The trauma of persecution:

Responding to survivors of the post-traumatic wounds of extreme violence and inhumane treatment

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Abstract

Many survivors of various forms of persecution carry the wounds and symptoms of post-traumatic stress and would benefit from evidence-based care and therapeutic assistance. This article refers mainly, but not exclusively, to survivors of war, torture, genocide, gender-based violence and false imprisonment. My premise is that organizations responding to issues of religious persecution need to think and act beyond the competent work that many are now doing in terms of communication, advocacy and basic spiritual and material assistance. A best practice standard for organisations that assist survivors of persecution is recommended.

Keywords Trauma, persecution, post-traumatic stress, post-traumatic growth, survivors, best practice, resilience.

A local ministry manager flees with his family from a city ravaged by war and threats against the small Christian population. A couple of years later he is kidnapped, held in captivity and eventually released. After a year of struggling with post-traumatic stress symptoms he receives some group counselling and eventually goes to work in a "safer" country. He continues to have symptoms, but is able to continue ministry. In another country, a Pastor is placed in solitary confinement and is interrogated, tortured and subject to mock executions. Upon his release almost two years later, he is barely able to function and keeps a very low profile in ministry. However, others in his church are able to secretly continue the work that he started.

In terms of these two cases, the literature regarding religious persecution may discuss the theological issues related to their suffering (Penner 2004), or others would effectively delineate how to

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advocate on behalf of these men (Boyd-MacMillan 2007:254-283), or speak of the type or level of persecution they were under (Tieszen 2008:67-80). Historical treatises can help us to better understand the fragile intricacies of the layers of historical trauma even to the point of possible extinction (Jenkins 2009). However, what is often missing from research and scholarly articles on religious persecution is dialogue on how to assist those suffering with post-traumatic stress reactions and fallout especially as it relates to extreme violence and inhumane treatment. My premise is that Christian organizations responding to issues of religious persecution need to think and act beyond the competent work that many are now doing in terms of communication, advocacy and basic spiritual and material assistance (including ministry of "presence").

The Religious Liberty Partnership document on "Best practice for ministry to and with the persecuted church" (RLP 2008) describes minimal standards and does an excellent job describing core issues such as "do no harm", cross-cultural values and partnership, but makes no mention of trauma related to persecution or the need to respond in terms of any form of direct ministry. Also known as The Code for Best Practices, it was designed as "a benchmark document to guide the policies and practice of organisations" that work for and with the persecuted church. The Code is more focused on "steps in the process" recognising that organisations that work with survivors of persecution are also in the process of various stages of development. To this end, The Code is seen as a "living document" and amenable to potential additions of new, "cutting edge" best practices. It is my intention in this paper to describe some of the main issues related to the trauma of persecution and to propose additions to The Code.

There is mention of "the need to work with persecuted church leaders as equals as opposed to primarily seeing them as victims" and while I agree that this is an admirable basis for ministry, there are still criminal atrocities of extreme violence that are perpetrated against these very same leaders. In addition, a number of these leaders deserve our very best in terms of best practice assessment, trauma-focused treatment and on-going care. They also need capacity building, training and coaching that is cross-culturally sensitive and that will lead to complete self-sufficiency in their churches and countries. However, if the traumatic aspects of persecution are never mentioned on any level this will never be realised.

It seems that, at this point, organisations which work with the persecuted church only have guidelines to help expatriate Christian workers who may run into a crisis on the field and not for the church that faces a constant onslaught of terror and tangible threats. "Member care" or staff care guidelines are inadequate to address the psychological effects of those suffering from flashbacks, hallucinations, dissociation, nightmares, panic attacks, chronic depression, complex grief and other debilitating post-traumatic stress reactions. Some member care guidelines, including "debriefing within 72 hours of a crisis" have been proven potentially harmful in the research (Rose 2002). Although debriefing can be helpful for expatriate workers under certain conditions, there are other proven methods of assisting and treating survivors of persecution.

Religious liberty organisations can learn a great deal from the fields of trauma psychology, social work, and trans-cultural psychiatry. This paper refers to the post-traumatic wounds of extreme violence and inhumane treatment in an attempt to bring the subjects of trauma and persecution together. H. Norman Wright notes that the word "trauma" comes from the Greek word that means "wound". He relates that, "it wasn't until World War I that the term 'shell shock' was coined. It came to the forefront after the Vietnam War and became known as post-traumatic stress disorder, or PTSD." This definition used by the fields mentioned above describes this post-traumatic reaction that may include symptoms such as nightmares, difficulty sleeping, "flashbacks", hyper-vigilance or social avoidance. However, it should be noted that post-traumatic symptoms may also present differently in various non-western cultures (Hassani 2007:6-7).

In 2001, "a longitudinal study of Bosnian refugees revealed, for the first time, the serious disability associated with the mental health effects of mass violence" (Mollica 2001). This group had previously measured strong associations of PTSD and depression among this cohort (Mollica 1999), but found "continued psychiatric disorder and morbidity" three years later. In his book, "Healing Invisible Wounds", Mollica later describes both the cultural and religious annihilation that he witnessed in his work in Cambodia and the Balkans, revealing what he calls "religious intolerance in its most extreme form". These studies help us to understand the nature and association of PTSD in areas of intense levels of religious persecution, but Gozdiak and Shandy (2002) state that "despite the fact that religious persecution features so

strongly in the UN definition", research in this area is not systematic and is often neglected.

1. An approach to treatment and training

The organization that I became involved with started to work with Iraqi Christian refugees and internally displaced people (IDPs), both in neighbouring countries where they fled to and within the "safer" areas within the country. The objective was to build capacity for lay counsellors and responders within the persecuted church. A trauma counselling-based, psycho-educational model was used and interwoven with a range of narrative, group, cognitive, prayer and expressive therapies. The psycho-educational approach is known to be an evidence-based practice shown to facilitate recovery of those with mental illness (Dixon et. al. 2001:903). It includes an opportunity for group discussions, group support, and education, especially around trauma and trauma reactions. This approach has been used with war-traumatised children and parents in Kosovo in combination with expressive therapies and group support (Möhlen 2005:81-87).

The training modules were given for those involved in direct relief ministry to refugees and IDPs and those who held various positions in the community and who ministered to the refugee population (teachers, psychologists, physicians, youth workers, church leaders, priests, nuns and, at times, government workers). Many of those who minister to this group are Christian refugees and IDPs themselves and have witnessed many traumatic events. Since early 2008 this has expanded into several other countries where the threat and violence against Christians is pervasive and on the increase.

Within the program there are intensive psycho-educational training groups ideally of between 6 and 8 people, however, larger didactic groups of 24 are sometimes organized due to the need for basic information on trauma. Our aim is to provide: 1) information about the nature of traumatic incidents (especially in relation to the area), the grief process, post-traumatic symptoms (including self-assessment); 2) an opportunity for art-based group therapeutic exercises, storytelling, prayer and dialogue; 3) an understanding as to the basics of psychological first aid to increase their ability to provide relief assistance and support to other trauma survivors in the area. It is also important for trauma survivors to be able to share their "story", in

their own time, within a safe environment and with the assistance and support of trained counsellors.

Special attention is also given to group discussion of cultural concerns such as expressions of grief/loss, stigmatisation of counselling services, and "do-no-harm" issues. A potentially harmful practice could include the development of a counselling centre, whereby women who come for services are targeted for further violence by certain members of the community. It should be the aim of organisations to help the situation of violence against women and not to increase it. Therefore, "do no harm" standards (Wessells 2008) and training are introduced. Follow-up training with the groups includes a course on helping traumatised children and a third training on specific issues depending on the need (e.g. addictions, child abuse, rape, witness of extreme violence, torture and other specialized areas).

Future strategies include: 1) development of a lay counsellor network in the regions where such resources are very few; 2) a fourth level training in the form of a case conference to discuss difficult issues and 3) case managers who can review serious cases and ensure proper referral, treatment and follow-up.

Our methodology was to initially provide trauma counselling training to those caring for and within the persecuted church, rather than to first offer direct counselling services. This was due to the high level of stigma associated with counselling in the Middle East, especially within the church where there are very few training models that go further than basic pastoral or practical theological education courses (we would like to see these institutions add courses on the trauma of persecution). Those who attend the training can receive counselling from the training staff or be referred for further assistance. There is also a therapeutic value in the creation of a "safe place" environment for the week and in creatively expressing or narrating their own trauma story during the training.

It is important that we safeguard survivors from further exploitation or abuse. Those who elicit the "trauma story" for 1) legal human rights cases, 2) record keeping or statistical information, 3) human rights advocacy, or 4) journalistic purposes should either have training in lay counselling (with professional support) or work in partnership with trauma professionals. We strive to follow international guidelines such as the IASC Guidelines on Mental

Health and Psychosocial Support in Emergency Settings (IASC 2007). Ethical journalists also follow similar guidelines developed, for example, by the Dart Center for Journalism and Trauma at Columbia University (Hight and Smyth 2003).

2. Persecution and the nature of complex trauma

Although it is true that many in the persecuted church will find healing and restoration through prayer and connection with God, support of family and friends and other means, there are some who are more vulnerable and do not have the same level of resilience. Biographies of Christian martyrs and those involved in ministry to the persecuted church often highlight stories of overcoming incredible odds through divine intervention, but often fail to mention the multi-generational, post-traumatic effects on families, ministries and even people groups.

Van der Merwe and Gobodo-Madikizela (2008:10-11) highlight two types of trauma (originally documented by LaCapra 2001): "a) historical trauma, which refers to a single huge disaster, which can be personal (for instance, a rape) or communal (like a flood); b) structural trauma, which refers to a pattern of continual and continuing traumas (also known as complex trauma)." This is very often the situation with those who suffer multiple traumatic events due to religious persecution in the form of continuing, pervasive political oppression, captivity or occupation. Many of the people that we work with have not only experienced various levels of persecution (as Tieszen has outlined), but have continued to live in areas where safety and security have little or no guarantee. In trauma mental health terms, it would be said that these survivors continue to be in a vulnerable state where even the most resilient have difficulty with even basic survival.

Part of the nature of trauma is that our first reaction is either "fight, flight or freeze". We automatically do whatever we need to do to survive and our bodies are made in such an intricate manner that certain parts of the brain and nervous system are activated and other systems are shut down. Many trauma survivors recall that they felt shock, numbing and an inability to remember certain parts of horrific events. Those who go through the trauma of persecution follow the same patterns that many other trauma survivors go through. Victor

Frankl, an Auschwitz concentration camp survivor who developed a therapy to find meaning in the midst of suffering, "spoke of this post-traumatic condition as a 'vacuum state' of existence – void of the capacity for the creation of meaning and realising a tangible future" (Wilson 2004:119-120).

Some survivors of religious persecution tell me that, speaking to me or our small therapeutic group, was the first time that they had ever told anyone about the story especially in any detail. The instinctual response is to try to forget a traumatic incident, however, flashbacks, intrusive thoughts, panic attacks, depressive bouts and recurrent nightmares do not allow for any type of relief or healing. At the same time, even though fearful or anxious, fighting feelings of shame and guilt, the survivor wants someone to listen, pray, understand and plead on their behalf for some justice to be done. But, often justice doesn't seem to come and, worse, their story does not get told and the perpetrator is able to continue atrocities against a minority of people who have a different belief system.

Concerning the genocide of 1.5 million Armenian Christians in and after 1915, Peter Balakian writes about his grandmother Nafina Aroosian who had "witnessed mass murder and endured a death march into the desert, with her two babies, the death of her husband, and the disease-filled refugee quarter of Aleppo (Syria)". Earlier he writes about two generations of silence: "The scalding facts of the genocide had been buried, consigned to a deeper layer of consciousness, only to erupt in certain odd moments, as when my grandmother told me a story or a dream."

At the end of the book he describes how he was the one person that his grandmother trusted to tell the trauma story:

> "I was her companion, her captive audience, her beloved witness. Her bits of memory and encoded stories were tips of ice spills from the frozen sea within, a sea that thawed a bit at the end of her life. In odd isolated moments – moments that seemed to be out of time – I had been privy to some of her intense sensory images, to her telescopic memory, to genocide flashbacks. This was how she told me about her past. "

Van der Merwe and Gobodo-Madikizela describe this traumatic "freeze" response and the silence that follows:

> The silencing is more than a lack of words; it is also a lack of understanding of what has happened to them. Trauma overwhelms the

> psyche; it contains no reference point in terms of one's former experience. The word "frozen" comes up many times in the story of women who have been raped, because they do not know how to deal with the experience; they do not have the resources to deal with it or the capacity to respond to it.

By minimizing the trauma of persecution and by not providing the best treatment for survivors that are in need, we contribute to this conspiracy of silence as perpetrators continue to terrorize and dehumanise their citizens. The goal of perpetrators of extreme violence is to render their prey completely and utterly helpless. Judith Herman (1992:33) states that, "psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by an overwhelming force. When the force is that of other human beings, we speak of atrocities." The problem is that many months and years after a kidnapping, rape or false arrest survivors continue to have debilitating symptoms. Herman (1992:48) quotes a Dutch study of hostages whereby 75% had symptoms of post-traumatic stress after six months to one year. "The longer they were in captivity, the more symptomatic they were, and the slower they were to recover." My concern for survivors of religious persecution is that religious liberty organizations are not looking at the post-traumatic factors that survivors are going through and are not giving the full range of best practice assistance for them to be restored to all that God has planned for them.

This completely overwhelming event or succession of events paralyses not only the victim, but also those who are potentially in the greatest position to help. In several countries where I work those who are released from imprisonment and torture are often not able to contact friends, family or members of house churches for fear that the authorities will target them next. However, early studies of veterans of World War II demonstrated that the greatest protection that they had against overwhelming terror was the closeness of their fighting unit and their leader (Kardiner and Spiegel in Herman, 1992:25). When all sense of closeness, community and social support is taken away it becomes that much more difficult to find resolution or protection from intrusive thoughts and feelings of further abandonment. Compacting this is a sense of shame and guilt that needs to be worked through and expressed within a safe and loving community.

3. Persecution and violence against men and women

In working with Iraqi Christians for example, the majority of those who were victims of kidnapping, extreme violence and torture were men. Many Christian families were given death threats and a high number of families experienced the death of one or more family members. Many in our groups related stories of being a witness of extreme violence. Despite the targeting of men, there are women who seem to quietly carry the deep wounds of gender-based violence. It was documented by the UNHCR (UN-OCHA 2009) that women not only experienced rape and inhumane treatment in Iraq, but also experienced similar dehumanising treatment in neighbouring countries to which they had fled. In addition, young women were subjected to prostitution and human trafficking.

A former UNHCR official told me that those fleeing from North Korea seem to follow only two migratory tracks on the way into a neighbouring country. The refugees are either rescued by a church group or snatched by an armed group of those involved in human trafficking. Mike Kim (2008) documents the imprisonment, torture and sex trafficking of those daring to escape the country. In certain areas, it is important for organisations to work together on behalf of those who are enslaved. If we do not address these trauma-related issues, then we are not addressing the full needs of the persecuted church.

Violence against women also includes many who are victims of domestic violence, who often continue to live with men who beat them and who generally have no legal recourse for protection in their countries. This problem is compounded if a woman has made a change of religious affiliation. The threat of “honour killing” looms over women who are in this category and our efforts to help women must contain proactive “do no harm” standards, so that women do not continue to be targeted. Further, human rights frameworks, and protective / contingency planning strategies need to be discussed with those involved in assisting women in troubled areas.

4. The issues of false arrest, captivity and torture

Probably the most pin-pointed area where the trauma of persecution is most profoundly felt is at the point when a threatening family member, terrorist or someone in authority takes the person against their will into "captivity". The individual being held will have a wide range of stress responses in various degrees. The person being kidnapped may be blindfolded, drugged, handled roughly, or may encounter or witness sudden violence directed toward people in the area where the kidnapping took place. A person who is falsely arrested may face torture or interrogation for a "confession."

The following are a few of the stress reactions experienced in these situations: fear, denial, withdrawal, shock, hyper-arousal, and feelings of helplessness, confusion, constriction (feelings of paralysis, numbing and emotional detachment) and despair. Upon release they may also have difficulty sleeping and may have flashbacks or recurring nightmares (Herman 1992:33-35 and Wright 2003:223-227).

Based on our experience, several issues can contribute to stress and these can be:

- Lack of awareness of the status of other survivors, family or co-workers;
- Possible involvement of governmental authorities without legal due process;
- On-going threat of kidnapping;
- Possible interrogation with the use of violence / torture;
- Demand of ransom money from organization or family;
- The possibility of "disappearance";
- Witness or threat of extreme violence.

Again, the goal of those who hold people against their will in captivity is to use overwhelming force to strike terror into the mind and heart of those taken (and even those who are in the area) and to achieve some objective, either political, religious or personal. The desire is to have total control over the persons being held against their will. Even when a person is released from captivity it may take a long while for mental, physical and spiritual healing of these control responses.

The perpetrator, according to Herman (1992), "seeks to induce fear and to destroy the victim's sense of autonomy. This is achieved by

scrutiny and control of the victim's body and bodily functions. The perpetrator supervises what the victim eats, when she sleeps, when she goes to the toilet and what she wears. When the victim is deprived of food, sleep or exercise, this control results in physical debilitation." Also, many survivors may be convinced that they are about to be killed, only to be spared at the last moment.

In addition to destruction of autonomy there are generally steps taken to cut off the victim from the outside world, access to information or any type of emotional, moral, medical or material support. There are usually statements made by the perpetrators that there is no one coming to their aid or that no one cares about them. The fact is that Christians who are imprisoned for their faith have numerous people praying for them and organizations and churches who advocate for their freedom, but this is often not known by the victim until release. A compounded problem is that some Christians who have been released may not feel much initial support due to on-going security concerns.

Perpetrators also seek to cut off attachment to any objects of symbolic importance. This is especially done to Christians as interrogators attempt to take away or destroy any Bibles, crosses, photographs, Christian literature or letters passed from other believers.

Biderman (1973), who investigated treatment of prisoners of war for Amnesty International, delineated the following coercive control tactics:

- Isolation
- Monopolization of perception
- Induced exhaustion
- Threats
- Occasional indulgences
- Demonstrating "omnipotence"
- Degradation / humiliation
- Enforcing trivial demands

These coercive methods seem to be consistent across cultures and for prisoners of both political and religious conscience. Former prisoners of conscience in our training groups have alluded to all of these tactics used at various points of detention, interrogation or imprisonment.

Some Christians who have been subjected to this form of psychological domination are sometimes not aware that they also treat subordinates in ministry in these and often more subtle ways.

The survivors, and particularly close family members, also experience a huge amount of stress. In fact, survivors can have similar stress reactions in addition to "survivor guilt". Even though a person held captive may still be alive, their immediate family (and others close to the situation) go through the grief/loss process. They may also have either experienced violence, threats and/or intimidation during the onset, just before or just after the initial incident.

Family survivors are also further distressed by information challenges, for example: 1) lack of information, 2) disinformation or 3) long periods of no information. Governments or organizations may attempt to gain "proof of life" information and/or negotiate potential release or medical attention, while the person held captive is generally unaware of these efforts.

Meanwhile, captives who are not released after a short period of time start to have waves of despair and depression and then hope, usually followed by long periods of silence and isolation. It is in these times that meditation and prayer play a key role. When human contact has been taken away there is often a stronger sense of God's presence. One Christian prisoner in North Africa told me that while being placed in a pitch black room underground for many days "you could literally reach out and touch the grace of God". At the same time there is either the desire to communicate with others or the ability to communicate in some small way through scratching or leaving messages, etc.

Sing-Kiat Ting and Watson (2007) studied nine Chinese pastors who were arrested and imprisoned for their faith. "Results showed that the suffering in religious persecution involved losses of personal freedom, physical trauma, spiritual isolation, and collapse of social support. Eight themes emerged as unique ways to respond and cope during the suffering: experiencing God's presence, letting go and surrendering to God, identification with the passion of the Christ and His disciples, preparing to suffer, normalizing their suffering, worshipping and reciting Scriptures, fellowships and family support, and believing in a greater purpose." The study documented both times of feeling spiritual emptiness, but also times of standing firm in their faith. They also mentioned a newly developing term called "post-

traumatic growth" and this is a focus on how some people are able to grow through the experience and find some meaning in the face of overwhelming difficulties.

Other people, however, may feel completely broken and not able to withstand any additional violence or isolation. They may become completely passive, suicidal or even start to view the perpetrator, paradoxically, as the saviour or as having some positive qualities (known as the Stockholm syndrome). Others may be asked to make statements about the group, political issues or their situation for the media. These statements are always made under extreme duress, but the viewing public is often led to believe that the statements are true. This causes additional difficulty upon release when people either ignore the victim(s) or question their integrity.

Those who are released from captivity may have many conflicting feelings about their release and about where they are now, as opposed to the harrowing experience that they just went through. They often feel that no one understands them. Some may have to wait for many weeks before other Christians can feel safe enough to approach someone just released from confinement by authorities. Many come out extremely hyper-vigilant and unable to ascertain if they, and their immediate family, are still in a safe place. This vigilance may occur for many years, often accompanied by flashbacks and nightmares. This is frequently the testimony of Iraqi Christian refugees and IDPs.

Trust and identity will be two areas that those released from captivity will deal with upon release. However, this is difficult when the survivor continually re-experiences the traumatic events or feels that he or she cannot trust the environment in which he or she is living. It also depends on the length of time that the person was held in captivity and how they were treated.

5. Strengthening resilience through trained lay counsellors

Each person reacts to the trauma of persecution differently, research has shown that some people are more resilient than others and some are more vulnerable. Women and children are more vulnerable as are those with a previous history of physical or mental disorder. Factors such as church,

community and relational support, maturity as a Christian, the ability to stay calm and focused under stress and individual spiritual or relational gifts increase what are known as resilience factors. Daud, af Klinteberg and Rydelius (2008), for example, list several resilience factors among parents of refugee children including: adequate emotional expression, supportive family relations, good peer relations, and pro-sociality. People without such types of support or who have experienced trauma in the past, for example, are much more vulnerable. Our goal is to try to assist in a way that resilience is strengthened, usually under substantial security considerations.

In order to strengthen resilience for survivors and to respond to the needs of those who have faced persecution it will be necessary to have a properly trained cadre of lay counsellors who have access to professional supervision, consultation and support. Many of these cases occur in areas where there are relatively few trained professional counsellors.

The best initial support that a lay counsellor can provide is reflective listening, empathy, relational support, prayer and attention to immediate needs that survivors may have. It is also important for the lay counsellor to have an understanding of the normal grief process and to assist the survivor in understanding (or "normalising") what he or she is going through, as well as what they might experience in the future, including hope and reconnection. However, the individual may also feel guilty about what happened, compounded by guilt at being angry with God or the fact of what happened. This needs to be processed and prayed through in time, including the concept of forgiveness as a process – and not only as a one-time event.

It is additionally important for lay counsellors to know that with survivors of captivity it will be a very long and slow process of recovery. If torture was involved it will be even longer, but there is hope. Survivors need a chance to grieve and will most likely go through waves of wanting help and communication with others and times of wanting complete isolation. It is good to respect the wishes of survivors, but also good to monitor them to know if they are able to take care of basic tasks. It is also good for them to know that they have someone to talk to when they are ready.

Lay counsellors should, at minimum, have courses in reflective listening / basic counselling skills, grief assistance and psychological first aid. They should also know when to refer to a more experienced, trusted

counsellor or mental health professional. A physician should also give a full medical examination if there are any physical / medical concerns. Counsellors may also need to refer to other professionals or community services, if needed. At all times, counsellors should practice "do no harm" standards, should always be aware of security issues and should make sure that their assistance does not cause any additional problems for the counselee. Finally, staff care guidelines should be firmly in place for those who hear the trauma story and are involved in their restoration.

Therefore, a best practice standard should be considered for organisations that assist those who are survivors of persecution. I would like to suggest the following minimum standards.

6. Best Practice

- To train lay counsellors who can provide culture-specific support, prayer, grief counselling, basic assessment and possible referral to mental health and allied health professionals;
- To network competent, professional counsellors who can respond to a range of post-traumatic stress symptoms in or near regions where persecution is the most prevalent;
- To give trauma counselling training to those who work in community and religious institutions in areas such as reflective listening skills, the use of empathy and other basic counselling skills, psychological first aid, work with traumatised children and youth and trauma/persecution-related issues;
- To link and collaborate with human rights organisations who specialise in advocacy, communications, legal procedures, and documentation;
- To establish caseworkers who have a caseload of those suffering from persecution who need psycho-social, spiritual, medical, legal, community, and faith-based support.
- To call attention to "do no harm" and other humanitarian, refugee, post-conflict or post-disaster standards.
- To consider evidence-based counselling and therapeutic methods for facilitating the healing process especially for victims of torture, rape and other forms of extreme violence.
- To adhere to staff care guidelines for those who hear the trauma story and who need protection from vicarious traumatisation

(including time off, peer and supervisory level mentoring/coaching and clinical supervision for professional counsellors).

In the future it would be comforting to see organisations that address the needs of survivors of persecution coming together to develop a community of practice to share the joys and difficulties of providing assistance. It would be good to know that the local ministry manager, the pastor and others under threat would receive the best possible support and therapeutic care.

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