

CHAPTER 5: DISCUSSION

The findings of the current study will be discussed in this chapter. This will include answering the research questions about the levels and patterns of Compassion Fatigue manifested by caregivers working with sexually abused children in Soweto. Secondly the levels of patterns of Sense of Coherence exhibited by these caregivers and lastly the relationship between Compassion Fatigue and Sense of Coherence in caregivers working in Soweto with children who have been sexually abused.

5.1. Background of Research Findings

Figley (1995) asserted that working with trauma victims has an impact on the therapist. Studies have been carried out and support this stand point including Collins & Longa. (2003) who conducted a longitudinal study on caregivers working with seriously traumatized people and their findings indicated that these caregivers experienced high levels of compassion fatigue and burnout. Another study conducted in the South African context was a study done by Nkosi (2002) where he found that 50% of nurses working in a continuous trauma environment manifest high levels of compassion fatigue . Durrant (1999) also found that there were high levels of compassion fatigue amongst student occupational therapists scale working in a continuous traumatic stress environment in South Africa, their means were 38.450 which fall within the high risk realm of the compassion fatigue. Her findings also indicated that student physiotherapists manifested moderate risk to compassion fatigue as their means were 35.12 which fell within the

moderate risk realm of the compassion fatigue scale. Findings in the current study indicated that 76% of the caregivers experience extremely high levels of compassion fatigue and burnout. However it was interesting to note that there were those whose levels of compassion fatigue were lower and this could be attributed to availability of resources and compassion satisfaction. These traits seem to be protective factors against compassion fatigue

The sense of coherence findings indicated that the majority of the caregivers in this study had a high sense of coherence. This contradicts the hypothesis that individuals who work in continuously stressful environment would have a low sense of coherence.

5.2 Research Findings

5.2.1. Prevalence of Compassion Fatigue and the Sense of Coherence

Findings in the current study illustrated that 76% of the respondents were at extremely high risk of compassion fatigue, which is in line to what Figley (1995), Joslyn (2002), McCann & Pearlman (1990), McCann & Saaktiven (1995) postulated that working in a continuous traumatic stress environment results in high risk for compassion fatigue. The present study also found that 16% of the respondents were on the moderate risk level. This could be related to them experiencing compassion satisfaction. Meaning that these caregivers were protected by their motivation to help. Stamm (1998) reiterated that irrespective of the risks associated with working with trauma, which can include direct

personal and the risk of work related secondary exposure; the human spirit may seem breakable but is very resilient. The results also indicated that caregiver's were affected on all three constructs of compassion fatigue, that is items related to self, their families and environment, they scored high or were highly affected. This is prevalent in information elicited from the qualitative data, which will be elaborated on later.

Results obtained from the Orientation to Life Questionnaire suggested that the participants had high sense of coherence. This contradicts the hypothesis that caregiver's working in continuous traumatic stress will experience or manifest low sense of coherence. Thus this hypothesis is rejected. Further findings suggest that comprehensibility that is the SOC subscale appears to be most affected by trauma related work unlike the manageability and meaningfulness of the respondents contrary to the qualitative findings where respondents reported that limited resources affected how they performed in their work.

Correlational findings between the compassion fatigue and the sense of coherence suggested that there is a weak negative correlation between compassion fatigue and the sense of coherence, suggesting a minimal significance. Participants showed a positive correlation (0.65) between burnout and compassion fatigue suggesting that their levels of burnout were also high. This is inline with the observation made by Weiner (1989), Pearlman and Saaktine (1995) and Stamm (1995) when they pointed out that burnout plays a significant role in compassion fatigue. There was a negative correlation (- 0.27) found between the comprehensibility subscale and compassion fatigue as well as burn out

(- 0.28). This is indicative that high levels of compassion fatigue did not affect these caregivers' comprehensibility. The manageability scale on the other hand indicated that there was a weak positive (0.25) correlation with compassion fatigue and a strong positive (0,54) correlation with burnout. This suggests that caregivers' perception of their ability to meet the demands of their environment was affected by trauma work. The meaningfulness scale suggested that there was a weak correlation with compassion fatigue and a negative correlation (-0.46) with burnout. Suggesting that the caregivers' sense that their environment challenges are worth personal investment were affected by their levels of compassion fatigue and burnout. This contributed to caregivers' feelings of inadequacy on their abilities to manage challenges they face when working with sexually abused children.

5.2.2.The Interrelationship between Compassion fatigue and the Sense of Coherence Manifested by Caregivers Working with Sexually Abused Children.

Caregivers reported that a number of feelings were evoked by working with sexually abused children. The majority of the respondents that is 31% of the participants indicated that they experienced negative feelings such as sadness, frustration and anger. While 4% of the respondents reflected that their perceptions of viewing the world as safe and benign were shattered (Jannoff-Bullman, 1985). Some participants (4%) felt that they were deceived by children and would shutdown when these emotions were experienced. This response is suggestive of the caregiver manifesting compassion fatigue as Figley (1995) indicated that disengagement is one of the traits of compassion fatigue. Another 4% of

the caregivers showed positive emotions such as empathy for the affected children and some felt personal vulnerability as well as fear for their own children. One of the caregivers indicated that she:

“ no longer trusted a person and I’m over protective of my child”

While 4 % of the caregivers felt that the traumatized child manifested loss of trust in male caregivers. Other caregivers(9%) reflected that there was poor disclosure. While 18% of the participants strongly felt that victims should be empowered. These are common feelings felt when working with traumatized children (Dyregrov, & Mitchell, 1992; McCann & Pearlman, 1990; Joslyn, 2002). One respondent pointed out that they noticed that the victims and their mothers often felt obligated not to take relevant steps to report the perpetrator as they relied on him for financial security. Thus hampering the process of bringing the perpetrator to book and leaving the caregiver with a sense of helplessness and hopelessness as well as eliciting high levels of frustration. Compassion fatigue is evidenced here as the caregiver’s effort to relieve suffering and motivation to act is hampered. Figley (1995,2003), Thompson(2002) and Joslyn (2002) advocated that such feelings are manifestations of compassion fatigue.

Other themes that emerged related to participant’s response to their nature of work indicated that they experience a sense of achievement. This was reflected by one participant who said

“ I gained confidence to be involved in my community and improve my leadership skills”.

While some participants had negative emotions such as anger towards the perpetrator and feelings of helplessness. Caregivers also reported experienced feelings of inadequacy.

This demonstrated in the quotes below when caregivers expressed that

“ At times I feel like quitting or resigning because of the incidents I come across.”

“ I feel I need training, to be able to council these learners.”

Others reflected that there should be more community involvement. While some caregivers were more incline to containing the traumatized children and going the extra mile in doing that. Other caregivers saw working with traumatized children as a process in which self development occurs and learning that children are resilient. Participants also reflected that they felt vulnerable working in a trauma environment. This disruption in the caregiver’s perception is evidenced in individuals who work with traumatized children.

McCann and Pearlman (1995) articulated working in a traumatic environment may cause disruptions in the caregiver’s sense of safety as indicated by some of the caregivers in the current study.

Manageability is seen by Antonvosky (1979) as the individual’s ability to meet the demands of their environment. The majority of the respondents (that is 12 participants) indicated that they had sufficient resources at their disposal and would refer on to other relevant professionals when the demands of their work posed overwhelming stimuli.

While those who had limited resources (6 respondents) indicate that they would improvise when faced with limited resources. Participants further reported that they experienced feelings of helplessness and frustration due to sparse resources. A caregiver expressed these feelings by stating that:

“ You become frustrated and feel helpless, disappointed. Sometimes you cannot help a helpless child next to you”.

Respondents had different perceptions with regard to their work as challenging and worthy of personal investment. This job gave 27% of the caregivers an opportunity to do awareness programs for parents and children who have been sexually abused to ameliorate this problem in the community. Some indicated that their work enabled personal development and the development of the affected child. While 9% of caregiver showed altruism. Some manifested rescuer traits (9%). While 4% reported to do this job in order to see justice being done. Four percent of the respondents reported experiencing negative feelings and another 4% respondent experienced disengagement.

5.2.3. Coping strategies

Coping refers to a set of individual behaviours used to manage stressful situations regardless whether this is a beneficial attempt or not. It has been argued that coping should not be associated with mastery because it can include escape, avoidance and denial as ways of overcoming stressful circumstances (Hobfoll, 1988). Coping is a significant factor in mediating the relationship between stressful events and physical and psychological adaptation. There are two types of coping namely: problem focused styles of coping are used in situations where individuals believe that constructive actions are possible with respect to the stressor. While emotion focused coping is more likely to be

employed in situations where people believe that little can be done to alter the events and the situation is seen as uncontrollable (Scheier & Carver, 1987). Participants in this study used the problem-focused styles of coping such as professional supervision and support from work. Family support and the use of the gym were used by 9% of the caregivers as coping mechanisms to deal with stress related to trauma work. Some of the respondents (4%) relied on family support and religion. Other forms of relaxation included playing computer games and listening to music and humor was used to alleviate stress. These coping strategies involve taking care of oneself through exercise and healthy living, expressing emotions and getting support. Personal therapy was used by 4% of the participants. These are the strategies, which are often recommended for the patients who are in distress (Collins & Longa, 2003). Another 4% reported that they used the defense of projection in order to cope with working with sexually abused children.

This chapter looked at the outcome of the present study and it was found that participants in this study manifested high levels of compassion fatigue and a strong sense of coherence. The caregivers also expressed both positive and negative feelings related to working with sexually abused children and their environment. The participants ability to cope with their compassion fatigue was also discussed. This study's conclusion, limitations, implications and recommendations will be elaborated on in the next chapter.