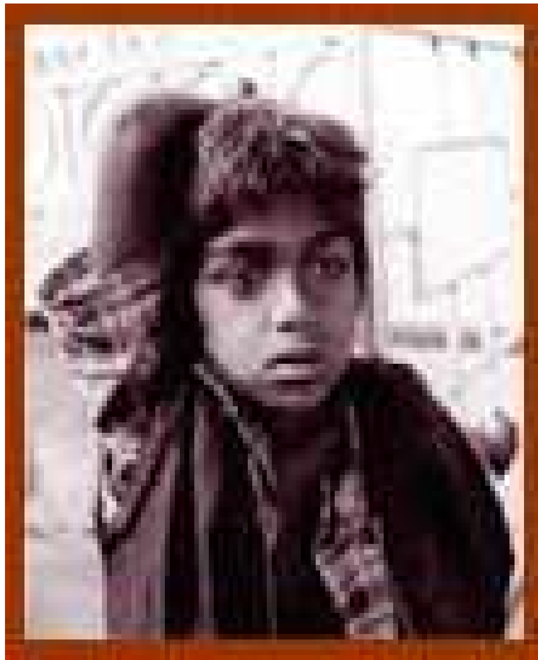
THE NEGATIVE IMPACT OF EXPOSURE TO VIOLENCE ON CHILDREN'S MENTAL HEALTH IN THE SOUTH AFRICAN CONTEXT



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PLAGIARISM DOCUMENT

WE DECLARE THAT THIS ASSIGNMENT IS OUR OWN WORK AND THAT ALL SOURCES HAVE BEEN CITED

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INTRODUCTION

Violence as a national problem in South Africa needs little introduction. South African citizens are exposed to daily, sensationalised reports of violence in the media, emphasising this problem's national and international pervasiveness. However, little emphasis is laid on the negative impacts and consequences of direct and indirect exposure to violence on South Africa's children, constituting a population at risk, well documented by research. " In South Africa, the exposure of young people to violence has reached epidemic proportions with an alarmingly high proportion of the youth having to face daily crises alone and without support." (Matthews, Griggs & Caine, 1999, p.28). Children are regarded as one of the most neglected and overtly oppressed sectors of South African society (Lockhat & van Niekerk, 2000, p. 290), as well as the most vulnerable, intentionally targeted sector. (Nair, Robertson & Allwood). Violence has infiltrated various spheres of South African society, having become a systemic part of family, school and community structures, in which children find themselves living in a "conflict ridden culture", whether it is at an intra-personal, inter-personal, inter-group, or a broader societal level. (Dovey, 1996, p. 128). This essay serves as an exploration, through means of a literature review and interviews, of what the negative effects are of direct and indirect exposure to violence, on South African children's' mental health.

PROVIDING PARAMETERS

Before any serious discussion of the negative impacts of violence on South African children's mental health is possible, it is necessary that the researcher provide clear definitions of research terms such as exposure to violence and mental health, as well as establishing an understanding of the developmental stage and experiences of children, in the diverse South African context. Due to the diversity of the population in the South African context, various factors which influence children's experiences of exposure to violence must be taken into account, such as: race, gender, socio-economic status

(especially poverty), family violence (domestic violence), lack of positive role models, school environment and experience, cultural view of violence, media portrayal of violence, high population density, witnessing victimization of others, and broad community context.

Culturally diverse scholars have provided various definitions for the concept of mental health. “Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualisation of one’s intellectual and emotional potential, among others… It is generally agreed that mental health is broader than a lack of mental disorders.” (World Health Organization, 2001, p.31). In order to establish an understanding of mental and behavioural disorders related to children’s exposure to violence, it is of initial importance to understand the concepts mental health and mental functioning. “Mental and behavioural disorders are a set of disorders as defined by the *International statistical classification of diseases and related health problems (ICD-10)*. While symptoms vary substantially, these disorders are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others.” Examples of such disorders, present in cases of children exposed to violence, include depression, PTSD and a variety of other mental disorders related to anxiety and/or neuroses. These disorders are similar to physical illnesses, in so far as being the result of a complex interaction of biological, psychological and social factors. (World Health Organization, 2001, p.36). Research suggests that mental health is related to physical health outcomes, which may also be affected by environmental influences such as exposure to violence, poverty and societal norms. (World Health Organization, 2001, p.36).

Childhood is divided into two periods: early childhood, which lasts from about the second till the sixth year, and middle childhood, the period from approximately the sixth till the twelfth year. Cognitive and physical-motor development is considerable during early childhood and is particularly influenced by the children’s “home environment, their social environment and the culture in which they grow up.”

(Botha, A, van Ede, D, Louw, A.E., Louw, D.A., Ferns, I., 1998, p.234). Children in early childhood display a vulnerability to stressors which influence adults and resulting alteration to the stability or functioning of the family, since the main developmental orientation of this age group is towards their families. In early childhood, children are emotionally and physically dependent on the adults who care for them. Thus, the experience of domestic violence by children in early childhood, could have detrimental effects on their mental health, since, "even if children are not directly beaten, they can be harmed by exposure to domestic violence." (Walton, 2003, p.31). Reactions to stress at this age include: disruptive behaviour such as becoming very naughty and aggressive. Children may act much younger than their age (regression) by, for example, becoming very dependent and always clinging to their mothers, wetting their beds again and suffering fear of the dark. (Stavrou 2003). Consensus exists amongst psychologists that although middle childhood is characteristically a period of diminished physical development, that rapid cognitive, social, emotional and self-concept development takes place, better equipping children to be able to establish a general world understanding and self-knowledge. (Louw, D.A., Van Ede, D.M., Ferns, I, Schoeman, W.J. & Wait, J., 1998, p. 322). The largest proportion of South Africa's school going children are in primary school and therefore in middle childhood (Louw, D.A., Van Ede, D.M., Ferns, I, Schoeman, W.J. & Wait, J., 1998, p. 359), making up approximately seven million of the estimated 44,8 million (October 2001) total population. (Statistics South Africa, 2003). Children in middle childhood are more socially oriented. The emotional problems experienced in reaction to stress are related to social relationships. (Stavrou, 2003). This age group may react by withdrawing from social interactions and isolate themselves from any social contact. Deeply entrenched fears and anxieties experienced at an early age may also result in later experiences of depression and other problems. (Holder, 2001). In light of these two broadly delineated vital developmental stages of childhood, it would seem self-evident that a stressor such as the exposure to violence in any one social environment, whether it be the family, school, community context or other, would have a detrimental effect on children's mental health. "… stressful situations put people at risk

of psychological danger and harm. Such harm typically occurs when the stressors that individuals experience in their lives exceed their ability to cope with them in constructive ways… Individuals who experience stressors for extended periods of time are commonly referred to as 'vulnerable' or 'at risk'." (Lewis, J., Lewis, M.D., Daniels, & D'Andrea, 2003, p. 138-139). Because early relationships form the basis for all later relationship experiences, stress associated with violence at an early age may have a negative impact on a child's later development. (American Academy of Paediatrics, 2003).

Exposure to violence may include physical, social and/or psychological harm. The psychological and emotional consequences of direct and indirect exposure to violence, is of particular interest in the assessment of what the negative effects are on the mental health of South African children, especially since a growing body of research indicates that children who witness violence, whether in their homes or their communities, can suffer serious psychological consequences. (Segal, 1999, p. 51). The *Children's Charter of South Africa, Article V*, states that all children possess inherent rights related to the right to be protected from all types of violence "including: physical, emotional, verbal, psychological, sexual, state, political, media, gang, domestic, school, township and community, street, racial, self-destructive and all other forms of violence." (African National Congress Homepage, 2003). The reality however is that South African children are born into a dangerous society, in which the possibility for exposure to violence is high. (See fig.1).

Fig.1. The total number of reported offences against children younger than 18 between 1994 and 1998 is summarized in the following table: (Matthews, Griggs & Caine, 1999, p.8).

CRIMES AGAINST CHILDREN	1994	1995	1996	1997	1998
Rape	7,559	10,037	13,859	14,723	15,732
Sodomy	491	660	893	841	739
Incest	156	221	253	224	185
Indecent Assault	3,904	4,044	4,168	3,902	3,744
Sexual Offences (Act 23, 1957)	1094	1,121	1,160	904	804
Attempted Murder	213	244	283	255	324

Assault with grievous bodily harm	1,905	2,272	3,841	3,686	4,022
Common Assault	3,246	3,768	4,502	4,179	4,267
Abduction	743	805	1,184	962	1,034
Kidnapping	906	978	946	1,126	1,220
Child-care (ill treatment)	2,694	3,499	3,805	3,633	3,755
Other	753	833	944	1,432	1,526
TOTALS	**23,664**	**28,482**	**35,838**	**35,867**	**37,352**

Lack of police statistics makes the estimation of the prevalence of gender violence in South Africa impossible, however, it is clear is that South African girls, are disproportionately likely to be victims of such violence. "The [South African Humans Rights Commission's Report on Sexual Offences against Children, released in April 2002] shows that by the age of 18, 20% of females and 13% of males reported having suffered some form of sexual violence, which amounts to almost a third of the young population." (Ross, 2003, p. 123).

EFFECTS OF VIOLENCE ON CHILDREN'S MENTAL HEALTH

The impact of violence on children's mental health depends on various factors: the level of exposure; the child's age and developmental phase; the family and community context in which the violence occurs; and the availability of family and/or community support. "Children may respond differently to trauma depending on their ability to understand and deal with the traumatic event in their life." (van Niekerk, 2002). "Clinical research suggests that … as many as one out of every five persons, is suffering from violent related mental health problems. These problems range from post traumatic stress disorder through anxiety and depressive disorders to exacerbation and precipitation of Schizophrenic or Bipolar breakdowns." (Nair, Robertson & Allwood). The South African context is unique and made further complex, since it harbours the social problems engendered as a result of the insidious Apartheid regime and experience. Studies suggest that direct experience or exposure to violence has more of an impact on children than indirect experience. "The impact of violence is probably most profound when

children are victims." (Friday, 1995, p.403). "Research done with victims of violence shows that 60-80% (or more) of people exposed to violent situations, whether directly or indirectly, suffer from symptoms of Post Traumatic Stress Disorder." (Stavrou, 2003). The negative impact of indirect experiences of violence should not be underestimated, since children who are exposed to violence whilst growing up are potentially harmed, even if they are not direct victims. (APA Online, 2003). The *American National Institute for Mental Health* found that 80.3 percent of all television programmes contain acts of violence and that children born today will witness 200 000 acts of violence on television by the time they are 18 years old. (Olivier, 1999). "Media violence affects children, engendering fear and violent tendencies that last into adulthood." (Byfield, 2003, p. 60). Young children are especially susceptible to media violence since a lack of real-life experience leads to an inability to judge reality from fantasy. Research indicates that living in a society where the media portrays "images of violence and messages of doom and destruction, can result in people experiencing symptoms of Post Traumatic Stress." (Stavrou, 2003). Gorman-Smith, Kamboukos, Miller, Neugebauer & Wasserman (1999, p. 3) confirm that observation of violence by children can have negative effects, since "well-controlled laboratory studies have shown that observation of violence leads children… to behave more aggressively towards peers and inanimate objects."

Osofsky (1995, p. 782-788), defines exposure to chronic community violence, as "frequent and continual exposure to the use of guns, knives and drugs, and random violence. Clinically, the negative effects of witnessing violence range from temporary upset in the child to clear symptoms of post-traumatic stress disorder (PTSD)." Various researchers studying the impact of community violence on children indicate a population at high risk of developing post traumatic stress disorder (PTSD), anxiety and depressive disorders, as well as possible impairment in other areas. In a South African study, involving Khayalitsha children, it is suggested that the prevalence of psychiatric disorder in local children exposed to community violence may be even higher than is currently recognised. The study

found that 40% of children from a high-risk sample had one or more psychiatric disorders. (Lockhat & van Niekerk, 2000, 291). “Fitzpatrick and Boldizar demonstrated a significant relation between chronic exposure to community violence and post-traumatic stress disorder”, a significant relation between violence exposure and overall levels of distress, including nervousness, loneliness, sleep problems, and intrusive thoughts, was also demonstrated by Martinez and Richters in a study of school-age children from low-income neighbourhoods in the United States. (Gorman-Smith, Kamboukos, Miller, Neugebauer & Wasserman, 1999, p. 3).

The American Academy of Paediatrics (2003), through the use of various supportive authors’ research materials, identifies children who have been victims or witnesses of violence, as likely to exhibit one or more of the following behaviours and/or mental health problems:

- Fear; (Bell, 1994, p.74-86), worried about being safe (Osofsky, 1995, p.782-788).
- Aggression toward others (Mullen, 1996, p. 7-21).
- Depression (Bell, 1994, p.74-86) and (Mullen, 1996, p. 7-21).
- Sleeplessness (Bell, 1994, p.74-86).
- Reluctance to explore their physical environment (Osofsky, 1995, p.782-788). “Dumb-down” (Vlok, 2003).
- Psychosomatic symptoms (headaches, stomachaches) (Bell, 1994, p.74-86).
- Mental disorders (neuroses, anxiety) (Bell, 1994, p.74-86) and (Mullen, 1996, p. 7-21).
- Eating disorders (Mullen, 1996, p. 7-21).
- Lowered self-esteem (Mullen, 1996, p. 7-21).
- Withdrawal (Osofsky, 1995, p.782-788).
- Poor school performance; (Friday, 1995, p. 305-309), difficulty paying attention (Osofsky, 1995, p.782-788). Concentration and short-term memory may be effected by exposure to violence. (Vlok, 2003).

- Suicidal tendencies (Mullen, 1996, p. 7-21).
- Post-traumatic stress disorder (PTSD) (Bell, 1994, p.74-86) - a life stressor that leads to re-experiencing the trauma, avoidant behaviour, numbing of responsiveness, increased or decreased arousal, and a variety of other symptoms. (Osofsky, 1995, p.782-788). Increased sleep disturbances, irritability, poor concentration, startle reaction and regressive behaviour are characteristic symptoms of the disorder. (National Institute of Mental Health, 2001). "Children diagnosed with PTSD will probably be the perpetrators today in terms of their own defence mechanisms… They'll fire the bullets today that traumatised them yesterday." (Vlok, 2003). Wait (2003) emphasises that although in may cases children exposed to violence are classified as "routine PTSD cases", that routine therapeutic procedures related to PTSD are insufficient, since we do not know enough about the specific psychodynamics and differentiations within exposure to violence and various types of violence in children.
- Vlok (2003) also identifies that, "Some of these children [exposed to violence], may be plagued with early childhood traumas of extreme stress. This is known as DESNOS according to a new classification, and stands for Disorders of Extreme Stress Not Otherwise Specified."

Thus, with such a multitude of negative effects of exposure to violence, research strongly supports the fact that exposure to violence in childhood may lead to long-term negative effects in adulthood. According to Vlok (2003), we are influenced on three levels, namely: 1. Our general well-being, 2. psychiatric sickness such as chronic PTSD and depression and 3. In terms of our personalities.

The impacts of violent exposure on the mental health of children may be explored in terms of the sociocultural paradigm, in which a focus is maintained in terms of the way societal-cultural factors influence personality and behaviour. (Hergenhahn & Olson, 1999, p. 14), as well as adopting a partial behaviourist perspective by stating that "behaviour patterns are learned through experience." (Hergenhahn & Olson, 1999, p. 275). As evidence has shown, children exposed to violence tend to

learn aggressive behaviours and display acts of violence in several cases due not only to learning of these behaviours, but the way in which their environments affect their behavioural patterns. Alfred Adler's psychology, which falls under the sociocultural paradigm provides a means by which social variables such as exposure to violence are emphasised as highly influential in terms of children's development and the negative effects such exposure potentially holds for children's mental health. Erik Erikson, another highly influential psychologist in the sociocultural paradigm provides a fitting theoretical conceptualisation of the effects of violent exposure on children's mental health, through his conception of psychosocial stages of development, in which "…each stage of development is characterised by a crisis… a crisis exists in three phases: the *immature phase* where it is not the focal point of personality development; the *critical phase* [which we are concerned with], where because of a variety of biological, psychological and social reasons [such as exposure to violence], it is the focal point of personality development; and the *resolution phase* where the resolution of the crisis influences subsequent personality development…If one or more crises are resolved negatively, normal development is inhibited" (Hergenhahn & Olson, 1999, p.165-166), which may lead to disturbances in mental health and mental health disorders, as in children unable to cope with the stress related to exposure to violence. According to Erikson's theory, the social environment determines whether the crisis associated with any given stage is resolved positively or not. (Hergenhahn & Olson, 1999, p.166).

CONCLUSION

In South Africa it is evident that only a small fraction of the people in serious need of mental health services are treated. "The snowball effect of the lack of treatment for these victims exponentially increases the need of services." (Seedat, Duncan & Lazarus, 2003, p. 100). This essay has served as an exploration of general, relatively immediate negative impacts of children's exposure to violence on mental health in the South African context, however, in light of the complexity of the problem, a need

exists to focus on "how children's exposure to violence… influence their ability to experience and modulate states of emotional arousal, their images of themselves, their beliefs in a just and benevolent world, their beliefs about their likelihood of surviving into adulthood, their sense of mortality and the value they place on human life." (Govender & Kilian, 2001, p. 10). These issues are important in terms of establishing a holistic, coherent understanding of the experiences and consequences children face as a result of being exposed to violence, whether it is direct or indirect. Children are complex beings and thus, their reactions to exposure to violence are complex and varied. The "relationship between exposure to violence and its effects is not linear but rather a complex and dynamic one within a stress system." (Govender & Killian, 2001, p. 2). There is no simple solution to the pervasive problem of children's mental health being negatively affected by exposure to violence in South Africa. However, by broadening the boundaries of research and following a more holistic approach in terms of therapeutic treatment of the various effects of violent exposure on victims, a greater understanding of children's experiences will be established, as well as creating new opportunities for future treatment and well-being of South Africa's children.

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