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TOWNSHIP VIOLENCE, LEVELS OF DISTRESS, AND POST-TRAUMATIC STRESS DISORDER, AMONG DISPLACEES FROM NATAL

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Abstract. This paper focuses on research carried out in 1990 with victims of the Natal violence. Natal is one of the areas severely affected by violence. This is characterised by brutal attacks, injuries, deaths of thousands of people, loss and destruction of property, and the uprooting, fragmentation and dislocation of communities. The study examined the relationship between exposure to violent incidents, levels of distress, and post-traumatic stress disorder (PTSD) among displacees of the 1990 violence in Natal. The first hypothesis was that exposure to traumatic events at the time of the conflict would have direct effects on levels of distress. Secondly, because displacees were exposed to a range of violent events outside normal human experience, it was hypothesized that many would display symptoms of PTSD. The sample consisted of 120 displacees who had fled their homes following violent attacks on their community, and were staying in refugee camps in the Pietermaritzburg area. The incidence of PTSD and levels of distress were measured by the Post- Traumatic Stress Disorder Inventory adapted for displacees. A brief interview schedule to obtain demographic information and details pertaining to traumatic experiences during the conflict was devised for this study. Results indicated an 87% incidence of PTSD within the sample, indicating that the majority of the sample were expressing symptoms of distress associated with the trauma they had experienced. More specifically, factors such as witnessing killings, the death of family members or friends, or being injured at the time of the conflict, were found to significantly affect the levels of distress reported. Implications of these findings are discussed.

Over the last few years there has been growing concern amongst mental health professionals in South Africa about the effects on the mental health of communities of

escalating violence erupting in townships around the country. Exposure to this violence is widely recognised to be stressful. However, because of the prolific and continuous nature of it, the personal significance of this is often lost. It becomes an every day event and thus the victims become forgotten statistics. The horror of their experience goes unheard and largely unrecognised.

In response to political, social and economic oppression, there has been an increase of violence in South Africa since 1984. The intensity of this escalated to full-scale civil war in 1987, leaving Natal particularly ravaged. This accounts for the high incidence of deaths in the Pietermaritzburg area since September 1987. Kentridge (1990) points out that more people died in the 18 months preceding March 1990, than in 20 years of fighting in Northern Ireland. Although the conflict in Natal had been predominantly between Inkatha and UDF affiliates, the government's lack of appropriate intervention and implicit support for Inkatha has inextricably linked it to the conflict.

The state has placed much emphasis on the racial characteristics of the conflict, describing it as 'black on black' violence, thus excusing itself from addressing its role in perpetuating the conflict. By emphasising divisions within black communities, it ignores political differences, differential access to resources depending on political affiliations, and the role played by warlords in the conflict.

The conflict in Natal cannot be divorced from the prevailing economic and political conditions. These acute circumstances have arisen within the context of the apartheid laws, poverty, oppression and violence experienced within many black townships in South Africa. The stress associated with these circumstances is extreme and comparable to catastrophic events outside the range of normal human experience.

TRAUMATIC LIFE EVENTS AND PSYCHOLOGICAL DISTRESS: POST-TRAUMATIC STRESS DISORDER.

Catastrophic events of this nature have been found to have pathogenic effects (Green et al. 1985). One stress-related condition recently recognised as a distinct syndrome related to environmental stressors is Post-Traumatic Stress Disorder. Exposure to catastrophic events outside the range of normal human experience is a diagnostic criterion for this syndrome. The characteristics of this disorder include re-experiencing of the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a range of autonomic, dysphoric or cognitive symptoms (DSM-III-R). Given the traumatic nature of the experiences faced by displacees, the incidence and severity of PTSD is of particular interest.

Many recent studies have found that exposure to traumatic events are associated with the onset of psychiatric disorders (Solomon et al. 1988). It is well recognised and acknowledged that the relationship between exposure to traumatic events and the expression of distress is not a simple one. It is constituted by a number of personal and situational factors. In other words, social and personal factors are not viewed as mediators in the stress process but are understood to be integral to the production of stress. The experience of distress is therefore understood to be constructed and constituted by historical, political, as well as personal factors.

Research concerning the effects of combat-related stress and the experience of civil conflict, indicate that these traumatic experiences have a significant effect on their

psychological functioning. McCann et al (1988) conclude that the intense threat of war is a pathogenic agent, inducing or aggravating a wide range of somatic or psychiatric problems, many of which overlap with symptoms of PTSD. Other findings also suggest that ongoing life stressors aggravate and reinforce PTSD (Friedman et al. 1986). As displacees live under continual conditions of violence and poverty, these findings suggest significant consequences for displacees.

The main purpose of this study was to assess the relationship between levels of distress and PTSD, and exposure to violent traumatic events experienced by refugees from the Natal violence. Levels of distress and PTSD were assessed after the subjects had fled from their communities and had been placed in displacee camps. Subjects were questioned concerning the type of violent events they had experienced, precipitating their displacement. This design enables us to evaluate: (a) the incidence of PTSD in this community; (b) the direct effects of traumatic events on levels of distress and the manifestation of PTSD.

METHOD.

Subjects.

Subjects were sampled from the population of displacees of two displacee camps in Edendale, set up following the outbreak of violence in Natal during 1990. Subjects consisted of 120 Zulu- speaking people who had been in the camps for three months or longer. Of the 120 questionnaires completed, only 95 scripts were valid. Twenty five scripts were rendered invalid because they were incorrectly filled in or were incomplete.

All the subjects were from Natal. The sample was made up of 35 males and 60 females, with ages ranging from 14 to 81. There were 56 youth (58,9%) aged between 14 and 20, and 39 adults (41.1%) above the age of 21. Approximately 12.7% were married. Of this sample, 88.4% had been displaced for three months. Eleven (11.6%) were youth who had been displaced in Edendale for periods of between 1 and 3 years, and who had been attending the Displacee Day Center. The average educational level was standard 7.

This group had experienced a range of violent and traumatic events, related to incidents that occurred at the time of the conflict. Table 1 below reflects the incidence of some of these experiences:

EXPERIENCE	NUMBER	PERCENTAGE
Family member killed	13	13.7
Witnessed family member killed	7	7.4
Friend killed	25	26.3
Witnessed friend being killed	20	21.1
Witnessed other killing	30	31.6
Witnessed assault	41	43.2
House destroyed	52	54.7
Injured	19	20.0

Thus over half of this sample had their houses destroyed, while a large proportion had been witness to a range of traumatic violent events.

Measures.

Post-traumatic stress disorder (PTSD) inventory. PTSD was assessed using a self report scale developed by Friedman et al (1986) for use with Vietnam veterans. Cronbach's co-efficient alpha was .96 on the original scale, indicating a high internal consistency. The original scale had high reliability and validity in discriminating between people with other psychiatric diagnoses and those with PTSD, suggesting its applicability to research with PTSD. The DSM III criteria for PTSD was used in this study as there was no available inventory developed to measure PTSD using the DSM III-R criteria.

The PTSD inventory, consisting of 15 statements describing symptoms of PTSD, was adapted to address displacees' experience following the conflict, and to provide a relative measure of the intensity of their distress. The adaption was achieved by substituting 'Vietnam' with 'the conflict'. Responses were measured using a Likert scale ranging from 1 to 4, allowing for greater variation in individual responses and providing a score that indicated the intensity or level of distress experienced by displacees.

The 15 statements were divided into three categories of symptoms corresponding to the DSM III criteria for the diagnosis of PTSD: (i) recurrent and intrusive recollections of the traumatic event (3 items); (ii) numbing of responsiveness or decreased involvement with the external world (3 items); and (iii) additional symptoms (9 items) associated with a diagnosis of PTSD such as survivor guilt, poor concentration, sleep disturbances, and avoidance of activities that elicit recall of the conflict.

The incidence of PTSD was calculated by counting those subjects who scored 2 or more on any (a) one of the items in the first two sections, and (b) on any two items in the third section. A total score was obtained by adding all the scores and dividing by the number of items answered.

As the original wording describing PTSD symptoms was maintained and double checked by doing two back-translations from English to Zulu and back to English, it was hoped that the established validity and reliability of the measure was maintained. Other research has indicated that PTSD has cross-cultural applicability, (Perkel, 1988) although this has not been specifically established for a Zulu-speaking community affected by civil conflict.

Exposure to trauma and demographic details. A short schedule was devised for the purpose of this study. The schedule consisted of demographic questions concerning the subject's age, sex, marital status and educational level achieved, as well as questions concerning his/her exposure to or experiences of violence, eg. the death of friends or family members, witnessing violence such as killings or assaults during the conflict. This schedule was also translated into Zulu using two series of back-translations.

Procedures.

Due to the sensitive political position of this group of displacees, there was a lengthy process of consultation to obtain permission to do research in this traumatised

community. This was undertaken with representatives from the displacee community and progressive organisations working with them. Zulu-speaking research assistants, seen to have political credibility in these communities, were employed. Meetings were set up prior to administering the questionnaire, explaining that the research was intended to examine the exposure to violence and levels of distress experienced by this community. Via interpreters, the researchers' opposition to apartheid and oppression was clarified, making the connection between the legacy of apartheid and the nature of the ongoing violence in South Africa. Subjects were assured the data would remain confidential and would in no way affect their security. Questionnaires were administered in two forms: (i) literate subjects were seated in groups of 6 to 13, where they individually completed the compiled questionnaire; (ii) verbal responses were individually obtained from illiterate or semi- literate displacees with the aid of the research assistants. Following the administration of the questionnaires, debriefing groups were run with the respondents, informing them about PTSD and the availability of different social services in the region.

RESULTS.

Post-traumatic stress disorder.

As the nature of the violence experienced by this community is vastly outside the realm of normal human experience, we wanted to establish the incidence of PTSD. It was found that 86.3% of this sample were experiencing symptoms in keeping with a diagnosis of PTSD.

Exposure to trauma, and the incidence of PTSD.

The study undertook to examine whether particular events experienced specifically contributed to the manifestation of PTSD. The chi-square test was used to investigate whether a significant difference in the incidence of PTSD existed between those who had experienced specific violent events and those who had not. A positive relationship was found between PTSD and those subjects who had witnessed killings. No other factor on its own was found to significantly affect subjects meeting the diagnostic criteria of PTSD. What could be inferred from the high incidence of PTSD, and the lack of specific factors found to influence the incidence of PTSD, is that this community experienced multiple traumas in the process of being displaced. In other words, the cumulative experience of being displaced is more likely to contribute to PTSD than any one factor, besides witnessing a killing.

Exposure to trauma, and levels of distress.

The Mann-Whitney U test was used to explore differences in the distribution of distress scores between groups exposed to violent traumas and those who had not. The intensity of PTSD symptoms ie. level of distress, as measured by the total score on the PTSD scale, was positively associated with two specific traumatic life events at the time of assessment. People who were injured during the conflict received significantly higher PTSD total scores (M-W $\underline{u} = 456$, $p < 0.05$). Secondly, those who suffered a loss of a family also had significantly higher scores (M-W $\underline{u} = 282$, $p = 0.01$). In other words, subjects who had been injured and who had lost a family member in the violence, reported more intense PTSD symptoms.

As the witnessing of a killing contributed significantly to PTSD, and the loss of a family member is associated with a greater intensity of PTSD symptoms, it was felt there may

be a significant difference in distress experienced by the following groups: 1. No friend or family killed; 2. Friend or family member killed, but not witnessed, and 3. those who had witnessed a friend or family member killed.

Table 2 is a summary table of the findings of the Kruskal-Wallis analysing the differences in the distribution of distress scores across the groups outlined above.

Table 2: PTSD Total score, relationship to loss and witnessing of the killing of a friend or family member.

GROUP	PTSD TOTAL SCORE				
	NUMBER	%	MEAN RANK	CHI-SQUARE	P
No family member killed	82	86	45.07		
Family member killed, not witnessed	6	6.3	60.92		
Witnessed a friend or family member killed	7	7.4	71.21		
				2.79	< 0.05

GROUP	PTSD TOTAL SCORE				
	NUMBER	%	MEAN RANK	CHI-SQUARE	P
No friend killed	70	76	43.22		
Friend killed, not witnessed	5	5.3	57.30		
Witnessed friend killed	20	21	62.40		
				9.38	< 0.01

Results show that the intensity of PTSD symptoms increased significantly for those subjects who had lost a friend or family member in the violence. Furthermore, amongst the subjects who had lost someone in the violence, the witnessing of the killing had an observable effect. In other words, the intensity of PTSD symptoms could be understood to be effected by the amount and type of traumatic events experienced.

DISCUSSION.

Exposure to trauma and PTSD.

What emerges from the results is that a high proportion of displacees express symptoms of distress in keeping with the diagnosis of PTSD (86.3%). This supports

findings in the life events research and in the literature on civil conflict whereby a significant relationship exists between exposure to traumatic life events and psychological distress (Roberts et al. 1982; Solomon et al. 1987; McCann et al. 1988;). Furthermore, the findings support the notion that exposure to traumatic situations is associated with distress symptoms characteristic of PTSD. Although the entire experience of displacement is traumatic, the one factor found to significantly increase the likelihood of this sample reporting symptoms consistent with PTSD, was witnessing of killings.

Many factors make it difficult to interpret the results. When considering the exceptionally high incidence of PTSD reported, it's important to note that this sample has been exposed to ongoing stress and violence in their communities, such as the violence of state repression and ongoing civil conflict. In other words, these communities had endured a situation of ongoing and continuous stress. These results therefore fail to sufficiently differentiate between people experiencing symptoms of continuous distress resulting from living under ongoing conditions of poverty and violence, and those suffering from post-traumatic stress following the events leading to their displacement. The only factor that does possibly differentiate those with PTSD is having witnessed killings.

A second factor that might have contributed to the high reported PTSD, was that results possibly reflect a 'cry for help' on the part of the participants. Dawes (1990) observes that an important aspect of research with communities affected by civil conflict, is the need for researchers to establish political credibility. This recognises that research cannot be conducted with these communities in a neutral manner. It is possible subjects overemphasised their emotions if they experienced or perceived the researcher to be sympathetic to their plight, and felt the elicited information would serve to improve their situation. Although a high proportion of the sample reported symptoms of distress, it is nevertheless clear that people who had been exposed to specific violent events indicated being more distressed than those who had not. In other words, distress measured in this sample is clearly responsive to the types of experiences subjects had been exposed to and seems characteristic of PTSD.

Traumatic events and the intensity of PTSD.

As regards the relation between exposure to traumatic events and the intensity of PTSD symptoms, the results indicate that exposure to certain traumatic events, namely, the loss of a family member, loss or witnessing the death of a friend or family member, and being injured, is associated with the expression of more intense PTSD symptoms. Furthermore, the added effect of witnessing a killing of a family member or friend on having to deal with the loss of those killed, increases the likelihood of more intense expression of PTSD symptoms.

While the relationship between exposure to traumatic events and expressions of distress might seem obvious, the significance of research into this is to highlight the extreme personal circumstances of a community that has almost been forgotten by the public. With the escalation of violence in many communities around the country, there is an urgent need to bring attention to the enormous trauma and loss experienced by these communities, and some of the consequences this might have for their future adjustment.

The above results suggest clearly that although a high proportion of displacees report PTSD, certain specific events experienced by this group would seem to be associated with higher levels of expressed distress. Exposure to violent events, especially the deaths of family and friends and the witnessing of killings, would appear to make people more vulnerable to psychological disturbance and the expression of distress. It is argued that these factors serve to compound the already difficult tasks of coping with their displacement. Munoz (1980) in her work with political exiles suggests that a useful way to interpret the experience of exiles, is to parallel it with bereavement. Displacees, similarly to exiles, experience events that constitute loss, and result in bereavement. They have lost friends and family and are thus faced with multiple coping tasks. The major tasks being the mourning and bereavement of the multiple losses experienced. The death of family and friends is but one of the losses that displacees have to mourn. Their losses include their homes, their sense of community, support networks, security, and in certain cases, their livelihood. Furthermore, the loss they experience not only concerns the physical ones described but could symbolise a sense of loss of control over their destiny. It could be argued that the internal experience of loss of control make these subjects more vulnerable to experiencing and expressing distress. In other words, events signifying loss and involving bereavement can be considered to play an important role in constituting and producing the experience of distress in displacees.

Of concern to mental health workers in this country, is Friedman's finding that PTSD may be reinforced, if not intensified, by ongoing life distress (1986). The implications of this being the exacerbation of mental health difficulties for those communities living in ongoing conditions of violence, pose a difficult challenge to mental health professionals.

In interpreting the effects of trauma on mental health, one needs to bear in mind the approach being used by the researcher. It is important that the results discussed above, are conceptualised within the social context in which they occur. Although this study is attempting to quantify the distress experienced by displacees, any interpretation of these results should avoid medicalising and reducing the reactions to the trauma experienced to a set of symptoms or disorders. It is necessary instead, to note the social, political, and historical processes leading to the violent dislocation of displacees, and the ongoing conditions that exacerbate mental health difficulties experienced by communities following violent attacks. Furthermore, noting the extent of distress expressed by this sample, the implementation of appropriate clinical intervention strategies urgently needs to be addressed. Mental health professionals need to actively challenge the systems and structures that reproduce the conditions giving rise to ongoing violence, in the way they work, the research they are involved in, and through the education of people concerning the causes and effects of violence, using the media and other educational programs. Finally, resources need to be directed towards training sufficient people in mental health skills and specifically trauma counselling, who can be directly available to effected communities.

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