

Official Transcript: Jorge Sierralta (Part 2 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 2

00:00 Lisa P. Nathan: So can you describe what it was like when you first got here in March? 00:04 When I first got here, I, I thought that I will have a lot of people with this vicarious traumatization – people who, you know, listening to stories of the genocide, it takes a toll. But it was not the case. It was not the case. I, I really thought that – I provide sessions on trauma counseling, on trauma, but I believe that the coping mechanism that people have been used has been, for some of them has been very effective. 00:40 So what I came here, the major problem was that the mission is going to be downsized. Also, this might be also an effect because this downsizing is overcoming the other problem that probably people are facing because of being, at least they - not everybody in the mission, they hear the stories or they provide support to the victims. 01:05 So I believe that this fear of losing their job at this moment is more powerful, so that's why people who come to see me, majority of them they come with this problem of, yeah, fear, uncertainty, "What is going to happen to me, what is going to happen to my family?" And yeah. And so sometimes people refrain to discuss about their own experience. 01:33 So, and I also because we don't, we do have time limit here. Normally people come for six to ten sessions, so sometimes I don't have the capacity to go deep and yeah. So in different cases I might refer people to a different, yeah, specialist, yeah. 01:56 LPN: So can you say more about that, like what the, the structure that you work in, what you are allowed to do within the UN? 02:03 Yeah, I work for, in the – I report to the Department of Critical Incident, Stress Management Unit in New York. It's a department under the Security Section UNDSS; it's called Department of Security. And so they deal with all critical incidents. Basically here, we don't see critical incidents like I saw in Congo or I saw in Pakistan or I saw in Afghanistan. 02:35 But the, the fact that people are going to be downsized is a very traumatic event for the staff itself. So it is a bomb next to you. It's a traumatic event, or you're losing your job because many people has been here for over ten years and they have very big roots into this society, and very deep roots. So that is, that situation is, is, is traumatic for people. 03:03 That there are people who are in denial. They think that, "Oh, they've been talking about downsizing but it's not going to happen," yeah. So we do try to help those people also to understand that this is a fact, and we try to help people to go through this transition also of change, and yeah. So we are a supporting office, yeah. 03:29 LPN: So what kind of support? You mentioned that you have a time limit. Can you speak

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to that?

Jorge Sierralta

Yeah, we do not, we cannot offer long – we, 'cause we do not, there is a difference 03:35 between counseling and psychotherapy, so, so we do provide counseling. Of course a little bit of touch of psychotherapy, but we don't go deep into problems of people so we do refer them to a mental health facility. 03:57 In Arusha, there are one Irish and one American lady certified, and we do refer to them so cases with people with insomnia, yeah, because they've been listening to so many stories. 04:13 Because I remember there a Rwandese staff who came to me and she was telling me that she heard the day before the story of a witness who was raped and herself also, she suffered similar situation and she could not come to office, and she needs support and she came to me and, yeah. 04:43 So, I have, that case, what - I mean, I feel that the person will need a long-term support, I refer them to, to, to an specialist outside. But follow up, I do a follow up, yeah. So when they come back from the therapy I continue doing follow up, so we make sure that people are, yeah, are healthy, are able to, to cope with the demands. 05:10 I think there's also a mentality from some managers that if you cannot cope with the job it means that you are not suitable. So because in this particular case the supervisor thought that, "Oh if you're not able to listen to these stories, it mean that you are not – it means that this job, this job is not for you," and this is also a, a wrong perception. 05:38 It's a wrong perception because I have to – I mean, I had to have a conversation with the manager explaining, you know, I mean, people taking a different way. So it's good to support the people and – so yeah, this is how, this is how we operate. 05:56 LPN: So it sounds like you were doing some counseling but also education and some outreach to the staff. 06:05 Yeah, psychosocial education to managers that was also yeah, to – they can better understand what we do, so. There are time also that people feel that, if I go and visit colleagues, they feel that, "Oh, might be a problem." So there was a time that I met somebody, a manager was telling me, "Oh there is a problem in my section." I say, "Why?" "Because you come always to see my staff." 06:30 So people, yeah, it's the perception. They feel that if, if a doctor comes to see you, it means that you are sick. But they don't feel that the doctor might come to see you because he just want to talk to you or he want to have a, a glass of water with you and it doesn't mean

anything, so yeah.