Children and apartheid

Naomi Richman

The abuse of even one child in this country, especially if this leads to death, causes us concern. The systematic abuse of large numbers of children by the state is horrifying; yet this is what is happening in South Africa and was the theme of a conference held in London in April called "Children, apartheid and repression in southern Africa."

The conference was organised by a group of people who had been in Harare in September 1987. There they had heard the testimony of doctors, lawyers, parents, and the children themselves on how South African children are detained and tortured. The children described their experiences of physical abuse: electric shocks, severe beatings, suffocation, being placed in a refrigerator. They also talked about the psychological torture of solitary confinement, threats of death, humiliation, and forced confession. One boy was made to lay down naked in a mortuary, another had a tyre placed around his neck and was told it was going to be set alight (*Children of Resistance*, Brittain V, Monty A, eds. London: Klip-ton, 1988).

Figures about the numbers of detained and murdered children are hard to come by. It has been estimated that since the state of emergency in June 1986 about 30 000 people have been detained and that a third of them were under 18 years. In many cases the children who are detained are not charged, and their parents are not told of their whereabouts for long periods; they are unlikely to be represented by lawyers if they are charged.

The official figure for the number of children killed by the police in 1985 was 201. A survey of 77 of these children by the United States Lawyers Committee for Human Rights showed that 19 were under 10 years old; 44 were shot, 17 burned to death, three run over, four drowned while trying to escape the police, two beaten to death, one stabbed, and six died of unknown causes.

For the children who survive these terrible experiences have long term psychological effects. Voluntary counselling for them has been organised by church groups and others such as the Organisation for Appropriate Social Services and the National Medical and Dental Association, an alternative to the official Medical Association of South Africa. In a sample of 83 children seen in one National Medical and Dental Association clinic 15 were under 14 years of age, and over half had symptoms of psychological disorder.

Symptoms include anxiety and depression, hopelessness, sleep problems, nightmares, and disturbances of concentration and memory. A large proportion fulfil the criteria of having post-traumatic stress disorder according to the criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (third revision) (DSM-III).

Bishop Desmond Tutu described one 15 year old boy seen after he was detained. "It is not clear what the police did to Johnny . . . what is certain is that he went in a lively, healthy and normal youngster and he came out a walking vegetable" (Unicef report *Children on the Front Line*, 1987, p 59).

A recent editorial in the *Lancet* states that "the evidence that schoolchildren in South Africa have been imprisoned and tortured is overwhelming" (*Lancet* 1988;i:623-4). These systematic attacks on children followed protests about their poor education and lack of opportunities. The Detainees Parent Support Committee, formed to locate and support detained children, has now been banned. Doctors, psychologists, and others who try to help children who have been detained or complain about the treatment of detainees put their jobs, and even their lives, at risk.

A central issue at the meeting in London, which was attended by a wide variety of professionals, was how we in this country should respond to what is going on in South

Africa. There was great concern that the official South African bodies, such as the Medical Association of South Africa, do not condemn the alleged detention and torture of children. Indeed, the Medical Association of South Africa and the South African Paediatric Association published guidelines about children in detention, including the statement, "Punishment should not be administered too often, otherwise it loses its value completely in time. This is particularly true of corporal punishment" (*South African Medical Journal* 1987;71(suppl):6). The Psychiatric Association of South Africa is conspicuous by its silence on these issues.

Some people think that one way to help the situation in South Africa is by having links with South Africans in the same profession. It must, however, be recognised that in the past 20 years despite continued links protests from official professional bodies have been negligible. It is ingenuous to keep on hoping that they will change when there is no reason for them to do so. As psychologists know from their clinical work, behaviour is unlikely to change unless the consequences of that behaviour act as a deterrent. Up to now there have been no important consequences for health professionals in remaining silent about the torture of children. South African professionals are sensitive to public opinion and want to be accepted by colleagues, especially by those in this country, and it is important for them to hear strong condemnation of their silent collusion.

One of the few ways British doctors could exert pressure is through a boycott of professional contacts with official South African bodies and their representatives. If we do nothing we are accepting silently the torture of children.

Naomi Richman is reader in child psychiatry at the Institute of Child Health in London