

# Developing an understanding of complex trauma among child sexual assault survivors in South Africa: what does this mean for practise?

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# Co-investigators

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# Violence against Children in SA

- National estimates Optimus Study <sup>1</sup>
  - 1 in 3 report sexual violence & physical abuse
  - Incidence of over 350,000 cases per year
- Community-based studies

Physical abuse	56% of children <sup>2</sup>
Witness domestic violence	35 - 45% of children <sup>3</sup>
Emotional abuse and neglect	53% girls + 56% boys <sup>4</sup>
Sexual violence	39% girls + 16% boys <sup>5</sup>

- 40% (23 488 ) of sexual offences reported to the police are children under the age of 18 years (SAPS 2017/2018)
- Economic cost of not preventing VAC is estimated at R238.58 billion / 6% of the GDP for 2015 <sup>6</sup>

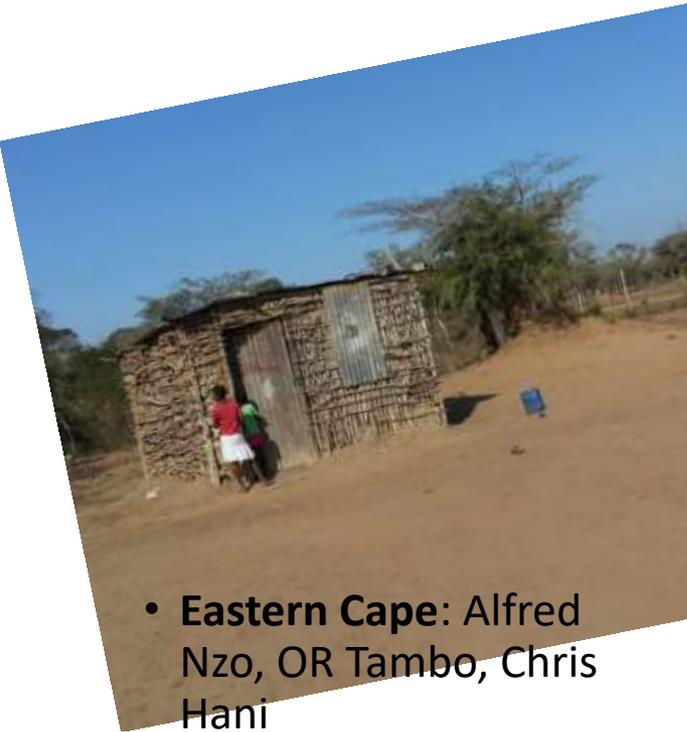
# Mental health effects of CSA

- The immediate and long-term impact of CSA is multifaceted
- Behavioural and emotional adjustment is associated with parental/ caregiver reaction post-disclosure
- Longitudinal studies in HIC shows an association between punitive parenting styles and an increased likelihood of mental health problems in the child
- Positive parent-child relationship is important for post-CSA recovery
- Family functioning influence support the child receives post disclosure
- Lower levels of family support associated with an increased risk for long-term anxiety and depression

# Methods

- Combining qualitative and quantitative approaches
- Children between the ages of 7-18 years were included
- A purposive sample 80 dyads combined
- Pre-post test design
- Psychological recovery was assessed – using self reports and screening tools to assess psychological symptomatology and behavioural adjustment
- Parenting behaviours were assessed through self reports and semi-structured interviews
- CYCW and social worker interviews were conducted to document post-programme support; triangulation

# Research Sites



- **Eastern Cape:** Alfred Nzo, OR Tambo, Chris Hani
- **KwaZulu-Natal:**
- Amajuba, Umkhanyakude



# Assessment tools

Domain	Instrument
PTSD	<ul style="list-style-type: none"><li>• <b>Child PTSD Checklist</b></li></ul>
Depression	<ul style="list-style-type: none"><li>• <b>Child Depression Inventory</b></li></ul>
Internalising and externalising problems	<ul style="list-style-type: none"><li>• <b>Strengths and Difficulties questionnaire</b></li><li>• Measures: emotional problems (depression &amp; anxiety), peer problems, conduct problems, and prosocial behaviour</li></ul>
Resilience	<ul style="list-style-type: none"><li>• <b>Connor-Davidson Resilience Scale</b></li></ul>
Parent-child interaction/relationship	<ul style="list-style-type: none"><li>• <b>Alabama Parenting Questionnaire-9</b></li></ul>

# What did we find?

# Self Reported Mental Health Assessment of Children

	Pre N= 80		Post N= 77		<i>p</i> -value	
	7-12 yrs N = 43	13-17 yrs N= 37	7-12 yrs N=41	13-17 yrs N=36	7-12.yrs	13-17yrs
<b>Depression Inventory</b>						
<8	35 (81 %)	30 (81%)	37 (90%)	31 (86%)	0.0158	0.115
≥8	8 (19%)	7 (19%)	4 (10%)	5 (14%)		
<b>PTSD Mean Symptom Scores:</b>						
- Re-experiencing (5)	2.6	2.2	1.3	1.8		
- Avoidance (7)	2.6	2.1	1.5	2.6		
- Hyper-arousal (5)	2.0	1.6	1.1	1.3		
<b>PTSD Diagnosis</b>						
Full symptom	16 (37%)	9 (24%)	8 (26%)	10 (32%)	0.292	0.0725
Partial Symptom	21 (49%)	19 (51%)	23 (56%)	21 (58%)	<0.000	<0.000

# Inter-generational cycle of violence

*“Eish it is hard.... (pause) sometimes I think of killing my children because of what happened to me, now it is happening to XXXXX (crying). I did not plan to have her. I lost both my parents and I was then abused. Now they (her children) are abused as well what did I do to the Lord (silence crying) I even think about killing myself ..... (13 year old, intervention group)*

- Mom and daughter had difficulties with communication and she blamed the child for the abuse
- Mom disclosed her own sexually abused as a child resulting in being blamed and beaten by her own mother
- She has been in a violent intimate relationship with an older man but remained due to the financial support
- Mom displays feelings of self-hatred, and abuse of alcohol and drugs as a means of numbing her pain

# Complex trauma

- For most children (73%) children disclosure was not immediate
- Multiple forms of abuse or long-standing abuse is common
- Perpetrator were mainly known (2/3rds) to the child

A mother reports:

*“I never leave Y with him (referring to the perpetrator). I take her with me everywhere I go. If I go to a funeral I leave her with the neighbour. I don’t want to test him by leaving my child with him and have the same thing happen again.”*

Caregiver - eight-year old

# Emotional and Behavioural Difficulties

	Pre-intervention N= 80		Post-intervention N= 77		p-value	
	7-12 years N = 43	13-17 years N= 37	7-12 years N=41	13-17 years N=36	7-12.yrs	13-17yrs
<b>Emotional problems</b>	5.4	5.3	3.7	4.4	0.07	0.07
<b>Conduct problems</b>	3.6	2.9	1.8	2.5	<0.0000	0.129
<b>Peer problems</b>	3.4	3.8	2.5	2.5	0.002	0.327
<b>Pro-social</b>	7.6	7.2	7.2	7.2	0.009	0.726

# Parenting outcomes

- 1/3<sup>rd</sup> of the caregivers were struggling to implement positive parenting practices at baseline
- 90% were having difficulty supervising and consistently disciplining their children
- There is little improvement in parenting practices over time for both groups
- Parenting practices worsened over time

*“We fight a lot and I end up saying bad things, like telling her that what happened to her (referring to the sexual abuse) was no accident, she wanted it as the perpetrator was her boyfriend. I regret saying those things to her but it is because of the hurt and pain I am feeling especially when she shuts me off; I can tell what I say hurts her too.”*

Intervention, caregiver of 13-year old.

# Mental Health Recovery and family support

- Families are in state of flux post abuse disclosure – family conflict evident in the narratives
- Caregivers struggle with their own trauma with negative effects on the emotional support of the child
- Disbelief of the child – result in feelings of being unsupported
- “Fear” and “being scared” was common among younger children
- 50% of children moved carers from baseline
- “*perpetrator still around*” - compromised safety of children **major impact on recovery**

# Capacity Limitations of social services professionals

- Limited understanding of trauma and its impact
- Lack skills to positively engage with children who had experienced abuse and trauma
- Engagement with non-verbal (younger) children especially difficult
- Poor supervision and guidance

*“I enjoy working with a child who’s able to speak out, because some of them, they do not speak ..... Like the child who’s not speaking, it’s very hard to work with a person like that. Because I ask them a question – “what happened?” and the child just shut up the mouth, and you are trying to provide services...”*

Social worker interview, Grade 1 learner

# Conclusions

- Mental health symptomatology remained high post intervention
- Intergenerational trauma need to be taken into account in our therapeutic responses
- Caregiver's own trauma need to be recognised and managed in order for the child to obtain the necessary support
- Complex forms of trauma need to be recognised and therapeutic approaches tailored to address the intergenerational complex nature of trauma in South Africa
- Therapeutic approaches need to take into account the complex trauma children suffer – test interventions such as TF CBT in the SA setting
- Consider community-based mental health approaches that meet the needs of children and their families to enhance recovery