

DOCUMENTATION CENTER OF CAMBODIA
PHNOM PENH, CAMBODIA

**VICTIMS OF TORTURE (VOT) PROJECT:
HELPING THE VICTIMS OF THE KHMER ROUGE**

FINAL REPORT, OCTOBER 2003 THROUGH SEPTEMBER 2005

Summary

Background

In Cambodia, a range of affective conditions – including trauma – is the legacy of recent political conflicts, 20 years of civil war, the massive atrocities committed during the Khmer Rouge regime (1975-1979), and the grave social and economic problems thousands of people face every day. Researchers estimate that between 1.7 and 2.5 million Cambodians died from execution, torture, starvation, overwork and sickness in the course of Democratic Kampuchea's failed social experiment. Many more survived, but continue to carry the burden of having lived through a regime that destroyed them both physically and psychologically.

A recent epidemiological paper by the Transcultural Psychosocial Organization Cambodia (TPO Cambodia) cites some disturbing statistics: 81% of Cambodians have experienced violence, and 28.4% suffer from Post-Traumatic Stress Disorder (PTSD), mood disorders (11.5%) and anxiety disorders (40%) (*Effectiveness and Cost-effectiveness of Mental Health Intervention in Cambodia*, 2004). This high prevalence of disorders is worrying, considering that mental health problems are among the leading cause of disability in developing countries (Murray & Lopes, 1996). Care for these victims has been limited because Cambodia has only 26 trained psychiatrists (Dr. Sotheara Chhim, managing director of TPO Cambodia, personal communication, August 12, 2005). One exacerbating factor in this picture has been the inability of Democratic Kampuchea's victims to reach closure: 25 years after the regime collapsed, its leaders have still not been held accountable in a court of law.

The proposed Khmer Rouge tribunal process may revive the memories of many people who suffered under Democratic Kampuchea, re-traumatizing individual victims. Helping them to learn what happened to their loved ones and communities, and to understand how and why those tragedies occurred is an important step in addressing their trauma and freeing them from the past.

It is vital to document the events that occurred during these terrible times for future generations. Equally important, it is necessary to simultaneously assist individuals and their families in coping with the problems that stem from their traumatic history and the difficult memories the process of documentation may trigger.

The Documentation Center of Cambodia (DC-Cam) and TPO Cambodia believe that both recording the traumatic events perpetrated by the Khmer Rouge and proactively working towards solutions to help people address the past are crucial. To this end, DC-Cam's objective is to document the crimes of the Khmer Rouge regime with a view to promoting the rule of law, accountability national reconciliation and recovery in Cambodia. TPO Cambodia's mission is to alleviate the suffering of Cambodian individuals and families subjected to long-term stress and trauma through culturally-specific programs. Through our collaboration on the Victims of Torture Project, we hope to contribute towards creating a brighter future for the Cambodian people.

In recognition of these needs, United States Agency for International Development (USAID), through The Asia Foundation (TAF), supported DC-Cam and TPO Cambodia on this two-year project. The VOT Project documents past abuses in selected sites by creating a climate that allows victims of torture to come forward, and addresses the psychological needs of individuals, their families and communities. The project also seeks to learn survivors' views on memory and justice, and to promote community reconciliation in Cambodia.

Through this project, we identified subjects for care (both victims and perpetrators from the Khmer Rouge regime) and provided them with trauma counseling and psychological treatment. The VOT Project was conducted in three provinces: Kandal (Kandal Stung district), Takeo (Tramkok district) and Kampot (Chhouk district). A particular focus was the Ta Ken-Koh Sla area of Kampot province, where most of the residents are former Khmer Rouge (in the other two provinces, most of the inhabitants are victims).

Activities and Results

During the project's first quarter (October to December 2004), we completed arrangements for logistics and technical coordination, and formulated plans for project activities. We also drafted questionnaires, set training schedules for basic psychological interviews, and identified training needs and experts for report analysis and project evaluation.

Interviews and trauma victim identification took place from February 2004 through September 2005 (Appendices C and D). In 2004, TPO Cambodia staff members accompanied DC-Cam staff on several field trips to provide support on the initial interviews; they also worked with DC-Cam to select respondents in need of psychological intervention. Counseling services were delivered from January to September 2005.

Prior to delivering trauma counseling and psychological treatment, TPO Cambodia assessed each proposed client's mental health status, level of functioning, and level of distress using various standardized questionnaires. Medical treatment was given only to those with serious mental health disorders, while individual and group

trauma counseling was provided to people referred by DC-Cam and wished to receive services.

Casual interviews with PTSD sufferers who received trauma counseling from the project reveal that the vast majority have obtained some measure of relief and reductions in such symptoms as anxiety, sleep disturbances, depression, inappropriate anger, and headaches. They have also found increased confidence, and have been able to make the link between their current symptoms and past experiences. As a result of our services, many more potential clients have come forward to seek trauma counseling and treatment.

The table and text below summarize project's main results.

VOT Two-Year Project Results: All Activities

Project Activity	Year 1	Year 2
Staff Training and Conferences		
1. Staff Training		
Local Training	1 (11 days)	--
International Training	--	--
2. Conferences		
Local Conferences	--	2 (2 days)
International Conferences	--	1 (5 days)
DC-Cam Field Interviews and Trauma Victim Identification		
1. DC-Cam Interviews		
Total Interviews	144	158
PTSD Victims Identified	49	46
No PTSD Identified	95	112
Interviews without Trauma Questionnaires	2	56
Interviews with Trauma Questionnaires	142	102
Interviews with Photos	191	104
Interviews without Photos	5	2
Interviewees referred to TPO Cambodia without PTSD	2	7
Interviewees referred to TPO Cambodia with PTSD	47	10
Documentation		
1. Transcriptions		
Transcribed Interviews	108	167
Interviews in the Process of Transcription	--	49
Transcribed Cassettes	189	314
Cassettes in the Process of Transcription	--	58
Transcribed Pages	3,575	6,066
2. Filing		
Filed Trauma Questionnaires	142	102
Filed Interviews with PTSD	49	46
Filed Photos	189	329
Filed Recorded Cassettes	261	300
Filed Cassettes	189	314
3. Data Entry		
Khmer and English Data Entry	25	205
Reports and Evaluation		

Project Activity	Year 1	Year 2
1. Reports		
Annual and Final Reports	1	1
Semester Reports	0	1
TPO Cambodia Training Report	1	--
TPO Cambodia Progress Reports and Final Report	2	3
2. Evaluation		
Project Evaluation by Overseas Experts	--	--
TPO Cambodia Interviews, Trauma Counseling and Psychological Treatment		
TPO Cambodia Interviews for Assessment¹		
Interviews for Assessment (T1, T2 & T3)	--	60, 41 & 38
Interviews without Assessment (T1, T2 & T3)	--	0, 19 & 17
Interviews with Forgiveness Measure (T2 & T3)	--	27 & 38
Interviews without Forgiveness Measure (T2 & T3)	--	14 & --
Counseling and Psychological Treatment		
Group/Individual Therapy	--/--	46/14
Psychiatric Treatment	--	29

Staff Training and Conferences: In the project's second quarter, TPO Cambodia provided DC-Cam project staff 11 days of training on trauma-related issues, with a focus on identifying trauma victims in the field. In February 2005, selected VOT staff participated in two TPO Cambodia-organized conferences on psychological interventions. In May 2005, we attended a 5-day international psychiatric conference in Sydney, Australia.

Interviews and Trauma Victim Identification: Since the project began, the VOT team interviewed 302 people in the three target provinces.² Of these, 163 were people who lost family members during the Khmer Rouge regime (indirect victims), 51 had been imprisoned by the Khmer Rouge (direct victims), 80 had been Khmer Rouge cadres/soldiers, and 8 had been workers/perpetrators at Khmer Rouge security centers. Using the Cambodian version of the Harvard Trauma Questionnaire (HTQ),³ we identified 95 people (31.45% of those interviewed) as victims of PTSD.

Documentation: During the life of the project, we transcribed 275 interviews (9,641 pages from 503 cassettes). The remaining interviews are currently being transcribed.

¹ "T" refers to an evaluation period. In T1, TPO Cambodia assessed 60 of the 66 people DC-Cam had referred. In T2, it assessed 41, 4 of whom were not interviewed in T1. And in T3, it assessed 38 people, 5 of whom were not interviewed in T1. In addition, TPO Cambodia administered its Forgiveness Measure during its T2 assessments (this measure was not administered to 14 of the 41 people assessed during T2, however).

² Although we began preliminary work on the VOT in October 2003, funds for the project were not released until late January 2004. This resulted in some delays in the interview process.

³ The HTQ was developed by the Indochinese Psychiatry Clinic at the Brighton Marine Public Health Center, Department of Psychiatry, St. Elizabeth's Hospital and The Harvard Program in Refugee Trauma, Department of Health Policy and Management, Harvard School of Public Health. This questionnaire was approved by TPO Cambodia.

We also filed 244 trauma questionnaires, 707 photos, 561 recorded cassettes, and the 275 transcriptions.

We also developed a project database that lists 302 interviewees (those with or without PTSD). To date, 230 data entries have been keyed into the database (data entry was suspended during the eighth quarter so that staff could catch up on transcription and interview summaries, among other activities). For research purposes, we will complete all of the data entries and post the database on DC-Cam's homepage. We have also created key words to make searches of the database easier.

Reports and Evaluation. Three DC-Cam reports have been completed for the project: an annual report for the project's first year, a semester report during the second year, and this final report. TPO Cambodia has completed one training report and 5 progress/final reports. We anticipate that an evaluation of the project by outside experts will be conducted in January 2006.

Trauma Counseling and Psychological Treatment: 66 people – both with and without PTSD (35 in Kandal, 26 in Takeo, and 5 in Kampot) – were referred to TPO Cambodia for trauma counseling and psychiatric treatment.⁴ TPO Cambodia held three rounds of interviews to assess the candidates for therapy: 60, 41, and 38 people, respectively (some people were interviewed more than once). During the second and third rounds of interviews, TPO Cambodia also used its Forgiveness Measure, which helps gauge interviewees' current thoughts and feelings toward the former Khmer Rouge who were mostly directly responsible for the sufferings victims and their loved ones experienced.

Sixty of those referred (51 PTSD victims and 9 without PTSD) received trauma counseling and psychiatric treatment (some participants received more than one type of therapy):

- 14 participants (2 men and 12 women) received individual therapy
- 46 participants (2 men and 44 women) received group therapy
- 29 participants (2 men and 27 women) received psychiatric treatment.

Findings

Two main findings and one tentative conclusion have emerged during the project, although caution must be exercised when drawing conclusions about them owing to the small sample size. They relate to whether the frequency of trauma experienced depending on whether the subject was a victim or perpetrator, or a man or woman.

⁴ Victims of the Khmer Rouge without PTSD were also referred to for psychological intervention because they expressed a desire to participate in TPO Cambodia group therapy sessions in their communities. These people's HTQ scores approached those of PTSD sufferers.

Perpetrators/Cadres/Soldiers vs. Victims: 80 former Khmer Rouge soldiers/cadres were interviewed during the project; 11 of them were women and 8 were perpetrators and/or had worked at a Khmer Rouge security center. We found in general that there is a smaller incidence of PTSD among these populations than among victims (those who lost their loved ones and former Khmer Rouge prisoners). Of the victims, 163 lost their loved ones and 51 were imprisoned during Democratic Kampuchea. There are a number of possible explanations for this:

- *Fear of speaking out:* When the regime was toppled in 1979, many villagers took revenge into their own hands and killed Khmer Rouge. This, coupled with rumors that lower-level Khmer Rouge would be tried at the upcoming tribunal, made the former soldiers hesitant to discuss the regime (however, an article in the October 23-24 issue of *The Cambodia Daily* quoted an advisor to the government's task force as saying, "It's important to reassure people that...the establishment of the Extraordinary Chambers does not mean that people will be combing the villages looking for people with a past associated with the Khmer Rouge"). Others may have been reluctant talk with our team because of the guilt they carry over their past actions.
- *Less traumatic experiences:* It can be posited that soldiers are less traumatized because they suffered less than other members of the population during the Khmer Rouge regime. For example, most of them had enough food to eat on the front lines, lost their loved ones less frequently, were not forced to labor under extreme conditions, and were seldom beaten or tortured.
- *Military culture:* Owing to their strong ideology and discipline, former soldiers might simply be better at denying their trauma than members of the general population, or not perceive themselves as being traumatized. Their culture was one of blind obedience and many believe that their jobs were simply to follow orders, so they feel little or no remorse about doing so.

Women vs. Men: The women interviewed for this project show an incidence of PTSD that is about triple that of men. 46% (72 out of 157) of the women interviewed were identified as PTSD victims, as opposed to 16% (23 out of 145) of the men interviewed. Possible explanations include the relatively greater willingness of women to admit and talk about the traumas they experienced.

Despite their acknowledgements, however, many women PTSD sufferers had a difficult time discussing their specific traumas. Many did not want to recall their past experiences because they felt no one could help them (some were more forthcoming once the VOT team explained the benefits of the help the project could give them) or because they re-lived the trauma when speaking about it. Others remained mute because they still feared retribution (in Kandal and Takeo provinces, victims often live nearby the people they suspect killed their loved ones, or beat, tortured, or sexually abused the women).

Group vs. Individual Therapy. TPO Cambodia has found that despite initial challenges, the people who participated in group therapy gradually came to have confidence in their counselors, progressed well, and experienced fewer trauma symptoms. Group therapy also was cost- and time-effective because of the larger number of people treated at each session. However, we feel that individual therapy, which has the disadvantages of being more expensive and time-consuming, seems to have greater benefits for clients. This is doubtless the result of the individual attention project participants received and the privacy they enjoy with their counselors, which encourages them to be more open during therapy sessions.

Challenges and Impacts

Our approach to communities in Takeo and Kandal was similar. Although the majority of their populations are victims, potential project clients were more difficult to find than originally anticipated. Initially, we asked local authorities and individuals to refer former prisoners and other victims to our team. However, we were informed that those who survived had returned to their homes in other parts of Cambodia after the regime dissolved. In addition, many of the former Khmer Rouge in all three provinces (especially in Ta Ken-Koh Sla, where the majority of villagers are former Khmer Rouge) were unwilling to speak openly and honestly with project staff. Many seemed to still adhere to the Khmer Rouge ideology and were reluctant to come forward, despite the government's statement in its recently published booklet: "The court will have the responsibility to decide exactly who was a 'senior leader' and who was 'most responsible' for crimes committed by the Khmer Rouge. The court will only seek out those people, and not every former Khmer Rouge or every person in the villages of Cambodia who may have committed crimes during the Khmer Rouge period" (*An Introduction to The Khmer Rouge Trials*, page 6).

To address this challenge, we initiated a number of activities in the Ta Ken-Koh Sla community to gain its residents' trust, including putting up signs to direct people to the village and making several visits to become better acquainted with residents before more formal interviews began.

Another major challenge was TPO Cambodia's difficulty in meeting the large demand for its trauma counseling and psychological treatment services that grew as news of its effectiveness spread. Because TPO Cambodia was unable to recruit additional counselors for this project, its staff resources were often stretched thin in providing services to 60 clients (only 4 TPO Cambodia counselors were available to the VOT Project).

Overview of the Project

1.1 Early Project History

Pilot Project. With support from the Royal Netherlands Embassy to Cambodia, in October 2002 TPO Cambodia and DC-Cam submitted a joint proposal for a one-year pilot project (January-December 2003) for “Helping the Victims of the Khmer Rouge.” With the improving outlook for a tribunal for crimes committed during Democratic Kampuchea between 1975 and 1979, DC-Cam’s objective was to document the crimes of the Khmer Rouge regime with a view to promoting the rule of law, accountability and reconciliation. TPO Cambodia’s mission was to alleviate the suffering of Cambodian individuals and families subjected to long-term stress and trauma through culturally-specific programs.

Both of our organizations believed that interviewing people about their traumas during the regime might provoke psychological pain for them. We thus agreed that along with DC-Cam’s interviewing process, TPO Cambodia would offer psychological care through counseling sessions and/or treatment when necessary.

After the pilot project was funded, we made two trips to Kandal (the Trapaing Sva and Koh Thom security centers) and Takeo (the Kraing Ta Chan security center) provinces. We then selected the Koh Thom security center as one area for project activities. We visited 10 villages in the Koh Tom district of Kandal province and interviewed over 10 individuals there; most had served the Khmer Rouge and were later imprisoned during the regime. Eventually, 4 men 11 women were determined to be experiencing a complex range of problems in relation to their past trauma. Their problems were complicated by their poverty and struggle for survival.

During this one-year pilot project, our team had provided 136 counseling sessions to these men (51 sessions) and women (85 sessions). At the end of the project, we determined that longer-term intervention would be required to help them identify and explore ways to manage the psychological difficulties they were experiencing. We also recognized the need to develop culturally appropriate approaches and specific techniques for assisting victims of torture in Cambodia.

VOT Project Proposal. On April 21, 2003, DC-Cam requested funding from USAID for a 2004-2006 initiative to address the needs of victims of torture in Cambodia. In order to address USAID’s questions and concerns, we revised our proposal twice and resubmitted it to USAID on May 22, 2003. Another revised proposal then was submitted to The Asia Foundation; it was approved on July 10, 2003.

Our revised proposal stipulated that work would be conducted in either Takeo or Kandal province, both of which contain a large proportion of victims of the Khmer Rouge. Of historical importance, both provinces were under the control of Ta Mok (the head of the Southwest Zone during Democratic Kampuchea and a candidate for prosecution under the Khmer Rouge tribunal). This, plus the significant numbers of

mass graves and prisons these two provinces, provides strong evidence of large-scale human rights abuses, including torture.

After seeing the need to work with former Khmer Rouge, we subsequently added the pilot area of Ta Ken-Koh Sla to the project. We chose this area for two reasons: 1) it is located in the Southwest Zone, a highly controlled area under the Khmer Rouge regime and 2) the addition of this area broadened the project's target population to helping Khmer Rouge soldiers (TPO Cambodia and DC-Cam consider the former soldiers to be victims of the Khmer Rouge, as do the soldiers themselves).

Funds for the project were released in late January 2004 and work began.

1.2 Introduction to the Project

This section briefly describes the project as envisioned in our proposal. As the project proceeded, certain elements were amended, as described in subsequent sections.

Rationales and Purpose. The project's rationales were twofold. First, mental health experts believed that the upcoming tribunal process would revive stressful memories for a certain percentage of the population and responsible organizations must be alert to the impacts this may have on society. Second, it was important that the memories of these crimes be documented and held by an appropriate custodian.

The project's purpose was to further document the experiences of individuals traumatized by the Khmer Rouge and to find effective ways of helping the victims, including perpetrators of crimes, cope with their trauma. Community reconciliation among Khmer Rouge survivors – both victims and perpetrators – who live in the areas of Kandal, Takeo and Kampot provinces, was another objective of the project.

Project Activities. Four main activities were proposed for the project:

- Identify appropriate villages (containing approximately 50 families and close to identified mass graves) containing survivors of the Khmer Rouge era; through negotiation with village authorities, devise and develop a program to conduct interviews and provide counseling and psychosocial support.
- Interview villagers about their experiences living under the Khmer Rouge with a view to creating accurate historical record of these events. With informed consent from the interviewees, tape and transcribe all interviews and also film some.
- Provide professional counseling support services to villagers in need of assistance. The objective of this activity was to alleviate feelings of helplessness and hopelessness, and promote adaptive coping strategies. By helping people understand the nature of their problems, psychological

intervention and counseling could empower them to deal effectively with their problems, think positively, and live a more stable and productive life.

- When necessary, TPO Cambodia professionals would provide support to the family members as well as to the villagers in the participating communities to enable them understand their emotional problems and find an adaptive coping strategy left after the Khmer Rouge trauma.

Time Frame. The first two quarters of this two-year project were to be devoted to training, project planning, and the initial identification and interviewing of traumatized individuals. It was anticipated that one visit to a village per week would be necessary during the early stages of the project – decreasing to one visit every 10 days once the basic structure of the project was in place. Ten to 15 victims would receive counseling and psychological support each year, with a goal of assisting 20 to 30 individuals over the course of the project.

Implementing Organizations. Two Cambodian organizations would conduct the project

The Documentation Center of Cambodia was established as part of Yale University's Cambodian Genocide Program in 1995 and became an independent Cambodian research institute in 1997. DC-Cam was founded primarily to engage in sustained documentation of the Khmer Rouge regime and the crimes committed in that era. The goal of the Center is to promote the rule of law, accountability and reconciliation. For further information, please visit <http://www.dccam.org>

The Transcultural Psychosocial Organization of Cambodia was originally established as a World Health Organization collaborative center and is associated with the Free University of Amsterdam in the Netherlands, which has operations in Algeria, Burundi, Cambodia, Ethiopia, Gaza, India, Namibia, Nepal and Uganda. TPO Cambodia began operating in 1995 and has provided training, community capacity development, and psychosocial support to Cambodian people since that time. In 1998, the management of the TPO Cambodia program was transferred to a local directorship and a locally appointed management team. In October 2000, TPO Cambodia registered as a local NGO, but is still associated with TPO Amsterdam for technical and professional support. For more information, please visit <http://www.camnet.com.kh/pto>.

Project Roles and Staff. Due to the very sensitive nature of this project and its potential importance with regards to national reconciliation, project staff members were carefully selected.

The role of TPO Cambodia was to counsel people who suffered abuse under the Khmer Rouge regime (both victims and perpetrators) and are traumatized today. In addition, it provided technical support to project staff during client identification and interviews. The TPO Cambodia staff was to comprise:

- 1) Dr. Sotheara CHHIM, Psychiatrist, MD
- 2) Mr. Lo LEANG, Psychologist, Trauma Counselor
- 3) Mr. Leap SEANG, Psychologist, Trauma Counselor (added in November 2004)
- 4) Mrs. Sokandeth KORM, Psychologist, Trauma Counselor

They would be supported by clinical psychologist Dr. Lucy Gamble, who would monitor and offer supervision throughout the project. Before joining TPO Cambodia, Dr. Gamble worked in Northern Ireland in hospital, and community-based posts with a focus on trauma and adjustment.

DC-Cam's primary roles were to assist the TPO Cambodia in its identification of traumatized people for care and to work with the children of those traumatized individuals to assist them in coping with difficulties that may result from their parents' suffering.⁵ Its staff for the VOT Project included:

- 1) Mr. Sophearith CHOUNG, Project Team Leader
- 2) Mr. Meng-Try EA, Project Staff Member
- 3) Ms. Utara NORNG, Project Staff Member
- 4) Mr. Socheat NHEAN, Project Staff Member (recruited in May 2004)
- 5) Mr. Sokoeun KONG, Project Staff Member (recruited in May 2004)
- 6) Ms. Savina SIRIK, Project Staff Member (recruited in May 2004).

It was determined that further training would be required to develop staff skills for this project. Two TPO Cambodia interviewers would be available to participate in the project for one to two mornings per week. Further, Dr. Gamble would need to spend at least one hour with each interviewer every two weeks for the first three months of the project; her supervision would be reduced when the interviewers become more competent.

Pilot Area. DC-Cam proposed two pilot areas for the project: Tram Kak district of Takeo province and Kandul Stung district of Kandal province. These two provinces are easily accessible by road and contain a many survivors of the regime, a former Khmer Rouge prison, and mass graves. (The Ta Ken-Koh Sla area of Kampot province was added later in the project.)

Project Issues. Three main issues were identified at the outset of the project and plans were made to address them:

- *Orientation course:* We foresaw the need to engage in capacity building prior to the start of the project. In addition to staff training, a tour of the proposed project areas was scheduled to determine their appropriateness for the project.

⁵ Because of the small number of DC-Cam staff devoted to this project and the amount of travel time involved, we were unable to implement that child assistance portion of the project.

- *Selection of individuals for project:* DC-Cam would identify project participants for TPO Cambodia. Based on a set of selection criteria (to be developed later) and professional experience, TPO Cambodia would select the participants for the pilot study.
- *Participants' rights:* We recognized that it was essential that project participants be fully cognizant of their rights to both information and confidentiality. They needed to understand that they could have access to the information the project gathered on them and how this information might be used. It was agreed that TPO Cambodia staff would not gather information from victims who might later be subject to the legal process as a result of their disclosures to project staff. For this reason, TPO Cambodia would reserve the right not to disclose interviewees' information to anyone without prior consent from the interviewees.

2. Project Activities

The VOT Project's overall activities were divided into five areas: 1) staff training and conferences (including technical support from TPO Cambodia), 2) field interviews and trauma victim identification, 3) documentation, 4) reports and evaluation, and 5) trauma counseling and psychological treatment.

2.1 Staff Training and Conferences

Year 1. Between January and April 2004, TPO Cambodia trained 40 DC-Cam staff members on trauma-related issues. The 66 hours of training (held over 11 days) was tailored to enable DC-Cam staff members to understand basic mental health, trauma and psychosocial issues (see Table 1). Most trainees were pre- and post-tested to measure their progress. At the end of the training, 24 DC-Cam staff received course completion certificates. (For more information, please see: www.dccam.org/VOT/psychological_education_report.pdf).

Table 1
Contents and Objectives of TPO Cambodia Training

Contents	Objectives
Introduction to mental health and mental health problems	To enable participants to understand the nature of mental health and mental health problems
Psychosocial problems, stress and stress management	To be aware of psychosocial problems and stress experienced by individuals, families and communities, and how to manage them
Common mental health disorders: anxiety, depression, somatization and psychosis	To be aware of and be able to identify common mental health disorders
Concepts of trauma, trauma reaction and PTSD	To be aware of common emotional reactions experienced by individual, especially those

	in project's target groups
Loss and adjustment: grief, mourning and bereavement	To be more sensitive to mental health and emotional problems of the people interviewed
Communication – basic counseling skills: attending, listening and responding, interviewing, and assessing client problems	To learn basic skills needed to build good relationships and work with people with psychosocial and mental health problems To be sensitive to the emotional problems of clients and know how to help them when problems arise
Standardized questionnaires: Harvard Trauma Questionnaire	To enable staff to identify traumatized people in need of counseling or other psychological support in order to refer them to TPO Cambodia

During the project's first year, DC-Cam project also received technical support from TPO Cambodia. To ensure the reliability of our psychological ratings of victims and to help DC-Cam staff members in data collection, TPO Cambodia counsellors went to the field four times (2 days each time) to provide support and advice. The aims of their field observations were to assist DC-Cam staff in administering questionnaires and to clarify difficult concepts in the questionnaires. During the field observations, TPO Cambodia found both strengths and an area for improvement by DC-Cam staff members. In the area of strengths, they found that staff:

- Were able to use more appropriate interviewing skills and have good ways of introducing themselves to clients before the interviews began
- Asked for the interviewee's consent before starting an interview
- Provided clear instructions and clarified points interviewees might not understand
- Left some time for the interviewees to relax during interviews
- Allowed interviewees to ask questions
- Had good nonverbal interactions
- Were friendly and socialized (e.g., drank water the interviewees drink every day).

One area for improvement was noted:

- Interviewers should ask more probing questions or refresh questions that explored a client's history in depth.

Year 2. In February 2005, two VOT staff members participated in two local conferences on psychological intervention that were organized by TPO Cambodia. The first was a one-day conference on the Efficacy and Cost-Effectiveness of Mental Health Care in Cambodia, sponsored by the Inter-Church Cooperation Agency. Held on February 9 at the Himawari Hotel, it was attended by one staff member. On February 16, two DC-Cam staff attended a conference at the Juliana Hotel on Empowering the Community through Mental Health and Psychosocial

Rehabilitation – the Achievements of TPO Cambodia in Kampong Thom province, sponsored by the Japanese International Cooperation Agency.

To increase our knowledge of trauma-related issues and ensure that our treatment was appropriate and effective, we sent two project staff members from TPO Cambodia and DC-Cam to attend The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Psychiatry in a Changing World 40th Congress. It was held at the Sydney Convention & Exhibition Centre from May 22-26, 2005.

In September, TPO Cambodia conducted a 3-day workshop on Trauma/Torture for Counselors. DC-Cam staff members were unable to attend because the workshop sponsor required that participants be counselors, psychologists, medical doctors or psychiatrists.

2.2 Field Interviews and Trauma Identification

In January 2004, DC-Cam and TPO Cambodia held planning sessions and developed interview questionnaires. In addition to covering an introduction to interviewing, the questionnaires were divided into three parts: 1) questions to elicit a brief history of each interviewee during the Khmer Rouge regime, 2) questions adopted from the Harvard Trauma Questionnaire to assess a person's emotional functioning and preliminarily identify those suffering from Post-Traumatic Stress Disorder (PTSD), and 3) questions to solicit interviewee's viewpoints on Khmer Rouge leaders, the tribunal, national reconciliation, revenge, and ways dealing with trauma. (Note: the trauma questionnaires were not administered to 58 people interviewed who were perceived to have experienced less trauma during the regime; this was the case particularly for former Khmer Rouge cadres/soldiers.)

Before conducting the field interviews, DC-Cam contacted local authorities to determine if there were people in nearby villages who were tortured or imprisoned, or lost their loved ones during the regime. Then project staff members then traveled to those villages to administer questionnaires that helped identify PTSD victims.

After an interview was completed, DC-Cam worked with TPO Cambodia to identify people who were thought to have trauma; they were then referred to TPO Cambodia counsellors for psychological intervention. For more information, see the TPO Cambodia's progress reports at <http://www.dccam.org>

Over the course of 150 days, our team interviewed 302 people (157 women and 145 men) in Kandal, Takeo and Kampot provinces. Among those interviewed, 95 (72 women and 23 men) were identified as suffering from PTSD, as shown in Table 2. Appendix C shows the interview results by quarter over the life of the project.

Table 2
VOT Two-Year Project Results: Interviews and PTSD Victims

Province/ District	Subdistrict and (Number of Villages per Subdistrict)	Interviews		PTSD Victims Identified	
		Men	Women	Men	Women
Kandal/ Kandal Steung	Ampeou Prey (2), Anlong Bakou (3), Beong Khyang (1), Kandal (1), Prek Kampish (1), Prek Rokar (5), Rolaos (3), Romeat (1), Siem Reap (3), Tien (1), Trea (4)	31	67	9	39
Sub Total:		98		48	
Takeo/ Tramkak	Ang Ta Sam (2), Cheang Tong (2), Kus (5), Leay Bo (6), Popeal (1), Samrong (11), Ta Pem (2), Tramkak (4), Udom Sorya (1)	49	74	11	29
Sub Total:		123		40	
Kampot/ Chhouk (Ta Ken-Koh Sla)	Ta Ken (7), Trapang Plang (4)	65	16	3	4
Sub Total:		81		7	
Grand Total:		145	157	23	72
		302		95	

2.3 Documentation

Project activities in this area consisted of:

- **Interview transcription** (275 interviews totaling 503 cassettes and 9,461 pages). We are now transcribing 58 cassettes from the interviews conducted in July through September 2005. All transcriptions will be finished by December 15, 2005.
- **Filing:** 244 trauma questionnaires, 707 photos, 561 recorded cassettes, and 275 interview transcriptions.
- **Keying:** 230 entries have been made into our project database to date.

We anticipate that all of the data entries will be completely entered into our database by December 15, 2005 and posted on our homepage. In order to more easily search the VOT Project's database, we have developed special formats for some search fields and created key words for searching each field. (See Appendix D)

Tables 3, 5 and 5 show the project results for these activities. Appendix D gives the project results for documentation activities by quarter as well as more details on the database.

Table 3
VOT Two-Year Project Results: Interviews, Cassettes, and Pages Transcribed

Years	Interviews Transcribed	Cassettes Transcribed	Pages Transcribed
Year 1	108	189	3,575
Year 2	167	314	6,066
Total	275	503	9,641

Table 4
VOT Two-Year Project Results: Filing Activities

Years	Trauma Questionnaires Registered	Cassettes Registered	Photos Registered	Transcriptions Registered	Victims with PTSD Registered
Year 1	142	189	189	108	49
Year 2	102	314	329	167	46
Total:	244	503	518	275	95

Table 5
VOT Two-Year Results: Data Entry for PTSD Victims

Years	Provinces	Interviews		PTSD Victims Identified	
		Men	Women	Men	Women
Year 1	Kandal	4	10	3	5
	Takeo	6	2	1	1
	Kampot	2	1	--	--
Sub Total		12	13	4	6
		25		10	
Year 2	Kandal	15	38	3	27
	Takeo	29	60	8	23
	Kampot	50	13	3	4
Sub Total		94	111	14	54
		205		68	
Grand Total		106	124	18	60
		230		78	

2.4 Reports and Evaluations

Reports: An annual report was prepared for the first year of the project and a semester report for the period October 2004 through March 2005. Both have been posted on DC-Cam's homepage. With TPO Cambodia's permission, DC-Cam edited the four progress reports they submitted, which we also intend to post. TPO Cambodia's final report is anticipated for completion on October 14, 2005.

Evaluation: At the end of the project, we will ask four U.S. experts in psychology, anthropology, sociology and economics to evaluate the results of the project. This evaluation would take place in the first two weeks of January 2006 (tentatively January 4-13) and last 10 days. While funding is limited, DC-Cam has budgeted funds to cover airfares and food/accommodation in Cambodia, and to provide each

team member with a small honorarium. The evaluation team will produce an approximately 20-page report, which will be published in both Khmer and English.

2.5 Trauma Counseling and Psychological Treatment⁶

Planning Activities. In August 2005 DC-Cam and TPO Cambodia met to determine the number, locations for, and types of psychological interventions that would be conducted in 2005. TPO Cambodia initially agreed to provide counseling to 15 PTSD sufferers. However, because 49 potential clients had been identified in the first year of the project alone, TPO Cambodia agreed to raise the number of people counseled.

The potential clients identified were widely dispersed geographically, so project staff determined that more information was needed on the expected target areas and outputs, as well as careful planning in order to meet the need for additional trauma counseling and allow for an efficient allocation of TPO Cambodia resources.

We also determined that TPO Cambodia should visit Ta Ken-Koh Sla to evaluate the situation there and speak with key members of the community about their experiences during the regime, the difficulties they were experiencing today, and the area's resources and activities. TPO Cambodia subsequently identified two areas of conflict in Ta Ken-Koh Sla: the ownership of land and tensions between former perpetrators and victims. The project team decided to temporarily defer activities in this area because of the small number of PTSD sufferers identified and the amount of time required to travel to the area from Phnom Penh (3.5 hours).

Baseline Assessment of Symptoms and Functioning. After the 66 people with trauma problems were identified and prior to beginning counseling, TPO Cambodia therapists made one-day visits to each project location. There, they informed local authorities about the project, became acquainted with the target group, and discussed the project with them.

This was followed by a baseline assessment interview of each proposed client's mental health status, level of functioning, and level of distress using standardized questionnaires. These included the PTSD Checklist, Short Form-12 (SF-12), Mental Health Inventory-5 (MHI-5), General Health Questionnaires (GHQ), and WHO-Disability Assessment Schedule 12 (WHO-DAS-12). The assessments were conducted in 3 phases: Time 1 (T1), T2 and T3 during counseling and psychological treatments. In addition, a Forgiveness Measure was administered in T2 and T3.

The interviews took place at the homes of the 60 people selected for treatment (8 males and 52 females) during T1. TPO Cambodia therapists used the information

⁶ During the life of project, DC-Cam project staff members accompanied TPO Cambodia staff members on 23 trips to the field over 41 days in the field to deliver trauma counseling and psychological treatment in Kandal, Takeo and Kampot provinces.

gathered to further determine clients' mental, physical and behavioral problems, and to introduce the intervention approaches.

The majority of those interviewed complained about problems related to a traumatic past. The most common problems identified were PTSD, panic disorders, generalized anxiety disorder and depression, with symptoms that included headache, shortness of breath/chest tension, cold limbs, exhaustion, poor sleep, disturbing dreams, irritation, being quick to anger, poor concentration, feeling jumpy and avoiding situations that reminded them of past traumatic events. Clients reported that these symptoms interfered with their daily functioning (e.g., ability to work, social relationships). They also felt that part of their difficulties was related to what they experienced in their life, especially during the Khmer Rouge regime. One woman related that she usually says "*Mok dal teit heuy!*" (something terrible is happening again) unconsciously when she hears a loud noise, especially an explosive sound such as a balloon bursting or fireworks. Several clients mentioned that they cannot bear the sound of fireworks and as a result do not participate in festivals or ceremonies, or returned home before one ended.

Nearly 100% percent of participants stated that they were ready to receive help from the VOT Project. Some of them had received or were undergoing psychiatric treatment at the mental health clinic in Kampot province, but reported that their symptoms persisted. They thus welcomed VOT support in their villages.

The assessments and interviews also aimed to build therapeutic relationships with clients – a fundamental step in providing intervention. The VOT team members were very sensitive to the fact that relating traumatic events causes distressing emotional responses. Thus, such techniques as breathing and relaxation exercises were taught to respondents when TPO Cambodia therapists noticed them appearing anxious. The above-mentioned questionnaires were administered again in the middle and at the end of the intervention to see the level of improvement among participants.

Treatment. In January 2005, three TPO Cambodia therapists began offering trauma counseling and psychological treatment to the 66 clients identified (35 in Kandal, 26 in Takeo and 5 in Kampot provinces). The therapists made two overnight visits each month to Kandal and Takeo provinces over counseling period. Its services included the provision of basic medications, vitamins, instruction in Buddhist concepts (mindfulness) to deal with the traumatic symptoms, breathing and relaxation exercises, and trauma counseling.

Sixty of the 66 participants received one or more types of trauma treatment (46 participated in group therapy and 16 individual therapy, and 29 received more intensive psychiatric treatment). Treatment continued through September 2005. TPO Cambodia provided 12 rounds of group and individual counseling and treatment in Kandal and Takeo provinces, and 8 in Kampot province.

Most traumatized people have suffered from generalized anxiety disorder, depression, PTSD, panic disorders, alcohol abuse and psychosis. Based on the similarity of the symptoms and trauma history of each client, TPO Cambodia counselors decided to conduct group Cognitive Behavioral Therapy (CBT) for those who lived close to each other. For those who lived a bit further away, they provided individual counseling using CBT techniques as well. This technique, which was developed by Dave Hinton (MD, PhD), was proven to be effective in treating traumatized Cambodian and Vietnamese refugees in the USA. However, the technique was slightly modified to fit the context and culture of Cambodia.

For those whose symptoms were more severe, a TPO Cambodia psychiatrist prescribed psychotropic medication in order to stabilize their symptoms while introducing clients to group CBT. Table 6 shows the numbers of participants who received individual therapy, group therapy, and psychiatric treatment.

Table 6
Trauma Therapies and Psychiatric Treatment of TPO Cambodia

Activities	Individual Therapy (IT)			Group Therapy (GT)			Psychiatric Treatment (PT)		
	F	M	Total	F	M	Total	F	M	Total
Trauma Victims	12	2	14	44	2	46	27	2	29

In addition, TPO Cambodia therapists provided trauma counseling and psychological treatment to the relatives or neighbors of the project clients who were determined to have mental health problems as well.

TPO Cambodia's psychological intervention consisted of 12 sessions:

- Session 1: Pre-opening session
- Session 2: Education about trauma
- Session 3: Education about trauma & modifying catastrophic cognitions
- Session 4: Teaching muscle relaxation with visualization
- Session 5: Applied muscle relaxation
- Session 6: Emotional processing of trauma memories
- Session 7: Breathing retraining
- Session 8: Overcoming physical sensations of panic 1
- Session 9: Overcoming physical sensations of panic 2
- Session 10: Anger and anger-induced panic attacks
- Session 11: Blessings from monks and discussion of Buddhist ways of dealing with trauma
- Session 12: Review.

Some improvements were noted shortly after the interventions. This conclusion is based on the subjective feeling of the participants, who reported a decrease in their symptoms, an enhanced level of confidence, and an improved level of daily functioning. At the pre-opening session for example, some traumatized victims were absent, but they later explained that they did not want to join the group because this

reminded them of the “meetings” held during the Khmer Rouge regime. This avoidance feature is one of the main symptoms of PTSD. Others informed us that they avoided the group because they had experienced more anxiety symptoms following the assessment interview such as headaches, exhaustion, sadness, sleep disturbances, etc. They used the excuse that they were busy or not at home, but in fact, they were worried that we would ask them about their trauma, which would trigger more symptoms.

In the first session, when we explained trauma and trauma reactions, most of the clients realized that this was exactly what they had experienced. However, when sharing their experiences with the group, they appeared tense and had great difficulty. One tearful woman said that when she heard other group members talking about the regime, it made her recall the time when her husband was arrested. This caused her to experience coldness in her extremities, shortness of breath, chest tension and a feeling of sadness. As a result, she wanted to get out of the group and did not want to listen. These symptoms were reduced by the techniques of mindfulness and breathing exercises.

Session by session, clients’ confidence improved as they were able to make the link between their present symptoms and past traumatic experiences. They also learned how to control these symptoms. Gradually they felt that sharing their past experiences became easier, which led to more disclosures. Sometimes we were surprised to hear that participants had revealed traumatic events that they had not told others about before.

In the course of the group therapy, some people who refused to participate initially turned up later and asked to join the group. This was because they had heard other clients say that their emotional problems had improved after group therapy.

Because all of the clients are Buddhists, session 10 of the protocol focused on Buddhism. In this session we invited all participants to go to the pagoda and offer food to the monks so that the souls of their deceased loved ones could receive the offerings and have peace. We also invited senior monks and nuns who excel at preaching so clients could use their words to help them cope with difficulties.

3. Achievements, Challenges and Impacts

3.1 Achievements

The therapeutic achievements of the project are presented below in two ways:

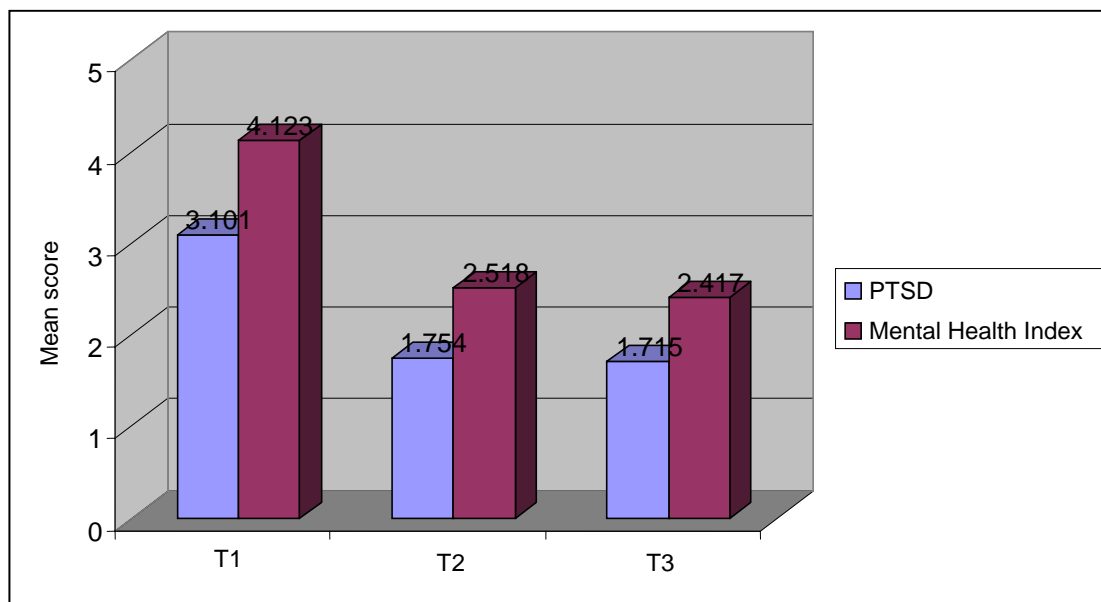
- ***Observation and subjective feeling:*** The therapists observed that participants improved in terms of the ways they related to each other, punctuality in arriving at the group sessions, ease of communication, and facial expressions. Participants also reported that their physical and emotional symptoms had improved.

However, recurrent stressors affected or prolonged the treatment outcome for some participants. The death of a family member, insecurity in the countryside, poverty, and especially the prolonged drought from June to August 2005 affected the physical and emotional wellbeing of many participants.

- **Statistical analysis:** Three factors comprised this analysis: PTSD and mental health disorders, quality of life and social functioning, and forgiveness measure.

1. *PTSD and MH Disorders:* The statistical analysis revealed that the average PTSD scores were significantly reduced for participants: from 3.101 at T1 to 1.754 at T2 ($p=0.000$) and decreased slightly again from T2 to 1.715 at T3 ($p=0.744$). Similarly, the average score of symptoms related to mental health problems was also significantly reduced: from 4.123 at T1 to 2.518 at T2 ($p=0.000$) and again slightly to 2.417 at T3 ($p=0.654$).

Figure 1. Reduction in Symptoms of PTSD and Other Mental Health Disorders

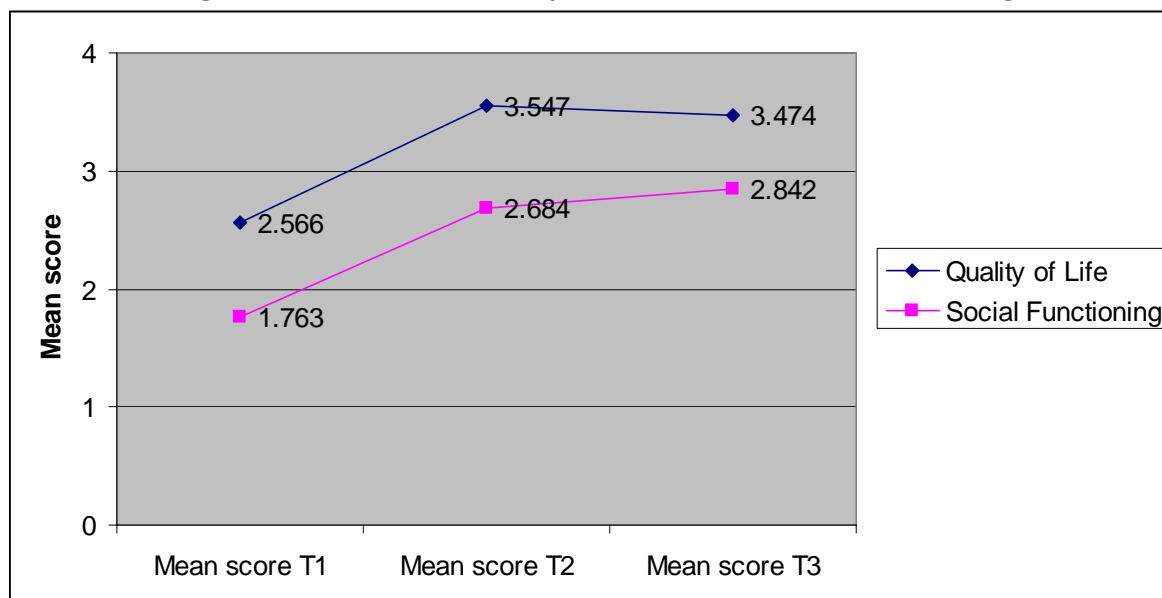


2. *Quality of Life (QoL) and Social Functioning (SF):* The statistical analysis shows that there were improvements in the mean scores of SF-12 and QoL from the baseline to T2 and T3. The SF improvement was indicated by increasing physical functioning, reduced pain, fewer limitations on daily activity, increased in energy and improved general health. On the QoL measure, participants reported an increasing quality of life and overall satisfaction with their health. Most participants reported QoL improvements in four domains:

- Physical: Reduced pain, increased sleep, better mobility, and more energy and capacity for work.
- Psychological: Increased happiness, finding more meaning in life, improved cognition and increased self-esteem.

- Social relationships: Overall satisfaction with the support they received from friends, and satisfaction with sexual life and leisure activity.
- Environmental: Having the feeling of safety and security, increased knowledge and information, and an improved physical environment.

Figure 2. Improved Quality of Life and Social Functioning



3. *Forgiveness Measure:* The data show that PTSD scores measured at the end of the intervention (T3) were significantly negatively correlated with Situational Attributes (Pearson Correlation: -0.377, $p=0.02$) and Forgiveness (Pearson Correlation: -0.328, $p=0.044$). This means that when PTSD symptoms decreased, people's ways of thinking toward perpetrators were more positive (for example, people felt that perpetrators had no choice over what they did, or that they would do the same thing if they were forced into that situation) and they were better able to forgive them.

As far as the revenge is concerned, the percentage of people who strongly disagreed with revenge increased from 48.44% at T2 to 59.48% at T3. This means that when PTSD symptoms decrease, more and more people think that revenge toward perpetrators is not acceptable. The study shows no change in regard to mistrust, however. Thus, after treatment and even if the PTSD symptoms are reduced, people still feel mistrust toward perpetrators.

Some Recent Quotes from Project Clients

Before intervention:

One participant reported: "When I was doing work in the rice paddies, sometimes my soul was not with me. It floated to 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."

During and after intervention:

According to one client: “Now I can sleep well and eat well. I feel stronger and can carry water 5 to 6 times for a distance of around 100 meters. I have no headache and less tension in the chest.” According to another: “When I become anxious, my body seems very light but it become heavy again by practicing breathing exercises and reminding myself that it was 30 years ago; it is over already.”

3.2 Challenges

Interviews. In order to help as many people traumatized by the Khmer Rouge regime as possible, we planned to interview 388 people in 194 days (238 people in the first year). Unfortunately, we were able to spend only 101 days in the field and interviewed only 144 people. This was due to the following factors:

- The initial reluctance on the part of Ta Ken-Koh Sla villagers and former Khmer Rouge cadres/soldiers to cooperate with the project.
- The time required to travel among houses (sometimes houses were 10 km away from each other over poor road, forcing project staff to walk for an hour each way through land that has not been cleared of mines), especially around Ta Ken-Koh Sla.
- A few people were also occupied by farm or other work, and thus hesitated to participate in the project.
- Project funds were not released until January 2004, delaying the interviews.

In the second-year plan, in order to come closer to our original goal, we added 18 more days of field trips, anticipating that we could interview 186 people in the second year. However, we were able to interview only 158 people, owing to many of the same constraints experienced during the project’s first year.

Working in Ta Ken-Koh Sla: This area is home to many Khmer Rouge defectors, widows, landmine victims, and people who are illiterate. We found that working with this community on issues related to the Khmer Rouge regime was very different from working in the project’s other two provinces, where the majority of residents are non-Khmer Rouge.

On our first trip to the Ta Ken-Koh Sla community, we learned that both DC-Cam and the VOT Project were still new to its residents, and that the challenges identified delayed the project or limited its effectiveness. For example, on May 7, 2004 the VOT team discussed the issues it had identified with DC-Cam’s director, Youk Chhang, who came to Ta Ken-Koh Sla. As a result, we decided it was necessary to build trust in the community before the VOT Project could begin there. We then modified our action plan for the project and designed a strategy to build good relations between villagers and the VOT team. Local authorities were apprised of our proposed plans and agreed to them. For more information, see the report, *First Trip to Koh Sla Community in Kampot province*, at <http://www.dccam.org>

Demand for Counseling: Our July 10, 2003 proposal to USAID stated that DC-Cam would refer 10 to 15 victims to TPO Cambodia each year. During the first semester of second year, TPO Cambodia and DC-Cam discussed how the project could provide trauma counseling and psychological treatment to as many victims as possible.

Among the 49 people identified in the first year as having PTSD, TPO Cambodia felt that it could adequately counsel only about 15 given its staff size. After discussions with DC-Cam, on September 23 and 28, 2004, TPO Cambodia agreed to treat at least 28 PTSD victims by providing group counseling to candidates living in the same area. Likely candidates for psychological intervention included the 17 victims (12 women and 5 men) living in Prek ROKAR sub-district of Kandal province and the 11 (9 women and 2 men) in Leay Bo sub-district of Takeo province. We tried to find positive ways to care for the remaining PTSD victims and support them as much as possible in the second year.

Later, TPO Cambodia agreed to work with all 49 PTSD victims identified in the first year of the project. During the second year, however, we referred 17 more, bringing the total to 66. TPO Cambodia agreed to treat all 66, but experienced difficulties because some of the people slated for treatment live in remote areas. The team solved this problem by agreeing to exclude people who lived too far away, identifying more PTSD victims who lived near others slated for counseling, and focusing on group therapy. Individual therapy was only provided to a few people who live in remote areas and were unable to join group therapy.

As a result of these actions, no additional victims were referred then DC-Cam because TPO Cambodia's human resources were already at their limit. However, DC-Cam continued to interview to identify PTSD victims until August 2005 in the hopes that further financial support could be obtained to help the additional PTSD victims we identified.

Some of the challenges facing psychological interventions of TPO Cambodia:

- Some participants had many additional stressors that affected their therapeutic outcome: e.g., domestic violence and alcoholism in the family, poverty, insecurity in the village, physical illnesses.
- Some participants live far from other clients, necessitating additional travel time to intervention areas.
- Participants with severe psychological problems were prescribed psychotropic medication. Such treatment needs more time to have therapeutic effects. However, TPO Cambodia received funding from Health and Nutrition Initiatives Funds/Canadian Cooperation Office to help the provincial hospital in Takeo province set up mental health services; it is expected that this hospital will refer clients in need of medication for further

treatment.

- Most project beneficiaries had co-morbid physical problems, which made psychological treatment difficult since most of them are poor and unable to pay medical fees at private or government clinics.
- Many people needed psychological treatment that was beyond TPO Cambodia's capacity.
- The CBT model for treating traumatized people is new for TPO Cambodia therapists and participants alike.

3.3 Impacts

Trust Built: Compared to our initial field interviews, we observed that trust was gradually built among former Khmer Rouge soldiers and VOT staff members through a number of VOT-initiated activities. These included erecting signs to the Ta Ken-Koh Sla community to make it more accessible to visiting family members and others, distributing DC-Cam's monthly magazine, and creating a provincial radio program. In addition, we spent significant time on social visits with villagers, further increasing their trust in us.

Psychological Intervention: Most of the PTSD victims we identified acknowledged their problems and that they needed help from TPO Cambodia. This was especially true of the victims we identified in Lay Bo and Prek ROKAR sub-districts in Kandal and Takeo provinces. Some of them had already begun to ask us when TPO Cambodia was coming to support them. They also asked if we had any anti-depression medications. Their hope was that the sooner TPO Cambodia would come, the more their emotions would be improved and the higher the odds that they could begin to resume normal lives.

Anecdotal evidence suggests that our project had positive impact on the individuals it assisted. For example, a woman who was recruited into the VOT Project said that "I now can see good prospects for my life again; I almost gave up my job because I was so hopeless."

Value of Interviews: During our field interviews, we observed that most interviewees, particularly victims, were happy to share their past experiences and wanted their stories to be published for future generations so as to prevent such traumatic events from happening again. The more time we gave them to share their experiences, the more suffering and emotion they released. They were very proud to share their stories with us, since they never had such an opportunity before.

Client Responses: Most of the participants from Kandal and Takeo provinces expressed their happiness as a result of our treatment and our closing counseling groups (conducted on June 9-10, 2005). During the groups, we asked our clients in

each province to visit a pagoda to offer food to the monks and nuns, and to invite older monks to talk about their experiences, the Buddhist ways of dealing with trauma, and to bless water for those clients.

Increased Demands for Project Services: Most of our clients in Takeo complained that we had finished our psychological services too soon. However, we hope that such services will soon be launched by the provincial hospital, as requested by TPO Cambodia.

Internal Organization Liaison: In June, 2005 two interns from Global Youth Connect – an international organization that promotes and defends human rights around the world – were accepted to work as VOT volunteers during the summer.

Overseas Interest:

- On May 14, 2005, a senior behavioral scientist at the RAND Corporation, Dr. Grant Marshall, contacted us, saying he was interested in learning more about TPO Cambodia's development of the SF-12
- With an introduction from TPO Cambodia, Mr. Alexander Linklater, deputy editor of *Prospect Magazine*, became interested in our project activities. On May 17, 2005 he went to the field to meet our VOT staff members working in Kandal province and observed the trauma counseling and psychological treatment provided by TPO Cambodia. We introduced him to two people who had been treated in Kandal Stung district. He interviewed them about the importance of the services provided by TPO Cambodia.
- Through an article published on June 23, 2005 in *The Cambodia Daily* entitled "Asian Nations Can Play Important Role in Khmer Rouge Trial" written by DC-Cam Director Youk Chhang, Mr. Toru KAWABE, a correspondent for *Yomiuri Shimbun* (Japanese Daily Newspaper) visited our center to discuss the VOT Project.
- In September 2005 Mr. Mao Run, a representative of Japanese TV (NDN) and Mr. Munthit of Associated Press, contacted DC-Cam; they were interested in VOT Project field activities, particularly our proposed initiative entitled "A Journey to Search for Truth and Reconciliation," which was conducted from September 23-25, 2005. This initiative brought 50 former victims and perpetrators from the VOT target provinces to Phnom Penh to help them acknowledge what happened during the Khmer Rouge regime.
- On September 22, an ABC Radio Australia reporter based in Phnom Penh, Mr. Pech Munnra, came to the center to collect materials provided by our project.

- On September 28, 2005, based on an ABC Radio Australia interview with TPO Cambodia staff member Dr. Sotheara Chhim, Tom Zubrycki of Film Australia Limited interviewed the him about the project.

Media Coverage:

- *Cambodge Soir* published an article on the project in April 2005.
- *Somme Thmey-Kampong Cham* published an article on VOT in May 2005.
- Ms. Chheang Bopha of *Cambodge Soir* was allowed to observe TPO Cambodia's psychological interventions in Kampot on March 11, 2005. As a result, an article entitled "Des psychothérapies pour sortir du cauchemar khmer rouge" was published on April 22-24, 2005.
- Three journalists from *Cambodge Soir* were also allowed to observe TPO Cambodia's interventions on April 7, 2005 in Kandal. It published an article entitled "La déshumanisation, une licence pour tuer" in April 2005.
- ABC Radio Australia interviewed Dr. Sotheara Chhim of TPO Cambodia and aired "Healing Genocidal Trauma: North Meets South" on May 28 and June 1, 2005. It is also available at <http://www.abc.net.au/rn/science/mind/stories/s1377069.htm>

Community Awareness

- One of our clients in Chhouk district of Kampot, Mr. Ung Nak, found the name of one of his family members on a list of victims executed at S-21 (Toul Sleng) Prison in DC-Cam's magazine. This information helped his community become aware of his suffering.
- During a September 2005 trip to invite one of our clients in Kandal province (a former Khmer Rouge prisoner) for a three-day trip for our Journey to Search for Truth and Reconciliation initiative, we were informed that her villagers were very surprised when they saw her photo and story in DC-Cam's magazine. They wanted to ask her whether her story was true.
- On September 11, 2005, we learned that the family and neighbors of one of our clients in Takeo were very surprised to hear that he worked as a Khmer Rouge security center guard during Democratic Kampuchea.
- A VOT client – former deputy of Kraing Ta Chan security center in Takeo province, Mr. Eab Duch – asked for a copy of David Chandler's book *Voices from S-21*, which had been translated into Khmer. A former prisoner of the same security center, Mr. Soy Sen, requested copies of two films, which he

wanted to show at his community's 2005 Pchum Benn ceremony.

4. Lessons Learned

The Khmer Rouge Tribunal Will Help Heal Trauma. In response to our questions asking whether a Khmer Rouge tribunal would help them heal, most VOT Project participants suffering from PTSD said that it would.

Buddhist Ideology Helps Trauma Victims Heal. Most of the project participants who were committed Buddhists stated that they could cope with their suffering more easily and effectively than those who were less committed.

Trauma Healing Encourages Victims to Forgive Perpetrators. Based on TPO Cambodia's experience in administering the Forgiveness Measure, we found that the percentage of people who strongly disagree with revenge increased from 48.44 to 59.48 during the project. Thus, with a decrease in PTSD symptoms comes an increased feeling that revenge on perpetrators is unacceptable.

Trauma Healing Reduces Community Conflict. We observed that most of the clients who participated in both individual and group counseling gained a better understanding of ways to control their anger. TPO Cambodia's anger management strategy could reduce conflicts in both in their families and communities.

Trauma Healing Helped Victims Regain Health. Most of those who received trauma counseling and psychological treatment from TPO Cambodia reported improvements in their physical health.

Trauma Healing Helps Victims Regain their Memories. Most VOT clients told us about traumatic experiences during Democratic Kampuchea that they had been unable to recall before receiving trauma counseling and psychological treatment.

Sharing Experiences Releases Tension. Most of interviewees agreed that talking about their past suffering, and particularly their experiences during the Khmer Rouge regime, helped them to release tension, if only temporarily. And hearing the experiences of others appeared to console them as well and give them the courage to face their psychological problems.

Devising Culturally-Appropriate Trauma Healing Techniques Requires Time. The US CBT model can be adapted to the Cambodian context; this will require significant time, however.

Healing Requires a Wide Range of Services. Treating trauma victims requires a holistic approach, including a wide range of services beyond those offered by the

discipline of psychology. In Cambodia, these include medical attention, assistance from the religious community, and poverty alleviation activities.

Conclusions

Although the Cambodian genocide ended a quarter century ago, its victims are still suffering greatly as a result of their past traumas. As the project progressed, our team members were increasingly well received and more willing to talk about their experiences during the regime. This is likely the result of both our efforts to gain their trust before and during intervention, and the news of project successes spreading in communities.

The psychological intervention TPO Cambodia therapists provided has proved effective in alleviating many of their symptoms and improving their social functioning. In addition, most project beneficiaries reported that after receiving assistance from the VOT Project, they were able to forgive Democratic Kampuchea's perpetrators. These reduced negative feelings are a very important step in moving toward reconciliation.

In the future, we are considering informal TPO Cambodia orientations for patients, family members, and neighbors. Because many trauma victims felt comfortable with such activities, they could be an important step toward healing.

Last, this project has two important implications for the future. By helping people reconstruct their memories, the VOT Project may help future generations to understand their country's past and make efforts to see that it is not repeated. And the lessons learned from this project may make valuable contributions toward the design of a nationwide strategy to assist trauma victims.

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Appendix A

DC-Cam Interview Questionnaires

Victims of Torture Project

This questionnaire was approved by TPO Cambodia; it is based primarily on
The Harvard Trauma Questionnaire (HTQ) – Cambodian Version.

The HTQ was developed by
Indochinese Psychiatry Clinic
Brighton Marine Public Health Center
Department of Psychiatry
St. Elizabeth's Hospital

and

The Harvard Program in Refugee Trauma
Department of Health Policy and Management
Harvard School of Public Health

Partially Funded by the Lotus Foundation
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MODIFIED HTQ QUESTIONNAIRE

INTERVIEWEE: _____ DATE: _____
DATE OF BIRTH: _____ SEX: _____
MARITAL STATUS: _____ TITLE: _____
INTERVIEWED BY: _____

Instructions

We would like to ask you questions about your past and present symptoms. This information will be used to help us provide you with better medical care if you have mental health problems. Some questions may make you upset. If so, please feel free not to answer. However, we assure that we will ask only about finding ways to treat you and preserving Khmer Rouge history for younger generations. If you agree, this information would be published in our center's magazine *Searching for the Truth*. What do you think?

Part I: Trauma Events

Have you had experienced, witnessed, or heard about any of the following events?

NB: E = Experienced, W = Witnessed, H = Heard about it, N = No

No.	Trauma Events ⁷	E	W	H	N
1	Lack of food or water				
2	Ill health without access to medical care				
3	Lack of shelter (rRelated to evacuation)				
4	Imprisonment				
5	Serious injury				
6	Combat situation				
7	Brainwashing				
8	Rape or sexual abuse ⁸				
9	Forced isolation from others				
10	Being close to death				
11	Forced separation from family members				
12	Murder of family member or friend ⁹				
13	Unnatural death of family or friend (related to premature death)				
14	Murder of stranger or strangers ¹⁰				
15	Lost or kidnapped				
16	Torture (Specify): _____ _____ _____				
17	Any other situation that was very frightening or when you felt your life was in danger (Specify): _____ _____ _____				

Part II: Personal Description

1. Among the events above, which one that you do think was the most hurtful or terrifying?
2. Where did these events occur? When did they occur?

⁷ If the responses to these questions were E, W, or H, the interviewer should follow up with question 5W1H.

⁸ This is a very confidential question; therefore, the interviewer should respect the patient's privacy.

⁹ For the response of E, it is hard to find with this question because in the reality there rarely is nobody accepts oneself as a murderer.

¹⁰ Ibid.

Part III: Head Injury

1. Did you experience any of the following?

Type of Injury	Yes	No	Date
Drowning			
Suffocation			
Beating to the head			

2. Did you lose consciousness? If yes, for how long? How often did this occur?

Part IV: Trauma Symptoms

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please think carefully and address how much the symptoms bothered you **in the past weeks**.¹¹

NB: N = Not at all, A = A little, Q = Quite a bit, E = Extremely

No.	Trauma Symptoms ¹²	N	A	Q	E
1	Recurrent thoughts or memories of the most hurtful or terrifying events				
2	Feeling as though the event is happening again				
3	Recurrent nightmares				
4	Feeling detached or withdrawn from people				
5	Unable to feel emotions				
6	Feeling jumpy or easily startled				
7	Difficulty in concentrating				
8	Trouble sleeping				
9	Feeling on guard				
10	Feeling irritable or having outbursts of anger				
11	Avoiding activities that remind you of the traumatic or hurtful events				
12	Inability to remember parts of the most traumatic or hurtful events				
13	Less interest in daily activities				
14	Feeling as if you don't have a future				

¹¹ We also asked about these feelings both before and during the past week. If these feelings occurred during the past week, we noted "B = Before a past week," and if they also occurred during the previous week, we noted "B + = Both" in the No. column.

¹² If the response was A, Q or E, the interviewer was to follow up with the question "When?"

No.	Trauma Symptoms ¹²	N	A	Q	E
15	Avoiding thoughts or feelings associated with the traumatic or hurtful experience				
16	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				
17	Feeling that people do not understand clearly what happened to you				
18	Difficulty performing work or daily tasks				
19	Blaming yourself for things that have happened				
20	Feeling guilty for having survived				
21	Hopelessness				
22	Feeling ashamed of the hurtful or traumatic events that have happened to you				
23	Spending time thinking about why these events happened to you				
24	Feeling as if you are going crazy				
25	Feeling that you are the only one who suffered the events				
26	Feeling others are hostile toward you				
27	Feeling that you have no one to rely on				
28	Finding out or being told by other people that you have done something that you cannot remember				
29	Feeling as if you are split into two people and one of you is watching and the other is acting				
30	Feeling someone you trusted betrayed you				

SCORING

Responses were summed and divided by the number of answered items to generate scores:

Trauma Events

Total number of events = Sum of all items for which =
response differs from "NO"

Total events experienced = Sum of all items with positive =
response to "Experienced"

Trauma Symptoms

DSM/III-R Score = $\frac{\text{Items 1-16}}{16} =$

Total Score = $\frac{\text{Items 1-30}}{30} =$

Individuals with total scores ≥ 2.5 are considered symptomatic for **PTSD**

See manual of Harvard Trauma Questionnaire (HQT) for additional information

QUESTIONNAIRE ON THE HISTORY AND EXPERIENCES OF VICTIMS

The following questions ask victims to briefly explain their history and experiences during the Khmer Rouge regime.

1. What are your name and your age? Where were you born (village, sub-district, district, and province)? Where do you currently live? What is your current occupation? When did you get married? What are your spouse's name and age? What is your spouse's current occupation? How many children do you have? How many are girls/boys? (continue to ask about biological parents and siblings)
2. Did any of your relatives die during the Khmer Rouge era? If so, how many? How many of them were female/male? What was the cause of death? Where and what year did they die? How did you hear of their deaths?
3. Where did you live during the coup d'état in 1970? What was your occupation? What was your spouse's occupation? Were there any events that happened in your area?
4. What year did the Khmer Rouge show signs of controlling your village/district/province? Were you evacuated by the Khmer Rouge? If yes, how did they evacuate you?
5. After 1975, did the Khmer Rouge ever asked about your background and biographies? If yes, how often did they question you? How do you feel about being asked about your background?
6. What year did the KR start to gather people to eat communally in your village? How was it done?
7. Describe your living situation, job, and group meals during the KR period.
8. What kinds of jobs did the KR appoint you to do? Where and when did the job take place? Did your family members work together or not? If you were separated, how were you able to visit with your family members?
9. What actions did the Khmer Rouge consider as a wrongdoing? Did you commit any wrongdoings or were punished for your actions?
10. Where did you move to live after the KR were defeated in 1979? Did you experience any frightening events during your transition? If yes, when and where?
11. How many family members were you able to meet after 1979? Where and when? How many relatives were lost? How many of those lost are

female/male? Have you ever tried searching for any of your missing relatives? How did you search for your relatives?

QUESTIONNAIRES TO ON VICTIMS' PERCEPTION ON THE KHMER ROUGE TRIBUNAL AND THEIR EXPERIENCES

Finally, I would like to continue to ask more questions about your views on the establishment of the courts to prosecute the leaders of the Khmer Rouge regime and any trauma you've experienced.

A) Top Leaders of the Khmer Rouge

1. Have you heard or known the names of any Khmer Rouge leaders? (If so, what were their names and their positions? If you do not know, do you want to know? Why do you want to know? How do you want to find out?)
2. Have you heard about any KR leaders who died after the fall of the KR? If not, would you like to hear about it? Why do you want to hear it? How do you want to hear it?
3. How many living KR leaders do you know of who are in prison waiting to be prosecuted? How many do you know of who are not in prison? What are their names? (If you do not know about any KR leaders, would you like to know and why? How would you like to learn about them?)

B) Setting up the Court for The Khmer Rouge Tribunal

4. What have you heard about the KR Tribunal? (How did you hear about it? Do you want to hear about it? Why or why not? How do you want to hear about it?)
5. What do you think about the delay of the KR trial?
6. Do you think it is necessary to prosecute the KR leaders? Why or why not?
7. Do you believe that the trial is possible? Why or why not?
8. Do you want the top-level KR leaders and/or low-level KR soldiers prosecuted in the tribunal? Why or why not?
9. If the tribunal occurs, do you believe that it will give victims of the Khmer Rouge regime, and you and your family justice? Why or why not?

10. What do you think should be done to the top-level KR leaders who were responsible for killing over 2 million people in Cambodia if the tribunal does not happen?
11. Are you aware of the word justice? What is the meaning of justice? Do you want justice? Why?

C) *Reconciliation*

12. Have you heard of the word reconciliation? What is the meaning of reconciliation? What do you think about reconciliation in Cambodia? Do you want reconciliation in Cambodia? Why or why not?
13. Is reconciliation going on in your community? If you do not have it yet, what must be done in order to get reconciliation?
14. How do you feel about reconciliation with former KR who directly or indirectly committed atrocities against you and your family?
15. Do you think KR should be forgiven for what they have done? Will reconciliation happen in Cambodia by forgiving the KR? Why or why not?
16. Will the KR tribunal have an effect on the reconciliation in Cambodia? Why?
17. Do you think Buddhism or religion has a role in the reconciliation process in Cambodia? Why?

D) *Khmer Rouge Retribution*

18. Do you think the KR tribunal can be use to take revenge for the atrocities committed or not? Why?
19. If you found out who killed someone in your family, do you want revenge? Why or why not?
20. What does, “vindictiveness does not end by being vindictive” mean? Do you think prosecuting the KR is vindictive? Why?
21. What do you think about the Day of Hatred celebrated on the 20th of May? Do you want to continue to celebrate this day in the future?
22. What do you think must happen in order to stop vengeance in Cambodia in the future?

E) *Treatment for Psychological Illness caused by Trauma from the Khmer Rouge Period*

23. How does it make you feel when you're sharing and describing your hurtful or traumatic events with others or being asked about them?
24. Does the hurtful or traumatic experience effect your emotions often?
25. What techniques do you use to cope with the stress caused by your traumatic experience? What is the most effective technique you use to cope with your stress?
26. What do you think about us asking how you feel about your traumatic experiences during the KR period?
27. Have you received emotional or psychological counseling from a specialist due to your current symptoms? Why or why not?
28. Do you think Buddhism can help treat your emotional or psychological problem when it occurs?

F) *Documentation of the History of the Khmer Rouge*

29. Do you understand what the truth is? Do you want to know or to talk about the truth? Why?
30. Have you shared your experiences during the KR period with your family, grandchildren, and/or neighbors? Why or why not?
31. Do you think the hurtful and traumatic experiences of the KR regime should be told to the young generations? Why or why not? If yes, how should it be done?
32. Do you want the history of the KR be taught at the schools in your village/community? Why or why not?
33. What must be done to prevent another KR regime from reoccurring?

Appendix B

TPO Cambodia Interview Questionnaires



TPO Cambodia

Victims of Torture Project

in collaboration with

DC-Cam

Research Questions

Respondent's name:.....

T1 - T2 - T3

PTSD CHECKLIST**[Read to the Client:]**

Instruction: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences.

First, I would like to ask you: What was the worst, most upsetting event on this list that you experienced? Can you tell me what that was? Take your time to think about it, if necessary. Please read each carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past weeks.

The event you experienced was _____ on

P0: Did the event occur within the last 30 days?

	Not at all	A little	Ave rage	Not bad	Too bad
P1 Repeated, disturbing <i>memories thoughts or images</i> of a stressful experience from the past	1	2	3	4	5
P2 Repeated disturbing <i>dreams</i> of a stressful experience from the past	1	2	3	4	5
P3 Suddenly <i>acting or feeling</i> as if a stressful experience from the past were happening again (as if you were reliving it)	1	2	3	4	5
P4 Feeling <i>very</i> upset when <i>something reminded</i> you of a stressful experience from the past	1	2	3	4	5
P5 Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded</i> you of a stressful experience from the past	1	2	3	4	5
P6 Avoiding <i>thinking about or talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it	1	2	3	4	5
P7 Avoiding <i>activities or situations</i> because <i>they reminded</i> you of a stressful experience from the past	1	2	3	4	5
P8 Trouble <i>remembering important</i> parts of a stressful experience from the past	1	2	3	4	5
P9 <i>Loss of interest</i> in activities that you used to enjoy	1	2	3	4	5
P10 Feeling <i>distant or cut off</i> from other people	1	2	3	4	5
P11 Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you	1	2	3	4	5
P12 Feeling as if your <i>future</i> somehow will be <i>cut short</i>	1	2	3	4	5

P13 Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
P14 Feeling <i>irritable</i> or having or having <i>angry</i> outburst	1	2	3	4	5
P15 Having <i>difficulty</i> concentrating	1	2	3	4	5
P16 Being “ <i>superalert</i> ” or watchful or on guard	1	2	3	4	5
P17 Feeling <i>jumpy</i> or easily startled	1	2	3	4	5

THE SF-12: HEALTH SURVEY**[Read to the Client:]**

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the answer that best represents your response.

SF1 In general, would you say your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

SF2 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling ,or playing golf.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

SF3 Climbing several flights of stairs

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

SF4 Accomplished less than you would like

1. Yes
2. No

SF5 Were limited in the kind of work or other activities

1. Yes
2. No

In the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

SF6 Accomplished less than you would like

1. Yes
2. No

SF7 Didn't do work or other activities as carefully as usual

1. Yes
2. No

SF8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

SF9 Have you felt calm and peaceful?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

SF10 Did you have a lot of energy?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

SF11 Have you felt downhearted and blue?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

SF12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

MENTAL HEALTH INTERVIEW-5 (MHI-5)**[Read to the client:]**

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

MHI1 How much of the time during the past 4 weeks have you been a very nervous person?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

MHI2 How much of the time during the past 4 weeks have you been so down in the dumps that nothing could cheer you up?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

MHI3 How much of the time during the past 4 weeks have you been a happy person?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

Note: This includes 25 questions of the Quality of Life (Only in Khmer)

FORGIVENESS MEASURE

Many Cambodians suffered during the time of the Khmer Rouge regime. They experienced starvation, saw terrible things done to people by members of the Khmer Rouge, and lost loved ones. Many are still haunted by painful memories from what happened and continue to have strong negative feelings toward members of the former Khmer Rouge regime.

We would like to ask you some questions about your current thoughts and feelings toward those in the former Khmer Rouge regime who were most directly responsible for the suffering caused to you and others. Even if you were born after the end of the Khmer Rouge regime, you probably have family members or close friends who lived through it, and therefore may have strong feelings about what happened.

For the following questions, please indicate your current thoughts and feelings toward former members of the Khmer Rouge who were most directly responsible for the suffering caused to you and your loved ones. Use the following scale to indicate your agreement with each of the questions:

1 = Strongly Disagree	2 = Disagree	3 = Slightly Disagree
4 = Slightly Agree	5 = Agree	6 = Strongly Agree

<u>Revenge</u>		1 = Strongly Disagree	2 = Disagree	3 = Slightly Disagree	4 = Slightly Agree	5 = Agree	6 = Strongly Agree
1	(I would like to make them pay for what they did)						
2	(I wish that something bad would happen to them.)						
3	I would like them to be punished.						
4	I would like to get back at them						
5	I want to see them hurt and miserable						
<u>Situational Attribution</u>							
1	I think that they had no choice over what they did.						
2	I think that they were forced to do what they did.						
3	I think that they were victims of much larger forces.						
4	I think other Cambodians would have done the same thing if put in their position.						
5	I think that they could not help what they did.						
<u>Forgiveness</u>							
1	I think that Cambodians should try to move their past negative feelings toward them.						
2	I think that those who feel remorse for what they did						

	should be forgiven						
3	I think that those who admit to the harm they did should be forgiven.						
4	I think that those who make amends for what they did should be forgiven.						
5	I think that I can forgive them even if they don't admit what they did because they will go to hell in the next life						
6	I don't care about forgiving or not forgiving because those who did wrong will be punished in the next life.						
<u>Mistrust</u>							
1	I think that they would do it again if given the chance.						
2	I do not think that they are really sorry for what they did.						
3	I think that they are only concerned about protecting themselves from being punished for what they did.						
4	I do not think that they really feel guilty for what they did.						

Appendix C

Field Interview and PTSD Victim Identification Results by Quarter

Year 1

Second Quarter (February to March 2004): We made two five-day fieldtrips to Kandal Steung district (Kandal province) and Tramkak district (Takeo province). There, we identified and interviewed 13 prospective TPO Cambodia patients; the 4 people we identified as suffering from PTSD were referred to TPO Cambodia.

Second-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/Kandal Steung	--	6		2
Takeo/Tramkak	6	1	1	1
Total	6	7	1	3
		13		4

Third Quarter (April to June 2004): In May we conducted 11 interviews in Kampot and Kandal provinces over 19 days (10 days in Kampot and 9 in Kandal). We identified 7 PTSD victims in Kandal province, who were then referred to TPO Cambodia. In June, we conducted 18 interviews in Takeo and Kampot over 13 days (8 in Takeo province and 5 in Kampot province). We identified 8 PTSD victims in Takeo and 1 in Kampot, and referred all of them to TPO Cambodia.

Third-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kampot/Chhouk (Ta Ken-Koh Sla)	5	2	--	1
Kandal/Kandal Steung	4	4	3	3
Takeo/ Tramkak	4	10	2	6
Total		29		15

Fourth Quarter (July to September 2004): We took 6 fieldtrips (2 trips in July to Kandal and Takeo, 2 in August to Kampot and Kandal, and 2 in September to Takeo and Kampot provinces over 34 days (10 in Kandal, 12 in Takeo and 12 in Kampot). As a result, we interviewed 102 people. All 30 of the PTSD victims identified were referred to TPO Cambodia for counseling and treatment.

Fourth-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/Kandal Steung	11	19	3	12
Takeo/Tramkak	10	29	3	8
Kampot/Chhouk (Ta Ken-	29	4	3	1

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Koh Sla)				
Total	50	52	9	21
		102		30

Year 2

First Quarter (October to December 2004): During this quarter, we completed 4 field trips (1 each to Kandal and Takeo and 2 to Kampot provinces) over 20 days. Of the 52 people we interviewed (27 men and 25 women), 17 (3 men and 14 women) were identified as PTSD victims and referred.

First-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/ Kandal Steung	4	12	--	9
Takeo/Tramkak	10	9	3	3
Kampot/Chhouk	13	4	--	2
Total	27	25	3	14
		52		17

Second Quarter (January to March 2005): We completed 3 field trips (one to each province) over 14 days. We interviewed 34 people (10 men and 24 women), of which 12 (all women) were identified as PTSD victims and referred.

Second-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/ Kandal Steung	5	13	--	6
Takeo/Tramkak	--	7	--	6
Kampot/Chhouk	5	4	--	--
Total	10	24	--	12
		34		12

Third Quarter (April to June 2005): We completed 3 field trips (2 trips to Kandal and 1 to Kampot) over 13 days. Two of the 22 people (13 men and 9 women) we interviewed were identified as PTSD victims and referred.

Third-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/ Kandal Steung	9	9	--	2
Kampot/Chhouk	4	--	--	--
Total	13	9	--	2
		22		2

Fourth Quarter (July to September 2005): During this quarter, we completed 6 field trips (2 to Kandal, 3 to Takeo and 1 to Kampot) over 37 days. We interviewed 50 people (26 men and 24 women), of which 15 (5 men and 10 women) were identified as PTSD victims and referred.

Fourth-Quarter Results: Interviews and PTSD Victims

Province/ District	Interviews Conducted		PTSD Victims Identified	
	Men	Women	Men	Women
Kandal/Kandal Steung	3	10	3	5
Takeo/Tramkak	14	12	2	5
Kampot/Chhouk	9	2	--	--
Total	26	24	5	10
		50		15

Appendix D

Documentation Results by Month/Quarter

Transcription: To date, we have transcribed 9,641 pages, which encompass 503 audio cassettes from 275 interviews.

Interviews, Cassettes and Pages Transcribed by Month

Years/Months	Transcribed Interviews	Transcribed Cassettes	Pages Transcribed
Year 1			
February 04	13	26	484
May 04	11	18	378
June 04	18	30	602
July 04	20	33	625
August 04	37	64	1,122
September 04	9	18	364
Sub Total	108	189	3,575
Year 2			
October 04	19	38	674
November 04	14	29	533
December 04	20	38	636
January 05	26	46	798
February 05	19	41	761
March 05	10	19	398
April 05	14	24	513
May 05	6	12	235
June 05	11	19	428
July 05	7	15	350
August 05	6	9	215
September 05	15	24	525
Sub Total	167	314	6,066
Grand Total	275	503	9,641

Filing: To date, we have filed 244 trauma questionnaires, 503 cassettes (out of 561 recorded cassettes), 707 photos, and 275 transcriptions.

Filing Activities by Quarter

Years/ Quarters	Trauma Questionnaires	Cassettes	Photos	Transcriptions	Victims with PTSD Listed
First Year					
Quarter 1	--	--	--	--	--
Quarter 2	13	26	40	13	4 (3 F, 1M)
Quarter 3	28	48	65	29	15 (10F, 5M)
Quarter 4	101	115	84	66	30 (21 F, 9 M)
Sub Total	142	189	189	108	49 (34 F, 15M)
Second Year					
Quarter 1	38	105	167	53	17 (14 F, 3 M)
Quarter 2	29	106	137	55	12 (all F)

Years/ Quarters	Trauma Questionnaires	Cassettes	Photos	Transcriptions	Victims with PTSD Listed
Quarter 3	12	55	79	31	2 (all F)
Quarter 4	23	48	135	28	15 (10 F, 5 M)
Sub Total	102	314	518	167	46 (38 F, 8 M)
Grand Total	244	503	707	275	95 (72 F, 23 M)

Data Entry/VOT Library. Transcription was time consuming due to the large number of cassettes recorded. We thus had little time for data entry before the interviews were transcribed. In the first year, we attempted to enter 25 records into our project library/database using Microsoft Access. However, we encountered a number of difficulties, such as the inability to print out data separately, and decided it was necessary to first determine what kinds of information would be useful to enter. After much discussion in September 2004, we agreed to create a manual for the VOT Project's data entries. We also edited our database format in some search fields and created some keywords as shown in the table below. After all project data entry has been completed, we will post the database on DC-Cam's homepage.

Data Entries for PTSD Victims by Quarter

Years/Quarters	Provinces	Interviews		PTSD Victims Identified	
		Men	Women	Men	Women
Year 1					
Quarter 3	Kandal	4	10	3	5
	Takeo	6	2	1	1
	Kampot	2	1	--	--
Sub Total		12	13	4	6
		25		10	
Year 2					
Quarter 1	Kandal	8	9	1	6
	Takeo	4	19	2	8
	Kampot	22	3	2	1
Sub Total		34	31	5	15
		65		20	
Quarter 2	Kandal	3	10	2	6
	Takeo	10	19	3	6
	Kampot	10	2	1	1
Sub Total		23	31	6	13
		54		19	
Quarter 3	Kandal	4	19	--	15
	Takeo	15	22	3	9
	Kampot	18	8	--	2
Sub Total		37	49	3	26
		86		29	
Quarter 4	Kandal	--	--	--	--
	Takeo	--	--	--	--

Years/Quarters	Provinces	Interviews		PTSD Victims Identified	
		Men	Women	Men	Women
	Kampot	--	--	--	--
Sub Total		94	111	14	54
		205		68	
Grand Total		106	124	18	60
		230		78	

Search Field and Keywords of the VOT Database/Library

Search By:	Keywords:
ID Number	Type VOT0001-VOT0302 to search for ID Number
English Title	Type <i>Name of interview</i> correctly to search on a name Type <i>Ms./Mr./Mrs.</i> to search for men and women Type <i>__yrs</i> to search for an age, for example, 53yrs Type <i>Farmer/Soldier/Village chief/Sub-district chief/District chief/Vendor/Vender/House keeper</i> to search for occupations Type <i>Name of their current village, of commune, of district, and of province</i> correctly to search for places Type name of interviewer to search for interviewer
English Summary	Type <i>Name of village, commune, district, and province</i> to search for an interviewees' birthplace Type <i>Husband/wife's</i> to search for an interviewee's spouse. Type <i>Husband/wife's age</i> to search the age of an interviewee's spouse Type <i>Farmer/Soldier/Village chief/Commune chief/District chief/Vendor/Vender/ Housekeeper</i> to search for a spouse's occupation Type <i>Brother/Sister</i> to search for the number of an interviewee's siblings Type <i>Son/Daughter</i> to search for the number of his/her children Type <i>Lost/Killed</i> to search for those who lost their loved ones Type <i>Arrested/ Imprisoned/Tortured</i> to search interviewees and their relatives who were arrested/imprisoned/tortured Type <i>Evacuated</i> to search for those who were evacuated Type <i>Lack of food or water, Ill health without access to medical care, and Lack of shelter</i> to search for interviewees' living conditions Type <i>Hard work/Starvation/ Imprisonment/Torture/Lost their loved ones</i> to search on these events during Democratic Kampuchea Type <i>Drowning, Suffocation, Beating to the head, and Lost consciousness</i> to search those who suffered these injuries Type <i>PTSD</i> to search for those who have serve symptoms Type <i>Khmer Rouge Leaders</i> to search for regime leaders' names, positions, and whether they are dead or alive. Type <i>Khmer Rouge Tribunal</i> to search for interviewees' opinions on the process of Khmer Rouge Tribunal Type <i>National Reconciliation</i> to search for views on this topic Type <i>Ways of Dealing with Trauma</i> to search on interviewees' opinions on dealing with the trauma they experienced during the Khmer Rouge regime

Search By:	Keywords:
Document Date	Type <i>Khmer Rouge Preservation</i> to search for views on the importance of preserving the history of the regime. Type <i>Document date</i> by Month/Day/Year, for example, 02/09/04 to search a document date
Source	Type <i>VOT</i> to search for document sources