

16 May  
2018

“Filling the  
Gaps for HIV  
Programming”

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Exploring the concept  
of continuous trauma  
through the experience  
of Community Health  
Care workers within  
the Primary Health  
Care Re-engineering  
Model: Master’s  
dissertation



University of the Witwatersrand

**WITS RHI**

# Outline of Presentation

- Research Summary and Context
- Quantitative Results and how they impact every day work
- Qualitative Results and how they impact every day work
- Main Findings and Recommendations
- Take Away Messages

# Research Summary

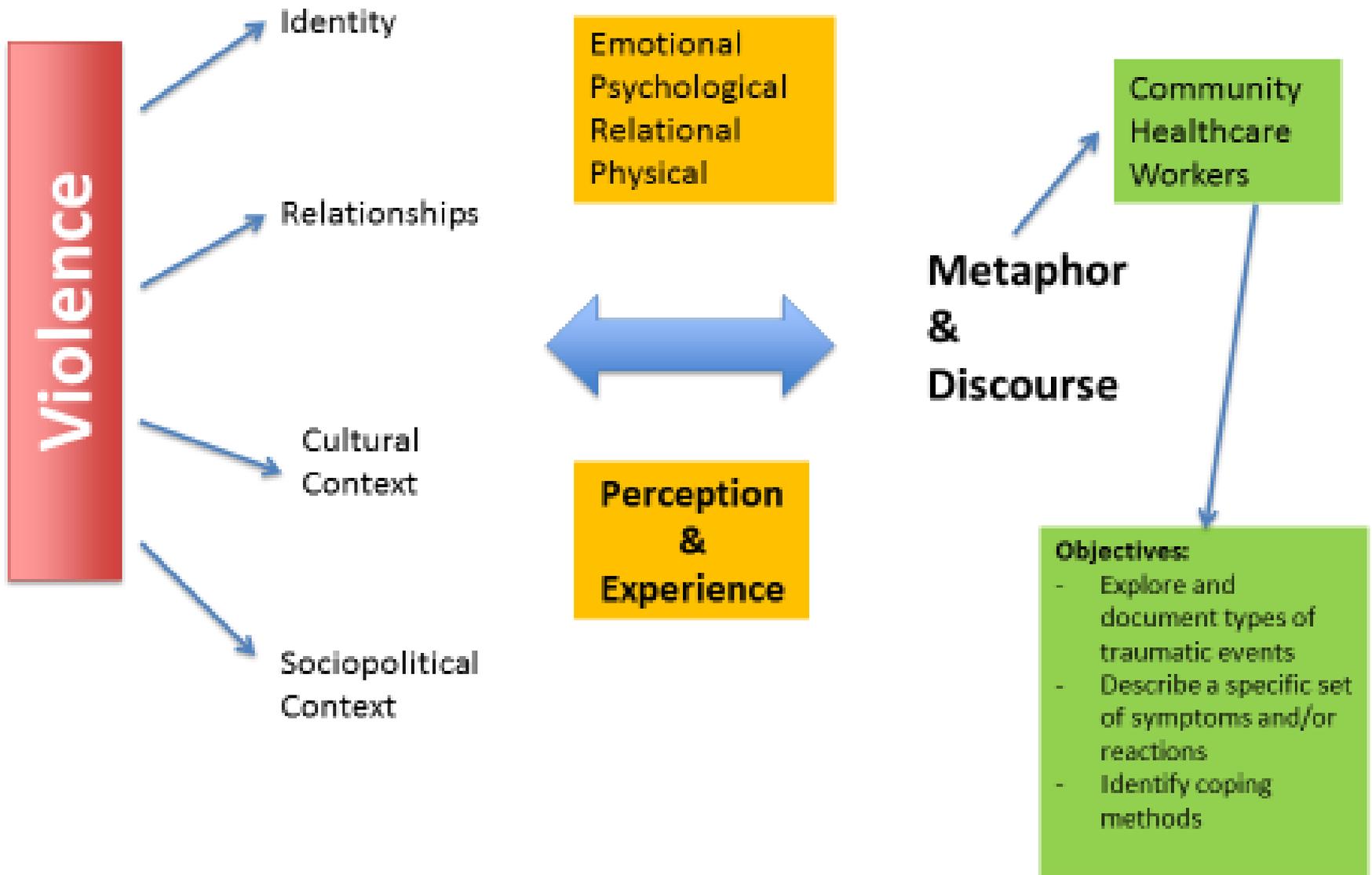
- **Mixed Methods:** Descriptive; Exploratory design

Qualitative	Quantitative
In-depth individual interviews (two interviews pp)	Stressful life events screening questionnaire (with interview pp)
Journals	Life Events Checklist (monthly pp)
Thematic Content analysis	Descriptive statistics

- 46 interviews (2 interviews of 23 participants)

Statistic	Age (years)	Years in Community Work	Years in Primary Health Care Re-engineering
Mean (sd)	38 (8.87)	6.74 (2.96)	1.6 (0.56)
Median	37	6	2
Minimum	23	2	0.6
Maximum	59	13	2





# Understanding Continuous Traumatic Stress (CTS)

- Lack of clarity for definition of CTS
- Trauma impact: Context specific
- Impact of CTS – generalised fear
- **Profound effect on human development** (*Herman, 2000; Gibson, 2001*)
  - personal & social identity
  - basic trust in the world & relationships
- Living with ‘an expectation that something traumatic is about to happen’ *C-Browne & Benjamin 2002*
- **Survival value of hyperarousal** – anger, aggression, self-harm
- *‘It needs to be recognised that the emotional consequences of living in a conflictual society are not adequately represented through reference to psychiatric symptomatology. Instead they exist in their more profound form in ways that are harder to measure and code. They exist in people’s ideas about themselves, their country and their future.’ (Gibson 2001)*



# Quantitative Results

## Stressful Life Events Questionnaire – past events

Question asked within questionnaire (13 questions)	%
Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?	61 %
Was physical force or a weapon ever used against you in a robbery or mugging?	61 %
Has an immediate family member, romantic partner, or <u>very close</u> friend died because of accident, homicide, or suicide?	57 %
As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?	43 %
Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?	52 %
At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever <u>physically forced</u> you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?	30 %



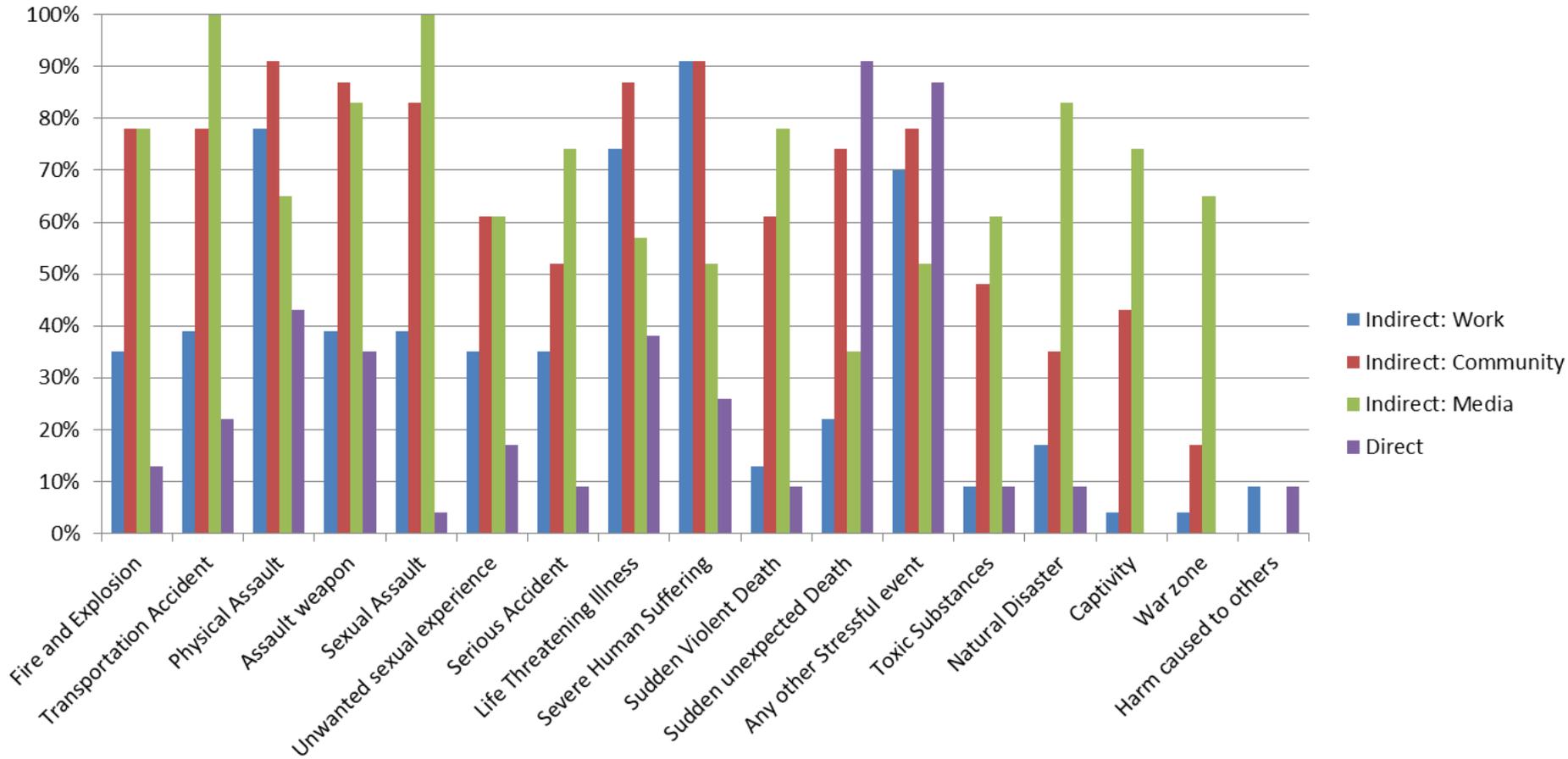
# Quantitative Results

## Life Events Checklist (17 items) over 6 month period

Item	Personal	Witness	Heard about
Natural Disaster	2 (8.70%)	8 (34.78%)	18 (78.26%)
<b>Fire and Explosion</b>	3 (13.04%)	<b>20 (86.96%)</b>	<b>21 (91.30%)</b>
<b>Transportation accident</b>	5 (21.74%)	<b>21 (91.30%)</b>	<b>23 (100%)</b>
Serious Accident	2 (8.70%)	14 (60.87%)	18 (78.26%)
Toxic substances	2 (8.70%)	10 (43.48%)	17 (73.91%)
<b>Physical Assault</b>	<b>10 (43.48%)</b>	<b>21 (91.30%)</b>	<b>23 (100%)</b>
Assault with a weapon	8 (34.78%)	18 (78.26%)	21 (91.30%)
<b>Sexual Assault</b>	1 (4.35%)	14 (60.87%)	<b>23 (100%)</b>
Unwanted Sex experience	4 (17.39%)	12 (52.17%)	17 (73.91%)
War Zone community experience	-	8 (34.78%)	15 (65.22%)
Captivity	-	15 (65.22%)	18 (78.26%)
Life Threatening Illness	11 (47.83%)	21 (91.30%)	19 (82.61%)
Severe Human Suffering	6 (26.09%)	21 (91.30%)	18 (78.26%)
Sudden Violent Death	2 (8.70%)	12 (52.17%)	18 (78.26%)
<b>Sudden unexpected death (someone close to you)</b>	<b>21 (91.30%)</b>	14 (60.87%)	12 (52.17%)
Injury you caused someone	2 (8.70%)	-	-
Other Stressful life events	<b>20 (86.96%)</b>	18 (78.26%)	17 (73.91%)

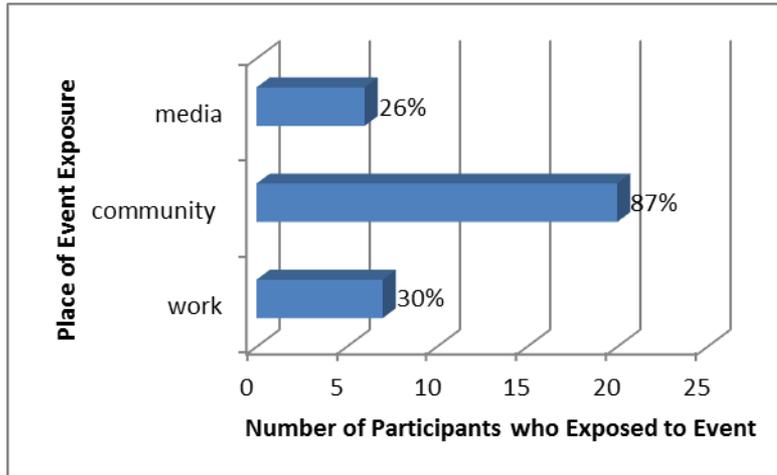
# Preliminary Results – Quantitative

## Life Events Checklist (17 items) – witness & heard about

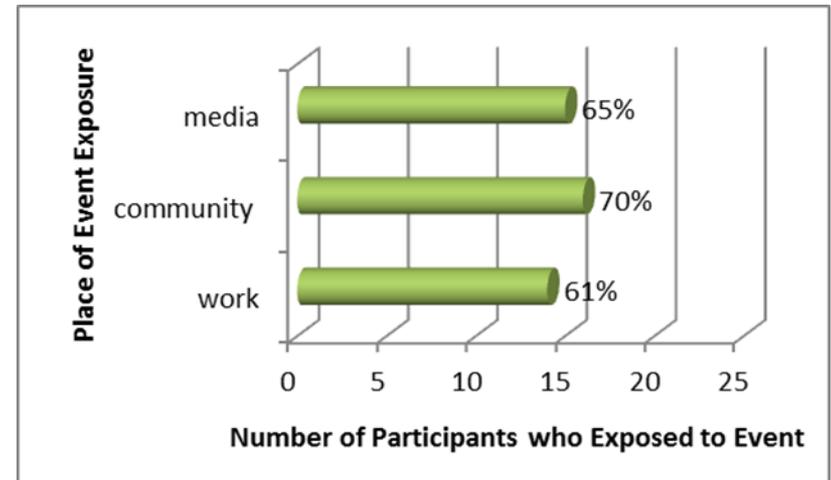


# Physical Assault Example

## Witnessed



## Heard/Learned about



# Codes for the Thematic Analysis (Nvivo 8)

Codes	Description of code
Background	General information about the participants
Understanding terms: Trauma and Violence	Words and expressions that participants used to describe trauma Words and expressions that participants used to describe violence
Most difficult trauma experienced	Participant describes their most difficult traumatic experience
Reactions to traumatic events <ul style="list-style-type: none"> <li>- Own reactions to the event</li> <li>- Reactions to others who experience event</li> <li>- Others reactions to participants after an event</li> </ul>	<ul style="list-style-type: none"> <li>- Personal reactions to trauma</li> <li>- Description of participants reactions towards others who have had traumatic experiences</li> <li>- Descriptions of others reactions to the participants trauma experiences</li> </ul>
Safety	Exploring the topic and experience of safety
Lack of safety	Exploring the understanding and experience of lack of safety
Coping	Ways that participants cope

## Preliminary Results – Qualitative most difficult traumatic experience

- **Vehicle accident – w** “we came out to help the guy, it was an explosion and the guy burn inside the car... I feel we were to slow to help the guy and I find myself guilty” (CHW 3)
- **Community violence – w** “That made it difficult because I saw lots of people die in front of me, you see?” (CHW 10)
- **Threatened by weapons**
- **Domestic Violent relationships – p** “Maybe we are going somewhere, or I will talk something that he doesn’t like, then he beats me. Uh, It happens like this, Every weekend it’s a fight, every weekend” (CHW 8)
- **Other: witnessing attempted suicide; shack burning (with person inside); son addicted to drugs; watching tragedies on the television**

# Qualitative Results

Safety	Lack of safety
Being known	People that are not known and known
Day light	Night time
Home: with gates and doors locked	Groups of boys
Work place: clinic	Work place: clinic
Church	Work place: community
Community Health Worker bag/identity	Substance Abuse
Go in two's	Fear: walk fast; heart beating; my body tells me; nervous; scared
Free: greet and talk to people	Avoid: streets and houses

# Coping and Support

- Not coping
- Not being able to cope
- ***Influence of hearing and witnessing difficult stories***
- Not talking to others
- “trying to forget” eg. through substance use

## Main Findings and Recommendations

- ***Hearing about*** traumatic events is ***most common form*** of traumatic exposure
- ***Exposure to traumatic events was high*** – needs to be considered in training and support
- ***Continuous nature of trauma had a blurring and overwhelming effect*** as indirect and direct experiences had similar impact on individuals – all felt as if everything was happening directly to them, all the time
- ***Emotional blurring influences cognitive ability*** to identify threats



## Main Findings and Recommendations

- ***Recognition*** of a traumatic experience influences the way the person ***manages it***
- ***Unexpected outcome***: increased awareness of traumatic events did not increase vulnerability but assisted in managing life challenges
- **Checklists** to manage traumatic events
- CHW play a **valuable role** in promoting both health care and social support in the work they do and indirectly in the communities in which they live

## Take Away Messages – “Context”

- **For Managers:** understand how *working in the community is different* to working within a facility and understanding that *trauma exposure* changes our interactions with colleagues/ clients/ patients
- **For Training and Staff Support:** *training* developing skills for working in community & managing the complexity and trauma stories that people/patients experience. *Checklists* to manage traumatic event exposure and assist with peer debriefing as part of regular team meetings
- Respect for the **value of the CHW role** within the broader health system

# Thank you

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