

## CHAPTER 1: INTRODUCTION

There has been an increase in sexual abuse in South Africa and naturally caregivers such as nurses, social workers, teachers, counselors and psychologist are called upon to assist in alleviating the survivor's distress. Working with traumatized children is seen as a challenging task for caregivers as these children are seen as vulnerable and helpless (Dyregroy & Michell, 1992). Working with such children in an environment that is considered to be marred by continuous traumatic stress leaves caregivers feeling helpless and frustrated and emotions ranging from anger, frustration, inadequacy and helplessness may be evoked. Crothers (1995) also asserts that caregivers' who work with trauma victims may manifest responses such as sadness, vigilance, caution, sleeplessness, intolerance, nightmares, compassion, irritability, sensitivity and denial.

Caregivers who listen to stories of fear, pain and suffering of children may experience the same feelings as their patients and thus develop compassion fatigue due to their vulnerability (Figley, 1995; McCann & Pearlman, 1990; Joslyn, 2002). These caregivers have to deal with not only stress or dissatisfaction of work but also with emotional and personal feelings of the sexually abused child. Compassion fatigue is described as a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoiding/numbing of reminders of the event and persistent arousal. Thus the caregiver may show symptoms such as physical, emotional and spiritual fatigue. This may lead to a decrease in the caregiver's ability to care for others. Compassion fatigue like burnout can

impair the caregiver's ability to render effective services and maintain personal and professional relationships (Thompson,2003).

When caregivers experience compassion fatigue due to working with sexually abused children their sense of coherence is likely to be affected. The sense of coherence is the caregiver' ability to chose the appropriate coping strategy in dealing with a problem they encounter (Anonvosky, 1979, Flannery & Flannery, 1990). This ability may be impaired when working with traumatized children in a continuous traumatic stress environment like Soweto. It is advocated that the strength of the caregiver's sense of coherence may affect his or her health status (Antonvosky, 1987). Caregivers with a strong sense of coherence are said to be able to manage stressful situations while those with the low sense of coherence tend to have difficulty in mobilizing resources to confront their stress and may experience a stressful situation as threatening and anxiety provoking.

Soweto is a township established during the apartheid era due to force removals, when people from different backgrounds were forced to live together. This township has a history of violent crime both related to the apartheid era and the post apartheid period. Soweto is marred by crimes such as car hijackings, rape, and different types of child and women abuse (Mwanda, 1999; Fako, 1997). Caregivers in this area not only have to work with victims of these crimes but some of them live in this area of continuous stress. Thus making them vulnerable to compassion fatigue and their sense of coherence being compromised due to trauma work. Not only do these caregivers have to deal with taboos

around sexual abuse but they face ethical and moral dilemmas which may impinge on their state of mind and influence their reactions to trauma work (Straker & Moosa, 1994).

This study grew out of interest to investigate the psychological effects of working with sexually abused children in a continuous traumatic stress environment. There has been extensive research in childhood abuse including childhood sexual abuse. The main focus of this study looks at childhood sexual abuse in particular because it affects both the survivors and individuals who work with affected children as frontline staff. Sexual abuse evokes feelings of distress in both the victims and caregivers. Previous research has focused on the psychological effects of the victims of sexual abuse with minimum in-depth input on the psychological effects on the caregivers.

The aim of this study is to investigate the levels of compassion fatigue and sense of coherence of caregivers working in a continuous traumatic stress environment.

This study attempts to modestly look at the psychological effects of working with sexually abused children in a continuous traumatic environment. This will be demonstrated in the literature review in chapter two. Followed by the methodology chapter in chapter three. The results of the findings will be outlined in chapter four, followed by the discussion of the results in chapter five. Chapter six will map the conclusion remarks of the study.