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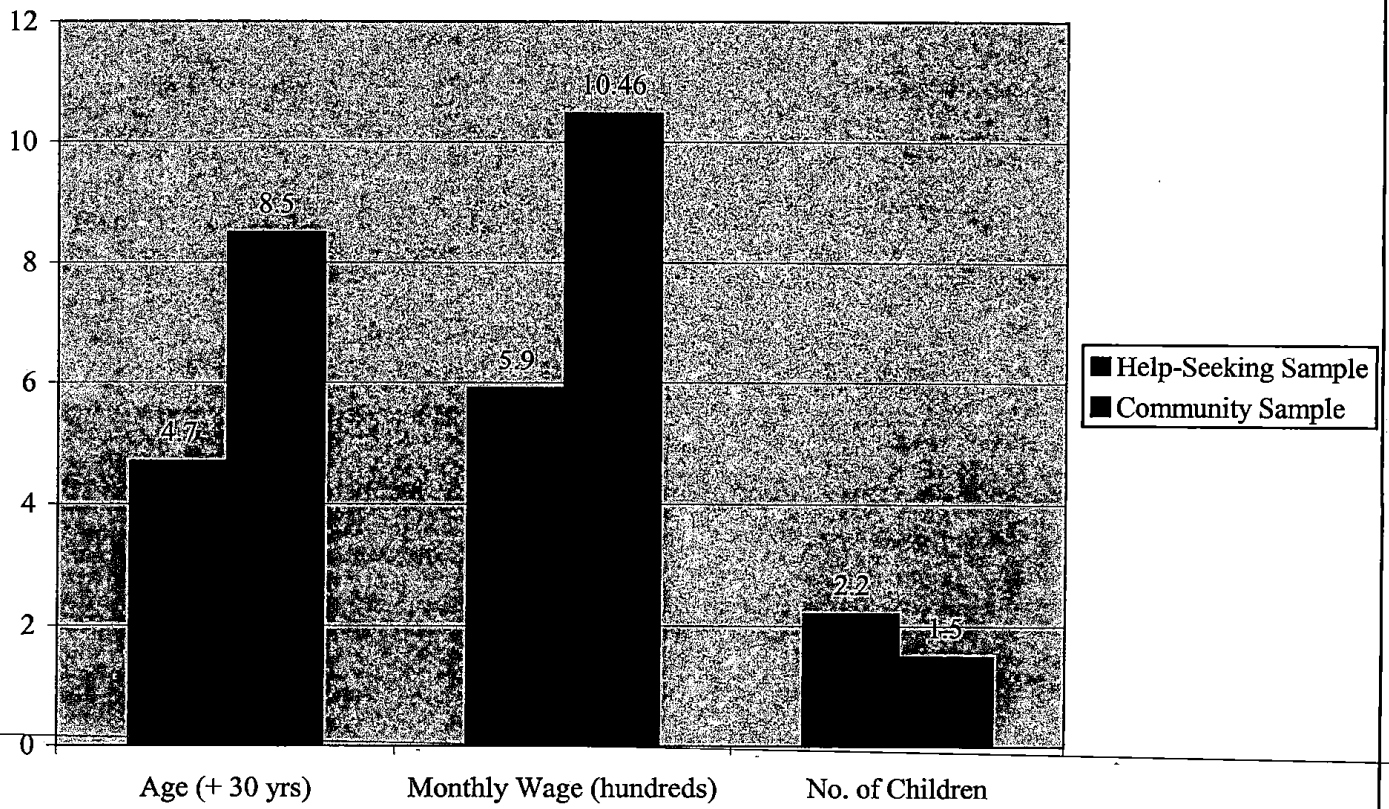
Comparison of Help-Seeking and Community Samples: Violence and Post-Traumatic Stress Disorder in the Cape Flats, South Africa

George J. McCall
Barbara A. Dinan
University of Missouri-St. Louis

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University of the Western Cape

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Figure 1
Demographic Characteristics



10

Figure 2
Further Demographics

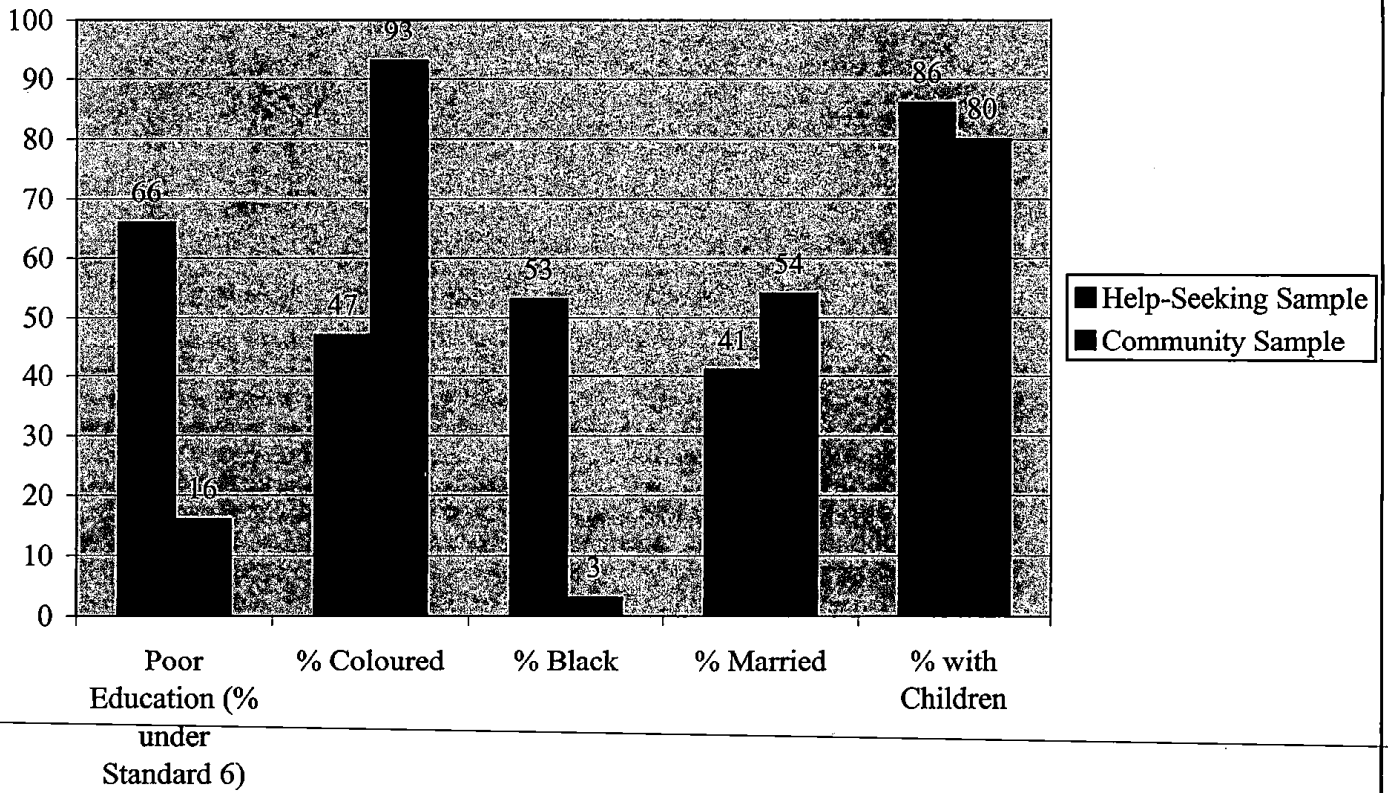


Figure 3

% Experiencing Traumatic Events

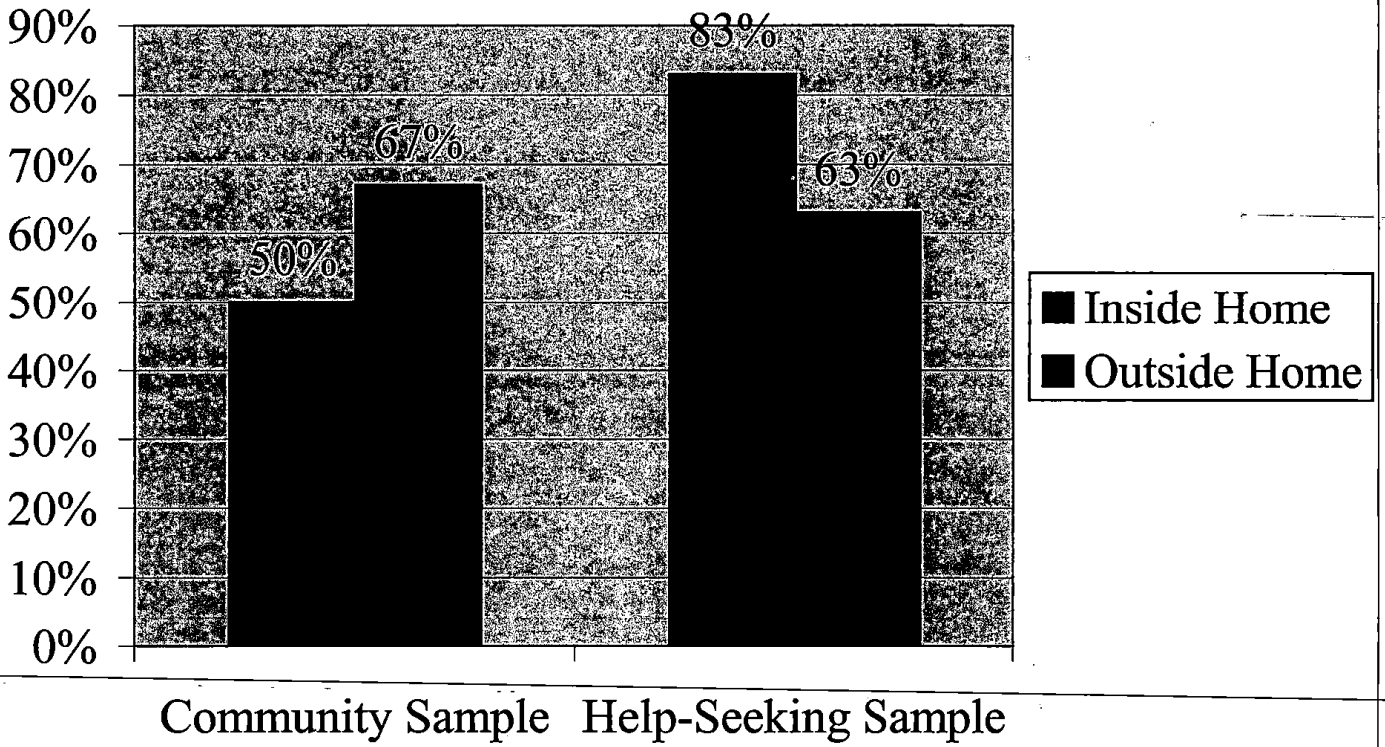


Figure 4

Median Traumatic Events Past 12 Months

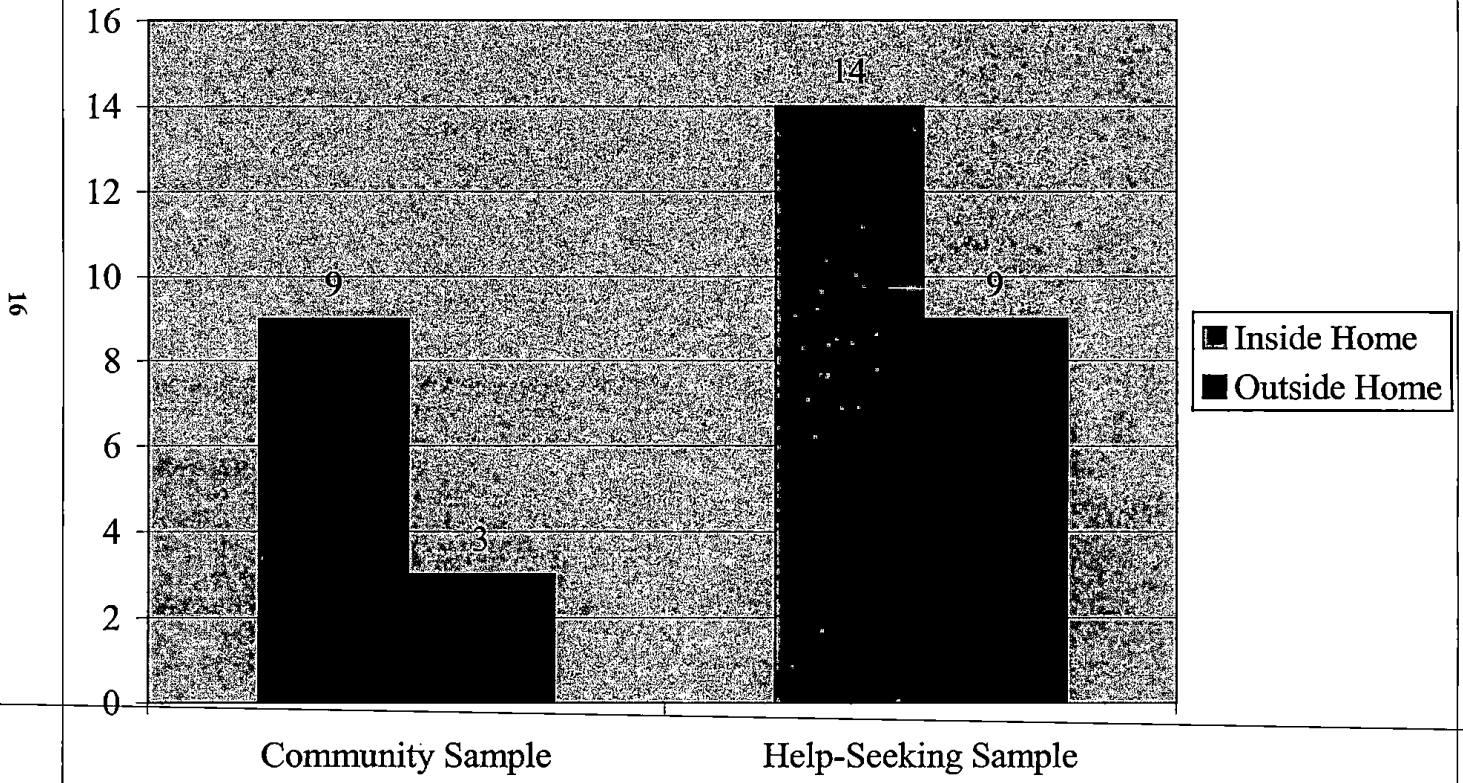


Figure 5

Number of Types of Traumatic Events

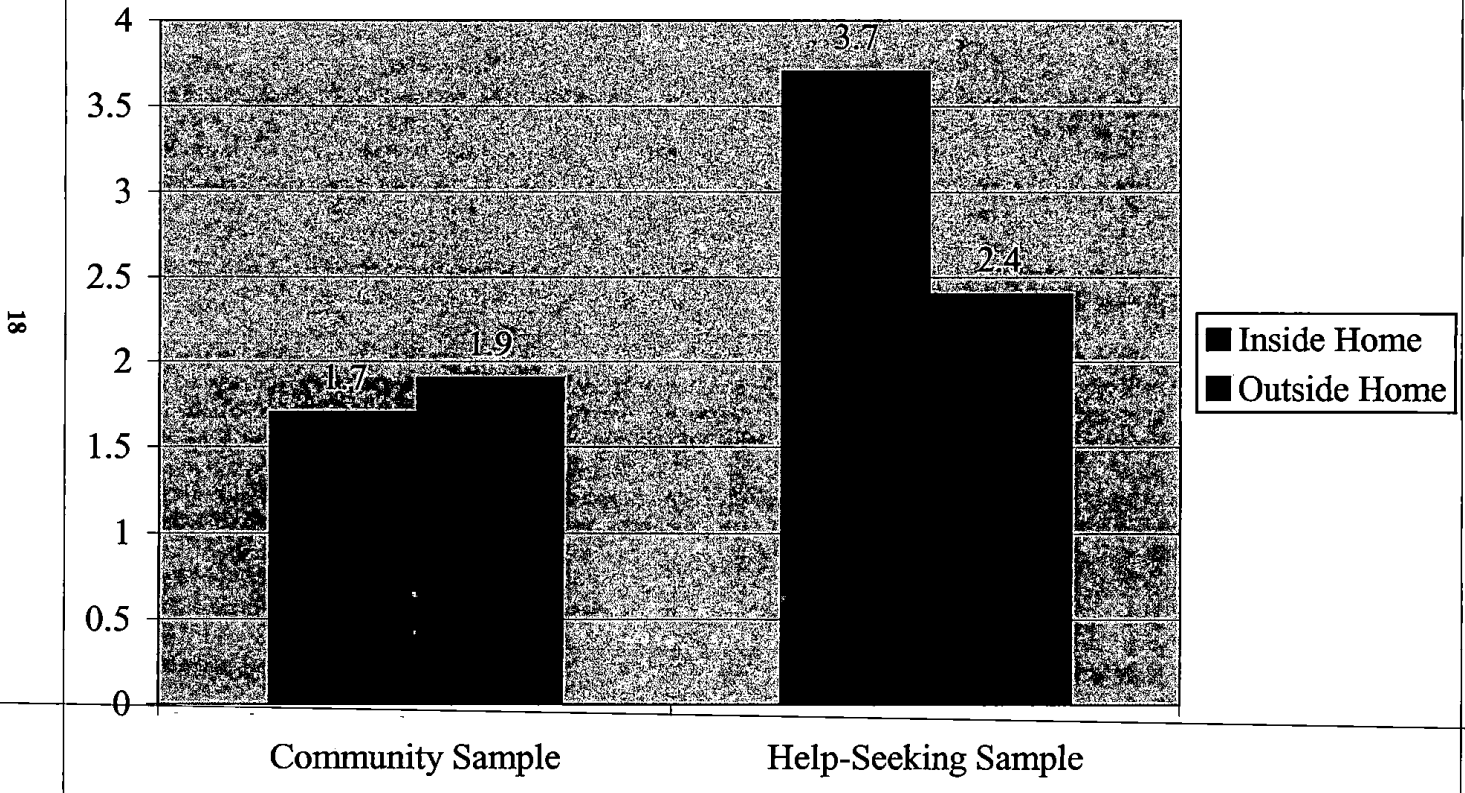


Figure 6

% Suffering Domestic Violence

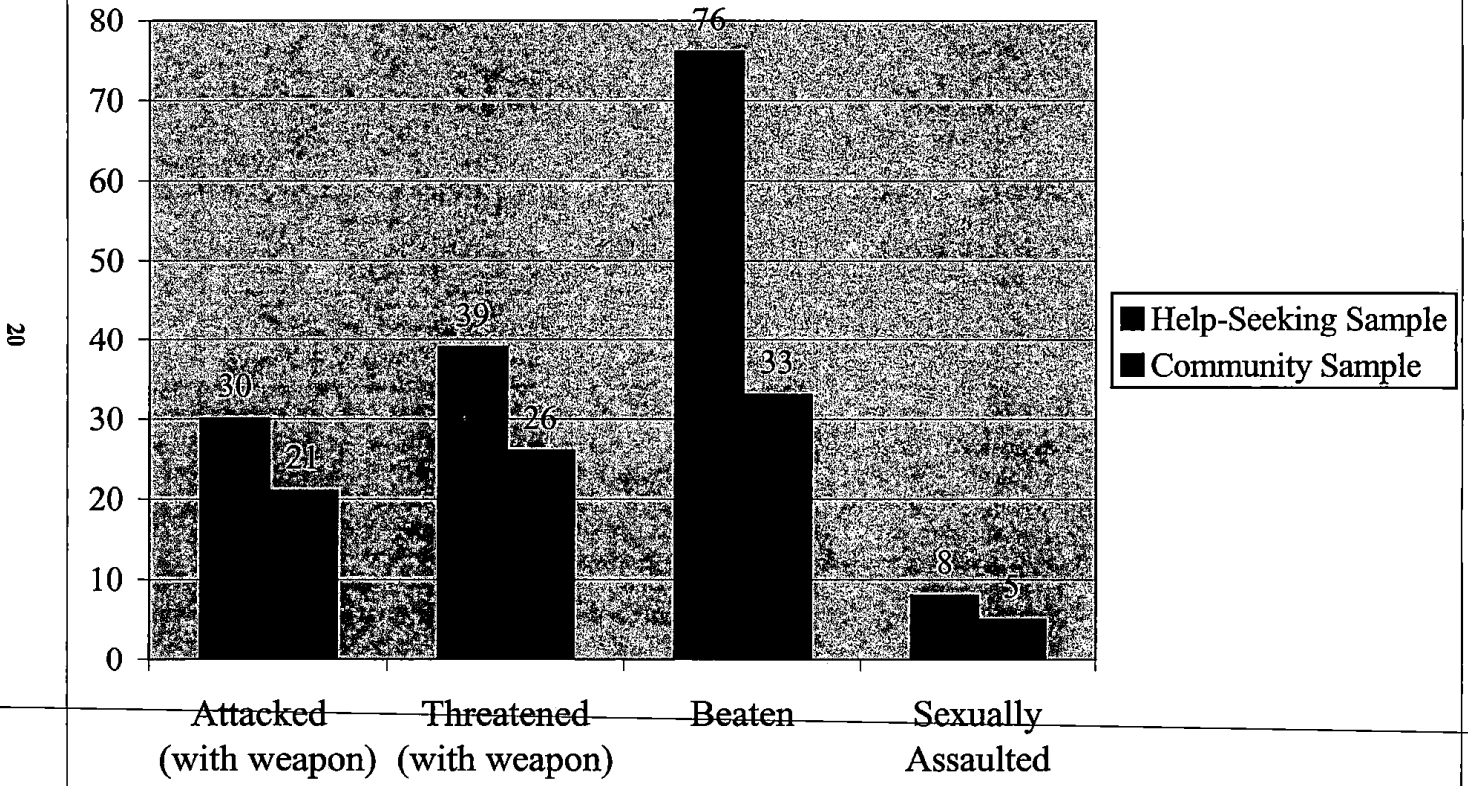


Figure 7

% Suffering Other Domestic Traumatic Events

22

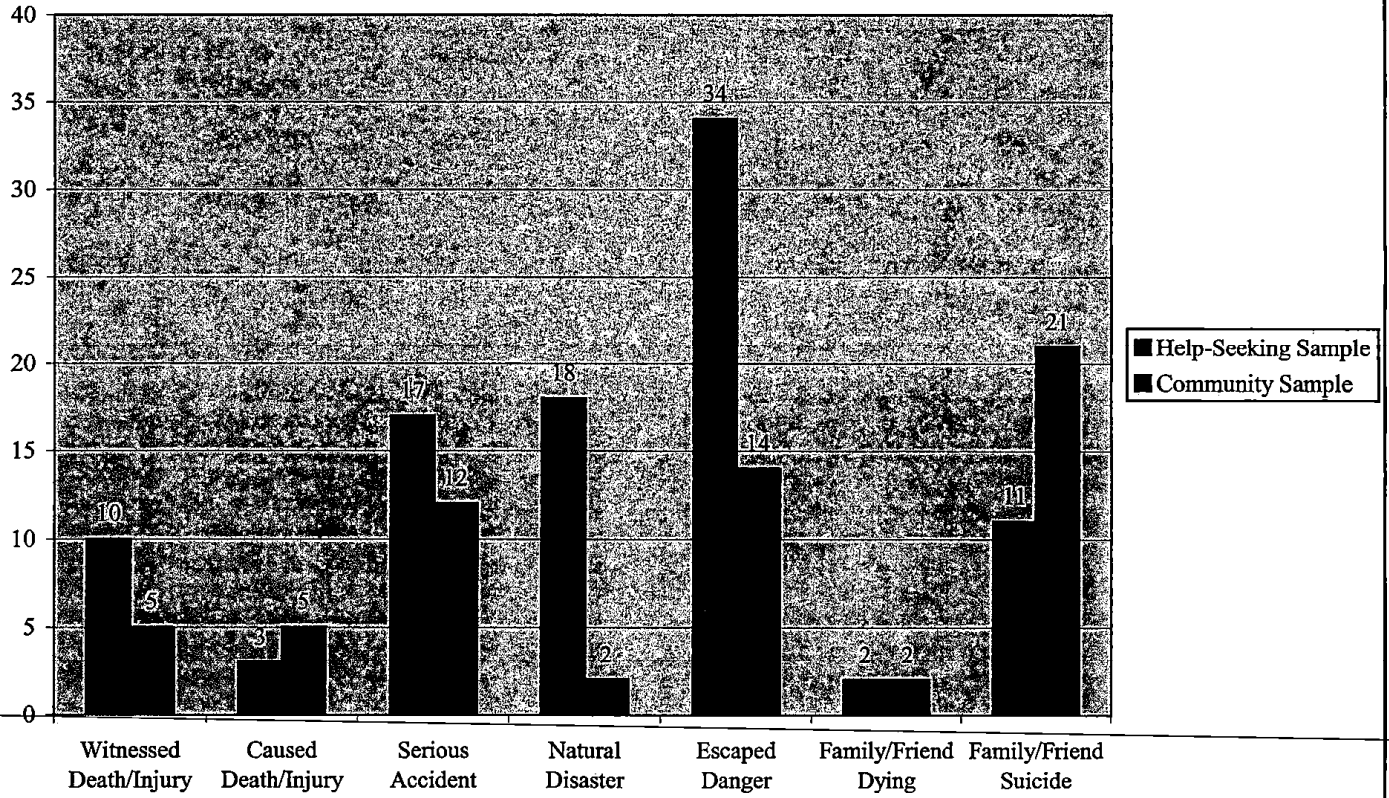


Figure 8

% Suffering Community Violence

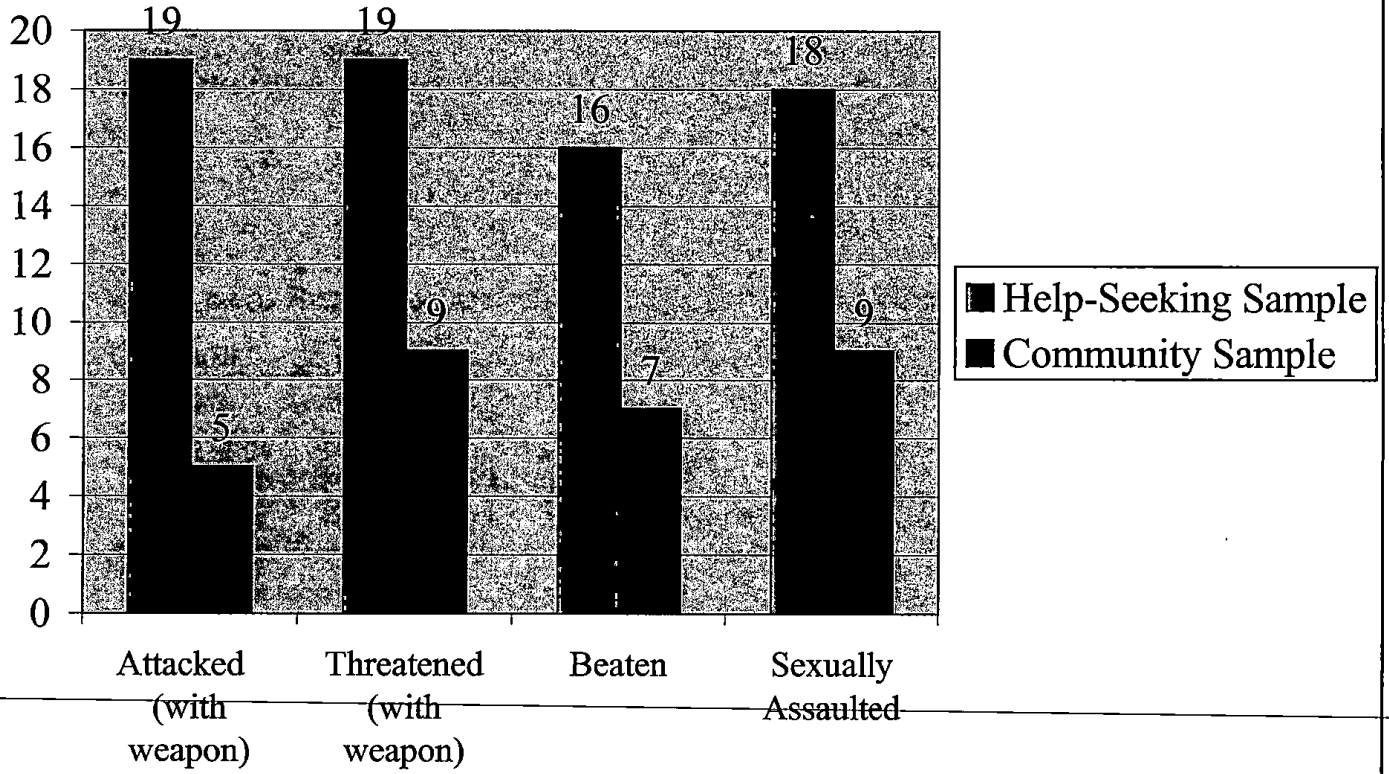


Figure 9

% Suffering Other Community Traumatic Events

26

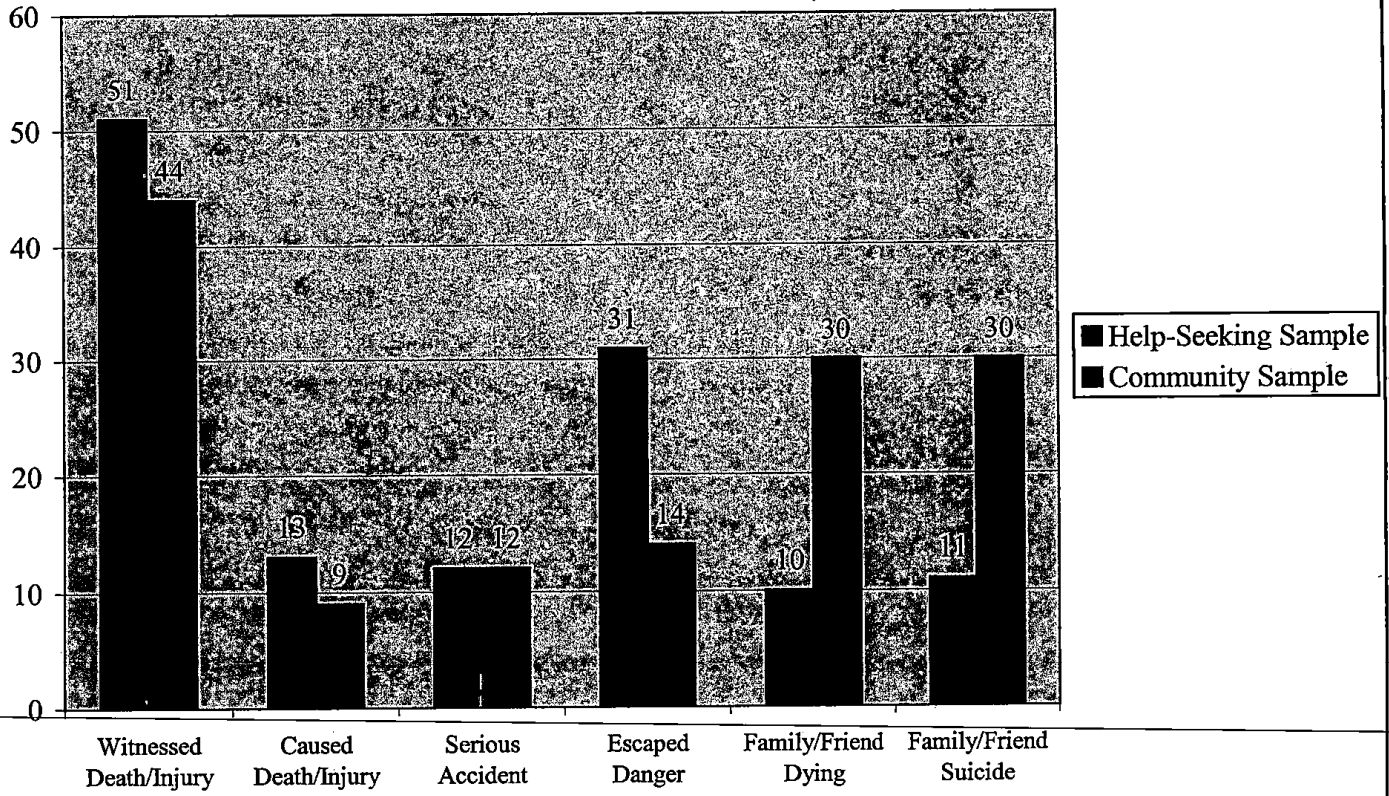
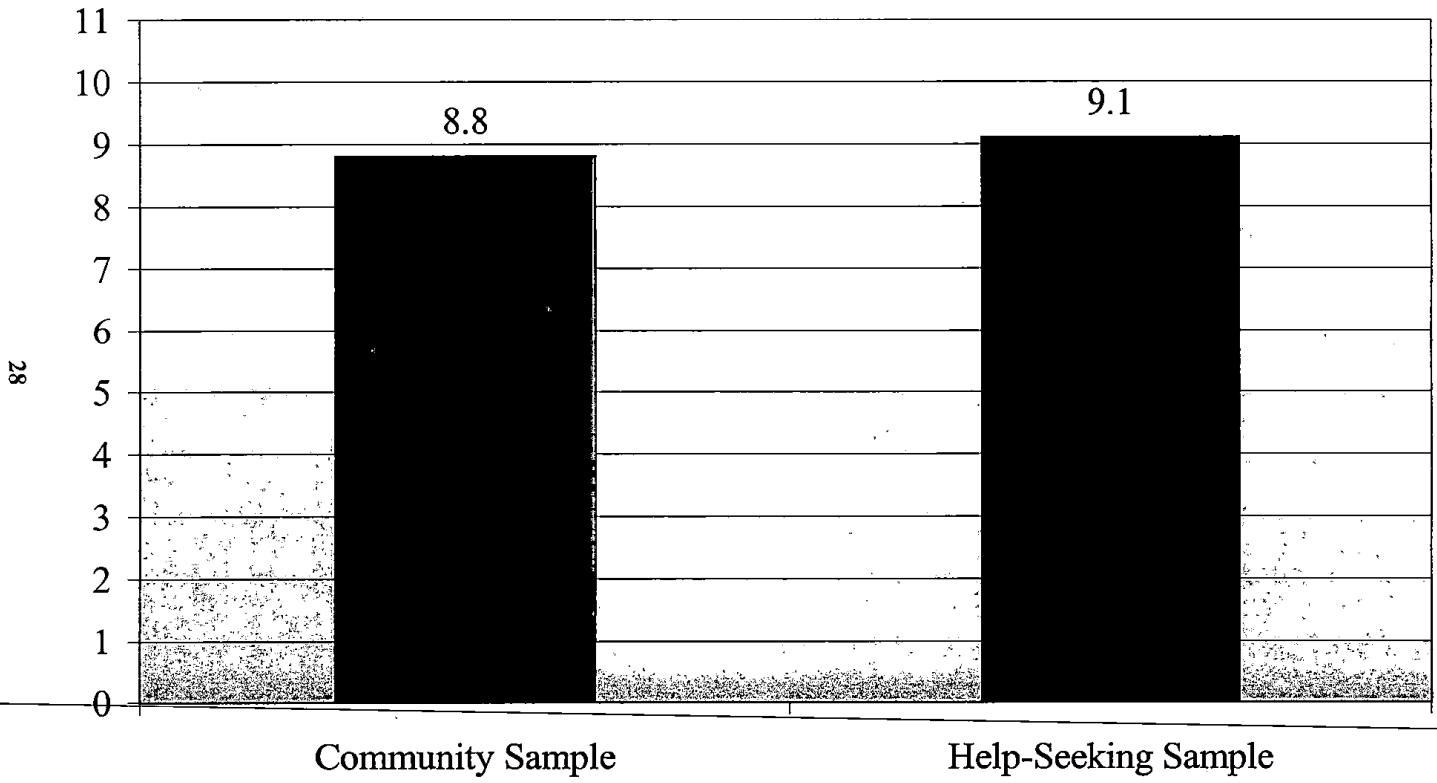


Figure 10

PTSD Symptom Count (Traumatized Women Only)



Comparison of Help-Seeking and Community Samples: Violence and Post-Traumatic Stress Disorder in the Cape Flats, South Africa

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Occasional Paper No. 2002-01
March, 2002

Occasional Papers

The Center for International Studies of the University of Missouri-St. Louis issues *Occasional Papers* at irregular intervals from ongoing research projects, thereby providing a viable means for communicating tentative results. Comments on these papers, therefore, are particularly welcome. *Occasional Papers* should not be reproduced or quoted at length without the consent of the author or of the Center for International Studies.

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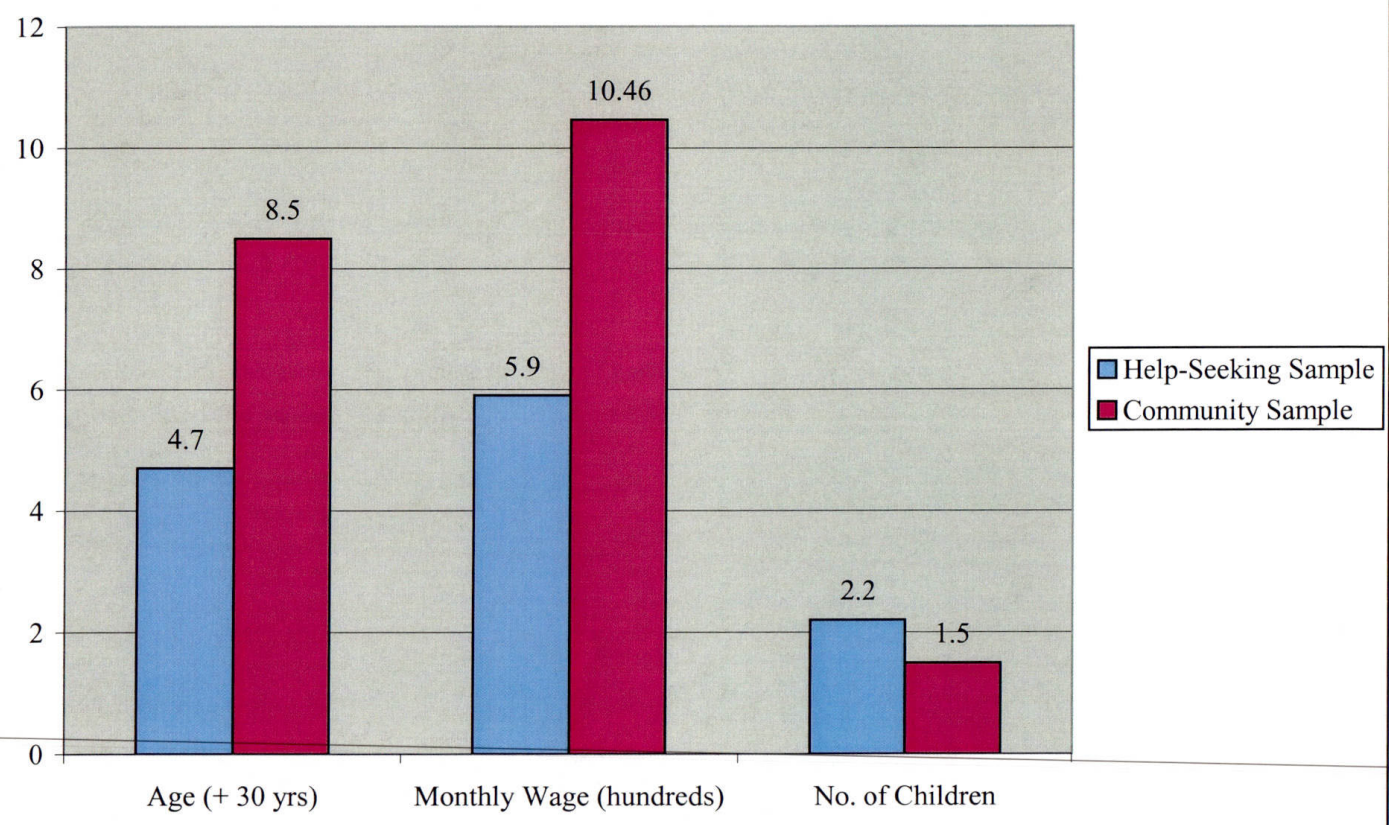
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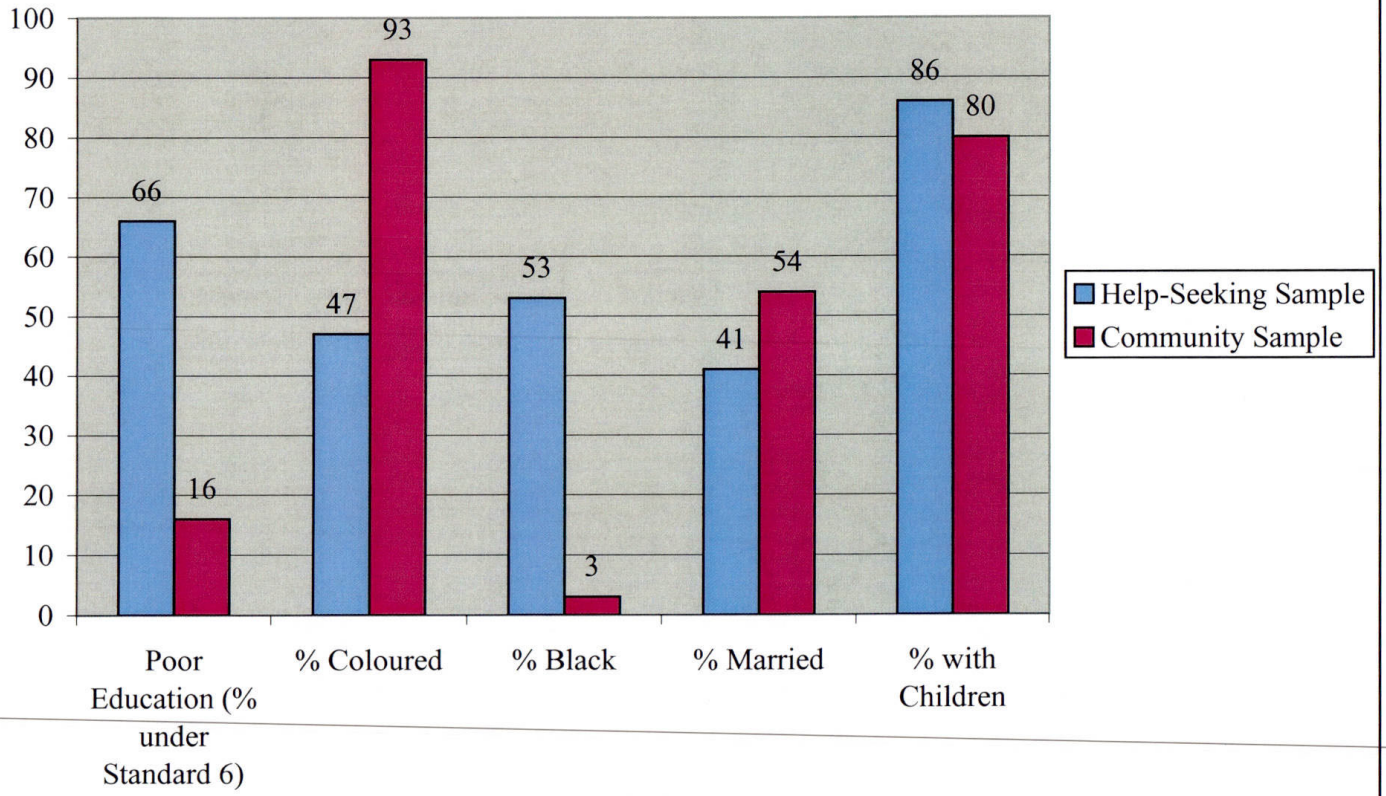


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14

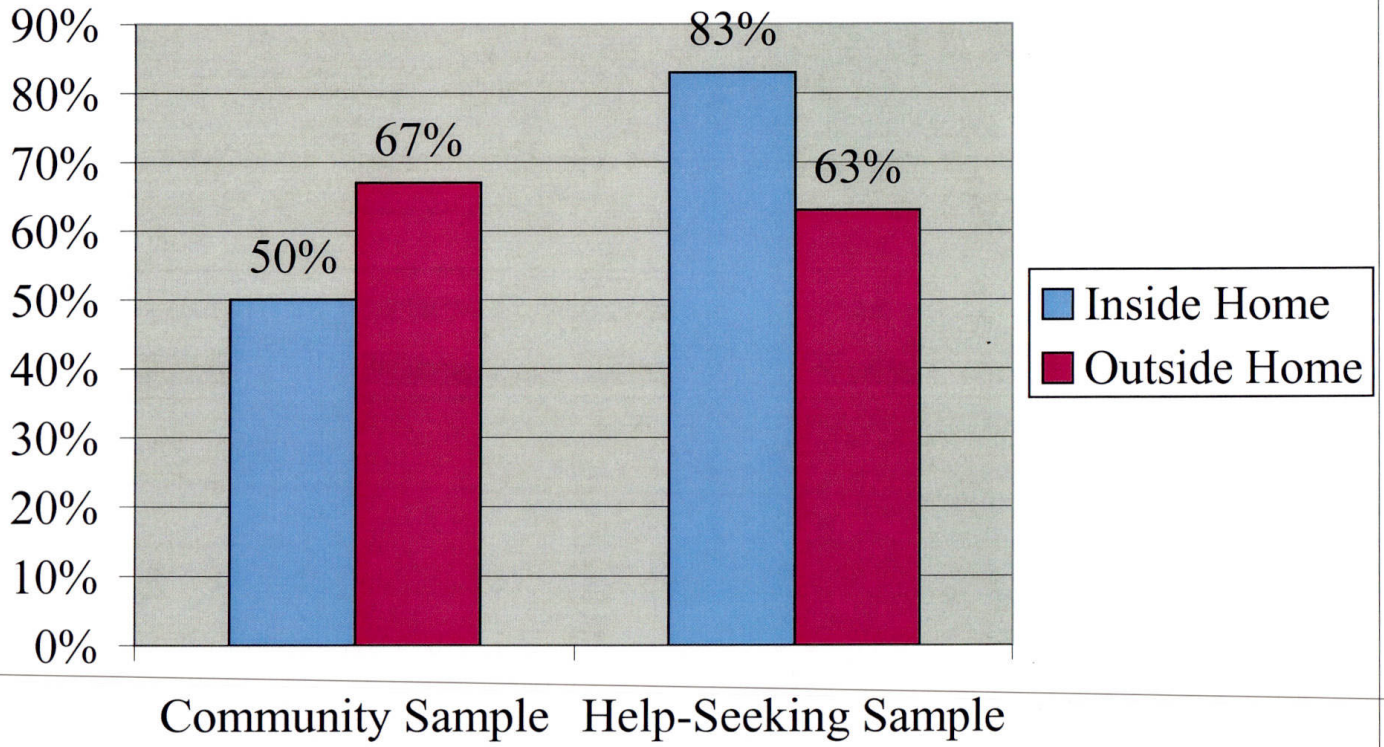


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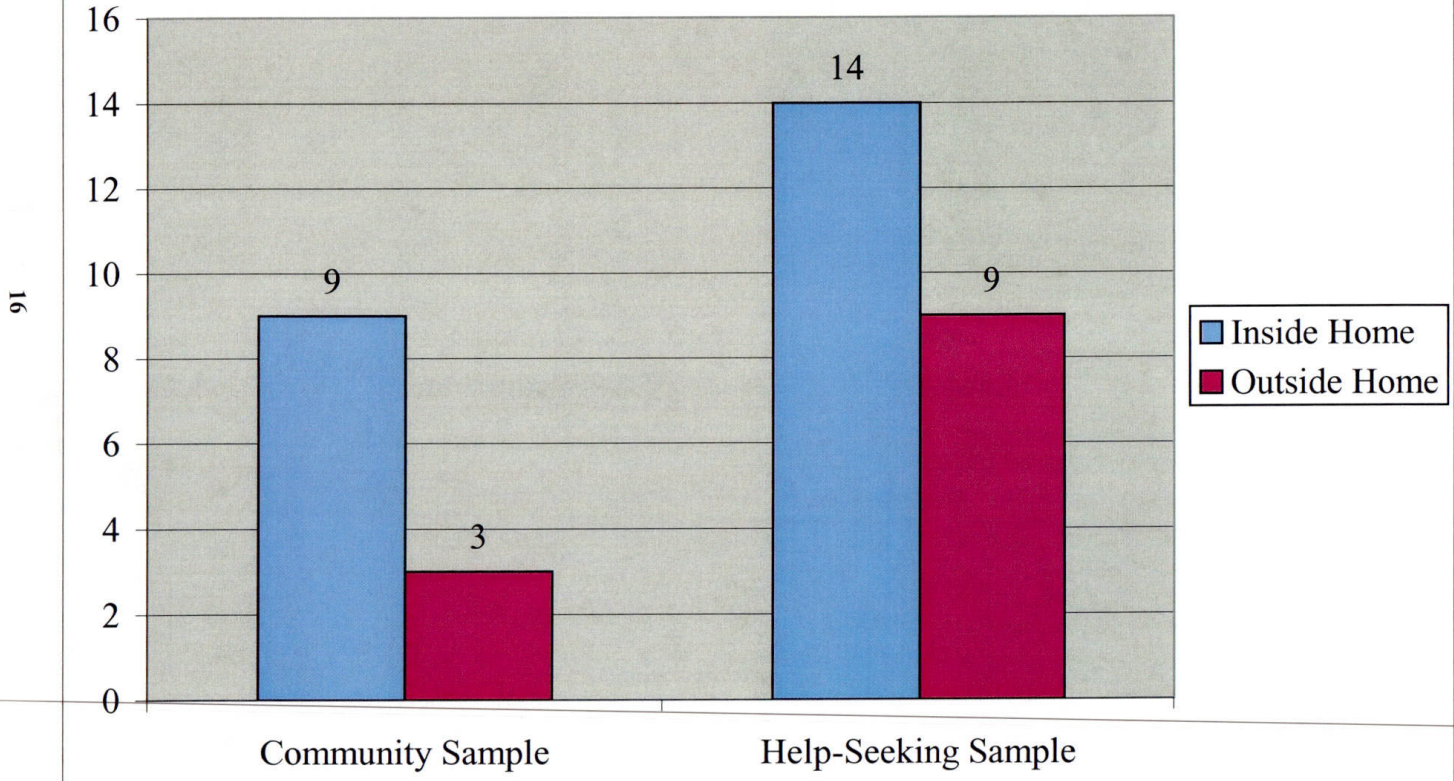


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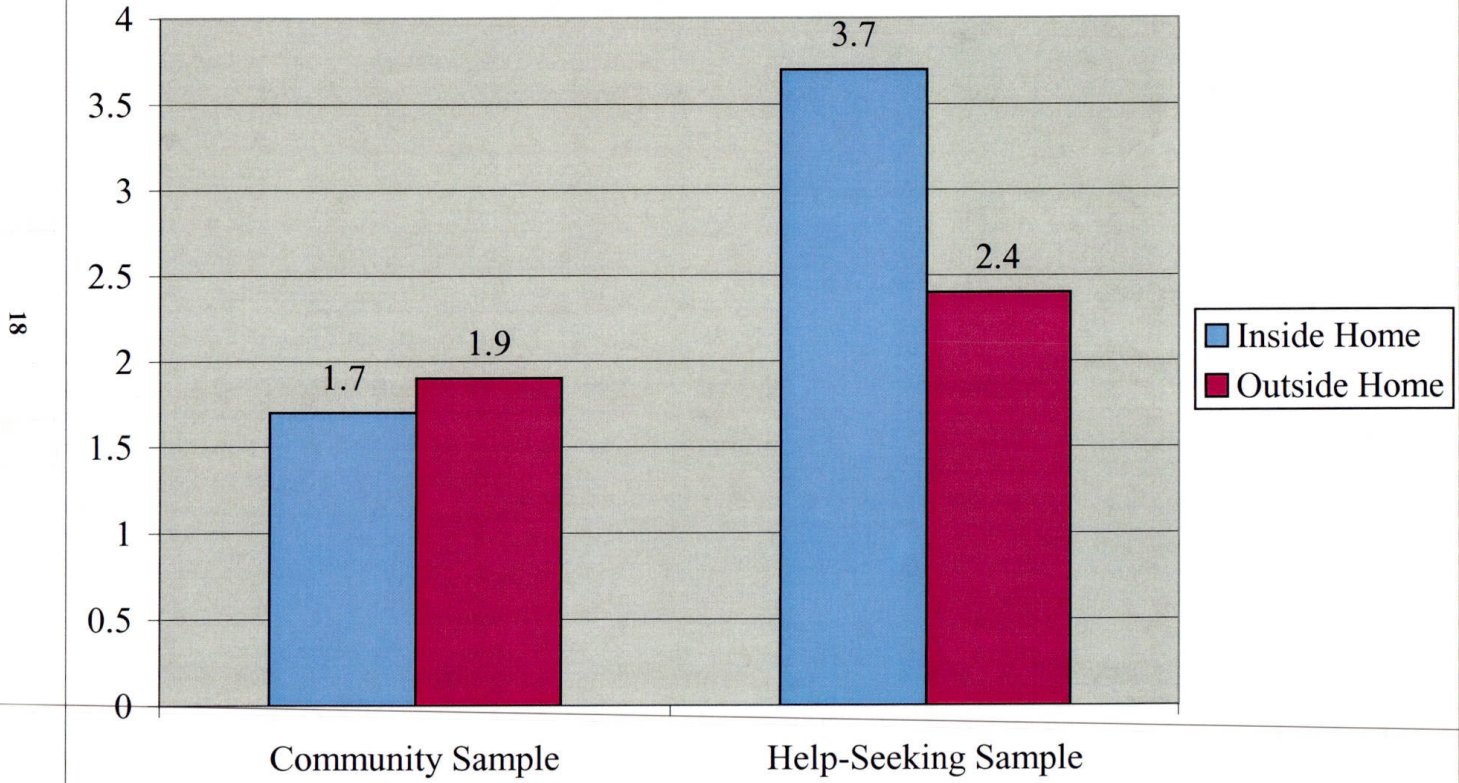


Figure 6

% Suffering Domestic Violence

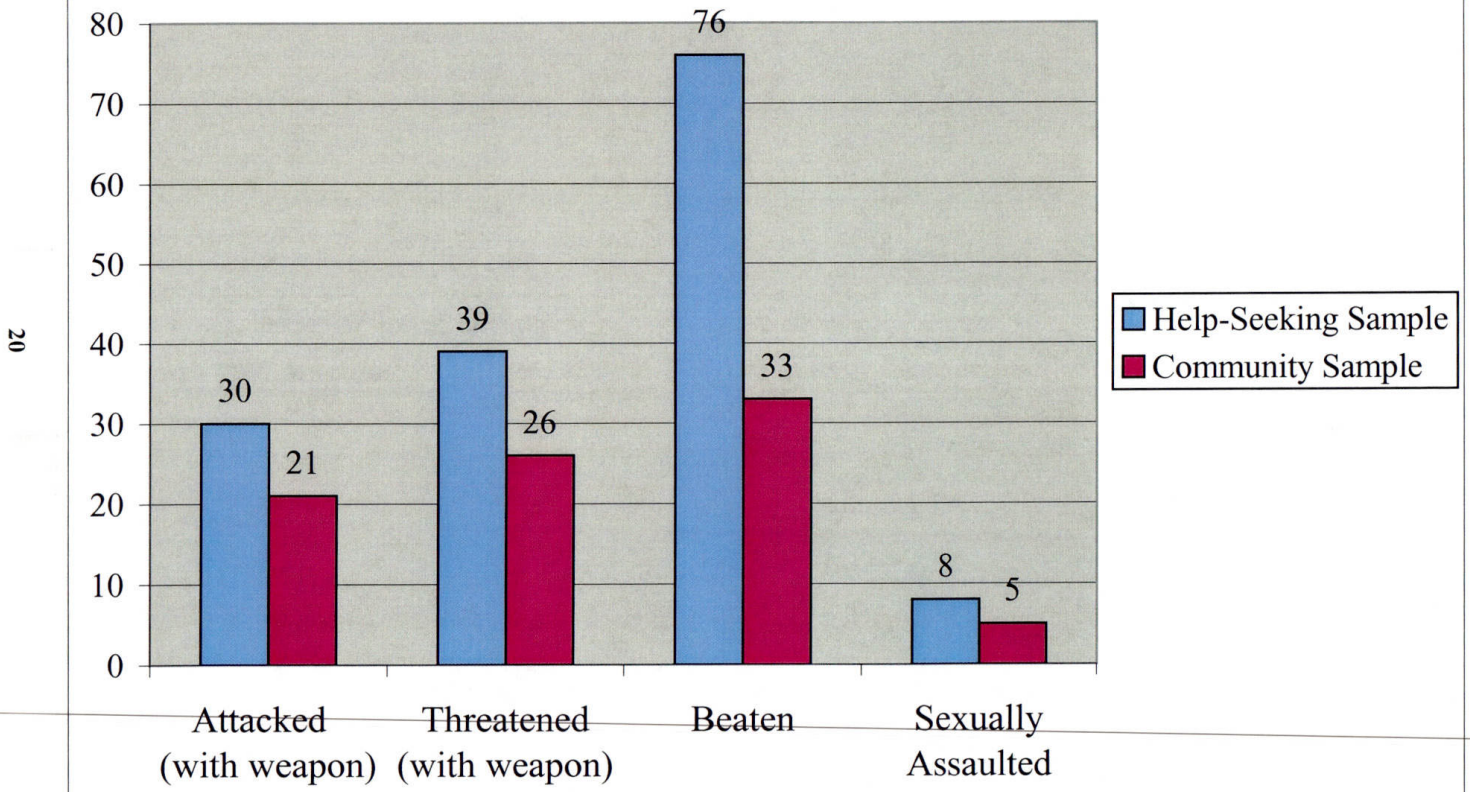


Figure 7

% Suffering Other Domestic Traumatic Events

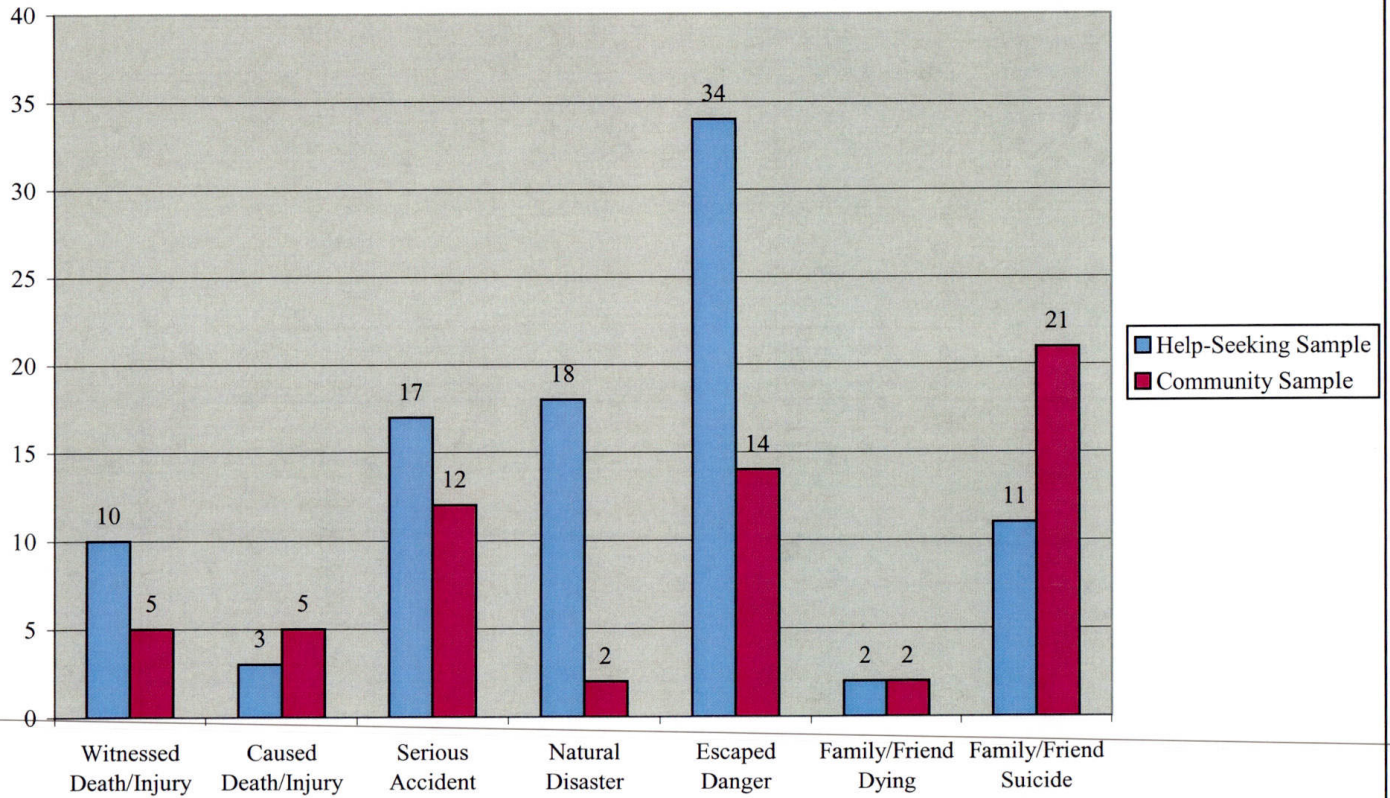


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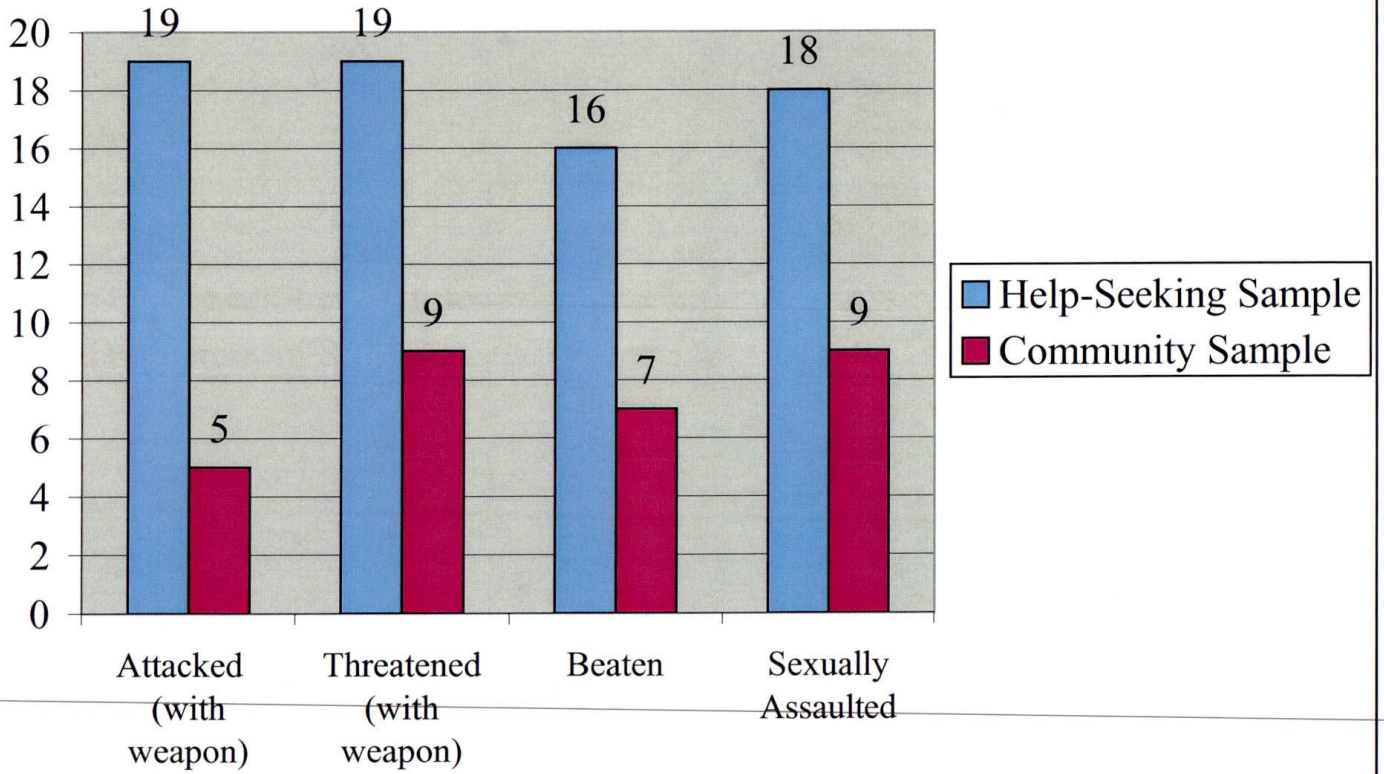


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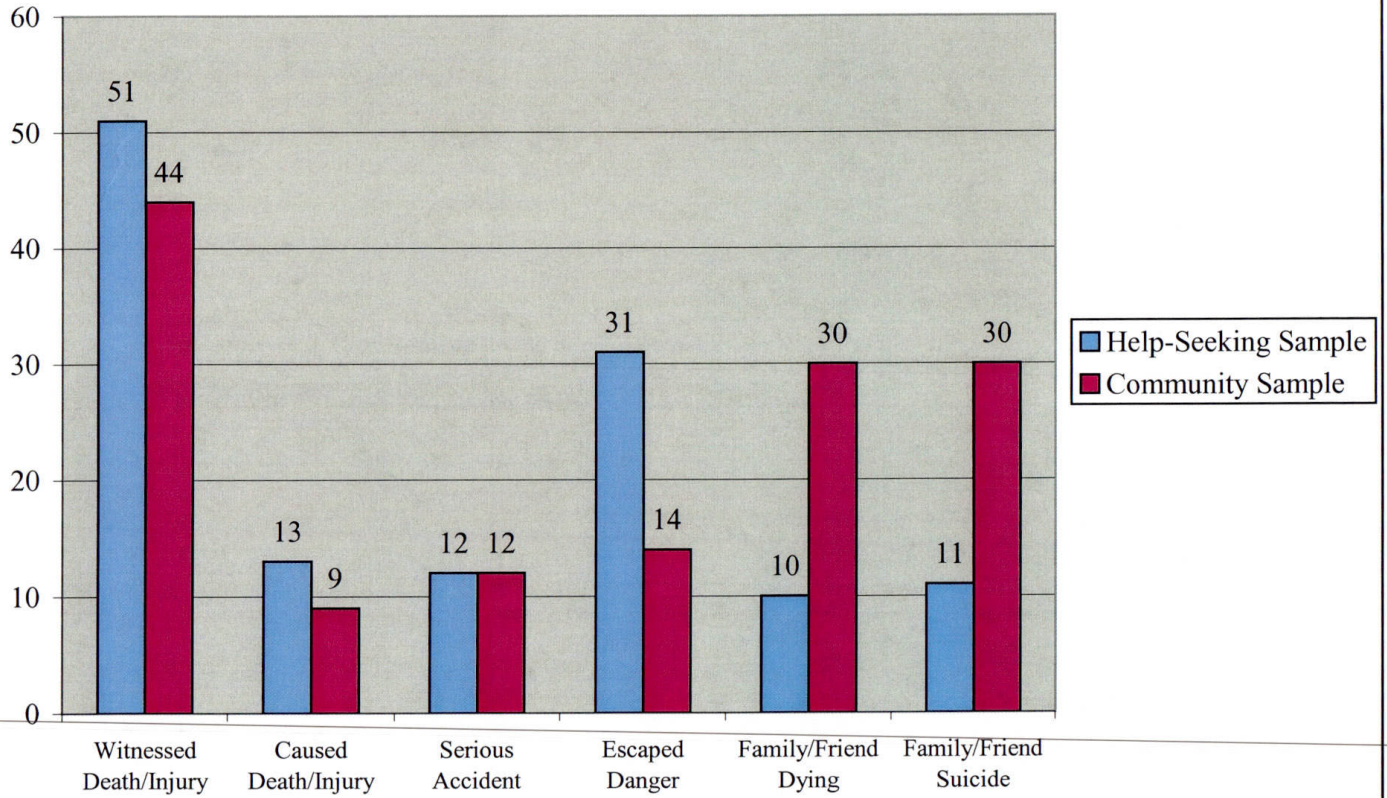
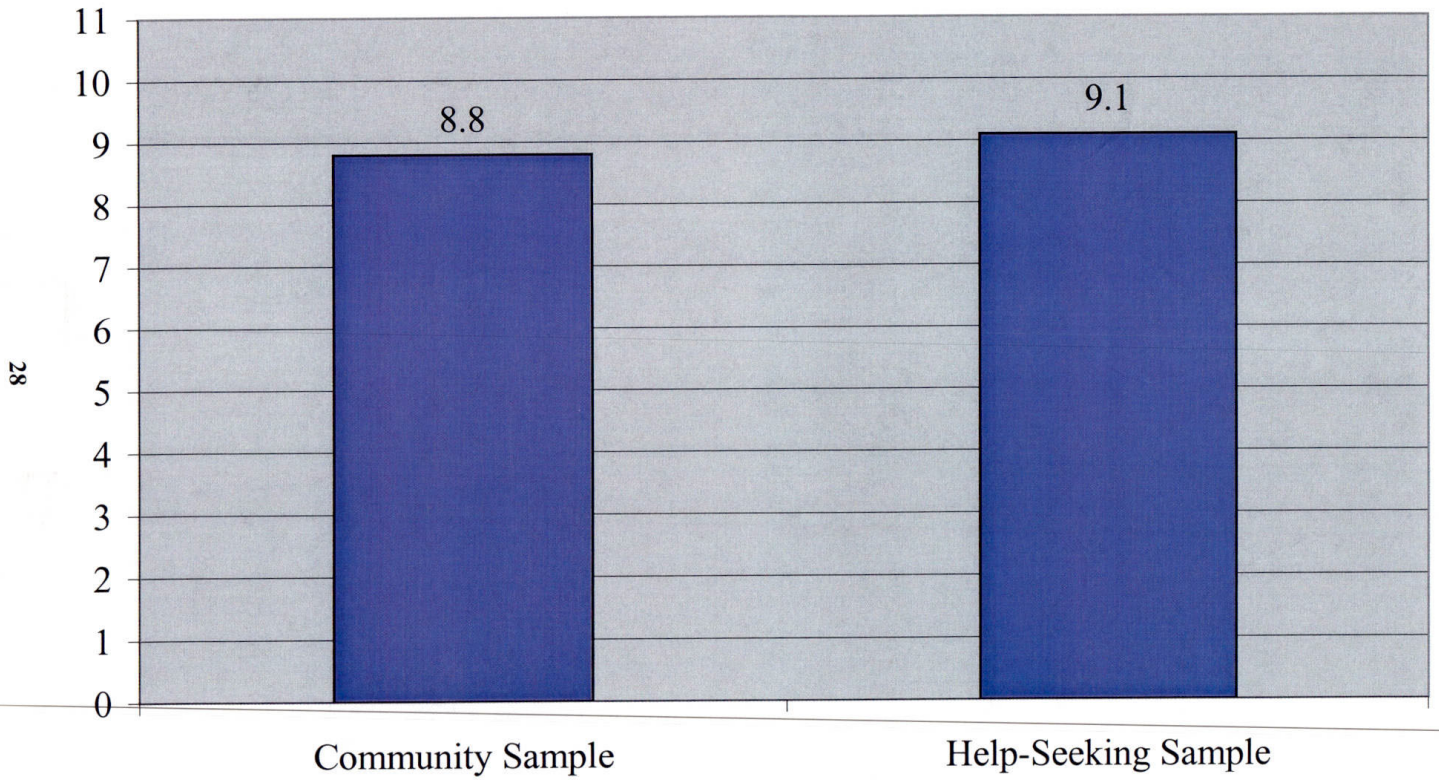


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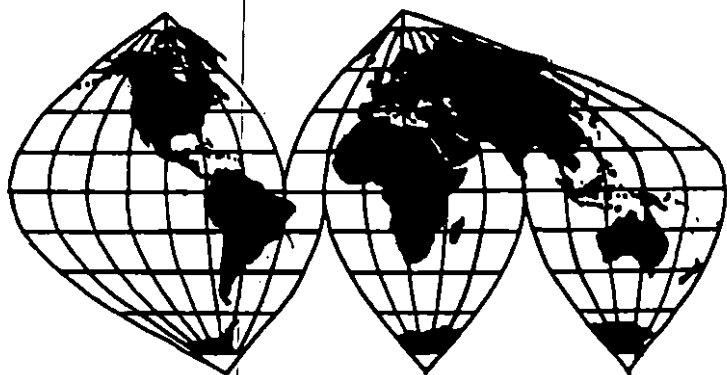
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INTRODUCTION

Domestic and community violence in South Africa must be viewed against the background of the apartheid experience and its influence on the social conditions and experience of the majority of the South African population, and in particular the disadvantaged (see Segel 1988; Labe 1990). The country's historical legacy has aggravated the prevalence of poverty, ill-health, social suffering and the division of families -- all conditions that potentially increase the prevalence of violence. State and personal violence was often used to resolve conflict, and in turn, negatively impacted on violence against women, the elderly and children (Motsei et al, 1996). According to research, this state of affairs, inter alia, contributed to woman abuse as a pervasive social problem in South Africa (Labe, 1990; Motsei et al., 1996; Lawrence, 1984; Barnett, 1993; Angless, 1990).

Reliable national statistics on domestic and other violence against women are nevertheless not available (Dangor & Hoff, 1998; Craig, 1991). Apartheid, the fragmentation of bureaucracy, lack of facilities, and the poor relationship between the police and the community exacerbated difficulties in obtaining accurate statistics (Vogelman & Eagle, 1991).

More recently, politically based and gang-related violence, particularly in Cape Town, have been accorded high international visibility. The concomitant abuse of women has been less visible, despite the fact that woman abuse and patriarchy predated apartheid and racism (Dangor & Hoff, 1998). Violence against women is nevertheless becoming a prominent item on the agenda of South Africa's pressing social problems. The Domestic Violence Act of 1998 is aimed at protecting women from physical harm, threat of physical harm, forced sexual relations, and emotional abuse.

Black feminists have also articulated the need to develop perspectives which take cognizance of the specific histories of the different black communities, racism, and colonization (Hague & Malos, 1995). They also stress the need to give attention to women's agency, as well as to be sensitive to the needs of abused women and to ensure that interventions do not reproduce previously oppressive relationships. It is against this background that we are trying to develop a perspective which takes cognizance of the specific context and histories of the communities in which the women in our study reside.

Nearly all the women in our study of domestic and community violence resided either in Lavender Hill, an established sub-economic area in the south peninsula district of Greater Cape Town, or in the adjacent Vrygrond, until recently an informal settlement. In both localities high levels of community and domestic violence have been reported by police, health care workers, and nongovernmental organizations (NGOs). Lavender Hill had been established as a "Coloured" township as part of an earlier apartheid state intervention to forcibly remove certain population groups (Unterlander, 1987) from the center of the city to outlying areas, a process well described for the Cape Flats by Western (1981). ["Coloureds" were officially defined by the apartheid state in contrast to "Whites" and to "Blacks," as a "mixed-race" group, usually having some Khoisan ancestry (Carter, 1958).] The community of Vrygrond came into being much later, as a mainly-Black squatter area of Lavender Hill. [Originally, squatter areas, or informal settlements, emerged as unauthorized shack communities in unclaimed or unsupervised crannies of South African urban regions (Silk, 1981; Cole, 1987).]

Although the community of Lavender Hill has a history of resistance to the previous apartheid state, more recent violence in the area has been related mostly to the activities of gangs

and other criminal elements. High levels of community violence have also been reported in Vrygrond, but these have mostly been influenced by conflict between groups which have aligned themselves with different political groupings.

Indeed, the significance of our research is considerably enhanced by virtue of examining the topic of women and violence in these particular communities. Most previous South African studies of violence against women (e.g., Marais et al., 1999) have neglected areas like the Cape Flats, focusing instead on communities that are more accessible and/or prestigious. Conversely, most previous research on violence in Cape Flat communities (Western, 1981; Pinnock, 1984; Cole, 1987; Kinnes, 1996) has focused on gang-related or political violence, to the utter neglect of the seemingly more mundane topic of violence against women.

METHODOLOGY

Two samples of Cape Flats women were interviewed, one sample consisting of women who had sought help for abuse and, for comparison, a general sample of women from the same and neighboring localities attending a local community festival. (Human subjects approval had been obtained through the Dean of Research at the University of Western Cape in Bellville, South Africa.)

Help-Seeking Sample

Our primary sample consisted of 90 women who, during the previous six months, had sought help from the principal NGO serving the residents of Lavender Hill and Vrygrond.

Procedures

Two trained research assistants, one a doctoral student and the other a Masters student in Medical Anthropology, interviewed ninety women over a four-month period of time during late 2000. Both assistants had previous experience in counseling.

Respondents were recruited with the assistance of the New World Foundation in Lavender Hill, South Peninsula Municipality, Cape Town, South Africa. This non-governmental organization provides a variety of community, development and counseling programs, including for abused women. The research assistants contacted the social worker at the foundation, who referred women who met criteria for this study. Specifically, the criteria we used were that the women were over the age of 18 and had approached the foundation concerning their physical abuse. Once the women were identified, the research assistants contacted them and asked their permission to interview them. The nature of the interview study was explained to them and then they were asked to sign a permission form.

Beyond rather basic demographic information about the respondent, the interview schedule asked mainly about:

Perceived Neighborhood Characteristics, assessed by asking about the prevalence (none, some, a lot) in respondent's neighborhood during the past 12 months of eight different social problems: shootings; murders; "taxi rapes"; other rapes (in the neighborhood, not the home); gangs; stabbings; homeless people on the street; prostitution. ("Taxi rapes" are perhaps a distinctively South African form. Young women looking for a change of scenery from their township may ride around all day with taxi drivers for the opportunity to listen to popular music on the radio.

The taxi drivers, however, then feel that something is owed to them for allowing the girls this time to ride around and they often end up raping the young girl.)

Traumatic Experiences (both Inside and Outside the Home), measured through two composite variables: how many of ten different types of traumatic events outside the home had been experienced during the previous 12 months, and how many instances of traumatic events of these sorts had been experienced outside the home during the previous 12 months. The ten types of traumatic event outside the home included: being attacked with a weapon; being threatened with a weapon; being beaten; being sexually assaulted or raped; seeing a person killed or seriously hurt; causing someone's death or injury; serious accident; natural disaster; narrowly escaping serious danger; family member or friend dying; and family member or friend attempting or committing suicide. (Unless at least one such traumatic event had been experienced, a participant would not then be asked about symptoms.)

Symptoms of Posttraumatic Stress Disorder (PTSD), assessed by asking whether, in the past 12 months, the woman had or had not experienced each of the seventeen symptoms, as modified from the Diagnostic Interview Schedule (Robins, 1985; Robins et al., 1981).

[*Diagnosis for PTSD* was determined by whether the woman had experienced at least one traumatic event and had endorsed at least one Criterion B item, at least three Criterion C items, and at least two Criterion D items.]

Although the interview schedules had been printed in English, the research assistants translated the information and questions into Afrikaans or Xhosa if necessary. Women could

respond in whichever language they preferred and the responses were recorded by the research assistants. Transcripts of interviews were translated afterwards.

The research assistants conducted the structured interviews face-to-face. The location of the interviews varied; sometimes they were held at the woman's house, sometimes at the Foundation, and sometimes in an office made available by the Vrygrond Community Development Trust. The interviews generally lasted for 60 to 90 minutes. The women were given information regarding various agencies or contact numbers they could turn to in case they wanted to seek further mental health assistance or counseling. The women were not paid for their time.

Generic Concerns About Help-Seeking Samples

The research community is often skeptical about results derived solely from individuals appearing at an agency in search of help with a problem. In many contexts such help-seekers are rather distinctive -- in having that particular problem, in the severity of the problem, in lacking their own resources to deal with the problem, in having available to them a relevant agency to approach, and/or in motivation to overcome obstacles to approaching that agency (Gross & McMullen, 1983).

In short, because those who seek agency help are a self-selecting population, they could differ from the population as a whole. That possibility motivated us to obtain similar information from a sample of women from the same communities who were not seeking help.

Community Sample

Our secondary sample was 40 community women interviewed at the Lavender Hill & Ottery Community Festival for women, held in the Mary Atlee Centre in Retreat, on August 5, 2000. Apart from Lavender Hill and Vrygrond, the home communities of these women included Cofda, Delft, Grassy Park, Lotus River, Ottery, Parkwood, Retreat, Schaapkraal, Southfield, Steenberg, Strandfontein, and Zeekoeivlei -- all somewhat similar areas of the south peninsula.

Nine students and faculty from the Department of Anthropology and Sociology at the University of the Western Cape took part in the interviewing, employing essentially the same instrument described above. Every woman attending the festival was approached by an interviewer and invited to participate in the study. If interested, the nature of the interview study was explained more fully, and participating respondents were then asked to sign a permission form. Some, but not all, of the interviewers spoke only English; others were able to translate the questions into Afrikaans and/or Xhosa. Interviews were conducted in quiet corners of the community center. Again, respondents were directed to appropriate agencies if they wanted to seek further mental health assistance or counseling.

FINDINGS

The purpose of this preliminary report is to examine whether, in what ways, and to what degree our help-seeking sample -- the focus of our various subsequent reports -- differs distinctively from other women in the same communities.

Demographic Characteristics

Figure 1 shows that the help-seeking sample was, on average, slightly younger than the women of the community sample, had a somewhat lower income, and had slightly more children.

- The average age of the women in the help-seeking sample was 34.7 years, while the community sample was on average 38.5 years old.
- The average wage in the help-seeking sample was R590 per month and that of the community sample was R1,046.
- The women in the help-seeking sample had an average of 2.2 children while the women in the community sample had an average of 1.5 children.

Figure 2 shows that the help-seeking sample was mainly black, less highly educated, less likely to be married, and only slightly more likely to have children living at home in comparison to the women of the community sample.

- 47% (42/90) of the participants in the help-seeking sample were identified as being “Coloured” and 53% (48/90) as “Black.” In the community sample 93% (37/40) of the participants were identified as “Coloured.”
- In the help-seeking sample, 66% (59/90) of the women had a qualification lower than standard 6, like only 16% (6/40) of the women in the community sample.
- The majority of women in the help-seeking sample -- 59% (53/90) -- were either single or living with a man, whereas most women in the community sample (54%, or 22/40) were married.
- The percentages of women with children living at home were very similar in both samples -- 86% (77/90) in the help-seeking sample and 80% (32/40) in the community sample.

Experience of Traumatic Events

Figure 3 shows that most women in both samples had been exposed to traumatic events during the previous 12 months.

- In both samples roughly 2/3 of the women reported experiencing traumatic events outside the home.
- In the help-seeking sample 83% of women had experienced traumatic events happening inside the home, as compared with 50% of the women in the community sample.

Number of Traumatic Events in the Past 12 Months

Figure 4 shows that the highest level of multiple exposures to traumatic events during the previous 12 months was reported in the help-seeking sample.

- High levels of domestic traumatic events were reported in both samples -- a median of 14 incidents inside the home in the help-seeking sample, and a median of 9 in the community sample.
- The reported incidence of community traumatic events was higher in the help-seeking sample -- a median of 9 incidents experienced outside the home, as compared to a median of 3 in the community sample.

Number of Types of Traumatic Events in the Past 12 Months

Further, Figure 5 shows that most women had been exposed to several different types of traumatic events during the previous 12 months.

- Women in the help-seeking sample experienced nearly twice as many different types of traumatic event inside the home as did women in the community sample -- a median of 3.7 types as compared to 1.7.
- The number of types of traumatic events experienced outside the home was more similar in the two samples -- -- a median of 2.4 types among women in the help-seeking sample as compared with a median of 1.9 in the community sample.

Domestic Violence

Of all the traumatic events occurring inside the home, the four types of domestic violence are of greatest interest in this study. As Figure 6 shows, the the number of affected women was quite high in all four categories, especially in the help-seeking group.

- **Beatings** were easily the most prevalent form of domestic violence. In the help-seeking sample 76% (68/90) of the women reported being beaten at least once in the past 12 months, while in the community sample 33% (13/40) did so.
- 30% (27/90) of the help-seeking sample had been **attacked inside the home with a weapon**, as compared to 21% (8/40) of the community sample.
- 39% (35/90) of the respondents in the help-seeking sample had been **threatened with a weapon inside the home**, as compared to 26% (10/40) of the community sample.
- 8% (7/90) of the help-seeking sample and 5% (2/40) of the community sample reported having been **sexually assaulted inside the home** during the previous 12 months.

(Note: These figures might be somewhat misleading, because most of the women did not define forced sexual activity within a relationship or marriage as sexual assault.)

Other Domestic Traumatic Events

Figure 7 shows that violence was not the only domestic stressor the women experienced. The percents having experienced other domestic traumas during the past year were generally higher in the help-seeking sample.

- **Escaped danger inside the home:** 34% help-seeking sample (31/90);
14% (6/40) community sample.
- **Serious accident inside the home:** 17% help-seeking sample (16/90);
12% (9/40) community sample.
- **Natural disaster inside the home:** 18% help-seeking sample (15/90);
2% (1/40) community sample.
- **Witnessed death or injury inside the home:** 10% (9/90) help-seeking sample;
5% (2/40) community sample.

Departing from that pattern were:

- **Caused death/ injury inside the home** was lower in the help-seeking sample (3%, or 3/90) than in the community sample (5%, or 2/40) .
- **Suicide by family or friends** also was lower in the help-seeking sample (11 %, or 10/90) than in the community sample (21%, or 8/40).
- **Family/friend dying otherwise** was reported by 2% of both samples.

Community Violence

Figure 8 shows that violence outside the home was experienced by roughly twice as many women in the help-seeking sample than in the community sample.

- **Beaten outside the home:** 16% help-seeking sample (14/90); 7% (3/40) community sample.
- **Attacked with weapon outside the home:** 19% help-seeking sample (17/90); 5% (2/40) community sample.
- **Threatened with weapon outside the home:** 19% help-seeking sample (17/90); 9% (7/40) community sample.
- **Sexually assaulted outside the home:** 18% help-seeking sample (16/90); 9% (4/40) community sample.

Other Community Traumatic Events

Exposure to traumatic events outside the home was, again, not confined to violence only. Figure 9 shows that exposure to other kinds of traumatic events outside the home was very common in both samples. In most cases, exposure was somewhat more common among women in the help-seeking sample.

- **Witnessing a death or injury outside the home:** 51% help-seeking sample (17/90); 44% (18/40) community sample.
- **Causing death or injury outside the home:** 13% (12/90) help-seeking sample; 9% (7/40) community sample.
- **Escaped danger outside the home:** 31% help-seeking sample (28/90); 14% (6/40) community sample.

Departing from that pattern were:

- **Family/friend suicide outside the home:** 11% help-seeking sample (10/90); 30% (12/40) community sample.
- **Family/friend dying otherwise outside the home:** 10% help-seeking sample (9/90); 30% (12/40) community sample.
- **Serious accident outside the home:** 12% help-seeking sample (11/90); 12% (5/40) community sample.

PTSD Symptom Count for Traumatized Women

It has been shown here that the women of both samples have, even over the previous 12 months, been commonly exposed at high frequencies to a wide range of traumatic events both inside and outside the home. The effects that this kind of environmental experience has are seen (Figure 10) in shockingly high numbers of symptoms of post-traumatic stress disorder (PTSD): an average of 9.1 symptoms in the help-seeking sample and 8.8 symptoms in the community sample.

DISCUSSION AND CONCLUSIONS

The 12-month rates of exposure to traumatic stressors closely resemble lifetime rates among women in the United States.

Among the few U. S. studies of traumatic experiences that have employed the current, wider set of potential trigger events, Breslau et al. (1998) reported lifetime rates of exposure to traumatic assaultive violence of nearly 38%, and of lifetime exposure to other traumas of roughly 60%. Among those who had been traumatized in any relevant way, the average lifetime number of traumas experienced was 4.8. Even in the U.S., then, many women report multiple exposures to trauma over their lifetime.

While the supposition is that exposure to interpersonal violence is “much more common” (Kessler, 2000) in less developed countries like South Africa, that supposition does little to prepare one for the sheer magnitude of the 12-month rates reported here for Lavender Hill -- annual medians of 23 or 12 traumatic events respectively for the two samples. Chronic interpersonal violence may actually be the norm rather than the exception for women in that community!

These findings and their startling implications for PTSD will be explored in several detailed papers to come. Those papers will focus on results from our help-seeking sample, because the research procedures employed in studying those women -- for sampling individuals and for interviewing them -- were considerably sounder and more controlled than those employed in our study of the community-based sample.

The crucial question addressed in the present paper is whether what we observe about the help-seeking sample will differ critically from what we would have observed about women in general in the same community. In other words, will the findings of subsequent papers be seriously distorted by focusing on our help-seeking sample?

In general, we contend that such a focus is justifiable. From our analyses reported above, we have shown that our help-seeking sample is somewhat more at risk demographically, does actually experience more (but not all) of the various domestic and community traumatic stressors, but is not greatly different from other community women with respect to the psychological effects of those domestic and community environments.

Accordingly, in future analyses we shall rely upon data from our help-seeking sample to explore the nature and patterns of both domestic and community stressors as well as mechanisms that illuminate various psychological and social effects of traumatization of women in a community setting which is fairly typical of the Cape Flats environment.

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