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Statement in the public interest on the possible effects of exposure to certain evidence in the Oscar Pistorius trial issued by the Psychological Society of South Africa (PsySSA)

Few South Africans are untouched by violence. Our country has one of the highest rates of firearm deaths in the world, and homicide is the leading cause of death for South Africans. Looking at female homicide victims more specifically, the rate of females killed by shooting in South Africa is higher than any other country not engaged in war, and the rate at which South African females are killed by their intimate partners is six times higher than the global average. Our country also has amongst the highest rates of armed robbery, rape and rape homicide in the world.

These shocking statistics tell us that South Africans are more likely than the citizens of many other countries to have been affected by violence, either directly as victims or indirectly through witnessing acts of violence or through the victimisation of family members. From a mental health perspective, when reporting on incidents of violence, murder, or murder trials, it is important for our media to bear in mind that many consumers of media have had close personal experience of violence and that exposure to media reporting may exacerbate trauma-related symptoms for some and even tend to reinforce or blunt the impact of violence in others.

One of the most common mental illnesses found amongst trauma survivors (including witnesses of violence and the family members of homicide victims) is posttraumatic stress disorder, or PTSD.

The symptoms of PTSD may include:

- repeated, involuntary and distressing memories of the traumatic event/s;
- images and flashbacks of a past traumatic event;
- psychological and/or physiological reactions to cues that resemble an aspect of the traumatic event/s;
- persistent efforts to avoid exposure to any reminders of the traumatic event/s (for example, by staying away from places or situations that remind the person of the event/s);
- negative alterations in cognitions and mood associated with the traumatic event/s, such as
 - negative beliefs about oneself, including feelings of self-blame;
 - feelings of fear, horror, anger, guilt, or shame;
 - feelings of detachment or estrangement from others;
 - inability to experience positive emotions;
- · marked alterations in arousal and reactivity associated with the traumatic event/s, such as
 - irritability and anger outbursts expressed verbally or physically;
 - reckless or self-destructive behaviour;
 - feeling constantly on guard and on the lookout for danger; and
- dysfunction in the work environment and/or socially and/or at an interpersonal level.



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Exposure to information that reminds the person in any way about the traumatic event can exacerbate these symptoms. While many trauma survivors can find ways to avoid traumatic reminders in their daily lives by deliberately restricting their movements or activities, avoidance of media coverage of violence is almost impossible to achieve. Newspaper banners, 24 hour television coverage and/ or social media permeate the lives of most South Africans, and survivors of violence or their family members may be unwittingly and involuntarily exposed to trauma reminders that re-activate or exacerbate existing symptoms of traumatic stress.

Even for South Africans who have not themselves been directly affected by violence, and who do not suffer from PTSD, being confronted with graphic media reports about homicide (such as those reporting on forensic evidence from the autopsy of the late Reeva Steenkamp) or with violent images (such as Oscar Pistorius in blood-soaked clothes on the front page of one newspaper and the gory images on television) can result in symptoms of secondary traumatisation, which are similar to PTSD but of a lower intensity. This can include feelings of distress and anxiety, involuntarily recalling the disturbing images over and over again, and feeling highly alert to possible threats in one's own environment. These symptoms can recur long after the person has stopped looking at the media image or report and often results in dysfunction.

There is also a high risk of young children being exposed to such media coverage, given its ubiquity. For many children even the early morning journey to school involves going past newspaper banners or hearing a radio broadcast in the motor vehicle. Children may lack the cognitive capacities to adequately understand and process what they are seeing, leaving them with feelings of fear and distress that adults - parents, teachers and other caregivers - may not always be aware of. Indeed, inadvertent blunting to the extreme violence that is persistently reported can have the effect of normalizing such violence. Uncritical portrayal of violent images can render children especially more vulnerable, causing untold negative effects for human development and appropriate adjustment and functioning.

The Psychological Society of South Africa, the learned society representing the breadth and depth of psychology in our country, urges restraint in how these images and descriptions are portrayed in the media, in the knowledge that we live in a very violent society where we would not want to be unwitting purveyors of trauma or be perceived as reinforcing violence. PsySSA accordingly invites editors to engage with the Society in this matter.

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¹Diagnostic and Statistical Manual of Mental Disorders (5th ed.) commonly known as DSM-V