



PART OF THE GLOBAL CLAMOUR

On 26 June, to commemorate the UN International Day in Support of Victims of Torture, about 100 people gathered in the State Library of NSW for a Friends of STARTTS/Amnesty International seminar on the rehabilitation of victims of torture. Peter Williamson reports.

“In Australia it may seem that torture is a distant issue, but it’s not and we can’t abrogate our responsibilities. As a nation we have an obligation to be part of the global clamour and everything it implies. Also, as a refugee-receiving nation, we have an obligation to respond with sensitivity to those who have experienced trauma and torture and to provide the services they need to continue their lives in Australia”. So said John Casey, Chairperson, Friends of STARTTS Management Committee, in welcoming people to the seminar.

At a seminar to mark the UN International Day in Support of Victims of Torture, the treatment of asylum-seekers in Australia was alluded to by many speakers, including Craig

Knowles, NSW Minister for Health, who said: “Australia has to face up to the way in which we treat the refugees in detention centres, many of them children, many of them shockingly dispossessed in their countries of origin, many of them traumatized in their journey from their home to here, their new home, and who still face much more in terms of the system, the manipulation by governments, before they can find peace and a degree of comfort in their new environment.”

Having a day to commemorate the victims of torture serves to focus attention at least once in the year on the ongoing abuse of human rights around the world and the resultant flight of affected people. While many parliaments condemn the practice,

the gathering was reminded that torture remains widespread.

Professor Stuart Rees of the Centre for Peace and Conflict Studies at the University of Sydney, questioned what torture means, and said that one form was denial of essential services, such as the inadequate provision of medical treatment. Again, we were reminded that no nation can be complacent about its status as being free of torture, and that even in those where torture is thought to unthinkable we must always be alert to the possibility of allowing practices to develop which come dangerously close to various kinds of torture.

Professor Derrick Silove of the Psychiatry Research and Teaching Unit, School of Psychiatry, Univer-

sity of New South Wales, and based in Southwest Sydney Area Health Service, quoted Primo Levi, who survived Auschwitz, and defined torture as “the most unfathomable evil; the deliberate infliction of pain, suffering and humiliation on helpless and innocent victims for the sake of some ideological, political or religious belief system.”

On a happy note were two announcements. The first, was that STARTTS Director, Jorge Aroche, was elected to the executive of the International Council for Health and Human Rights and will be the Asia/Pacific representative.

Craig Knowles spoke of his pleasure in recognising the work done by organisations such as STARTTS and the Refugee Health Service in NSW, and of his “extraordinary amazement at just how competent the professionals who work in this field really are. To work with people who have been ripped apart, and to assist them with their physical needs, their psychological needs, their needs of care, not just for them but for their families, and to do that with a grace and style and competence and professionalism which I now have had the opportunity to witness, is just a wonderful experience for somebody like me who has never had to experience first hand that horror and trauma.”

He spoke of a need for specific counselling services for children. It was appropriate that the gathering heard the moving words of two participants from the STARTTS Youth Program. Ana Gagic, a Year 12 student at Cabramatta High School, recited her poem titled Illusion (see the back cover) and 16 year-old Zlata Nezirovic who spoke frankly about her family’s separation, her flight from her home in the Former Yugoslavia, and the long road to eventual resettlement and adjusting to a new society in Australia.

Speakers mentioned their inability to comprehend what it must be like to experience torture, but even for survivors, expression of

the experience can be impossible. Derrick Silove quoted one of his patient’s words: “Whatever I say is inadequate, words escape me. Maybe the biggest problem that torture survivors face is the failure of language. There is no language that describes what they did to me and the way it has continued to affect me. I am no longer the same person that I was.

“So how do we approach the issue of rehabilitation?” asked Professor Silove. To illustrate his answer, he told three incomplete stories.

“Story one. A white man, dressed in a casual suit is standing in discussion with a group outside a burnt-out building. He turns and walks through a puddle of water and mud, seemingly oblivious to the mess it is making of his shoes. He crouches over a rusty tap and begins tinkering with the leaky pipes, watched carefully by the accompanying group.

“He stands up, walks back to the group and mutters: ‘You know I have a background in water supply. What a pity’, he says with a gesture of frustration, ‘if only I had the time and some materials, I could patch it up’.

“Two. Two people are sitting in a room at STARTTS. The younger person is briefing the consultant about a patient. He’s told that the patient is a 23 year-old woman from the horn of Africa region. She’s grown up in a war-torn country knowing no other life than one that was disrupted by fighting, chaos, and danger. One brother died in combat, another was tortured in front of the family, as a form of intimidation. And her father was abducted, incarcerated, tortured and killed. How could anyone survive, psychologically, such trauma?

“Yet it didn’t end there. She and her two sisters were abducted and enslaved by the warlords and she had to endure years of sex-slavery, abuse and violent punishment when she attempted to escape. Eventually, during an attack by another

militia group, she was able to escape and, miraculously, she was one of those able to find her way through the treacherous desert to a refugee camp in Kenya, where she was reunited with members of her clan and with her mother.

“She was fortunate to be offered resettlement in Australia - one of the very few - but soon after arrival lapsed into a severe depression for which she sought help from STARTTS.

“Picture three. The same refugee camp on the edge of the desert in a very remote part of northern Kenya, and a consultation is taking place between a UNHCR consultant enquiring into mental health services, and this is taking place with a head man and clan leaders of a displaced Sudanese group living in the camp.

“In attendance are the community mental health counselors. This is a group of volunteers or semi-volunteers working with a single psychiatric nurse in a camp of 60,000 people. Now the numbers have increased to 100,000 people. And they are all dressed in their distinctive blue overalls to identify them as mental health community workers.

“When asked, the report uncomplainingly that each worker is paid the equivalent of one dollar a week for their work. Not really pay, but a stipend. When asked about transport, since the camp is large, and spread out, they reply that each worker covers approximately 10 kilometers by foot, every day to visit their clients in their clinics and their homes (no cardiovascular disease in this camp, I should add). The visiting consultant asks almost spontaneously, when he hears that they are walking under this heat, ‘What keeps you going in your work under these conditions?’

“I’ll come back to these later.”

Derrick Silove told the seminar that there is no single treatment for torture survivors, and that in all instances, important questions need to be considered before any reha-

bilitation is embarked on.

Firstly, it must be asked "Is the intervention necessary?" A second question is what does the person want and can we engage the person in a partnership that will minimise the power imbalance inherent in most therapeutic relationships? Thirdly, will the comprehensive yet targeted intervention consider contextual, cultural, social and spiritual factors?

And finally, what provisions can be taken to ensure that there is no unintentional harm to the survivor or his community?

Silove took pains to emphasise that, given appropriate support structures, most torture survivors adapt. He added that it is a mistake to regard torture as a direct cause of mental illness. "Torture survivors are not, by definition, mentally ill."

However, the quality of the post torture environment is critical to successful adaptation. He noted that detaining torture victims does little to improve the restoration of their mental state and, from a public health perspective, we have a paradoxical situation in Australia where "on the one hand, we are helping torture survivors and, on the other hand, we are doing a lot to make things worse."

Finally, he said that a minority of torture survivors do suffer from protracted and severe psychological reactions and do need "timely, active and energetic intervention. And to declare that they are not in need of that intervention is a very serious mistake."

To end his talk, Derrick Silove returned to the three stories he had begun.

"First, the white man crouching in a pool of mud under a leaky water tank - well who was he? His name is Knowles and many of you will know him as the Minister of Health in New South Wales. Now this is not a party political plug - I'm sure Minister Knowles would be the first to acknowledge that a minister on either side of politics might have done the same thing. That is, offer to visit East Timor

to support a struggling and fledgling mental health service run by a hastily assembled Australian coalition called PRADET.

"Craig Knowles' spontaneous act, not only to visit East Timor, but also to take a practical interest in the nuts and bolts of the project, down to ensuring water supply, is precisely what was needed at this point of development of the rehabilitation program. This is an important message. It shows that what we have to attend to is all aspects of the foundations before making progress.

The key principle regarding good rehabilitation approaches is precisely that. It takes a multitude of skills, knowledge and contributions and the approach has to be creative, flexible and meaningful within that particular context. It cannot be done by one expert or one sector. It requires the input of all.

"Narrative two - the young woman from the horn of Africa. When this young woman walked into the room, there were several surprises. Of course, what I expected was someone extremely disabled, extremely depressed and chronically traumatised and I had this vision ahead of me of years and years of painstaking and slow rehabilitation.

"Here are the surprises: first she was dressed in ultra-modern Australian get-up, second she spoke fluent English, and third she recognised me. She had met me when I visited the refugee camp as part of a UNHCR mission. So we could converse fondly about the director of the psychiatric service there, Michael Kamau who later came out to Australia to visit us, and so on.

"And what was on her mind? Was it about torture? Well, it was about her mother, actually, who was still living a traditional life in Sydney, and was upset about her daughter's determination to live the life of an Australian with all its freedoms. And much of the intervention (although the issue of torture came into it in a complex intermingled way) was about resolving the acculturation issue between the mother and the

daughter.

"The daughter herself was ambitious and determined, went on to study at TAFE and is currently employed and socialising mainly with Australians.

"So the message here is 'Don't assume the worst when someone has been tortured. The human spirit is a powerful force.'

"And the final story - the Sudanese mental health workers in the refugee camp whom I naively asked 'What keeps you walking ten kilometers a day in searing heat to see your patients?'

"The response was a stony silence and I regretted asking the question. Then one of the spokesmen drew himself up to his full seven foot two inches, towering above me, and he said quite simply, 'We are proud of our work.'

"And that message lingered with me. I wondered how many of us wake up in the morning and say we are proud of our work, even though we're paid a lot more than one dollar a day. He did say something else though: 'And what we need is bicycles.' And so what I did in my report was emphasise the need for bicycles.

"And lo and behold Michael Kamau has told me that they have got their bicycles.

"So, again, what I went there with was an idea that I was going to train them in some complex therapeutic intervention. What I left with was ensuring that they had bicycles to do their work."

The public is made aware of the ongoing crimes of torture and persecution through the excellent work of Amnesty International and others. However, there is little public knowledge about the personal impact. Such sessions supplement the work of human rights groups, deepen our understanding of torture, and harden our resolve to maintain the "global clamour" against torture, wherever it occurs and in whatever form. ■