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**PARENTS' PERCEPTIONS OF THE REACTIONS OF CHILDREN IN
MIDDLE CHILDHOOD THAT WERE INVOLVED IN AN ARMED ROBBERY**

by

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SUMMARY

The subject that was investigated was the reactions that children, in middle childhood, experienced after being involved in an armed robbery.

There were three reasons for choosing this topic, the primary one being that the researcher has come across very little research around this topic. Another reason was that it fits within the social work context, as social workers are interested in early intervention and prevention methods. Lastly, the researcher, who is a social worker and works with children, wishes to be able to offer her clients the best service available, to aid them through the trauma of an armed robbery. The problem that was identified can therefore be seen as the lack of knowledge on how children react after being involved in an armed robbery.

The goal of the research was to explore the reactions of children in middle childhood who have been involved in an armed robbery.

The researcher used a qualitative approach to the research study, as it was most effective in gaining the meaning that the respondents gave to the armed robbery. The data was gathered through the case study strategy and semi-structured interviews were conducted. The researcher interviewed the parents of the children involved in armed robberies where possible, otherwise she interviewed the professionals who had worked with the children. With regard to the sampling method used for the research project, the researcher used non-probability sampling as there was no set list of children who had been involved in armed robberies.

When looking at the available literature around the topic, it is generally agreed that the level of development that the child is at, will impact how the child reacts to trauma. Middle childhood is generally accepted to be the ages of six to twelve years, where there is a general emotional, cognitive, behavioural and physiological development. There are also a number of factors that influence how a child will respond, such as age.

The literature also concluded that a traumatic experience is an occurrence that is not part of a child's normal everyday routine and it is often unanticipated and very frightening, like the experience of an armed robbery. However, after extensive searching, the researcher found very little literature available on the specific trauma of an armed robbery.

The findings of this research project showed that every child had several reactions to being involved in an armed robbery. Emotional reactions were however the most common, and these included reactions such as fearfulness, clinginess and worrying. Behavioural reactions were the next most common to occur within the respondents and included reactions such as afraid of being alone and of the dark. Physical and social reactions were not as common, but were still experienced and included reactions such as headaches and nightmares, as well as the fear of people the same race as that of the robbers. When looking at the above-mentioned reactions, it also became evident that there was a general theme of fear found in all four categories

It was also discovered in the research process that the reactions that children experienced during the trauma of an armed robbery were the same as that of children who had experienced other traumas.

KEY WORDS

1. Trauma
2. Armed robbery
3. Reactions
4. Middle childhood
5. Parents' perception
6. Fear
7. Behavioural
8. Emotional
9. Physical
10. Social



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CHAPTER ONE

INTRODUCTION AND RESEARCH METHODOLOGY

1.1 INTRODUCTION

This research project focused on the reactions that children had when they experienced the critical incident trauma of an armed robbery. The researcher worked for a crisis centre in the Durban area in KwaZulu-Natal for over a year, and found that many children had experienced the trauma of an armed robbery and there were not enough services available to aid them in dealing with this distressing time. To be able to offer a child an effective service through this trauma, their reactions must be explored so that the experience can be more fully understood.

The researcher has also come across very little research that has been done in this area. There is extensive research on the childhood trauma of abuse and rape, as well as literature on general childhood trauma. Brooks and Seigal in their book entitled *The scared child* (1996) and in Lewis's book entitled *An adults guide to childhood trauma* (1999), deal with issues such as abuse, death and divorce, but do not include critical incident trauma issues like armed robberies and hijackings. In an interview with Joanne England, a social worker working for a Non Governmental Organisation (2004), she stated that she had come across very little literature regarding childhood trauma and none of this had covered the critical incident trauma of an armed robbery. She agreed that there was insufficient research done on children in critical incident trauma and thus this is not just confined to armed robberies. Therefore it can be seen that there is very little literature on the child's reactions to an armed robbery. Are their reactions the same as to that of other trauma or do they have specific reactions? This was something the researcher aimed to discover.

This research project also fits within the social work context as social workers are interested in early intervention and prevention methods, which are aimed at aiding children in a practical way during their time of trauma. Research within the social work context is also vitally important as Marlow (1998:17) points out: “The development of knowledge through research is a central function of research in social work, this knowledge about the extent, nature and causes of social problems, and the effectiveness of various interventions and programmes, significantly enhances social work practice”.

If social workers understand how the child in middle childhood years experiences the trauma of an armed robbery, the child’s reactions can be better understood and therefore a more effective service can be offered. This will include early intervention to aid in the prevention of negative reactions. If the child is not aided through this traumatic time it will have an impact on the child’s individual functioning as well as the functioning of their family and ultimately the community as a whole. As Berger, McBreen and Rifkin (1996:41) point out: “Systems theory states that in any system a change in one part has an impact on the other parts”. Through the systems theory it can be seen that if one part of the family system is affected by the trauma of an armed robbery, then the whole family system is affected. Therefore it is vital that early intervention and prevention occur to ensure that the systems can return to normal as quickly as possible.

Authors such as Brooks and Seigal (1996:9), Lewis (1999:13) and Herman (1998:96) point out that children are greatly impacted by the effects of trauma and therefore it can be assumed that the systems that they find themselves in are also impacted. England (2004) stated that broadly speaking, there are very few services for children who had experienced critical incident trauma. She said that there are social workers and psychologists in private practice who work with children in these circumstances, but they charge medical aid rates and are therefore unavailable to many children who need help.

The researcher has worked with children who have experienced trauma and it was noted that there is limited research that has been completed around this



topic in the KwaZulu-Natal area. Many of these crimes include children and there is a lack of services for this specific type of trauma. The researcher contacted the local police station to obtain statistics on children involved in armed robberies, but the police station did not have any such records. The local news paper, the Daily News, released the latest crime statistics on the 22nd of September 2005 but none of these statistics gave an indication of how many children were involved as victims of these crimes.

Lewis (1999:6) states that: “A trauma is not part of the child’s normal experience. The event is so intense and frightening that it overwhelms the child’s ability to cope”. Herman (1998:33) agrees with Lewis (1999:6) when she states: “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human’s adaptations to life”. There are many children in society that have experienced trauma. The researcher therefore aimed to gain an understanding of the reactions of the child in middle childhood to the trauma, and therefore focused on gaining this information via important role-players in the child’s life, specifically the parents.

The researcher realised that to offer these children a better service, an understanding of their situation is needed. Through gaining this knowledge, it is hoped that this research will add value to the method of play therapy by increasing the understanding of these children and what their reactions are, and therefore a better service can then be offered.

1.2 PROBLEM FORMULATION

The problem that the researcher wanted to address was the lack of knowledge about how children react after being involved in an armed robbery. There is a lot of literature on the childhood traumas of rape, abuse and bereavement, but very little on other traumas such as hijackings and armed robberies. Children are not immune to this type of crime and are often the silent sufferers and victims. Help can be offered to the child once the child’s reactions to such a trauma are identified and properly understood. Khoza and

Xhakaza (2003:33) point out that: “An experience is classified as traumatic if it involved danger or a threat to one’s life, or feelings of intense fear and helplessness and horror”. They continue to say that many people believe that children are too young to understand the trauma and that they will soon forget what happened, “Yet if we think back over our own childhood, we did understand much of what was happening” (Khoza & Xhakaza, 2003:33). It is important to be able to help the child through the distressing time and this can only be done if their reaction to the trauma is known. Therefore the unit of analysis in this research was the children’s reactions to an armed robbery, so that a better understanding is achieved. Once this understanding has been gained, the child can then be helped through the traumatic time.

There are very little in terms of the services that are available to children that have experienced trauma. There is a crisis centre in the Pinetown area, which is about twenty minutes away from Durban central, but they are understaffed due to financial reasons and are thus constantly trying to raise funds to employ more staff in order to aid more people. Childline is yet another service available, but they mostly deal with abuse and are at this stage overworked. There are also a number of private practitioners in the area but very few that specifically work with children and trauma. The welfare sector is also overloaded at present and therefore cannot offer longterm help for the child. Lastly, the teachers that are often faced with children and the trauma that they have experienced are not able to work with children one on one, as they have big classes, are expected to be multi tasking and are not trained to deal with childhood trauma. Therefore, due to the lack of understanding of the child’s experience, the result is that there is a lack of services available for children who have experienced a trauma such as an armed robbery. This research project aimed at highlighting what these reactions are so that in the future, research can be done to discover what children’s needs are and then a service or programme can be put into place to aid the child.

1.3 PURPOSE, GOAL AND OBJECTIVES OF THE STUDY

1.3.1 Purpose of the research

The focus of this research paper is the exploration of children's reactions to an armed robbery. This will aid in future action that can be taken to develop a program or tools to aid the children in coping with trauma. Only once the reactions of the children have been explored, can an understanding of their needs be researched. This, in turn, could lead to a better understanding of the services and help that is required. Therefore this research project is aimed at understanding the reactions of children to the childhood trauma of an armed robbery, so that recommendations can be made for either further research or the development of a program aimed at helping children through this traumatic time.

1.3.2 Goal of the research

The *Encarta Concise English Dictionary* (2001:614) defines a goal as an "aim, something that someone wants to achieve". The *Concise Oxford Dictionary* (1999:493) defines a goal as "an aim or desired result". Fouché (2002a:107) agrees with this when she states a definition which reads, "...the end towards which effort or ambition is directed: aim or purpose". When looking at these definitions it can be seen that a goal is to want to achieve a desired result for a specific purpose. Therefore it can be said that the goal and purpose of this research project are the same. The goal is therefore to explore the reactions of children in middle childhood who have been involved in an armed robbery. The desired results are a better understanding of children and the trauma of an armed robbery.



1.3.3 Objectives

The objectives of this research were the following:

- i. Build a knowledge base on *child development*, relating to the reactions of the child in middle childhood, to trauma in general as well as the trauma of an armed robbery, and especially on how development is affected due to the trauma.
- ii. Investigate what the children's *reactions* are to being involved in an armed robbery.
- iii. Make conclusions and recommendations according to the research results and specifically to be able to offer a more comprehensive service to the children involved in armed robberies.

1.4 RESEARCH QUESTION

Marlow (1998:39) states that: "...needs assessment questions are concerned with discovering the nature and extent of a particular social problem to determine the most appropriate response". This highlights the aim of the research question for this research project.

When looking at the research question, Fouché (2002a:106) points out that the researcher needs to look at two aspects, firstly at the unit of analysis and secondly at the goal and objectives of the research. For this research project, the unit of analysis is children who are between the ages of six and twelve years who have experienced an armed robbery. The goal and objectives are listed above and deal with how the children react to the trauma.

The research question for this study is: **How do children in middle childhood react after being involved in an armed robbery?**

1.5 RESEARCH APPROACH

The approach that this research project followed was predominantly a qualitative approach with quantitative constituting a minor role. Due to the nature of the research question, the researcher thought that this approach was the most effective as it "...aims mainly to understand social life and the meaning people attach to everyday life" (Fouché & Delport, 2002:79). Marlow (1998:10) also states that the qualitative approach "...focuses on underlying meanings and patterns in relationships" and that "...the focus is on collecting in-depth information". Parker (1996:3) fleshes these ideas out when he states that: "Qualitative research is: (a) an attempt to capture the sense that lies within, and that structures what we say about what we do; (b) an exploration, elaboration and systemisation of the significance of an identified phenomenon; (c) the illuminative representation of the meaning of a delimited issue or problem". Therefore this approach to research is about people and not numbers, and is about focusing on the meanings that people attach to life and different phenomena.

Babbie and Mouton (2001:53) point out another aspect of qualitative research. They state that: "Qualitative researchers attempt always to study human action from the insider's perspective (also referred to as the "emic" perspective). The goal of research is defined as describing and understanding (*Verstehen*) rather than the explanation and prediction of human behaviour" (Babbie & Mouton, 2001:53). Therefore it can be seen that the qualitative approach focuses on the respondent and it aims at collecting data that is warm and personal from the respondent's perspective and not the researcher's.

However, the quantitative approach also played an important role in this research project. As De Vos (2002: 368) point out, "In the overall process, the qualitative paradigm dominates, but in the evaluative phase a traditional quantitative survey may be appropriate." The researcher found this to be true of this research project.

It can therefore be deduced, that the qualitative approach was the most appropriate for this research project, as is seen in the research goal and objective. The researcher explored the reactions of children to an armed robbery and the data that was collected was warm and personal data. The research then describes the reactions that this trauma has on children and focused on the in-depth information that was gathered. This information was then displayed in a quantitative way as the data was presented in a tabular format as this aided in the understanding of the data gathered.

1.6 RESEARCH STRATEGY

Due to the fact that the researcher had chosen a qualitative approach to this research study and used applied research, the case study research strategy was chosen as the most appropriate for this particular research. According to Creswell (in Fouché, 2002b:275): “A case study can be regarded as an exploration or in-depth analysis of a ‘bounded system’ or a single or multiple case, over a period of time”. Babbie and Mouton (2001:281) say that “...thickly described case studies take multiple perspectives into account and attempt to understand the influences of multilevel social systems on subjects’ perspectives and behaviours”. In particular, the collective case study method was thus used. The collective case study method furthers the understanding of the researcher about a social issue or population being studied. Cases are chosen so that comparisons can be made between cases and concepts so that theories can be extended and validated (Fouché, 2002b:276). Due to the fact that there were limited children who have experienced armed robberies in the past year, the researcher also interviewed other professionals for their opinion on how children reacted to the trauma of armed robberies.

Consequently, it can be seen that this was the most appropriate strategy for this research study, as the researcher was aiming at gathering a detailed, in-depth collection of the reactions of children who have experienced the social phenomenon of an armed robbery by interviewing the parents of these children. The case study strategy was helpful in gathering the rich data that was needed for this type of research project.

1.7 RESEARCH PROCEDURES AND METHODOLOGY

1.7.1 Data collection

For this research project, the case study strategy was used. The researcher aimed to gather in-depth information about children's reactions through the parents' involvement in the study, as well as through interviewing other professionals. As Babbie and Mouton (2001:282) states: "Using multiple sources of data is important in case studies of all kinds". Babbie and Mouton (2001:289) continue by noting that: "A qualitative interview is essentially a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the respondent".

For this research project, the semi-structured interview schedule was used for interviewing both the parents and the professionals. Marlow (1998:160) states that: "In a semi-structured interview, the interviewer has more freedom to pursue hunches and can improvise with the questions. Semi-structured interviews often use interview schedules consisting of general types of questions to ask, but they are not in a questionnaire format". Greeff (2002:302) is of the same opinion as Marlow (1998:160) when she states that researchers use semi-structured interviews to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic. The researcher had a set of predetermined questions on an interview schedule, but was guided by the schedule rather than dictated by it (See appendix A).

The researcher used this method of interviewing to ensure that there were certain aspects that were covered in every interview, but each interview was adapted to the particular situation and involvement of each respondent. This helped to ensure that the data collected can be analysed and compared.



1.7.2 Data analysis

De Vos (2002:339) states that: “Data analysis is the process of bringing order, structure and meaning to the mass of data collected”. Creswell (1998) in De Vos (2002:340) highlights five steps in the data analysis process. They are:

- i. Collecting and recording data.
- ii. Managing data.
- iii. Reading and writing memos.
- iv. Describing, classifying, interpreting.
- v. Representing, visualisation.

The data was collected through the use of semi-structured interviews. Each interview that was conducted with the relevant respondent was recorded on a Dictaphone or handwritten by the researcher, and then the relevant information was extracted. The names of the respondents were changed to allow for anonymity in recording. Once the data had been analysed and the research findings were tabulated and in a report format, the transcripts were destroyed to ensure that the information was kept confidential. Once the data had been recorded onto a transcript, the themes, categories of responses and different ideas were identified and linked together. As De Vos (2002:344) states: “...identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together is the most intellectually challenging phase of data analysis and one that can integrate the entire endeavour”.

1.8 DESCRIPTION OF RESEARCH POPULATION, DELIMITATION /BOUNDARY OF SAMPLE AND SAMPLING METHODS

The universe and population of this research was, “All potential subjects who possess the attributes in which the researcher is interested. Population on the other hand is a term that sets boundaries on the study units” (Strydom & Venter, 2002:198). For this research project the universe was described as all South African parents of children who have experienced an armed robbery.

This was a large universe and therefore the population was narrowed down to the parents of children that have experienced an armed robbery in the greater Durban area of KwaZulu-Natal. This area consists of a major city with surrounding towns, where the surrounding towns were within a radius of 100 kilometres of the city of Durban.

With regard to sampling, the researcher used non-probability sampling as there was no set list of children who had been involved in armed robberies. The researcher also wanted to ensure that the chosen respondents complied to all the requirements needed for the research. Therefore, the purposive sampling technique was seen to be best as: "Purposive sampling allows the researcher to intentionally select those elements that are information rich" (Marlow, 1998:136). Singleton (in Strydom & Venter, 2002:207) is also of the opinion that purposive sampling "...is based entirely on the judgement of the researcher, in that a sample is composed of elements that contain the most characteristics, representative or typical attributes of the population". Therefore, in this research, the researcher decided who was to be included in the research as they had to meet the criteria of the research project, namely:

- The child involved in the armed robbery must be between the ages of six and twelve,
- The child must have been involved in an armed robbery in the past year when data collection occurred, and
- The parents and children must live in the greater Durban area, as outlined above.

1.9 ETHICAL ISSUES

There are a number of different ethical issues that the researcher needed to keep in mind while completing the research project. In this next section, seven different issues will be discussed and applied to this particular research project.

1.9.1 Harm to experimental subjects

For this ethical issue, the researcher ensured that respondents were not harmed in any way, whether physical or emotional. Strydom (2002a:64) states: “The responsibility to protect respondents against harm reaches further than mere efforts to repair, or attempt to minimise such harm afterwards. Respondents should be thoroughly informed beforehand about the potential impact of the investigation”. This issue is therefore linked with the next ethical issue of informed consent. The respondents were fully informed of the potential impact of the research and therefore had the opportunity to withdraw at any time. Strydom (2002a:64) continues to point out that the researcher must rather change the nature of the research than place the respondents under any possible harm.

This ethical issue was of vital importance in this study. All respondents that contributed to this research project were fully informed as to the possible impact of the study as the parents were talking of the reactions that their child experienced due to an armed robbery.

1.9.2 Informed consent

Informed consent means that the respondents involved in the study must be given as much information about the investigation as possible. They must fully comprehend the purpose and method of the investigation so that they can make an informed decision as to whether they wish to take part or not. Strydom (2002a:65) states: “Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will follow during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives”. Therefore, the researcher gave the respondents all possible information to help them make an educated decision about their participation.

This was a very important ethical issue that was addressed by the researcher. Each respondent filled in an informed consent form before the information that was needed was gathered. The researcher also informed the parents that they could withdraw from the research at any given time if they wished to do so.

1.9.3 Deception of respondents

The researcher did not deceive or mislead the respondents in any way about the research or their involvement in the research. This would show total disrespect for the respondents involved in the research. Strydom (2002a:67) states: “It is our opinion that no form of deception should ever be inflicted on respondents. If this happens inadvertently, it must be rectified immediately after or during the debriefing”. For this research study, the researcher does not foresee any reason to deceive the respondents and will be open and honest about the research and the research process. The aim of the study is to gain as much valid information as possible and this can only be done with the cooperation of the respondents, and therefore deception would work against these efforts. If any deception did occur, unknown to the researcher, she would immediately inform the respective respondents.

1.9.4 Privacy and confidentiality

Marlow (1998:190) states that: “Confidentiality means that the researcher knows the identity of the respondents and their associated responses but ensures not to disclose this information”. Privacy is very much linked with the above issue of confidentiality, especially with regards to the privacy of the individual respondent.

These two ethical issues were thus of vital importance in this research project. To ensure that the respondents’ privacy and confidentiality were maintained, the researcher allocated a number to each respondent to ensure that after the data has been collected, no one will be able to identify who the respondent was. The researcher also destroyed all evidence that linked the respondents

to the research after the research process was completed. With regard to privacy, the researcher respected the privacy of each individual and only collected information that was relevant to the research study.

1.9.5 Actions and competence of researcher

With regard to this ethical issue, Strydom (2002a:69) points out that: “Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation”. This means that they must be skilled in all aspects of the research study. If there is an area where the researcher is not skilled, it is up to the researcher to gain the skill or to utilise the help of a co-worker who is skilled in this area.

The researcher felt that she was adequately skilled to undertake this research study as she has had experience in working with children who have experienced an armed robbery through her work at the *Open Door Crisis Centre* in Pinetown, KwaZulu-Natal. She is also a qualified social worker and is therefore trained in interviewing and aiding people through traumatic experiences and was able to identify whether the respondents were not coping, and therefore to adjust her questions accordingly. Her interviewing skills also helped in the data gathering process. The researcher’s reason for the study was to be able to help children through this traumatic time and therefore it will be useless to not report correctly on the data and results of the study. The researcher also had a competent supervisor to ensure that she was capable of conducting this research and therefore felt confident in carrying out the study.

1.9.6 Release or publication of findings

Strydom (2002a:72) highlights five important points under this ethical issue. They are:

- The final written report must be accurate, objective, clear and unambiguous, and contain all essential information.

- All forms of emphasis or slanting in order to bias the results are unethical and must be avoided.
- Plagiarism is a serious offence; therefore, all due recognition must be given to sources consulted and people who were collaborated with.
- Shortcomings and errors must be admitted.
- Subjects should be informed about the findings in an objective manner without offering too many details or impairing the principle of confidentiality, as this is a form of recognition and expression of gratitude to the community for their participation.

There is yet another important aspect to keep in mind when writing the report. As Banister (1996:175) states: “As a general rule, report write-ups should guarantee confidentiality or anonymity”. This issue has been discussed earlier, but is of such importance that it needs mentioning again here. The researcher tried as far as possible to report the findings correctly. She aimed at highlighting any shortcomings of her research and will inform the respondents of the findings once they have been collated.

1.9.7 Debriefing of respondents

Judd, Smith and Kidder (1991) as cited in Strydom (2002a:73) states: “Debriefing sessions during which subjects get the opportunity after the study to work through their experiences and its aftermath, are possibly one way in which the researcher can assist subjects and minimise harm”. This is the time that the researcher can ensure that no harm has come to the respondents of the research and also to rectify any mishaps or misconceptions that occurred during the research process. It offers good closure for the respondents and the opportunity to express how they felt about being involved in the research study. The researcher was aware that the research project may have brought forth memories of the traumatic event and therefore offered each respondent the opportunity to be debriefed after each interview. However, no respondent felt the need for such help.



1.10 DEFINITION OF KEY CONCEPTS

1.10.1 Parent/Guardian

The *Cambridge International Dictionary of English* (1996) defines a parent as a “mother or father of a child”. The *Encarta Concise English Dictionary* (2001) agrees with the *Cambridge International Dictionary of English* (1996) but also includes the aspect of a parent also being a legal guardian. For this research project, the parent is any adult that is responsible for the child’s everyday care. This may be a biological parent or grandparent, or a parent according to the law such as a foster or adoption parent. It also includes guardianship or an adult that is identified to give the child the care needed, such as a housemother at a children’s home. In terms of being a Guardian, the *South African Oxford Dictionary* (2002) defines a guardian as: “A person legally responsible for someone unable to manage their own affairs, especially a child whose parents have died”. Therefore, it can be seen that any person who has legal responsibilities for the child will be viewed as the child’s ‘parent’.

1.10.2 Middle childhood

The *South African Concise Oxford Dictionary* (2002) defines a child as: “A young human being below the age of full physical development”. The *Cambridge International Dictionary of English* (1996) defines a child as: “A boy or girl from the time of birth until he/she is an adult, or a son or daughter of any age”. With regard to middle childhood, Louw, van Ede and Ferns (1998:321) state that middle childhood is: “The period from approximately the six to the twelfth year of life is generally known as middle childhood”.

Therefore, a child is seen to be anyone who has not yet reached full physical maturity. For this study, the researcher will focus on children in middle childhood which will include children between the ages of six and twelve years so that the broad scope can be limited down for the research.



1.10.3 Trauma

Lewis (1999:6) defines trauma as: “An experience that is sudden, horrifying and unexpected”. Carlson (1997:26) states that there are three elements that are necessary for an event to be traumatic, namely it must be sudden, extremely negative and uncontrollable. Most English dictionaries (compare *South African Concise Oxford Dictionary*, 2002; *Cambridge International Dictionary of English*, 1996; *Encarta Concise English Dictionary*, 2001) describe trauma as a deep emotional shock following a stressful event. Accordingly, for this research, an armed robbery is seen as a trauma as it is an event that is sudden, horrifying, uncontrollable, and it impacts the emotional wellbeing of the child that experiences it.

1.10.4 Armed robbery

The word ‘armed robbery’ does not appear as a unit in most dictionaries, however, they do list the two words separately, which provides an adequate definition. The *South African Oxford dictionary* (2002) defines armed as: “Equipped with or involving a firearm or firearms”. Furthermore, it defines robbery as: “The action of robbing a person or place” (2002). When putting these two definitions together we see that armed robbery is the action of robbing a place with the use of a firearm.

1.10.5 Reactions

The *Cambridge International Dictionary of English* (1996) defines a reaction as: “A reaction is behaviour, a feeling or an action that is a direct result of something else”. The researcher favours this definition as it includes all the aspects of behaviour, emotion and physical happenings that can occur. The researcher aims at identifying what the reactions of a child are to being involved in an armed robbery and this includes the behaviour, emotional and physical actions.

1.11 LIMITATIONS OF THE RESEARCH

There were three main problems experienced by the researcher during the research process. The primary problem was that of confidentiality. The majority of professionals that the researcher contacted had seen clients who fit within the research criteria, but they were not willing to give the researcher the personal details of the clients as they felt that this was breaking the confidentiality between them and their client. However, they were happy to give the information to the researcher in an anonymous manner. Therefore, for three of the respondents, the researcher interviewed professionals who had seen children involved in armed robberies and they had interviewed the parents. Four of the respondents were previous clients of the researcher who were prepared to be involved in the research study and one respondent was a referral from a professional colleague of the researcher.

The second problem that the researcher encountered was that there were no statistics available on how many children have been involved in armed robberies. There were general statistics stating how many robberies there had been, but they were outdated and unspecific and therefore could not be utilised for this research project.

The third problem that the researcher encountered was the lack of literature regarding children who had experienced the trauma of an armed robbery. There was literature on children who had experienced traumas such as death, bereavement and divorce, but very little on critical incident traumas such as armed robberies and hijackings.

1.12 CONTENT OF THE RESEARCH REPORT

The contents of this research report are:

- Chapter One: Introduction and research methodology.
- Chapter Two: The trauma of an armed robbery for the child in middle childhood.
- Chapter Three: Empirical study.
- Chapter Four: Conclusions and recommendations.

1.13 SUMMARY

Within this chapter the researcher has described the research methodology. The chapter begins by looking at what the research project focuses on, namely children's reactions to the trauma of an armed robbery. The researcher then stated why this topic was relevant to her as well as to the social work context. The problem that was identified was the lack of knowledge regarding how children react to the trauma of an armed robbery and therefore the goals were stated as:

- Building a knowledge base on *child development*, relating to the reactions of the child in middle childhood to trauma in general, as well as the trauma of an armed robbery, and especially how development is affected due to the trauma.
- Investigate what the children's *reactions* are to being involved in an armed robbery.
- Make conclusions and recommendations according to the research results and specifically to be able to offer a more comprehensive service to the children involved in armed robberies

The research question was then stated to be: **How do children react after being involved in an armed robbery?**



Once this was discussed, the researcher then looked at the research approach and strategy, which was namely a qualitative approach where the case study method would be used. The data would be collected through semi-structured interviews and the respondents would be gathered through non-probable sampling, as there is no set list of children who have been involved in an armed robbery. Lastly, the ethical issues relevant to this research project were discussed.



CHAPTER TWO

THE TRAUMA OF AN ARMED ROBBERY FOR THE CHILD IN MIDDLE CHILDHOOD

2.1 INTRODUCTION

Many people assume that when a child experiences a trauma such as an armed robbery, the child is not affected or does not have any reactions as they are often not sent for help and ignored when it comes to debriefings. This, however, is not the case as Perry (1994) points out: “Traumatic events can have a profound and lasting impact on the emotional, cognitive, behavioural and physiological functioning of an individual”. Carlson (1997:39) agrees with Perry (1994) when she points out that trauma symptoms are “...manifested cognitively, affectively, behaviourally and physiologically”. Blom (2004:214) says that “...the traumatic occurrence, furthermore, has an impact on the physical behaviour and emotional functioning of the person”. Therefore, the reactions and needs of a child cannot be ignored if they have experienced a trauma, such as an armed robbery.

Within this section, the researcher will look at a number of aspects that are important when researching children and trauma. Therefore, the following literature study will specifically focus on the following areas, while remaining within the age appropriate level of middle to late childhood. They include:

- Development issues, specifically the stages of development and how these stages impact the child’s reactions to trauma.
- The critical incident trauma of an armed robbery, where trauma will be defined as well as how the trauma of an armed robbery affects the child.
- And lastly, the reactions to an armed robbery, where the researcher will specifically look at how children react to the trauma of an armed robbery.

2.2 DEVELOPMENTAL LEVEL

Before being able to fully understand the child's reactions to a trauma, it is important to understand that the developmental level affects how a child will respond to the trauma. According to Louw, van Ede and Ferns (1998:322) middle childhood is the period from about age six to twelve. They continue by stating that development in middle childhood is relatively calm compared to the development that has occurred in early childhood where rapid growth occurs, it is however, an important period where the child's cognition, social, emotional and self concept grow. They point out that the following developmental tasks should be mastered. According to Louw *et al.* (1998: 322) they are:

- Further refinement of motor skills.
- The consolidation of gender-role identity.
- The development of various cognitive skills.
- The extension of knowledge.
- The extension of social participation.
- The acquisition of greater self-knowledge.
- The further development of moral judgement and behaviour.

Knowing that a child has these tasks to master at this stage is important to remember when dealing with a child who has experienced trauma. "Balanced development during middle childhood serves as a solid foundation for later development" and if this does not occur, then later development can be hindered and further complications can arise (Louw *et al.*, 1998:322). One way that the balance of development can be hindered is if the child experiences a trauma as this can impact on their moral judgement and behaviour in their future years.

The researcher will now look at Erikson's theory of development as it is also vital in understanding how the child develops, and gives a good grounding on how to aid a child in dealing with trauma. This stage, as pointed out by Thompson and Rudolph (2000:16) and Meyer, Moore and Viljoen (2003:201), is from the age of about six to twelve and therefore fits into the researcher's



definition of middle childhood presented in this research paper. However, according to Erikson, it is called late childhood. Carver and Scheier (1996:304) point out that, “Erikson was extremely reluctant to specify age norms for his stages. He believed that people pass through the eight stages in order, but he also believed that each person has a unique timetable”. Therefore, the stages are just a guideline. Thompson and Rudolph (2000:15) point out another important aspect and this is that there are two basic tasks in the stages of development that are important to keep in mind when looking at the stages. “The two basic tasks are (1) coping with other’s demands and expectations that conflict with people’s own needs and 2) meeting these demands with the limited abilities they have in each developmental stage”.

Each of the eight stages has a psychosocial task and a possible successful resolution. “The psychosocial tasks are presented on a continuum, reflecting the opinion that individuals function somewhere between the polarities possible for each” (Berger, McBreen & Rifkin, 1996:94). This means that although the tasks are on different polarities, the child must learn to function in-between these two poles for a successful resolution. “The solution of each crisis does not, however, lie simply in choosing the positive pole. Instead, it lies in a synthesis (combination of two opposites at a higher level) of the two poles” (Louw *et al.*, 1998:51). Papalia, Olds and Feldman (2004:26) agree when they state that, “Although the positive quality should be predominant, some degree of the negative is needed as well”. This means that not just the positive pole must be achieved, as there are negative consequences to this.

When looking at late childhood, according to Erikson’s theory, the psychosocial task in this stage is industry versus inferiority. “Industriousness isn’t just doing things, it’s doing things that others value. It is doing things in ways that others regard as appropriate and commendable”. (Carver & Scheier, 1996:307). Papalia *et al.* (2004:348) are of the same opinion when they say that children in this stage “...have to learn skills valued in their society”. Carver and Scheier (1996:308) point out that this stage is at the same time that a child enters schools, which is very significant. This is the time that they are moulded to shape by society through education and learn

how to be responsible members of society. Meyer *et al.* (2003:201) say that: “The danger in this stage is that the child may fail to acquire the skills and tools of their culture, which causes feelings of inferiority to develop”. However, the successful resolution at this stage is competency. Carver and Scheier (1996: 308) say that competency is “...the sense that one can do things that are valued by others”. It is often in this stage that many children are referred for counselling as they have entered school and the teachers are able to pick up where a child is not coping and refer them for help.

Now that the researcher has briefly looked at Erikson’s theory and at the late childhood stage, she will look at how the theory as a whole, and specifically the stage of late childhood, aids in working with children who have experienced trauma.

Geldard and Geldard (1997:25) say that Erikson’s work is relevant to issues relating to self-concept and to the counsellor’s work in helping children to gain ego strength through the successful resolution of developmental crisis. It aids the counsellor in identifying which task and which crisis the child is facing and aids in understanding the child’s behaviour or reactions to a trauma. Thompson and Rudolph (2000:15) say that by using Erikson’s theory as a frame of reference, “counsellors can compare expectations, human needs and developmental tasks of humans across the childhood years”. It is also important to notice, as De Mar (2002) says, that Eriksonian theory of play relies on the child’s strengths rather than the child’s weaknesses. It focuses on the present and the future and not on the past. It does include the past in that the certain stages have produced certain resolutions, but it has a focus on the future in that these resolutions are epigenesist and are therefore there throughout life; and can be altered as the child goes through different experiences, such as critical incident trauma.

Understanding specifically what a child is undergoing in late childhood can aid in helping the child achieve the necessary resolution of the crisis that they are facing. The fact that a child is trying to reach equilibrium between industry and inferiority in this stage is vitally important. With this in mind it can be seen that

understanding at which stage the child is in development when they go through a trauma can impact on how the counsellor works with the child as well as how the child can be expected to react to the trauma. Within the stage of industry versus inferiority, if a child undergoes a trauma, then he or she may not reach the equilibrium needed to have a successful resolution for this stage. Therefore it can be said that understanding the stage of development that the child is in will aid in understanding how the child reacts to the trauma.

2.3 DEFINITION AND REACTIONS TO TRAUMA

In this section, the researcher will look more in-depth into how trauma affects children by defining what trauma is, the influences that affect the child's response to trauma and the general reactions that children have to a traumatic event. One of the major areas that were identified by the literature in terms of the reactions they may experience was the occurrence of Post Traumatic Stress Disorder. Therefore, the researcher will briefly look at this topic. The researcher will then focus specifically on the trauma of an armed robbery and how the child is affected and the reactions that they experience, and lastly at how a child can be helped to deal with the reactions they have experienced.

2.3.1 Definition of trauma

With regard to the definition of trauma, Brooks and Siegel (1996:1) give a basic definition, which says, "Unlike minor crisis that are part of the normal travails of life, traumas are situations that are outside the range of expected experiences". Lewis (1999:6) adds to this definition when she says that a trauma is an experience that is sudden, horrifying and unexpected. Blom (2004:213-214) defines trauma as an emotional condition of discomfort and stress that arises from memories of a personal experience of an occurrence that has destroyed the individual's sense of invulnerability towards pain. She continues to say that it includes the following:

- An actual or threatening possibility of a serious injury;
- Threatening of the physical integrity of the individual;



- Being an eyewitness to an occurrence of death, injury or the threatening integrity of another person;
- Taking note of the unexpected or violent death, serious injury or threat of death or injury experienced by a family member or other interested party; and
- Reaction to the occurrence includes intense fear, helplessness and dread. The child evinces disorganised behaviour.

Therefore it can be seen that a traumatic experience is an occurrence that is not part of a child's normal everyday routine and it is often unanticipated and very frightening, like the experience of a natural disaster such as a flood, earthquake or hurricane, and human inflicted trauma such as rape, abuse, assault, or an armed robbery.

Volpe (1996:1) indicates that there are two main types of traumatic events. Type one is where the trauma is a once off or very brief event such as an armed robbery or a hijacking. Type two is when the trauma is prolonged or with repeated exposure such as sexual abuse. For this project, the research focused on a type one trauma, namely that of an armed robbery.

With regard to how traumas affect the child, Brooks and Siegel (1996:1) say: "Traumas often overwhelm the coping skills we all use to handle the expected problems in life, and they strip us of our sense of security". With this in mind it is easy to see why it is so important to understand how trauma affects children so that we can offer them an effective service to help them deal with the reaction that they are experiencing.

2.3.2 Factors that influence the child's response to trauma

Within this section, the researcher aimed at looking at what the literature stated as factors that would influence how a child would react to a traumatic event. It is important, however, to keep in mind that each child is an individual and therefore their situation and personality will be the main guiding factor as to how they react.

Wasserman (2006:2) helpfully identifies five things that can influence how a child reacts to a traumatic event. They are as follows:

- The child's age.
- Whether the trauma was ongoing or a one time event.
- The child's relationship to the perpetrator.
- Whether the child was a victim, a witness or connected in some way to the victim.
- Adult support.
- Other stress factors affecting the child.

On the other hand, Carlson (1997:62) identifies five factors that can influence how the child responds to the traumatic event. They are:

- Biological factors.
- Developmental phase at time of trauma.
- Severity of the stressors.
- Social context.
- Previous and subsequent life events.

The *American Academy of Child and Adolescent Psychiatry* (1999), points out that a child is at risk of having reactions to a trauma depending on:

- The seriousness of the trauma.
- Whether the trauma was repeated.
- The child's proximity to the trauma.
- His/her relationship to the victim.

Silverman and La Greca (2002:23) point out that there are a number of factors that will impact how the child reacts to trauma. They are:

- Aspects of the traumatic exposure (life threatening, loss or disruption).
- Pre-existing characteristics of the child.
- Characteristics of the post-disaster recovery environment (availability of social support).
- The child's psychological resources (coping skills and self efficacy).

The above four sources give a comprehensive idea of the different factors that can influence how a child reacts to a traumatic event. The researcher will now discuss the influences that are relevant to this research topic.

With regard to the developmental level, or the age of the child, the researcher discussed this topic in the above literature regarding children and trauma, and the developmental level of middle childhood in more detail. It is also, however, noted in the literature, that the child's response to traumatic events tends to be consistent with their developmental age. Brooks and Siegel (1996:15) say that very few generalisations can be made about how children respond as their perceptions of the event differ dramatically according to their age. It is important to remember that this includes their emotional, social and cognitive development (Carlson, 1997:67; Wasserman, 2006:2). Therefore, when looking at the responses that a child may have to a traumatic event, remembering the age of the child is of vital importance.

With regard to whether the event was ongoing, such as sexual abuse, or once off, such as an armed robbery, this can affect how the child responds to the trauma. Once off events often show *intense, immediate* feelings, such as fear, helplessness and horror while with ongoing traumas, emotional numbing or *constant feelings* of sadness and helplessness are more likely to occur (Carlson, 1997:67; Wasserman, 2006:2). Therefore, it can be concluded that with a once off event it is likely that the child will experience emotions that were not previously there, occurring immediately after the event (usually these emotions are very intense).

The child's support systems during and after the event play a big role in the child's reactions and coping abilities. If there are supporting adults and friends around the child, the child will cope better with the reactions that they experience. The child's developmental age also plays a role in their reactions because young children will be more dependent on adults for support. "In the case of childhood traumas, individual support is even more important because

children are so dependant on others for emotional support” (Carlson, 1997: 70).

It is also important to recognise that if there have been previous traumatic events that the child has undergone, this may impact how the child reacts to the trauma. An example of this may be where a child has been involved in a hijacking and is now involved in an armed robbery. The child may have been able to cope with the reactions they experienced to the hijacking but now with the addition of an armed robbery, the child may find the reactions overwhelming and is therefore not able to cope. The same could be the case if the child is currently experiencing a trauma such as abuse and is then involved in an armed robbery. This would definitely impact on the child’s ability to cope with the reactions they experience.

Lastly, it is important to look at the child’s proximity to the trauma as well as to the aspect of the actual event. Whether the child was directly involved, an eyewitness, or just hearing about the event from a family member, these may all influence how the child reacts. Once again, it is important to note that each child is an individual and has individual coping skills and different life situations that will impact on how the child copes with the trauma that they experience.

2.3.3 General reactions to trauma

An important aspect to remember when researching trauma is pointed out by Carlson (1997:21) when she says, “Since it is not possible to know who will experience a trauma, it is extremely difficult to pre-test subjects to predetermine their pre-trauma levels of psychological functioning”. Their level of functioning before the trauma can impact the reactions that the child can have to the trauma, and specifically the severity of these reactions. Perry (1999) says that: “The specific nature of a child’s response to a given traumatic event will depend upon the nature, duration and the pattern of trauma, and the characteristics of the child and his or her family social situation”. An article on the Internet entitled Better Health (2006:1) agrees with

Perry (1999) when stating that children's responses to trauma depend on a wide range of factors including their age, stage of development and the way in which their parents handle the crisis, as discussed above.

When turning the attention onto reactions that children have to trauma, most theories and authors in their books on children and trauma, as well as in the *DSM IV (Diagnostic and Statistical Manual IV)*, agree that the two most common symptoms or reactions of trauma are re-experience and avoidance (Carlson, 1997:45; Lewis 1999:13; Blom, 2004:214). This can obviously occur in a number of different ways and manifest itself differently in each child. Lewis (1999:13) says that re-experience is when, "Without warning, memories of the event can suddenly come into a person's mind. These thoughts are often accompanied with painful emotions". She continues to point out that often this happens in nightmares or a sudden painful set of feelings that seem to have no cause, and include feelings such as sadness, loss, helplessness, anger and fear (Lewis, 1999:13). Roos, Du Toit and Du Toit (2002:47) say that re-experience feels as if the person is back in the traumatic situation again with the same intensity of emotions.

With regards to avoidance, Carlson (1997:47) says that avoidance "...serves the purpose of protecting the individual from exposure to reminders of the traumatic event". Lewis (1999:14) adds to this when she says that the person tries to avoid anything that is a reminder of the trauma, because this may bring back some of the painful feelings of fear and vulnerability.

Carlson (1997:44) helpfully places the manifestation of both re-experience and avoidance across the different modes in the following table:



TABLE 1: RE-EXPERIENCE AND AVOIDANCE

MODE	RE-EXPERIENCING	AVOIDANCE
<i>Cognitive</i>	Intrusive thoughts Intrusive images	Amnesia of trauma Derealisation / depersonalisation
<i>Affective</i>	Anxiety Anger	Emotional numbing Isolation of effect
<i>Behavioural</i>	Increased activity Aggression	Avoidance of trauma-related situations
<i>Physiological</i>	Physiological reactivity	Sensory numbing to trauma reminders
<i>Multiple modes</i>	Flashbacks Nightmares	Complex activities in dissociated states

Blom (2004:214) gives a more comprehensive list of reactions that a child may have if they experience a trauma. This list includes nightmares, clinging to parents and fear of strangers, outbursts of anger, irritation, weepiness, nervousness, regression to a previous stage of development, withdrawal, psychosomatic complaints, bed-wetting, changes of eating and sleeping patterns, extraordinary fear of the dark, fear of separation or of being alone. Geldard and Geldard (1997:95) say: “We have found that a child’s self-concept and self-esteem are almost inevitably affected adversely whenever he/she has experienced a troubling event or trauma”.

With regards to the child in middle childhood, Brooks and Siegel (1996:18) say that the signs of a trauma in a school age child are:

- They may revert to developmentally earlier coping mechanisms, such as an ego-centred view.
- They may compensate for feeling helpless during the crisis by blaming themselves for elements of what happened.
- Their lack of control over the trauma may make them feel that their future is unsure, which can lead some children to act recklessly.



- They may experience a significant change in school performance. It is not uncommon for a child to have difficulty concentrating and performing in school after a traumatic event.
- On the other hand, they may become intensely focused on schoolwork to the exclusion of having fun.
- They may test the rules about bedtime, homework or chores.
- They may experience sleep disturbances. The child may experience nightmares or difficulty falling asleep.
- They may join in reckless play as a way of exhibiting a sense of control lost during the trauma.
- They may talk about the supernatural such as ghosts.

An article posted on the Internet by Headroom (2004:1) gives a comprehensive list of common reactions to traumas under the headings of physical, emotional and behavioural reactions. They state the following reactions:

Physical reactions

- Crying.
- Feeling sick.
- Loss of appetite.
- Changing in sleeping patterns.
- Nightmares.

Emotional reactions

- Anger.
- Fear.
- Anxiety.
- Distress.
- Powerlessness.
- Guilt.
- Vulnerability.



Behavioural reactions

- Being more demanding.
- Relive the trauma through play, talking about it and wanting to see where it happened.
- Having problems at school.

The researcher has shown above that there is a vast number of ways that a child can react to a trauma. Each child is unique and will therefore react differently to the next, and one must not expect the reactions of a child to fit neatly in a box. Brooks and Siegel (1996:10) also point out that children do not have the mature coping skills of an adult or the life experience that helps adults to put a trauma in perspective, and therefore know that they will return to a normal life after the trauma. This in itself can impact on how the child reacts to a trauma. Leverington (2005) says that children's ability to deal with a traumatic event is primarily dependent on the reactions of the parents or those people who are in a care-taking role, such as school personnel or hostel parents.

2.3.4 Post Traumatic Stress Disorder

When the researcher was researching the topic of children and trauma she discovered that there was a large amount of information regarding children and Post Traumatic Stress Disorder (PTSD). The title of this disorder clearly shows that it can occur once a child has experienced a trauma of some sort. The diagnosis of PTSD revolves around the reactions that children have to a traumatic event and therefore fits within this research project.

Most authors agree that a child can be diagnosed with PTSD if the reactions they experience have been present for longer than a month and cause impairment to the child's life and daily functioning (Volpe, 1996:1; Brooks & Siegel, 1996:12; Goodman & Gurian, 2006:2).

Volpe (1996:2) states that the *DSM-IV* stipulates that in order for an individual to be diagnosed with PTSD, he or she must have experienced or witnessed a life-threatening event and reacted with intense fear, helplessness or horror. The traumatic event is persistently re-experienced, there is persistent avoidance of stimuli associated with the trauma, and the victim experiences some form of hyper-arousal. All the above reactions were seen and examined under general trauma, however, it is important to remember that these symptoms must be present for longer than a month.

Langer, Langer and Cabaltica (2002) helpfully identify the diagnostic criteria for PTSD in a simple table format. It is shown below.

TABLE 2: DIAGNOSTIC CRITERIA FOR PTSD

A. The person has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness or horror. **Note:** In children, this may be expressed by disorganised or agitated behaviour.



B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognisable content.
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific re-enactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.
5. Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. Efforts to avoid thoughts, feelings or conversations associated with the trauma.
2. Efforts to avoid activities, places or people that arouse



recollections of the trauma.

3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of affect (unable to have loving feelings).
7. Sense of a foreshortened future (does not expect to have a career, marriage, children or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. Difficulty falling or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulty concentrating.
4. Hyper vigilance.
5. Exaggerated startle response.

E. Duration of the disturbance (symptoms in Criteria B, C and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Specify if: Acute: If duration of symptoms is less than three months.

Chronic: If duration of symptoms is three months or more.

Specify if: With delayed onset: If onset of symptoms is at least six months after the stressor.

Goodman and Gurian (2006:2) helpfully simplify the symptoms of PTSD. They are said to be the following:

Re-experiencing

- Moments when a child seems to replay the event in his or her mind.
- Intrusion of recurrent memories of the event or repetitive play about the event.
- Nightmares, scary dreams.

Arousal

- Disorganised and agitated behaviour.
- Irritability or anger.
- Nervousness about everyone and everything around the child, as when people get too close.
- Jumpy when hearing loud noises.

Avoidance

- Avoidance of thoughts, feelings, or places that remind the child of what happened.
- Numbing or a lack of emotions.

Other behaviours

- Regression to earlier behaviour such as clinging, bedwetting and thumb sucking.
- Difficulty sleeping or concentrating.
- Detached from others, social withdrawal.
- Excessive use of alcohol or other substances to self medicate.

Some literature, however, points out the fact that the *DSM-IV* criteria for PTSD, is designed for adults and not children (Lubit, 2006:1; Volpe, 1996: 1).

This can lead to a child not being correctly diagnosed even though they may have PTSD.

Now that the reactions to a traumatic event are fully understood by the discussion on general reactions and PTSD, the research will now focus on the trauma of an armed robbery.

2.3.5 The trauma of an armed robbery

The researcher has found it extremely difficult to find literature specifically talking about the trauma of armed robberies. Most authors in their books and other publications on trauma talk about it in general or focus on the trauma of death or HIV (La Greca *et al.*, 2002; Lewis 1999; Brooks & Siegal 1996). There is some literature on children and violence as mentioned above, but little specifically focussing on armed robberies. It is important to remember as Lelbowitz-Levy (2005:155) points out “the high levels of violence directed against children and the prevalence of trauma and childhood post-traumatic stress disorder (PTSD) make responding to the needs of the traumatised children a particular concern”.

There were a few articles in the local newspapers about children being victims of crime and robbery but most of these children were above the age of twelve. For example, the *Star* newspaper featured an article entitled, “Large numbers of youths are being exposed to crime” (11 May 2006). This article gave a few statistics of young people who have been victims of crimes such as robberies, but once again the children were aged between thirteen and twenty. The *Independent on Saturday* also featured an article entitled “School children in the firing line” (29 April 2006). The article talks about how a group of school boys aged between thirteen and eighteen were robbed when travelling to a rugby tournament in Johannesburg.

The researcher thinks that this may be due to the fact that children between the age of six and twelve are not left alone and are always accompanied by

adults, and therefore they are targeted less than children who are more independent.

Due to the lack of available resources, the researcher interviewed three professionals to gain their opinion on how children react to the trauma of an armed robbery. The researcher interviewed Mr G van Wyk, Mrs L Jewitt and Mrs J England.

Mr van Wyk (2006) is a clinical psychologist and the director of a company called Trauma Clinic. Trauma Clinic is a Cape Town based company, with branches in other major regions, which deals exclusively with trauma related cases. They offer counselling to individuals and companies who need support after experiencing any form of trauma. When interviewing Van Wyk (2006), he said that Trauma Clinic does offer a service to children but they are in the minority of their cases.

When asked, Van Wyk (2006) said that he was not aware of any specific literature regarding children involved in the trauma of an armed robbery or any critical incident trauma, but he did mention authors such as Dora Black and Judith Lewis Herman who have written on trauma (but with only a small focus on children).

The researcher then asked him his opinion of how children react after experiencing the trauma of an armed robbery, and he felt that their reaction would, in essence, be the same as that of an adult. However, due to the fact that children cannot verbalise their emotions, Van Wyk (2006) felt that they would display it in their behaviour. He then listed behaviours such as regression, fear, nightmares, separation anxiety, nail biting, bullying, social withdrawal and daydreaming in class as some of the reactions that children may have. Van Wyk (2006) also pointed out that Trauma Clinic feels that trauma debriefing is not needed unless the person (child or adult) is displaying some form of reaction after a period of four weeks. He said that the individual needs a period of time to recover naturally and if they are still displaying reactions to the trauma after this, then counselling is offered. He continued by

noting that it is more constructive to help in managing the environment of the problem first and then deal with reactions if they start after a period of four months.

When interviewing Mrs Liesl Jewitt (2006), a social worker in private practice (specialising in play therapy), she said “Any form of trauma can on the one hand have a negative impact on a child’s development, emotional expression, capacity for coping and relationships, and on the other hand can encourage children’s resilience as has been the case in severe circumstances (for example, prisoner of war camps)” When discussing the reactions that a child might have, Jewitt (2006) listed aspects like a period of shock and then withdrawal or anger. She also mentioned fear of strangers, of the dark and being left alone, as well as that the child might become very clingy and insecure. The opposite can also occur where the child becomes brave and pretends that everything is in order. Jewitt (2006) also pointed out that it would be helpful to offer support and counselling to the child’s family as this would aid in the process of recovery.

The researcher also interviewed Mrs Joanne England (2004), a social worker who has worked extensively with children in the welfare sector and at the time of the interview, was working at Open Doors Crisis Centre, which is situated in Natal and deals specifically with people (adults and children) in crisis situations. England (2004) has worked with children who have experienced critical incident traumas such as armed robberies, but admits that she has seen very few children involved in armed robberies between the ages of six and twelve. When asked if there are services for children who have experienced trauma, her reply was broadly no. There are social workers and psychologists in private practice but most people are not able to afford this kind of help. England (2004) pointed out that most services for children are Non Government Organisations such as Life Line and Childline, but their focus is not on critical incident trauma and often they refer children to private psychologists and social workers.

When discussing the availability of literature on children who have been involved in armed robberies, England (2004) said that there is some literature on children who have experienced trauma, but that she has not come across anything specifically regarding armed robbery.

In terms of the effect that an armed robbery can have on a child, England (2004) said that she feels that it can severely impact their life. She mentioned the same behavioural reactions that Van Wyk (2006) mentioned, such as nightmares, regression, fear and withdrawal.

2.3.6 Dealing with the reactions to trauma

Now that the reactions to a trauma, such as an armed robbery, have been discussed, the researcher felt that it was necessary to look at the ways that these reactions can be dealt with.

Different authors offer different ideas on how to deal with helping a child cope with the reactions they experienced after the trauma. Volpe (1996:3) does, however, point out that no one form of intervention has been shown to be superior for the treatment of reactions to trauma or for PTSD.

Brooks and Siegel (1996:21) suggest that the professional does a debriefing with the child. This is a set process whereby the professional aids the child in talking through the traumatic event and then identifying individual ways that the child can cope. They state that, "Debriefing offers a structure for listening and talking to the traumatised child" (Brooks & Siegel, 1996:21). They do point out, however, that debriefing is not counselling. They state that it is a forum for the child to express their emotions and reactions and to normalise their responses to aid in their recovery.

On the other hand, Lewis (1999:43) identifies a number of practical ways for the individual, both professional and caregiver of the child, to aid the child in the process of recovery. She says that firstly the practical steps needs to be taken. These include



- Ensuring that the child is physically safe.
- Informing other caregivers, such as teachers, about what has happened so that they will be more understanding with the child.
- Involving all family members as far as possible in order to create a support system.
- Reporting the event to the relevant authorities if this is required.
- Consulting a mental health professional if the reactions are severe.

Lewis (1999:45) then identifies how the professional and caregiver can respond to the traumatised child. Firstly, she points out that children are very sensitive to the attitude and responses that significant others give. Therefore it is vital that a positive attitude is put across to the child, where the child feels that they are understood and that the adult is in control of the situation after the event. It is also important that the adult listens carefully to the child and talks to the child about the situation that occurred. As Lewis (1999:47) says, "...this helps the child to trust the adult and to be open with their thoughts". The adult must also be able to talk to the child about the feelings that they are experiencing. Lewis (1999:50) indicates that children cope by acting out their feelings through play and often through dreams. Lastly, comforting and reassuring the child is very important. The child needs to know that what he/she is experiencing is normal. The child may also need more physical comfort like cuddling or holding, a favourite toy or blanket. More individual time may need to be spent with the child for them to be reassured that they are safe and that things are OK.

Hamblen (2006:4) identifies that cognitive behavioural therapy is the most effective approach to dealing with the reactions that a child has to a traumatic event or PTSD. This includes a direct discussion about the traumatic event, identifying management techniques such as relaxation, and the correcting of inaccurate or distorted thoughts regarding the trauma. Through this process the child can learn to not be afraid of their memories and thereby reduce the reactions that they have. Another approach mentioned by Hamblen (2006:4) is play therapy. This is where the child is referred to a play therapist that uses

different play techniques to aid the child in telling their story and dealing with their reactions. This helps the child to process the event and develop coping techniques.

2.4 CONCLUSION

As can be seen from the above literature review, there is very little research and literature dealing with children in middle childhood who have experienced the trauma of an armed robbery. However, as Volpe (1996:5) says, fortunately, traumatic stress and its consequences continue to gain recognition and investigation in the helping professions, but clearly more research is necessary to fully understand its impact. This is specifically true regarding the trauma of an armed robbery.

The opinions of the experts are that most children will have behavioural reactions to the trauma of an armed robbery, such as nightmares, withdrawal, fear of the dark and fear of strangers, to name a few. It is also evident that these reactions are the same reactions that a child may experience after any critical incident trauma, as pointed out in the above literature review on reactions to general trauma.

PTSD is also a possibility when a child experiences a traumatic event. However, for PTSD to be diagnosed, the child's reactions must have lasted longer than a month and be debilitating to their daily life and functioning.

There are also a number of ways identified by different authors in aiding a child to cope with the reactions that they may experience after a traumatic event. These relate to both the professionals that are dealing with the child as well as to the caregivers or parents of the child.

CHAPTER THREE

EMPIRICAL STUDY

3.1 INTRODUCTION

Within this chapter, the focus will be on the empirical study that was completed within the research process in order to achieve the goals and objectives, and to answer the question stated in chapter one, namely: **How do children in middle childhood react after being involved in an armed robbery?** The goal, therefore, was to explore the reactions of children in middle childhood who have been involved in an armed robbery for the longterm purpose of understanding how they react and thereby provide appropriate aid. The case study strategy was used to achieve the objectives of this research. For five out of the eight respondents, the parents were interviewed, four of which were the researcher's private clients. For the remaining three cases the researcher interviewed colleagues who were willing to give the required information directly to the researcher in a confidential manner.

The researcher is of the opinion that further investigation is needed in order to understand the needs that a child may have after experiencing an armed robbery as this was not looked at in this study. The researcher is also of the opinion that the child's needs are directly linked to the child's reactions to an armed robbery. However, as only the reactions are investigated in this research project, the following chapter will discuss the findings of the case studies of children involved in the trauma of an armed robbery.

In each case study the researcher will state what occurred and how the child responded. The researcher will then analyse the different responses according to the different reactions displayed and show this in table format. The researcher will then compare the findings to the interviews with the professionals interviewed, which were discussed in the literature chapter.

3.2 RESEARCH METHODOLOGY

3.2.1 The respondents

The main focus of the research was on children between the ages of six and twelve who had experienced the trauma of an armed robbery within the past year. The researcher interviewed the parents or the professionals who worked with the parents and child, to gather the relevant information.

Due to the fact that there was no specific list of children who had experienced an armed robbery, the researcher had to use non-probability sampling to gather the necessary respondents. Specifically, the researcher used purposive sampling for this research project. As Rubin and Babbie (1997:266) point out, for this method of sampling the researcher selects the sample based on their judgement and purpose of the study. This allowed the researcher to ensure that all respondents fit within the criteria spoken of above.

As mentioned in the introduction to this chapter, the researcher had four respondents as part of her case load of private clients and they were all willing to participate in the study. One was a referral from a colleague of the researcher and the remaining three were gathered from other professionals' case notes. The researcher had to resort to gathering data from other professionals' case notes as well, as the majority of the professionals that the researcher contacted were not willing to give any details of their clients to the researcher for contact and they were not willing to contact the clients themselves. The researcher also attempted to contact the local police station but they were not willing to aid in any way, as they also stated that this was a breach in the individual's confidentiality. The researcher found that gathering respondents for the research project was a difficult task. This was not foreseen in the initial planning of the research process.

3.2.2 Data collection method

The researcher utilised both the qualitative and quantitative approaches for this research project, in that the researcher gathered personal data from the respondents experiences through semi-structured interviews, but at the same time presented the data gathered in a tabular format as this aided in the understanding of the gathered data.

The utilised data collection method was a semi-structured interview format where there were set questions to be answered, but there was still flexibility within the interview if the researcher required it. (See appendix A). As Rubin and Babbie (1997:390) say: “An interview guide lists in outline form the topics and issues that the interviewer should cover in the interview, but allows the interviewer to adapt the sequencing and wording of questions to each particular interview”. For each interview the researcher used a Dictaphone where able, otherwise she wrote notes as the interview was conducted.

3.2.3 Data analysis

As mentioned in the introduction chapter, De Vos (2002:339) states that: “Data analysis is the process of bringing order, structure and meaning to the mass of data collected”. Once each respondent has been discussed, the researcher will aim to identify common themes, categories of responses and different ideas, and link them together. The researcher will aim to do this through tabulating the reactions of the respondents and then discussing the relevant findings.

When gathering the required data, the researcher divided the reactions that the children could have experienced into four main categories, namely physical, emotional, behavioural and social. Four broad categories were used to guide the parents or professionals in the interviews by asking what physical, behavioural, emotional and social reactions the child had. Unless the parents or professional requested, the researcher did not give specific

examples. The researcher did this to ensure that the information gathered was as unprejudiced and non-prescriptive as possible.

3.3 PRESENTATION OF CASE STUDIES

Within this section, the researcher will describe each case study and then look at how each respondent reacted. The data will then be analysed and conclusions and recommendations will be made in chapter four.

3.3.1 Respondent one

Respondent one was a male of six years old at the time of the armed robbery. He and his family were at home when three armed men entered their property. His father was in the driveway working on the family car. When the family saw the men entering their property, they alerted the security company. The men attempted to rob the family by holding a gun to the father's head and taking him to the house. However, when they realised that the security company were on the way, they immediately fled with the family car. Respondent one was a witness to the entire event. This was not the first time he has witnessed an armed robbery. The first was when he was four years of age when a similar event occurred.

Respondent one reacted in anger to the robbery this time. He was not able to contain his anger and was lashing out at things and people around him. He was also very scared to go to school as the older black boys reminded him of the trauma. He was very clingy with his parents and did not want to leave the house.

3.3.2 Respondent two

Respondent two was a male of ten years old at the time of the armed robbery. He and his family went to visit their aunt for the evening when four armed men entered the house. They tied up everyone present (three adults and four children) and taped the adults' mouths closed. They then proceeded to start

loading all the household goods into respondent two's mother's car as her car was the one closest to the road. One man stayed with the family and was shouting abusively at them whilst waving his gun around threatening that if they move he will "blow our brains out". This continued for 45 minutes. Once the robbers had all they wanted, they left in the car. One of the family members then managed to get free and help the others.

Respondent two reacted very badly to the armed robbery. He has had a number of other issues he has been trying to deal with at the same time, such as his parents' divorce and his father leaving to live in New Zealand. Respondent two is threatened by change and is very clingy and emotional. After the robbery he did not want to be left alone for any length of time and even wanted to sleep in his mother's bed. He was very tearful and cried for no reason. His mother is worried that he may be depressed. She said he is much like his father in this respect. Respondent two returned to his aunt's house shortly after the event and coped well. He did, however, keep telling his mother that she needed to put up a better fence at home in case they were robbed there as well.

3.3.3 Respondent three

Respondent three was a male of seven years old at the time of the armed robbery. He is the younger brother of respondent two and therefore the actual event is the same, however, he reacted very differently. He and his family went to visit their aunt for the evening when four armed men entered the house. They tied up everyone present (three adults and four children) and taped the adults' mouths closed. They then proceeded to start loading all the household goods into respondent three's mother's car as her car was the one closest to the road. One man stayed with the family and was shouting abusively at them whilst waving his gun around threatening that if they move he will "blow our brains out." This continued for 45 minutes. Once the robbers had all they wanted, they left in the car. One of the family members then managed to get free and help the others.



Respondent three seems to be in denial about the robbery as he is carrying on as if the incident never happened. He will not talk about the event and avoids conversations when others talk about it. He is, however, sleeping with his mother in her bed and does not want to be alone. He is much more aggressive at school with his friends and with his brother than before the armed robbery.

3.3.4 Respondent four

Respondent four was a male of ten years old when the armed robbery occurred. He was at home with his mother and sister when two armed robbers entered their property. His mother was in the garage and they held her at gun point and told her to be quiet and not scream. They started to walk towards the stairs to enter the house but respondent four was at the top of the stairs. When he saw that the robbers had his mother at gun point he screamed. This frightened the robbers, who then pushed his mother out of the way, grabbed her car keys and fled in her car.

Respondent four has become very nervous at home and does not want to be left alone. He is also constantly looking out the window to see if the robbers will return. His behaviour has regressed as he has become afraid of the dark which he had not been for some years now. He is also constantly worried about his mother driving her car and thinks about the robbery often during the day. His mother also reported that when watching out the window he constantly tells them that he sees the same car over and over and thinks that it is the robbers returning.

3.3.5 Respondent five

Respondent five was a female of seven years old when the armed robbery occurred. She was visiting her grandmother with her two brothers and her sister. They were held hostage by eight gun men from twelve until one thirty in the afternoon. They were shoved into the bathroom and their hands were tied. Respondent five had her hands tied with her grandfather's tie and she

was told to sit in the bath. She remembers being told not to move and when her older brother tried to free her hands, she went hysterical and shouted to be left alone.

Her initial reaction was to freeze when she saw the guns and only after the robbers had left and the family were safe again, did she start to cry. She has since then not wanted to be left alone, especially at night and is having nightmares. She is very clingy with her mother and father, and does not want to go and see her grandparents at their home anymore.

3.3.6 Respondent six

Respondent six is a male who was ten years old at the time of the armed robbery. Eight men entered the family house with three automatic weapons. They tied the family's hands together and locked them in the bathroom. The men then proceeded to clean the house out of everything they could possibly carry and load. They then returned to collect the grandmother from the bathroom and forced her to open the family safe. They consequently locked her back in the bathroom with the other family members and left the premises, taking both cars which were in the garage. Respondent six's father then managed to free his hands and unlock the bathroom door. He then proceeded to call the police for assistance.

Respondent six reacted in fear during the incident and was continually shaking and trembling. After the robbers had left, he continued to shake for some time but continually said he was glad everyone is alive. Later he reacted by refusing to eat for two days. He also had nightmares and did not want to be alone at night. He has also battled to concentrate at school and keeps looking out the windows at home to check if the family is safe.

3.7 Respondent seven

Respondent seven was a female of eight years old at the time of the armed robbery. Three men entered the house when her mother, father, domestic

worker and she were there. The robbers tied them up with a rope and started to demand to know where everything of value was. They stole appliances, linen and everything else they could carry and load into the vehicle they had with them. They then took the family and locked them into one of the rooms, after which they locked all the doors of the house and took the keys with them. Her father managed to untie himself and called for help from the police.

Respondent seven reacted very badly and cried continually when taken for therapy. She has refused to talk about the event and complains of headaches, stomach-aches, flashbacks and nightmares. She was not eating her food and was very withdrawn and not wanting to play with friends at school.

3.3.8 Respondent eight

Respondent eight was a female of eleven years old at the time of the armed robbery. She was visiting a friend's house with her mother when two armed men entered the property. They held a gun to the respondents back and told her to be quiet. The one robber held her and her mother hostage while the other two then continued into the house to gather together as much as they could. They then loaded the car with the household contents and took the respondent's and her mother's cell phone.

Respondent eight was very calm during the incident as she was with her mother. Only at one stage did she become agitated and that was when the robbers started beating the dogs. She then kept begging them to please leave the dogs alone and she started to cry softly. She also asked the robbers to please not hurt anyone and that they could take anything that they wanted. After the event, respondent eight has reacted very calmly and her mother reported that she is praying a lot and trying to think rationally. She is, however, very weary of black men and when they returned home a few nights after the robbery, there were four black men near their gate and respondent eight told her mother to keep driving and to not enter the gate. She also complained of nightmares and headaches for a week after the event and has

been clingy with her mother. She has also shown a great concern for her mother and her mother reported that she has almost taken on an adult's role of concern for her and others around her. She has also shown a disliking for crowded places which she never had before the robbery.

3.4 FINDINGS AND INTERPRETATIONS

The researcher will now analyse the reactions that were found in the above case studies. This will be done by discussing each category as discussed in the interview, and then tabulating the reactions. The researcher would also like to point out, as stated in the literature chapter by Carlson (1997:21) that: "Since it is not possible to know who will experience a trauma, it is extremely difficult to pre-test subjects to predetermine their pre-trauma levels of psychological functioning". Their level of functioning before the trauma can impact the reactions that the child can have to the trauma, and specifically the severity of the reactions.

3.4.1 Physical reactions

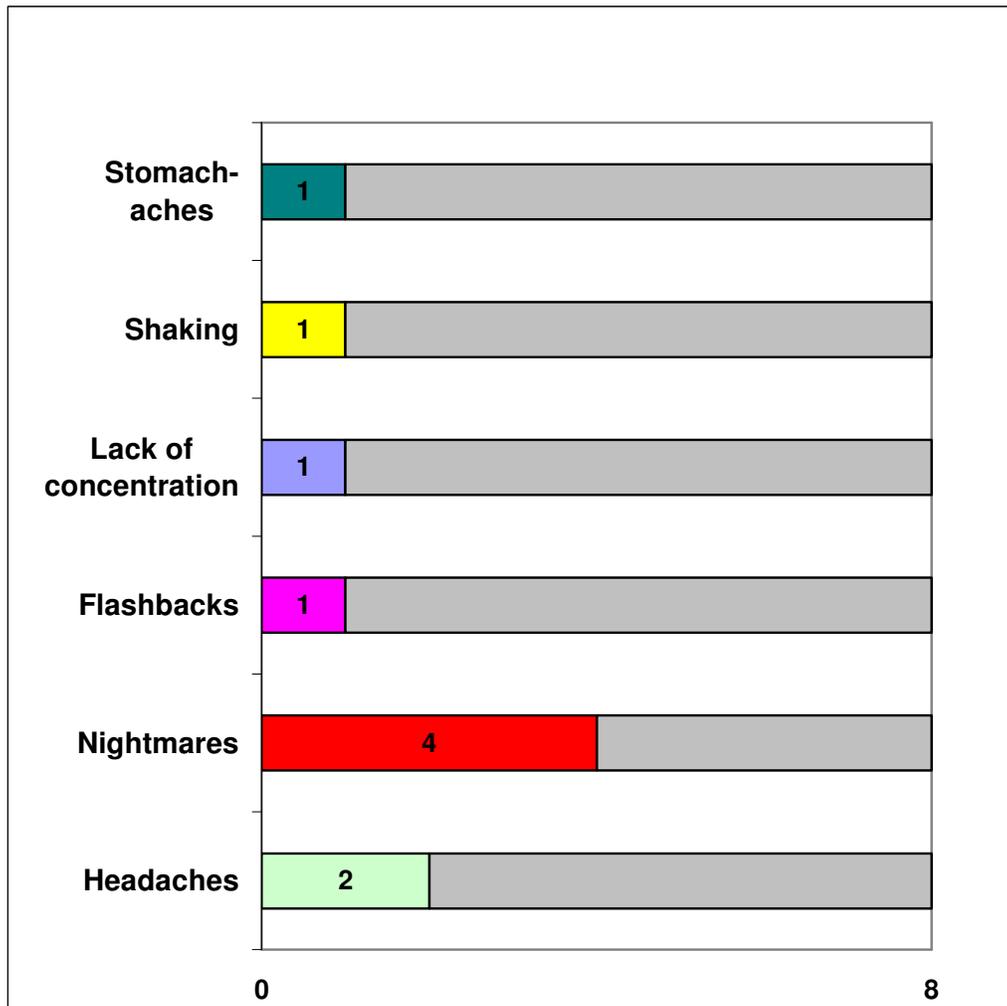
For this category, respondent one, two, three and four had no reactions. However, respondents five, six, seven and eight did. Respondent five only experienced the physical reaction of having nightmares after the armed robbery and this was the only physical reaction that she had. Respondent six experienced the physical reactions of nightmares, lack of concentration and shaking. Respondent seven experienced headaches, nightmares and flashbacks after the event, and respondent eight experienced headaches and nightmares. It can therefore be seen that for physical reactions, nightmares are the most common, as four of the respondents reported having nightmares after the trauma.

When looking at information gathered from interviewing professionals, as stated in chapter two, all three professionals said that nightmares could be expected. The literature that the researcher stated in chapter two, for example, Carlson (1997:44) and Blom (2004:214) also state that nightmares

were a common reaction to trauma. Therefore, it can be concluded that nightmares can be expected when a child has experienced the trauma of an armed robbery and this is also keeping in line with reactions to general trauma.

When looking at other reactions that the respondents experienced, there were only two respondents that reported having headaches. Stomach-aches, shaking, lack of concentration and flashbacks, were only reported by one respondent. The researcher will now tabulate these reactions in the figure below.

FIGURE 1: PHYSICAL REACTIONS





3.4.2 Emotional reactions

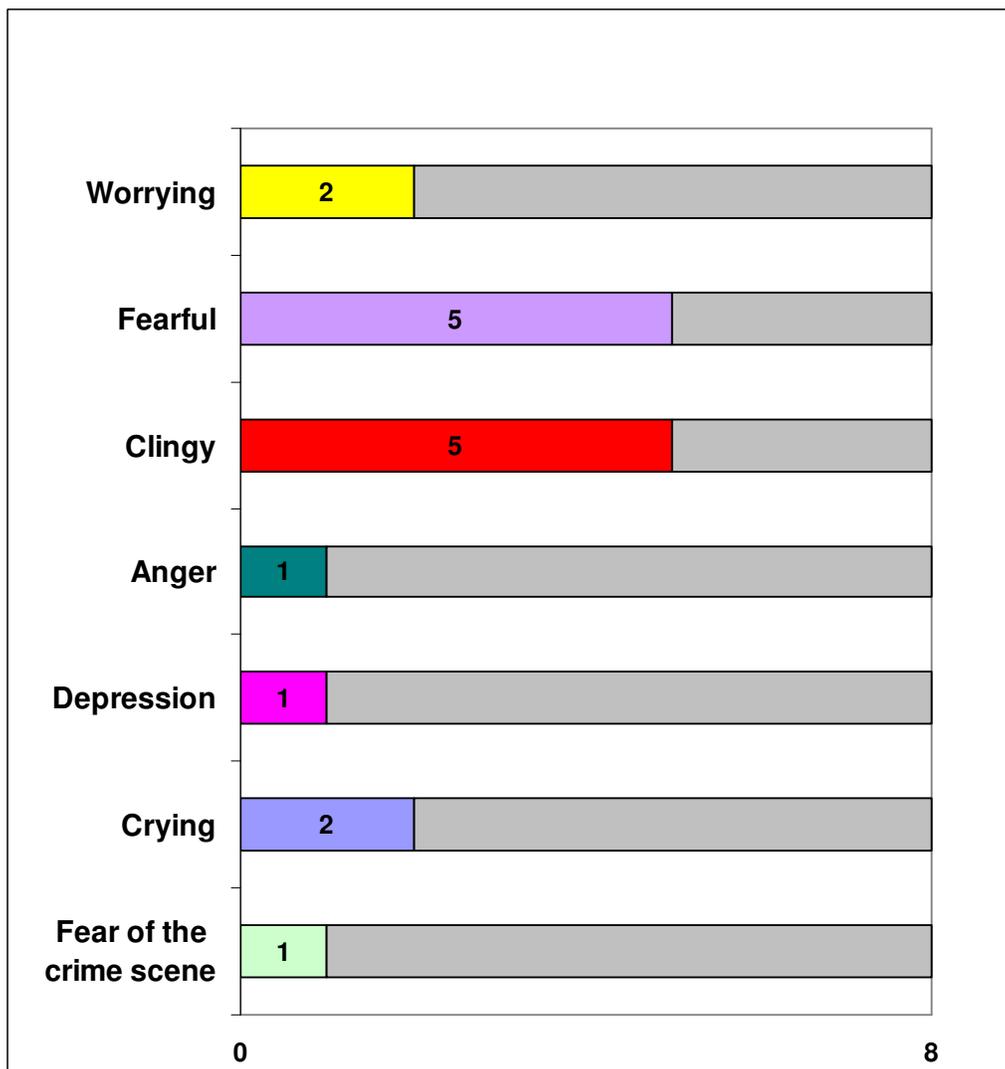
Within this category, every respondent experienced some form of emotional reaction to the armed robbery. Respondent one experienced anger, clinginess, fear and worrying. Respondents two experienced crying, depression, clinginess and fearfulness. Respondents three only experienced the reaction of clinginess. However, his mother reported that he was in denial regarding the armed robbery and would not talk about it at all. Respondent four also only had one emotional reaction to the armed robbery but his reaction was one of fear. Respondent five reacted with clinginess and fear, as well as fear of the crime scene, as she does not want to go and visit her grandparents, which is where the armed robbery occurred. Respondent six reacted in fear and worry, while respondent seven and eight only had one emotional reaction each, which was crying and clinginess respectively.

From the above discussion, it can be concluded that both fearfulness and clinginess were the most commonly reported emotional reactions among the respondents, with five of the eight respondents experiencing them. There were two respondents who experienced worrying and crying and only one respondent that experienced anger, depression and fear of the crime scene.

It must also be noted that these reactions are all in line with the literature on general trauma, which states that when a child experiences a trauma, they will have reactions such as fear and clinginess. Lewis (1999:13) says that feelings such as sadness, loss, helplessness, anger and fear are all common reactions to trauma.

The above information on how the different respondents reacted will now be displayed in the figure below.

FIGURE 2: EMOTIONAL REACTIONS



3.4.3 Behavioural reactions

With regard to the behavioural reactions that the respondents experienced after the armed robbery, respondent one only experienced lashing out after the incident. Respondent two was afraid of being alone as well as being overprotective of his mother. Respondent three was lashing out at school and with his brother, but was also afraid of being left alone, especially at night. Respondent four reacted in that he was afraid of being alone and of the dark, but he was also overprotective of his mother and family to such a degree that

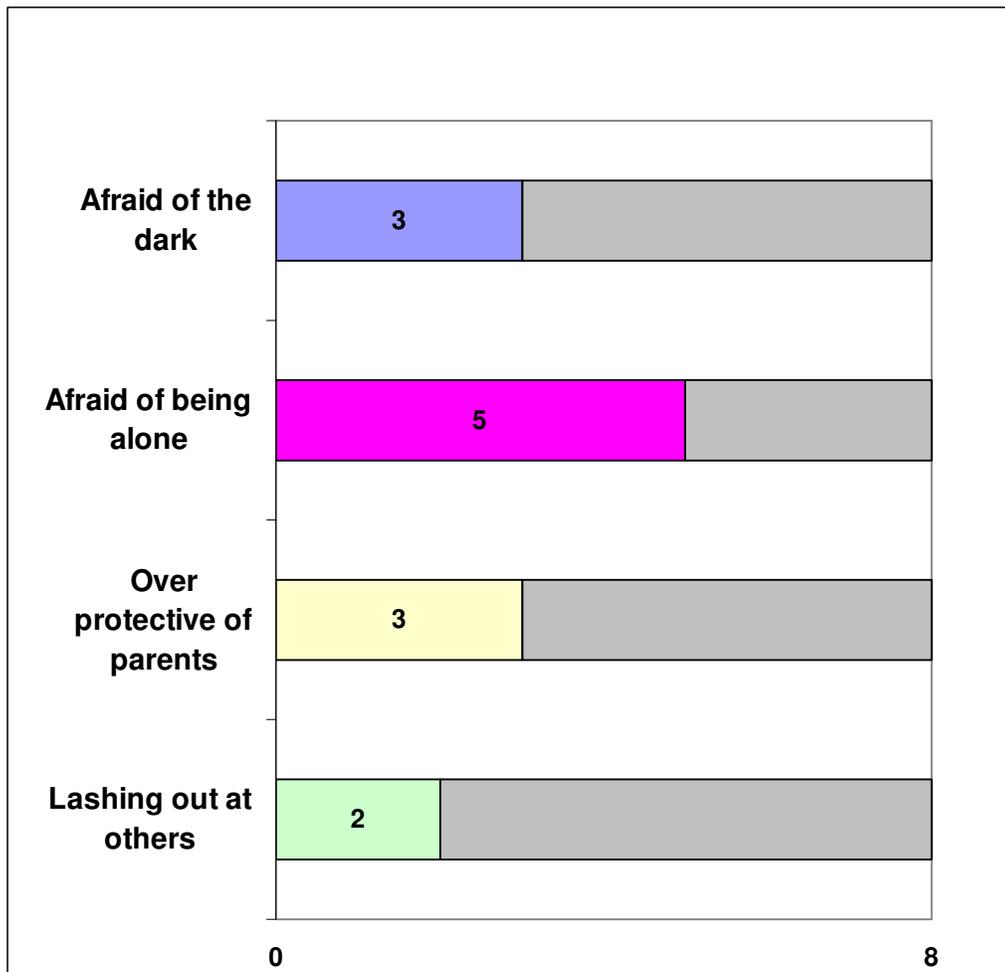


he cannot concentrate on anything else at home and is constantly looking out of the window. Respondent five and six reacted in the same way, as they both reacted in fear of being alone and in fear of the dark. Respondent seven had no behavioural reaction to the armed robbery, where respondent eight's only reaction was to be overprotective of her mother.

As can be seen by examining the information as stated above, the most common behavioural experience is that of fear of being alone, with five out of the eight respondents who reported having this experience. There were three respondents who experienced being afraid of the dark and three who were overprotective of their parent. Only two respondents reported lashing out at others. When the researcher interviewed Van Wyk (2006) he stated that children would often display their inability to cope in their behaviour, as they are not able to verbalise as easily as an adult. He listed a number of behavioural reactions which included fear and separation anxiety or fear of being alone.

The researcher will now show the above information on how the children reacted behaviourally, in figure format.

FIGURE 3: BEHAVIOURAL REACTIONS



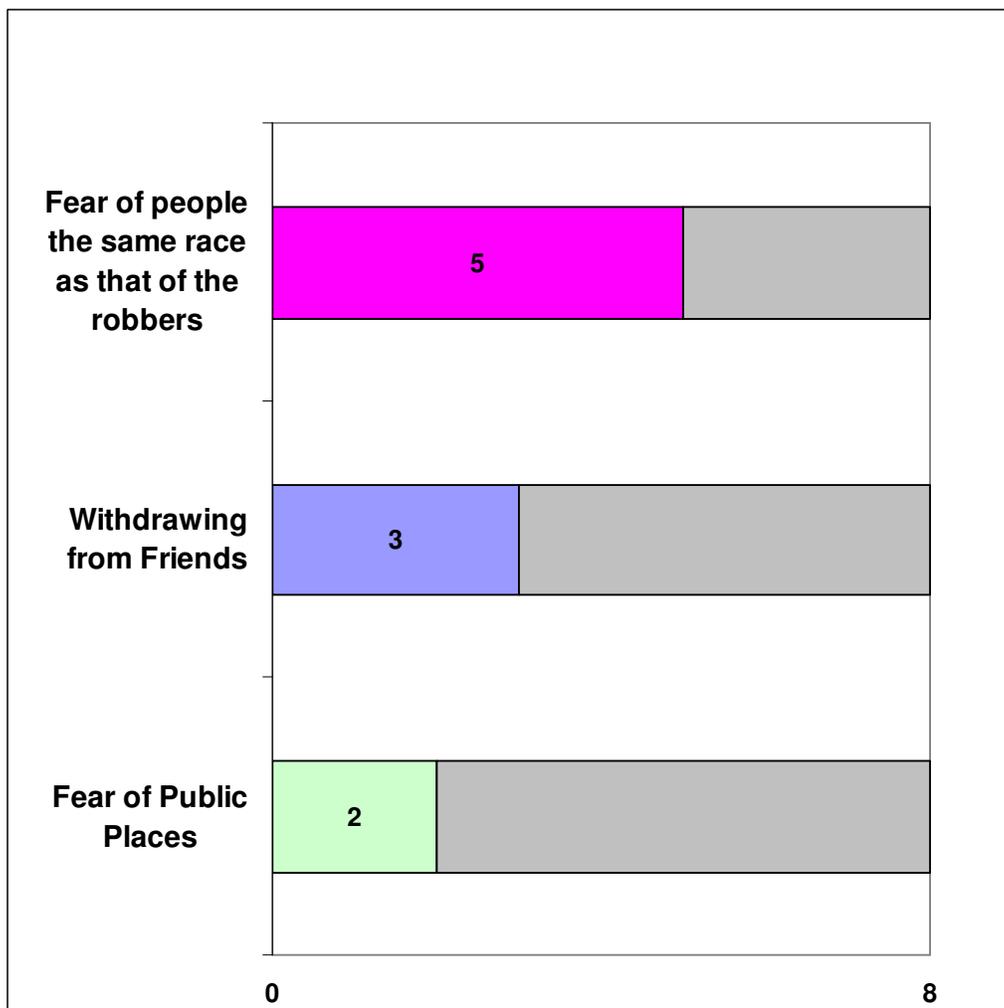
3.4.4 Social reactions

With regard to social reactions that the children experienced, the researcher found that this was the category that the children least experienced. Respondents two, three, five and six did not have any social reaction at all. Respondent one and four experienced the fear of people of the same race as that of the robbers, while respondent eight also experienced this fear but also had a fear of public places. The only social reaction that respondent seven had was that of withdrawing from her friends for a period after the armed robbery.

The above information indicates that out of the social reactions that were reported, the fear of people of the same race as that of the robbers was the most common, with five of the respondents reporting this. There were three who reported withdrawing from friends and only two who reported the fear of going into public places. As was noted in the literature by Lewis (1999:14) and seen in both general trauma and the trauma of an armed robbery, fear is a common reaction and is therefore not unexpected.

The above information will now be shown in a figure format.

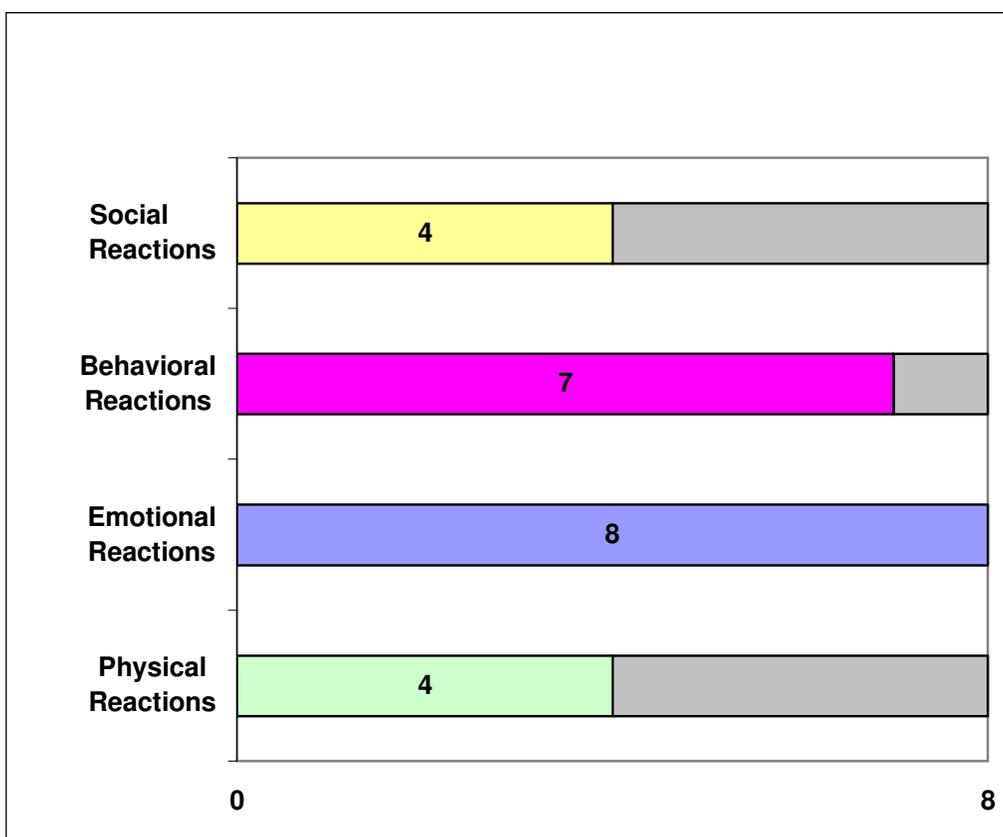
FIGURE 4: SOCIAL REACTIONS



3.4.5 Summary of the above four categories

When looking at the above information regarding how the respondents reacted physically, emotionally, behaviourally and socially, it can be seen that emotional and behavioural reactions were the most common. All eight respondents experienced emotional reactions, seven respondents experienced behavioural reactions with only four respondents experiencing physical and social reactions, as shown in figure five.

FIGURE 5: NUMBER OF RESPONDENTS PER REACTION CATEGORY



With emotional reactions being the most common reaction to the experience, it can be concluded that experiencing fearfulness and clinginess after the trauma of an armed robbery is likely to occur, as these were the most common reactions shown in figure one. Behavioural reactions were the second most common reaction to the experience, and figure two shows that the chance of a child experiencing the fear of being alone after the trauma of

an armed robbery is highly probable, as this was the most common behavioural reaction. Both physical and social reactions were the least likely to occur, but if they did, then it can be assumed that nightmares and the fear of people of the same race as that of the robbers are likely to occur.

The researcher also found it helpful to tabulate the different reactions that the respondents had, as it showed that a child experiencing the trauma of an armed robbery can expect to have an average of six reactions, mostly being emotional and behavioural, as pointed out in the table below.

TABLE THREE: SUMMARY OF RESPONDENT REACTIONS

	RESPONDENTS							
	1	2	3	4	5	6	7	8
Physical Reactions								
Headaches							X	X
Nightmares					X	X	X	X
Flashbacks							X	
Lack of concentration						X		
Shaking						X		
Stomach-aches							X	
Emotional Reactions								
Fear of scene					X			
Crying		X					X	
Depression		X						
Anger	X							
Clingy	X	X	X		X			X
Fearful	X	X		X	X	X		
Worrying	X					X		
Behavioural Reactions								
Lashing out	X		X					
Overprotective		X		X				X
Afraid of being alone		X	X	X	X	X		
Afraid of the dark				X	X	X		
Social Reactions								
Fear of public places								X
Withdrawing from friends							X	
Fear of people same race as robbers	X			X				X

The above table also showed a clear indication of a common theme in the categories. In all four categories there was fear in some form. Under physical reactions, fear showed itself in the form of nightmares, whilst in emotional reactions there was the fear of the crime scene, fear or worry for family members, as well as fear in general. Under behavioural reactions, fear showed itself in the form of fear of being alone and fear of the dark, whilst in social reactions there was the fear of public places and the fear of people of the same race as that of the robbers.

Therefore, the researcher concludes that a child that has been involved in an armed robbery will experience fear in one form or another. The interviews with professionals also conclude this, as all three professionals that were interviewed pointed out that a child will experience fear after being involved in an armed robbery. As stated in the literature chapter, Blom (2004:214) also stated in the list of expected reactions, that fear is common in the form of nightmares, fear of strangers, fear of the dark and fear of being alone.

Therefore, it can be concluded that fear is a common reaction to the trauma of an armed robbery and is thus to be expected.

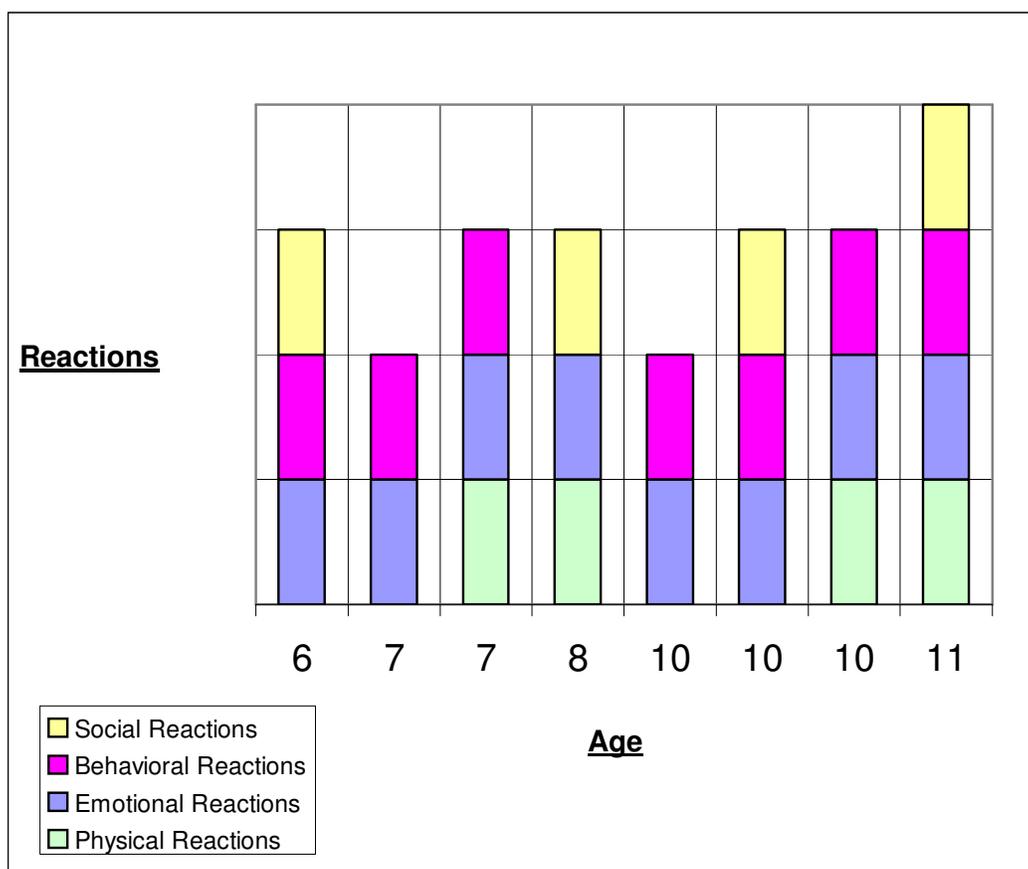
3.4.6 Age and gender

Lastly, the researcher investigated if there was any relationship between the age and gender of the respondents and the reactions they experienced.

As discussed in the literature chapter, the child in middle childhood is between six and twelve years of age. This is an important period where the child grows cognitively, socially and emotionally (Louw *et al.*, 1998:322). This is also an important stage in development where children enter school and begin to understand how they are to be responsible members of society (Carver & Scheier, 1996:308). If the child experiences trauma within this developmental level, it can impact on their growth, as highlighted by Louw *et al.*, (1998:322) in the literature chapter.

All respondents, regardless of their age, experienced emotional reactions. However, with regard to the other reactions, there is no set pattern that is visible. However, the researcher concludes that further research is needed to explore this, as there is not an even distribution of ages between the respondents. This can be seen in the fact that three of the respondents were ten years of age and only one was six years of age.

FIGURE 6: REACTIONS COMPARED TO AGE



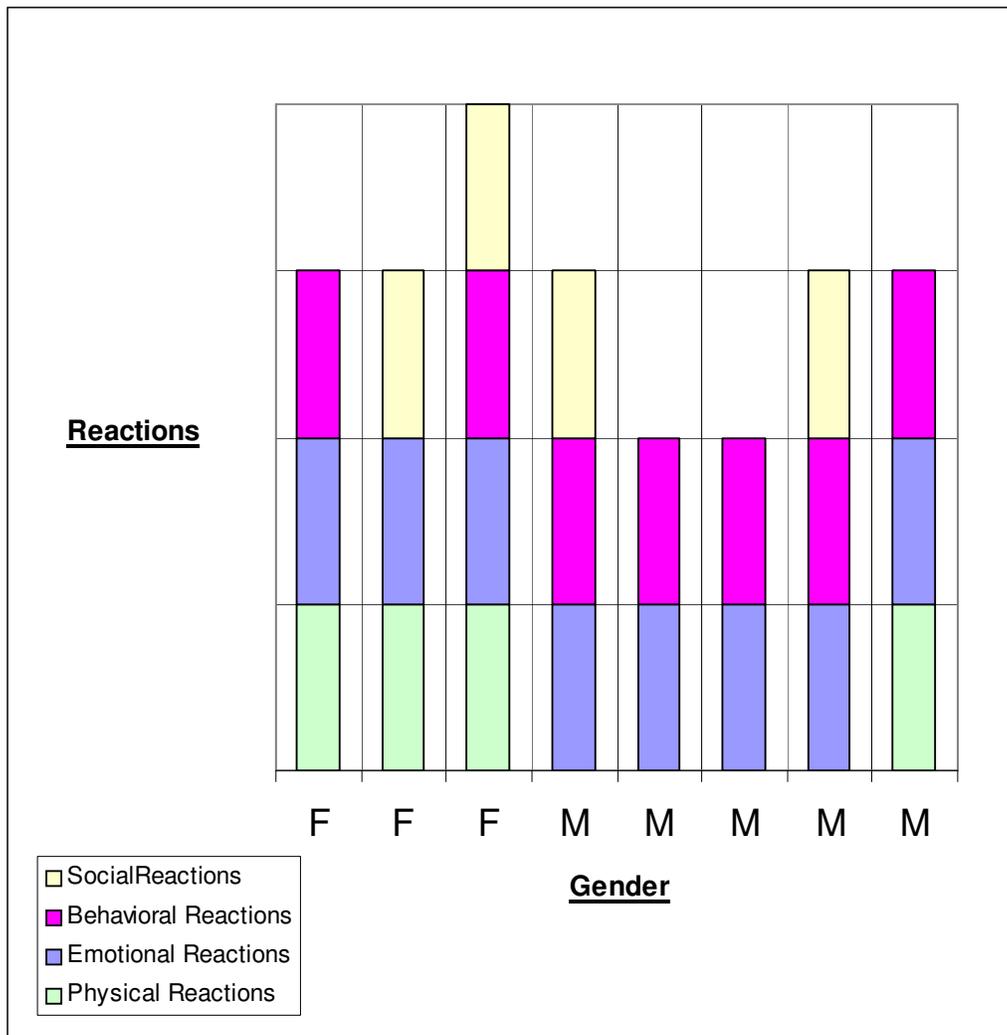
When examining the relationship between reactions and gender, the researcher noted that all respondents had, as mentioned previously, experienced emotional reactions, and only one female child did not experience behavioural reactions. However, it can be seen that all the female children experienced physical reactions, while only one male child experienced physical reactions. This is important, as there were more males in the study than females, yet the ratio for females to experience physical



reactions was higher. Therefore it can be concluded that females are more likely to experience physical reactions to the trauma of an armed robbery than males. It can also be seen that out of the eight respondents in this study, two males and two females experienced social reactions, which show that there is an equal chance of experiencing social reactions whether you are male or female.

In conclusion then, it can be seen that the female children in this study were more likely to experience physical reactions as well as emotional, behavioural and social; but males were more likely to experience only emotional, behavioural and social reactions, as indicated in figure seven.

FIGURE 7: REACTIONS COMPARED TO GENDER



3.5 CONCLUSIONS

From the information stated above, it can be seen that a general overview shows that emotional reactions were the most common to be experienced, with behavioural reactions at a close second. Physical reactions were third and least of all were social reactions. It was also noted that there was a strong theme of fear in all four of the categories, which the literature study also highlighted. The researcher therefore concludes that fear is to be expected if a child experiences the trauma of an armed robbery.

It was also prominent when discussing the four categories, that the reactions that arose from the study were the same reactions that were listed under the general trauma in the literature chapter. The researcher therefore concludes that if a child experiences the trauma of an armed robbery, the reactions that they are likely to experience are the same as if they had experienced any other form of trauma, such as a hijacking or bereavement.

With regards to age, further research is needed to draw further conclusions as to whether age impacts on what reactions the child is likely to experience. When examining whether gender has a role to play in what reactions the child may have, it can be seen that a female is more likely to experience physical reactions than males, but both are likely to experience emotional, social and behavioural reactions.

CHAPTER FOUR

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Within this chapter the researcher will look at the overall conclusions and recommendations of the research project to discover if the research question was sufficiently answered, and if there are any areas in which further research is needed. The researcher will also discuss the implications of the results for use in everyday practice in dealing with children who have experienced the trauma of an armed robbery. The researcher will initially give a brief summary of each chapter followed by the conclusions and recommendations.

4.2 CHAPTER ONE: INTRODUCTION AND RESEARCH METHODOLOGY

4.2.1 Summary

The subject that the researcher investigated was the reactions that children, in middle childhood experienced after being involved in an armed robbery. Chapter one aimed to give an overview of the research procedure as well as the methodology used during the investigation.

There were a number of reasons for choosing this particular topic for investigation, the primary one being that the researcher herself has come across very little research around this topic. The researcher has worked extensively with children who have experienced trauma, both in a private and non-government setting, and found that there was information and research around the topic of general trauma as well as traumas such as bereavement, rape and HIV, but very little specifically focusing on the trauma of an armed robbery. In today's violent culture, there are numerous armed robberies

occurring, as can be seen in local newspapers and news broadcasts, but the children that are often victims of these crimes are not focused on.

Another reason for the choice of this topic was that it fits within the social work context, as social workers are interested in early intervention and prevention methods. If professionals can understand how children react to being involved in an armed robbery, then effective services can be offered to the child to aid them through this traumatic time. Lastly, the researcher, who is a social worker and who works with children, wishes to be able to offer her personal clients the best service available, to aid them through the trauma of an armed robbery.

The problem that was identified can therefore be seen as the lack of knowledge on how children react after being involved in an armed robbery. Knowledge is vital in the helping process and unless we understand fully how children react, we cannot fully understand how these children can be helped. It was also noted that there were very few services offered to children who had experienced traumas such as an armed robbery. If there is a lack of understanding regarding how the child reacts to the trauma of an armed robbery, then this will obviously result in a lack of services available to them. The correct services offered to children involved in armed robberies can affect their coping skills and ultimately if they develop PTSD or not. Once the child's reactions are identified, then further research can be done to identify their needs, and from there a programme can be developed to address these needs.

The goal was therefore to explore the reactions of children in middle childhood who have been involved in an armed robbery. The desired results are a better understanding of children and the trauma of an armed robbery. From this it can be seen that the objectives were as follow:

- i. Building a knowledge base on *child development*, relating to the reactions of the child in middle childhood to trauma in general, as well as the trauma of an armed robbery, and especially how development is affected due to the trauma.



- ii. Investigate what the children's *reactions* are to being involved in an armed robbery.
- iii. Make conclusions and recommendations according to the research results, and specifically to be able to offer a more comprehensive service to the children involved in armed robberies.

The research question was: **How do children in middle childhood react after being involved in an armed robbery?**

The researcher used a qualitative approach to the research study, as it was most effective in gaining the meaning that the respondents gave to the armed robbery. The qualitative approach also focuses on the collecting of in-depth information that was required to answer the research question.

The researcher gathered the required data through the case study strategy where semi-structured interviews were conducted. The researcher interviewed the parents of the children involved in armed robberies where possible, otherwise she interviewed the professionals who had worked with children involved in armed robberies. The data collected was then analysed and presented in chapter three, which will be discussed later on in this chapter.

With regards to the sampling method used for the research project, the researcher used non-probability sampling as there was no set list of children who had been involved in armed robberies. The researcher also wanted to ensure that the chosen respondents complied with all the requirements needed for the research. The requirements that the respondents needed to fulfil were:

- The child involved in the armed robbery must be between the ages of six and twelve.
- The child must have been involved in an armed robbery in the past year when data collection occurred.

- The parents and children must live in the greater Durban area, as outlined in chapter one.

Lastly, the ethical issues were then discussed. The researcher needed to gain informed consent, where applicable, and the respondent's details were to be kept confidential at all times. The researcher also had to ensure that there was no harm done to the respondents and this was achieved by informing the respondents of the possible outcomes of participation. The respondents were also informed that the findings were to be published and that if the respondents so wished, they could have full access to the results once they were completed.

Finally, the key concepts for the research project were defined, namely the definition of a parent / guardian, middle childhood, trauma, reactions and armed robbery.

4.2.2 Conclusions

The conclusions to this chapter will now be stated below:

- The researcher maintains that this research project held value as there is still very little research regarding children involved in armed robberies.
- The information gained from this study can greatly impact on the social work field as it can give a greater understanding of the child's reactions to an armed robbery, and therefore a better service can be delivered to the child in need.
- The information gathered from the study can also impact on the researcher's private work with children who have been involved in armed robberies.
- The goal of the research project was met, in that the researcher was able to gather a better understanding of how children react after being involved in an armed robbery. Recommendations for practice and further research can thus be made from the information gathered.

- For this research approach, the qualitative method was used to gather warm data from the respondents. The researcher, however, found that a dominant/less dominant approach may have been more appropriate as both the qualitative and quantitative process can be used. Qualitative in that the data gathered was rich in information and quantitative as the data gathered showed important statistics on the reactions that can be expected.
- The semi-structured interview schedule was effective for this research project as the relevant data was gathered from the respondents. However, three of the participants were not willing to meet with the researcher face-to-face, but preferred to have the interview conducted telephonically, which the researcher then complied with.
- The sample, due to its size, has not provided generalised information. However, there was a good spread between the sexes, which was useful in identifying differences between the boys and girls.
- One downfall that the researcher identified was that only one of the parents was interviewed. In all cases it was the mother who had given the information to the researcher, or the relevant professional, and the fathers' opinion was thus not gathered. The researcher believes that had the fathers also been interviewed, more information may have been gathered from a different perspective.

4.2.3 Recommendations

The researcher recommends that further research be conducted on the following:

- Further research on the child's perception of how they reacted to the armed robbery, as this may be different to that of the parents.
- Further research on the needs of the child once they have experienced an armed robbery.
- Further research on different age groups who have experienced armed robberies.



- Research on whether other critical incident traumas, such as hijackings, have the same impact on children as armed robberies do.

Recommendation on the research process and methodology include:

- The qualitative approach was very useful in the gathering of the required data for this research project, but it is recommended that a dominant/less dominant approach be used so that both in-depth data, as well as more statistical data can be gathered to give an overall view of the reactions that children experience after an armed robbery.
- Due to the fact that many professionals were not willing to give client details to the researcher due to the breach in confidentiality, the researcher suggests that further methods of gathering respondents be looked at. Two possible ways are to advertise the research being conducted in a local newspaper and request people to respond, or to involve local schools in the project by placing newsletters in the children's homework books to gather further respondents.
- It is recommended that for further research around this topic, other professionals are involved in the data gathering. An example of this may be that teachers, medical doctors and social workers in general, be interviewed to gather their opinion on how children react to armed robberies.
- It is recommended that the research findings be made available to the necessary professionals in the field of practice where children are aided. This information may prove invaluable in the services that are offered to children who experience the trauma of an armed robbery.
- Development of programmes to aid children through this traumatic time.
- Informing of relevant service providers, such as crisis centres and private practitioners, of the results of the research so as to aid them in their service provision to children who have experienced trauma.



4.3 CHAPTER TWO: THE TRAUMA OF AN ARMED ROBBERY FOR THE CHILD IN MIDDLE CHILDHOOD

4.3.1 Summary

Chapter two endeavoured to discuss the relevant literature regarding the research project. The chapter begins by looking at the literature regarding the developmental level of middle childhood and how this impacts on the child in trauma. The chapter then moves on to looking at trauma in general, and then finally the specific trauma of an armed robbery.

With regards to the developmental level of middle childhood, it is generally agreed upon that the level of development that the child is at will impact how the child reacts to trauma. Middle childhood is generally accepted to be the ages of six to twelve years, where there is a general emotional, cognitive, behavioural and physiological development (Louw *et al.*, 1998:322).

The researcher then discussed Erikson's theory of development, as it is useful in understanding how the child develops and, therefore, how the trauma of an armed robbery can affect the child. Erikson's theory points out that at each developmental stage, the child has two basic tasks to complete, namely (1) coping with other's demands and expectations that conflict with people's own needs and 2) meeting these demands with the limited abilities they have in each developmental stage (Thompson & Rudolph, 2000:15). Each of the eight stages also has a psychosocial task and possible successful resolution. For the stage relevant to this research project, the psychosocial task was that of industry versus inferiority. The successful resolution of this stage is competency, which is "the sense that one can do things that are valued by others" (Carver & Scheier, 1996:308). It was also pointed out that understanding where the child is developmentally could impact on how the child reacts to the trauma of an armed robbery.

Secondly, the researcher discussed definitions and reactions to trauma in general as well as what impact the child's reactions, PTSD and trauma



reactions can be dealt with. It was concluded that a traumatic experience is an occurrence that is not part of a child's normal everyday routine and it is often unanticipated and very frightening, like the experience of an armed robbery. With regards to what the literature say about how children react to trauma in general, it was clearly shown that there was a number of different reactions that could be expected. Blom (2004:214) gives a comprehensive list of reactions that a child may have if they experience a trauma. This list includes nightmares, clinging to parents and fear of strangers, outbursts of anger, irritation, weepiness, nervousness, regression to a previous stage of development, withdrawal, psychosomatic complaints, bed-wetting, change in eating and sleeping patterns, an extraordinary fear of the dark, fear of separation or of being alone.

Lastly the researcher looked at the literature available on children and the trauma of an armed robbery. After extensive searching, the researcher concluded that there was very little literature available on the specific trauma of an armed robbery. There were a few newspaper articles referring to children and armed robberies but these were often not applicable to the research project. Due to the lack of recourses available, the researcher interviewed three professionals to gather their opinion on how children react to the trauma of an armed robbery. There was generally consensus regarding how children would react and many of the reactions that the professionals spoke of were in keeping with the reactions that were expected for trauma in general.

4.3.2 Conclusions

The conclusions for this chapter will be provided in point format below:

- There is a definite lack of available literature and research on children and armed robberies.
- There is a general consensus among the interviewed professionals that the children involved in armed robberies will experience reactions that are in line with the reactions of other traumas, such as hijackings.

- The process of doing the literature study has been very helpful for the researcher in her own private work with children, as she deals with many children who have experienced trauma.

4.3.3 Recommendations

The recommendations that the researcher wishes to highlight will be listed below:

- Further research is to be done regarding the reactions that children have to armed robberies. This can be done by conducting research in other provinces as this research project was based only in KwaZulu-Natal and specifically the city of Durban.
- Literature needs to be written and presented to the helping sector, such as social workers and psychologists, so that a better service can be offered to children who have experienced armed robberies.
- Research is done to understand the needs of the child once they have experienced an armed robbery. It is helpful to understand their reactions, but until we understand their needs as well, the child cannot fully be helped to deal with the said trauma.

4.4 CHAPTER THREE: EMPIRICAL STUDY

4.4.1 Summary

The aim of this chapter was to present the findings of the research project that the researcher conducted. A qualitative approach was used where a semi-structured interview was conducted with the respondents. Once the data was gathered and the themes and sub-themes were extracted, the researcher found it helpful to present the data in figure format as well, which then utilised the quantitative approach.

In total there were eight children who had been victims of an armed robbery, all within middle childhood, where the ages ranged from six to ten years. The



armed robberies had either occurred at their own homes or at a close relative's home. Within all the robberies, weapons of some form were used, for example guns and knives, and the children as well as all adults present were tied up and placed in one area such as the bathroom or lounge. None of the children experienced any form of physical violence to themselves, but verbal abuse was common.

As can be seen in the findings stated in chapter three of this research project, every child had several reactions to being involved in an armed robbery. Emotional reactions were, however, the most common, and these included reactions such as fearfulness, clinginess and worrying. Five of the eight respondents experienced clinginess and fearfulness, two respondents experienced worrying and crying, and only one respondent experienced anger, depression and fear of the crime scene.

Behavioural reactions were the next most common type of reaction to occur within the respondents and included reactions such as fear of being alone and of the dark. Five of the eight respondents experienced being afraid of being left alone, three were afraid of the dark and three were overprotective of their parents.

Physical and social reactions were not as common, but were still experienced. These included reactions such as headaches and nightmares, as well as the fear of people of the same race as that of the robbers. Four of the eight respondents reported experiencing nightmares and two reported having headaches. Five respondents experienced being afraid of people of the same race as that of the robbers.



The above data was helpfully placed in a table format which will now be shown below:

TABLE 4: SUMMARY OF RESPONDENT REACTIONS

	RESPONDENTS							
	1	2	3	4	5	6	7	8
Physical Reactions								
Headaches							X	X
Nightmares					X	X	X	X
Flashbacks							X	
Lack of concentration						X		
Shaking						X		
Stomach-aches							X	
Emotional Reactions								
Fear of scene					X			
Crying		X					X	
Depression		X						
Anger	X							
Clingy	X	X	X		X			X
Fearful	X	X		X	X	X		
Worrying	X					X		
Behavioural Reactions								
Lashing out	X		X					
Overprotective		X		X				X
Afraid of being alone		X	X	X	X	X		
Afraid of the dark				X	X	X		
Social Reactions								
Fear of public places								X
Withdrawing from friends							X	
Fear of people the same race as robbers	X			X				X

This answered the research question above, of *how do children react after experiencing an armed robbery*, as it highlighted the different types of reactions that occur, as well as which are the most common. During the research process it also became apparent that there were slight differences between how males and females reacted. It was revealed that females are more likely to experience physical reactions to the trauma of an armed

robbery than males were. However, with regard to the other three categories of emotional, behavioural and social reactions, both males and females were likely to experience these.

When looking at the above mentioned areas, it also became evident that there was a general theme of fear found in all four categories. Within physical reactions, fear showed in the form of nightmares, while in emotional reactions it showed as fear of the crime scene, fear or worrying for family members as well as fear in general. Within the behavioural reactions, fear showed itself in the form of fear of being alone as well as fear of the dark. When looking at social reactions, the fear of public places and the fear of people of the same race as that of the robbers were evident. It was concluded that a child involved in an armed robbery will experience fear in some form or another.

It was also discovered in the research process that the reactions that children experienced during the trauma of an armed robbery were the same as that of children who had experienced other traumas such as the divorce of parents, or the death of a relative or close family friend. Within the literature chapter of this research project, the researcher looked at literature on how children reacted after they had experienced general trauma, and the reactions are the same as those that the children involved in the research project experienced. This is important, as it can help identify what children's needs are and how to aid them through this crisis. This fact was also pointed out in the interviews with professionals that work within trauma and with children, as they stated reactions that were the same as with general trauma.

Practically, this research project has aided in identifying how children react and therefore professionals can have a better understanding of how to help a child dealing with the trauma in the most efficient manner.

4.4.2 Conclusions

The conclusions for this chapter will now be shown in point format. Due to the number of respondents, the findings cannot be generalised. The findings,

however, do provide interesting data and show that further research is needed to fully understand the impact of this kind of trauma on children in middle childhood.

- Children in middle childhood, who have experienced the trauma of an armed robbery, do experience a range of reactions.
- Children who have experienced the trauma of an armed robbery experiences fear in some form or another, such as nightmares and fear of the dark.
- Children involved in the trauma of an armed robbery are likely to experience emotional reactions such as fearfulness and clinginess.
- Children involved in the trauma of an armed robbery are likely to experience physical reactions such as headaches and nightmares.
- Children involved in the trauma of an armed robbery are likely to experience behavioural reactions such as being afraid of being alone and being afraid of the dark.
- Children involved in the trauma of an armed robbery are likely to experience social reactions such as the fear of people of the same race as that of the armed robbers.
- It was shown in the research that females are more likely to experience physical, behavioural, emotional and social reactions and males were likely to only experience behavioural, emotional and social reactions.
- It was also highlighted in the research project that further research needs to be done around whether age has an impact on the child's reactions.
- The research exposed that there was one area that did not give any conclusive evidence and that was if age had any impact on how the child reacted to the trauma of an armed robbery. Three of the respondents involved in the research were ten years of age and only one was six years of age, which means that there was not an even distribution of ages and therefore generalisation is difficult.
- Although this research project only focused on children involved in armed robberies, the researcher believes that it would be beneficial to complete further research on the reactions of children involved in other

critical incident traumas, such as hijackings and the witnessing of murder.

4.4.3 Recommendations

This research project was aimed at further understanding what normal reactions can be expected from a child who has experienced the trauma of an armed robbery. With this knowledge, recommendations can be made to further aid the child who has experienced an armed robbery. Therefore, the following recommendations will be made in point format below.

4.4.3.1 *Recommendations for police and security services*

Due to the fact that police officers and security companies are often the first to be involved with the child and their family after the armed robbery, there are a number of recommendations that the researcher wishes to highlight:

- It is recommended that police and security officers are equipped to effectively handle each incident in an appropriate and caring manner.
- It is recommended that each police and security officer is equipped with a list of relevant service providers in the area, where the family and child may receive counselling after the armed robbery.
- It is recommended that police stations and security companies employ staff equipped to counsel the child and family on the day of the armed robbery.

4.4.3.2 *Recommendations for formal counselling services*

Due to the fact that children and other family members often seek professional help after an armed robbery, the following recommendations are made:

- It is recommended that children and their families that have experienced the trauma of an armed robbery be referred for counselling or debriefing after the incident, if this has not already been done.



- It is recommended that all those involved in the helping profession be equipped with the tools to debrief the child and family after they have experienced the trauma of an armed robbery. This includes doctors, nurses, social workers and psychologists, as these professionals often come into contact with children and other family members involved in armed robberies.
- It is recommended that a programme be developed to aid children through critical incident traumas such as the trauma of an armed robbery.

4.4.3.3 *Recommendations for further research*

The following recommendations for future research are made:

- It is recommended that further and more extensive research needs to be completed around the topic of children's reactions to armed robbery, so as to be able to generalise the expected reactions.
- It is recommended that research needs to be completed regarding the needs of a child who has experienced the trauma of an armed robbery. It is not sufficient to just understand the reactions that the child may experience, but their needs must be understood as well. Only once both the reactions and needs of the child involved in an armed robbery are understood, can effective services be provided.
- It is recommended that further research be completed to discover if age plays any role in how the child reacts to the trauma of an armed robbery.
- It is recommended that research be conducted into the statistics of children involved in the trauma of an armed robbery. The researcher battled to find statistics that related to the number of children involved in armed robberies. The statistics that were found merely showed the number of armed robberies that had occurred, but there were no numbers regarding the number of children involved.



- It is recommended that further research be completed around other critical incident traumas where children are involved, such as hijackings.
- It is recommended that further research be completed into the services available to children and their families that have been involved in an armed robbery.

4.4.3.4 General recommendations

General recommendations about the research project are:

- In general, more awareness needs to be created around the services available to families and children who have experienced armed robberies.
- Due to the fact that most armed robberies occur when the whole family is present, the entire family needs to be educated as to how they can effectively aid each other through this traumatic time. Each member of the family will react differently to the experience and therefore the more they understand about the possible reactions, the more tolerant and helpful they can be towards each other.
- It is recommended that the parents of children involved in armed robberies must be educated on the reactions that the children may have, so as to help them in understanding how the children can be best helped.

4.5 EVALUATION OF THE RESEARCH QUESTION, AIMS AND OBJECTIVES

4.5.1 Research question

The research question for this study was: **How do children in middle childhood react after being involved in an armed robbery?**

The researcher concludes the following:

- The research question was answered in a limited way as the researcher battled to get respondents for the project. Other professionals were not willing to give clients' details to the researcher on the basis that it would break the confidentiality rules that they had with their clients. The researcher therefore interviewed the professionals themselves to gather the necessary information regarding how children reacted to armed robberies. Three of the respondent's information was gathered in this fashion.

4.5.2 Aims of the research

The aim was to explore the reactions of children in middle childhood who have been involved in an armed robbery.

The researcher concludes the following:

- The aim of the research project was met as it was discovered how children reacted after an armed robbery.
- The researcher concludes, however, that further research needs to be completed around this topic for the finding to be generalised to the greater population.
- The aim of gathering data regarding how children respond, can aid the social work profession in early intervention and prevention methods as there is now a greater understanding of how children react after an armed robbery.

4.5.3 Objectives of the research

The objectives of this research were the following:

- i. Building a knowledge base on *child development*, relating to the reactions of the child in middle childhood to trauma in general, as

well as the trauma of an armed robbery, and especially how development is affected due to the trauma.

- ii. Investigate what the children's *reactions* are to being involved in an armed robbery.
- iii. Make conclusions and recommendations according to the research results and specifically to be able to offer a more comprehensive service to the children involved in armed robberies.

The researcher concluded the following regarding the objectives of the research:

- A basic knowledge of the child's developmental level was gathered.
- It will be useful to gather a more in-depth knowledge regarding the child's developmental levels by researching further theories on child development and not just Erikson's view.
- The child's reactions to an armed robbery were investigated and a better understating of their reactions is now available.
- Conclusions and recommendations were made as to how to use the information gathered in service provision for children who have experienced armed robberies.

4.6 CONCLUDING STATEMENT

The researcher concludes that overall the research project was successful. There is a greater understanding of how children react after an armed robbery, and it can be seen in the research project. These reactions are the same as if the child had experienced any other trauma, such as a natural disaster or bereavement. An understanding of the child's developmental level, as well as looking at general trauma reactions, aided in the answering of the research question. It was also discovered that there was very little research and literature around the topic of children and the trauma of an armed robbery. Therefore, this research project aids in helping professionals understand how a child reacts to the trauma of an armed robbery.



APPENDIX A:

Semi-structured interview schedule:

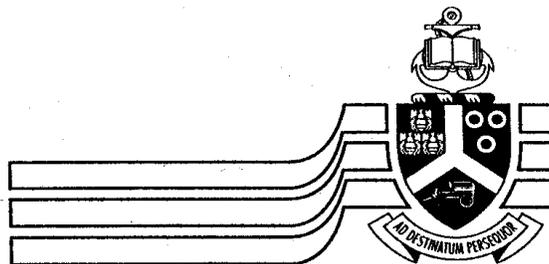
Questions for Parents:

1. What happened in the trauma?
2. How did your child react to the trauma?
 - Were there any **physical signs**, like bed-wetting, headaches, sleepiness and nightmares?
 - Were there any **emotional signs**, like clinginess, fear of going to the same place, excessive crying for no reason?
 - Were there any **behavioural signs**, like a regression in behaviour?
 - Were there any **social signs**, like fear of going into public, not wanting to play with friends?
3. Did the child show any signs of trauma during the incident, like crying, wanting to sleep and wetting their pants?
4. How long after the trauma did any symptoms begin to show?
5. How long did it take for your child to recover?
6. Did you seek help for your child?
7. Did this help aid your child in any way?
8. How do you think this trauma has had an impact on your child?
9. Have there been any permanent changes in your child's behaviour after the trauma?



APPENDIX B:

Informed consent:



University of Pretoria

Department of Social Work and Criminology

Tel. +27 12 420-2325

Fax. +27 12 420-2093

19 May 2005

Informed Consent:

Researcher:

Cindy Koekemoer

082 782 1848

65 Peace Road, Kloof, 3610

Title of the research undertaken:

Parents' perceptions of the reactions of children in middle childhood that were involved in an armed robbery.

Purpose of the study:

The aim of this research is to identify the reactions that children experience after they have been through the critical incident trauma of an armed robbery.



Procedures:

The procedure of obtaining the information required for the research will be through individual, semi-structured interviews. The purpose is to gain your opinion on how children reacted to the armed robbery. The researcher will be recording the interviews on a Dictaphone or written notes, where applicable. The researcher estimates that the interview would be conducted in an hour's session. If further time is needed, this will be discussed with yourself and the researcher.

Risks and discomforts:

The researcher cannot foresee that any risk or discomfort may result in your participation, but at any stage if you feel at risk or discomfort, the researcher will restructure or stop the interview process.

Benefits:

The benefit of this research is that professionals may better understand how children react after an armed robbery and can therefore offer a better service that is tailored to help them in the best way possible. The child may also have the pleasure of knowing that, although they experienced the trauma, they are able to help other professionals identify how they can help other children who experience the same trauma.

Participant's rights:

- Participation is totally voluntary.
- You withdraw at any stage of the process without negative consequences or with any information being published.
- Total privacy. (Expanded below)
- Access to the results of the research, if you so desire.

Privacy:

With regard to privacy, the researcher will respect your privacy and only collect information that is relevant to the research study. If at any stage, you feel that your privacy is being violated, the researcher will reorganise her study to ensure that you are in no way compromised.



The researcher is working under a supervisor supplied through the University of Pretoria, Department of Social Work and Criminology, to ensure that she does not do anything unethical. Therefore the supervisor does have access to the information collected. However, the supervisor is also under strict confidentiality rules.

The researcher can be contacted by telephone, mail or e-mail if desired.

Cell phone: 082 782 1848

Land Line: 031 764 7996

Postal Address: 65 Peace Road, Kloof. 3610

E-mail: cindyk@absamail.co.za

This document was signed at _____ on the
_____ day of _____ 2005.

Signature (Guardian/ Parent): _____

Signature (Researcher): _____



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