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INTRODUCTION

Trauma and Mental Health in South Africa: Overview

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The World Health Organization estimates that about 5 million deaths per year are caused by trauma and intentional and unintentional injuries. Almost 9 out of 10 (90%) of these injury-related deaths occur in low- and middle-income countries (LMICs), one of which is South Africa (Fogarty Global Injury and Trauma Research Training Program, n.d.).

In the context of a country in the midst of change, violence in South Africa—and the physical and psychological injuries that can result from this—is one of the four growing public health crises (along with HIV; tuberculosis; and maternal, neonatal, and child health) that have made health care and prevention so challenging (Mayosi et al., 2012). While these epidemics are receiving attention and creating synergy for change, and progress has been made—more in some areas than others—there is consensus that there is a need for increased budgets for health research as well as emerging new leadership to conduct the work that is required for sustainable changes to be maintained.

Ten years ago, the Phodiso Program, an international collaboration between universities in South Africa and the University of California, Los Angeles, was launched with the aim of focusing on minimizing the negative health and mental health effects of trauma exposure, particularly depression and posttraumatic stress disorder (PTSD). *Phodiso* means *healing* in the Northern Sotho language of South Africa. A central objective of the Phodiso Program is to increase the number of research leaders or investigators who are able to conduct biobehavioral studies of trauma and injuries and their effects on health and mental health. Phodiso is one of a few training programs that acknowledge and encourage the integration of local cultural values into research design and development that promotes coping, health promotion, resilience, and social support for trauma survivors. The papers included in this special section focus on aspects of trauma and the effects of trauma in a cultural context that pertains to the way of life in South Africa.

These articles highlight the complexities of the effects of trauma and call for tailored interventions to address the lasting effects on health and mental health (see Figure 1). There are three main themes covered by the papers in this special issue: (a) the cultural context of violence, (b) children and families, and (c) the circumstances or aftermath arising after violence.

Madigoe, Burns, Zhang, and Subramaney (2017) and Mgoqi-Mbalo, Zhang, and Sam (2017) cover the cultural context of violence. In the first article, titled "Toward a Culturally Appropriate Trauma Assessment in a South African Zulu Community," Thebe Madigoe presents the premise that many of the culture-bound beliefs about mental illness and trauma are not taken into consideration when Western-developed measures are used to assess symptoms of posttraumatic stress. In response, Madigoe and colleagues developed a culturally specific measure of PTSD ([Z–CTEQ] Zulu Culture-specific Trauma Experience Questionnaire) and administered this among 100 Zulu-speaking help-seeking adults recruited in the northeastern KwaZulu-Natal region. They found that the use of the Z–CTEQ, when added to the widely used Structured Clinical Interview for DSM Disorders, Axis I, Research Version SCID-I RV (SCID-I RV), increased the rate at which traumatic events were elicited by 28.1%. These results underscore the importance of using culturally relevant tools for the diagnosis and management of trauma in diverse cultural settings.

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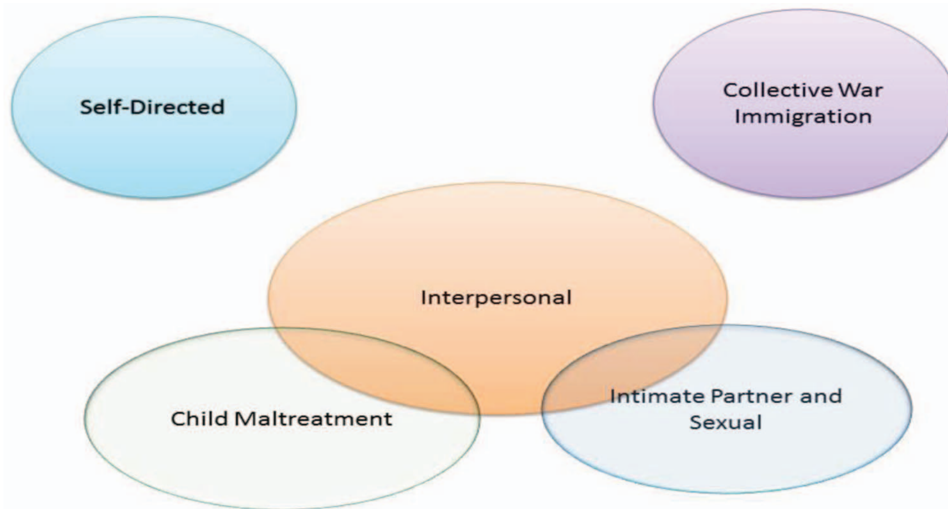

Figure 1. Complexities of Effects of Trauma. See the online article for the color version of this figure.

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While culturally specific tools assist with the proper diagnosis of mental health problems, it is equally important to integrate the cultural context in treatment following traumatic incidences such as rape. A lack of understanding with regard to how culture influences mental health is often a critical barrier to treatment. Mgoqi-Mbalo and her team investigated factors associated with the development of depression and PTSD among female rape survivors 6 months following rape. Women were recruited from Limpopo, the Western Cape, and KwaZulu-Natal (KZN). Striking regional differences were found that were linked to socioeconomic status. Specifically, women in the KZN province were 7 times more likely to experience depression compared to women in other provinces, while unmarried survivors in KZN had significantly greater rates of depression (6 times higher) and PTSD compared to their married or cohabiting counterparts. These findings demonstrate how regional differences in socioeconomic status and relationship dynamics increase the risk for PTSD and depression.

Children and families are a relatively understudied population, and this is an important emerging research area in South Africa. In this issue, we focus on the development of tools to address adolescent suicide as well as the relationship between maternal mental health and child development outcomes. Adolescent suicide is an emerging area of concern in South Africa. Notably, the South African National Mental Health Policy Framework Strategic Plan has identified suicide prevention among adolescents as a key area of focus (Republic of South Africa National Department of Health, 2012–2013). In the paper titled "The Development of a Screening Tool for the Early Identification of Risk for Suicidal Behavior Among Students in a Developing Country," Vawda, Milburn, Steyn, and Zhang (2017) directly respond to this initiative by describing the development of a screening tool for teachers to identify at-risk South African youth for suicide. In this study, 12 factors related to suicidal behavior were identified and included. While the results are preliminary, this is a necessary starting point for teachers to refer students at high risk for suicidal behavior. This paper contributes to research on adolescent mental health, particularly suicidal behavior, in LMICs like South Africa.

The South African government has invested a great deal in the improvement of maternal and child health. While many structural factors have been studied, mental health problems that are prevalent in South Africa (e.g., PTSD) have received less attention. In conditions of extreme poverty and instability, characteristic of much of the developing world, the pressures on parents differ markedly from those faced by parents in communities that are typically the focus of research in child development. Koen's paper (Koen et al., 2017) investigates the associations between maternal and infant development. Using data from the Drakenstein Child Health Study, she and her team found that PTSD was significantly associated with poorer fine motor and adaptive behavior–motor development, suggesting that maternal PTSD may be a critical factor in infant neurodevelopment. This issue is important to address in programs that are designed to improve maternal and child health, perhaps by identifying and managing maternal PTSD.

A cornerstone piece of this special issue is the focus on the circumstances and aftermath of traumatic experiences that give rise to negative mental health outcomes for individuals in South Africa. In his discussion of PTSS (Post Traumatic Stress Symptoms) and PTSD and other traumas experienced by homeless refugees living in South Africa, Idemudia (2017) reviews four linked papers that address pre- and postmigration difficulties and their relationship to posttraumatic stress symptoms and PTSD. These four papers report both quantitative and qualitative data from Idemudia's study of 125 randomly selected homeless Zimbabwean refugees in Polokwane, Limpopo Province, South Africa. The key findings of this research were as follows:

1. Pre- and postmigration traumas contributed to PTSS and PTSD in this vulnerable population.

2. As discovered through in-depth qualitative interviews, many of the challenging socioeconomic, cultural, structural, and institutional experiences resulting in PTSS or PTSD were seen across all migration stages.

3. Gender differences emerged such that the path relationship between pre- and postmigration stress and poor mental health or PTSD was not significant for men, whereas this path was significant for women.

4. Rape and sexual harassment were common abuses, and perpetrators were mainly border and police officers.

These papers highlight the need to establish programs within host or receiving countries to assist in the structural challenges faced by refugees in the process of migration.

Interpersonal violence that results in assault and injury is common in South Africa. Despite knowledge of the high number of assaults in this country, few studies have investigated factors that are associated with repeat assault and injury. In a study of two 24-hr emergency clinics (ECs) located in Elsie's River and Khayelitsha near Cape Town, van der Westhuizen, Williams, Stein, and Sorsdahl (2017), recruited a sample of 200 patients who were assessed for injury history, traumatic events, and mental disorders. Recurrent assault injury was found in 31% of the sample, and recurrent injury was predicted by lifetime traumatic events other than injury experiences. Women were less likely to present with assault injuries than men, and assault injury was strongly associated with high levels of witnessing community violence. Routine EC practice should include psychosocial support for assault-injured patients. At a broader level, efforts at reducing violence in the community are key to reducing the likelihood of subsequent injury and assault.

The final paper of this issue, titled "A Longitudinal Study of the Aftermath of Rape Among Rural South African Women," led by Wyatt et al. (2017), reports on a study conducted in a sample of 77 women from the Limpopo and North West Provinces of South Africa. The study examined how both the situational characteristics of rape and individually based factors relate to symptoms of depression, PTSD, and dysfunctional or high-risk sexual behaviors at the 12-month follow-up. Specifically, increases in dysfunctional sexual behaviors and depression were associated with undermining influences within the survivor's social support system as well as beliefs in myths about rape at the 12-month follow-up. To our knowledge, this is the first study conducted on rape survivors in South Africa to demonstrate how changes in factors such as beliefs in myths about rape and social undermining that are unique to the individual and social context influence long-term negative mental health outcomes over time. Interventions that are designed to educate female survivors and citizens of South Africa about rape may reduce pervasive effects over time and reduce risk for revictimization.

The studies of intentional injury and trauma reported in this special issue highlight the kind of mental health outcomes that can occur among men, women, youth, and children in this context—outcomes that are completely preventable. In an effort to find solutions for change, these papers keep the dialogue going about an epidemic in South Africa that deserves more attention, in an effort to find solutions for change.

The most rewarding outcome of these dialogues is that they are being upheld by a diverse and masterful group of investigators from all ethnicities from all over South Africa. Their involvement in research as leaders is part of the new fabric of this beautiful country that was once so completely underrepresented. Now, their diverse voices, research skills, and lived experiences help promote collaborations to conduct cutting-edge research within a cultural context that will provide solutions to these problems. They, too, are the faces of change.

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