SAHSSO's Victims of Violence, Torture and Rehabilitation Programme:
a response

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The 'Violence and Health' edition of *Critical Health* included an article on SAHSSO's emergency services groups (ESGs), established as a response to appeals at our launch, from ANC leaders that health workers begin to set up structures to prevent violence or to deal with the effects of violence on individuals and communities.

The ESGs, however, are only a small aspect of our work. SAHSSO has taken up the challenge in the holistic way emphasised by Barbara Hogan. Our work on violence and related issues includes the problems of captivity and torture, urban and rural violence and returning exiles.

Urban Violence: Counselling and Care

We have established a programme which provides counselling and medical care to victims of violence and also social relief and assistance in rehabilitation. We are also involved in assisting people traumatised by imprisonment and torture. This includes support to returning exiles previously held in camps outside the country or captured by enemy forces.

So far, our programme, the Victims of Violence, Torture and Rehabilitation Programme, has been well established in the western Cape, although we do have branches in Natal and the southern Transvaal. People in our border and northern Transvaal regions are working at establishing related projects, but it is difficult to get things going due a lack of human and financial resources.

In Cape Town, we have a centre called the Western Cape Trauma Centre. At this centre, we provide a combination of individual and group counselling. Individual counselling involves psychotherapy around issues which clients might wish to keep confidential, whereas group counselling emphasises the principle of 'survivor helping survivor'. We involve group participants in collectively working out strategies of coping. Group counselling is a suppor-

tive approach in which people feel less isolated.

The level of political violence has escalated in Crossroads. This is, however, not widely covered by the media. Here we provide a medical service to injured people. To perform this task, we have a wide network of medical practitioners and other health workers who volunteer their services. Their services are performed at the trauma centre or we refer our patients to them.

At Crossroads, we have a satellite station which is involved in liaising with community organisations and identifying potential areas of risk. We help avoid conflict, by assisting in mediation between people. For instance, we encourage older refugees to accept newcomers in already overcrowded areas.

We also provide a link between affected communities and various social relief agencies like Operation Hunger and the Black Sash. The government has a fund for victims of violence to which we do not have direct access, so we refer people to agencies such as Quaker Peace, St John's Ambulance or the Red Cross which have access to this fund.

Rural Violence: Starting Up

SAHSSO is trying to set up a rural aspect to the programme. At the moment, our focus is on violence in rural Natal and on farm workers who are abused by

Below the mist - an atmosphere of tension and trauma ***Photo: Photo Workshop***

their employers. This programme is not well developed as yet. It has been difficult to encourage health workers to work in these areas. The programme has only one full-time worker and we will be employing four senior counsellors in each of the areas we are involved in. We have also advertised a field workers' post. The role of the field worker would be to liaise with affected communities.

Returnees: From Exile and Captivity to Reintegration

Our work with returning exiles involves, not only assisting them in coping with psychological problems associated with torture and captivity, we also assist in reintegrating them into South African society. For instance, we liaise with the city council of Cape Town to make housing available for returning exiles, and we also refer returnees to organisations involved in education and training or to organisations which could assist them with study bursaries. NCCR has a centre, the Moira Henderson Centre, which is used as a half-way house for returning exiles. While they live at the centre, we engage them in our group therapy sessions and also provide them with individual psychotherapy.

Detainees

The extent of our work on the effects of all forms of violence is indeed vast. SAHSSO has been trying to lobby for the right of sympathetic district surgeons or counsellors to visit detainees. Their task is to identify prisoners who are faced with conditions such as depression, and to give these prisoners immediate treatment and therapy.

We find that in nurse or medical doctor training, little provision is made for courses on the ethics of torture and in recognising the consequences of torture. We have been lobbying the government and other organisations involved, as individuals and as an organisation, to include these aspects in the training of health workers. At a nursing college in Cape Town, a course on ethics related to torture and detention is included in the general ethics and professional practice module. Similarly, a doctor, who is a SAHSSO member is in the process of initiating a module for medical students at UCT.

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