

Coping with the Psychological Trauma of the Khmer Rouge

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The legacy of the 1975-1979 Khmer Rouge regime was one of disaster. It caused the deaths of about 1.7 million people (nearly a quarter Cambodia's population) and left the country's economy, infrastructure and institutions in ruins. But the hardships, suffering and fear that people experienced during the regime have not stopped today. The vast majority of Democratic Kampuchea's survivors still suffer from some degree of mental or emotional problem.

According to a 2004 study by the Transcultural Psychosocial Organization of Cambodia (TPO), 81% of Cambodians have experienced violence, while 28.4% suffer from post-traumatic stress disorder (PTSD), 11.5% from mood disorders, and 40% from anxiety disorders. In the nearly three decades that have passed since the fall of Democratic Kampuchea, these victims have received little or no assistance from the state, which has little capacity for treatment. The US Department of Health and Human Services has also studied the mental health problems of the regime's survivors who are living in the United States. It found that 62% suffer from PTSD and 51% from major depression (the comparable rates for the US population are 3.6% PTSD and 9.5% depression). This is no wonder, considering that the study concluded that 99% of these Cambodian refugees nearly starved to death, 96% endured forced labor, 90% had a family member or friend murdered, and 54% were tortured.¹

These alarming statistics beg for action to be taken to help those who have been struggling to live normal lives for nearly 30 years, but are unable to do so. Ronnie Yimsut, whose entire family was clubbed to death, recalls his dreams about Democratic Kampuchea:

I still have nightmares about the massacre on that dark December night. It has never completely gone away from my mind, and I am still horrified just thinking about it. Time does not heal such emotional trauma, at least not for me.²

The establishment of the Khmer Rouge Tribunal and the recent attention the media has given to mental health have helped Cambodians begin to discuss these problems. However, the Khmer Rouge Tribunal will likely cause many people to re-experience their trauma, creating further pressures on society.

The Khmer Rouge Tribunal and Re-traumatization

The leaders of the Khmer Rouge regime have enjoyed impunity for nearly 30 years, while their victims have been waiting anxiously to see some degree of justice done. With the establishment the Extraordinary Chambers in the Courts of Cambodia (the Tribunal), the day for justice may arrive soon. The Tribunal is likely to have huge impacts on Cambodia, both positive and negative. On the positive side, it will likely change the image of Cambodia

¹ <http://www.nih.gov/news/pr/aug2005/nimh-02b.htm>

² Ronnie Yimsut, "The Tonle Sap Massacre," in K. De Paul (Ed.), *Children of Cambodia's Killing Fields: Memoirs by Survivors* (New Haven: Yale University Press, 1997).

from that of a war-torn country to one where the rule of law prevails. Articles in the media could attract attention to Cambodia, bringing tourists and much-needed foreign exchange. It will also offer a great opportunity to the country's legal community, who will gain experience from international lawyers and jurists, which could be seen as a start for legal reform. Most important, however, is that the Tribunal, which enjoys wide popular support, is anticipated to bring about a degree of reconciliation among Cambodians, should justice be realized.

However, these positive impacts may only occur if the Tribunal proves to be successful, and the prospects for success are still in question. Three of the regime's leaders (Pol Pot, Ke Pauk, and Ta Mok) have already died, and only two (Ta Mok and Duch) have ever been brought into custody. The remaining leaders are in their 70s and 80s, and some of them are in poor health. Whether those who are indicted will survive for the three-year trial period is uncertain. And although the disputes over procedural issues have largely been resolved, the Tribunal's internal rules have still not been approved.

Despite the numerous potential positive impacts, it is anticipated that the trials will re-open old wounds and fuel resentment when survivors recall their harsh experiences during the Khmer Rouge regime. The media and NGOs have served as a catalyst in getting people to talk about their experiences during Democratic Kampuchea, which has been helping some to begin healing. Cambodia's Director of Mental Health, Dr. Ka Sunbaunat, said that "some patients see the Khmer Rouge trial as therapy in itself. The exposure of wrongdoing helps them put their lives back together again."³ But this probably will not be the case for those who will be giving testimony in the courtroom, whether for the prosecution or defense. Many of those who experienced excessive levels of violence during the regime still do not want to share their past, particularly rape survivors. Taing Kim, who is the subject of a documentary film by DC-Cam, has never disclosed her rape during the regime to her children or let them see the film about her.

Witnesses and Retraumatization before the Khmer Rouge Tribunal. When people tell their personal stories, it can help them heal their psychological wounds, but this can be harmful to potential witnesses. Various international courts and tribunals have developed some preventive measures to reduce this harm. The Khmer Rouge Tribunal, for example, has established a Victims Unit similar to those of the International Criminal Tribunal for Rwanda (ICTR), International Criminal Tribunal for the Former Yugoslavia (ICTY), and International Criminal Court to assist and protect witnesses. Rule 33 of the Tribunal's draft Internal Rules provides for the prohibition of self-incrimination of a witness. Rule 34 provides that the co-investigating judges themselves or through the request of one of the parties or their lawyers can order appropriate measures to protect the lives and health of victims, witnesses and their families. It further provides for such measures as concealing the identity of a witness, which includes using a pseudonym, hiding his or her address, distorting the voice and physical features of a witness, in camera proceedings, and punishment for the disclosure of a witness' identity or address. To secure against the possible physical harm of a witness, the Tribunal could place a victim or witness in a safe residence in Cambodia or abroad.

³ Quoted in Tom Fawthrop and Helen Jarvis, "Getting away with Genocide, Elusive Justice and the Khmer Rouge Tribunal," (University of New South Wales Press: 2005), pp. 142-43.

The safety of witnesses must be taken seriously, as they can be exposed to danger as soon as they are named as witnesses. Physical danger is evident with the recent killings of two potential witnesses before the ICTY and their families during an investigation of one of the accused. Similarly, the killings of witnesses in the traditional Gacaca court in Rwanda have been increasing. In addition to physical danger, witnesses face fear: they must swear to tell the truth, and if they do not, they could be charged with perjury or contempt of court.

Although the Tribunal's Rule 34 provides for the protection of the life and health of witnesses and their family members, it cannot shield them from psychological harm. Witnesses will face harsh cross-examination at the Tribunal, which will likely be shocking to them.

Studies of the Holocaust, ICTY and ICTR have shown that witnesses' memories are more accurate for emotional events than for "neutral" events. But witnesses in these cases testified within a few years of the events they experienced. This will not be the case for Cambodia, where people's memories are nearly 30 years old. In addition, the original memories of witnesses who have experienced the same event can be distorted after they talk to each other or receive new information from the media or other sources. This might call the accuracy of their memories into question during the trials. And how will they react when the defense or prosecution does so? Testifying is often a very negative experience, as a witness before the ICTY stated:

I was completely humiliated. When the defense asked me that question, I immediately looked over at the prosecutor. But he just kept staring at the papers on the table in front of him. I panicked. My heart started pounding and I felt like I was going to faint... No, I'll never testify again in that tribunal.⁴

It is likely that at least some of the witnesses before the Khmer Rouge Tribunal would have similar – or even worse – experiences given the questionable accuracy of their memories. Thus, witnesses need to be informed of what they can expect in the courtroom and be given special psychological care before, during and after the trials.

Credibility of PTSD Witnesses. Because of the high percentage of Cambodians traumatized by the Khmer Rouge, it is highly likely that most of the witnesses at the Tribunal will suffer from some degree of mental disorder. The first danger here is that they will be asked difficult or hostile questions during cross-examination. The defense counsel, in particular, in an effort to impeach the credibility of the witnesses, will likely claim that testimonies given by PTSD victims are not reliable.

However, some academics have found that high levels of stress do not deteriorate the credibility of memory: although an extremely stressed person may not be able to remember the details, he or she will still be able to remember the important features of the events. This finding has been supported by the ICTY, which held that, "even when a person is suffering from PTSD, this does not mean that he or she is necessarily inaccurate in the evidence given. There is no reason why a person with PTSD cannot be a perfectly reliable witness."⁵

⁴ Eric Stover, "The Witnesses, War Crimes and the Promise of Justice in The Hague," University of Pennsylvania Press: 2005, p. 71.

⁵ *Prosecutor v. Anto Furundzija*, ICTY, Trial Chamber, 10 December 1998.

Coping with Mental Illness

In the early 1970s, Cambodia had an estimated 450 qualified doctors; only 43 of them survived the Khmer Rouge regime. Most of the educated people in the country had either died during the regime or fled the country in its aftermath.

In addition, Cambodia's infrastructure was nearly completely destroyed: "Cambodia had been reduced to a primitive state with no markets, no power supply, no safe drinking water, no sanitation, and no money."⁶ Rebuilding, with only a small amount of aid from Vietnam and the Soviet Union, was a massive undertaking, as a Vietnamese journalist described:

At the birth of the People's Republic of Kampuchea [the successor regime to the Khmer Rouge] even the most optimistic observers had no idea how the new regime was going to restore life back to normal on the immense ruins of a whole society, which included the ruins of all communities and all families... The homeland of Angkor was like an anthill crushed under cruel boots, people were dazed and confused and wondered what the future held in store for them.⁷

The destruction of the health sector was no exception, and it had to begin again from nothing (professional health care was absent and scientifically formulated medicines were not available during the regime). Like other government ministries, the Ministry of Health lacked even basic office furniture and equipment.

The National Health Infrastructure Today. Even 28 years after the Khmer Rouge regime ended, Cambodia's health sector is still among the worst in the Western Pacific Region.⁸ Many people lack access to state-provided health services, and according to a 1998 Cambodian government report, "Many public health facilities in the Kingdom of Cambodia lack managerial, financial and human resources. Although nominally free, public health services carry informal fees but the quality of services remains low in general. Many people have lost confidence in public services and turn to indigenous healers and private providers for care."⁹ Although this and other reports identify the main health problems in Cambodia, they do not include mental health as one of them.

It was only in 1992 that the Ministry of Health established a Mental Health Subcommittee and began to develop strategies to deal with psychological problems. Today, however, Cambodia still has only one psychiatric hospital; it was built in 1935. In January 2006, the Cambodian government approved a National Strategic Development Plan that will allocate US \$3.5 billion to all sectors over the next five years. The sectors with the largest allocations are health (\$600 million), education (\$550 million) and transportation (\$550

⁶ Tom Fawthrop and Helen Jarvis, *op. cit.*, p. 13.

⁷ *Ibid.*, p. 14.

⁸ <http://www.nis.gov.kh/SURVEYS/CDHS2000/AboutCDHS2001.htm>.

⁹ Ministry of Health, Department of Planning and Health Information, Cambodia, "1998 National Health Statistics Report," <http://www.camnet.com.kh/nphri/pub-contents.htm>.

million). While the health sector's annual budget is \$120 million, it remains to be seen how much will go for psychological health and to what extent this will benefit survivors of the Khmer Rouge who suffer from psychological trauma and other disorders.

Today, according to TPO, Cambodia has 26 psychiatrists, only 100 general practitioners, who have received 12 weeks of training in mental health, and 9 national and international organizations addressing mental health problems in a country with 14 million people.

NGO Efforts. Daily survival is the first priority for many of Democratic Kampuchea's survivors, and with 35% of Cambodians living on less than US 50 cents a day, few can afford to travel for psychological help.¹⁰ In addition, given their limited education and a lack of information, most do not realize that the nightmares that have disturbed their sleep for so many years are the symptoms of an illness.

So, people have sought help from traditional healers, herbalists, and fortune tellers to cope with their psychological sufferings. NGOs are providing assistance in a few places, but their help is limited due to financial constraints and the paucity of experts in this field. The Documentation Center of Cambodia (DC-Cam) and Transcultural Psychosocial Organization Cambodia (TPO) are two prominent institutions that have offered some psychological support to the regime's survivors. Their two-year Victims of Torture (VOT) Project attempted to help those coping with their psychological trauma as a result of living through the horror of the Khmer Rouge. Through interviews, DC-Cam staff identified people suffering from PTSD and TPO provided them with counseling. The staff from both organizations also provided simple forms to treatment to people with emotional difficulties, including muscle relaxation techniques, breathing exercises, anger management, emotional processing of trauma memories, and Buddhist ways of coping with trauma.

During the project, 302 people from three provinces were interviewed; 95 of them were found to be victims of PTSD. The treatment included individual counseling for those with the most severe trauma, group therapy and psychiatric care. Of the 95 people identified as suffering from PTSD, only 60 could be offered treatment because of the constraints TPO's small staff was facing (traveling to the provinces for counseling was a major burden on their time). This is a reflection of Cambodia's lack of human resources in the field of psychological health. Even if more financial resources were available and more attention was paid to trauma victims, the small number of experts in this field would make similar efforts difficult to implement.

Recommendations

Apart from the study conducted by TPO, no survey has been conducted on mental health problems in Cambodia. This neglected subject requires a thorough study to inform the development of a national strategy for mental health. Thanks to the establishment of the Tribunal, more attention is being paid to the mental struggles of the regime's survivors.

A Cambodian medical sociologist says that mental health problems have become an epidemic and that "The country needs a national therapy session." A national project, if

¹⁰ Seth Mydans, "Will Oil Wealth Keep Cambodia Afloat or Drown it?" *The International Herald Tribune*, May 03, 2007.

possible, would be very useful in helping people suffering from PTSD. However, it will likely not materialize soon, given the current financial and human resource constraints Cambodia faces. Assistance is needed from other countries (finance, experts and/or training) to make this national project a reality.

Increasing the number and quality of local mental health clinics throughout the country is essential. It now seems possible with the recently discovered oil and natural gas deposits off the coast of Cambodia. The exploitation of these natural resources will generate up to \$6 billion by 2010; if managed properly, it could help lift the country out of extreme poverty. In addition, a government official told Radio Free Asia that a portion of the revenues earned will be set aside for improving the education and health sectors. It is expected that mental health sector would also benefit from this oil resource. In addition, Cambodia's economy grew by 10.5% in 2006, and is projected to increase by around 9% for the next two years, and the mental health sector should benefit to some extent.

In the meantime, DC-Cam and other NGOs are looking for additional ways to provide psychological support to those suffering from PTSD. One alternative would be to offer training to local people who would then identify and refer those sufferings from PTSD to the project for assistance and to engage existing government clinics in offering services. It would also be possible to build the capacity of Buddhist monks, nuns, traditional healers and Buddhist lay practitioners in offering "indigenous therapy" to those in need of psychological support.

More information is also essential. A client of the VOT Project identified as having PTSD said, "When I was working in the rice paddies, sometimes my soul was not with me. It floated somewhere and was preoccupied with the past. I could not hear the other people talking near me. When they called me loudly, I felt jumpy and shaky." Another said, "I know that I became angry easily and it is not always reasonable. I frequently displaced my anger toward my child or my grandchild, even if they just opened the door while I was resting or sleeping in the house." These people did not realize that what was bothering them is a type of disease that can be cured. For this reason, information should be disseminated on symptoms, where and how to get care, and self-treatment and other ways to cope with or lessen the symptoms of anxiety and trauma. TV and radio spots, which have been effective in the fight against HIV/AIDs, SARS and other diseases, would be very helpful in this regard.

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