



CSVR²¹
The Centre for the Study of
Violence and Reconciliation
25th Anniversary 1989 - 2014

Traumatic Stress Update

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Preface to the Traumatic Stress Update

There have been many changes in the Trauma and Transition Programme (TTP) in 2011. There have been shifts in roles and responsibilities as well as the work of staff members in TTP. One of the effects of these changes is that we decided to make the Traumatic Stress Update (TSU) biannual, rather than quarterly. This issue of the TSU is our first in 2011.

The first article included in this issue of TSU is based on an interview that Megan Bantjes – the Community Work Coordinator – held with two of our Community Facilitators. It provides an outline of our project that aims to uphold and promote the psychosocial and health rights of forced migrants who have experienced violence and gross human rights violations¹.

We then give an update on the analysis of our Monitoring and Evaluation of Torture survivors from January to June 2011, as well as the abstracts of papers presented at the Seminar on Continuous Trauma held in Cape Town in June.

Megan Bantjes, the South African No Torture Consortium (SANToC) coordinator provides an update of the SANToC activities this year, and lastly there is an indication of the analysis of the demographics of the clients who we have been seeing at the Trauma Clinic from this year (including our torture, criminal violence and bereavement cases).

We hope you enjoy it!

Dominique Dix-Peek: Editor

Upholding and Promoting the Psychosocial and Health Rights of Forced Migrants who have experienced violence and gross human rights violations

The Trauma and Transition Programme (TTP) community co-coordinator, Megan Bantjes interviewed the two community facilitators, Gaudence Uwizeye and Pravilla Naicker about their plans for the group intervention and the rationale behind the plans. This article is based on that interview.

Background to the intervention with women in Mayfair

Sometimes migrants don't approach health and psychosocial services although they may need them. This may be because of their own beliefs that as migrants they don't have the right to receive services, their fears about being turned away without a "green I.D. book", or stories they have heard about mistreatment of migrants and the challenges of language barriers. Where people are traumatized, the fear, mistrust, anger and



Photo: South Rand Hospital, Rosettenville isolation associated with trauma may also hinder them from trying to access services. Migrants, especially those who have arrived recently may not know what type of help or services are available or what type of problems can be addressed by psychosocial and mental health services.

When they do approach services, they may indeed be turned away if they do not have a South African I.D. book or because they don't speak local languages. Sometimes this is because of xenophobic attitudes of service providers but we think that service providers also may not know what the rights of migrants are or they may feel incompetent to provide services to migrants. Because of their heavy work load and high case numbers, service providers may be unwilling to take the time needed to communicate across the language barrier and to serve someone who does not immediately "fit" into the system. Once people do actually access a service, sometimes they are treated badly, for example being insulted about being foreign or not being given proper quality services.



Map: Area in which project will be conducted

Migrants do access services despite these barriers and have found ways to overcome the challenges described here.

We know that South Africans also experience problems with these services and that the issue of access and of mistreatment by service providers and poor quality services are pervasive. We would like to identify the common challenges and differences that are inherent in accessing health care for both South Africans and forced migrants and use this to help the communities see the challenges to access to healthcare from a different perspective as well as to share strategies with each other, thereby increasing their capacities for accessing services.

What is the overall goal of this intervention?

To achieve a space where women will share their

experiences on how to improve access to psychosocial services especially for victims of torture and gross human rights violations.

How do you plan to do this?

We decided to run groups with women where they could feel free to discuss all the issues related to accessing these services. We will have one group of forced migrants and one group of South African women running separately for about 6 sessions. We then want to introduce South African women and migrant women to each other to share ideas about how to overcome the barriers to accessing services in a dialogue process lasting about 4 sessions. Out of this, the women will nominate one or two spokeswomen to participate in the policy dialogue on access to health, psychosocial and mental health services for forced migrants (including government and non-government service providers).

Why are you focusing on women only?

Women are often the care givers in the family. When someone is ill they are responsible for looking after that family member, taking them to the clinic or making sure the problem is addressed. Migrant women are seen as key "gatekeepers" to psychosocial, mental health and medical services. Their beliefs, attitudes and knowledge about their rights to receive care are likely to influence how their children and male relatives access services.

You are planning to run two groups: one with forced migrants and one with South African women? Why are you running the groups separately?

Initially it may be difficult for the women to communicate freely considering their differences and the prevailing xenophobic attitudes in South Africa, especially when talking about sensitive issues like mental illness. If women are with others they don't identify with, they may not be willing to talk or there may even be conflict. Having separate sessions allows time for the women to speak about meeting the others first and give time to prepare the women for being with the other group. Women will have time to build trust with their facilitator and with each other as a group so that they will have support to feel free to speak when the two groups

join together.

Also, we wanted to hear from the two different groups how they really access services. We will be able to identify the similarities, differences and common challenges which will allow us to facilitate the dialogues more effectively.



Photo: Rosettenville Clinic

Why bring them together? Why involve South Africans at all if the project is about forced migrants?

We think that both communities have trouble accessing psychosocial services and they could benefit from seeing the problem from a different perspective. It may be helpful for women to have a space to have a conversation with women who are different from themselves. We don't want migrants to believe that it is only a migrant issue and that South African's don't struggle. We would like to break down the idea that South Africans are always more privileged. We would also like South Africans to understand the difficulties migrants face and to see that South Africans can play a part in facilitating access to these services.

Why are you so tied to the agenda of psychosocial and mental health services?

We think that this may not be spontaneously identified by the women in the first session because

of the stigma associated with mental illness and psychological or family problems. The women may not have a lot of knowledge about how experiences like political violence, war, torture and gross human rights violations affect people or about the types of services that could help them cope better. For forced migrants and people affected by any type of violence, the issues of psychosocial and mental health services is more important than to the general population. We want to create an opportunity to explore these issues, to change any false beliefs they may have so that their capacity to access these services improves.

How will you know whether you have actually achieved your objective?

We are developing a questionnaire for the women to fill out before the groups and dialogues and again afterwards which will help us to know whether they have gained information skills and practical tips to navigating the health, psychosocial and mental health systems. It also includes an assessment of some of the secondary outcomes we hope to achieve such as increased understanding of each others' situation between forced migrant and South African women.

This intervention aims to feed into the overall project goal which is "Upholding and Promoting the Psychosocial and Health Rights of Forced Migrants who have experienced violence (gross human rights violations)". Unfortunately it will be too complex and labour intensive to measure whether these women and their families' rights are better upheld due to the group and dialog intervention. At the very least we hope they will feel better equipped to overcome the challenges that may have prevented them and their families getting the support and assistance they need.

By Megan Bantjes: Community Coordinator
Interviewees: Pravilla Naicker and Gaudence Uwizeye: Community Facilitators

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, and it is hoped that this process will 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. The following is an excerpt of our Monitoring and Evaluation report for January – June 2011.

Torture Clients Who Have Received Psychosocial Services At TTP From January To June 2011

The pie chart below represents the people who received psychosocial services at TTP from January to June 2011 by nationality.

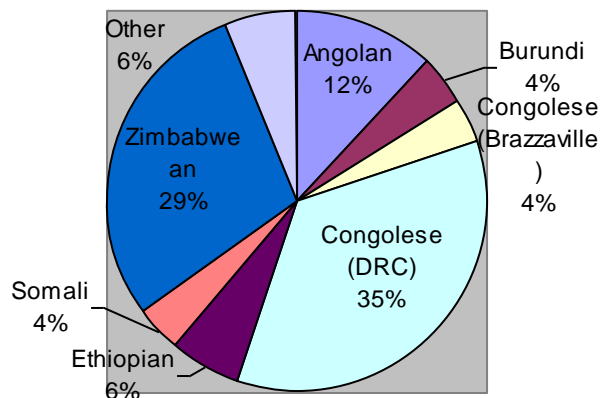


Figure 1: Nationality of clients receiving psychosocial services at TTP in January - June 2010 (n=62) and January - June 2011 (n=51)

71% of clients who received psychosocial services at TTP from January to June 2011 were women, while 29% were men.

For our January – June 2011 sample, the youngest client was 7 years of age, while the oldest was 57. 55% of clients were between the ages of 19 and 38. The mean age for the sample was 33 with a standard deviation of 11.73.

A total of 316 sessions were conducted with torture victims from January to June 2011, with a

maximum of 22 sessions and an average of 7 sessions

Traumatic events experienced by clients

Our sample of torture clients experienced an average of three traumatic events each, with a total number of traumatic events of 142 (standard deviation = 1.55). This information is based primarily on information asked in the initial intake where limited information is asked about the traumatic events experienced by clients. For this reason it should be noted that clients may have experienced more than the average of three traumatic events stated above. Notwithstanding the torture experience, the most reported traumatic events between January and June 2011 were: bereavement, war, rape and assault. The maximum number of type of traumatic event was seven, and the minimum one. The table below indicates the types of traumatic events experienced by the clients at TTP for January to June 2011.

Type of Traumatic event	January to June 2011	
	Number	Percentage
Torture	52	100%
Bereavement	26	50%
War	20	38%
Rape	17	33%
Assault	13	25%
Armed robbery	5	10%
Mugging	3	6%
Hostage	2	4%
Relationship violence	2	4%
Xenophobic violence	1	2%

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

By Dominique Dix-Peek: Researcher

Seminar on Continuous Trauma

In June 2011, three of our TTP staff members – Nomfundo Mogapi, Monica Bandeira and Marivic Garcia submitted two presentations for the seminar on Continuous Trauma, held at the University of Cape Town. The abstracts are captured below.

From the individual to the collective: exploring the notion of continuous collective trauma

Authors: Nomfundo Mogapi and Monica Bandeira

The formalisation of post traumatic stress disorder in the 1980's has been invaluable in developing an understanding of the impact of violence on individuals and accompanying interventions to address its consequences. This scholastic focus on PTSD has, however, meant that the understandings of the continuous and collective consequences of trauma have lagged behind the mainstream traumatic stress field. Collective trauma remains deeply embedded in the memory of citizens and is counter-productive when attempting to strategise and find constructive ways of moving forward. This paper aims to highlight the importance of acknowledging and developing an understanding of collective trauma in reconstructing societies that have experienced endemic violence and human rights abuses and makes apparent the limitations of using individual approaches in dealing with traumatic stress in these contexts. The paper goes further to explore the concept of continuous collective trauma and draw links from the collective violence and collective trauma field.

When the pain never ends: exploring the impact of continuous trauma on victims of complex trauma and the implications for treatment

Authors: Monica Bandeira and Marivic Garcia

Although knowledge in the field of complex trauma is expanding, little is available on the impact of continuous trauma on victims of complex trauma. Over several years, the Centre for the Study of Violence and Reconciliation (CSV) has provided counselling services to victims of complex trauma, such as survivors of war. As these services are provided free of charge, many victims are among some of the most vulnerable. Besides complex trauma, many clients continue to suffer from adverse living conditions, limited access to services, and ongoing traumatic experiences. The CSV has recently introduced regular assessments into the clinical system which provide information for clinicians on clients' progress in terms of functioning and on measures of PTSD, depression and anxiety. Through the use of a number of case studies, this paper will attempt to explore the notion of continuous trauma within our contextual reality and illustrate the impact of continuous trauma on victims of complex trauma. The authors will further use this to explore implications for intervention and treatment.

The South African No Torture Consortium Activities



It has been a tough six months for SANToC with our funding having been cut and the coordinator only having one day per month to co-ordinate SANToC. However, the member organizations have carried out some very productive and promising activities.

Here are the highlights of SANToC's work in the past six months:

Developing Provincial Networks that focus on torture and the rehabilitation of victims/survivors:

- A meeting was held in Durban with eight organisations to discuss the establishment of a provincial torture rehabilitation network. It was decided at the meeting that it was important to continue a network on torture in Kwa-Zulu Natal
- A similar meeting was held in Cape Town. There were fourteen delegates excluding the SANToC members who attended. The conclusion was that there is a need for a provincial network for torture rehabilitation. There are still some questions about who would

coordinate it

- The highlight of both these meetings was the presence of representatives from the Independent Complaints Directorate (ICD- who investigate complaints against the police, including torture allegations). The ICD committed to being part of the networks in the future
- Contact made with the ICD at the Durban meeting enabled one of the attendees to follow up on a case of torture and prevent further torture happening to a person in custody. SANToC celebrated this and looks forward to further similar collaboration with the ICD in future.
- Both meetings included the launch of the SANToC guide to rehabilitation of torture victims, Drawing on Lessons from the Past. Interest was shown by some organisations on being trained using the booklet.

26 June International Day in support of Victims of Torture

- The Trauma Centre for Survivors of Violence and Torture commemorated International Torture Day (26 June) on the 30 June by means of a seminar. The purpose of the seminar was to create awareness around the definition of torture, the means of torture and also the effects of torture. The seminar was aimed at doctors, lawyers and the police. This target group was identified because they deal

with torture victims daily. The seminar aimed to assist these professionals in identifying torture victims and creating sensitivity around the issues of torture.

- The Khulumani Support Group is hosting a programme at the Grahamstown National Arts Festival focussed on youth from the townships of Grahamstown who are usually excluded from participating in the festival. They aimed to make torture the topic of one of their debate and dialogue sessions about burning issues in South Africa with young people.
- CSVR staff participated in two radio interviews on Radio Today regarding torture and also arranged for a message condemning torture to be broadcast repeatedly over the weekend of 26 June.
- SANToC send a letter of appeal to the Department of Justice against their regulations (gazetted on 11 May 2011) for the payment of educational assistance and health benefits exclusively to victims identified by the Truth and Reconciliation Committee (TRC). SANToC proposed that it would be very destructive and divisive in our society to privilege some victims over others by granting only some significant reparations and not considering the needs of all victims. SANToC also explained that the very nature of the effects of torture and victimisation such, as mistrust, may have prevented people from approaching the TRC.

By Megan Bantjes: SANToC Coordinator

M&E Corner

This is an ongoing update of the Monitoring and Evaluation of the clients we are accessing at TTP. This analysis includes all clients who came into TTP in 2011 (including victims of criminal violence, torture and bereavement). Note: it does not include clients seen in previous years, but it does include clients seen for individual, family, group, and community interventions in 2011.

Demographic information of clients

Total number of clients: 87

Gender breakdown of clients

- Female: 51 (59%)
- Male: 36 (41%)

Age Breakdown of clients

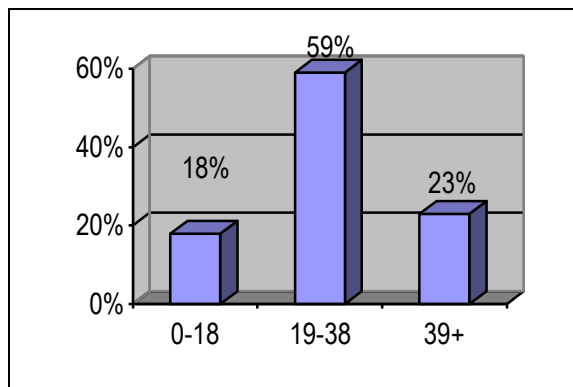


Figure 3: Age of clients accessing services at TTP

Nationality of clients (n=82):

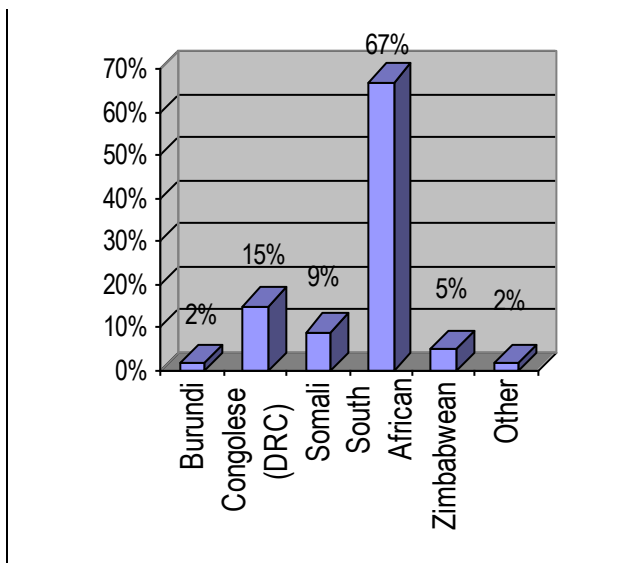


Figure 2: Nationalities of clients accessing services at TTP

In this graph “other” refers to one Mozambican and one Ethiopian

Findings of the demographic information:

The data indicates that most of our clients are between the ages of 19 and 38 years of age. Additionally, our clients are primarily South Africans (67%). The majority of our clients (59%) are women.

This data is interesting since research indicates that men account for the majority of both victims and perpetrators of violent crime in South Africaⁱ. Additionally, in a report by the CSVR it is stated that young men are most at risk for being victims of violent crime in South Africaⁱⁱ. For instance, the report mentions that males between the ages of 20-34 are most likely to be victims of violent related deaths. In addition, Seedat et al. (2009) mention that “the highest homicide victimisation rates are seen for men aged 15-29 years of age” (p. 1012).

In spite of this, however, most of our clients are women and between the ages of 19 to 38.

By Dominique Dix-peek: Researcher

ⁱ Funded by the Foundation for Human Rights for 2011.

ⁱⁱ Seedat, M, Van Niekerk, A, Suffla, S. (2009) Violence and injuries in South Africa: prioritising an agenda for prevention. *www.thelancet.com*. Vol. 374

ⁱⁱⁱ Centre for the Study of Violence and Reconciliation, (2007) *The Violent Nature of Crime in South Africa: A concept note for the Justice, Crime Prevention and Security Cluster*