



« PRADET – PSYCHOSOCIAL RECOVERY AND DEVELOPMENT IN EAST TIMOR »

Dili, East Timor

Period of implementation: 2002 (launch) | Study case written in 2010

Pradet – Psychosocial Recovery and Development in East Timor – began in January 2002 and is ongoing. It offers support for women, men, children, and families who suffer from severe mental trauma, violence, and severe social problems due to extreme violence. Its current policy objectives are: To reduce and eliminate those problems that affect people with trauma and mental illness; To provide assistance and counseling by a multidisciplinary team composed by medical personnel, social workers, nurses, lawyers, and community leaders; To provide refuge and support to victims of domestic violence; To assist, support, and train for the social reintegration of young people in prison and their families; To prevent child abuse and human trafficking; To implement a programme of forensic assistance and research in cases of violence within the 13 districts of the country; and to implement Peace Education programmes at the community level. From 2002 to June 2009, 792 people, mostly women victims of domestic violence, were attended and helped by the different programmes.



The **Inclusive Cities Observatory** was launched in 2008 by the UCLG Committee on Social Inclusion, Participatory Democracy and Human Rights with the aim of creating a space for analysis and reflection on local social inclusion policies. The initiative was developed with the scientific support of Professor Yves Cabannes (University College of London) and the Centre for Social Studies (CES) from the University of Coimbra. At present, the Observatory contains more than sixty study cases mostly developed between 2008 and 2010. Even though many of these cases refer to policies that have already come to an end, they still have much to offer: from capitalizing on the learning acquired by other local authorities to discovering suggestive and alternative means to address social inclusion challenges from a local perspective.

Context

City context

Dili is the capital of the country where a high concentration of people from different origins, backgrounds, and experiences can be found. The capital is also the place where it is possible to find attempts to approach the problem of post-traumatic stress syndrome and post-violent conflict in a modern way. There are no reliable statistics about the number of people suffering from this syndrome but similar experiences in other contexts tell us that due to the degree, scale, and period of violence it must be significant, with hidden but quite huge impacts and consequences at social, political, and psychological levels.

In the absence of a governmental policy to deal with the problem for several years, PRADET was born in Dili to possibly provide some data, resources, new methodologies, and exchange, among other reasons.

Dili is a capital with a high rate of children and young people, unemployment, and illiteracy. Dili gathers a notably diversity of people in terms of mother languages which means different origins within the country, cultural backgrounds, and diverse idiosyncrasies concerning violence and mental health. Dili is also a capital where men are the majority and women are significantly more vulnerable concerning access to money and resources, employment, and literacy.

Surveys, statistical data, and available studies suggest that most of the mental illness or other disorders connected with post-traumatic stress syndrome are not perceived nor reported or dealt with as such. Dili, the capital of East Timor, is a city with a high degree of repressed personal and collective violence which emerges recurrently through political disturbances, gang actions, and domestic violence.

Decentralization context

Governmental decentralization in East Timor is regulated by the national constitution, Articles 5, 65, 71, and 72. The Decree-Law 2/2004, of 18 February, regulates the participation and competences of the communitarian authorities in the local public administration. The Decree-Law 6/2008, 28 February, regulates the Organic Structure of the Ministry of State Administration and Territorial Planning.¹ The country has about 15,000 km² and its local administration is composed of 13 districts, 67 sub-districts, and 498 *sucos* (this gathers a set of villages, the number of villages in each *suco* varies).²

Institutional level of policy development: Submunicipal, Municipal, District, Region, and Intercommunal (multiple communities)

Social context

East Timor endured a war and a military occupation that lasted 24 years, between 1975 and 1999. During this period, one-third of the population died (200,000 people) and a strong policy of internal displacement made hundreds of thousands of people deeply vulnerable. The military occupation was followed by severe destruction, by fire, of the country's infrastructure, houses, and buildings and a massive internal displacement of people (about 500,000 people within just

¹ These legal texts are available online at: <http://www.unmit.org/legal/RDTL-Law/index-e.htm>

² For further information, see: <http://timor-leste.gov.tl>

over one million inhabitants overall). In 2002, East Timor became an independent country but since then has experienced several political crises involving significant episodes of violence in 2004, 2006, and 2008.

It is important to consider that East Timor is still dealing with a social atmosphere and impacts of the post-war situation. The massive destruction that occurred in late 1999 induced the international administration and the following Timorese governments to be involved in complex programmes of infrastructure reconstruction, state-building, institutional building, internal and external security, judicial system rebuilding, and economic recovery. The state-building process was considered by the international community as an emergency situation, and much less political attention was given to societal reconstruction and psychological healing. Different governments gave their attention to the so-called national reconciliation, including a strong component of external diplomacy with Indonesia because more than 200,000 Timorese refugees were sheltered by Indonesian authorities in western Timor and other islands of the country. During the past decade, this context of permanent emergency, destruction, international administration and monitoring, insecurity, and recurrent violence did not privilege a cohesive and comprehensive governmental approach to the profound post-traumatic stress syndrome experienced by the population in general.

The collective memory of the East Timorese people is full of reminiscences of violence. The younger generations were born and lived with the Indonesian military occupation and the older generations remember and experienced the wars against the Portuguese colonial occupation; the Japanese occupation during the Second World War with 80,000 deaths; and the civil war in 1975 with more than 3000 deaths followed by the most recent tragic events. One can say that both the country as a society and the people are profoundly touched and traumatized by this recurrent extreme violence. The experience of solving conflicts and problems by violent means became a social practice naturalized over decades among communities, families, political parties, and among other social actors. Repression, aggression, authoritarianism, lack of resources, separation, disappearance of loved ones, murder, and persecution are social and political features that the Timorese society has to deal with now and look for pacifying solutions and harmonious policies of justice, truth, and reintegration.

Inside civil society, the problem is fully identified and receives attention from the people who deal with its causes and consequences on a daily basis. The assumption that East Timor and a large number of its citizens are severely traumatized by the recurrent violence – which does not appear in formal and conventional statistical data – created the terrain to develop a policy of attending to victims, training counselors and other professionals, and promoting peace education programmes articulated by local NGO and some public services and institutions.

Policy development

The PRADET policy offers support for women, men, children, and families who suffer from severe mental trauma due to extreme violence.

Background

During the United Nations Transitory Administration of the territory (UNTAET), between 1999 and 2002, trauma due to violence and post-traumatic stress syndrome were diagnosed as the most important working fields concerning the post-war transition and for social cohesion. UN agencies and several international NGOs were settled in the country and started to develop local projects in this area within the capital city of Dili. AusAID financed a pilot project in Dili in 2000 to train nurses in mental health in Australia. Mira Martins da Silva (the later founder of

PRADET), with nine other people, already had elementary training and experience in public health and was recruited to attend and follow this training process.

Following the training and upon returning to East Timor, Mira Martins da Silva decided that it would be very important to create a public service of mental health, psychological, and social counseling. She discussed her ideas and made several proposals to the authorities of the country but she could not achieve her purposes. After the country became independent, she joined with some other people and with financial resources from the Christian Blind Mission of Germany founded the PRADET association. At that time, the team of 10 Timorese people comprised mostly unemployed nurses and one psychologist.

The team started their work in Dili with the *Programa asistencia ba moras mental* ('Support Programme for Mental Health') using their own competences to assist, counsel, and provide medical health services to victims who were looking for help. Within available resources, they practiced in the following cities and villages of the western part of the country: Dili, Liquiça, Bobonaro, Ermera, Aileu, Ainaro, and Manatuto. At the same time they negotiated with the transitional government a partnership memorandum to follow up with their patients with appropriated medicines and specialized medical supervision.

The third step was to amplify the counseling and attendance by launching a new programme called 'Peace and Democracy Assistance for Juvenile Justice' (PDAJJ) that aimed to develop non-formal education activities on peace and non-violent conflict resolution with young people who were imprisoned because of violent acts, young people in general, and their families. PRADET concluded that the trauma and violence had to be dealt with by a trans-disciplinary approach where health, hygiene, food, medicine, counseling, and preventative actions should go together in an integrated way. This programme was implemented in partnership with the Ministry of Justice and Health.

The fourth area of intervention is about domestic violence against women and children. PRADET established a third programme called *Fatin hakmatek*, meaning 'the place of serenity'. This place is a safe house where victims may be hosted and have an appropriate atmosphere to calm down and to recuperate their serenity. The structure of the safe house also provides forensic and medical support, counseling, and psychological and social help to victims. The work done within the *Fatin hakmatek* is conducted with doctors from the national hospital in Dili, national police, and other grassroots organizations that work in the field of domestic violence and child abuse, such as FOKUPERS, Asosiaun Hak, and local churches.

The organization also launched the programme *Tau matan ba labarik sire nebe hetan violensia abusu* (Child at risk and child abuse prevention) which is closely linked with *Fatin hakmatek* and parental education on positive conflict resolution within families and local communities.

The programme currently being developed concerns trauma due to human trafficking, which is increasing dramatically in East Timor, especially among young women. PRADET is negotiating this programme with the UN mission established in the country and with the current government. The implementation of the programme is dependent on the results of the current institutional bargaining and adequate financial resources.

As part of the overall process, an informal group of experts and other interested citizens was created to discuss, produce knowledge, spread relevant information, and lobby the authorities and donors in this field. This group is named *Alma* ('Soul') and it is a way for social society to intervene actively in reflecting, identifying priorities, and providing expertise and help to PRADET to design and implement its projects and programmes.

By the end of 2009, PRADET had a staff of 34 people – all Timorese with some basic training in public or mental health, some midwives and nurses, and a few with administrative and management functions and competences.

Policy goals

PRADET's policy objectives have changed in the course of its experience and development. At present, they are as follows:

1. To reduce and eliminate those problems that affect people with trauma and mental illness;
2. To provide assistance and counseling by a multidisciplinary team composed by medical personnel, social workers, nurses, lawyers, and community leaders;
3. To provide refuge and support to victims of domestic violence;
4. To assist, support, and train for the social reintegration of young people in prison and their families;
5. To prevent child abuse and human trafficking;
6. To implement a programme of forensic assistance and research in cases of violence within the 13 districts of the country; and
7. To implement Peace Education programmes at the community level;

As Dona Mira da Silva describes it, the nation needs to assume – from the bottom to the top – that each person may be, potentially, traumatized by the violence experienced and can be reproducing it without proper awareness or capacity to prevent him or herself to give it up. Thus, the ultimate aims of this organization and its policy are to create awareness of the particular situation of the country concerning this issue and to take positive measures to ensure a pacified future for all.

Chronological development

The chronological development of the initiative can be summarized as follows:

1999 – The war ends and an international administration with a post-war transition plan begins.

2000 – Ten Timorese people are recruited and go to Australia to receive training on mental health in the framework of an international assessment of the impact of violence on the mental health of a population.

2000 – Since the transitional administration has no national policy, Mira da Silva begins leading a process to constitute a civil organization to intervene within this sector of mental trauma and illness.

2002 – After the restoration of the independence of the country in May 2002, PRADET is founded and establishes cooperation agreements with the government to begin its work within seven cities and villages in the western part of the country through *Programa asistencia ba moras menta* ('Support Programme for Mental Health'). They occupy and reform a former casern of veterans in the Taibessi neighborhood with the consent and collaboration of the local leader, the *chefe de aldeia*.

2004 – PRADET starts the programme 'Peace and Democracy Assistance for Juvenile Justice' which includes education and judicial support to imprisoned minors.

2005 – The national parliament approves the report *Chega* from the National Commission CAVR, *Comissão para o acolhimento a verdade e a reconciliação* ('Commission to Accommodate Truth and Reconciliation'). The report makes several recommendations, which are supposed to be followed by the implementation of a national policy on mental health and post-traumatic stress.

2006 – Wide-spread violent events occur around the country and a political crisis paralyzes the country. More than 150,000 people are displaced internally and settle in refugee camps, the reconciliation process is jeopardized, the elected government is forced to leave, and several elections take place, ending with an attempt to murder the president of the nation in February 2008.

2007 – PRADET reacts to the crisis and starts the programme *Fatin hakmatek* ('The place of serenity') and, later that year, the forensic assessment of victims and their medical support. In line with the wider strategy of the organization, it also begins the *Tau matan ba labarik sire nebe hetan violensia abusu* ('Child at risk and child abuse prevention') activities.

2008 – The group *Alma* ('Soul') is set up.

2009 – With four programmes in action in seven districts, PRADET evaluates its possibility to extend its actions to the 13 districts of the country and to propose and fund a new programme to assist and prevent human trafficking of young women.

Stakeholders, beneficiaries and participatory methodologies

The action programmes have been primarily designed by the leadership of PRADET and the support group *Alma*. During the implementation of the programmes, different organizations and institutions have been involved and mutually articulate their services:

- Ministry of health
- PNTL – National police
- Division of the social service – Ministry of social solidarity
- Ministry of justice
- UNFPA
- UNICEF
- Caritas Australia
- FOKUPERS – Forum of communication of the East Timorese women
- Caritas Dili
- JSMP – Judicial System Monitoring Programme
- Churches
- Chief of community health centre
- Head of village
- Head of sub-village
- Clinic 'Bairo Pite'
- Becora prison

- REDE FETO – National platform of women’s organizations
- National Hospital Guido Valadares

Beneficiaries

PRADET supports men, women, children, and families that suffer from trauma, violence, and severe social problems. From 2002 to June 2009, 792 people, mostly women victims of domestic violence, were attended and helped by the different programmes. The daily average capacity of PRADET (i.e., infrastructure, technical and human resources) to assist and follow up with the victims is about five.

Participation processes implemented

Two main participatory processes have been implemented:

1. The creation of the group *Alma*, composed of local leaders, PRADET, and other citizens interested in this issue, which meets every week to collect and share data, discuss and debate methods and findings, develop public actions, and publish information or analytical materials on violence and trauma in East Timor; and
2. The recovering of trauma is in itself a participatory process where professionals and victims commit together into a deep and long process of healing and understanding of the causes and impacts of violence.

Across the entire process of diagnosis, design, execution, and impact evaluation, PRADET uses only those instruments required by donors.

Institutionalization and financing

The country has no coherent and cohesive domestic institutions and no clear national policy on this issue. Aside from the CAVR (Comissão de Acolhimento Verdade e Reconciliação) centre which has a library, several exhibitions, and training courses about peace education, there are no other public institutions dealing on a regularly basis with post-traumatic stress, domestic violence, or the abuse of children and young people. Having said this, the actions of PRADET in cooperation with the organizations and entities mentioned above can be understood as the main public service existing in this sector.

The overall yearly budget is about U.S.\$40,000 and is financed by the Christian Blind Mission, Germany; East Timor's Ministry of Health and Ministry of Justice; and Caritas Australia. This budget does not take into account the voluntary work or the economic value of mutual cooperation among organizations and services operating in the community, which would greatly increase the overall valuation of these activities.

Outcomes and reflections

Key results and achievements

To date, the key results have been:

- 792 victims attended and followed in 7 years;
- One safe-house established;
- 24-hour service;

- Lobbying to political authorities about the issue and sector; and
- Increased awareness about the global trauma endured by the people and society and its deep and long-term impacts.

Main obstacles

Dona Mira da Silva states that the main obstacles have been:

- Lack of financial stability and adequate financial resources to amplify the services;
- Lack of adequate staff training;
- Lack of technical resources and specialized doctors and social workers;
- Lack of a political vision from the government about the issue;
- Lack of political will to evaluate the magnitude of the problem and set up corresponding measures and services;
- Lack of political dialogue at the governmental level; and
- Political instability and the associated syndromes of youth violence, domestic violence, child and handicapped abuse, and human trafficking.

Replicability

This is an interesting policy that responds directly and concretely to a severe social problem. The policy can be evaluated as successful in the sense that it has established services and a network that is operational and active in the capital of the country. However, the scale of PRADET's intervention is clearly insufficient in light of the needs and expectations of the Timorese society.

Replicability or adaptation of policy elsewhere

Pre-requisites

- An exercise to replicate this policy should be based on a local strategy of appropriating and interpreting the best practices and other's experiences within the sector. The exchange of information and experiences is crucial.
- Clear identification, in the specific location, of the main problems and needs to be answered and resolved.
- Mobilization of several local social agencies to approach post-traumatic stress syndrome and mental illness caused by exposure to violence with local cultural tools and significant cultural impact.

Recommendations

As PRADET practices teach, it is considered valuable to assume and use endogenous cultural features to operationalize the policy objectives, namely:

- Recruit and train local staff.
- Set up a networking support system based on existent and locally meaningful structures such as churches, grassroots associations, and local leaders.

- Use *tai chi* or another non-conventional mental and physical training to differentiate the abilities and skill of teams in dealing with violence.
- Be able to work and communicate in the mother languages of victims.
- Seriously consider local idiosyncrasies concerning violence, its manifestation, and impacts (i.e., the *fatin hakmatek* is more than a safe house: it is a place to recuperate the needed serenity to deal and talk about violence).
- Create synergies with other groups or organizations to complement reflection, analysis, knowledge, and public action in order to lobby governmental authorities.
- Dialogue, local evaluation, and creative appropriation are critical to enable the possible transferability of practices and achievements.

Further information

Some words of sincere gratitude must be written to the PRADET's team, particularly the president Mira da Silva who cooperated nicely and effectively during all phases of this research in spite of daily difficulties to communicate by email or telephone because of the recurrent lack of electricity in the city and limited digital broadband available in the country.

Hermínia Silva is my tireless local assistant and translator who gave her best to accurately comprehend this case. Her double belonging – Hermínia is bilingual and lived in Portugal for 24 years as a war refugee – enabled her to skilfully translate the languages as well as, importantly, the cultural equivalents and symbolic features which would be invisible or imperceptible to me.

This case was researched and written by Teresa Cunha under the supervision of Dr. Giovanni Allegretti at the Centre for Social Studies, University of Coimbra, Portugal, in 2010.

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