

## Healing from the Trauma of the Khmer Rouge: One Soul at a Time

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In 2004, a team from the Documentation Center of Cambodia visited the family of Srun Try (an alias) in a bucolic village two hours south of Phnom Penh. Srun Try joined the Khmer Rouge in 1974 as a child combatant. For reasons he still doesn't understand, he was imprisoned a year later:

“They shackled me, accusing me of running away from the battlefield, of being a Lon Nol soldier. I was then sent to Prey Sar Prison. I'm a good person, but they told my chief that I wasn't. They kept me handcuffed and shackled my legs at night. They also hit my head with an axe handle and tied electrodes to me and gave me shocks. A man named Chhuon tied my feet and hung me upside down.

“When the Vietnamese came in 1979, I ran to the forest. After a long time without any food to eat and being so thirsty that I had to drink my own piss, I decided to come back home. A man who lived in the village hit my head with an axe and accused me of being a Khmer Rouge; then he drove off in a small car.”

Srun Try told our researchers that every night since 1979, he would wake up in a sweat, screaming from his nightmares.

Srun Try is among the 81 per cent of Cambodians who experienced violence during Democratic Kampuchea, the ultra-Maoist regime that ruled the country from 1975 to 1979. In this brief period, an estimated 1.7 million people, or about a quarter of Cambodia's population, died.

Today, in a country of only about 11.5 million people, an estimated 3.3 million still suffer from post-traumatic stress disorder (PTSD). Their symptoms include trouble sleeping or concentrating, depression, blackouts, headaches, vertigo, intestinal problems, nightmares, and episodes of violent behavior. Another nearly 6 million suffer from anxiety and mood disorders as a result of their experiences during Democratic Kampuchea.

Many psychologists believe that the high rate of violence in Cambodia today, as well as its inability to recover economically, can be attributed to the effects of this trauma, which has left many people unable to cope with stress in their daily lives.

Most Cambodians lack access to professional mental health care; the country has only 26 trained psychiatrists and perhaps a hundred general practitioners who have received about 12 weeks of mental health training. PTSD victims thus have had little choice but to seek help from traditional healers, herbalists, and fortune tellers. Few understand the causes of their problems, when so many in their communities experienced similar horrors during Democratic Kampuchea. Many people in this predominantly-Buddhist country have thus attributed their sufferings to karma.

The UN and Cambodian Government will hold trials of surviving senior Khmer Rouge leaders in 2007. No one, including Dr. Sotheara Chhim of the Transcultural Psychosocial Organization

(TPO Cambodia), is certain about the effect this will have on Cambodian victims of PTSD. If the trials are successful, people could gain new insight into their suffering and begin to heal. If not, the trials could open old wounds and re-traumatize people who have suppressed their memories of torture, fear, starvation, and death for over 25 years.

In 2000, Cees Kieft of the Netherlands Embassy, visited DC-Cam. He suggested that we work with TPO Cambodia to create a program for PTSD victims. At the time, I had my doubts. After all, all Cambodians had been affected by the Khmer Rouge, everyone suffered. So who was going to help them? Mr. Kieft replied that people who were less traumatized would help those who had more severe PTSD. With that simple solution in mind, we began the pilot Victims of Torture project in January 2003 with \$7,000 from the Dutch Embassy.

After a year of identifying potential project sites, conducting interviews and counseling sessions, our staffs determined that a longer-term effort was needed, as were culturally appropriate ways to assist victims of torture. With funding from the US Agency for International Development, the Victims of Torture project began in earnest in January 2004.

First, TPO Cambodia trained DC-Cam staff on how to identify people suffering from psychological disorders. Our teams traveled to three provinces (two where the majority of inhabitants are victims of the regime and one that held many former perpetrators) and interviewed villagers about their lives under the Khmer Rouge. In the process, they identified potential clients for psychological care.

In all, DC-Cam interviewed 302 people: 214 were victims who had suffered either directly or indirectly (for example, through the loss of loved ones) and 88 were former Khmer Rouge cadres. We identified 95 people as suffering from PTSD and referred them to TPO Cambodia.

TPO Cambodia visited the pilot areas twice a month to provide counseling and treatment. Because of staffing constraints and the time required to travel to the more remote pilot areas, they were able to assist 60 people.

Those who had the most severe symptoms were treated individually, and a few received antidepressant medication and vitamins. The rest were treated in group therapy. Many of the therapy sessions also focused on behavioral problems, such as alcoholism and domestic violence, which have broader consequences for the community.

The project incorporated a number of new and culturally appropriate techniques to help people address their trauma. For example, because all of the participants in the pilot project were Buddhists, we added a session to discuss Buddhist ways of dealing with stress. For example, participants were taught muscle relaxation and breathing techniques to help alleviate their anxiety and anger. Counselors also drew on the Buddhist concept of mindfulness: focusing one's consciousness and senses on the present moment to prevent dissociation. This technique, which bears a strong similarity to many Western techniques developed to help trauma victims, helped reduce many of the symptoms the clients suffered.

Another important aspect of this project was helping communities address their problems and challenges, particularly because victims and perpetrators from Democratic Kampuchea live in the same villages. Thus, the project sought to create a climate in which victims and perpetrators could communicate with each other and begin to understand how the others felt.

In late 2005, we brought 25 victims and 25 perpetrators together on a three-day trip to visit genocide sites and talk about what happened during the Khmer Rouge regime. Although

forgiveness did not come easily to everyone, most of the victims said that they understood the circumstances that made the perpetrators act as they did.

Many challenges lie ahead for Cambodia in helping those who suffered as a result of Democratic Kampuchea. One of the greatest is the demand for counseling that has emerged from the VOT project. Before he received counseling, Srun Try was given medication that allowed him to sleep through the night for the first time in 25 years. As a result, villagers who live near his house were also able to sleep. Seeing the benefits of treatment, they too, came forward to request assistance from the project.

With so few counselors in Cambodia, DC-Cam is now looking to new ways to help PTSD victims over the longer term. In the coming years, we plan to train local people to help identify and refer those suffering from PTSD to the project for assistance. And we want to involve government clinics in providing services. Last, because Cambodia's economy was destroyed by the genocide, it is one of the world's poorest countries today. Poverty is a root cause of the frustration and domestic violence many Cambodians experience now, and we will work to help communities generate income and gain a sense of the dignity they had before the Khmer Rouge robbed them of stability. We plan to recover, one soul at a time.

End.