Tortured exiles – an invisible population

Since 1994 South Africa has been accepting increasing numbers of asylum seekers from other African countries, and a significant number of these people have been tortured. The United Nations High Commission for Refugees has records of approximately 30 000 refugees and 140 000 asylum seekers currently in South Africa, the majority of whom come from countries in Central and Eastern Africa.[1] It is estimated that between 20% and 50% of African refugees have been tortured (I Genefke – paper presented at the World Congress of Psychiatry, 1999).

Torture impacts upon all the body's systems: dermatological, cardiopulmonary, gastrointestinal, musculoskeletal, neurological, urological and genital, gynaecological, ophthalmological and dental.[2] The psychiatric consequences of torture are typically described in terms of post-traumatic stress disorder (PTSD),[3,4] although many experts argue that this diagnosis does not capture the diversity of the psychiatric sequelae of torture.[4] Certainly torture is also related to a range of other anxiety and mood disorders, as well as sleep disorders, substance abuse, sexual dysfunction and somatic disorders.[5]

Torture survivors have special needs for protection and health care, but much of what is known about torture treatment comes from populations in refugee camps or in specialised torture treatment centres in highly developed countries. Relatively little is known about the health needs and health-seeking behaviours of the large group of torture survivors living in very difficult circumstances as exiles in less developed countries.

Seventy-seven in-depth interviews were conducted with adult torture survivors living in exile in Johannesburg. They came from seven African countries and the majority had been in South Africa for more than 2 years. Only 8% were officially refugees, with the vast majority (81%) waiting for a decision as to their status from the Department of Home Affairs.

Although the tortured exiles come from a broad range of backgrounds, they share experiences of torture, fleeing from their homes and leaving loved ones behind, the often arduous journey to South Africa, and the struggle to build a new life in a country that is sometimes very hostile. The prevalence of different forms of torture is extremely high in this sample. For example, 77% had been beaten, 65% had experienced solitary confinement, 29% had been held underwater, and 22% had been raped.

When asked how torture had impacted upon their physical and mental health, respondents listed a broad range of symptoms. The most common complaint was of general poor health (21%), which is consistent with extended exposure to extremes of temperature, damp, lack of hygiene and poor nutrition associated with prisons. Eighteen per cent complained of pain from wounds sustained under torture, and 11% listed permanent disabilities. A further 10% experienced chronic headaches and general body pain. Various psychiatric symptoms were spontaneously mentioned by a large proportion of the sample. Approximately 34% of the sample reported symptoms associated with PTSD and complex PTSD, while 32% reported symptoms associated with various forms of depression.

Overall, 65% of tortured exiles said they were currently in need of health care, and 66% reported a need for mental health services; 55% listed specific health needs, including care for injuries sustained during torture, chronic conditions such as blood pressure, diabetes and headaches, and minor ailments such as bouts of influenza and toothache. Three people needed surgery. Sixty per cent listed specific mental health needs which included assistance to deal with traumatic experiences in the past, assistance in dealing with troubled children, and counselling to help solve problems relating to the practicalities of their new lives in South Africa.

Only 46% of participants had actually received care through the South African health services – far fewer than had listed significant and chronic symptoms, or had described themselves as needing care. Only one of them had received assistance for torture-related injuries, with the rest being treated for more general ailments.

While for many exiles language is a key obstacle to receiving adequate health care, other factors relating to experience with health workers are also important. Exiles' descriptions of their experiences with health services in South Africa range from the extremely positive to the extremely negative. The sample includes a person who had received reconstructive surgery to repair damage done by his torturers. This surgery was an important step in his recovery. Sadly, it also includes a road accident victim who was refused help by ambulance personnel because she did not have her refugee papers on her at the time.

Of those who used health services in South Africa, only 43% gave a clear evaluation of the quality of those services. The majority of these gave the South African health services a strong positive rating. However, when asked about South African health care providers, the majority gave very negative ratings. These seemingly contradictory findings reflect the fact that health facilities and infrastructure are far more developed in South Africa than in exiles' countries of origin. But while the facilities may be good, exiles report verbal abuse, rejection and discrimination at the hands of health personnel. Tortured exiles were often required to pay large sums for public health services, or were forced to use private services when public services were denied.

Extrapolation from these findings suggests that there are

between 5 500 and 13 500 tortured exiles in need of health services currently living in South Africa. These people present difficult challenges to health professionals. The assessment, documentation and treatment of torture survivors requires a degree of specialist knowledge and skill. The data also suggest that very few tortured exiles approach health service providers for torture-related health problems. They are more likely to present for emergency or obstetric care, or with less specific complaints. In some cases the history of torture is an underlying cause of the presenting medical problem, or a factor exacerbating it.

In the past, a core group of South African health professionals worked to prevent torture and care for those who suffered under apartheid. In recent years, however, torture as a medical concern has become largely invisible in South Africa. There are several reasons for this. Firstly, some health workers do not want to assist exiles precisely because they are foreigners. Their prejudice leads them to deny assistance, or to provide the bare minimum of care. Secondly, torture survivors typically do not want to talk about their torture even when given an opportunity. Many feel ashamed that they were tortured, or afraid that telling about torture will add to the prejudice against them as foreigners, or endanger their lives in South Africa. Thirdly, as has been identified previously,[6] many South African health workers are not sufficiently educated about torture and its effects upon health.

People who are entitled to health services and who have serious health concerns are sometimes denied treatment. Furthermore, the treatment that they do receive is compromised by a lack of disclosure on the part of the patient and a lack of knowledge on the part of practitioners. This situation may be improved through: (*i*) the Department of Health clarifying and enforcing policies regarding the provision of services to refugees and asylum seekers; (*ii*) building health personnel's awareness, knowledge and competence in treating torture survivors through academic training, workplace seminars, professional publications, and conferences; and (*iii*) supervisors and managers responding effectively to incidents of discrimination or other unethical practice on the part of personnel.

In this way we can start to offer accessible and appropriate services to all torture survivors, those South Africans who are still living with damage sustained within the prisons of the apartheid government and others who have come to this country in search of protection and care.

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