



# Voices from the Rwanda Tribunal

## Official Transcript: Jorge Sierralta (Part 8 of 10)



<b>Role:</b>	Staff Psychologist
<b>Country of Origin:</b>	Peru
<b>Interview Date:</b>	17 October 2008
<b>Location:</b>	Arusha, Tanzania
<b>Interviewer:</b>	Lisa P. Nathan Donald J Horowitz
<b>Videographer:</b>	Nell Carden Grey
<b>Interpreter:</b>	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.

*The transcript of Part 8 begins on the following page.*

## Part 8

- 00:00 **Donald J Horowitz: Have you, in working with people here – I know some of the staff and, and you've worked with some of people in, in Rwanda, the staff in Rwanda. Is there a difference do you find between the Rwanda people who you work with and the, and the people from other countries, in terms of what you find and what you must do?**
- 00:25 Of course for a – you know if you read the newspaper, if something, if I read the newspaper and something is happening in the X country, if somebody from X country is reading the same newspaper, the effect is different. And the same also applies for Rwandese when they hear about, or then, or a, a witness comes to say, I mean, to tell their story. If there is somebody from a different country, of course, he will feel more detached from the story.
- 00:57 A Rwandese will associate what happened. It will bring (\_\_\_), back memories of the event. It might bring back memories of the event, so. Also the person might feel – you know this is what we call identification. You feel over-identify.
- 01:18 With a foreigner, somebody who's listen the same story, their over-identification is, I mean, is less. So that is the . . .
- 01:28 **DJH: One of the questions I wondered about with respect to Rwandese is – who were not there when it happened but, and perhaps discussed with you – is, I thought about if I had been there, what would have happened. Have you had discussions like that?**
- 01:45 I think – yeah. It's also because I believe some people are looking at the problem from inside the box. I will probably not be as objective and I will not provide probably the same support if I was during the genocide.
- 02:01 **DJH: Mm-hmm.**
- 02:03 If I was myself during the genocide, my ability to provide support will be different. I will not say – it's difficult to say but being outside the box is a lot of, it's a different perspective you have.
- 02:21 So you see the problem because you are not part of the problem. If I was during the genocide in Rwanda, I will have my own trauma to, to deal with. So I think that, yeah, it's, it's important to, to also to understand this.
- 02:41 **DJH: And let me ask you another sort of shade of that same question. Have you found a difference between staff who are stationed in Rwanda – whatever their background, whether they're Rwandese or something else – and staff that are stationed here, in your own, in dealing with the staff?**
- 02:58 You know, it's always probably that I will only talk about the perception of people, yeah.

- 03:05 DJH: Sure.**
- 03:06 People always, I mean we, we believe people in Rw-, the Rwandese, the national, international staff, they feel that, "Okay, this is a sort of capital," so they are the, the province.
- 03:16 DJH: Mm-hmm.**
- 03:18 But in term of dynamic, of course in a small office, people are more cohesive because many of them probably – many even of the international were du-, were during the genocide – there is a very strong bond.
- 03:39 You know if you and me, we suffer a critical incident together, we will be bound for life. So I . . .
- 03:51 DJH: You and your roommate suffered not the same, but you were there, you were together when you heard about it.**
- 03:56 So yeah, so we are – and then we also see, yeah, the people who suffer, yeah, in Afghanistan was the same also. People who suffer together, critical incident, they were almost, they were very, almost died together, there, there is a bond between them, and it will stay forever.
- 04:15 DJH: Okay. There is a physician here, Dr. (\_\_\_\_\_) I think is her name and I don't know if there's any other, if there're any other physicians. Have you sometimes needed to call upon them for either medication or some other kind of assistance when you're dealing with . . . ?**
- 04:34 We do work in collaboration. We do refer, I do refer, yeah, I do refer to her and because there are times that people need not only counseling; if I see somebody who is depressed and might be beneficial the per-, for the person to get medication. But very often I refer outside, the, the, yeah, the . . .
- 04:58 DJH: Here, outside here.**
- 04:58 Outside, outside ICTR, yeah. Or with Dr. (\_\_\_\_\_), we started a program on awareness of alcohol abuse so, so we have done this project together.
- 05:14 DJH: And, and you mentioned that you were one of the people who helped get the AAs, Alcoholics Anonymous started.**
- 05:20 Yeah, I, I was one of the, yeah, to, to, who push to make this happen.
- 05:26 DJH: Right, right. And was she involved in that project with you?**

05:30 No, no, no, she was not involved for that project, yeah.

**05:31 DJH: Okay, but she has been working with you here about issues of alcohol.**

05:36 Yeah, yeah, yeah.

**05:37 DJH: Okay.**