, I worked for the, in 2000 I started working with the UN; previous I worked with the Red Cross, so I had experience with the Red Cross. Then I start working with the, with the United Nations Agency for Refugees, UNHCR. And then I moved to DPKO. DPKO is the Department of Peacekeeping Operation, so I work in Congo for almost two years, yeah.
- 02:32 And I was also providing psychosocial support to staff to military troops. I was providing training on stress management, conflict resolution, so. And I managed a team of that time we were three people, yeah, so. Now, because this business of psychosocial support to staff has been growing in the UN, now like in a mission in Congo they have about seven or eight counselors.
- 03:01 So, but when we started, there was, yeah, there was the time that the UN did not pay probably too much attention to the psychosocial needs of a staff, but then later on, I mean,

it was understood that investing on well-being of a staff is very important because it reduce staff turnover, it improve morale and yeah, it can, it's better health for the staff, so.

03:31 LPN: Do you know were there, was there a counselor here before you, the history here at the ICTR?

03:40 At ICTR, people, yeah, there was not any counselor per se. People used to do counseling but without being a counselor, so it's like somebody providing medical care without being a, being a medical doctor. So I have to change a little bit the mentality also of this because everybody used to call themselves counselors, so.

04:04 And, no, but many people used to feel that they are counselor because they provide counseling. I said, "You do provide also medical care and you are not a medical doctor," so that has been a little bit challenge at the beginning, but I think because of the publication that we, we have every month and the, the training activities, we have been creating a big awareness of what counselor means.

04:33 Of course there is a lot of stigma, yeah. There's a lot of stigma for people to come in and, I mean, to come and see us so they're trying, the people, they want to lock the door because they might feel that their problems are too, or too big, yeah.

04:49 So I have a client who, I see few days ago they say, "I want to stay only 15 minutes because if I stay more than 15 or 20 minutes, people might think that my problems are too big." So it's, it's a lot of stigma attached to the, to, to, to counseling services, so.

05:08 LPN: Have you noticed that in the other places that you have worked?

05:13 Yes, it's not only here. We do see, yeah, we do see, we do see in general. Of course it's changing this, it's changing but people still, they feel that, "Oh, yeah, something is wrong with me if I come to see." It's a lot of, yeah, I will say stigma attached that if you go to see the counselor it means that you are mentally unhealthy or you are not able to cope on your own, which is not true.

05:47 And very often people come, because I have coffee machine, I have biscuits, so people come sometimes for, for a short chat but, short discussion, but they stay and then we discuss issues.

06:00 But I don't force people to talk and we keep these all the conversation very confidential because I think that also makes people feel good that I repeat several time that, "What you are telling me is confidential. It stays only here," so, yeah. We, we are just having a piece of, I mean, biscuits, yeah, we are talking.