

MINNESOTA



ADVOCATES
FOR HUMAN RIGHTS

Liberian Truth and Reconciliation Project

Briefing Book
Spring 2007

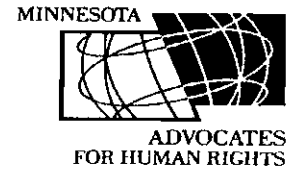


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I. General Volunteer Information



Liberian Truth and Reconciliation Diaspora Project

The Liberian Truth and Reconciliation Commission (TRC) and Minnesota Advocates for Human Rights have engaged in a historic partnership to ensure the participation of the Liberian Diaspora community in the TRC process. Mirroring the TRC's work in Liberia, Minnesota Advocates is coordinating an effort to collect statements from thousands of Liberians living in the United States. This groundbreaking project is the first effort by a truth and reconciliation commission to systematically involve a Diaspora population in the United States in its proceedings. The TRC Diaspora Project will give Liberians living in the U.S. a role in promoting international justice and human rights and will also raise awareness of transitional justice mechanisms and the Liberian TRC process here in the United States.

Many Liberians fled that nation's 14-year civil war to escape egregious human rights violations against civilians, including summary execution, widespread use of child combatants, rape, sexual violence, internal and external displacement, looting, and banditry. Out of a population of roughly 3 million, an estimated 250,000 people were killed, with as many as 1.5 million displaced.

The Liberian TRC was negotiated and agreed upon during the August 2003 Accra peace accords and was subsequently enacted into law with the TRC Act of 2005. The TRC will "promote national peace, security, unity and reconciliation," and at the same time make it possible to hold perpetrators accountable for gross human rights violations and violations of international humanitarian law that occurred in Liberia between January 1979 and October 2003. The nine-member TRC was inaugurated in February 2006, and it officially launched its work on June 22, 2006.

The Liberian TRC asked Minnesota Advocates for Human Rights to take on this project because of the organization's history of work with Liberian refugees and asylum seekers as well as its experience working with the TRC in Sierra Leone. The national project is based in Minnesota, where statement taking began in January 2007. With the help of Liberian groups and NGO, law firm and academic partners across the U.S., statements will be gathered in other cities with large Liberian populations such as Philadelphia, Atlanta, Providence, and Washington, D.C.

Volunteer Statement Takers: Minnesota Advocates' will gather statements in the U.S. with the help of volunteer statement takers. Minnesota Advocates estimates that each interview will take approximately 1-2 hours, with an additional time commitment of 2-3 hours to transcribe notes and write up the statement in the TRC's format. Volunteers will receive training on (1) the truth and reconciliation process; (2) the protocol for taking statements; (3) the history of Liberia and the conflict; (4) cultural considerations for working with Liberians; and (5) avoiding vicarious traumatization. In addition to volunteer statement takers, we are recruiting volunteer mental health professionals to be available to support individuals giving statements and to make appropriate referrals.



Information Gathering: Volunteers will conduct interviews with Liberians in the U.S. who voluntarily come forward to give statements to the TRC. Information from interviews will be compiled and stored on a searchable database and coded so it is compatible with the TRC's database and can be included in the TRC's historical record. Minnesota Advocates staff and volunteers will draft a report that summarizes findings makes recommendations to the Liberian TRC for use in its final report to the government of Liberia.

Community Forums: In association with Liberian community groups and the Liberian TRC, Minnesota Advocates will present findings on the Liberian Diaspora experience and other pertinent thematic topics at public hearings in the U.S. and Liberia. Minnesota Advocates will publicly release its report in a series of community forums and will share its findings with members of the Liberian community, government representatives, and other community stakeholders.



Liberian Truth & Reconciliation Diaspora Project Timeline

- June 22, 2006** LAUNCH OF TRC IN THE UNITED STATES AND LIBERIA
Concurrent ceremonies took place in Monrovia and at the Minnesota State Capitol in St. Paul. MN Advocates begins outreach in the Liberian community.
- July 2006** FORMATION OF THE NATIONAL ADVISORY COMMITTEE
Composed of prominent Liberians from Minnesota and the U.S., this group advises MN Advocates in developing the project.
- July 28, 2006** COMMENCEMENT OF VOLUNTEER TRAINING
A consortium of 13 Twin Cities law firms stepped forward to provide volunteer and logistical support to the TRC's work in the U.S. The 200 volunteers are required to complete 15 hours of training before the end of 2006 and provide 50 hours of pro bono time in 2007.
- September 28-
October 15, 2006** TRC MEMBER MASSA WASHINGTON VISITS THE U.S.
As the Commissioner with oversight over the Diaspora project, Washington conducted community outreach events in Minnesota, Washington, DC and Staten Island, NY.
- November 2006** TRC CHAIRMAN CLLR. JEROME J. VERDIER, SR. VISITS THE U.S.
Verdier met with the Project management team in Minnesota participated in a full-day Advisory Committee retreat and conducted community outreach in Minnesota and Providence, RI.
- Nov.-Dec. 2006** PILOT TESTING OF STATEMENT TAKING
Working with the National Advisory Committee, Minnesota Advocates took a small number of statements to test forms and protocol and get feedback from statement givers
- January 2007** COMMUNITY OUTREACH BEGINS IN CHICAGO
Working with Organization of Liberians in Illinois, Northwestern University Human Rights Clinic hold public forums
- Jan. 11, 2007** LARGE SCALE STATEMENT-TAKING BEGINS IN MINNESOTA
Statement taking in the Midwest will continue through December 2007
- Feb. 4-5, 2007** COMMUNITY OUTREACH BEGINS IN PHILADELPHIA
Executive Director Robin Phillips holds planning meetings with implementing partners in Philadelphia and members of the Liberian community.
- Feb. 10-17, 2007** MN ADVOCATES TEAM TRAVELS TO LIBERIA
Robertsport Accord (Memorandum of Understanding - MOU) signed between MN Advocates and the TRC



- Feb. 18, 2007** TOWN HALL FORUM WITH LIBERIAN COMMUNITY IN CHICAGO
Co-sponsored by Northwestern Law School, the Organization of Liberians in Chicago, and MN Advocates
- Feb. 24, 2007** TRC U.S. STATEMENT TAKING PROJECT KICK-OFF CELEBRATION!
Co-sponsored by the Organization of Liberians in Minnesota and Minnesota Advocates, the event featured Commissioner Massa Washington, Liberian Cultural Ambassador at Large Juli Endee, and TRC Executive Director Nathaniel Kwabo.
- March 3, 2007** STATEMENT TAKING BEGINS IN CHICAGO
As part of the Midwest project, a small number of statements are being taken by students from the Northwestern University Law School.
- March 8-11, 2007** COMMUNITY OUTREACH BEGINS IN ATLANTA
Commissioner Washington and Executive Director Robin Phillips hold planning meetings with implementing partners in Atlanta. Commissioner Washington and Ambassador Juli Endee conduct outreach in the Liberian community.
- March 22-April 1, 2007** COMMUNITY OUTREACH BEGINS IN BUDUMBURUM REFUGEE CAMP, GHANA
Commissioner Washington conducts planning and outreach for statement taking in the Diaspora community in Ghana.
- Mid-April 2007** PLANNING MEETINGS FOR STATEMENT TAKING IN NEW ENGLAND (BOSTON/PROVIDENCE)
- May 2007** STATEMENT-TAKING BEGINS IN GHANA REFUGEE CAMPS
MN Advocates staff and volunteers join TRC staff to take statements.
- Mid-June 2007** LAUNCH OF TRC IN ATLANTA AND PHILADELPHIA
- Summer 2007** TRC DIASPORA PROJECT EXPANSION CONTINUES
Statement taking will also take place in the Staten Island/New York metro and Maryland/Washington D.C, as well as areas with smaller Liberian communities based on interest and available volunteer resources. Statement taking will continue through 2007.
- August 2007** MINNESOTA ADVOCATES FOR HUMAN RIGHTS BEGINS DRAFTING FINAL REPORT AND RECOMMENDATIONS TO THE TRC
- Spring 2008** PUBLIC HEARINGS IN THE U.S.
With participation of TRC commissioners, MN Advocates will conduct at least three public hearings on the Diaspora experience and other thematic topics.
- Spring 2008** DIASPORA PROJECT'S FINAL REPORT AND RECOMMENDATIONS TO THE TRC SUBMITTED



About Minnesota Advocates for Human Rights

The mission of Minnesota Advocates for Human Rights is to implement international human rights standards to promote civil society and reinforce the rule of law. Minnesota Advocates was founded in 1983 by a group of Minnesota lawyers who recognized the community's unique spirit of social justice as an opportunity to promote and protect human rights here at home and worldwide. We are a non-profit, volunteer-based organization that investigates and exposes human rights violations; represents immigrants and refugees in our community who are victims of human rights abuses; trains and assists groups that protect human rights; and works through education and advocacy in Minnesota to engage the public, policy-makers and children about human rights and cultural understanding. Minnesota Advocates holds Special Consultative Status with the United Nations.

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II. Logistics of Taking Statements

humiliated feelings, instilled by their aggressors, that they are worthless and their stories meaningless. Levi's dream, in its premonition of his relatives' failure to acknowledge his suffering, symbolizes the universal crisis of connection between the traumatized person and the normal world.

But the dream may also have guided Levi to a solution. Perhaps at some level it helped him understand why his sister could not tolerate the emotional distress associated with listening to his story. Although trauma survivors must share their experiences with others in order to heal, they must also try to do so in a sensitive way, so as not to overwhelm the listener. Levi came to see that people like his sister could be reached only if properly addressed. Before traumatized persons can engage effectively in telling their stories, they must assess the capacity of others to hear them.

The medical doctors, social workers, community activists, and many others who are in contact with traumatized persons can serve as "storyteller" coaches. Grasping the full therapeutic potential of the trauma story means successfully working with traumatized persons on their storytelling skills. And this does not just include those who have experienced extreme violence. The abused housewife, the victim of domestic violence, those suffering from serious medical illnesses, and troubled adolescents and children can all benefit from the effective sharing of their stories with others. Adolescents and the elderly need special help at this, because each group feels disenfranchised and marginalized, believing that no one cares about their interests.

POOR STORYTELLING

A Chilean's story illustrates the failure of the traumatized person to share her experiences of torture under Pinochet's regime in such a way as to invite in a listener:

Chapter 5 STORYTELLING AS A HEALING ART

IN HIS MEMOIR *Survival in Auschwitz*, the late Primo Levi describes a recurrent dream he had while in the death camp. In it he has returned home and is telling his story to his friends and family:

It is an intense pleasure, physical, inexpressible to be at home, among friendly people and to have so many things to recount: but I cannot help noticing that my listeners do not follow me. In fact, they are completely indifferent: they speak confusedly of other things among themselves as if I was not there. My sister looks at me, gets up and goes away without a word.... A desolating grief is now born in me.¹

For traumatized persons who leave a world like Auschwitz, the ultimate fear is being unable to ever reconnect with the normal world. They dread that those closest to them will turn away in neglect or indifference when they try to share their most intimate experiences. A listener's detachment only reinforces the survivors'

I have been interrogated five times, and every single time I was completely naked; they ordered me to take off all my clothes. Yes, I was completely naked. During each of the five interrogations I started menstruating even though it wasn't the right time for it; maybe it was due to nerves. Anyway it resulted in me always being covered with blood. There were always at least five torturers present, and they forced me to take off my clothes at the same time, always making me look at them in their eyes. They then humiliated me verbally in all possible manners, saying that they would rape me while they mauled me all over my body; it was extremely sexually humiliating... and they kept on making me look them in their eyes. They then lined themselves up in a row making me walk in front of them as if it was a fashion show, still making me look them in their eyes. It keeps on coming back to me that I had to keep on looking them in their eyes because it felt so incredibly humiliating.²

This story does not allow us to consider anything but the event itself: the sexual humiliation of a Roman Catholic woman that maximized her shame and degradation. As we visualize and experience the torture scene in our minds, our emotions overwhelm us. The Chilean woman, whom I will call Maria, is forced to participate in a perverse fashion show, where all aspects of feminine beauty are mocked and ridiculed by her tormentors. Her own body is forced to betray her as a very private female experience is made public. We want the perpetrators punished, but the story paralyzes our empathic response. While the courage of this woman is implied, since she had the strength to endure, the story reveals little of her resiliency and survival skills. It teaches us little, in fact, about coping with and surviving adversity. If this woman had been encouraged to tell her full trauma story, that is, the cultural origins of her experiences and examples of her resiliency and insights following the

trauma, she would have contributed significantly to a listener's understanding of the healing response to violent sexual abuse in a Latin American country. Instead, she chose to emphasize the brutal details of the experience.

In contrast, a middle-aged Cambodian man named Dara used his story to repulse and emotionally wound his listeners. Dara, who had resettled in Boston, encountered a man in his new community who he believed had killed his family members, including his previous wife and children, under the Pol Pot regime. Although in America Dara had tried to put the past behind him by remarrying a Cambodian woman and having two more children, this brief encounter threw him into a homicidal rage. He found himself reliving the massacre and losing control over his life. No one could calm him down. Eventually he painted a four-foot-square canvas, depicting in more than ten cartoonlike scenes his family members being disemboweled and roasted alive over a fire by the Khmer Rouge. After completing the painting, he folded it and placed it in a canvas bag, which he wore attached to his belt. Every night in his sparsely furnished home, he hung the painting over his bed for his wife and children to see. Eventually, because of his intense despair, he was brought to the clinic by the local Cambodian community.

Dara took his caregivers to the brink of empathic collapse, for it was impossible to look at his painting, the primary representation of this man's trauma, for more than a few seconds without feeling nauseated. It revealed a life frozen in time at the moment of the massacre, with no potential for transformation or healing. The rage it expressed was at the highest level I had ever witnessed. Yet we could not enter into his suffering with him because the images were too repulsive. Their emphasis solely on the facts excluded any regard for other

elements of the trauma story. In order to cope with his emotions, Dara had chosen a living death of homicidal rage and rank depression. Listening to his story meant you had to allow yourself to be psychologically brutalized as well. After even a brief encounter with Dara's canvas, your head would ache and you would struggle to remove the images from your mind.

Dara's recovery began with his acknowledgment of the intended toxicity of his painting toward all those who were forced to witness it, especially his new wife, children, and therapists. Culturally the painting also revealed that his entire family, having been slaughtered more cruelly than animals and buried in a mass grave without benefit of a proper Buddhist ceremony, was destined to suffer until their souls could be brought to rest by proper religious actions. The symbolism of the painting further revealed that his slaughtered family would remain alive as long as the painting existed. Hanging on to his deceased family in this way prevented him from engaging with his new life and family.

After recognizing and discussing these issues, Dara achieved a germ of self-healing by reaching out to his new children. Little by little, over many years, he was gradually able to fulfill his roles as parent and husband. As this slow transformation occurred, the power of the painting subsided. Eventually a Cambodian staff member told him that he had to put the painting away. At first Dara flew into a rage, all his grief for his lost loved ones again bursting out, but then he was able to put the painting away in a closet. He now could shift from an emphasis on the facts as represented in his painting into more subtle discussions of his grief for his dead relatives and his fears of never being able to function as a normal human being, especially with his new wife and children. Once Dara recognized his destructive style, he slowly began to heal.

A BIOLOGICAL MIRACLE

The foundation of storytelling is the capacity of human beings to empathically listen to the suffering of others, an act that is therapeutic for the storyteller and beneficial to the listener.³ Not only can storytelling establish a human connection with others, abolishing the isolation caused by violence, it can also enhance the biological extinction of traumatic memories and hasten the psychological recovery of a traumatized person. These positive outcomes emerge from the biological miracle of empathy.⁴

Empathy is defined as the "power of identifying oneself mentally with (and so fully comprehending) a person or object of contemplation." In modern psychology the term describes the process by which the therapist puts him- or herself in the shoes of the other person in order to experience fully that person's feelings and emotions. But by emphasizing the survivor's emotions, these modern concepts of empathy may fail to acknowledge a more valuable aspect of the experience.

More than a hundred years ago the German psychologist Robert Vischer coined the term *emfindung*, or "empathy" within the context of art. Theodor Lipps, another German psychologist, later adopted the term for use in psychology, using it to explain the process by which art, as the object of our perceptions, generates emotions within us and prompts us to respond by exploring its meaning. He and other early psychologists were aware that art is capable of generating in us emotions and thoughts that mirror those within the artwork itself. Human beings are able to attribute human qualities to nonhuman objects, such as paintings, thereby rendering the process of making meaning in art a thoroughly human endeavor. The concept of *emfindung* gradually transformed into the current concept of empathy, as used in counseling and other human interactions.

If empathy is an act of perception that emerges out of an aesthetic attitude, then the empathic listener to a trauma story does considerably more than merely project himself into the survivor's emotions. The empathic observer must first become aware of the mental image of the survivor's traumatic world that is being illuminated in the observer's mind. Through the act of empathy, the observer can then "look" at these mental images and experience the physical sensations, emotions, and thoughts associated with them. If the observer thinks of the traumatic mental images as a painting, he or she will naturally explore them in detail, with keen interest and curiosity. This exploration can result in a deeper, more meaningful understanding of the survivor's world. Viewing the trauma story as a work of art allows for a slightly detached but more careful kind of listening, which, paradoxically, can be more healing to the storyteller and more informative to the listener.

Storytelling is a powerful process because of the listener's ability to form pictures of what the teller is saying. For years, I formed in my mind vibrant and colorful images of my patients' stories but did not consider such images relevant to the therapeutic process. One Cambodian survivor, Sokham, experienced the physical sensation and mental panic of drowning each time he washed his face. He reported that when he had been a prisoner in a slave labor camp under the Khmer Rouge, he was used like an ox to pull a plow through the flooded rice fields. Often Sokham slipped under the heavy weight of the yoke and fell into the muddy water. With the wooden yoke pushing him face down, he would slip deeper and deeper into the water and begin to drown. Eventually fellow slave workers would pull his head out of the water so that he could breathe again and continue to pull the plow. While caring for Sokham I had a difficult time coping with this image. It never left my thoughts; indeed, sometimes while washing

my face, I experienced an intense feeling of water closing in over my eyes and mouth and a panic that I was drowning. This sensory congruence between my experience of the water and Sokham's experience of torture threatened to shut down my capacity for empathy.

Over time, as I worked more closely with my patients, the pictures became clearer and more intense, as if a movie were running simultaneously inside my head. Ultimately I reached a breakthrough in acknowledging that patients were placing these images in my mind and that, despite our cultural differences, I could actually experience their reality visually. This realization came when Marina, a Cambodian Buddhist nun in her sixties, participated in the Cambodian women's oral history project. From all outside appearances, Marina seemed cheerful and undamaged from the Khmer Rouge experience. Dressed in white and with a shaved head, she had a round face that looked like a bright and shiny apple. Her smile radiated joy.

Yet as a child, Marina had suffered from severe poverty in a small rural village in Cambodia. In order to give her a better life, her father arranged a marriage with a man twenty-eight years her senior. This joyless marriage resulted in many miscarriages until she conceived one child, a son, who made her extremely happy. She devoted herself to him. But as with most Cambodians, the Khmer Rouge revolution swept away all of her family except for herself and her son, who was then twenty years old. The two tried to rebuild their lives, but then in 1980 Vietnamese soldiers occupied their village, looking for Cambodian men, especially young boys, to join their military operations against the Cambodian resistance on the Thai-Cambodian border. Marina and her son hid in their makeshift home, but the soldiers found them and, as his mother screamed for his release, forced the boy at gunpoint to join the army.

At this point in Marina's story, she offered the explanation that she had lost her son not because of the Vietnamese soldiers but because she had played with a bird irresponsibly as a small child:

I think in my mind that, perhaps, in my previous life, or in this life, I don't really know, I may have tampered with a young bird. The Cambodians believe that we have Karma if we tamper with a baby bird, and we will be separated from our own loved ones. We have Karma when we make the birds lose their feathers, or if we take the young birds and play with them. I would say that maybe I did this in the previous life or in this life, and that is why I am separated from my husband and my child. This is what I tell people. This is the reason I try my best to do good deeds so I don't have Karma. Because, in this life, when I was young, I played with Tradiev Dey's young in their burrows [a kind of large swallow that lives in holes in the ground]. I put my hand inside their burrow and I took out its young and played with it. When I had enough, I put it back in. I don't know how many days I played with it, or even how many months before I stopped doing it. At the time I was young and I was still running around and playing and was still wearing a pair of shorts, without any blouse, and my upper part was bare.

The beautiful scene of a little girl playing with a small bird replaced the more immediate reality. Marina's life experience appears as a vivid landscape painting. Her impoverished but relatively peaceful childhood was transformed by the actions of violent perpetrators. Marina tried to find a "why" for her daily suffering, not knowing the fate of her son, through her story of the bird. The world of Marina can be made whole again as pieces of it that have been destroyed or damaged are repaired or replaced. The self-healing process creates a new natural world. When a listener allows the powerful images from these worlds-in-transition to be visualized, it contributes to the recognition and support of the storyteller's healing process.

BRIDGING CULTURES

Empathic understanding of trauma storytellers is often blocked by social and cultural biases. If the listener is prejudiced against the storyteller, the empathic process will not develop; it is easy to become deaf to people we do not like, respect, or trust. However, bridges can be made between cultures in order to understand and empathize with each other's traumatic life experiences. This reality became apparent among survivors of an earthquake in Kobe, Japan.⁵ At 5:46 A.M. on January 17, 1995, an earthquake struck the Japanese mainland, causing massive physical and emotional trauma. The earthquake lasted for twenty seconds, with its epicenter about twenty kilometers off the shore of the city of Kobe. Approximately 5,500 persons were killed, 34,500 injured, and more than 320,000 left homeless. More than 80,000 homes were demolished, and 100,000 homes were partially destroyed. Our team of mental health professionals from the Indochinese Psychiatry Clinic, along with a Japanese anthropologist, went into the ruins of Kobe ten days after this disaster.

One of our major goals was to determine the psychological status of the earthquake survivors in order to assist Japan's humanitarian relief efforts. We interviewed hundreds of people made homeless by the disaster. Although it is widely believed that Japanese citizens do not openly express emotional distress, especially to outsiders, this conventional wisdom proved invalid. The earthquake survivors engaged readily in warm and friendly conversations, sharing intimate details of their trauma experiences and making it easy to cross the linguistic and cultural divide.

Our interview with Kyoko, a delicate elderly woman, was typical. She was sitting on a mat the size of a small rug, surrounded by her few remaining possessions in the school shelter where she was now living. The tatami mat was her home in a sea of thousands of

other mat homes. The shelter was very cold, and during the interview she noticed my discomfort. In spite of having no food, she prepared hot green tea for me. Though my impulse was to refuse because of the scarcity of her resources, I understood and accepted her cultural need to be hospitable in this way.

Although Kyoko had lost nearly everything, when asked to describe her traumatic experiences, she focused entirely on her lack of privacy and the humiliation of living passively with strangers in an evacuation shelter. It bothered her that she was asked to do absolutely nothing to help herself or others. She described one incident of waiting in line for hours to meet the shelter doctor. When her turn came, she told him that she was feeling depressed, that she could not sleep, and that she was afraid in the shelter. In a loud voice, in front of many waiting patients, the doctor screamed that she was selfish, self-centered, and weak for making a ridiculous personal request for help. He said that she was wasting his time and his other patients', who really needed medical care. After publicly degrading her, he angrily chased her away, revealing a complete failure in empathy. As we drank our tea after she concluded her story, tears streamed from her eyes.

This strong feeling of mutual connection between a Japanese citizen, especially an elderly woman, and an American was thought at the time to be impossible to achieve. Fifty years earlier on the very day of our meeting, American bombers had attacked Kobe, leaving the city in ruins and rendering Kyoko homeless and destitute. She said she could never have imagined that fifty years later an American doctor would be sharing tea with her and listening to her traumatic life experiences. Empathic perception had bridged our cultural and linguistic divide. The emotions we felt are expressed beautifully in the *tanka* poem written by a fellow earthquake survivor, Sumako Harada:

Our true faces

Are said to reveal

Their true faces

When we lose clothes, food and houses

At the limits of existence.⁶

THE TRAUMA STORY AS OBJECT OF ART

The human capacity for empathic listening does not guarantee that others will listen to traumatic life histories. Often listeners have to fight off their own reactions to the tragic events by telling themselves, "I've heard enough," or, "This story is too upsetting, like all the others I've heard." When repetition is combined with empathic overload, people withdraw and refuse to listen. In fact, empathic listening is a double-edged sword because the sensitive and compassionate listener is not only better able to connect to the trauma storyteller, but can also easily be overcome by the emotions and traumatic pictures the storyteller has experienced. Storytellers must understand how to give "just enough" and not to overwhelm the listener. The storyteller needs to work with the listener's empathic capacity using an engaging storytelling approach.

Storytellers should understand the method for good storytelling. For example, they must know how to work with the symbols that are unique to their own experiences. Trauma stories are filled with symbols of the storyteller's personal biography and cultural background. Powerful images are used to represent life experiences, emotional reactions, and behaviors; they convey things that we have no words for or cannot speak about directly. A Rwandan journalist symbolized his experience of the genocide in his country by speaking of coming across a man cooking his meal over a fire of human bones, a simple image with a complex meaning. The symbolic process takes all of the pieces of the traumatic world and fits them together

to make a coherent whole. When survivors come in for their appointments and begin to tell their stories, they are struggling to create something whole from the physical and psychological destruction that has happened to them.

In the doctor-patient relationship, medication can symbolize the self-healing process. Tran, a middle-aged Vietnamese patient who had been a prisoner of war, said he would die if his medication was taken away from him because of state budget cuts, although his medication was not crucial to his survival and he did not have a life-threatening illness. For him, medication was a potent symbol of the life-giving force of the new society after decades of torture in Vietnam, and he religiously took it to control his chronic medical and psychiatric problems. Other storytellers refer to themselves as little birds or as other small, vulnerable animals.

Expressing emotions is a powerful aspect of storytelling. How can the storyteller do this without overwhelming the listener? Many traumatized persons are plagued by the two poles of humiliation—sadness and despair on one side, and anger and revenge on the other. Some traumatized people swing between each of these poles, while others fixate on hatred and revenge. Some who are sad due to traumatic loss also experience hope, joy, and humor. Another common feeling is fear. Survivors may be afraid to leave the house by themselves, fearing that something bad will happen to them and their family members. Fear restricts what they do, whom they see, and where they go, to the point where they can become prisoners of fear. Storytellers must be aware that a sensitive listener will experience their emotions at comparable levels of intensity.

When the trauma story is viewed aesthetically, like a work of art, it possesses stylistic as well as symbolic and emotional characteristics. The style in which a survivor presents his or her experiences is

significant. Some styles of communication are easier to connect with and understand than others. Some survivors are aloof and reserved, while others are dramatic and outgoing. Some can be delightful and charming; others are morbid and depressing. Outsiders are not prepared for the black humor that characterizes so many tales told of the war by Bosnian citizens. A popular joke in Bosnia tells of a Muslim boy who, having lost his arms and legs from a land mine, was said to be throwing all of his artificial limbs out of a school window because he was "trying to escape his life in pieces." The style is the rhythm by which the survivor moves through the world. The story contains the unique "signature" of the artist, in this case the trauma survivor.

A well-crafted and communicated story fosters the biological, psychological, and social processes of self-healing. Traumatized persons have so much to gain in their interactions with listeners if they share the full trauma story. But communicating the details of the trauma story is not enough. The story must be told in a manner that can be readily received by the other person without causing the listener to be overwhelmed and to withdraw. With coaching, in which a concerned therapist, relative, or friend positively supports the storytelling process, storytellers can learn to successfully share their experiences with others.

Coaching can help the storyteller to modulate the intense emotions associated with violent experiences and how they are expressed. Strong emotions need to be contained so that they do not dominate the story. In our society, many forces act to carelessly and even intentionally elicit toxic emotions associated with trauma—debriefing sessions, media reporting of violence, films, and public ceremonies that emphasize the most sensational aspects of a community's violence. Once survivors realize the importance of expressing their

feelings in a way that does not overwhelm the listener, they can usually bring their emotions under control and share them in an appropriate way.

Coaching can also help by encouraging the use of imagination and creativity to communicate the full trauma story. Traumatized persons need to deliberately consider how metaphors and symbols can express their feelings and ideas, and how the style in which they tell the story can enhance their message. It is rare that interesting details and insights are lacking, but the storyteller might need encouragement to effectively incorporate them into their story. Sometimes reviewing the story in written or tape-recorded form can assist this process. An empathic listener acting as a coach can be helpful when the process evokes too much upset to be undertaken in isolation. It is also important to recognize that that trauma story can be told in brief segments rather than all at once. In our clinic we have a saying to describe this: "A little bit, a lot over a long period of time."

The confidence of the storyteller to reach out to others may also need to be reestablished. Suffering caused by human aggression often diminishes a person's capacity for a creative and open exchange unencumbered by fears of humiliation and future violence. Traumatized persons should be helped to realize that they have something to offer that everyone in society needs and desires. Everyone wants to learn how to deal with losses, tragedies, bullies, and hurtful families or communities. The great classics of literature are based upon our human craving for this kind of knowledge. Survivors of violence have been pushed out onto the stage by fate and given the opportunity to teach us about coping with tragedy and human violence. The survivor need not pretend to have a falsely positive attitude, but should be aware that the healing process has the potential for insight, hopefulness, and even joy. Most trauma-

tized persons are interested in the idea that their stories can help others.

The best way of helping survivors tell their stories is to have them take on the role of teacher. This approach recognizes that everyone has something to learn from those who have experienced violence. It also deemphasizes the therapeutic aspects of telling the story for the traumatized person and stresses the benefits to the larger social group. This underscores the altruistic nature of storytelling. As we will see, altruism is one of the most powerful social means to foster self-healing.

GOOD STORYTELLING

FINDING THE RIGHT BALANCE

In 1999 the Harvard Program in Refugee Trauma introduced a new course into two of Bosnia's three medical schools, the department of social work at the University of Sarajevo, and the Franciscan Theological Seminary. In a radical departure, the curriculum formally turned the trauma survivor into the "teacher" and the healing professional in training into the "student." The new course was greeted enthusiastically by patients as they became good storytellers and by health professionals as they became good listeners.

In one such case Majda, a young educated woman from a middle-class Muslim family in Bosnia, was the "teacher," and a medical doctor at the University of Sarajevo medical school was her "student." Majda told us that she had never trusted men because her father drank too much and her older sister's marriage had failed. Because she was also raising her nephew, she did not want to get too involved with a man. "I refused every relationship that would exclude my nephew. I could not find the right balance where someone would respect me and where I would respect the man." When she

met Franjo, though, "It was love at first sight." As she explained, "All of my life I dreamed of meeting a person like Franjo. For the first time, I found myself in a relationship I did not want to break too soon." The fact that Franjo was a Croat and Roman Catholic had no influence over her. She immediately realized that he was exceptional:

I was attracted to him because he was intelligent, good, generous, open with a sense of humor, sociable and gentle. He treated me with respect. The only thing I did not like was that he would drink sometimes and he would openly say things others would not dare to say. In a way, he was in conflict, because of what was happening in Bosnia and to its people. One day he came to our house and warned us, "Muslims are fasting and praying, and they do not see what is waiting for them."

When the war broke out, Majda briefly joined Franjo at his family's house in Fojnica, but worried for the safety of her own family, she returned home. As the conflict intensified and Franjo was called away to help out with the war effort, their contact diminished and they lost touch. Majda feared their relationship would not last:

It was New Year's when my friend called. I was hoping she was going to wish me a happy New Year. But she said, "Did you hear what happened to Franjo? He was killed."

As if that did not reach my brain, I continued talking to her. Then she interrupted me and said, "He was killed in an ugly way. It seems they slaughtered him." I went to the bathroom and started to cry. I kept saying that it was not possible. Even now it seems like a bad dream.

Later she found out that he had been killed by extremists from his own people. Because he was a devout Catholic, they killed him on Christmas Day. But she maintained her beliefs:

I still believe in the goodness of mankind, in humanity, honor in Bosnia, and all the good things Franjo tried to

preserve. He gave his life against darkness and primitivism. He was a symbol of an educated man who loved his country. Some tell me that with his death they killed Bosnia as well—and that hurt me.

They tried to kill love among the people, and everything that was good in human relations. We never had religious hatred here. We celebrated in Bosnia all religious traditions equally. This was an attempt to destroy our traditions. People who only carried evil in themselves, and who had deranged values, did this. They do not love people and are only after their selfish interests.

As for her own goals:

I am still looking for his characteristics in other people. I learned that real value exists, it is just difficult to find it in people. I am glad that I loved the right man. I learned that only a small number of people are spiritually rich. With time, I have learned he is gone forever. I am going to stay the way I was when I met him.

This story illustrates good storytelling. Unlike Maria and Dara, Majda was given the opportunity to teach her medical doctor something about healing through telling her traumatic life history. She took her teaching task seriously. She told her story directly and in her own words, without coaching, censorship, or the need to meet anyone else's expectations. While the facts were presented, Majda did not tell them in a direct and violent way. As part of her self-healing, she spared us the details of her lover's slaughter. Through her gentle description of Franjo's death, she avoided the risk of turning her listeners away from her story. Symbolically, her fight against evil was clear. She did not succumb to ethnic hatred, because she continued to celebrate all religious traditions as well as her love for a Croatian man. She remained undeterred and continued to believe in human goodness.

Majda's story illustrates the many elements of the trauma story. She was forced to look behind the curtain after Franjo's death and discover the real value that exists in the world. She was able to get past the political rhetoric to see that the conflict in Bosnia was not a religious war but one promoted by primitive people with selfish interests, who were attempting to destroy Bosnian culture and civilization through religious and ethnic intolerance. One can imagine her now being a force for reconciliation within her family and community.

Through Franjo's death, Majda came to a sense of her own dedication: "I am going to stay the way I was when I met him." She did not allow the brutality of Franjo's killing to corrupt her own values. Though she told us she was depressed after his death, her love of her job, her responsibility to her family and nephew, and her memory of Franjo's goodness brought her out of her social withdrawal and helped her cope with everyday life. The student doctor shared her sad and painful emotions, but also her love and affection for Franjo. She was able to activate our empathy so that we could in turn participate in the healing process. The violence in her life had transformed her into a vital healing force in spite of the social chaos and fear that exist all around her in Bosnian society today.

As a teacher, Majda never withdrew her attention from her student doctor. When he asked her what kind of relationship she wanted with her primary care physician, she stated, "I expect a relationship full of warmth, trust, and honesty. It is important for the doctor and patient to have a sense of openness, trust, and respect." These were the very characteristics that she valued in her relationship with Franjo; she had finally found the right balance in herself. Her ultimate challenge was to teach this balance to her society so that all of its citizens could achieve a collective good.

MAKING A MARK ON THE WORLD

In June 2002 ABC News *Nightline* aired a program that focused on the Harvard Program in Refugee Trauma's work with refugees around the world. The next day I received a telephone call from Liz and Steve Alderman, whose son Peter had been killed in the September 11 attacks, saying they wanted to contribute to our activities. A partnership was launched between the Alderman family and our group that led to the Peter C. Alderman Masterclass. The mission of this project is to provide scientific training and professional support to health-care professionals from around the world who work with persons damaged by extreme violence. Medical doctors, psychiatrists and other mental health professionals, and policy makers from countries that have experienced violent conflicts—such as Afghanistan, Iraq, Cambodia, Rwanda, Uganda, Peru, Bosnia, and Chile—are brought together with faculty from Italy, the United States, and England. During the annual gathering, held in Orvieto, Italy, participants have opportunities for learning new clinical skills and practices as well as for self-care. Liz Alderman and her husband Steve, who is a medical doctor, participate fully in each Masterclass, contributing in a direct and meaningful way out of their own traumatic life experience. As with Majda in the class of student doctors, Liz Alderman transformed herself in this setting from a housewife into a teacher and a colleague of the group.

Liz illustrates all the characteristics of a good storyteller. She is sincere, direct, and strives to be honest when presenting her life experience, avoiding theorizing and rationalizations. As did Majda, she speaks from the heart. The symbol that characterizes her life experience since September 11 is the Peter C. Alderman Foundation, created in honor of her son. In spite of her tragic loss, Liz is rarely angry. She never offends or emotionally overwhelms the listener. Yet

there is always an undercurrent of grief, and in hearing her story one feels close to that grief. As she says, "What happened is your worst nightmare coming true. We lost our child in a brutal and totally unexpected way. This is something I have learned that you can never recover from."

The youngest of the Aldermans' three children, Peter was twenty-five years old when he died. At the time Liz was in France with her husband and realized that Peter might have been attending a conference in the World Trade Center when the planes struck. As Liz describes that day:

The bottom fell out. I was on the other side of the world and I did not know where my son was...it was just this hopeless frantic feeling. I took all of the dishes out of the dishwasher and washed them by hand.

Later, she realized that her son had died in the building. "I knew Peter was dead but I did not really know what being dead meant. I did not really know the 'foreverness' of it. And that took a long time to set in." As time passed, she had to decide how to continue on with her life:

I had two options when he died. I could either kill myself...I do not mean literally putting a gun to my head, but getting into bed and never getting out. Or, just put one foot in front of the other.... You tend to grieve and mourn the same way you live.

Four years after the loss of her son, Liz's heartache is as great as it was at the moment she realized he had died.

I do not know who I am anymore. I always felt that I knew who I was and what I was about. My parents gave me a strong ego and I marched to my own drummer.

Now I do not have the slightest idea who I am. I do not know how I will act from day to day and from minute to minute.... I have not given myself permission to enjoy life. My grief as awful as it is for me cannot compare to Peter's loss. Peter lost his future. He will never have the opportunity to have a wife, children, and the joys life will bring you.... I have not given myself permission to enjoy things. I used to love to hear opera, I cannot listen to that music because it makes me cry. I cannot look at a nice sky that is beautiful because Peter cannot see it. I do not like beautiful days because Peter cannot experience it.... I have not given myself permission to go back to the things I enjoy. It is difficult for me. Maybe it is my image as a mother. How can I enjoy my life in this world if Peter has no life?

In spite of her pain Liz is making important contributions through her family's new foundation. She says, "Maybe I am screaming inside and do not know it. But I do think if this were so I would not be able to function. But I am functioning at a very high level." Liz, her husband, and her children have worked to transform their tragedy into a constructive effort to create health and well-being in the lives of people damaged by war. Her radical drive to produce good in the world is even a surprise to Liz.

I never cared about leaving a mark in the world. My mark was my children. But Peter was too young when he died to leave a mark so the foundation was set up to make up for this.

I would teach others out of my experience the following things I have learned. The pain has not gone away and it is not any less than four years ago when Peter died. I will never recover and will never be the same person and I have to accept this. But Peter is always there. I feel good at the Masterclass and I feel good that I am really making

a mark in the world in Peter's name. I have started a foundation, which is like running a small business. I've gotten good on the computer. Although Peter will never know these things, I know he would be thrilled to see what I am doing.

Liz and her husband, Steve, began their altruistic efforts eight months after their son's death. She was wrapped in Peter's blanket on his bed when the *Nightline* program came on. There she saw three children orphaned by the war in Afghanistan. She felt an urge to gather these children in her arms and bring them into her home, take care of them, and make life good for them. And as she continued to watch the program she realized that perhaps she could do more than just help these three children. She had an overwhelming feeling that she had the need to do something positive.

Liz still suffers from the tragic death of her son. She is always sad, although her sadness cannot be readily seen on her face or in her behavior. She declares, "I am not a basket case," and "I am trying to bring pleasure back into my life." Most important, she feels she is accomplishing tremendous things to benefit others. Liz tells us that she believes she makes some people very uncomfortable. She thinks people do not want to hear about the work of the foundation because they are doing little to help others. But she also feels that they stay away from her because she has become so direct and honest that she cannot tolerate everyday lies and deceptions.

Liz readily shares her inspiring story at the Masterclass. Many listen to her words, learn about the difficulty of recovering from the loss of a child, and are energized by her spirit and altruism. As with Majda, Liz's story allows the listener to share her painful emotions but also to share her love for her son Peter. She activates our empathy so that we can believe in and participate in her dream to heal the

suffering and pain of others damaged by violence. She has been able to transform her suffering into a powerful healing force for others, for her family, and for herself.

Strong emotions comprise the traumatic memories that are imprinted in the survivor's brain. One of the mind's key tasks after trauma is to take these strong emotions and gradually reduce them over time through good storytelling. A poor storyteller tells a toxic trauma story, unhealthy to mind and body with its focus on facts and high expressed emotions.⁷ In our society situations that demonstrate this type of storytelling are common, including superficial, sensational media reporting of tragedies and debriefing therapy by misguided mental health workers. In contrast, a good storyteller is able to express tragic emotions with the artfulness of a musician playing an instrument, engaging the listener's interest and involvement.

The trauma story is one of the survivor's greatest tools for healing. For the listener, a well-told story takes advantage of its cultural and revelatory wisdom to teach the storyteller's profound lessons about human survival and recovery. The mutual sharing and emotional solidarity between listener and storyteller occur, becoming a source of vitality and creativity for each of them.

OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS



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.....Chapter VIII INTERVIEWING

Key concepts

The human rights officer should consider who to interview, how to protect them, who should conduct the interview, in what language, who will translate, where the interview should be done so as to protect the witness, how the interview should be recorded so as to protect the security of the information, what the interviewer needs to know before the interview, how to deal with cultural differences which inhibit communication, and how to initiate the interview.

The human rights officer should develop a rapport, introduce him/herself and the interpreter, explain the mandate of the UN human rights field operation, establish the purpose of the interview, discuss the ground rules for the interview, talk about how the witness may be protected after the interview, anticipate the use which will be made of the information, and encourage the witness to tell his/her story in his/her own words before asking specific questions.

The human rights officer should be aware of the particular needs and characteristics of some categories of interviewees — including for example victims of torture, women, children, refugees and internally displaced persons, rural populations, indigenous communities and lower-income groups — and be adequately prepared before interviewing them.

A. Introduction

1. Interviewing is the most common method of collecting information about alleged human rights abuses. In addition, oral evidence is often necessary to supplement written information. In this section, various aspects of interviewing will be discussed. The basic techniques of preparing for, initiating and conducting the interview will be examined in this chapter. Topics include using interpreters, verifying information, and interviewing individuals with particular characteristics. It is important to keep in mind that interviews occur in many different contexts — office, prison, in the field and on the road. The interview process should be tailored to fit each situation. Also, HROs should think strategically about what information they need to collect.

Where can they get it? Who would know? What are the witnesses' interests in coming forward and telling their stories?

B. Identifying individuals for interviewing

1. Identification of witnesses

2. Often individuals identify themselves by coming forward in search of protection or recourse for past violations of human rights. Yet it is common for witnesses and victims to feel that it is useless or dangerous for them to identify themselves. For particular types of violations, for example sexual abuses or other forms of violence against women, the victims' reluctance to report violations may be even greater. It may be necessary, therefore, for HROs to be **pro-active** rather than passive in determining whom to interview. It is indispensable that fact-finders develop good relations with human rights and other organizations working in their area. This task implies active efforts to contact the organizations, to arrange periodic meetings, etc. Local human rights and other organizations can put HROs in touch with victims and witnesses of human rights violations. Clinics and treatment centres may also serve as a starting point. In addition, lawyers and journalists may be able to identify potential interviewees.

3. As indicated above, HROs must be available and ready to leave their office and go to where they can receive information from a person who considers himself or herself to be a victim of a violation. HROs must **regularly** visit prisons, hospitals, morgues and areas where the population is most at risk (such as slums, working class districts and rural communities). When moving into remote rural areas, HROs should choose between several approaches. One approach is to establish and follow a schedule of visits to allow witnesses to contact them. Another possibility is to visit irregularly and arrive unexpectedly. A third approach is to schedule occasional visits through a trusted third party, such as a member of the clergy.

4. HROs should **never** pay for testimony, but should consider providing for the travel costs of witnesses who have to travel long distances. One reason not to pay for an interview is concern that the interviewee will tell the story that s/he thinks the HRO wants to hear.

2. Protection of witnesses

5. Another consideration for interviewing witnesses — especially interviewing conducted by human rights field operations — is the **need to protect witnesses**. The subject of protecting witnesses needs to be considered in the context of all the measures which should be taken — from the first stages of arranging for the interview through post-interview communications.

6. While there can be no complete assurance that witnesses will be protected after they have been interviewed, one partial solution to the problem of retaliation against witnesses, used chiefly by intergovernmental organizations (IGOs), is an agreement by the Government not to undertake retaliatory measures. For example, Article 58 of the Regulations of the Inter-American Commission requires the government to bind itself not to take reprisals against witnesses as a condition of the mission. The "Agreement on the establishment of an Office of the United Nations High Commissioner for Human Rights in Colombia" states at art. 31 that "[t]he Government undertakes [...] to ensure that no person who has had contact with the Office is subjected to abuse, threats, reprisals or legal proceedings on those grounds alone."

7. In the absence of a protection agreement or in any case, several measures may be taken to protect the witness:

- (a) Interviews should be undertaken in a context in which the field operation would not focus unnecessary attention on the witness. HROs should try to interview a significant number of people in a community so as to avoid focusing attention on a few individuals.
- (b) The interviews should occur in a place where surveillance is minimal. Governmental surveillance is less likely to be a problem if HROs are mobile and travel around the countryside.
- (c) The interviewer should never refer explicitly to statements made by one witness when interviewing another witness. Such an error may endanger the first witness and will make the second witness uncomfortable about the confidentiality of the information which is provided. Indeed, it is best to avoid revealing the identity of other people who have provided information. Contacts should be very carefully protected and their identity should not be divulged except under complete assurances of safety.
- (d) The interviewer should inquire as to whether the witness is in danger, and what security measures the witness believes should be taken.
- (e) Briefly at the beginning of the interview and more thoroughly at the end, the interviewer should inquire as to what precautions may be taken to give some protection to the witness after the interview. Some witnesses may want to have a card indicating that they have been interviewed so that they can show that card to authorities indicating that the UN will care if any harm befalls them. Others will view such cards as dangerous to possess because they may attract the attention of authorities. These witnesses may, instead, want to develop some method of keeping in contact. Some interviewees may prefer to remain anonymous. In any case, it should be made clear that the HRO cannot assure the safety of the witness.

8. In order to protect the persons interviewed, it is crucial to keep all records in a secure location at all times. Files might as an extra precaution be identified by number and not by the name of the individual. Lists identifying the interviewees would then be kept separate from the substantive files and records of interviews. When additional information becomes available, the HRO should mark it with the number of the file, and not the name of the victim. Duplicate copies of all records should be made and kept in a secure location.