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Emotional Status of children exposed to political violence in the Crossroads squatter area during 1986/1987

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INTRODUCTION

During the period May to July 1986, 53 people were killed and 70 000 were rendered homeless following a series of violent attacks by a group of vigilantes (known as Witdoeke) on their shanties in the K.T.C., Nyanga Bush and Portland Cement squatter camps. It has been alleged that members of the South African security forces did little to prevent these attacks and these allegations are the subject of current court hearing (Cole, 1987, Lawyers Committee for Human Rights, 1988).

The history of the Crossroads area is documented by Cole and according to her analysis the attacks were mounted by a group which had an interest in clearing these camps so as to make room for the upgrading of the original squatter camp known as Crossroads. This process has now begun and one of the former Witdoek leaders has been made mayor of the area under the new governnment local authority structure (Lawyers Committee for Human Rights, 1988).

The events of 1986 have been described as one of the most brutal forced removals in South Africa's history. The response of the state to appeals for aid to the families was typified by this statement by Minister Badenhorst:

> "We will do our bit if necessary. We won't let people starve or freeze to death. But it must be remembered that South Africa is not a welfare state" (Cape Times, June 25, 1986).

This attitude may be sharply contrasted with the response of the South

African government to the tragic floods in Natal during the following year. It is worth noting too that churches and synagogues in white group areas which had taken in women and child refugees were informed by the police that they were contravening the Group Areas Act and that the refugees would have to leave (Dawes, Tredoux and Feinstein in press).

This brief background cannot convey the magnitude of the destruction that took place or the complex politics which gave it birth. During the conflict which lasted several months, the majority of displaced people were housed in tents, churches, mosques and school buildings, several of which were burned down in subsequent vigilante attacks. Most of the refugee families lost all but a few possessions. The state refused to allow the displaced persons to rebuild their shacks and offered "assistance" to move to the new township known as Khayelitsha. The majority of the homeless eventually did move, but some stood fast. In August 1986 this group began to re-establish themselves in the area known as K.T.C. This study investigated a sample of those residents who returned to K.T.C. This paper reports on a small section of a wider project which aimed to investigate the psycho-social sequelae of the conflict for adults and children and which has been reported more extensively by Dawes, Tredoux and Feinstein (in press).

In order to conduct the project, permission had to be obtained from the newly constituted committee of K.T.C. This was done at a series of meetings with the people where the purpose of the research was explained to the residents. The researchers had to make clear their own opposition to apartheid and had to be linked to one of the relief organisations before being accepted into the community. (The relief organisation was the University of Cape Town Students Health and Welfare Organisation).

CHILDREN, CIVIL CONFLICT AND STRESS

This research was informed by several studies in other contexts of political violence, namely the Middle East (Lebanon and the Occupied Territories of Israel) conducted by Punamaki (1987), Northern Ireland (Fraser, 1974; Fields, 1980; McWhirter, 1983) and Kampuchea (Kinzie Sack, Angell, Manson and Rath, 1986). At the time of conducting this project there were no South African studies focusing specifically on the impact of political violence on a fairly large sample of families and children. Useful reviews and theoretical comment have however been provided by Gibson (1986 and 1987) and by Swartz (1988). Most work in South Africa has been based on interviews with small groups (Straker, 1987) or has taken the form of reports on experiences of young people in detention (Detainees Parents Support Committee, 1986). Some comments on the likely impact of the violence were based on anecdotal evidence and not on systematic study (UNESCO, 1987).

This is not to diminish the importance of reports of this nature. They do not

however allow us to gain a more systematic picture of the situation.

The literature on other theatres of conflict and studies of the impact of violence on children in communities not torn by political conflict, ((Anthony, 1986; Eth and Pynoos, 1985; Garmezy, 1985), tends to yield convergent findings. Cumulative stress seems to render children more vulnerable than single events: boys younger than adolescence tend to show more evidence of stress symptoms than girls, symptom patterns vary with developmental level and the resilience of adults around the child seems to ameliorate stress. Instances of post-traumatic stress disorder have been reported in young children who witness violence (Pynoos & Eth, 1986). The evidence from studies of children in politically violent contexts suggests as well that where the child identifies in some way with the political context of a particular struggle, this may give some meaning to the stress events and possibly reduce their impact.

The whole question of children's vulnerability or resilience to stressful life conditions is a matter of some debate (Garmezy, 1985; Swartz and Levett, 1989). It is clear that some children are remarkably resilient in conditions of adversity and the reasons for this are likely to be a function of a number of factors including the child's physical robustness, temperament and the existence of some supportive mechanism in the community.

It is beyond the scope of the present discussion to enter into these debates. But it is possible that they are influenced to an extent by the lack of systematic data particularly in the area of political conflict. This study hopefully helps to provide an empirical base for further commentary on these issues.

RESEARCH METHOD

A sample of 71 families was drawn from the 100 who initially agreed to participate. They qualified for inclusion if they had lost their homes in the fighting and if they had at least one child of between 2 and 18 years living with them at the time. Sample characteristics are presented in Table 1. (See end).

As far as possible, both parents were interviewed and one child from each household was selected for an in depth interview. These children were between the ages of 7 and 17 years and selection was simply based on which children were present at the time of the parental interviews (The child interviews will not be discussed here). The interviews were conducted by black Xhosa speaking persons who were trained for the purose. They had completed two years of undergraduate psychology courses. Comparability of the two interviewers' approach to data gathering was checked during a series of pilot interviews.

It should be noted that throughout the interview period, the squatter areas

and the townships were in a state of tension. Residents feared further vigilante attacks and the police frequently cordoned off the area. This rendered the research process problematic at times and subjects were afraid to answer certain questions on occasion, fearing that the questionnaires would fall into the hands of the authorities.

QUESTIONNAIRE PROCEDURE

The data reported here covered a small section of the questions asked. For example the children's perceptions of those involved in the attacks and those defending the area are not considered here. They form the subject of a separate report (Dawes, Tredoux and Feinstein, in press). For this section of the study the following were considered:

1. Incidence of Post-Traumatic Stress Disorder in Adults (following D.S.M. III, 1980).
2. Parental reports of symptoms of psychological and physical distress in their children which had not been present before the attacks, but which were still in evidence up to two months thereafter.

The questions regarding the children's reactions were informed by literature on childhood stress reactions. Parents were asked firstly:

1. Did your children behave any different to how they are normally, during the weeks after the destruction of their homes? If so how were they different?
2. How long did it take for these problems to go away?

Parents then responded to a child problem checklist covering the following areas:

1. Emotional status (quality of emotional expression).
2. Problems with eating
3. Fears
4. Illness (e.g. frequent minor illness)
5. Regressive behaviour (e.g. enuresis; clingyness)
6. Somatic complaints
7. Sleep problems
8. Social/interpersonal difficulties
9. Thoughts (concentration, memory, etc).

Where symptoms were reported, further inquiry was undertaken so as to establish the occurrence of child Post-Traumatic Stress Disorder (Benedek, 1986; Eth and Pynoos, 1985).

RESULTS AND DISCUSSION

Regarding the question of whether children whose mothers are affected by pronounced stress reactions, are likely to be more prone to behavioural

disturbance than those whose mothers are less affected, the results in Table 2 indicate that where the mother has Post Traumatic Stress Disorder, the child is more likely to develop multiple stress symptoms than single symptoms. (Table 2 - see end).

Children may develop at least one symptom of stress regardless of the mother's psychiatric status (in this case P.T.S.D.). But more serious problems in the mother which would be associated with a reduced ability to be psychologically available to the child are predictive of more serious child distress.

The pattern of symptom expression and the incidence of P.T.S.D. in the children is presented in Table 3. (See end).

Whereas other studies have indicated that boys are more prone to the expression of stress symptoms than girls (Barker, 1986) the present study indicates that a higher proportion of girls than boys had symptoms. However if we examine the relationship between gender and age, we find that the boys were more prone in early childhood, they were similar to girls in middle childhood, but by adolescence, the girls were more at risk. A chi squared analysis of this data revealed a significant relationship between age category and gender with respect to the incidence of symptoms. ($X2 = 8.595$; $DF = 2$; $p = 0.025$).

Inspection of table 3 shows that for all the children across age, some forty one percent of the children showed at least one symptom of stress (Nine percent showed more severe disturbance).

What sorts of symptoms tended to be associated with sex and age? These results are displayed in Figures 1 and 2. (See end).

For purposes of clarification, "Emot" refers to changes in emotional expression, "Regress" to regressive behaviour, "Somat" to somatic problems and "Thght" to problems with thought processes. The rest of the categories are self explanatory.

Figure 1 shows that Fears were most frequent across all age groups and this was so for both sexes as Figure 2 indicates. The most frequently expressed fear was of security force personnel and this was particularly so for children older than 7 years. Younger children also feared these people but were more concerned about renewed attacks on their homes. This was displayed in play according to their mothers, where the traumatic events were frequently relived with considerable emotion. Freud and Burlingham (1943) noted this form of defensive play in their study of war. Others would be easily startled by sounds reminiscent of the attacks and run and cling to their mothers saying "they are

coming again". The older children also expressed fear of future attacks. One mother described how all her 4 children ranging in age from 8 to 15, both boys and girls, used to sleep with clothes on under their beds as a protection against attack. If there was a knock on the door after dark, they would climb out of the window and run away. Another mother stated: "my nine year old boy was frightened a lot. He was afraid of strangers when they entered the house or the (squatter) camp".

Next most frequent across all age groups were changes in emotional expression. The mother of a four year old described her daughter as: "always trembling and often crying". Weepiness was common in the age group 2 - 6 years, while older children were reported as commonly withdrawn or apathetic and listless. Others in this older group were frequently irritable and restless. Links were often made in younger children (below 7 years) between emotional changes and regressed behaviour which was not unexpectedly more common in this group. For example a mother of a six year old stated: "He wants to be always near mother. If mother wants to leave him he would cry". Another mother reported her 10 year old daughter to need her presence constantly. Other signs of regression such as enuresis were very uncommon.

Difficulties with sleep including nightmares about attacks and fear of falling asleep were most common in children under 7 years. Difficulties with concentration and memory were most prominent in those older than 7. Some parents noted that when their children returned to school, they felt tired easily and could not concentrate in class.

Eating problems (refusal to eat; loss of appetite etc) were not common for adolescents, but did occur in younger children. Somatic complaints in the form of headaches and stomach aches were generally not common and were more likely to be present in children older than 7 years. Illness was also not frequent.

Finally, the 7 to 11 year old group showed evidence of social difficulties. These manifested as aggressive interaction with peers or very low interaction. Some previously socially active children withdrew from peer interaction. This was associated with fear of strangers and clinginess on some occasions. Males appeared more prone to these symptoms than females.

In concluding this section it is important to note that the adults and children under study here were still living in threatening conditions when the interviews were carried out. It is not as if they had experienced a normal life since the initial attacks, because the security forces remained active in the area while the parents were rebuilding their shacks. Our results therefore reflect symptom patterns that were probably a function of this ongoing situation rather than simply being a result of the first attacks on the children's homes. Ongoing tension is more likely to produce a higher frequency of distress in adults and children than single episodes.

CONCLUSIONS

The principle source of the data in this study was parental reports, and not detailed mental status examinations of each child in every family. The latter would obviously have been more desirable, but was not feasible in the conditions under which the work was conducted. The finding that some forty percent of the children showed stress symptoms must therefore be accepted with some caution. This figure is slightly higher than that commonly reported in children exposed to natural disasters (Bloch, Silber and Perry, 1956).

The higher figure found here may be due to over-reporting, or it may be a function of the fact that these children had been exposed to an ongoing period of disruption or trauma. I am inclined to this interpretation bearing in mind the fact that they all spent some 6 weeks in refugee centres which were threatened (in some cases destroyed) by further vigilante action, and once they had returned to newly built shacks, the threat of attacks and police raids continued.

This study also reveals the importance of taking into account developmental levels when comparing the incidence of symptoms in boys and girls. It is probable that patterns of socialisation requiring greater resilience on the part of males becomes more entrenched by adolescence, hence the clear difference between boys and girls in this age group. The greater involvement of the adolescents (particularly boys) in active political activity (e.g. membership of Comrade groups) may also explain this finding. Studies of civil conflict elsewhere (e.g. Punamaki, 1987) have shown that involvement and identification with the political content of the events may produce a resistance to stress, although she notes that **long exposure** and defiant political attitudes are associated with stress reactions. Garmezy (1985) also considers involvement to play a role in stress reduction during times of trauma.

The finding of a link between more serious child disturbance and maternal P.T.S.D. is similar to results of other studies. We should however be cautious here because we did not assess other forms of psychological disorder which may also have been associated with child stress patterns. There is enough evidence here to conclude however that maternal stress increases the risk of

child problems.

More in depth discussion of the qualitative comments of subjects are discussed by Dawes, Tredoux and Feinstein (in press). That analysis showed clearly that the children's exposure to the conflict had shaped their attitudes to the Witdoeke, police, army and comrades. The events did not just have emotional repercussions, but as is common in conflicts of this type, they contributed to the political socialisation of the participants.

What happened to these adults and children was not an accident of fate, but the product of conflict over land resources and political power. To have it portrayed as a case of "black on black" violence (as the state was wont to do) is to mystify its roots which are embedded in the system of apartheid.

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TABLE 1

Sample Characteristics

Households interviewed	67
Mothers Interviewed	67
Fathers Interviewed	26
Total Male children aged 2-17 years in households	98
Total Female children aged 2-17 years in households	109
Total Male children interviewed (aged 7-17)	27
Total Female children interviewed (aged 7-17)	38
Average Education Level - Mothers (years)	5.92
Average Education Level - Fathers (years)	5.90
Percentage of Mothers employed (all households)	28.79
Percentage of Fathers employed (all households)	40.97

TABLE 2

Independent t tests on Maternal P.T.S.D. as a predictor of single and multiple stress symptoms in their children.

	Average number of children in the family with single symptoms		Average number of children in the family with multiple symptoms	
	X	SD	X	SD
Mothers with P.T.S.D. (N = 42)	0.643	1.01	0.952	1.01
Mothers without P.T.S.D. (N = 23)	0.347	0.831	0.435	0.99
t	1.22		1.99*	
DF	63		63	

*Significant at the 0.05 level, t crit = 1.671 (one tailed)

Note: Criterion for multiple symptoms - cases with more than one symptom

TABLE 3

Incidence of P.T.S.D. in Children compared with those without P.T.S.D.

	All Children		Boys								Girls							
			All		2-6		7-11		12-17		All		2-6		7-11		12 -17	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
P.T.S.D.	19	9.2	7	7.1	3	9.7	3	9.0	1	2.9	12	11.0	3	9.4	5	11.9	4	11.4
Symptoms but no P.T.S.D.	67	32.4	32	32.7	15	48.4	13	39.4	4	11.8	36	33.0	7	21.8	16	38.1	13	37.1
No Symptoms	121	58.4	59	60.2	13	41.9	17	51.6	29	85.3	61	56.0	22	68.8	21	50.0	18	51.5
Total	207	100.0	98	100.0	31	100.0	33	100.0	34	100.0	109	100.0	32	100.0	42	100.0	35	100.0

FIG 1: PROBLEM TYPE BY AGE

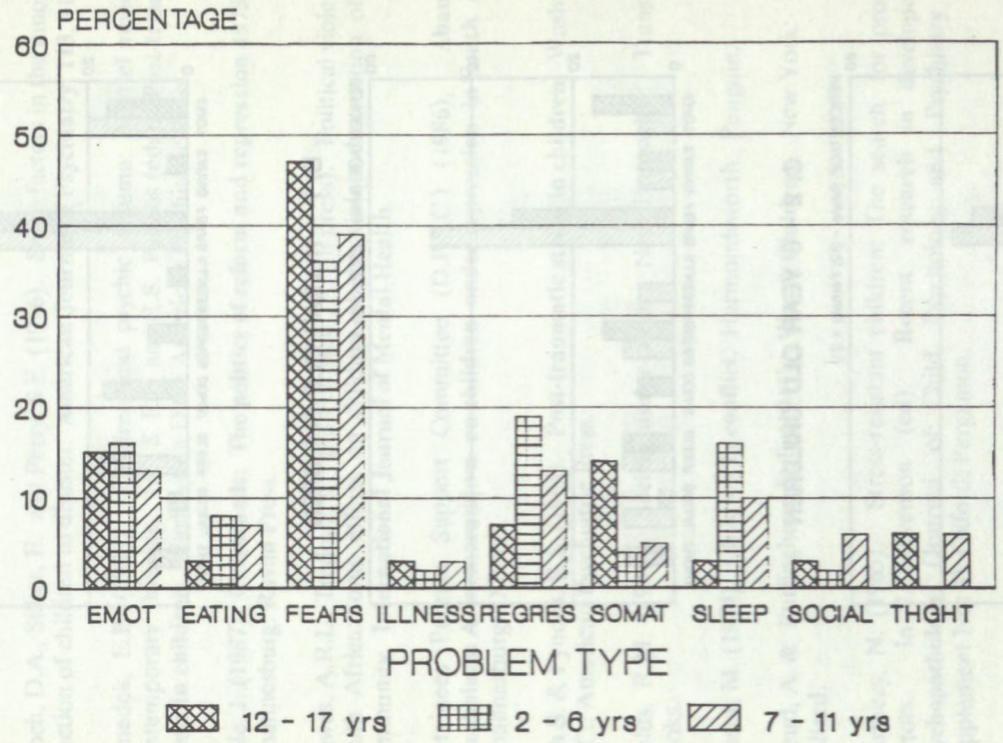
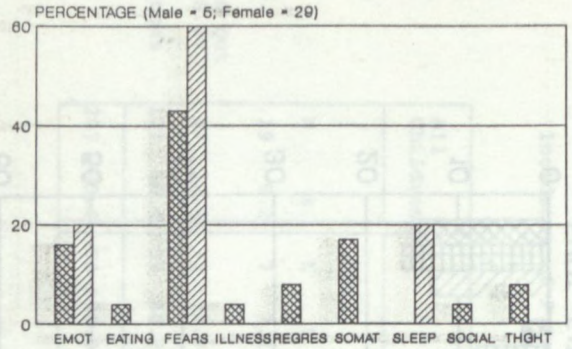
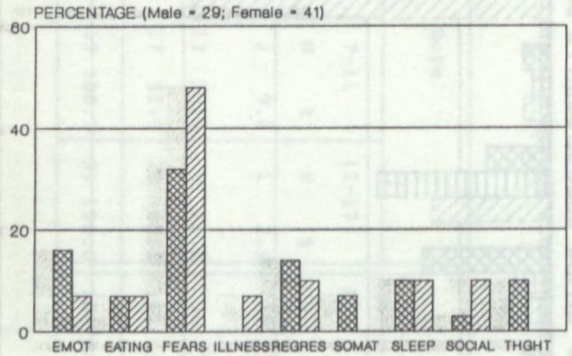


FIG 2: PROBLEM TYPE BY AGE, SEX

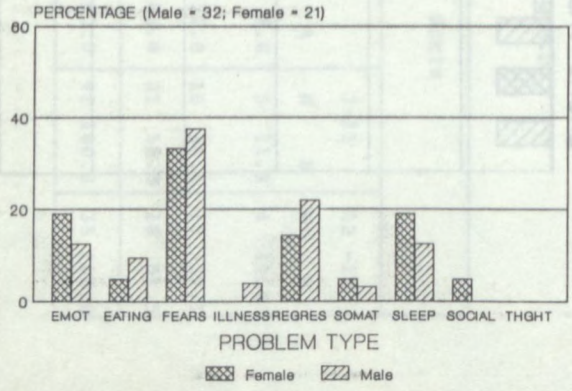
A: 12- 17 YEAR OLD CHILDREN



B: 7 - 11 YEAR OLD CHILDREN



C: 2 - 6 YEAR OLD CHILDREN



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