



CSV²⁰
The Centre for the Study of
Violence and Reconciliation
20th Anniversary 1989 - 2009

Traumatic Stress Update



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20th Anniversary 1989 - 2009

Editor: Dominique Dix-Peek: Researcher

Co-ordinators: Tumi Kekana: Trauma Professional, Megan Bantjes: Project coordinator
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To submit correspondence or to submit an article:

Email Dominique Dix-Peek: ddixpeek@csvr.org.za

Preface to the Traumatic Stress Update

2011 has come with many challenges and also many rewards. The Centre for the Study of Violence and Reconciliation (CSV) has achieved a great deal despite many setbacks. This issue of the Traumatic Stress Update (TSU) highlights some achievements of the Trauma and Transition Programme (TTP) – a programme in the CSV.

The Foundation for Human Rights funded a project that looks at improving the access to health care of forced migrants in South Africa. One part of this project aimed to understand and document the experiences of both South Africans and forced migrants in accessing their psychosocial and health rights in Johannesburg, South Africa. This project had many challenges, but was ultimately a very rewarding project. The first article by Polly Horton Dewhirst looks at the South African Women’s Group more closely.

Another exciting area that CSV branched into in

2011 was to progress its work with torture victims from apartheid torture survivors and migrants tortured in their home countries to victims of current torture in South Africa. The second article, by Modiegi Merafe, highlights this work and points to the proposed the future of this work.

Megan Bantjes gives the highlights of training held with the South African No Torture Consortium (SANToC) member organisations as well as two additional organisations, and Dominique Dix-Peek indicates some lessons learnt though the Monitoring and Evaluation (M&E) process, as well as giving a breakdown of our M&E statistics for from 2009 to 2011.

We look forward to another exciting and rewarding year in 2012 and hope for more chances to generate knowledge and learn from our work.

Dominique Dix-Peek: Editor

Report from Mayfair: the South African Women’s Group

In July and August CSV facilitated weekly meetings with a group of South African women in Mayfair to look at issues of access to healthcare and psychosocial services in their community. As part of a larger CSV project aimed at promoting the health rights of forced migrants, the group provided a space for these South African women to not only reflect on their own challenges but also to share strategies for how they, and migrant women may be better able to access clinics, hospitals and mental health services in the Mayfair area.

The group was made up of eight women from ages 18-45 from a variety of religious and ethnic backgrounds. Some had grown up in Mayfair while others had moved to the area more recently from rural areas to seek employment. Many of the group members had met before through local clean-up campaigns, and shared a strong commitment to making Mayfair a better place to live.

The highlight of the process was the development



Photo: Womens group role play

and performance of a series of role-plays or “mini-dramas” about women’s experiences at local clinics and hospitals. The high school lunchroom where the group met was transformed into everything

from a delivery room to a TB clinic as the women acted out scenes that had happened to them, their friends and family members. After each role-play, the group swapped roles to see if they could re-play the scene to try and improve the situation for the patient. This allowed group members to not only work through their experiences but also to test future strategies for engaging with health services.

These dramas and the discussions that followed challenged the perception that South Africans (in comparison to migrants) are privileged and have an easy time accessing or using health services. All of the members reported experiencing difficulties such as long queues, confusing instructions, and rude receptionists. As a result of these challenges, many women said that they were reluctant to go to clinics at times and often tried to seek help from pharmacists or found ways to treat themselves or their loved ones at home.

One of the most common issues that arose was the judgmental attitude of health workers (particularly nurses) towards women seeking treatment or information about sexual and maternal health matters. Many dramas depicted the stories of women seeking birth control or treatment for sexually transmitted infections being scolded by

health professionals for “sleeping around.” Pregnant women were particularly vulnerable to reprimands and poor treatment. Nurses reportedly refused to believe that women were in labour and left them in hospital waiting rooms. Others told of how nurses pinched and treated women roughly during delivery. Acting out these scenes provoked strong emotions and it was clear that even when South African women received medical care, the judgmental attitudes of health professionals that accompanied it had a lasting and detrimental effect.

Despite these obstacles, the women in the group found and shared ways to improve health services. These included distributing the name of the “nice nurse” at the local hospital, suggesting alternative clinics and even approaching media programmes such as Third Degree. The group hopes to revise their role-plays into a drama and would be happy to perform it publicly to inform others about the challenges women face. All of the South African women in the group were eager to meet their Somali counterparts and to explore ways of assisting them.

Polly Horton Dewhirst: Volunteer community facilitator

Working with Victims of Current Torture

This year, 2011, the Centre for the Study of Violence and Reconciliation (CSV) worked with a group of survivors of current torture and cruel, inhumane and degrading treatment (CIDT). In the past, CSV worked with apartheid torture survivors and migrants tortured in their home countries but had not been able to reach victims of torture that is happening currently in South Africa.

Initially, we interviewed about 40 young men in Kagiso who claimed to have had violent encounters with the police. Most of them attributed these encounters to being unemployed and visibly poor, the police’s arrogance as well as both the police and victims’ ignorance about the rights of individuals.

When we went back to present the report on the results of the interviews to them, it emerged that this group of young men were in need of intervention mechanisms that will address not only the trauma of being abused by police but also the

prevention of violence. Prevention would involve addressing the issues that make them vulnerable to police violence such as loitering due to lack of gainful employment. We then arranged with them to have lawyers address them on legal topics that are relevant to their experiences. Probono.org arranged for three legal experts from Eversheds attorneys to come to Kagiso. The main message was that something can and should be done about the violations perpetrated against these young men.

For a project spanning the next three years, we plan to continue meeting with these young men and hopefully engage young women and other community members and together explore possibilities of addressing some of the challenges they meet, especially, current torture and CIDT by police in this community.

Modiegi Merafe - Community facilitator

The South African No Torture Consortium Activities



The South African No Torture Consortium continues to build the capacity of organizations in South Africa to support torture victims

In September twelve people from the SANToC member organisations and two other organizations participated in a week-long training on creative arts approaches run by the Curriculum Development Project Trust (CDP) in Johannesburg. This approach is different to art therapy methods in that the interpretation of the art work is owned completely by the creator of the work, without the facilitator or therapist's input.



Photo: Body map produced by one of the participants

The training was experiential and so participants produced incredible works of art through the course of the week including huge impressive colourful body maps. While they were trained on using the methods for healing interventions, they also considered the use of creative arts for income generation and advocacy purposes. One participant noted that “creative arts processes provide a non-threatening environment for healing through self expression. They are also culturally appropriate and clients will benefit immensely in such a framework”. A particular method called flour-resist, “could integrate various facets of empowerment: messaging and claiming one’s voice, economic (income generation) and healing through the creative art”.

The feedback from the trainees about the training was extremely positive including comments such as:

“It was safe for me to explore the work I do and myself through the arts”; “[Through] the images [I] express myself through art without using words”; “It was the perfect start to the healing process that I am going through and I believe it is a technique that I can use”; This approach is “relevant for me, more especially working with people that cannot read and write”.

Follow up is needed to find out from participants whether they have been able to implement what they learned at CDP in their daily work with victims of torture. SANToC is still considering how best to measure the impacts of training sessions like this one on the quality and accessibility of torture rehabilitation services in the country.

Megan Bantjes SANToC Co-ordinator

Monitoring and Evaluating our Work with Torture Survivors

The aims of the monitoring and evaluation of our torture work include the creation of spaces for reflection and learning. This process is intended to help us learn more about our interventions and assist clinicians in improving their services to victims of torture. It also allows us to gather data on victims of torture within our context. With the support of the Rehabilitation and Research Centre for Torture Victims (RCT), since 2007, CSVR has embarked on a project aiming to strengthen the struggle against torture in South Africa and the African region. A new phase in the project was initiated in 2009 with 2011 being the last year for this phase.

In the beginning of December 2011, CSVR held their final M&E evaluation meeting for this phase. There have been a number of lessons learnt through the implementation of the M&E system. These include the following:

- We have always known that we are working hard and that we are impacting our clients' lives. Monitoring and evaluation gives us evidence of this
 - We can see what we are doing well and where the gaps are
 - We are able to consistently evaluate our work
 - We are able to show progress
 - We can see why people are staying at our clinic
 - We can see what treatment we are giving them and whether it is working
 - We are able to focus on the people that we are trying to help
- Monitoring and evaluation stops complacency:
 - We are able to monitor and manage areas of concern and ensure that the work that we say that we are doing is being done

- The process gives cautions and alarms when we are not on track
- We are able to see the importance of documenting work
 - It makes the invisible visible
 - We are able to generate knowledge
- Monitoring and evaluation is a part of life and is non-negotiable in all work that is done
 - Monitoring and evaluation is not a form of punishment
 - It is not a performance management tool
 - It changes the vision of what people see as important for clinical practice
- It is possible to merge research and intervention
 - It takes time and is difficult but it is possible to marry the two
- Monitoring and evaluation is possible!
 - We believe in ourselves and in our vision
 - Monitoring and evaluation has given us an example of what is possible against all odds



Photo: Part of the TTP team

Dominique Dix-Peek: Researcher, and the TTP team

M&E Corner

This is an ongoing update of our Monitoring and Evaluation process with the torture clients who access our services at CSVR. This analysis includes all clients who came into CSVR between 2009 and the end of 2011.

Total number of clients: 185

Gender breakdown of clients

- Female: 102 (55%)
- Male: 83 (45%)

What were the forms of torture experienced by our clients?

The details of the torture experiences were indicated for 75 clients. These clients experienced an average of 5 torture experiences each. The maximum number of forms of torture that a client experienced was 15. These torture experiences include beating, kicking or striking with objects, threats and humiliation, rape, starvation, sexual humiliation or sexual assault, denial of medical treatment, forcing the client to watch or torture others, solitary confinement and sleep deprivation, amongst others (figure below).

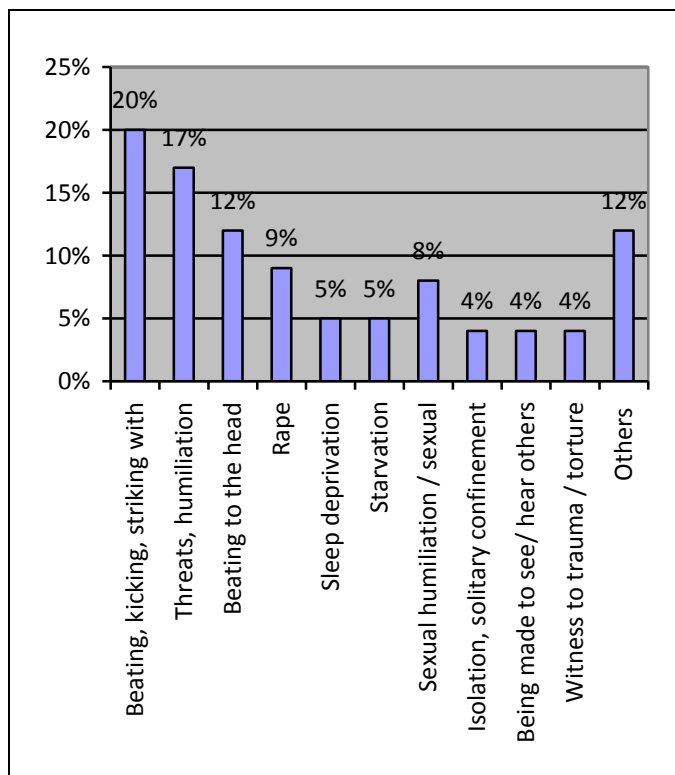


Figure 1: Forms of torture experienced by clients (%)

For those clients who indicated the perpetrators (n=45), almost half (45%) reported that the torture experiences were perpetrated by the police, while the military and paramilitary forces perpetrated 18% and 25% of torture experiences respectively.

What types of traumatic events did clients experience?

Notwithstanding the torture experience, the most reported traumatic events for our clients were

bereavement, war, assault and rape. The maximum number of types of traumatic events was eight with an average of 2 events. The table below indicates the types of traumatic events experienced by the clients at CSVR.

Type of traumatic event	Number of people who experienced event	Percentage of people who experienced event
Torture	185	100%
Bereavement	50	27%
War	47	25%
Assault	43	23%
Rape	41	22%
Witness to Trauma	23	12%
Armed robbery	15	8%
Mugging	7	4%
Relationship violence	6	3%
Xenophobia	6	3%
Hostage / abduction	3	2%
Other	5	3%

Table 1: Types of traumatic events experienced by torture clients at CSVR

In which countries did clients experience traumatic events?

The torture clients who access our services at CSVR may experience a wide range of traumatic events. Although many non-nationals come to South Africa to seek refuge, while in South Africa they may also be exposed to violent crime, xenophobia and possibly torture at the hands of the South African state. While only 12% of our torture clients were South African, 25% of traumatic events were reported to have occurred in South Africa.

Torture is complex and its effects can be devastating. However, over and above their torture experiences, many of our clients are traumatised and re-traumatised in a country where they came to seek shelter and refuge. The continuous nature of trauma in South Africa paints a complicated picture of the therapeutic process with torture survivors.

Dominique Dix-Peek: Researcher