ONE WOMAN’S BATTLE FOR SURVIVAL

By Helen Basil

A STARTTS client speaks out

When Zenia Collazos* entered the doors of STARTTS seven years ago, she was in desperate circumstances. Unable to speak English, estranged from her family, and alone in a foreign land, the unimaginable horrors inflicted upon her by Peru’s Shining Path guerillas haunted her with unremitting ferocity.

"I couldn’t trust other people. When I was working, I was looking behind me always. I never had peace. I was thinking that people around me were going to come and attack me. I couldn’t sleep. I couldn’t eat. Nothing. It was horrible. Really horrible."

"I intended to kill myself. The person I was living with was so afraid she introduced me to a social worker," says Zenia.

The social worker recognised Zenia’s distress as symptoms experienced by many refugee survivors of torture and trauma and referred her to a counsellor at STARTTS. It was there that the source of her anguish was revealed.

In 1987, Zenia’s father was executed by the Shining Path guerillas from the Communist Party of Peru. She was still coping with her grief two years later when the hospital she was working for as a nurse was attacked by the guerillas.

"I don’t know how many there were around the hospital. The thing I remember was that the whole of Lima was in darkness. [The Shining Path] bombed the electricity stations.

"When the lights went out we tried to find some candles and suddenly there were armed people with masks. It was so fast and unexpected. I had to obey orders ‘Get killed or go this way’.

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Zenia, along with several of her colleagues, was kidnapped for two weeks and forced to care for the Shining Path soldiers who were sick or injured. After she was released, she was too afraid to return to work and remained in the family home.

Soon after, the Shining Path, once again in need of Zenia’s nursing skills, located her at home and abducted her. She was blindfolded and driven to a remote village guarded by masked guerillas.

For the next six months, Zenia was forced to work in silence, forbidden to communicate with the other residents. Her escape was a hair-raising one.

"They had planned an attack [against the government] and they decided to kill me after that attack because I refused to cooperate with them. On the night of the attack, I had an opportunity to get out. There were not many people around to control the area."

Zenia walked for days through the wilderness until she found a road where she hitched a ride back to the capital. She arrived at her uncle’s house and soon after, he organised for her to fly to Australia on a tourist visa. The Australian government later accepted her claim for refugee status.

In the seven years since Zenia commenced counselling, she has made some remarkable achievements. She now speaks
fluent English, works as a clerk and has completed the first year of an accountancy degree at the University of Sydney.

For Zenia, the most remarkable thing is her survival. “The most positive thing [in my life] is that I’m alive. Thanks to my counsellor for his professional psychological support, I am still alive.”

However, her pain and suffering have been exacerbated by news of the murder and rape of relatives in Peru and her continued separation from her mother and siblings, who now live in exile in Chile. Despite several applications made to the Department of Immigration and Multicultural Affairs, Zenia’s family has so far been denied permission to live in Australia.

Zenia does not have the financial resources to bring her family to Australia for a holiday and for the same reason she cannot visit them in Chile. Even if she were able to go to Chile, Zenia says she would be reluctant to do so due to Chile’s proximity to Peru and the possibility of finding Shining Path guerrillas residing there in exile. Despite the amount of time that has lapsed since she left Peru, her fear of the guerrillas has not abated.

Until Zenia is reunited with her family, she says she will never fully recover from her traumatic experiences. “Hopefully one day God will give us a chance to be together again.”

* Zenia’s real name has been changed to protect her privacy.

Issues affecting treatment of torture and trauma survivors

Zenia’s counsellor, Mariano Coello, the Coordinator of Clinical Services at STARTTS and has been working with refugee survivors of torture and trauma for 15 years. He describes availability of family and social support after a traumatic incident as an important factor in the recovery process. Unfortunately, these factors are often lacking for refugee survivors of torture and trauma. In cases like Zenia’s, family support is absent altogether due to a combination of geographical and political factors.

Mariano contrasts the availability of social support to survivors of natural disasters with that of human inflicted trauma. Survivors of natural disasters usually have a host of emergency services directed to meet their needs whereas the survivors of human-inflicted trauma are often neglected and left to their own resources, says Mariano.

The absence of physical injury and scarring is another factor associated with a positive prognosis for survivors of torture.

“In general, the more disabling the injury, the greater the reminder of the trauma and the more difficult it is to cope with. If it is something visible then people will ask them about it continuously,” says Mariano.

A positive outcome for survivors is more likely if they are able to secure a financial and occupational position similar to the one held before the torture or trauma took place. In the case of many newly arrived refugees, who may have difficulties mastering English and prior qualifications which are not recognised here, this criteria is often impossible to meet, says Mariano.

The result of the torture experience for most, but not all, survivors will be posttraumatic stress disorder (PTSD). A diagnosis of PTSD is based on the person’s exposure to a traumatic event and the subsequent presence of three categories of symptoms: intrusive recollections, avoidant/numbing symptoms and hyperarousal symptoms.

No theory has been able to adequately explain why some people will develop PTSD and others won’t and the applicability of a PTSD diagnosis to refugees from non-Western cultures has been debated vigorously.

Mariano believes it is more constructive to think of it in terms of “post-traumatic symptoms” because the undeniable fact is that all people suffer as a result of their experience and whether their symptoms are displayed in such a way that leads to a PTSD diagnosis or not is, in many ways, irrelevant.

It is difficult to obtain a reliable estimate of the prevalence of torture internationally but Amnesty International reported that people were tortured or ill-treated by security forces, police or other state authorities in 117 countries in 1997.

A study conducted in Europe in the early 1990’s found that up to 35% of the world’s refugee population has had at least one experience of torture. Another study by researchers at Wollongong University reported in 1996 that one in four refugee entrants to NSW had been subject to severe trauma and torture.

Given that 8779 refugees were admitted to Australia in 1997-98 it may be assumed that between 2195 (25%) and 3073 (35%) of them had experienced torture.

Not all torture survivors are adults. STARTTS employs a youth worker and a specialist case manager for children and other counsellors treat child or adolescent survivors where appropriate.

“I’ve seen kids who have seen their parents murdered or raped and I’ve seen kids who have been tortured themselves,” says youth worker Gary Cachia.

Mariano says: “Children are sometimes in a powerless situation and if parents are not really supportive of the treatment it becomes very difficult to treat them.

“Sometimes parents are so engaged in dealing with their own traumatic experiences and the strenuous demands of resettlement that they have difficulties identifying their children’s problems. In other cases parents feel extremely guilty about, what they perceive, as their failure to protect their children from trauma.

“Paradoxically enough, interventions with children are more successful in shorter times than with adults in cases where there is a supportive family and so on.”

In some countries, torture is
viewed as a science, which is developed and modified according to the needs of the government. Particularly favoured are those methods that inflict unbearable pain but leave ambiguous scars or disabilities that cannot be easily attributed to torture. This allows the government to deny that systematic torture has occurred.

"Sophisticated torture methods today can destroy the personality and self-respect of human beings, and still it will be claimed that the victims were never exposed to torture. A new science has developed, and torture is practiced with psychological and medical assistance in many countries," said Dr. Inge Genefke, representing the Copenhagen-based Rehabilitation and Research Centre for Torture Victims at a Cape Town lecture in 1995.

In a 1997 report _Arming the Torturers_, Amnesty International documented the increasing use of electric shock torture and stun technology. "It is sometimes said that torturers prefer using electric shock torture because they believe it will not leave permanent marks as evidence on their victims' bodies," the report said.

This has ramifications for the refugee selection process in countries like Australia where physical evidence of torture may be required to prove that a person has been and will continue to be persecuted in their country of origin.

However, according to Mariano, the use of primitive torture methods is still endemic. "I have many clients who have scars and torture is not always so sophisticated in some countries in some situations, that it doesn't leave marks, cuts, bruises, bones that have been broken and injuries.

"There are other methods of torture that although they haven't left scars they have left disabilities. For example, if you leave someone hanging by the arms for long periods or standing for long periods in situations that they may get infections. I had a client who was put in a septic tank and he got huge infections on his thighs and genitals, which had previously been burned with cigarettes, that left him with terrible scars."

This does not mean that he disputes the fact that torturers often attempt to minimise the evidence of their misdeeds. "One practice that I have heard of is that people who are detained for short periods and are quite badly tortured, before they are released, are treated with anti-inflammatory drugs and anticoagulants and other medications in cases where they have visible marks in order to discredit their account of torture." says Mariano.

Related to the "science of torture" is the involvement of medical professionals in torture. This alarming phenomenon has been described by the British Medical Association as a "significant ethical issue."

A study of 200 torture survivors in the Danish Medical Bulletin in 1990 found that 20% of them had experienced the involvement of medical personnel in their torture.

"Ten persons said that a doctor was present during their torture and in some cases performed a medical examination. On the basis of the examination, advice was given as to whether the torture could continue."

"Fifteen persons said that they received medical resuscitation because they lost consciousness during the torture," the report said.

Mariano discusses the impact on some of his clients who identified paramedics or medical professionals assisting their torturers: "This issue came up very late in the process of counselling therapy. They had an absolute distrust of people in helping positions including me. They took quite a while to seek assistance from [STARTTS] and when they started there were questions directed to me about my political affiliations, my ideas and the philosophies of STARTTS."

The idea of involving medical personnel in torture might appear strange to those who believe that the purpose of torture is to extract information and ultimately to kill the victim, but this is not the case according to Dr. Genefke. "The main aim of torture is to break down, to destroy the identity, the personality..."

"[Torture victims] are sent back to their community with all their physical and psychological problems after torture. They suffer, they are full of anxiety, they cannot eat properly, have nightmares, depression, etc. Naturally, the family and the children suffer. Others in the society are afraid of being exposed to the same procedure and therefore do not dare to act as these courageous persons. This is how a dictatorship creates repression and fear in countries where there is government-sanctioned torture."

The idea of unleashing upon society a crushed, broken individual as a deterrent to other political activists has been largely unsuccessful. STARTTS counsellors tell of the gratification that they feel when they see such a person resume a fulfilling life.

"I can see that for many of my clients who have been extremely traumatised, although they still remember the past, they function in society in a very normal way and have been very successful as well," says Lucy Marin, STARTTS counsellor for the Spanish-speaking communities.

A Kurdish client recently dedicated a poem to STARTTS. He wrote: "I will survive the long night and put the darkness behind me, I will not give in to disappointment because I am a Kurd and I was born to be strong."