# Traumatic Stress Update

**Editor:** Dominique Dix-Peek: Researcher
**Co-ordinators:** Tumi Kekana: Trauma Professional;
Melissa Harry: Design and Logistics

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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

The Trauma and Transition Programme (TTP) at CSVR is currently striving towards knowledge generation in as many forms as possible while making knowledge generation sustainable in the future. This issue of the Traumatic Stress Update is attempting to encourage knowledge generation in a number of different forms.

Our receptionist and professional intaker, Mosima Selemela gives an account of how being a receptionist at a trauma clinic differs from being a receptionist elsewhere and a few of the skills and traits that are important in her work. Monica Bandeira, our senior researcher, gives us a preview of the article that she has submitted to Torture Journal, and Pravilla Naicker, our community facilitator presents us with a portion of the article that she is planning on submitting to the Transitional Justice journal. Megan Bantjes provides us with an update on the South Africa No Torture Consortium activities and includes how they are generating knowledge in their consortium. We also include an update of Monitoring and Evaluation of TTP's clinical services with survivors of torture.

**Dominique Dix-Peek: Editor**

## Being a Receptionist at TTP

*In the following article, Mosima Selemela, receptionist and professional intaker at the Trauma and Transition Programme (TTP), is interviewed to find out how being a receptionist at a trauma clinic differs from reception work elsewhere. It includes a brief discussion about the joys and difficulties of reception work at TTP.*

1. How long have you been the receptionist at TTP?

*I have been a receptionist at TTP for almost one year six months now.*

2. How long had you worked as a receptionist before coming to TTP?

*I have been a receptionist for almost eight years six months at the CSVR. This excludes my time working at TTP*

3. Would you say that being a receptionist for a trauma clinic is different to being a receptionist in other places? If yes, how is it different?

*Yes. There are so many differences between being a receptionist at a trauma clinic compared to being a receptionist at other places. The kind of work that I am currently doing with TTP is unique. It is so interesting to work with different clients and also to deal with different cases. And it is also amazing to see that you make a huge difference to the communities and to our clients.*

*It has been my passion for so long, and I think that maybe that is why I enjoy myself so much. I have also grown in terms of handling issues around clients and I am still looking forward to learning more.*

Photo: Gaudence Uwiyeze and Mosima Selemela

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4. What skills/traits do you think a receptionist at this kind of a clinic needs?

*I think the kinds of skills that I need are skills in assessing trauma, conflict management, containment skills, crisis intervention skills, interviewing skills, referral skills, data capturing skills, basic bookkeeping, intake assessment skills and expertise in the different areas of administration.*

*I also think that I need to have a warm, outgoing personality and a calming nature so that I can contain clients. My listening skills are very important during intakes and my assessment skills help me understand what the needs of the clients are.*

5. What have you learnt about yourself, through doing this job?

*I have learnt that I have a very strong personality, and that I am always willing to help and listen to people. I am also willing to support clients and assist were I can.*

6. What do you enjoy most about your job?

*Honestly, I enjoy almost everything because I know that I am good at doing almost everything that is requested of me. I find minute-taking stressful and draining because it demands a lot from me and my time. It is sometimes difficult to focus on the minutes because I think about my clients and their needs. I really enjoy working with clients and doing intakes. I have developed good relationships with all of the clients. This helps the clients feel comfortable and we understand each other. I am able to draw boundaries with clients but still make them feel warm and welcome.*

**By Mosima Selemela: Receptionist and intaker**

## Abstract: The land of milk and honey: A picture of refugee torture survivors presenting for treatment in a South African trauma centre

*The following is the abstract for an article that has been accepted for publication in an upcoming issue of Torture the Journal on Rehabilitation of Torture Victims and Prevention of Torture.*


**Abstract:**

Intake data obtained from 55 refugee torture survivors accessing trauma treatment services at a centre in Johannesburg, South Africa, paints a picture of suffering beyond the torture experience. The intake forms part of a more comprehensive monitoring and evaluation system developed for the work done with torture survivors accessing psychosocial services. The diverse sample with different nationalities highlights that torture occurs in many countries on the African continent. It also highlights South Africa's role as a major destination for refugee and asylum seekers.

However, "the land of milk and honey" and the process of arriving here, often poses additional challenges for survivors of torture. This is reflected in the high levels of Post Traumatic Stress Disorder (69%), anxiety (91%), and depression (74%) for our sample, all of which were significantly correlated. The loss of employment status from before the torture experience until the time of intake was great for this sample, impacting on their recovery. In addition the presence of medical conditions (44%), disabilities (19%), and pain (74%) raise serious questions regarding interventions that focus mainly on psychosocial needs. No significant gender differences were found. The paper begins to paint a clearer picture of the bio-psycho-social state of torture survivors accessing services in South Africa, as well as highlighting many of the contextual challenges which impact on recovery.

**Authors:** Monica Bandeira, Craig Higson-Smith, Megan Bantjes, and Peter Polatin

# CHALLENGES FACING COMMUNITY FACILITATORS

*The support work that we offer at TTP is in the form of home visits, as we are targeting ex-combatants and torture survivors who have limited access to psychological services. However these home visits are not without their own sets of challenges. This is clear in this excerpt from the article to be submitted to the International Journal of Transitional Justice.*


**Language as a Barrier to Effective Communication**

One of the major challenges that I have experienced when working with ex-combatants is the feeling of isolation that sometimes results from the language barrier. Being an Indian female from Kwa-Zulu Natal, I have only ever been exposed to isiZulu and very rarely to any of the other South African indigenous languages. On the first day that I went to visit a client, I was amazed at how quickly one can get "lost in translation".

***Excerpt from Process Notes:***

*I was accompanied by my colleague whose home language is Tswana, the same as that of the client. When we arrived the introductions were done and before long we were seated in the comfortable living area of the client's home. As we started talking, the client started finding it very difficult to communicate with me in English, and switched to Tswana every so often. As this was the first real exposure to the language, I had to constantly turn to my colleague to interpret for me. Soon I realised that this can become a cumbersome exercise, as my colleague would constantly have to stop the client midway, to explain to me in English what has been said. At times, I would ask him to let the client speak and we would discuss what has been said on the drive home, so as not to continuously disrupt the client. However, when the conversation is being carried out, it is very easy for the mind to slip away from the current situation, as you no longer feel part of the discussion. One has to deal with feelings of being sidelined due to the lack of understanding of the other's language. This can sometimes prove to be a deterrent to further communication and participation, and one can very easily lose interest in the conversation.*

We negotiate reality through language. When working with clients across cultures, the meaning that is attributed to the words that they use becomes very important to the person conducting the interview. All too often, when a client speaks about their lives and the challenges that they are facing, one can sense, even if you do not speak the language, the emotions that the client is experiencing. However when the conversation was translated back to me, I felt that a lot of the emotion that was displayed by the client was somehow lost in the translation. I felt very inadequate, as none of the training that I had undergone had prepared me for this type of challenge. This motivated me to start exploring alternative methods to try and bridge the communication gap.

I realised that the more I tended to concentrate on following the language, the more I became ignorant of the non-verbal communication that occurred during our interactions with the client, for example, eye contact, a gentle tap on the hand, a smile or a tear, which are all very important aspects of the communication process. Through this, I have come to the conclusion that as much as I saw language as an obstacle, I have discovered a myriad of alternative methods on which to build on the personal connection between the client and myself.

These occur during the long silences, that we all

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too often experience in consultation, in the tone of the client's voice when they speak of something/someone that is important to them, by the look of despair on their faces when they are faced with something troublesome, or the simple look of gratitude on their faces when we take our leave. Working from a community perspective, I now know that these gestures that take place during a conversation are what enable me to somehow understand the language in my own way.

**By Pravilla Naicker: Community Facilitator**

## The South African No Torture Consortium Activities

### SANToC report: Feb-April 2010

### Torture is on the Map

1. March 2010 saw the Independent Complaints Directorate (ICD) holding a consultation workshop with civil society on the expansion of the ICD's mandate to include the mandatory investigation of torture. Marivic Garcia represented SANToC and did a presentation on the rehabilitation of torture victims.
2. In April, the Section 5 committee on Torture Prevention of the SA Human Rights Commission held a Round Table discussion on the Draft Combating of Torture Bill. The discussion was stimulating and a learning experience. There are still different views on how broad the definition of torture should be. The SANToC co-ordinator, Megan Bantjes contributed comments focussing on two main issues:
    a. The need for the right to rehabilitation to be articulated in detail. The draft bill refers only to the state's provision of "assistance and advice to victims of torture". This clause is vague and allows the state a narrow interpretation of the bill, potentially excluding rehabilitation, redress, compensation and the broader responsibilities to torture victims which these terms denote.
    b. The need to expand the description of the responsibility of the state to promote awareness of ways to prevent torture that goes beyond training officials in "reporting all acts of torture". Public officials have the potential to prevent torture in many other ways. For example, in our work with police and psychiatric hospital staff, it is clear that they require training on alternative methods for maintaining control or achieving the ends which torture and cruel, inhumane and degrading treatment currently achieve.

It is hoped that the Minister of Justice will approve the circulation of an updated draft of the Bill publically for comment. SANToC will make a formal submission to the Department of Justice when they release this draft bill.

### Improving rehabilitation through knowledge sharing

1. SANToC's ordinary meeting in March included a presentation by Miriam Fredericks on Intergenerational Trauma Interventions being done primarily with children of ex-combatants at The Trauma Centre for Survivors of Violence and Torture. This was noteworthy as it formally began the knowledge sharing programme aimed at improving torture rehabilitation which SANToC has been planning since its inception.
2. SANToC was invited to make a presentation to the Board of the UN Voluntary Fund for Victims of Torture (UNVFVT) in Geneva in February along with other anti torture networks. UNVFVT is a key funder in the field, making this a valuable profiling and networking opportunity.
3. "Probono.org" held a successful networking event at Constitution Hill in February in which SANToC was profiled along with other NGOs seeking pro bono legal services. The law firm Denys Reitz as part of their pro bono work subsequently drafted legal agreements governing the distribution of funds amongst the SANToC members. SANToC is continuing to formalise the relationships between its member organisations.

**By Megan Bantjes: SANToC Co-ordinator**

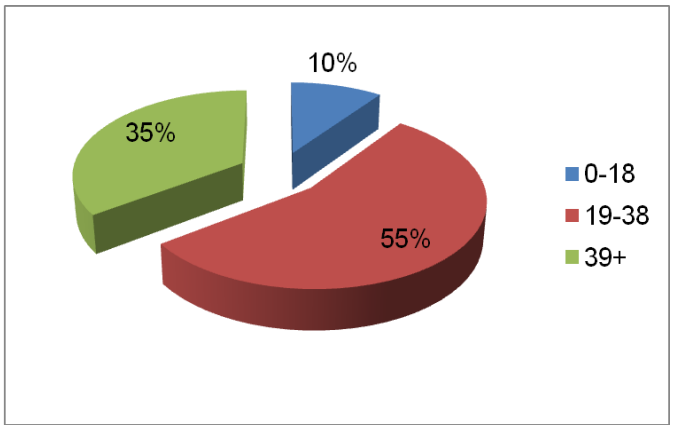
## M&E Corner

Monitoring and Evaluation (M&E) is very important to TTP. The purpose of the M&E is to:

- Measure the impact of our interventions
- Use the information gathered to inform and improve our interventions
- Document our activities in order to look at contextually based model development

Through our M&E, we are able to obtain various statistics, including the demographic (age, nationality and gender) breakdown of clients. The following breakdown includes the torture survivors that we have seen at TTP from January to the end of April 2010.

**Demographic information of torture clients**

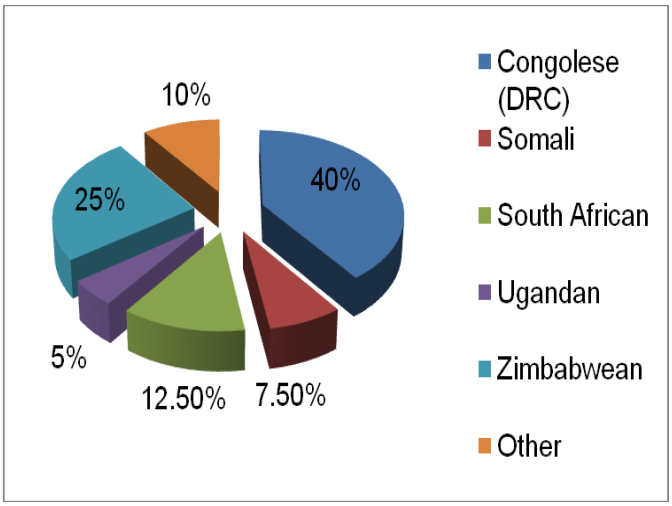



Graph: Breakdown of age of tortured clients seen TTP from January – April 2010

**Gender breakdown of Individual Torture Clients from January to April 2010**

**Total number of clients: 40**

- Female: 24
- Male: 16




Graph: Breakdown of nationality of tortured clients seen TTP from January – April 2010

**Findings of the demographic information:**

The data above indicates that most of our clients fall between the ages of 19 to 38 - typically the economically active age within a society. Additionally, our clients are primarily refugees or asylum seekers. In this sample, “Other” includes Burundian, Ethiopian, and Sudanese clients, as well as clients from the Congo: Brazzaville.

When looking at the gender breakdown of torture clients, in previous analyses, the sample tended to be closely divided over gender lines, however, almost two thirds of this sample are women.

**By Dominique Dix-peek: Researcher**