A DAY IN FATIN HAKMATEK- MULTI-TASKING AND STILL BREATHING

INTRODUCTION

Pradet (Psychosocial Recovery and Development in East Timor) is an NGO providing psychosocial service to the people of East Timor since 2000. This service is provided by local counsellors, who have a background in nursing or psychology, and who have many years of experience in responding to people with mental illness, and trauma from violence.

Fatin Hakmatek (Safe Place) is one of Pradet’s 6 programs. Commencing in 2003 and funded largely by UNFPA and Caritas Australia, Fatin Hakmatek provides both crisis and follow-up care for people experiencing domestic violence, sexual assault and child abuse. The facility based at Dili National Hospital (HNGV), provides counselling, medical care, forensic examination and documentation of injuries, referral to relevant services for legal advice, safe accommodation, child protection and health care, and other assistance as necessary. Fatin Hakmatek also provides training and education for health workers, police and the community about the nature and impact and the myths that support offenders who commit these crimes, and raises community awareness about the development of referral pathways in the districts and sub-districts to enhance access to services.

In June 2010, the Domestic Violence Law for East Timor was finally approved by the Parliament after 7 long years of writing and negotiation with various stakeholders. A number of agencies, both UN and local organizations, have provided community education nationally about the new law, particularly through the media, and specific training has been conducted with police, health workers, NGOs and child protection officers from MSS (Ministry of Social Services). This has resulted in greater awareness and also more referrals to services.

The following is a brief description of one day at Fatin Hakmatek, 27th July 2010, albeit an exceptionally busy day, but which may be an indicator of things to come.

Fatin Hakmatek has eight (8) staff members, five (5) female midwife counsellors, including the Coordinator, one (1) male nurse counselor, one (1) driver, and one (1) cook/cleaner. There is also one (1) half time International Mentor and a part-time pathologist from Cuba employed by the hospital as a forensic specialist.

On 27th July 2010, one midwife counselor is away on maternity leave, two midwife counsellors and the driver are in Covalima doing follow-up visits of clients and promotion, leaving 2 midwife counsellors, one of whom is the coordinator, the male nurse, the cook/cleaner and the International Mentor working at the Fatin Hakmatek facility in Dili. The day begins at 8.30am.
By 9.00 the coordinator is attending a training session at the Justice Facility about proposal writing and the International Mentor is attending a meeting with the Director of Pradet and other senior staff to organise a Strategic Planning program for all Pradet staff in October. Capacity in proposal writing and strategic planning is essential for the future of the service. The one remaining midwife counselor, the male nurse and the cook/cleaner are in Fatin Hakmatek. There are already 3 clients, who have been referred the week before, who need to be followed up.

CLIENT 1
A woman aged 37 had been brought by ambulance from Ermera to Fatin Hakmatek the week before after she was violently attacked by her husband with a machete. He had amputated her right hand, split her left hand between her fingers to her wrist, and cut and lacerated her stomach and face. She was admitted immediately to ICU (intensive care unit) in a serious condition. Her daughter witnessed the attack and police were anxious to get a statement from the victim when she was well enough. Police had been calling Fatin Hakmatek daily to organise this. Fatin Hakmatek staff had been visiting her daily in ICU and providing counselling and financial support, including food and clothing, to the daughter. Police were also pressing for a medical/forensic report to assist the prosecution case. The International Mentor had explained to UNPOL that this was not possible until she was well enough and they would have to get reports from the treating doctors about her injuries. Police had arranged to interview the daughter today (27th July) in Fatin Hakmatek. The woman is still in hospital and her condition less critical.

CLIENT 2
A young boy aged 6, was brought to Fatin Hakmatek from Ermera by police and a child protection officer from MSS (Ministry of Social Services) 3 weeks ago. His aunty had thrown boiling water over him and he had serious burns on his neck, shoulders and back. The family had hidden the child for a few days but a neighbor had reported to the police who then transported him with his grandmother to Dili. The child was extremely traumatized, clearly in great pain and malnourished and stunted in growth. He looked like a 3 years old child. He also has old cuts and injuries on his arms and legs. Fatin Hakmatek staff arranged for his immediate admission to hospital and continued to visit him daily. When he was discharged 5 days ago, accommodation, money, food and clothes and counselling were provided. The child protection worker had already decided he was not to return to Ermera and his grandmother had agreed to stay and care for him in Dili. The child protection worker was bringing him daily to Fatin Hakmatek for continuing medical care and support and will continue to monitor the situation.

CLIENT 3
A little girl aged 5 and her parents had been brought to the hospital by the ambulance boat from Atauro 9 days ago. She had been sexually assaulted and needed urgent medical attention for vaginal bleeding and internal lacerations. A day after her admission TVTL (Television Timor Leste) had simply walked into the ward where she was being treated, filming her and her father, and the story was shown on national television that night. There had been general outrage
from MSS Child Protection and the police. Attempts were made to provide a private VIP room for her but there was none available. As it was apparent the hospital could not provide security for the child, and at the specific request of the Director of MSS (Ministry of Social Services), she and her parents were taken into the emergency accommodation in Fatin Hakmatek, although she should have still been in hospital. She and her parents stayed in Fatin Hakmatek for 3 nights, meaning that 2 staff had to also stay, before outside accommodation could be found for them. When that was arranged, Fatin Hakmatek was transporting her and her parents daily to and from the hospital for continuing treatment and to ensure she was not filmed or photographed by the media. On 27th July, the male nurse from Fatin Hakmatek was to perform this task. Police were suspicious of the story given by the father that an old man climbed in a window, taking her from the house and assaulting her. This was the story the father gave when televised. The child had in fact been sleeping in the same room as her older brothers. Again police had been most anxious to interview her and were also due to see her on 27th July in Fatin Hakmatek for a child focused interview after she was seen at the hospital. The Cuban doctor was reluctant to examine her for forensic purposes as she was still bleeding and again the International Mentor had to explain that the treating doctors could write a report for Police. This was also arranged.

So on the 27th July 2010, the one midwife counselor and the one male nurse already had 3 clients booked for follow-up when the first of seven new referrals started to arrive. The seven victims and accompanying family members, were all brought in by police, and all victims had injuries requiring medical/forensic examination and documentation for the prosecution case as well as needing counselling and legal information. The Coordinator was able to assist after her training session at Justice Facility finished and the Cuban doctor was available after 12.00. Anyone who needed food and/or clothing received it immediately. A representative from VSS (Victim Support Service from JSMP) was also available to provide legal information and a child protection officer was involved with the 2 child abuse cases.

CLIENTS 4, 5 and 6
Police from Ermera brought 3 female victims, 2 young women and their mother. Two boys had been playing football in the front garden of the house where the 3 women lived when the mother told them to move away as they were damaging her garden. When the father of the 2 boys heard the woman had told his sons to move away he shouted at her “Aunty you have no right to tell this to the boys because this is not your land!” The 2 daughters came and argued with the man so he hit one several times and pushed the other one who was pregnant so she fell onto the ground. Then the 2 sons returned and beat the mother giving her a black eye and head injury.

The mother was especially traumatized and the pregnant woman worried about her baby. They were all concerned for their safety. The land dispute has been continuing for many years with no resolution in sight. Counselling, medical care and the injuries were documented, legal advice was given by VSS (Victim Support Service) and police drove the 3 women to stay with family in Dili.
CLIENT 7
A 10 years old girl came with her mother and police. The family had been providing accommodation to a man (family or friend?) who “lives very far away” but comes regularly to Dili. He had been taking the child to an empty house to sexually assault her saying to her “this is good for you “ so she had not told anyone what he was doing. The night before, her sister had seen the man with no pants on, lying on top of the little girl. And then told her mother. The mother was very angry and started to hit him before he ran away. They then went to the police the next day and were brought straight to Fatin Hakmatek. The mother was extremely upset and the child not speaking much. A medical/forensic examination was performed and the child will need follow up STI (sexually transmitted infections) checks and counselling. Police are still looking for the offender.

CLIENT 8
A woman aged 35, who has 4 children, was physically assaulted by her husband who is a police officer. Dili District police brought her to Fatin Hakmatek after she reported to them. On Saturday 24th July she had gone with her children to visit her brother, coming home at about 5.00 pm. She was sitting in front of her house with a friend when her husband came home. He was angry and suspicious. He asked his daughter whether the brother had given them food. The daughter didn’t answer. The wife then started to clean the children’s shoes. The husband then became very angry and started beating his wife on her body and legs, with his police boots, shouting “you can tell the police and your brother, I am not afraid”. The wife told counsellors her husband has always been suspicious and shows her no respect. When her father, who lives on Atauro, stays with them her husband never speaks to him and has accused her of “having sex with her father”. However this is the first time he has physically assaulted her. Fatin Hakmatek counsellors think there may also be an issue about barlaque (bride price) not being properly paid. The client was spoken to by the Fatin Hakmatek counselor, her injuries were documented and she received legal advice from VSS. She was also given some money for food and the police drove her and the children to stay with her family.

CLIENTS 9 and 10
Dili District police came with 2 women with bruising and lacerations. The grandmother, her daughter and granddaughter all live together in Dili. Today the granddaughter was burning children’s clothes in a fire when her sister-in-law observed her. The sister-in-law then went to tell the grandmother who then told her granddaughter to stop doing this. The granddaughter became angry and hit her grandmother several times before throwing a chair at her hitting her shoulder and head. When the grandmother’s daughter came home from working at Café Timor and saw her mother’s injuries she argued with her daughter. The granddaughter then pulled down her mother’s pants so the mother fell down and then the granddaughter started beating her as well. She was accusing her of being “a bad woman who sells her body to other people”. The granddaughter’s mother has had 14 children but only 8 are still alive. She has been washing other people’s clothes to make money. The granddaughter was raped by her father when she was only young, and allegedly drinks a lot of alcohol, causing big problems in the family. Clearly the granddaughter needs some psychological
help but police had not yet arrested her. Fatin Hakmatek gave the grandmother and her daughter counselling, some food and clothes and their injuries were documented. Legal advice was given by VSS (Victim Support Service) but at this stage they did not want to pursue the matter with police. They felt safe enough to return home, as there are male relatives nearby.

As a finale to an extraordinary day there was a strong gusty wind blowing in Dili in the afternoon. At approximately 4.45 pm there was an enormous crash when the steel power pole carrying main wires to the hospital fell onto the tin roof of Fatin Hakmatek. All power was cut. Fortunately it was not raining. Pradet staff waited till 6.40 pm for the emergency crew from the Electricity Co to come but the next day the pole was still leaning against the tin roof although the wires had been lifted up off the roof and power restored.

CONCLUSION
These stories are a snapshot of the daily activities of Fatin Hakmatek but their complexity reveals a number of important issues facing East Timor today. The past history of violence has left a legacy of trauma, a depleted infrastructure and extreme poverty. The challenges are to reduce poverty, to improve infrastructure, to provide adequate services and access to them, to provide community education and support to reduce violence and challenge the myths about violence to women and children. The importance of professional and non-judgmental health care and police response and a viable legal system is paramount for the security and well being of victims. Good communication and working relationships between all service providers, both Government and non-government, families and community leaders are an indicator of a competent referral pathway. These stories show that it is not easy but it is possible.

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