Mapping Psychosocial Interventions in East Timor

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The Context

East Timor’s Location

East Timor is the eastern part of the island of Timor, the enclave of Oecussi in West Timor, the island of Atauro off Timor’s northern coast and the small uninhabited island of Jaco off it’s eastern Coast. It is 600 kilometres from Darwin, Australia and is nestled between Indonesia and Australia (Taudevin, 1999).

History

The Portuguese arrived in Timor in 1515 to a ‘loose collection of independent kingdoms with languages and cultures vastly different from those of its neighbours to the west’ (Taudevin, 1999/15). The Portuguese established ports in the then called Indies to control the spice trade. In 1974 Portugal acknowledged the right of the colonial territories under it’s administration, including East Timor, to self-determination and withdrew from East Timor. With the withdrawal of the Portuguese, civil war broke out between those who favoured independence and those who advocate integration with Indonesia. On November 28 1975 Fretilin declared the independence of East Timor Two days later the pro-Indonesian parties also proclaimed the independence of East Timor and its integration with Indonesia. On December 7 1975 Indonesia launched an invasion of East Timor. The international community subsequently adopted resolution 389 calling on Indonesia to withdraw without delay all of its forces from the territory and the respect the territorial integrity of east Timor and the people’s rights to self determination.

The early years of the Indonesian rule resulted in heavy loss of life. Estimates of the number who died as a result of the conflict, including the famine and disease that accompanied the displacement of large parts of the population, range from tens of
thousands, acknowledged by Indonesia itself, to as many as 200,000 (Martin, 2001/17). The fall of President Suharto in May 1988 opened the way for significant progress diplomatically and in June 1998 President Habibie announced that Indonesia was prepared to give East Timor wide-ranging autonomy.

On August 30, 1999 the East Timorese voted in a popular consultation and 78.5% of East Timorese voted for independence from Indonesia. Gross violence, destruction and intimidation followed in the next days with countless East Timorese killed and most properties destroyed. More than 200,000 fled to West Timor and the UN was forced to withdraw. Nearly one month later United Nations peacekeepers arrived and in October the United Nations Transitional Administration in East Timor (UNTAET) officially took charge. On May 20th 2002 East Timor became fully independent.

This report questions how the international and local community addressed the perceived psychosocial needs of the East Timorese after 27 years of occupation and recent years of conflict and displacement.

The people of East Timor
The 1980 Indonesian census recorded the population at 555,350 (Taudevin, 1999/17) in 2002 the population is estimated at between 750,000 and 800,000. Over half the population is estimated to be under 15 years of age. The people of East Timor prefer to live in the mountain valleys rather than on the coast resulting in 90% of the population living on the land. A common social structure links the people and kingdoms of Timor with local leaders having considerable influence on the community. There are 22 indigenous languages. These languages differ greatly from each other. Tetum is the dominant local language.

Goal of our research: To map the psychosocial response to the perceived needs of the people of East Timor.

Rational
In recent years there has been much reflection on psychosocial work in situations of conflict and displacement. In the light of the lessons learned in Rwanda, Kosovo and the Balkans it was thought that East Timor might present a good case study of the
current thinking on what works and how psychosocial programmes should best be implemented.

Method
In January 2002, Dr Kathleen Kostelny, consultant to CCF and Senior Research Associate, Erikson Institute, Chicago and Sr Maryanne Loughry, Pedro Arrupe tutor, Refugee Studies Centre, University of Oxford visited East Timor. Our task in East Timor was to determine what had been the national and international response to the perceived psychosocial needs of the people of East Timor. Maryanne Loughry paid a second visit to East Timor in April and observed psychosocial programs in a number of districts outside of Dili.

During our time in East Timor we attempted to visit and interview all of the non-Government agencies operating in East Timor who had either identified psychosocial services in their programme descriptions or were recommended to us by other agencies as psychosocial programme providers. We interviewed staff at UNHCR and UNICEF, staff at the Ministries of Health and Social Affairs as well as either the country directors or program directors of 11 international ngos and three local ngos. The majority of our interviewees were foreign nationals.

Initially we obtained a list of all the ngos registered in East Timor through the NGO forum, an ngo mandated to assist with coordination and training. The NGO forum register identified agencies present in East Timor, as well as contact details and a summary of operation details. The registration of agencies with the NGO forum was a voluntary activity. On the 10\textsuperscript{th} of January 2002 the NGO forum had a list 150 registered local ngos and 114 international organisations. At the time we were informed by a number of international agencies that many of the local ngos were no longer operational and that a number of the international agencies had also ceased to be operational in recent months. Examination of the ‘types of operation’ listed in the register of the ngos revealed that none of the local ngos identified themselves as conducting ‘psychosocial’ operations though several indicated that they had social welfare or community services programmes. Two international ngos described their programs as psychosocial and others that we subsequently interviewed used

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identifiers such as trauma education and child and youth development programs. As shall be seen later it was the two programs that were most clinical in approach that had used the term psychosocial in their description.

Before arriving in East Timor we had also contacted a number of agencies and had asked them to identify people who they considered to be significant sources of information on psychosocial programmes in East Timor. In the early part of our visit, a series of meetings were set up with the agencies that had identified an obvious psychosocial focus in their operation profile. Each interviewee was asked a series of questions designed to assist us to tap what the working definitions of ‘psychosocial’ were; what was the main source of direction for their programmes and what had they learnt in retrospect.

How is psychosocial defined in East Timor?
How does your agency define psychosocial?
What has worked well and you wouldn’t change
What resources did you have available to you for your programme—what was already existing and what was made available?
Do you network or get support from other psychosocial programmes?
What has been your budget?
What has been your appraisal of local capacity?
If you had your time over again what would you do differently?
How did you identify key informants?
What was the extent of involvement from headquarters?

Where possible, the interviewees were also asked to provide some documentation from their programmes. Throughout the course of the interviews notes were made and at the end of the interview they were asked to nominate other individuals or agencies that we should approach to interview.

Analysis

Interviews

How is psychosocial defined in East Timor?
We commenced our interviews at Community Services in UNHCR where they defined psychosocial as their work with the separated, vulnerable individuals, adopted children, the mentally ill and single mothers. They said that they had people coming
to their office every day seeking assistance. Up until our visit local and international staff had staffed the UNHCR Community Services but funding had very recently reduced the staff to local staff only.

When asked about other services that offered what could be term psychosocial work UNHCR spoke of their sponsorship of two local organisations: FOKUPERS and ETWAVE, that focused services on assisting Timorese women caught up in domestic violence. Both agencies have been supported by international resource people and have frequently been sought out by International agencies to be partners in various activities.

They also commented that they refer cases of mentally ill people to PRADET-an international psychosocial ngo focused on clinical services. The church also offers support to vulnerable families and individuals but they have limited resources and training to assist and often come to UNHCR for assistance. Local staff of the UNHCR community services division stated that all people in East Timor are ‘traumatised’. They were traumatised by the events of 1975 & 1999. Before the arrival of the international agencies there were many problems but no help. Under the Indonesian Government the only assistance for traumatised people was when they were identified as being mentally ill. These people were sent to hospitals in Java and Bali for treatment, as there were no dedicated services in East Timor.

**Psychosocial**

Some told us that East Timorese people relate more to the term ‘trauma’ than the term psychosocial with several international agencies reporting that the term psychosocial was a ‘foreign concept’ and ‘not an East Timorese concept’. However, East Timorese staff at two international agencies told us that while the term trauma was more familiar the ‘East Timorese weren’t concerned with trauma, but with life!’ Agency staff saw a discrepancy and sometimes a tension between a definition of psychosocial as fostering emotional and social well-being and more local interpretations such as ‘responding to trauma through counselling services’. On agency told us that all staff had been advised to use the expression ‘normalising activities’ instead of psychosocial activities as this made more sense. The East Timorese defined psychosocial as ‘fulfilling basic needs of food, housing and shelter’ and one went on
to elaborate that stress and tension could be greatly reduced for a large number of people by dealing with food, health and shelter. Overall we were struck by a disconnection between what psychosocial meant even for staff within the same organisation from headquarters to field staff.

**What resources did you have available to you for your programme-what was already existing and what was made available?**

Many agencies told us they had a psychosocial programme in East Timor because their agency had had similar programs in Rwanda, Kosovo, Bosnia etc. We found that there was no international resources shared across agencies and that many agencies were dependent on the translation of resources that their agency had used in other conflict settings. This was particularly evident in agencies that had a ‘psycho-education’ or trauma education focus. Many materials were translated into Bahasa Indonesian for use in East Timor.

**Do you network or get support from other psychosocial programmes?**

Unlike other international settings the psychosocial workers or agencies appear not to have been well networked in East Timor. Some agencies spoke of early attempts at networking but a rotating ‘chair’ seems to have stalled the process early on. No one agency or individual seems to have assumed a leadership role in coordinating psychosocial initiatives.

**What has been your appraisal of local capacity?**

Many international agency staff stated that the local people in East Timor have limited capacity when it comes to working with ngos. In particular they focused on the fact that the East Timorese were not familiar with the principles of community development, participation and voluntarism, principles that a lot of the programmes were based on. In addition agencies stated that in retrospect they could see that they did not spend sufficient time training local staff. This was made more problematic because of the difficulties travelling in East Timor. Many agencies had their international psychosocial staff based in Dili and their local staff and collaborators located in the districts. The international staff would supervise through field visits. This meant that for a significant part of the time the local staff were left to their own initiative.
What has been your budget?

It was not possible to estimate the total amount of funds spent on psychosocial programmes in East Timor in the last two years. Budgets varied from nearly 3 million USD to a few thousand dollars. Three areas of concern arose from budget discussions:

- CYDP as a consortium had a large budget and this ‘prevented’ other agencies from addressing the issue of adolescents. Now that CYDP has finished there is a noticeable absence of on-going adolescent programmes
- Psychosocial work is predicated on developing relationships with communities. Some agencies commented that emergency funding is only available on a short timeline and this can sometimes work against what the programmes needs to achieve to ensure sustainability
- Funders have a particular perception of what psychosocial programmes should be and they can play a major role in determining the shape and direction of psychosocial programmes.

Written Project Material

Justification for psychosocial projects

How is the East Timorese population described by the agencies?

Most of the agencies’ documentation commences with a description of the violent repression that the East Timorese people have experienced over the past 25 years under Indonesian rule. In particular they refer to the violent events surrounding the UN-sponsored vote on autonomy from Indonesia on 30 August 1999. They describe widespread dislocation of the population, assaults and deaths and the destruction of the infrastructure.

Overall, the East Timorese people are described as an affected, traumatized, suffering people (Agency A, 2001). They are seen to be a people whose long-term struggle has left them with many social legacies including ‘post violence trauma’ (The Report of the Joint Assessment Mission to East Timor, 1999). In early appraisals post August 1999 interagency missions assert that psychologically many of the East Timorese children will have experienced ‘multiple losses, fear, hopelessness, and diminished hope, sense of self-worth, and competence’ (Agency B, 1999). Even the agencies with a broader psychosocial focus use the term ‘trauma’ in their descriptions of the needs
of the population. These early assertions are based on interviews, anecdotal evidence and some focus group discussions.

Interestingly, the early documentation (1999) of agencies from all three perspectives says little of the capacity of the East Timorese people from a negative or a positive perspective. The emphasis in the documentation is placed squarely on the devastation experienced and it’s likely effects.

In 2000 a systematic evaluation of the nation wide psychosocial needs in East Timor was conducted by an agency with international experience working with victims of torture (Agency C, 2000). Using questionnaires that had not been normed in East Timor they interviewed 1033 households. The questionnaires were designed to ‘ascertain trauma and torture history, PTSD symptomatology, self-perception of health, potential for recovery, and help-seeking behaviour’. They concluded that 998 (97%) of the respondents had experienced at least one traumatic event and that 351(34%) of those interviewed were classified as having Post Traumatic Stress Disorder (Modvig, 2000). They go onto argue the importance of treatment for the East Timorese population lest they experience a doubling of the average time needed to achieve remission of their symptoms. No reference is given for this assertion. The only reference to the local practices of the East Timorese is in relation to where the East Timorese would normally go for assistance.

A local capacity building proposal argues that early in 2001 the East Timorese are ‘grappling’ with their trauma. They go onto argue that the women in particular share the burden of the trauma experienced by their spouses, children, relatives and community (Agency D). While the women are portrayed as having significant burdens they also described as having critical coping ability that can play a role in educating others about their trauma and recovery. Needless to say the agency goes on to elaborate how these women must be first educated before this role can be operationalised (Agency D).

More recent documentation continues to portray the East Timorese as troubled. The orientation changes from reference to the Indonesian times to the current situation of unrest in east Timor. Proposals refers to sections of the East Timorese population as disaffected, referring to a loss of hope, loss of self-respect and social alienation amongst youth and young adults (Agency A, 2002) with children ‘manifesting symptoms of trauma until now’ (Agency C, 2001).
The ‘psychosocial’ programmatic response of non Government agencies to recent events in East Timor appear to cluster around three perspectives:

1. clinical/trauma
2. psycho-education
3. community based activities

Each of the different psychosocial perspectives on the needs of the East Timorese people are predicated on a number of assumptions:

Clinical/trauma perspective

Goal of the programme: to establish the groundwork for the future development of a comprehensive, primary care community mental health service

Justification: There is a trauma-affected community and a wide range of psychological needs in East Timor.

Activities:

- The training of core trainees who have a background in nursing, community work and medicine in mental health services in a faculty of medicine in Australia;
- The training of local ngos, in the districts, in mental health services by the core trainees;
- The establishment of a national psychosocial resource center;
- The provision of clinical services at the psychosocial resource center;
- The provision of group psychosocial programmes for a variety of groups including children.

Expected outcomes: The establishment of a local NGO comprised of East Timor counselors who can manage and direct their own services.

Unspoken Assumptions

- That a western model of psychiatry is relevant in East Timor;
- The clinical programme has assumed that mental health and psychosocial training by Western practitioners is appropriate;
• Further, that a distillation of this training by local trainees to local people is also appropriate.
• Drugs and medication is appropriate response

Community based activities perspective

Goal of the programme: to stabilize the displacement and resolve the disaffection of youth by involving them in economic activities.

Justification: marginalized youth and young adults will have their motives and activities redirected into productive, economic activities.

Unspoken assumptions

• Youth play a central role in social stability/instability and must be assisted to assume a positive social and economic role;
• Cultural practices are central to stability;
• Economic activities will influence the youth;
• Addressing the alienation of youth is of paramount importance in confronting problems of social disintegration.
• Adults are helped by helping children

Activities proposed:

• Focus group discussions and other interaction forums where youth will be encouraged to express their feelings, hopes and emotions.
• Periodic events to help build community
• Solidarity groups for loans to purchase ‘tool kits’
• Skills training with master artisans
• Small working capital loans
• Youth carry out activities eg run sports clubs

Expected outcome: youth will assume their social and economic role in the community.
Psycho-education perspective

**Goal of the programme:** To develop and strengthen the capacity of women’s network and partner NGOs in providing community focused trauma education and recovery.

**Justification:** Community focused trauma education and recovery will enable women and others to be more receptive to the tolerance, peace-building, and reconciliation efforts

**Assumptions**

Providing trauma education will enable women and other sectors to be more receptive to tolerance, peace-building and reconciliation efforts

**Activities:**

- Train twenty-five community facilitators in conducting community focused psycho-education
- Conduct 25+ workshops of trauma recovery
- Identify and refer cases for counseling or community intervention
**Discussion**

It is now over two and a half years since the UN and international agencies responded to the people of East Timor. The psychosocial response has been varied and on the whole uncoordinated. As stated, the ‘psychosocial’ programmatic response of non Government agencies to recent events in East Timor appear to cluster around three perspectives:

- clinical/trauma
- psycho-education
- community based activities

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<tr>
<th>Activity based(CYDP/CCF)</th>
<th>Clinical (Pradet)</th>
<th>Psycho-education(IRCT)</th>
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<tr>
<td>economic activities</td>
<td>psychiatry</td>
<td>community facilitators</td>
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<td>stabilize</td>
<td>psychological needs</td>
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<td>good citizenship</td>
<td>mental health</td>
<td>community focused trauma education</td>
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<td>kinship networks</td>
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<td>psychosocial disaffection</td>
<td>culture/traditional modes</td>
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<td>traditional social control</td>
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<td>social disintegration</td>
<td>destigmatising</td>
<td>peace building</td>
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<td>social normative behaviours</td>
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<td>local capacities</td>
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These perspectives appear to be shaped by the training of the ngo workers, the orientation and experience of the international agencies and the guidelines of the funders.

However, before identifying the perspective adopted by each of the agencies it is important to go into a lot more detail with each agency. The differing use of terminology to describe psychosocial programmes has meant that even within agencies there are multiple definitions and understandings. How the East Timorese have understood these perspectives is also complex. When local ngos were asked to identify international ngos that had psychosocial programmes they usually identified the Pradet, the national psychosocial resource center which is reflected in this paper as the main agency addressing mental health problems from a clinical perspective. They never named the agencies with a more community based activity focus in spite of the fact that they sometimes had been named by these agencies as local partners.

Many commented to us that the on going institutions in East Timor, the Church and the fledging Welfare system, were left behind in this first wave of psychosocial activities. It is also evident that funding is now not so readily available for the initiatives that have now been identified.

On the eve of Independence, Xanana Gusmao when asked how badly the people of East Timor were in response to the conflict stated ‘They are not. I always speak against the concept of trauma for me it is too individualized and not in general. We must not let them forget all the sacrifices we accepted. We must accept this to give our life to be free-now we are free’. With little exception we have not heard from the East Timorese people themselves about what has worked for them and what they would like to have happen in the future. The question remains, in the light of Gusmao’s comment, how have the East Timorese conceptualized their experiences and what can be done from outside or within to assist them in their freedom.
