

CHAPTER 6: CONCLUSION

Child sexual abuse evokes emotions ranging from anger, frustration, despair and feelings of hopelessness and helplessness in caregivers who work with this population. This evidently may lead to compassion fatigue, which has been extensively explained in the literature. Compassion fatigue is seen in caregivers when they manifest similar experiences that are painful and exhibited fear; similar to that of the traumatized children they work with. They may also feel disengaged, show negative emotions such as anger towards the perpetrator and parents, blaming society and the environment for being unsafe (Figley, 2003 ; Jannoff-Bullman, 1985 ; Collins et. al, 2003). Compassion fatigue also mimics symptoms of PTSD. Caregivers may manifest avoidance, numbing, flashbacks of their own trauma when listening to traumatic accounts of their patient's sexual abuse. This was evident in this study as caregivers reported that they were faced with dilemmas such as being unable to follow up on the reported cases they see due to lack of resources. At times these caregivers face the reality of children staying in an abusive environment due to financial dependency.

Sexually abused children live in environment whereby they have to use different ways of dealing with their demise (Herman, 1992; Putman, 2003). This may lead to these children relating with their caregivers, as they would relate to their perpetrator. It was reported by some participants in this study that sexually abused children have difficulty in trusting male caregivers. This was reflected by the following quote:

“ They (affected children) tend to loose trust on the males, always defensive and lack confidence.”

Some caregivers who prepare children for court reported that a sexually abused child may at times refuse to disclose the perpetrator, while some children seem ready during the mock court procession but once they were in the real court children did not cooperate due to anxiety or fear of the perpetrator. This may lead to the case being withdrawn, leaving the caregivers with feelings of hopelessness and frustration.

This study showed that caregivers working as frontline staff, that is nurses, teachers, social workers and counselors have an extremely high risk of compassion fatigue. This is in line with what the literature asserted, that working with traumatized victims may lead to experiencing compassion fatigue. The literature reports that individuals who work in a traumatic stress environment are likely to have a low sense of coherence. However caregivers in the current study had high levels of the sense of coherence. On investigating the relationship between the levels of compassion fatigue and the sense of coherence it was found that there was minimal significance. This could be due to using a cross sectional correlation design as this design does not yield cause effect relationship of variables. Hence the suggestion that a longitudinal study must be used to get a more deeper understanding of the relationship between compassion fatigue and the sense of coherence.

This study found that caregivers used other resources to cope with working in the continuous traumatic stress. These included using humor, family support, supervision and support from colleagues. Other caregivers use psychotherapy while others used recreational activities to ameliorate their stress.

The limitations of the study will be discussed followed by the discussion of the implications of the results of the study. Lastly the recommendations of this study will be given.

6.1. Limitations of the Research Study

6.1.1. Research design

This research study used the cross sectional correlation design. Therefore it does not allow a strong cause and effect conclusion to be drawn (Breakwell et al. 1995; Bless & Kathura, 1993). Thus the causal relationship between compassion fatigue and the sense of coherence are not possible to infer. A longitudinal study would have produced a deeper understanding about the development of compassion fatigue and the shifts that may occur in the caregiver's sense of coherence.

6.1.2. Measures used in this study

Self-reporting measures were used in this study. Findings indicated that the CFS scale was reliable while the OLQ proved to be less reliable. This could be attributed to how the

OLQ scale was tabulated as it confused some of the respondents as well as the fact that this scale was used on a population that had a different cultural background and norms, as compared to the population Antonvosky (1979) originally tested this scale on. It has been argued that data collected from self-report questionnaires is compromised when individuals are unwilling to reveal private information and when they cannot understand information requested (Aldwin, 1994).

6.1.3. Sample

The sample comprise of 25 (black-African) caregivers from different professional backgrounds (that is the sample consisted of teachers' nurses, social workers and counselors). Their jobs ranged from, court preparation of sexually abused children, counseling children on the phone, running awareness campaigns, teaching, patient care and counseling. Data collection was delayed as protocol from the schools, the health department as well as NGO organizations was requested and this process took longer than anticipated by the researcher. Ethical emphasis was made that participation was voluntary and coding each questionnaire ensured confidentiality. Each clinic had at most two nursing sisters who manage the sexual abuse cases. They complained of having staff shortages and being overwhelmed by large caseloads they had to manage. Teachers indicated that they handled multiple cases besides the sexual abuse cases. Thus making their caseload heavier and difficult to manage. Limited resources left these teachers feeling helpless and at times find themselves in different roles, that is, being social workers, counselors etcetera. The workers working at the Teddy Bear clinic seem to have

the relevant support from their organization however they too experience compassion fatigue and their assumptions were shattered. While workers at Childline reported that resources were sufficient and manifested lower risks of compassion fatigue. It became evident that their perceptions about their environment were affected.

6.2. Implications

Literature affirms that the consequence of caring for traumatized victims may lead to the development of the compassion fatigue (Figley, 2003, Thompson, 2003; Joslyn 2002; Gentry, Baronwsky & Dunning, 1997). This study (caregivers working in Soweto) supports this notion as caregivers manifested high levels of compassion fatigue. These caregivers are not only faced with working with a traumatized child but also staff shortages and working in a continuous traumatic environment which may affect their assumptions about their environment. Making them feel vulnerable and thus impact on their personal and social life, including organizations they work in. A quote from one caregiver who's personal life was affected is as follows:

“You lose confidence in men, especially when you are married, you sort of loose trust in your husband”

It is therefore imperative that these caregivers have a clear referral systems whereby feedback is given and liaison with other professionals is promoted. The different settings, that is, schools, clinics and NGO's would benefit from establishing workshops, which allow these caregivers to be trained in handling compassion fatigue and being debriefed.

Even though some caregivers indicated that this is available in the selected organisation. It appears that those with limited resources require it more.

6.3. Recommendations for Further Research

The findings of this study suggest that it has to be acknowledged that compassion fatigue and its manifestations can affect caregivers working with sexually abused children in Soweto. It also indicated the significance of professional contact and that by building and maintaining professional contacts these caregiver's will not experience isolation and being overwhelmed with work. This will also expand the caregiver's network of colleagues and broaden their knowledge base. Counseling after a crisis is a time filled with heavy emotions. Caregivers should have the opportunity to reflect and talk about their intense thoughts and feelings in a safe environment to ameliorate their compassion fatigue (Cerney, 1995; Figley, 1995; Stamm, 1998).

It is recommended that coping strategies, which promote compassion satisfaction and prevent compassion fatigue should be developed to assist caregivers to protect and maintain their mental health and well being when working with children in the continuous traumatic stress environment.

Working in the area of trauma response takes its toll in caregivers. If caregivers are equipped with the knowledge of knowing what to expect can make the experience both positive and productive. It is also recommended that caregivers must be able to cope with their own posttraumatic stress. Crisis debriefings should be reviewed and communication

within the staff members be promoted to promote accountability. A workable referral system, using resources within the organization and the community is imperative to achieve a positive resolution to no feedback occurring and feelings of hopelessness.

It is recommended for future research that this research study be replicated on a larger population of caregivers working in Soweto. That is including more social workers and possibly the workers working on the Child Protection Unit in this area. Thus providing a larger scope as to the effects of working in a township, which is marred by violence and continuous traumatic stress. It would also be beneficial to do a longitudinal study on this population and this might provide a deeper understanding of the relationship between compassion fatigue and the sense of coherence.