

TRAUMATIC EXPERIENCES OF DOMESTIC VIOLENCE THAT
AFFECT CHILDREN WITHIN THE FAMILY. A CHALLENGE TO
PASTORAL CARE.

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DECLARATION

I hereby declare that the dissertation/thesis submitted for the Masters degree (Practical Theology) at the University of Pretoria is my own work in design and execution, and has not previously been submitted to any other institution of higher education.

I further declare that sources cited or quoted are indicated and duly acknowledged.

Mariri LMT:_____

Date:_____

Dedication

This thesis is dedicated to the memory of my late mother, Mantsulwana Christina Mariri, my late mother-in-law, Dimakatso Margaret Mabelane, my late grandmother, Manthite Getrude Masilela, my late grand fathers, Percy Mampuru Masilela & Segwati William Mariri, and my granny in-law, Kokoni Elizabeth Mabelane. Rest eternal grant unto them O Lord. And let light perpetual shine upon them.

This thesis is also dedicated to all the '*wounded healers*', the clergy.

Acknowledgements

I brought a stone to two academic don. It was a chunk of boulder that I had carved out of the caves of my experience. These two, Prof Maake J Masango, and Prof Yolanda Dreyer, with great and careful kindness helped chip away at that rock until we were able to see a wonder below its face. Prof MJ Masango went out of his way to encourage me to work on this. The enthusiasm he brought in helped to refine the story and to prepare it to share with a wider audience. He bore the lion's share of work in all the rewrites that brought this work to its final form, adding insights into the ways in which God works and keeping this research true to the co-researchers' pain and the healing. He brought energy, creativity and skill to the writing and this quality of work is due in large measure to his gifts and sacrifice. I'm highly indebted to him.

Many have intersected this research and gave time and heart to sand the surface or etch a design or voice an opinion, encouragement or objection, leaving a piece of their life inside this research and how it has unfolded. A number of friends took time from their schedules to prod and poke and help me edit.

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I am full of gratitude for my parents and the Mariri family. This thesis is dedicated to the memory of my late mother, Mantsulwana Christina Mariri and my late grandmother, Manthite Getrude Masilela. I have no words to express my heart and love for Kgaogelo Sanna Charmaine, my wife.

Creative stimulation includes a number of people like: Ms Monicca Leseyane and Mabopane Ministers Fraternal – the Revd Fr. Sefiri Motsepe of the Roman Catholic Church; the Revd GO Motabogi. I'm also grateful to the members of the Pretoria Diocesan Chapter.

Thank you to my co-researchers, for letting me into your lives and making an indelible impression on mine. Most of us have own grief, broken dreams and damaged hearts, each of us with unique losses. I pray that you find grace there that I did, and that by abiding in the presence of the triune God will fill up your inside emptiness with joy unspeakable and full of glory.

"Ad Majoram Deo Gloria – To The Glory Of God"

Summary:

Children witness violence in the home in a number of different ways. They may see or hear the abusive episode, will experience the aftermath, and sense the tension in the build-up to the abuse. Even when the parents believe the children were unaware of what was happening, the children can often give detailed accounts of the events. Quite apart from possible physical involvement or direct abuse, these emotionally damaging actions have a detrimental and often long-lasting effect on the children.

This research focuses on the problem field of Domestic violence as a devastating social problem that impacts every segment of the population. Primary system responses are principally targeted toward adult victims of this violence and abuse. However recent increased attention is now being focused on the children who witness domestic violence. Children are often the *'forgotten victims'* of Domestic violence and abuse. They are affected not only by directly witnessing abuse. But also by living in an environment where one of their parent, who usually is the main caregiver, is being repeatedly victimised. Children in a home where one parent is being abused are also at a risk of being abused themselves.

Number of factors comes into play as far as the extent to which children exposed to domestic violence are affected. Age and gender, how much they witness and whether or not they are personally involved in the abuse, their personality, among others will play a role in this regard. Children who live with domestic violence are exposed to increased risks. Among others, the risk of exposure to traumatic events and the risk of losing one or both of their parents. These have the potential to lead to negative

outcomes for children and affect their well-being, and stability. Children who have had exposure to domestic violence are likely to experience any or all of the following problems: emotional; behavioural; cognitive and attitudinal; physical; and long-term problems. Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment. This has the ability and potential to lead to very serious psychological trauma with possible long-term effects, affecting not only the child's well-being during or shortly after the violence. But affecting the child's ability to build and maintain healthy relationships in his/her adult life.

There is no classic of conceptual understanding and treatment of traumatized and troubled children. There is no archetypal therapeutic practice for traumatised children buttressed by pastoral counselling, forming a framework of shared assumptions, practices, and interpretive ideas. One suspects that the many clergypersons who seek to work with and help such children are struggling to find their way, with little to guide them and certainly no comprehensive model with which to work.

This research does not seek to become a manual to aid clergy in helping traumatized children. But a navigation tool for the clergypersons who journeys with this young ones. The research will give attention to the issue of domestic violence, and provide a stark reminder that domestic violence breeds discomfort, disrupts normal life, especially in children. Furthermore the focus of this research is that domestic violence leaves a child

traumatized. Thus the purpose here is *inter alia*, to reach out to such traumatized child as well as tapping into a child's world; and to find healing for the traumatized child.

A Childhood Lost

*I am the eldest one of three
I have two brothers younger than me
When we were growing up our lives were sad
Living at home with our mum and dad*

*We had no money and very little food
He spent it on drink and came home in a mood
The teachers at my school said how well I did
They must have known the secrets I hid*

*How may pairs of glasses can one woman break?
The bruises, the marks, the lives at stake
That's why we slept out on the streets at night
For me it was safer, so we used to take flight*

*Away from the man supposed to protect
Out into the darkness, did anyone suspect?
For if we stayed I knew what it would mean
A beating for mum would be heard or seen*

*I envied my friends, they had happy lives
With dads who actually loved their wives
I am now older with kids of my own
My dad's 56 and now lives alone*

*He lost his kids, his home and his wife
He's dying of cancer, now he's losing his life*

*He's no longer scary, he's no longer bad
He's a Grandad who's dying, but he's still my dad.*

~ T.

CHAPTER 1

ORIENTATION, STATEMENT OF THE PROBLEM AND RESEARCH QUESTIONS

1.1 INTRODUCTION

The murder or attempted murder of one child's parent by the other in the context of domestic violence is a significant event in a child's life and carries with it multiple possible stressors. Children experiencing these situations have not, to date, been well studied. This research discusses what is currently known in the literature about these children and seeks to suggest the alarming prevalence of children exposed to domestic violence which may lead to their parents' murders or attempted murders. This research further seeks to highlight the paucity of systematic interventions provided to these children especially by the body of Christ-the Church. Significant numbers of these children received no or little intervention, and in most cases the Church is not in the picture but secular professionals. All that has seemingly been done from clergy perspective is rush in solving the 'problem(s)'. And not dealing with wounds. Thus overlooking the wounded impressionable souls and minds. This has extensively troubled my soul.

The need for sensitization of the local church to be more caring; and for pastoral care givers to be equipped and be in a position to deal with children in their pain, are discussed. The study will also draw on the available information on the reported cases of domestic violence and subsequent murders (mainly of black females) from the South African Police Service (SAPS)-Mabopane and Loate. These are the local SAPS in the area of research.

A vignette

A young boy [*Mpho*] was sent to the store by his mother to buy a loaf of bread. He was gone longer time than it should have taken him. When he finally returned his mother asked, "Where have you been? I have been worried sick about you." "Well," he answered, "there was a little boy by the side of the road with a broken bicycle who was crying. So I stopped to help him." "I did not know you knew anything about fixing bikes" his mother said. "I don't," he replied; "I just stayed there and cried with him."¹

A simple incident. Yet, one that represents a major step in the little boy's life. Something happened to him and he is crying. He is suffering from physical pain and/or emotional pain. If Mpho had not been sympathetic to the little boy and not offered any comfort, and rather told him to bite the bullet and be 'a man', he would not have done the little boy any good. Mpho might have considered a different approach. He may have dismissed the little boy's pain as nothing and in his own way told him life goes on. Alternatively, Mpho could have intimated to the little boy that he will call his mom who always knows what to do. Even a relatively simple incident can bring about trauma.

1.2 BACKGROUND TO THE RESEARCH

This research focuses on the area of Mabopane and Winterveldt. Thus the researcher is aware of the importance in emotional life of the different cultures that children who are co-researchers and the researcher come from. In Mabopane and Winterveldt there is a tremendous social mix of cultures which includes South African citizens by birth of

¹ Taken from: "**Agents of Transforming: Justice and Peace Booklet**" - Bible studies prepared for Lent 2009 including Holy Week for the Anglican Church of Southern Africa (ACSA).

different ethnic background and foreign African nationals, some of whom have children who have been born within the borders of South Africa; and some children have a South African as one of the parents.

Each of these cultures brings in their own traditions, customs and histories as and when they descended upon this area of research. In the light thereof, social and cultural factors are important in the exploration of the way in which our values and culture predispose our way of thinking and comprehension. For ignoring these factors is to avoid a large part of the co-researcher as well as the researcher's everyday reality. Very often for children the question of identification is a continuous shift between their own culture and the main culture where they have been brought up.

The researcher grew up in South Africa in the Gauteng province in a township called Mabopane, which is situated about 35 kilometers North West of Pretoria. And presently the researcher is an Anglican priest deployed in Mabopane north, just where the township meets with one of the oldest and largest informal area – Winterveldt; and is pastorally responsible for 10 chapelries (congregations) in and around Mabopane and Winterveldt including Moiletswane, Shakung, Dikgopaneng and Ratjiepane. The area of research experiences quite a number of domestic unrests, which have presented themselves as a challenge, in any shape or form, to Christian and people of other faiths. For the most people in the area of this research, this is considered a norm and an acceptable way of life. Thus, it would not raise much of eyebrows if domestic violence would lead to killings as would an apprehension of a youngster following a burglary or

robbery to maintain his drug habit. There would be a momentary buzz about the former incident however not as much sustained as would be the case about the latter. Furthermore it would, in most cases, be dismissed that the children are at a tender age so they will easily recover and outgrow the bitter experience.

1.3 PROBLEM STATEMENT

The family is often equated with sanctuary – a place where individuals seek love, safety, security, and shelter. But the evidence shows that it is also a place that imperils lives, and breeds some of the most drastic forms of violence. I am living in a context that seeks to suggest that children are not held on equal par or viewed equally with adults in the light of the effects of domestic violence. Lack of affirmation in the aftermath of domestic violence have lifelong devastating implications and effects for children who witnessed it. Although the number of traumatized children is alarming for people their age, I have found that not much has been done around and on the topic from a spiritual/pastoral perspective.

Intimate partner violence is all too common and takes many forms. The most serious is murder by an intimate partner. While all this unsavory acts ensue children bear witness to the spectacle and have to live with effects thereof. It is often a belief, as already alluded to, within such communities as one within which the research is conducted that children having experienced traumatic events, will with and in time outgrow albeit they have not healed nor exorcise that hideous experience. This research will give attention to the issue of domestic violence. And provides a stark reminder that domestic violence breeds discomfort, disrupts normal life. Furthermore and most importantly, the focus of

this research is that domestic violence leaves a child traumatized. An eventually this experience renders a traumatized child rather dysfunctional. Trauma disrupts the body's natural equilibrium, freezing one in a state of hyper arousal and fear. Successful trauma treatment must address this imbalance and reestablish one's physical sense of safety.

It has become apparent that most of the priests/ministers of the word in the area of the research do not possess the necessary abilities and skills to reach out to the traumatized child. Clergy have had a hard time tapping into a traumatized child's world. It is the author's prayer that the journey of the researcher and co-researchers through this research and stories told might help priests/ministers/pastoral care givers gain better understanding about children exposed to traumatic events. And also serve as part of navigating tools in helping traumatized children to return to their normal selves and become human beings God envisaged them to be and have set apart as special. Rightly so, "...the church has an obligation to continue with the healing the ministry of Jesus Christ." (Waruta & Kinoti 2005:96). For "Christ never sanctified suffering but rather he alleviated it whenever and wherever he encountered it." (Waruta & Kinoti 2005:135).

1.3.1 PROBLEM STATEMENT QUESTIONS

- What causes trauma to these children?
- What role is expected from clergy?
- What ways can family explore to reduce domestic violence?

1.4 RESEARCH QUESTIONS

1.4.1 Main question

What is the current situation regarding Pastoral Care of traumatized children who have had an unsavory experience of domestic violence, which at times result in murder of one or both parents in Mabopane & Winterveldt Area?

1.4.2 Sub-questions

- How does local church do pastoral care? Is the church viewed by victims as a place of healing?
- What is the best way of dealing pastorally with trauma?
- How does the *imago dei* get dented by domestic violence (in the eyes of children who are part of the Children Ministry)?
- What social aspects are emphasized when we speak of trauma—both individual and collective—and what aspects fade into the background?
- What is the proposed therapeutic model (way) of dealing with traumatized children from a pastoral perspective?
- How can a caregiver who has never been depressed enter the world of the depressed?
- How does the dominant role of the trauma concept affects our thinking about violence and its aftermath?
- Liturgical concept of handling trauma.

The following questions are also useful for the research:

- ❖ Do these victims experience their traumatization as stigmatization?
- ❖ What do all these issues have to do with specific socio-economic and political contexts?

- ❖ Should we overcome the dichotomy between victim and perpetrator, and how can this be done?

1.5 AIMS AND OBJECTIVE OF THE RESEARCH

1.5.1 Main-objective

The main aim and objective of this research are: To sensitize the local church to be more caring; To help other pastoral care givers to deal with children in their pain. To reach out to such traumatized child as well as tapping into a child's world; To find healing for the traumatized child; To help children who survived trauma, to be able to form better relationships and live a more fulfilled life without interruptions. In addition, to help my co-researchers to tell their untold stories. The role therefore of the researcher is to endeavor to redress and expand coping abilities of the affected children. Ultimately, it is to enable the traumatized children to break the dangerous and painful link between love and abuse. The healing process should empower the traumatized children to become conscious contributors to the unfolding of their lives, which can become dignified and meaningful. Thus, "Leading people into the fullness of God's good news is a manifestation of a complete gospel. " (Waruta & Kinoti 2005:157).

Through this research the author's aim is to explore ways of caring and helping children who have experienced traumatic events as a result of domestic violence within an intimate relationship, some of which result in murder of one or both parents in Mabopane-Winterveldt community. The aim is to empower them pastorally on how to deal with their traumatic experience. The author further seeks to develop a pastoral care

model that will empower clergy/pastors and the community of the faithful on caring for the traumatized children therapeutically.

Further aim of this study is to come up with a methodology of caring for ministers. In addition, to make appropriate recommendations to the church especially ministers on caring for the children who have experienced trauma.

In the research the words: therapist, pastoral care giver, priest, minister, clergy/clergyperson would be used to refer to the same person interchangeably.

1.5.2 Sub-objectives

To help the children to try and find some meaning in the tragedy. To help priests/ministers gain better understanding about children exposed to traumatic events and serve as part of navigating tools in helping traumatised children.

1.6 RESEARCH METHODOLOGY

1.6.1 Research design

The approach employed in this study is quantitative. This approach generates statistics through the use of survey, using methods such as questionnaires or interviews.

The researcher embarks on a journey from position of powerlessness. And endeavors to enter into the world of children, those whose minds are impressionable. And does so with grace and hold their world with integrity. The researcher will endeavor at his best to put aside a male oriented outlook/mindset and always guard against dynamics of arrogance. Furthermore, the researcher notes that there is no way to allay the emotional pain of such trauma, however to help the traumatized child to try and find some

meaning in the tragedy. The author will employ Gerkin's method of caring for an individual as well as the Christian community. Gerkin embarks on a shepherding model of caring ministry which assumes and gathers momentum 'with the coming of Jesus, who, according to John's Gospel, identifies himself as "the good shepherd"' (Gerkin 1997:27), and 'the shepherding image takes its place as a primary grounding image for ministry.' (Gerkin 1997:27).

The researcher uses the methodology that draws from the shepherding model inculcated upon by Charles V. Gerkin in his work *An Introduction to Pastoral Care*; borrows from Douglas W. Waruta, and Hannah W. Kinoti's (eds.)work, *Pastoral Care in African Christianity*, whilst complementing that with Edward P. Wimberley's *Moving from Shame to Self-Worth*. The researcher uses these sources complementarily to buttress each other and enhance the researcher's quest. However Gerkin's work is central here given that with generative wisdom, Gerkin moves beyond the predominance of the psychotherapeutic paradigm in pastoral care to a dynamic, interactive process which balances faith, culture, community, and individual well-being. Furthermore, Gerkin come across as deeply sensitive to both individual and community dimensions through his quadrilateral nexus of tradition, individuals and family, community, and cultural context. In terms of pastoral care Gerkin offers a solid bridge to the 21st century in his work, *An Introduction to Pastoral Care*. The author's main source is of course the Bible.

Gerkin draws from Luther's pastoral care model which concerned itself with the care and protection of those who were victims of the uncaring practices of their society. According to Gerkin Luther's conception of pastoral care involved a primary concern in special need, including the victims of "the evils of the present time". Gerkin further reiterates that pastoral concern has suffered due to the shift toward individualism thus left solely for clergypersons.

Gerkin's approach appreciates and embraces the individual and family and addresses the needs accordingly. Waruta and Kinoti's *Pastoral Care in African Christianity*, highlights the essence of the communal element while acknowledging the importance and the place of individual counseling. Waruta and Kinoti asserts that for it to be worthy of its name, the church has a mandate to confront human suffering and the conditions that cause it, Jesus Christ as the model example. "The church in its role as 'shepherd of God's flock must address herself to this situation by alleviating suffering and enabling the realization of God's Kingdom. She must administer healing that will resolve harmony in the lives of individuals, community and the environment...The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustain and reconciling the people of God." (Waruta & Kinoti 2005:85-6). Furthermore, "Counseling in the traditional African society takes a communal approach." (Waruta & Kinoti 2005:93).

In his book, *Moving From Shame to Self-worth*, Wimberly engages us in a journey upon which he embarks to highlight that "pastoral counseling has always been thought as attending to relational and personal needs of the people through dialogue in one-to-

one and interpersonal relationships” (Wimberly 1999:7). He uses the method of storytelling to shape the view of reality that has influence upon us. In this kind of storytelling the initially suppressed and silent voices are accorded consideration. He furthermore emphasizes the necessity of telling contemporary stories with an intention of helping people to begin to visualize how the mind of Jesus can work for them. Wimberly in his work, *Moving From Shame to Self-worth*, employs experiences in the life and ministry of our Lord. He then seeks to illustrate how Jesus sought to engage the world in a bid to transform what was not God intended way of life. And explores one that is God ordained where people experience value as children of God.

Gerkin embarks on a shepherding model of caring ministry which assumes and gathers momentum with the coming of Jesus, who, according to John’s Gospel, identifies himself as “the good shepherd”, and the shepherding image takes its place as a primary grounding image for ministry.

When one considers the impact of trauma on people, the very idea of trauma's impact is based upon the lack of one's control over events. This is key to what makes one feel overwhelmed, unsettled, shocked and disheartened. Not being able to control external events like another person's actions is the very reason people experience a sense of trauma and horror when they survive traumatic events. They lack control over the circumstances. What makes one person able to cope with tragedy and another struggle depends on many factors. The ability to deal with problems, crisis and tragedy is complicated, especially for young growing and tender minds of children.

The author realizes a need to help traumatized children to share their stories. And consider not only what they experienced, but also what are the implications thereof. Furthermore, consider also what are the conclusions they draw about themselves and others as a result of having experienced trauma. What is the nature of the "story" that co-researchers fashion as a result of having been victimized? It is not just that "bad" things happen to people, but what people tell themselves and others as a result of having been victimized that is critical. Out of the sharing of these accounts, the author seeks to help co-researchers co-construct "meaning" and transform their pain into some activity that permits them to continue functioning. Other core tasks include helping co-researchers develop strategies in order to avoid victimization. Co-researchers are also being encouraged to associate with and nurture relationships with prosocial non-victimized others. Not delimiting their life to being a "victim".

1.6.2 Sample

Children who as co-researchers in the study come from four different families and backgrounds. Two of them are from the same family though of different age and sex; and their unsavory experience in their family set up is not the same. The others are the only children in the household. The children were referred by a parent or a guardian-a grandparent.

The researcher also had an unstructured interview with a group of eight young adults who have experienced such trauma. In their early twenties, all had been known to the

researcher for some time, or had made contact with the researcher following a recommendation from a mutual acquaintance.

Parents of children also participated. The researcher sought the services of six other priests/ministers who, mostly, are part of Mabopane Ministers Fraternity. They are from local Methodist; American Methodist Episcopal; Uniting Presbyterian; Roman Catholic; Evangelical Lutheran; and African Catholic Churches. The researcher also sought the services of two superintendents of the South African Police Service of the Mabopane and Loate Police Stations in the area.

1.6.3 Data collection

Data are links between the absolute truth and the researcher's inquiring mind. Data contains pieces of truth, but are in a rather unrefined state. Data for this research was collected by means of play therapy, questionnaires, and interviews (unstructured). Unstructured interviews as a way of data collection allows more freedom and flexibility. Open-ended questions are central to this type of interview and they allowed the co-researchers to give their response in whatever format they chose. Play therapy was the type of interview used with children. In the case where responses given were not clear, questions were rephrased.

The process of developing a therapeutic plan involved steps that were to build on each other much like constructing a house. The foundation of any effective treatment plan is the data gathered. Thus the researcher had to sensitively listen to and understand what

the co-researcher struggled with in terms of current stressors, emotional status, social network, physical health, coping skills, and self-esteem. Social history was also sought.

1.7 DELIMITATION

Delimitations of the study

The delimitation of the research - Only in the Mabopane and the Winterveldt area.

1.8 SIGNIFICANCE OF THE RESEARCH

By a conservative estimate, trauma affects South African children more than one can imagine on an annual basis. Exact numbers are hard to come by since the South African Police Service records don't always mention children, and they may not mention the nature of the adults' relationship either unless they are married though there are many cohabiting partners in what portrays a family setup. However, again by a conservative estimate, children in South Africa are more likely to witness a parent murdered in any given year than to contract Cancer.

The research will focus on traumatic experience of children, because it is an issue of epidemic proportion which challenges not only the Christian community. In addition, the study seeks to create awareness on the tragedy that has befallen these traumatized children. These children need to be nurtured to become people God has ordained them to be as was the case with Jeremiah (cf. Jer. 1:5b). The area upon which the research focuses has a significant number of children who are growing up without one or both parents as a result of domestic killings.

The intention is to restore hope and help create praxis for a possible better future and also empower congregations.

1.9 RESEARCH GAP

Barbara Parker and Richard Steeves at the University of Virginia (UVA) School of Nursing have been studying survivors of uxoricide--children with a parent who murdered the other parent. Parker and Steeves' current full-scale study aims to interview 90 adults, and with a year to go, it's well past the halfway mark. It's among the first to draw domestic violence and bereavement together. The team is preparing a second study focusing directly on young children. However, they will base their research on interviews with caregivers.

The following works have been published by the Haworth Press in the area of domestic violence :**Phillips, C.A.** 2001. *Equipping Religious Professionals to Engage Effectively with Domestic Violence*, Journal of Religious & Theological Information. Vol. 4(1);
Neuger, C. C. 2002. '*Premarital Preparation: Generating Resistance to Marital Violence*', Journal of Religion & Abuse.; and **Vaaler, M. L.** 2008. '*Seeking Help from the Clergy for Relationship Violence*', Journal of Spirituality in Mental Health.

Literature review on traumatized children show different authors view it as a challenge, however their focus vary. Most authors generalize by saying that it is a social challenge. There is a gap that the author endeavors to address with this research. This gap is a result that literature has shown that pastoral care model has not been used to address

this problem. The final challenge is the contextual one and need to address this issue of caring in an African way, using African concept. No research has been done in a bid to therapeutically helping traumatized children. Children have, *per se*, have not been engaged pastorally nor been catered for, in cases of trauma by the Church as in most cases focus is on adult membership. This research attempts to provide a tool to help children who have experience trauma as a result of domestic violence.

1.10 DEFINITIONS

The following operational definitions and abbreviations are pertinent to the research:

- **Intimate partner** or **intimate acquaintance**: For the purpose of this research, these terms/concepts would be taken to refer a spouse, common-law spouse, ex-spouse, or girlfriend/boyfriend.
- **Domestic violence**: A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.
- **Femicide** - men's killing of their intimate female partners
- Survivors of **uxoricide**--children with a parent who murdered the other parent. Although the Latin term denotes the killing of a wife, uxoricide is commonly used for partners of either gender.
- **audi alteram partem** – a latin legal term for the other party to have a right to state his/her side of the story.
- **Psychological abuse**: Described as a pattern of degrading or humiliating conduct towards a complainant including repeated insults, ridicule, or name calling; repeated threats to cause emotional pain; or the repeated exhibition of possessiveness or jealousy which is such to constitute a serious invasion of the complainant's privacy, liberty, integrity or security
- **Familial**: Married, divorced or separated couples; couples living together; parents of a child; family members (including the extended family); people who are or were engaged or dating one another - including those circumstances where one party (but not the other) perceives some form of romantic, intimate or sexual relationship to be in existence; and children.
- The term '**legal guardian**' will refer to any and all adults who are legally authorized to make decisions regarding the child's welfare. These include, but are not limited to parents (either single or married), divorced parents who legally retain guardianship, or a court-appointed guardian
- **Children**: *The South African Constitution defines any person under the age of 18 years as a child. However, for the purpose of the research, the scope entails children from six to twelve.*
- **Children 6 to 12 years old** may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, are also common in traumatized children of this age. Schoolwork often suffers. Depression, anxiety, feelings of guilt and emotional numbing or "flatness" are often present as well.
- **Priest**: "The English word 'priest' is etymologically only an abbreviation of presbyter. But it has come to be the equivalent not of 'presbyter' but 'sacerdos'. Christian ministers are not

called 'sacerdotes'..., to avoid confusion with the Jewish and pagan priesthood. But sacerdotal language is used in connection with their duties (cf. Heb13:10; Rom 15:16)...A priest may be defined as one who represents God to *[human beings]* and *[human beings]*² to God. The only priest in the full and perfect sense of priesthood is Jesus Christ."(Bricknell 1963:337).

"The ministry of the priest is to represent Christ and his Church, particularly as pastor to the to the people; to share with the bishop in the overseeing of the Church; to proclaim the gospel; to administer the sacraments; and to bless and declare pardon in the name of God." (Church of the Province of Southern Africa 1989:433-4). When a candidate is being ordained into priesthood, the bishop would then say to the candidate, who by then is a Deacon, "Like Aaron, you will bear the names of your people on your breast in intercession before the Lord...You will help God's people...Following the Good Shepherd, you will care for the sick, bring back those who have strayed, guide his people through this life" (Church of the Province of Southern Africa 1989:587-8). A priest never ceases to be a Deacon. Following ordination and upon being licensed as a rector of a parish church and issuing letters of collation, the Bishop then says: **receive the cure** (see below) of souls

- **Deacon:** The word *deacon* comes from the Greek word *diakonos*, which means servant. The New Testament records the appointment of the first deacons in Acts 6 and lists their qualifications for office in 1 Timothy 3. "Pressure of circumstances compelled the *[early]* Church to develop a ministry. The earliest indication of this is the appointment of the Seven (Acts 6: 1-6). In order to meet an urgent need, certain functions are delegated to them."(Bricknell 1963:325). A special ministry in the church of God of humble service, that of being a servant of servants of God, "particularly those in need; and to assist bishops and priests in the proclamation of the gospel and administration of the sacraments" (Church of the Province of Southern Africa 1989:434).
- **Clergyperson** means anyone episcopally ordained. Clergy shall have a corresponding meaning in the plural³.
- **Incumbent** means a duly licensed Clergyperson holding a separate Cure and immediately subject to the Bishop⁴.
- **Rector** means the Incumbent of any Parish⁵. This is the word Anglicans employ for a duly licensed stipendiary clergyperson of a financially self-supporting congregation. The term derives from the fact that if there are multiple clergy on staff in a church, this particular priest has primary responsibilities for directing (administrative, supervisory, or sacramental duties) the Parish. S/he holds a separate Cure.

² My paraphrasing

³ Definition taken from RULES of the DIOCESE OF PRETORIA of the Anglican Church of Southern Africa [(formerly known as)Church of The Province of Southern Africa] (otherwise known as the Church of England or the English Church or Church of the Anglican Communion in these parts)] (include amendments up to and including Synod 2008). P 3

⁴ Ibid. P 3

⁵ Ibid. P 4

- **Priest-in-charge** means any Clergy person in temporary charge of a Parish⁶.
- **Assistant Clergy person** means a duly licensed clergy person having a Cure of souls under an Incumbent. Such a clergy person with permission to officiate from the Bishop of the Diocese is deemed to be an assistant clergy person⁷.
- **Cure** means a duly defined sphere of spiritual and Pastoral authority, activity and responsibility⁸.
- **Parishioner** shall mean a person who, being baptised and not being under Church Censure and not being a member of any religious body not in communion with the Anglican Church of Southern Africa (ACSA), is a regular worshipper in the church or place of worship of the Parish⁹.
- **Parish** in the strict sense, used as a noun, means an ecclesiastical division constituted as such by the Bishop in conformity with the conditions laid down by Synod and which has provided within its limits places of Divine Worship. The limits of the Parish shall be as defined by the Bishop¹⁰.
- **Mission Parish** mean an area under the care of a Clergy person which may be constituted out of areas falling within one or more Parishes or Archdeaconries where one or more evangelists, who are not necessarily licensed Clergy persons, are duly licensed by the Bishop for evangelism in that Parish. The limits of the Mission Parish shall be as defined by the Bishop¹¹.
- **Cluster** means a number of Pastoral Charges sharing human and material resources and placed under the care of a licensed clergy person¹².
- **Pastoral Charge** means any one of the units such as Parishes or Mission Parishes into which the Diocese is divided, under the care of a duly licensed Clergy person¹³.
- **Diocese** means the territory of a bishop's jurisdiction, for which the said bishop is responsible.
- **Archdeacon** mean a senior priest ranking below a dean of the Diocese.
- **Dean:** The word *dean* has many uses throughout Christendom. Most often the term is used for the bishop's assistant who actually runs the cathedral.
- **Archbishop:** The word *archbishop* is Greek for *chief overseer*. Therefore, *archbishop* is not a separate order of clergy, it is just a bishop who has administrative duties over fellow bishops in a geographical region. Bishops elect one of their number to be the archbishop (Anglicans); in other areas, the bishops rotate the office. The head of the Episcopal Church of the USA is called a *presiding bishop* rather than an *archbishop*, but the meaning is the same. The Archbishop of Canterbury is accorded the honour of precedence called '*First-among-Equals (Primus inter Pares)*'. The Church in England is the 'mother-church' of all Anglican Ecclesiastical Provinces. The Anglican Ecclesiastical Provinces are 'linked' by a common loyalty to Archbishop of Canterbury and the Book of Common Prayer (Prayer Book). Together the Anglican Ecclesiastical Provinces form the Anglican Communion (*Ecclesia Anglicanae*) and maintain relationship with the see (diocese) of Canterbury. We call this "*being in communion with*" each other.

⁶ Definition taken from RULES of the DIOCESE OF PRETORIA of the Anglican Church of Southern Africa [(formerly known as) Church of The Province of Southern Africa] (otherwise known as the Church of England or the English Church or Church of the Anglican Communion in these parts)] (include amendments up to and including Synod 2008). P 4

⁷Ibid. P 3

⁸ Ibid. P 3

⁹ Ibid. P 4

¹⁰ Ibid. P 4

¹¹ Ibid. P 4

¹² Ibid. P 3

¹³ Ibid. P 4

Though so inter-linked, Anglican Ecclesiastical Provinces are self-governing, have their own Archbishops and Metropolitans, and develop their own particular local ethos (culture). Within an Anglican Ecclesiastical Provinces there are dioceses with their own bishops.

- **Bishop:** *Bishop* is the English version of the Greek word *episkopos*, which means overseer or supervisor. Note the progression from *episkopos* to *piskop* to *bishop*. The qualifications for bishops are given in 1 Timothy 3, but there is no scriptural description of their duties. Only bishops can preside at the rite of ordination. An individual bishop can ordain a deacon or a priest, but it takes three bishops to consecrate a new bishop.
- **Canon (person):** A canon is a **priest** who serves on the staff of a **cathedral**. If Goitse-Modimo Tau is a canon of a cathedral, s/he is called the Rev. Canon Goitse-Modimo Tau (fictitious name). (*The word 'canon' also has another meaning.*)
- **Canon (law):** Body of Laws governing the Ecclesiastical affairs of the Church. Canons are provincially, i.e. they affect the Anglican Province (in our case, Constitution and Canons of the Anglican Church of Southern Africa - ACSA). Dioceses within the Anglican Province have their own Diocesan Rules, which are exercised alongside the Constitution and Canons of the ACSA.
- **Father:** In Roman Catholicism, in Orthodoxy, and in Anglicanism, people often address **priests** as *father [sic]*. The Anglican Church has women priests/clergypersons and are sometimes referred to as Reverend Mother or like their male counterparts, just *Reverend Charmaine*. However, if one is writing a letter to a *priest*, the address on the envelope should say *The Reverend Goitse-Modimo Tau*.
- **Clergy:** A collective term referring to those in holy orders of bishops, priests and deacons.
- **Imago Dei:** A Latin word for image of God.
- **Therapeuo** – a Greek word meaning both ‘to serve’ (a divinity) and ‘to care for, treat (medically), heal, restore. This is the most frequently used of the six Greek words related to healing in the New Testament (as in Jesus’ commission to ‘heal and sick’ in Matthew 10:8 and Luke 10:9).
- **Psyche** – a Greek word which is sometimes translated ‘soul’ actually means ‘the living person as a total reality and unity’, not a spiritual dimension distinguished from physical and mental aspect of persons.
- **Laity** – Derived from a New Testament Greek word *laos* which refers to all Christians.
- **Koinonia** – A Greek word is used to describe the church as a healing, transforming community centred in Spirit.
- **Kerygma** - proclaiming the good news of God’s love
- **Didache** – teaching
- **Diakonia** – expression of the good news in loving service/ ministry of service
- **Counselling:** Is a popular term for dealing with issues through discussion and exploration. It is often short-term.
- **Psychotherapy** explores issues in greater depth and therefore usually takes longer. Psychotherapists often make use of psychodynamic, existential and psychoanalytic principles.
- **Therapeutic Approaches:** Commonly known approaches include cognitive behavioural therapy, humanistic (person-centred) counselling, existential, psychodynamic and psychoanalytic therapy. Some counselling research studies have shown that the most important variable in a successful course of therapy is the quality of the relationship between the client and therapist. Thus, it is important that you feel that you can connect with your therapist, regardless of their theoretical training.
- The most expressive and simple definition of **Trauma** is when our ability to respond to threat is overwhelmed as a result of experiencing or witnessing an event involving actual or

threatened death, serious injury, or threat to the physical integrity of oneself or others. When these things happen and our bodies react or carry out normal reactions – responding to these abnormal situations with symptoms like restlessness, flashbacks, hyper-alertness to similar sounds, unusual quick movements; and these reactions continue for some period of time, one is said to be traumatized.

- **Traumatic experiences:** Are situations that are overwhelming, frightening and difficult to control. It can be helpful to process traumas with a professional. If ignored or covered up, deeper troubles can surface later on.
- **EMDR:** is an acronym for Eye Movement Desensitization and Reprocessing. It integrates many of elements of a range of therapeutic approaches in combination with eye movements or other forms of rhythmical stimulation in ways that stimulate the brain's information processing system. In a typical EMDR therapy session, one focus on traumatic memories and associated negative emotions and beliefs while tracking your therapist's moving finger with your eyes. These back-and-forth eye movements are thought to work by "unfreezing" traumatic memories, allowing the survivor to resolve them.
- **Somatic:** The term somatic, coined by Tomas Hanna, means mind/body or more precisely brain/body.
- **Somatic Psychology:** The term somatics has evolved to mean "the experienced body," "experiencing the body from within," and "one's experience of one's own body." The approach often uses physical expression to process the energy stored in the body following a trauma, to reset the neurological system into better balance (illustration: the person might be asked to push the attacker away by forcefully pushing against a wall or against a pillow held by the therapist, to allow the body's neurological and musculature systems to reset themselves to a more normal level).
- **Somatic Psychotherapies:** The idea is that to change the body, we have to engage the brain and change the brain - not only how we think and feel, but also the neurological connections themselves. The body, its sensations, and direct sensory experience are referenced throughout the therapeutic process. Somatic therapies include: **Somatic Experiencing**
- **Somatic Experiencing:** is a short-term naturalistic approach to the resolution and healing of trauma. It employs the awareness of body sensation to help people renegotiate and heal their traumas rather than relive them. Somatic experiencing takes advantage of the body's unique ability to heal itself. The focus of therapy is on bodily sensations, rather than thoughts and memories about the event.
- **Integrative Body Psychotherapy:** In Integrative Body Psychotherapy, verbal and cognitive methods are integrated with a somatic body orientation and breath work.
- **Latency:** Or primary-school age is par excellence the times of rules, fairness and the acquisition of self-control, as the child struggles to leave behind the conflicts and embarrassing desires of the *Oedipal* stage and focuses on internalising mechanisms of competence and control (Lanyado & Horne 1999:37).
- **BIBLE VERSIONS EMPLOYED IN THIS RESEARCH:**
 - ❖ **ASV** – An abbreviation for a Bible version meaning *American Standard Version*
 - ❖ **NIV:** An abbreviation for a Bible version meaning *New International Version*
 - ❖ **NKJV:** An abbreviation for a Bible version meaning *New King James Version*
 - ❖ **NRSV:** An abbreviation for a Bible version meaning *New Revised Standard Version*
 - ❖ **WEB:** An abbreviation for a Bible version meaning *World English Bible*

PRELIMINARY CONCLUSION

The Ministry of presence is imperative, empathizing with the children who have survived trauma. And journeying with them as Christ did with the troubled and distraught disciples on the road to Emmaus-who had their eyes opened; and declared that their hearts had burnt within them, while the risen Lord talked with them (Luke 24: 31a, 32aNRSV) as they were restored and reaffirmed.

“Life is not a problem to be solved, but a mystery to be lived” (Patton 2005:33). In order to thrive, one must receive love, attention, understanding and encouragement from others. Love nourishes self-esteem, and builds the person’s capacity for self-love. “...the most therapeutic activity in pastoral counseling is the assurance that exudes from human love, ...In times of deep crises, the greatest need of a suffering individual is the presence of a caring and understanding person.” (Waruta & Kinoti 2005:7).

When Peter was made glad and strong by forgiveness and restoration, the renewed trust of Christ’s service was given to him in a form rich with chivalrous associations, “Tend my sheep” (John 21:16NKJV). And as in the words of Gerkin, “the church is called out of itself into the world around it...to increase among all people the love of God and neighbor. (Gerkin 1997:127).

The High Priest of our faith and shepherd of our souls, Jesus Christ, has set us a challenge as we endeavor to follow in his footsteps. God’s liberating message of love enfolds and encompasses the entirety of the human condition. Waruta & Kinoti goes

further to highlight that "...the church has an obligation to continue with the healing the ministry of Jesus Christ." (Gerkin 1997:96).

EXPOSITION OF THE RESEARCH

CHAPTER 1

This chapter deals with the **introduction** issues that will put the ultimate aim of this research into perspective. Issues that are dealt with are the background factors to highlight the significance or rational of the research, statement of the problem, research questions and aims and objectives of the study.

CHAPTER 2

This chapter deals with the **Methodology**, a specific plan on how the research is conducted. Areas of focus in this chapter are: *research methodology, research design, sample, data collection, and data analysis*. Issues will be interrogated upon by the author and embark on the journey of unpacking them, through **Play therapy**.

CHAPTER 3

This chapter deals with the **Domestic Violence and Murder** experienced by children in the context of this research. Information gathered from different sources is arranged in this chapter to highlight important matter relevant to this study.

CHAPTER 4

This chapter deals with the **Childhood Trauma & Stories of the co-researchers**. The chapter would also include analysis of data attained.

CHAPTER 5

The findings of the research are discussed in this chapter. **Wayforward** - the conclusion and recommendations based on the research findings. Thus **Creating a model of caring**

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter provides the methodology of the research study and the exposition of the model of pastoral care.

Pastoral care is whenever we bring the presence of our church, our faith, our God into your life. We do it in different ways, but at its most basic, that's what it is. Pastoral care, above all, is 'pastoral' in its 'caring,' which means very simply that it is shepherding. Jesus is referred to as the Good Shepherd. (John 10:11). The pastor to the people, what the shepherd is to the sheep. What does the shepherd do for the sheep? Anything and everything. And what's the shepherd's staff for? Sometimes to nudge, push a little bit, guide, even cajole. Sometimes to lift a little one out of a tight spot, to bring one back from a dangerous precipice, or maybe to stoke a fire. That is what a shepherd does. That is pastoral care is. To nudge a little bit, to guide, to lift someone out of a tight spot, to stoke a fire, to look after, and to nourish. We are God's Second Touch.

Jesus' approach to pastoral care is the author's model. It may have been in the classic business book *In Search of Excellence*, where the author talked about a particular managerial style, 'management by walking around,' he called it. That is how Jesus did his whole life. He took his religion, his faith, his God, the 'presence of God', the 'presence of the church.' Jesus took all of that out on the road, walking around. Jesus, the Good Shepherd, managed his pastoral care by walking around. He found Matthew at the tax collector's booth. He found Zacchaeus hiding in a tree, and he found Peter out fishing. He found the Samaritan woman at the town well. That's pastoral care: to go

where people are, to take people as you find them, to take God's love and God's touch to them.

If you can stand a little politics, with humor, with a little irony, pastoral care is the liberal side of ministry. It's the side of ministry where we err on the side of trying too hard, going too far, helping too easily, being too involved, forgiving too often, believing too much, pushing too hard, praying too hard. That's pastoral care. Never giving up on anybody or anything.

The Gospel tells of a blind man who was brought to Jesus Christ. Subsequently, after being much implored, "*[Jesus] took hold of the blind man by the hand...When he had spit on his eyes, and laid his hands upon him, he asked him*" if he saw anything. The Gospel informs us that the man's vision was restored but not completely. He told Jesus, "*I see men; for I behold [them] as trees, walking.*" That was not good enough for Jesus, so "*Then again [Jesus] laid his hands upon his eyes. He looked steadfastly, and was restored, and saw all things clearly.*" (Mark 8:22-25ASV). Jesus felt for people, he empathized. His heart poured out for people, he felt compelled to reach out and touch. Even that rather strange act of spitting on the blind man's eyes – in ancient times, that was an act of incredible intimacy, an ultimate spiritual gift, drawing from deep within one's own essence and giving it to another. That is pastoral care.

The researcher uses the methodology that draws from the shepherding model inculcated upon by Gerkin in his work *An Introduction to Pastoral Care*; borrows from

Waruta and Kinoti's work, *Pastoral Care in African Christianity*, whilst complementing that with Wimberley's *Moving from Shame to Self-Worth*. The researcher uses these sources complementarily to buttress each other and enhance the researcher's quest. However Gerkin's work is central here given that with generative wisdom, Gerkin moves beyond the predominance of the psychotherapeutic paradigm in pastoral care to a dynamic, interactive process which balances faith, culture, community, and individual well-being. Furthermore, Gerkin come across as deeply sensitive to both individual and community dimensions through his quadrilateral nexus of tradition, individuals and family, community, and cultural context. In terms of pastoral care Gerkin offers a solid bridge to the 21st century in his work, *An Introduction to Pastoral Care*. The author's main source is of course the Bible. The Bible is the first source of pastoral theology, in so far as it portrays the ideal Priest, Teacher, and Pastor. It has handed down to us Jesus Christ's ideas for the care of souls. "The Bible is better seen as containing the grounding narrative of a religious community that seeks to structure its life according to the sacred truths contained in that narrative" (Gerkin 1997: 109)

Gerkin draws from Luther's pastoral care model which concerned itself with the care and protection of those who were victims of the uncaring practices of their society. He goes on to cite one of the writings of Luther which highlights the responsibility of the Church as entrusted by her Lord. This is in the light of the Lord's commandment to render the duties of humanity to the afflicted and under calamity. According to Gerkin (1997:42) 'Luther's conception of pastoral care involved a primary concern in special need, including the victims of "the evils of the present time". Gerkin further reiterates that

pastoral concern has suffered due to the shift toward individualism thus left solely for clergypersons. That was a shift from the emphasis on the priesthood of all believers. The primary concern for those in need was “the responsibility of all Christians and not simply the clergy” (Gerkin 1997: 42). Furthermore, “the makeup and location of congregations have changed and continue to change in the course of recent decades. ...Some of these changes have come about simply because of the process of urbanization” (Gerkin 1997: 103).

Gerkin’s approach appreciates and embraces the individual and family and addresses the needs accordingly. Waruta and Kinoti highlight the essence of the communal element while acknowledging the importance and the place of individual counseling. “Counselling in the traditional society takes a communal approach where ...the immediate family community is deeply involved...Individual counseling though it has its place ignores the communal element which is necessary in particularly mediating forgiveness and reconciliation”. (Waruta & Kinoti 2005:93). Waruta and Kinoti asserts that for it to be worthy of its name, the church has a mandate to confront human suffering and the conditions that cause it. Thus, with Jesus Christ as the model example. “The church in its role as ‘shepherd of God’s flock must address herself to this situation by alleviating suffering and enabling the realization of God’s Kingdom. She must administer healing that will resolve harmony in the lives of individuals, community and the environment...The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustain and reconciling the people of God.” (Waruta & Kinoti 2005:85-6).

In his book, Wimberly engages us in a journey upon which he embarks to highlight that “pastoral counseling has always been thought as attending to relational and personal needs of the people through dialogue in one-to-one and interpersonal relationships” (Wimberly1999:7). He uses the method of storytelling to shape the view of reality that has influence upon us. He highlights the essence of retelling the old stories as well as reconstructing new ones with a view and intention of reflecting the values and beliefs as espoused by Jesus himself and disclosing a better world. In this kind of storytelling the initially suppressed and silent voices are accorded consideration. He furthermore emphasizes the necessity of telling contemporary stories with an intention of helping people to begin to visualize how the mind of Jesus can work for them.

His use of parables of Jesus in preaching and pastoral counseling is “to embrace the different voice of the approaching reign of God rather than the conventional shame-based wisdom of our day.” (Wimberly1999:98). “Through parables [Jesus] was introducing a new system of evaluating human worth and dignity. His orientation... was rooted in what was coming to people from the future of God’s reign and rule” (Wimberly1999:102). Wimberly employs experiences in the life and ministry of our Lord and seeks to illustrate how Jesus sought to engage the world in a bid to transform what was not God intended way of life, into one that is God ordained where people experience value as children of God.

Gerkin brings to our attention models of pastoral care practices of times gone by. Pastoral counseling, as a ministry of the church illustrates the contours of the paradigm

for the field of pastoral care. And this has been evident in the prophetic, priestly and wisdom models of pastoral care. While focus may be somewhat different, the underlying common factor in the three models is such that we are called to care not only Christianly but pastorally as well. "The prophetic, priestly, and wisdom models of caring ministry we inherit from the Israelite community are not, to be sure, the only biblical images with which we pastors have to identify. Another, in certain ways more significant, model is that of the caring leaders as shepherd." (Gerkin 1997:27). The shepherding model of Gerkin, central to this research, speaks of the care of God to Israel, God's chosen people. This motif is manifested so well in the imagery that depicts God as the Good Shepherd as encapsulated in the 23rd Psalm. The psalmist highlights never-failing goodness of the Lord. This thought has been elaborated upon in Isaiah 49:10(KJV), "They shall not hunger nor thirst; neither shall the heat nor sun smite them...: he...shall lead them, even by the springs of water shall he guide them." The psalmist turns this imagery to the illustration of God's thought for, by inference, every child of God. The loyalty and devotion of the good shepherd to his sheep is apparent, for the sheep is the object of the shepherd's protecting care.

Thus to that effect Gerkin portrays the Lord God as a "good shepherd who leads the people in paths of righteousness, restores the souls of the people, and walks with the people...even into the valley of the shadows of death" (Gerkin 1997: 27). And Gerkin avers that as we yield to God's shepherding, more and more we find our home. For the shepherd knows the pain of the sheep. "Thus, the pastor as shepherd and caring leader is set aside to care, nurture and to protect the flock of Christ." (Willemsse 2008:8). The

Old Testament makes reference to the role of the shepherd as was articulated by prophets Isaiah and Ezekiel respectively. Prophet Isaiah points out *“He will feed his flock like a shepherd. He will gather the lambs in his arm, and carry them in his bosom. He will gently lead those who have their young.”*(Isaiah 40:11WEB). The prophet Ezekiel purports *“For thus says the Lord Yahweh: Behold, I myself, even I, will search for my sheep, and will seek them out. As a shepherd seeks out his flock in the day that he is among his sheep that are scattered abroad, so will I seek out my sheep; and I will deliver them out of all places where they have been scattered in the cloudy and dark day. I will bring them out from the peoples, and gather them from the countries, and will bring them into their own land; and I will feed them on the mountains of Israel, by the watercourses, and in all the inhabited places of the country. I will feed them with good pasture; and on the mountains of the height of Israel shall their fold be: there shall they lie down in a good fold; and on fat pasture shall they feed on the mountains of Israel. I myself will be the shepherd of my sheep, and I will cause them to lie down, says the Lord Yahweh.”*(Ezekiel 34:11-15 WEB).

A shepherd tends the flock, not only by feeding, but also offering the care, guidance, and protection which a shepherd extends to the flock. Thus exercising the office of a pastor. In his/her role as a shepherd of God’s flock, it is incumbent upon the clergyperson to furnish food for the soul with a view of strengthening and confirming their hope. The younger and tender part of the flock, Christ’s little children, are not to be unloved. ‘The bruised reed that is not to be broken and the smoking flax that is not to be quenched.’ The shepherd is to demonstrate a fastidious care for them. Prophet

Isaiah underscores the above shepherd's role, "*He gathers the lambs in his arms, and carries them in his bosom*" (Isaiah 40:11). Christ's little children are to be nourished, comforted, and strengthened. This is to be done by feeding them with the milk of the Gospel, and by administering to them the ordinances and breasts of consolation. Christ has a tender concern and affection to these growing minds. Thus for these, Christ has keen interest and calls them "my lambs".

Gerkin embarks on a shepherding model of caring ministry which assumes and gathers momentum 'with the coming of Jesus, who, according to John's Gospel, identifies himself as "the good shepherd"', and 'the shepherding image takes its place as a primary grounding image for ministry.' With the coming of Jesus, who, according to John's Gospel, identifies himself as "the good shepherd," the shepherding image takes its place as a primary grounding image for ministry. Applied to Jesus' ministry, the shepherding image incorporates not only the wisdom expressed in certain parables and the Sermon on the Mount, not only his priestly leadership in relationship to his followers, but also the elements of prophecy such as are found in the story of Jesus cleansing the Temple and his confrontations with the Pharisees and Sadducees." (Gerkin 1997:27).

The following anecdote accentuates the concept of the good shepherd quite adequately. One day a missionary, meeting a shepherd on one of the wildest parts of the Lebanon mountains, asked him various questions about his sheep and if he counted

them every night. On answering that he did not, he was asked how he knew they were all there. His reply was, “Master, were you to put a cloth over my eyes, and bring me any sheep and only let me put my hands on its face, I could tell in a moment if it was mine or not.” Such is the fullness of meaning in the words of the Good Shepherd, “I am the good shepherd; I know my sheep and my sheep know me—” (John 10:14-NIV). Thus the shepherd knows, understands and embraces the pain of the sheep.

Gerkin draws to our attention that “we need to have written on our hearts the image most clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the flock of Christ. ...New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep (John 10:14) has painted a meaningful, normative portrait of a pastor of God’s people. Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model *sine qua non* for pastoral relationships with those immediately within our care and those strangers we meet along the way” (Gerkin 1997:80). In the light of the above and employing the shepherding model, the author aims to help children to improve their social, emotional and behavioural competence. Play therapy, which is a mixture of play and talk, will be employed to help children to improve their emotional understanding of themselves and reflect upon past and present relationships. Play encourages children to express feelings, regulate affect and develop coping skills. Furthermore, it helps children to gain recognition, esteem and a feeling of competence.

As might be expected from a calling so important and familiar to the Israelites, many comparisons and lessons are drawn from the pastoral life. The constant presence of the shepherd among his sheep and his protection of them were noteworthy features that were easily transferred to higher relationships. Psalm 23 remains the unadorned and most profound representation of trust in God. The Psalm gives a magnificent depiction of God in the role of pastor. True shepherding of God's people involves *inter alia*:

- ❖ *Genuinely caring for the welfare of others;*
- ❖ *Strengthening the weak, chiefly by empowering them to solve their own problems by looking to the Lord first and also opening their hearts to others in the Body of Christ;*
- ❖ *Healing the sick and injured of all types—emotionally, physically, and spiritually;*
- ❖ *Bringing those who have strayed and lapsed back into God's fold; and*
- ❖ *Leading with gentleness and patience by example and persuasion.*

The dependence of the sheep upon the shepherd is not just a figure for the beginning of our spiritual life, merely to be left behind when we know as we have been known. The redeemed and glorified are still being led to the springs of waters by the Good Shepherd (Rev. 7:17). The author is of the mind that in pastoral care, becoming 'more human' in terms of *our understanding of God's gift and promise of authentic freedom and wholeness*, is uniquely buttressed in an inimitable way of walking with others as they face challenges and struggles life brings their way. The author appreciates Gerkin's exposition of the above, "To be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care deeply and intimately for them." (Gerkin 1997:82).

Everything in the way of devoted love, intimate knowledge, and protective power was summed up in the title, "...Jesus, that great shepherd of the sheep..." (Heb. 13:20 NIV). The parables of Luke 15:3-7 and John 10:1-18 are also in the same vein. The utter helplessness of sheep without a shepherd is very frequently alluded to in the Bible. And the figure is applied in all its fullness to moral and religious matters. Such as the manifold facilities for concealment, loitering and error in the wilderness of life, the losses and sorrows that occur when the will is without definite leading and submission, and the evils that attend both false alarms and real dangers (Num. 27:17KJV; Ezek. 34:6,12 KJV).

The focus is much more on pastoral care than counseling, more on the relational than the intrapersonal, more on the familial while not downplaying nor relegating the individual. Since the resolution of conflict in traditional cultures is preferably done by third-party negotiation rather than direct confrontation, the pastor frequently functions as mediator-facilitator in healing strained relationships.

When one considers the impact of trauma on people, it becomes apparent that it is based upon the lack of one's control over events. This is key to what makes one feel overwhelmed, unsettled, shocked and disheartened. Not being able to control external events like another person's actions is the very reason people experience a sense of trauma and horror when they survive traumatic events. They lack control over the circumstances. What makes one person able to cope with tragedy and another struggle

depends on many factors. The ability to deal with problems, crisis and tragedy is complicated, especially for young, growing minds of children.

The children are at the centre of the church's interest and love. The Church has a challenge of entrusting them to the preferential care of clergy, who should help them become people of strong human and Christian personality. The clergy should have a sympathetic concern for traumatized children, and should consider them a precious part of their flock. They should follow them closely and continually, helping them to understand the infinite love of the heart of Christ (cf. Mt 11:28).

2.2 Preliminary Conclusion

"One of the fundamental structures of care that life in a community of faith can and should offer is a story or a grammar-a way of speaking about people's circumstances-that can connect people's life experience with the ultimate context of meaning contained in the Christian gospel."(Gerkin 1997:103). The author realizes a need to help co-researchers to share their stories and consider not only what they experienced. But also what are the implications and conclusions they draw about themselves and others as a result of having experienced trauma. Furthermore to consider what is the nature of the "story" that co-researchers fashion as a result of having been victimized? It is not just that "bad" things happen to people, but what people tell themselves and others as a result of having been victimized that is critical. Out of the sharing of these accounts, the author seeks to help co-researchers co-construct "meaning" and transform their pain into some activity that permits them to continue functioning. Other core tasks include helping co-researchers develop strategies in order to avoid victimization. Co-

researchers are also being encouraged to associate with and nurture relationships with prosocial non-victimized others. Not delimiting their life to being a "victim". For "the story of one's life is stitched into the larger narrative of the Christian story" (Gerkin 1997:108). Sickness or unexpected disabilities among those close to us sometimes thrust upon us cares that we might never have anticipated. We all have to act at one time or another as the shepherd looking out for and leading on behalf of someone else. When we do that Christ is the model for what we do.

Central to the next chapter, is Domestic Violence and Murder, and the teasing of this and related concepts. As the crowning glory of creation, human beings were made in God's image, unencumbered by structure. Families are basic living units of societies whose functions include biological and social reproduction. In modern societies, families tend to undertake also another important task, namely to restore the emotional stability of individuals who experience psychological strains in formal settings of everyday life. Where humans are treated in an impersonal, dehumanizing as well as alienating manner, the church is expected to compensate their members for these emotionally taxing experiences. The church is to become balance wheels or lightning rods for the stresses and strains of everyday life. It is important to note that much can, and should, be done short of primary prevention, to ameliorate the destructive consequences of violence in families. Violence is conditions and actions originated by humans, which obstruct the unfolding of human development throughout the life cycle. Unfolding of human development tends to be obstructed when inherent biological, psychological and social needs are frustrated or over satiated beyond a variable level of

tolerance. Personal violence discharged within families will often set in motion chain reactions of violence within and beyond families. Families serve as unwitting agents of structural violence when rearing children in societies in which personal violence and submission to structural violence are normal aspects of life. Violence and its multi-faceted consequences are inevitable, normal by-products of the established way of life.

CHAPTER 3: Introduction

Living in an abusive household creates an emotional climate of captivity, and in order to survive in this type of environment, one adapts to the environment and learns to minimize the impact that it has on one's life. Whatever survival mechanisms are learned in a captivity situation, are also applied to non-captivity situations. These make it difficult to adjust to post-abusive environments. Confusion, sadness, anxiety, misperception of one's environment, impaired memories and avoidance of thinking about unsavory events are among more common of trauma survivor's experiences. Acting out behaviors as well as relational problems becomes common. Typically, we are very critical of ourselves when we are unable to function *normally*. Unfortunately, trauma is a part of every person's life at some time, and yet some of us are overburdened with life's difficulties, more than others.

3.1 DOMESTIC VIOLENCE

Many of the issues facing communities of faith in the global village are similar, regardless of whether one is speaking of Christianity, Judaism or Islam and other faiths. This work focuses upon Christian communities. Domestic violence will be understood to be either a system of coercive control of one partner by another (predatory violence) or the individual violent acts, variously motivated, by which one partner harms the other (affective violence). Violence and Abuse are terms which will be used somewhat interchangeably. An abusive act, however, is always intended to punish and control. A violent act may be primarily defensive, especially when a woman acts violently in an abusive relationship. Context and motivation must always be considered if an action is to be accurately described and interpreted.

Domestic violence is defined as “a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence, when one person believes they are entitled to control another” (The United States National Coalition Against Domestic Violence cited by Women’s Human Rights [WHR] 2003). Nasimiyu-Wasike in her article defines domestic violence as “an aggression or a pugnacious behavior in which the threat or use of violence initiates conflict or destruction. It is a verbal or physical abuse which takes place at home in a family atmosphere.” (Waruta & Kinoti 2005: 121). Without exception, a woman’s greatest risk of violence is from someone she knows. According to Shifman *et al* (1997) and Gillian Dadswell (*Focus*, March 2001), intimate partner or spouse abuse otherwise referred as ‘domestic violence’ is often used as a strategy of social control or a tactic of intimidation. Such abuses constitute an issue of human rights. Domestic violence is the most prevalent yet relatively hidden and ignored form of violence. “*Domestic*” here refers to the types of relationships involved rather than the place where the violent act occurs.

The 2003 Pan American Health Organization (PAHO) report titled *Violence Against Women: The Health Sector Responds* shows that gender-based violence is “one of the most widespread human rights abuses and public health problems in the world today, affecting as many as one out of every three women. However, domestic violence is most often considered a “private” matter and not a “public” matter (*Integrated Regional Network* [IRIN], Johannesburg, 25 April, 2002). The dichotomous separation of the home (private sphere) from economic, political and social activities outside of the home (public sphere) reinforces the idea that the personal is separate from the political. And

that privacy also implies something that should be kept a secret. Such dichotomous separation according to **Moore (1994)** has been used to justify women's subordinate position in society. Women's subordinate position in society makes them vulnerable to HIV/AIDS infection and untimely deaths.

The term "intimate partner violence" (IPV) is often used synonymously with intimate partner or spouse abuse and 'domestic violence'. Family violence is a broader definition, often used to include child abuse, elder abuse and other violent acts between family members. Wife abuse, wife beating and battering are terms sometimes used, though with acknowledgement that many are not actually married to the abuser but rather co-habiting or other arrangements are in place. Abuse can take other forms than physical abuse. "Domestic violence can be experienced as emotional and mental abuse, [and can also] be in the form of sexual abuse or assault." (Waruta & Kinoti 2005: 121). It can also be experienced in a form of intimidation, economic deprivation and threats of violence. "Victims of domestic violence can be found everywhere, ...in all socio-economic situations and all levels of education." (Waruta & Kinoti 2005: 121). It occurs in mixed gender relationships and same gender relationship and has profound consequences for the lives of children, individuals, families and communities. And males are often victims of domestic violence as well. The world's number one golfer, US megastar Tiger Woods, was allegedly embroiled in domestic violence [source: ***The Sunday Times newspapers*** (29/11/2009, Page 3; /12/2009, Page 14 & 13/12/2009, Page 13) and sister publications ***The Times newspaper*** (01/12/2009, Page 3; 03/12/2009, Front page; 04/12/2009, Page

3; 08/12/2009, Page 3; 09/12/2009, Page 6; 10/12/2009, Page 3 and 11/12/2009, Page 3)and **Sunday World** 13/12/2009, Page 4].

Newspaper reports (mentioned above) purported that Woods was a victim of domestic violence following marital infidelities. Woods, who has won 14 major golf championships (at the time of writing) is the first athlete to have broken through the billion-dollar earnings mark [source: *Forbes Business Magazine*], is married for 4 years to a former Swedish model, Eline Nordegren, with two children, 2 year –old daughter Sam Alexis and 9 month- old son Charlie Axel. The marital dissension and subsequent violence was the result of an avalanche of extra-marital affairs Woods has been involved in with other women. The reports stated further that Woods' wife "lost it after learning of an affair the *National Enquirer* reported he had had." (The Times, 01/12/2009, Page 3). In the light of his marital infidelities, Woods' wife "attacked him and cut his lips shortly before he fled their Florida mansion in the early hours of Friday morning and crashed his car into a fire hydrant and a neighbour's tree ...Woods also reportedly told his friend that Nordegren had 'gone ghetto' on him" He received treatment and was released from a hospital on the same day (The Times, 01/12/2009, Page 3). He had 'one of his teeth broken when his furious wife... "went psycho" during their blazing row.' (The Times, 11/12/2009, Page 3). The reports of domestic violence and extra-marital were denied. However, it subsequently came to light that the couple had "already begun intense marriage counseling." (The Times, 04/12/2009, Page 3). Subsequently, Tiger Woods "admitted [*on his website*] that he let his family down, saying he regrets 'those

transgressions' with all his heart.... But the [world] No 1 golfer stopped short of admitting to tabloid claims that he has had [extra-marital] affairs" (The Times, 03/12/2009, Front page). Tiger's wife has since moved out of their mansion, since "the scandal in which Tiger Woods is embroiled shows no sign of abating...It appears that no amount of money-or marriage counselling ...was enough to make her stay." (The Times, 09/12/2009, Page 6). Woods subsequently admitted to his marital infidelity. Not only does the above bear proof that men are also subjected to such violence but it also proves that Children are often the '*forgotten victims*' of Domestic violence. The above cited newspapers covered the story for almost two weeks and not once in that time was the wellbeing of the children referred to. Children are affected not only by directly witnessing abuse. But also by being exposed to such an environment. Children witness violence in the home in a number of different ways. They may see or hear the abusive episode. They will experience the aftermath, and sense the tension. Even when the parents believe the children were unaware of what was happening, the children can often give detailed accounts of the events.

Domestic violence occurs in all cultures. People of all races, ethnicities, religions, sexes and classes can be perpetrators of domestic violence. Domestic violence is perpetrated by both men and women.

3.1.1 Incidence Studies

Data on frequency of violence among family members are hard to come by. No one wants to admit to such behaviour, and except for homicide and severe instances, it is relatively easy behaviour to hide. The effect on children of violence among parents has

not really been explored to any significant extent, even though it is itself a form of child abuse and is also a part of the socialization process. The first thing to be learned from the literature is that trauma experience by children resulting from domestic violence is not a unique product of this day and age. Children exposed to domestic violence tend to become perpetrators of domestic violence in the classical domestic violence syndrome. Some children, likewise, engage in some form of violence against younger children after their own exposure and experience.

In the light of domestic violence and devastating effect, most often a child is brought as the problem, and the parents may sincerely believe the difficulty rests with the child. No matter how the parents appear, their expectations are that they will be used, attacked, and accused of being bad parents. Parents engaged in domestic violence often seem woefully ignorant about child development. The incidences of domestic violence in the lives of children suggest that this form of violence can be viewed as a serious public health problem.

News24.com posted an article initially ran by **Die Burger Newspaper (2005-02-10)** entitled: **"Domestic violence seen as minor"**, in which Antony Altbeker, senior researcher at the Institute for Security Studies's crime and justice programme brings to light the fact that many police officers consider charges of domestic violence as minor and have little sympathy for those involved. He was speaking at a crime seminar here and was specifically involved with a domestic-violence workshop organised by the Centre for the Study of Crime and Reconciliation (CSCR). During 2003, Altbeker did research at 11 police stations in South Africa, and tried to determine exactly how the

police officers did their work. "I don't share the opinion of certain police officers that they don't need to protect people inside their own homes and that it is a private matter," he said. Altbeker accompanied police to numerous crime scenes and noticed that officers consider domestic violence as a "minor crime". He said they acted only if there already had been acts of violence and not if they believed violence could ensue. The Domestic Violence Act makes provision for arrests to take place if the officer feels that violence may occur in the near future, said Altbeker. Many police officers believe their efforts in these situations are worthless.

Lisa Vetten, manager of the gender programme at the CSCR, said she'd learnt from experience that "The domestic-violence cases bore [police officers], and they consider them minor, while it's quite the contrary. They very often lead to women being murdered," she said. Heléne Combrinck, co-ordinator of the gender project at the University of Cape Town's community legal centre, said various police officers often claimed they had no resources.

The article entitled: "**Mom stabbed to death in front of kids**" was published on page 1 of **Pretoria News** on November 26, 2008. A Pretoria mother, whose children fruitlessly begged police for help, was stabbed to death as she fled from her enraged husband. The horrific murder of estate agent Henriette Phillips, 48, who had a protection order against her estranged husband, occurred on the night government launched its 16 Days of No Violence Against Women and Children campaign. The attack coincided with the revelation by the Independent Complaints Directorate (ICD) that 65 percent of police stations do not comply with the Domestic Violence Act and the

Domestic Violence National Instruction. As devastated family members gathered at the Phillips' Lynnwood home to console her children, a grisly picture emerged of how Phillips was repeatedly stabbed in the back as she pleaded for neighbours to open their security gate.

The Pretoria News learnt from the Phillips family that the deceased daughter had repeatedly requested police at the station to send a patrol van to their home in fear that something would happen to their mother. Police are alleged to have told her that they were too busy. The law states that officers who ignore protection orders or calls about domestic abuse can be charged for failing to carry out his/her duty and can face criminal prosecution. Phillips was surprised by her husband who had hidden in her bedroom. As Phillips fled, her children desperately tried to restrain their father. Phillips, screaming for help, managed to fight her way out of the flat and run to her neighbours, who pulled her into their home. Neighbours said the attack was horrific. Raquel Pereira was in her bedroom when she heard screams. "It was terrible.

The **Times newspaper** of 10/12/2009 ran a front page story: "Wife beater tells trial: 'I still love her'". Alex Mokgoro beat his fiancée into a coma in 2004. The story was run on the second last day of the 16 Days of Activism for No Violence against Women and Children campaign in SA. Five years ago, when Bridgette Mashope was getting dressed for work, her fiancée kicked and punched her for about 30 minutes in the main bedroom of their home in Bryanston, northern Johannesburg. Their son then, Lebogang, then three, was in the house at the time. He stopped beating her only when he saw "foam coming out of her mouth". Neurosurgeon at Olivedale Clinic, Dr Guy Teuwen,

testified in court that Mashope sustained massive bleeding on the brain and arrived at the hospital with a “ballooned face” and “multiple boot impressions” on her head and legs. She remains in a vegetative state unaware that her son she conceived with Mokgoro, had subsequently passed away as result of a rare heart disease. Mokgoro faces a possible five year jail term in terms Criminal Procedures Act. Mokgoro has since been found guilty and been sentenced.

The ***Sowetan*** Newspaper (26/02/2010, page 8) ran a (main) story with front-page entitled “Father’s chilling words to his kids: I’ve just killed your mom”. A mother of two was shot by her husband five times and turned himself to the authorities a day after. What is reported as a heart –breaking sight for the 16 year old niece of the children was “to see her traumatised eight year old nephew holding on to a necklace his mother bought for him hours before her husband gunned her down...When he got home he threw the gun on the floor in the children’s bedroom and told them to ‘go and see your dead mother. I have killed her’.”

Children who witness such as above incidents face effects of trauma throughout their developmental years increasing distress and disturbance. They might never remember what really happened. Yet the buried feelings and emotional reactions to these experiences have the ability to direct the course of their lives. As adults these individuals may suffer from panic attacks, chronic depression, antisocial behavior, compulsive behavioral problems and addictions, among others. The therapeutic map and other necessary support required to work through, resolve and master the traumas may never be offered. They might not regain the discarded self that was lost in a childhood over

which they had no control. Adult children of trauma often become locked in unhealthy and addictive relationships. These patterns reflect repeated survival attempts to master old pain. Children also display specific problems unique to their physical, psychological, and social development. Exposure to domestic violence has significant negative repercussions for children's social, emotional, and academic functioning. Exposure to domestic violence deleteriously affects children's social, emotional, and cognitive development¹⁴. Furthermore, data suggest that such exposure has long-term consequences for children's well-being, ultimately affecting their adult functioning¹⁵.

A documentary series entitled **Africa Month** was aired on SABC 1 during April 2009. On the 28th April 2009, an episode titled *"Democracy back to human rights"* was aired. It highlighted the plight of domestic violence witnessed and the consequences thereof especially on children. The girl on whom the documentary centered hails from the Western Cape Province. She stated that at one instance while her mother would be praying, her spouse would pull her by the hair and assault her. In the long run the mother was institutionalized and diagnosed as schizophrenic. Her children were subsequently placed at Holy Cross Foster Center in the light of the new Children's Act of 2007. The children, Talicia and her siblings were then separated and put in different foster homes. The children were by then devastated following their mom being 'taken

¹⁴ For reviews of the empirical research on the effects of domestic violence on children, see Jaffe, P.G., Wolfe, D.A., and Wilson, S.K. *Children of battered women*. Newbury Park, CA: Sage Publications, 1990; Margolin, G. Effects of domestic violence on children. In *Violence against children in the family and the community*, P.K. Trickett and C.J. Shellenbach, eds. Washington, DC: American Psychological Association, 1998, pp. 57–101; Peled, E., and Davis, D. *Groupwork with children of battered women: A practitioner's manual*. Thousand Oaks, CA: Sage Publications, 1995; Holden, G.W., Geffner, R.A., and Jouriles, E.N. *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association, 1998.

¹⁵ Individuals exposed to domestic violence in childhood often report adjustment difficulties in early adulthood, including problems parenting their own children. They are also at risk for repeating the pattern of violence in their own adult intimate relationships, with men becoming batterers, and women becoming victims. McNeal, C., and Amato, P.R. Parents' marital violence: Long-term consequences for children. *Journal of Family Issues* (1998) 19:123–39.

away', and their loss of the only home they have known. They were further devastated by the removal and separation of siblings. Their lives had never been the same. Talicia ran away from foster home to her initial home. At the age of 17 she had her first child. Drug addicts with her partner, Jonathan, they are heavy users of 'Tik'. At the time of making the documentary, she already had three children and was pregnant. Due to her drug habit, her children had been from her into foster care. Her life story has come full cycle following what her mother had endured.

3.1.2 Statistics Regarding Domestic violence

Statistics on domestic violence are grim. Domestic violence is widespread and occurs among all socioeconomic groups. It cuts across all social, racial, religious and economic boundaries and may occur in as many as 60% of domestic partnerships. Men who abuse their partners, who perpetrate over 90% of aggressive domestic violence, and women and children who are its victims, are without a doubt found in every Christian congregation and in every synagogue, but in general they are not recognized as such. Over 3 million children are at risk of exposure to parental violence each year (Carlson, 1984). Religious congregations traditionally value the appearance of "godliness" and may not ask about motives. Abusers do not appear to exist in churches because domestic violence hides in plain sight—in "appearance." Most clergy are unlikely to preach on the subject since they are generally untrained and consider other issues to be more pressing and important.

South Africa is said to have the highest statistics of gender-based violence in the world and this includes rape and domestic violence (Foster 1999; *The Integrated Regional*

Network [IRIN], Johannesburg, South Africa, 25 May 2002). For example, the incidences of rape are high. Though it is estimated that a woman is raped every 26 seconds, the estimate given by the South African Police Service is that one woman is raped every 36 seconds (Nicole Itano, *Women's Enews*, 28 February, 2003). The trauma of gender-based violence such as rape can last a lifetime. If that is the case with adult survivors, it goes without saying that child survivors of this traumatic events often face a myriad of emotional, physical, and medical issues, resulting in significant repercussions. Moreover, due to cultural reasons, such matters are not reported to the police for fear of "embarrassment".

The police did not keep separate statistics on assault cases perpetrated by husbands or boyfriends (Human Rights Watch 1995). This situation is aggravated by South African women's experiences of poverty. Women make up a great majority of South Africa's poor estimated at 22 million (Congress of South African Trade Unions [Cosatu] Labor News, 28 April, 2002). The lack of economic opportunities that may help most abused women to seek either freedom or redress from justice therefore makes matters worse. Poverty limits available options, and this exposes them to more violence (Artz 1999). Gerkin suggests that "Care for the people of God involves care that confronts issues of justice and moral integrity in the life of the people" (Gerkin 1997:25).

One study surveying 1 306 women in three South African provinces found that 27% of women in the Eastern Cape, 28% of women in Mpumalanga and 19% of women in the Northern Province had been physically abused in their lifetimes by a current or ex-

partner. The same study investigated the prevalence of emotional and financial abuse experienced by women in the year prior to the study and found that 51% of women in the Eastern Cape, 50% in Mpumalanga and 40% in Northern Province were subjected to these types of abuse (Jewkes et al, 1999). The abuse shows how women are affected. One can imagine the impact on children.

Another study, undertaken with a sample of 168 women drawn from 15 rural communities in the Southern Cape, estimated that on average 80% of rural women are victims of domestic violence. Interviews conducted with 1 394 men working for three Cape Town municipalities found that approximately 44% of the men were willing to admit that they abused their female partners (Abrahams et al, 1999). National figures for intimate femicide suggest that this most lethal form of domestic violence is prevalent in South Africa.

A daily newspaper, *The Times* ran a front page (and main) story on how South Africa is failing its children on a devastating scale. This emanated from a report presented to the SA Parliament's Portfolio Committee on Women, Children and People with Disabilities on the 26th August 2009. It was reported that one million phone calls were made to Childline's Crisis Counselling line in 2008, recording the most it ever received. Of the one million calls received by Childline¹⁶, 25 000 children that were referred for face-to-face services were those who needed immediate attention in the form of among other things, counseling. Cases that Childline referred to the police, social workers and other

¹⁶ Childline is a non-profit organisation dealing with children in crisis.

agencies included inter alia, 1489 children affected by a breakdown in intimate relationships. It is further reported in the same article that the police failure to assist this children has resulted in them becoming more vulnerable, since the police have dispersed its Child Protection Units. This move dealt the state's efforts of assisting children with a blow. However in the light of this disturbing report, the national Minister of Police promised to reinstate the units. Also in the light of this disconcerting report the SA Parliament's Portfolio Committee on Women, Children and People with Disabilities was shocked to learn that only 30 of the 300 sections of the Children's Act had been implemented. (The Times, 27 August, 2009, front page).

In the same edition of the daily newspaper, the editor's opinion was on the same story. With the headline: **Our society is failing our most defenceless citizens**, the editor went on to intimate that "Any way you cut that number, it is a scary indictment on our society. One million children were in some form of acute distress that necessitated a desperate call...Childline managed to deal with 25 000 of these children. The editor went further on to highlight the fact that those figures bear out Acting National Director of Public Prosecutions' assessment in 2008 of the state's ability to respond to children in crisis. In his assessment, Acting National Director of Public Prosecutions Mokotedi Mpshe, said: "instead of having made vast progress since 2000...SA Police Service family violence, child protection and sexual offences units have been redeployed, trained forensic social workers employed by the police have become scarce; ...and the need for training remains, with language barriers exacerbating every identified issue." The editor further refers to the Tracking Justice study put out in 2008 by the Tshwaranang Legal

Advocacy Centre and the Centre for the Study of Violence and Reconciliation concluded that “the police are failing to grasp their role in child protection and, in particular, their responsibility to prevent children’s repeat victimization and intimidation.”. The editor concludes by alluding to the notion that it is not just the duty of the police and justice system to be seen to be protecting children. But that the figures represent a broader societal malaise on a devastating scale. The editor notes that more than a plan is needed to deal with this problem. “It’s an emergency.” concludes the editor(The Times, 27 August, 2009, P 20).

The point the author brings to the fore by citing the above statistics is that the silent victims here are children whose parents are embroiled in marital violence. Of great significance is what the traumatic experience has done to the mind and emotions of the children. Trauma has the aptitude to blow the mind. Be it that it was the single event trauma or otherwise, the destabilizing effect on the internal world of the children can be deep seated. The children exposed to domestic violence receive little or no attention in a bid to redress the children’s emotional fragility.

We live in a culture that is saturated with violence of all kinds. Men are more likely to be the victims of violent crime in general, but women are more than ten times more likely to be the victim of violence by an intimate partner. Most of us are aware of these kinds of statistics. But there has been an overwhelming silence in response to them in most of our churches and communities. We live as if we see, hear, and speak no evil. We don’t want to know that they may be much closer home than we think. Nowhere are the

issues of children's loss of voice, language, and credibility as clear as they are in the dynamics of domestic or intimate violence. Our silence and lack of decisive action cause these young victims to be voiceless. Thus by implication as we make them either invisible or we revictimise them. Facing the realities of intimate violence and its usual traumatic consequences is much harder than staying blind to it. We, together, with the children bear the burden of pain. The situation demands action, engagement and remembering.

Domestic violence is a major developmental challenge across the world. It cuts across race, gender, age, class and ethnic differences. According to the Department of Justice's Guidelines for the Implementation of the Domestic Violence Act for Magistrates, in South Africa it is considered the most common and pervasive human rights abuse in South Africa.

3.2 The Domestic Violence Act (DVA) (no 116 of 1998)

The Domestic Violence Act provides a civil remedy for persons affected by domestic violence and allows a protection order to be granted to an applicant ('the complainant') against the perpetrator of the abuse ('the respondent'). The act was passed in response to the inadequacy of the Prevention of Family Violence Act (PFVA) to address domestic violence. The shortcomings of the PFVA which the DVA sought to address include: lack of a definition of domestic violence; failure to explicitly make provision for a range of domestic violence relationships; lack of creative remedies; lack of clarity regarding the role of various stakeholders; and a lack of provision for sanction where various role players failed to perform their duties in relation to the Act.

3.2.1 The passage of the DVA

The first piece of legislation to specifically address domestic violence in South Africa was the Prevention of Family Violence Act (PFVA) (no 133 of 1993). However, soon after the PFVA was introduced aspects of its provisions were questioned by attorneys who thought men's right to a fair hearing was being violated by the PFVA. Others countered that the departure from the *audi alteram partem* rule was justified by the victim's urgent need for protection from harm. After soliciting the opinion of the Department of Justice as well as the Family Advocate, the South African Law Commission (SALC) established in February 1996 a project committee comprising a number of feminist lawyers and experts in the area of domestic violence to review the legislation (Meintjes, 2003). The product of the committee, the DVA was passed in 1998 and operationalised a year later on December 15 1999. Its passage was not without controversy, with some of its key innovations challenged by two male non-feminist committee members.

This Act replaced the Prevention of Family Violence Act, 1993, and gives a broad definition to "domestic violence" to include provisions for marital rape, violence in both marital and non-marital relationships and abuse by parents, grandparents, guardians and anyone co-residing with the victim. In addition to physical abuse, it further defines domestic violence to include sexual (including marital rape), emotional, verbal, psychological and economic abuse (*Jaron Murhpy, The Highway Mail, South Africa, 10 December 1999*). The police are empowered to effect arrests with or without warrants as well as conduct a full investigation of any offence. They are also obliged to inform a victim of her rights to gain protection, through a protection order from the courts (free

of charge). In addition, the police are legally bound to arrest an abuser that has breached a protection order. Other empowering aspects of the Act include the provision of shelter for women victims of domestic violence.

As regards domestic violence, the findings of the Institute of National Securities Studies (ISS, South Africa) show that current interventions are not having any significant impact on the nature of domestic abuse. And this tends to continue over time, rather than being a one-off incident. Few women victims of domestic abuse also seek help from service providers. Most abused women who received medical treatment were however satisfied with the treatment they received. Most of them also felt anger, depression, changes in sleeping pattern and flashbacks. These health symptoms could develop into a range of psychosomatic illnesses if not dealt with (*Jo-Anne Smetherham, Cape Times, South Africa, 7 March, 2003*). The above issue will finally affect the couple or women who are caring for children.

3.2.2 The content of the Domestic Violence Act

It is the purpose of this Act to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide; and to introduce measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence.

(Preamble to the Domestic Violence Act No 116 of 1998)

One of the key innovations of the DVA is its broad definition of domestic violence which includes a range of behaviours within its ambit. Acts constituting domestic violence include physical, sexual, emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant's

residence without consent, where the parties do not share the same residence; and any other controlling or abusive behaviour where such conduct harms, or may cause imminent harm to the safety, health or well-being of the complainant.

The DVA is applicable to a range of familial and domestic relationships and covers both heterosexual and same sex relationships. Under the DVA, a victim of domestic violence may apply for a protection order to stop the abuse and to stop the abuser from entering the mutual home, the victim's residence, or the victim's place of employment. The court may place other conditions on the order, including that the police seize any weapons or help the victim retrieve property from her home.

3.2.3 Domestic Violence Act under a Microscope

Domestic violence is a major developmental challenge across the world. It is considered the most common and pervasive human rights abuse in South Africa. This is according to the Department of Justice's Guidelines for the Implementation of the Domestic Violence Act for Magistrates in South Africa. The Centre for the Study of Violence of Reconciliation (CSVR) hosted the 'South African Domestic Violence Act (DVA) Lessons from a Decade of Legislation and Implementation' conference in November 2008, in Johannesburg. The conference sat to review the implementation of the DVA over the past 10 years. Monitoring its implementation has meant engaging with the criminal justice system –from police to prosecutors and the judiciary. It also addressed concerns around secondary victimisation due to untrained officials as well as the now infamous challenge to the constitutionality of the Act in *Omar v Government, RSA and Others*

2006 (2) BCLR 253 (CC).

The conference focused broadly on the following thematic areas: legislation and policy, services available for women experiencing domestic violence, the socio-cultural changes necessary to prevent domestic violence, working with perpetrators and the problematic public/private dichotomy of domestic violence. The conference also expressed concern over the under-utilisation of international instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which South Africa ratified in 1995. The competency and sensitivity of the state institutions was questioned. It was brought to light that victims had very bad experiences of the courts when reporting their cases. An important issue raised at the conference was the involvement of men's organisations in eradicating domestic violence.

*The Consortium on Violence Against Women*¹⁷ has been monitoring the implementation of the Domestic Violence Act since April 2000. This has been carried out through the content analysis of court dockets, observations and tracking of court cases, and in-depth interviews with police (SAPS) and court personnel. The first report was completed at the end of May 2001 and published in Nedbank ISS Crime Index (Volume 5 2001, Number 3, May - June). The preliminary findings focused on some of the difficulties that arise when legislation that increases duties on court and police personnel is enacted without providing supportive and additional services to ensure

¹⁷ The Consortium on Violence Against Women comprises the Institute of Criminology (UCT), the Community Law Centre (UWC), Rape Crisis Cape Town, and a health consultant. It was established in 1999 to conduct research on the implementation of the Domestic Violence Act and to monitor the granting of bail in sexual offences cases. The magisterial districts targeted for these projects include Mitchell's Plain, Cape Town, and George.

smooth and effective implementation. The preliminary findings centered, among others, on lack of support services, lack of resources and a sense of helplessness.

Lack of support services: The Domestic Violence Act is structured in such a way that responsibilities for implementation are shared across sectors, namely the policing sector and courts. However, domestic violence spills into other sectors as well. Without the support from those sectors the extent to which the law can be implemented is hindered. The lack of support services such as shelters makes it difficult for the police and the courts to ensure that the legislation is implemented effectively. When support services are lacking it also limits the options that are available to ensure the safety of complainants.

Lack of resources: The safety of complainants is further compromised when those who are assigned set responsibilities in terms of the Act do not have the means of carrying out their duties. Police stations have limited vehicles; some do not have fax machines and photocopiers. The courts do not have enough people to manage the caseloads that they are dealing with and to keep up with the administrative responsibilities that come with the implementation of this legislation. In addition, many communities are not organised in a way that facilitates the smooth implementation of the legislation. In addition to having to deal with disorganisation and a lack of resources, both the police and the courts are in need of intensive training that clarifies their role in the implementation of this legislation. They seem to have received little or no training and those who have been trained are not necessarily the ones working directly with this legislation. As a result there is a great deal of confusion surrounding the

implementation of the Act.

A sense of helplessness: Both police and court personnel expressed a sense of being expected to do something with no guidance, support or resources to do so. It appears as though the trauma of dealing with domestic violence has created a feeling of helplessness among those who are expected to provide protection against violence. Many people in the policing and court sectors feel that they are performing a juggling act and not really addressing the root of the problem.

The author notes that focus here is on adult victims.

3.2.4 Domestic Violence as a Cause of Traumatic Stress

“Observation of such violent acts by the children leaves them profoundly affected in their inner being. The children experience shock.” (Waruta & Kinoti 2005: 130). Traumatic stress is produced by exposure to events that are so extreme or severe and threatening. Such events demand extraordinary coping efforts, and are often unpredicted and uncontrollable. They overwhelm a person's sense of safety and security.

Terr (1991) has described "Type I" and "Type II" traumatic events. Traumatic exposure may take the form of single event, for example, assault and are referred to as "Type I" trauma. Traumatic events can also involve repeated or prolonged exposure , for example, chronic victimization such as domestic violence. This is referred to as "Type II" trauma. This latter form of exposure tends to have greater impact on the individual's functioning. Domestic violence is typically ongoing and therefore, may fit the criteria for a Type II traumatic event. “The reality of illness, trauma, and disease, when it occurs in

children, is such that it creates an emotional tension. When people are confronted with the reality that these things can and do occur to children, they often seek to create an emotional distance from this reality. When suffering happens to children, it reminds us that no one is truly "safe", something we would like very much not to be true."(Grossoehme 1999:2).

Pastoral care for children also brings up theological questions more readily. These are questions that have no clear and simple answers. Questions that begin "Why would God...?" Such questions serve as a reminder that, whatever it is that we bring to the children and families, sure and certain answers are not always part of our offering. And that causes a certain amount of discomfort and anxiety for pastoral caregivers. For they easily to engage and talk with the parents than with the children.

The shepherding model of caring as a tool of pastoral care is helpful in exploration and engagement of issues with traumatized children *vis a vis* their relationship with a violent parent. The effects of domestic violence on such children with such impressionable minds are highly severe and deep seated. "Observation of such violent acts by the children leaves them profoundly affected in their inner being. The children experience shock and are afraid to do anything while their mother is being beaten." (Waruta & Kinoti 2005:131). Willemse (2008: 43-44) in his work cites Barnett who alludes that 'marital violence reveals that children are prone to suffer psychological damage in four areas:

- a) Immediate trauma;

- b) Adverse affects on development;
- c) Living under high levels of stress, particularly fear of injury to themselves and their mother;
- d) Exposure to violence role models

Thus the role of the shepherd as “the caring leader” (Gerkin 1997:27) is imperative in the light thereof.

3.3 DOMESTIC VIOLENCE AND THE CHURCH

Society has yet to accept fully that domestic violence is violence and not merely the euphemistically-titled “domestic dispute.” When one partner seeks to coerce the other to do what s/he wants, and backs up this coercive control with the threat of physical violence, then the marriage covenant has been broken. Although a new covenantal relationship may be initiated, the trust essential to the original covenant cannot be restored. “Our community has failed to recognize and admit that domestic violence is a problem that exists. It is only when extreme cases are reported that the community pays attention to it, for example, when a woman kills her husband to protect her life and that of her children. “(Waruta & Kinoti 2005: 129). However, recent research has revealed that, the secular society has begun to face the reality of domestic violence, but religious communities in general have been slow to catch up (Nason-Clark, N. 1997. *The Battered Wife*). Thus the author aligns himself with Means comment: “When the church fails to confront evil at any level it ultimately robs those touched by evil of the faith resources for which they so desperately long” (Means 2000:10). This failure of religious leadership

will be addressed in this thesis, with recommendations intended to facilitate positive change.

The stark reality is that domestic violence is widespread in our religious communities and congregations. Research shows that the clergy in general are ineffective in handling domestic violence (source: Nason-Clark, N. 1997. *The Battered Wife*.¹⁸). Clergy are on the “front line” when it comes to the likelihood that a person in a disadvantaged and unprivileged position will seek help. Many people turn first to their priest only to find that clergy beliefs and naiveté block their ability to get validation and support. In other words, clergy will use their understanding (theologically) in order to address the issue. For example, if conservative, things will continue to reinforce subordination in relationships. An attempt here is to establish the framework for a dialogue—the building of a bridge—between the traumatized children coming for counseling and the clergy. This is done with the hope that pastoral care givers will become better equipped, to engage effectively with domestic violence in religious communities. And thus respond positively in addressing the issue.

Biblical experience reflects the reality that people cannot worship meaningfully, cannot grow spiritually in relationship with their Creator, and in general cannot cope if their basic needs are not met. Churches and synagogues place a high value on family life, which as we have seen in previous chapters plays into the deceitful control of the

¹⁸ This work is an excellent summary of various statistical studies of the prevalence of domestic abuse.

abuser, but they are particularly concerned for children. Children of women who have been victims of domestic violence have been emotionally damaged, regardless of whether they saw or heard the violence. Children must be safe in order to begin to heal. This is not a legal issue but is a spiritual issue. Once children discover that the world is dangerous, destructive, risky, unsafe, they begin to desert the wonderful world of childhood and enter the twilight zone of fearful arrested development.

Children cannot flourish and cannot develop into maturity in a setting where abusive patterns determine what happens. How could such be the will of a loving God? In fact, the Biblical record indicates that God also suffers, when God's children are suffering. "The church who is the custodian of the healing ministry must be in the fore front to addressing the problem of domestic violence that is seriously affecting the lives of ...children...The church should bring God's compassion, love and healing knitted in a violent family setting. The church must be salt and leaven. Thus, helping to heal the deep wounds caused by [*domestic*] violence." (Willemse 2008: 47).

3.4 THEOLOGICAL ISSUES

When we look at the theological tenets in the context of intimate violence, it becomes clear that theology and pastoral care of a person are linked. There are few theological problems that need attention as a way of gaining insight into better directions for pastoral care for children who are victims of intimate violence.

Problems related to an image of God. *The image that represent men as more godly and more normative.* The image of God as male or father is often a serious spiritual issue for

those who have been exposed to domestic violence perpetrated by fathers or male authority figures. Helping traumatized children to explore new possibilities for their God imagery may well be an important dimension. This in regard to their regaining access to the divine in their spiritual lives. These traumatized children have been taught in Sunday School/Children's Ministry that God the Father is in control of the world and of their lives. Thus in the light thereof, they generally have two ways to understand God's participation in their unsavoury experience. First, they are of the perception that God is on the side of father(s) and against them. Second, the perception might be God is as helpless or invisible as they are and not of much use. It is vital to allow the full richness of God's presence and meaning-as evidenced in the stories of the Scriptures, the narratives of people of faith over time, and a child's own story- to be part of a traumatized child's healing experience.

Another theological issue in exploring the dynamics of domestic violence is that of glorification of suffering. The general message has been that there is a divine meaning in their experience. Children who had experience trauma in a domestic setting and being raised in such Christian homes find it difficult in recovering from trauma. This brings us to the theological issue of the theology of forgiveness. The churches have shown a tendency of urging those at the receiving end in violent engagements to extend the hand of forgiveness. Those who do so are seen as more Christian, and more holy. The researcher is of the same mind and embraces the sentiments expressed by Neuger that forgiveness should probably be the last step in the healing process rather than the first. Neuger makes reference to the suggestion of Marie M. Fortune, that:

“Forgiveness before justice is cheap grace and cannot contribute to authentic healing and restoration to wholeness for the victim or the offender.”(Neuger 2001: 101). She rightly points out that having used a helpful exploration of the biblical understanding of forgiveness, finds that without justice, forgiveness is an empty exercise. She also accurately declares that to ask the powerless one to forgive the one with all the power is antithetical to our biblical witness.

These theological issues, and perhaps others, must be considered as a pastoral counseling approach is developed to help children victimized by domestic violence. The church needs to be known as a place where we are on record as religious communities that domestic violence is not tolerated. It is important to look within to see what resources the faith traditions holds as it is sought to become a community where accountability, prevention and healing are possible in the context of domestic violence. “It is the role of pastors to help their congregations explore our biblical and theological traditions responsibly so that they do not contribute to justifications for intimate violence”(Neuger 2001:101).

3.5 Preliminary Conclusion

Domestic violence hides in plain sight. Its pervasiveness is not recognized because the public behavior of victim and perpetrator conforms in general to norms of societal acceptability. Domestic violence flourishes in a conspiracy of silence. Children who have witnessed this violence have been emotionally damaged, regardless of whether they saw or heard the act of violence or were themselves its recipients. Trauma has a way of entrapping the child while disrupting the developmental process ensuring that the child

does not mature emotionally. "The more anxious our lives are, the more we naturally resort to defensive manoeuvres in an attempt to safeguard whatever developing sense of self and security we do have. Exposure to traumatic events makes these defences even more crucial, and they become more entrenched" (Means 2000: 24). Thus the child lacks the ego strength necessary to form and maintain healthy relationships. The Church, speaking generally, does not have a good track record in working with victims of family violence. Religious leaders tend to participate, consciously or unconsciously, in the same silence and silencing of domestic abuse victims and their stories that the culture does. Faith communities in general disregard or pay only lip service to the issue of domestic violence in their midst, because they come short of identifying it accurately. What is out of sight is generally out of mind. The beginning is always the issue of safety for women and children.

Biblical experience reflects the reality that people cannot worship meaningfully, cannot grow spiritually and in general cannot cope if their basic needs are not met. "The Church as a healing community should reach out to battered women, their children and their husbands. The Church should bring God's compassionate and healing presence to such families. Like Christ the Good Shepherd the Church should bring Christ's healing ministry to these families. Jesus in his life here on earth restored many people to wholeness... *[However]* the mission of the Church...is to rescue *[victims]* and seek to bring about a rebirth...that will lead to affirmative and healthy relationship. Following in the footsteps of Jesus Christ the Divine Healer, our call is to meet...the suffering in

friendship in order to awaken in them trust and hope and to restore in them a sense of personal worth and dignity. This is a holistic healing which has effects on the suffering people's spiritual, psychosomatic, and physical realities. " (Waruta & Kinoti 2005:132-3). In the light of the above, the author further appreciates Gerkin's elucidation of the pastor as the shepherd of the flock: "we need to have written on our hearts the image clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the flock of Christ...Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those immediately within our care and those strangers we meet along the way." (Gerkin 1997:80). Furthermore, "Jesus Christ declares himself the Good Shepherd (*pastor*), who gives his life for his sheep (Jn 10:11) and who sends his disciples to continue in the task of feeding his sheep (Jn 21:15)." (Waruta & Kinoti 2005: 5).

Waruta & Kinoti goes on to state that "Christ never sanctified suffering but rather he alleviated it whenever and wherever he encountered it." (Waruta & Kinoti 2005:135). The Shepherd shows a particular tenderness for them. He gathers the lambs in his arms, and carries them in his bosom (Isaiah 40:11). The role of the counselor is to provide an empathic "holding environment" within which the counselee is able to resolve these destructive developmental impasses and move away from their dependency needs toward autonomy and full functioning. The following Chapter introduces and outlines the concept of trauma. The main objective of chapter 4 is to focus on childhood trauma and the stories of the co-researchers. People are tenacious when it comes to the

treasure of their imaginary independence. They hoard and hold their sickness with a firm grip. They find their identity and worth in their brokenness and guard it with every degree of strength they have. In that sense one tries to lock the door of one's heart from the inside.

CHAPTER 4:

4.1 CHILDHOOD TRAUMA

Trauma is broadly defined, and includes children exposed to traumatic events including, but not limited to natural disasters, war, abuse and neglect, medical trauma and witnessing interpersonal crime, for example, domestic violence and other traumatic events. Trauma can interact with and exacerbate pre-existing vulnerabilities across development. Trauma exposure may generate adverse life events and circumstances (secondary adversities) that may continue to transmit the adverse effects of trauma over time and across development. "Like ripples on a pond when a stone is thrown into the water, the effects of traumatic event spread out from the center to include families and friends and many others in an ever-widening circle."(Parkinson 2000:1). And..."Experiencing a traumatic incident means loss, and loss is an inevitable consequence of human life, from birth to death."(Parkinson 2000:2). Experiences as a result of traumatic events are part of life. Means asserts and shares the sentiments of Parkinson by stating that "we cannot expect to live life fully without being traumatized, and we depend on one another for the healing of our trauma wounds" (Means 2000:67).

The very pain of loss contains within it the seeds of healing and renewal. Much as we are hurt by people, we also depend on others for the facilitation of our healing, since "the healing process is a process of relationship" (Means 2000: 211). Therefore, those who suffer are experiencing normal reactions to abnormal events. Parkinson is of the belief that the way to renew and heal is to move through the pain and not deny its existence. To pretend that the pain does not exist or will simply go away can lead to much deeper

and more complicated problems later (Parkinson 2000:2). Children traumatized as a result of domestic violence generally experience a sense of betrayal and a deep challenge to their own meaning-making systems. Meaning-making is central to human nature. It is crucial to discover the way traumatized children understand their experiences by carefully listening to their stories and believing them. This minimises the generalizations across different particularities. Trauma permanently changes its victims' personal construction of reality. Those principles by which one has lived and organised experience, what we have called one's narratives, have been radically challenged by the trauma of intimate violence. In order to heal from trauma it is necessary somehow to integrate this alien and fragmenting experience and rebuild a narrative that allows meaning to be built out of it. It is also necessary to rebuild the narrative in such a way that hope is present-hope in a life of meaning and purpose, not just survival.

More than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder (Graham-Bermann, 1994:101). Without treatment, these children are at significant risk for delinquency, substance abuse, school drop-out, and difficulties in their own relationships. Geffner *et al* asserts that 'many traumatized children have temper tantrums and fights with siblings and schoolmates'. They quote Kalmuss who "found that witnessing violence was not sex specific; children who witnessed either parent hitting the other became more violent regardless of their gender...Witnessing parental violence is typically part of a confounded set of traumatogenic influences on early development." (Geffner *et al* 2000:65). There is no

clear reason as to what triggers an emotionally traumatic response in one person and not in another. However, it is likely that one or more of these factors are involved:

- The severity of the event;
- the individual's personal history, which may not even be recalled;
- The larger meaning the event represents for the individual, which may not be immediately evident;
- Coping skills, values and beliefs held by the individual, some of which may have never been identified; and
- The reactions and support from family, friends, and/or professionals.

4.1.1 Interpersonal Trauma

Children live in a world where the possibility of experiencing traumatic events is very real. Trauma can be both physical and psychological. Psychological trauma is an individual's response to an unexpected event, experienced intimately and forcefully (Everstine & Everstine 1993). Trauma affects children holistically. The effects of trauma have the ability to permeate all areas of a child's healthy development and negatively impact their lives in the present and in the future. "Children by their nature are relational. When intimate relationships are severed through traumatic events, children experience a loss of safety, trust, and value" (Perry & Szalavitz 2006: 231). The impact of trauma on children is more pervasive and longer lasting than with adults because their brains are still developing. Children who have experienced interpersonal trauma often display a disrupted ability in the regulation of their emotions, behaviors, and attention. The effects of trauma influence their self-concept, their sense of the world around them, and their ability to regulate themselves. Dass-Brailsford is also of the same mind that

younger children lack the cognitive ability to process intrusive and distressing experiences (Dass-Brailsford 2007:121). The effects of interpersonal trauma on children vary at different developmental stages (Dass-Brailsford 2007:208). The earlier the traumatic event occurs, the more damaging its effect on the child (Perry & Szalavitz, 2006: 227). The impact of early interpersonal trauma is so pervasive that the effects can transcend into later stages, even after the trauma has stopped.

Children who have experienced interpersonal trauma often display five types of play behaviours (Findling, Bratton, & Henson 2006: 7-36).

- *Intense Play* is play with an intense, compulsive and driven character.
- *Repetitive Play* is play that must be played out the same way each time it occurs, often with a literal quality.
- *Play Disruption* is a form of dissociation exhibited by an abrupt change in the child's play.
- *Avoidant Play* is characterized by the child's avoidance of the play therapist.
- *Expression of Negative Affect* is the lack of any affect or affect that is incongruent with the child's play.

The negative impact of interpersonal trauma on children is evident. Interpersonal trauma recovery for children needs to include the rebuilding of trust, regaining of confidence, returning to a sense of security, and reconnecting to love (Perry & Szalavitz, 2006: 231-232).

4.1.2 The possible effects of emotional trauma

The unrecognized, emotional trauma can create lasting difficulties in an individual's life.

The author appreciates the account by Geffner *et al* that the profound trauma

symptoms include the “erosion of basic assumption about the expected order of things” and... “significantly shape their development” (Geffner *et al* 2000:4). One way to determine whether an emotional or psychological trauma has occurred, perhaps even early in life before language or conscious awareness were in place, is to look at the kinds of recurring problems one might be experiencing. These can serve as clues to an earlier situation that caused a dysregulation in the structure or function of the brain. Common personal and behavioral effects of emotional trauma entail *inter alia*: compulsive behavior patterns;

- self-destructive and impulsive behavior;
- uncontrollable reactive thoughts;
- dissociative symptoms;
- feelings of ineffectiveness, shame, despair, hopelessness;
- feeling permanently damaged; and
- A loss of previously sustained beliefs.

Furthermore, common effects of emotional trauma on interpersonal relationships entail *inter alia*:

- Inability to maintain close relationships or choose appropriate friends and mates; hostility;
- Argumentative;
- Social withdrawal; and
- Feeling constantly threatened

Traumatized children exhibit response patterns commensurate with their traumatic experiences. (Geffner *et al* 2000:74).

4.1.3 Post-trauma Stress

The so-called Iceberg theory offers another way of trying to understand post-trauma stress (figure 1). A traumatic event can cause reactions that disturb the 'whole iceberg', that is, the subconscious and the conscious mind alike. Hidden memories and previously learned patterns of coping can be recalled and come to the surface. "Every human being is like an iceberg floating in the sea, with only a small part visible above water. The part of the iceberg that rises above the water and can be seen as it floats around in the sea represents our conscious level. Underneath, hidden from view is the major section of the iceberg. Similarly, starting just below the surface of our conscious thoughts lies the subconscious. Closest to the surface lie our more recent memories. Certain pieces of information there are immediately available to us and can be recalled instantly when needed: our name, address, telephone number, the place we live in, and so on. Other pieces of information are more difficult to recall or remember...These can be thought of as lying further under the surface, in the subconscious, but still available when needed if we can remember them. At a deeper level still lie our unconscious memories and experiences. Some of these we think we have forgotten and would find it hard to remember, but a name, a picture, a sound or a smell can bring the memories flooding back. Deeper still are the experiences we have buried and, again, we think forgotten. The more painful these experiences are, the deeper we have buried them. "

(Parkinson 2000:39).

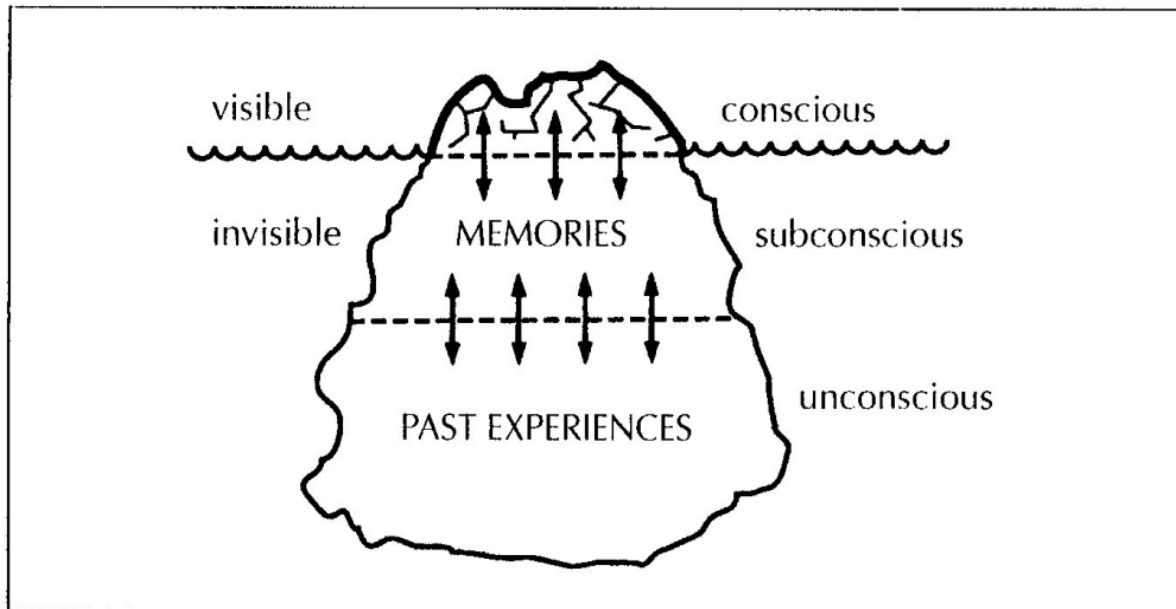


Figure 1: The Iceberg Theory

The drawback in the light of such experiences is that they can date as far back as having taken place during childhood. There are also those unsavoury and disturbing experiences that we wish not to remember hidden away. However it is not only distressing experiences that are buried somewhere in our memory bank. There are also good experiences, which would usually be accessible as well as acceptable. "We also have beliefs, expectations, hopes, prejudices, ideas and a whole "hidden agenda" from our character, upbringing and environment waiting on call, some aspects are more hidden than others. Sometimes these can emerge with devastating effect." (Parkinson 2000:40). Traumatic experiences can lie deep within our minds, and the feelings and emotions associated with them are often all too ready to emerge and influence who and what we are and how we behave. "In this model, post-trauma stress is *not only* the result of a distressing event, *but also* the result of our own repressed feelings and our

own inner world, our previous experience and the kind of help we are or are not receiving now from other people” (Parkinson 2000:41).

4.2 Helping Children Exposed to Domestic Violence

4.2.1 Debriefing Process

Following a traumatic event, proper psychological intervention and attention is imperative. This will aid the process of debriefing to be optimally productive, since the body’s natural defense mechanisms are on high alert. Traumatic event has devastating effects on the lives of those involved directly or peripherally. It’s common to feel loss of control over one’s life following trauma. Debriefing helps a child to regain some sense of control, integrate the profound personal experience resulting from the trauma and prevent suppression of feelings that could surface as problems later on, often as post-traumatic stress syndrome (PTSD).

Parkinson alludes to the fact that: “This procedure has been shown to lower the possibility of deeper problems emerging at a later stage. The main focus of the debriefing is to acknowledge that the reactions people are experiencing in connection to the trauma, whatever they are, are normal. The basis of debriefing is to convey that those involved are normal people who have experienced an abnormal event. They are not mentally or emotionally sick or ill. They are experiencing the normal symptoms of trauma and loss. The debriefing process lets people talk through their experiences in a structured and disciplined way. They are encouraged to move naturally from the facts as they perceive them to their feelings before and during the event. Next they look at how they feel now, at what they might need and what resources are available to help them in

the future...Debriefing is for everyone and anyone involved in the trauma, from victims and survivors to helpers, carers, and, in some instances, entire families” (Parkinson 2000:2-3).

Debriefing helps survivors deal with the negative and uncontrollable, often very painful feelings and behaviour that comes to the surface after a traumatic event. The first session involves ‘telling the story’ in order to deal with its emotional impact and uses all the senses to reconnect with the images and experiences, to be able to let it go over time. If a child has been exposed to trauma, the child must be allowed the space to express any thoughts, feelings and fantasies that emerge. Through the process of debriefing a role through which a child gets empowered is identified. Thus the child does not need to feel helpless or vulnerable and this is enormously comforting.

4.2.2 Recovering From The Trauma

The empowerment of the survivor is the first tenet of recovery. S/he must be the author and arbiter of his/her own recovery. Those around the survivor may offer support, assistance, and care, among other things, but they are not in a position to offer cure. If the fundamental principle of empowerment is not observed, many benevolent and well-intentioned attempts to assist the survivor will come to nothing. Intervention must and should not take power away from the survivor. A therapist must validate the survivor’s experience with the basic intention of helping the survivor to control his/her behavior rather than trying to control the survivor. The Christian pastoral therapy has as its distinctive and ultimate goal as: “the healing of the deep alienation within and between

persons, and nurturing of their growth... It seeks to help them to grow toward the full blossoming of wholeness represented so clearly in Jesus. His aliveness, self-affirmation, inner freedom, and profound love of God and persons were wonderfully contagious, enabling those with whom he related to become more whole.”(Clinebell 1984:380). The author buttresses Clinebell’s notion of healing with the acuity he embraces that healing goes further than caring only for physical affliction. And this draws from a faithful imitation of our Lord Jesus Christ. Christ touched people at the deepest level of their existence. Thus sought their physical, mental, and spiritual healing (*Jn 6:35, 11:25-27*). Healing includes the whole person: spirit, body, and emotions. There is an exquisite interplay of emotional healing, spiritual growth, and bears close relationship to physicality. God wills our wholeness, and is actively involved in our growth. The healing ministry of our Lord is still continuing in the community of faith. And as the light of Christ to penetrate old pain, it empowers the survivor to discern God’s particular invitation to wholeness. In the process of helping people move through the healing process of trauma recovery the clergyperson assume different roles.

The clergyperson is not only the agent of healing in the church. The clergyperson needs to be able to work in concert with appropriate community resources for the good of the care receiver. The church must send a clear message through its education programs, and support group structures. Children who have been traumatized as a result of intimate violence are not in distress because they have characterological or even behavioural deficits. They are in distress because they have had minimal opportunity to process and integrate a traumatic history into the rest of their lives. Furthermore, they

are in distress because skills and strengths that were of great help to them in surviving the violence now gets in their way. In other words, their defense mechanism becomes a problem as they seek to deal with the problem they had encountered.

To address these clergy must find ways to best hear the story of the violence, believing and supporting that story fully, and helping the traumatized child to make sense of it and meaning out of it for his/her ongoing life narrative. In addition, the clergy needs to assist the traumatized child in discovering ways that his/her strengths can be used appropriately for their current context so that they do not cause further distress. Narrative theory is helpful for both of these goals. Narrative theory works to understand the sources of the beliefs and assumptions built into any person's narrative, especially those aspects of the narrative that are causing distress. The cultural analysis is shared between clergy and traumatized children as they work to co-author a preferred narrative. Intimate violence and its damage can only be understood in the context of a culture that uses a variety of methods to normalize it. It is within this cultural analysis that the rest of the goals for trauma recovery are set.

The primary starting place for this care giving work is in listening deeply to a traumatized child's story and joining the child in giving it a voice. In short, naming the problem that they are struggling with. This is the process of co-authoring. Trauma memories often are recorded in visual or sensory images without a coherent narrative to hold them together. Not only have words and voice been missing, but credibility has

also been absent. As the journey of speaking about the traumatic experience begins, the child is then on the way to becoming a survivor. Justice means believing the child's story though the facts thereof may seem muddled and confused. The truth is that the traumatic experience of the child is real. The truth is, in this regard, not external but rather subjective. The responsibility of the researcher is to help the story to be told. In the process of its telling, help the traumatized children to explore the assumptions and frameworks that have made history truth for such a child. The story needs to be told, in its fullness, while being heard by both clergy and traumatized child in a non-determinative way. The child must be certain s/he is fully believed and that the clergy has empathy for the deeply traumatizing effects of the experience without affirming her/his permanent status of the victim.

Counseling depends on the child's active participation by sharing experiences, thoughts, and feelings. Woods & Woods asserts that when children experience little control in a conversation with adults, they reveal little of their thoughts, feelings, or intentions (Woods & Woods 1983:149-162). Some children find it easier to express thoughts and feelings in the context of a game. The game provides a familiar social context to school-age children (Gardner 1983: 259-273). Children are more capable of communicating their thoughts and feelings when they are provided with a familiar context (Melton & Thompson 1987: 209-229). Following a traumatic event, most people experience a wide range of physical and emotional reactions. These are *normal* reactions to *abnormal* events.

4.2.3 Gathering Information Using Stories

Narrative method, also known as storytelling method, is a technique employed to collect the most unadulterated and in-depth insight into the network of someone's thoughts, feelings and associations. This method affords the researcher the ability to learn to better understand a complex reality. Story-telling is a deeply rooted human phenomenon. "Individually and collectively, stories offer a way to "make sense" of our experiences. By telling stories, we do more than simply relate a sequence of events, but convey information about the context in which those events occur and meanings they hold for the storytellers, offering insight into larger cultural ideas and values." (Geffner *et al* 2000:109). Stories in the light of personal experience are appropriate for making complicated subjects comprehensible to others. Stories and the context in which they are told frequently lead to a richer output and to more profound insights as compared to answers to specific questions.

"To be a person is to have a story. More than that, it is to be a story" (Kenyon and Randall 1997:1). Story-telling is deeply appealing and richly satisfying to the human soul, with an allure that transcends cultures, ideologies, creeds, and academic disciplines. Story-telling is a fundamental structure of human meaning making. The events and actions of one's life are understood and experienced as fitting into narrative episodes or stories. Accordingly, identity formation and development can be understood in terms of narrative structure and process. In this view, "the self is given content, is delineated and embodied, primarily in narrative constructions or stories" (Kerby 1991:1). "Stories of the children whose lives have been touched by violence are

as diverse as their experiences. Yet, when we listen, we hear similarities, common themes and patterns which reflect a shared social and historical context. Traditionally, children have not been encouraged to talk openly about their experiences." (Geffner *et al* 2000:109).

It is a way of sharing knowledge, insights and feelings with others. Stories and the context in which they are told frequently lead to a richer output and to more profound insights. It is the particularity of the story-the specific situation, the small details, the vivid images of human experience--that evokes a fuller response than does a simple statement of fact. This detail provides the raw material for both cognitive appreciation and affective response to the experience of another person. Stories invite and demand active meaning making. Bruner (1986:9) explains that the story develops the "landscape of action" and the "landscape of consciousness"-the element of human intention.

The clergyperson is in a position to make use of stories from the Bible. That will allow the person or persons in crisis to reflect on their situation. Stories help people compare their situation to the situation of characters in the biblical text, in a way that will help them heal. In this regard, Wimberly rightly focuses on developing a "conflict- and anxiety-free source of narrative" (Wimberly 1991:81). Stories have a potential of being instruments of transformation, as well as information (Jackson 1995: 3-23). Because stories lead from the familiar to the unfamiliar, they provide an entryway into personal growth and change. As Clark notes, 'it is when one can identify with a character who has changed that one can envision and embrace the possibility of change for oneself.' (2001: 83-91). Stories of achievement and transformation can function as motivators,

pathfinders, and sources of encouragement. In short, stories enable us to engage with new knowledge, broader perspectives, and expanded possibilities because we encounter them in the familiar territory of human experience. As Hopkins has it, "Our narratives are the means through which we imagine ourselves into the persons we become" (Hopkins 1994: xvii). The transformative dynamic of the self story lies in the profoundly empowering recognition that one is not only the main character but also the author of that story.

For a traumatized child to know s/he is believed and supported makes an important difference in the child's healing. One of the things that becomes apparent when one works with people who have been victimized is that they have a story to tell. The process of story-telling empowers the survivor, broadens perspective, and enlarges threads of hope and positive meaning. It further opens up avenues for refreshing possibilities and potentials. Change, then seem possible. In addition, people who have been victimized and have shared that story do better than those who have not shared. The author in his engagement with the co-researchers has come to the realization that the nature of the stories of the co-researchers who endured this unsavory experiences change over the course of their journey towards of recovery and towards healing and restoration. It is imperative combining talk therapy with a focus on the body.

At the outset, those seeking help may have perceptions of themselves as "victims", as "prisoners of the past". This is more likely if the individual has been repeatedly victimized. Furthermore, they view the world as being unsafe and their situation as

being "helpless" and more so "hopeless". The beliefs in themselves and others have been "shattered". Lyrics of the song by an internationally renowned pop artist Sting bolster such beliefs: "I've been shattered, I've been scattered I've been knocked out of the race, but I'll get better."¹⁹ As the author describe patients' feelings as expressed in their stories, it becomes clear how important the therapeutic alliance is to this change process. In the safety of the therapeutic alliance, the pastoral counselor must listen and observe compassionately, emphatically, and in a nonjudgemental manner the co-researcher's accounts. A very interesting observation of the author has been that collaboratively, in the safety of the therapeutic relationship, the story of the trauma change.

Through story telling the author set out to help the co-researcher attend to features of their "stories". Thus, the co-researcher tells the "rest of the story" and considers the implications of such survival skills for coping in the future. These process seek to empower the co-researcher to move from viewing themselves as a "victim", to becoming a "survivor". And even to the point of becoming someone who thrives, as the co-researcher (come to help others and) transform their pain into something good that may arise from their experiences. In this case, the children helping each other – the brother help out the little sister. The "art of questioning" helps nurture the co-researcher's sense of personal agency in this transformation process. The one who "thrives" still remembers, but uses that pain more effectively. Co-researchers learn to develop their own voice and not repeat the "stories" that were conveyed by victimizers.

¹⁹ Lyrics from Sting's Song, Lithium Sunset taken from the album, Mercury Falling.

In employing narrative therapy with children when defining the problems, children are then able to let their experiences become the guide in authoring stories that stand outside the limits of their problems. Constructing preferred stories mostly, if not always, go hand in hand with the process of Pollard's positive deconstruction.

Positive deconstruction is employed to help people to rethink their beliefs. We are currently living in a situation demanding multi-cross cultural mission. If we take seriously reaching people in a anyway, especially with the gospel, we must also be serious about looking carefully at the worldviews that have been absorbed by the people we are trying to help. Worldviews here refers to the kind of belief or behaviour - the type of things people will say or do if they have absorbed a certain opinion and now underlie their beliefs and values. The process of positive deconstruction involves four elements: *identifying the underlying worldview analyzing it, affirming the elements of truth which it contains, and, finally, discovering its errors.*

Identifying the worldview: Most people seem unaware of the worldviews they have absorbed, which now underlie their beliefs and values. They reveal the underlying worldview by the statements they make, but they seem largely oblivious of them. At the same time, most clergy are not normally aware of the worldviews underlying the ideas of people we are trying to reach. All too often we work at a surface level, reacting to individual statements or behaviour instead of endeavouring to respond to an underlying worldview. The responses with troubled children have been to a large extent

addressing the surface and not the foundation, the effect and not the cause. The first task of the process of positive deconstruction, then, is to identify the underlying worldview. *Analyzing the worldview:* Once we have identified a particular worldview, we can now move on to the next process, which is to analyze it. To do this the three standard philosophical tests of truth are employed – the coherence, correspondence and pragmatic tests. We need to ask all three questions about it. Does it make sense? Does it correspond with reality? Does it work? As we do so, we can look for elements of truth that we may affirm as well as errors that we can discover. *Affirming the truth:* There are elements of truth in worldviews people possess which we must affirm. If we fail to do so, people will not listen to us. More so, with traumatized children. *Discovering the error:* As much as containing truth, however, these worldviews also contain error. It is necessary to analyze the worldview and valuable to affirm the truth that it contains. But it is vital to discover its error. Only then shall we be able to help people begin looking at *'restorying'*.

Positive deconstruction allows for stories to be enriched, and re-experienced. It, in addition, provides a medium through which a child's voice and the child's thinking, knowledge and authorship of a preferred life story are presented. Participating in traumatized children's developments has made the author aware that 'bravery does not have to speak in a loud voice or come from visibly grand demonstration' (Freedman & Combs 2002:166). Their voices are few of the many that reveal the abilities and knowledge accessible to us in children. 'People make meaning of their lives by organizing key events into stories, which they then incorporate into a larger life

narrative.' (Freedman & Combs 2002: 205). The author's opinion on the statement made by authors(Freedman & Combs), is that in the light of traumatic experience, the story line breaks off, thus disrupting the time flow. The hurt of trauma has therefore, a ticket to show up in the present and reels its head any moment it wants to, bringing about anguish over and over again. With regular daily experiences, the events become past experiences etched in the memory after certain meaning to what has happened is attached. It is important to have meanings of the events. It is not imperative to either like meanings attached to experiences or not. A sense of identity, the idea of who one is (regardless of whether it's true or false) grow as the meanings continue to snowball inside the mind. The internal communication progression takes effect in the light of continuing to make sense out of one's reality. Most likely the pain is going to remain until one is able to find some meaning for it. Traumatic event does not only make sense in a person's storyline. Save for it shatters a person's sense of self because the main function of identity is to create meanings. Post trauma, it is arduous to make sense of reality any more. As healing progresses, the survivor learns to attach some meaning to the pain that initially shattered the survivor's life. Pain has the ability to turn the complete system of beliefs and values upside down, and often reconstructing our entire semantic universe, just to ease the pain. And it works when it happens. New meaning have an ability to restore the flow of time and transforms the recollection of pain so that the survivor is able to move on.

An example of this change process: Two children witnessed a very disturbing act of domestic violence which led to the gruesome death of their mom. Each has articulated

and comprehended this as per their impressionable minds could embrace respectively. The emotional pain they experienced does just not go away. The question for co-researchers is how to muster the courage and to transform their emotional pain into something good that will come of it. The adage that "thou shalt not forget", becomes a personal directive. For forgetting would give the impression of dishonoring the memory of the lost one. How individuals use the memory of the loss to make changes is a task of therapy - "find meaning". Positive deconstruction is imperative in this regard to facilitate the process of restorying. This process will help the therapist in dealing with traumatized children. It will lead them to healing.

Kenyon & Randall (1997:3-5) sees '*restorying*' as the central process of transformative learning. Narrative therapy challenges people to broaden or change the stories that they tell themselves about themselves, which shape their lives. Questioning and reformulating one's life story can renew a sense of meaning and possibility. Deconstruction and reconstruction of one's personal narrative has been called "restorying" the life project. Movement from a "problem-saturated" personal narrative that emphasizes pathology and victimization to one that accentuates latent strengths can mobilize an individual to fight against negative life events. Narratives help therapists understand and respect diversity within the value base, culture, lived experience and life context of people served. When the previously disqualified voices of people whom the dominant society has marginalized are honored, submerged issues of justice, power and abuse of privilege commonly come forth. The basic idea behind restorying is that when individuals "externalize" their own stories, they are better able to

locate and assess their own stories within larger familial or cultural contexts. This process opens the way for people to choose alternative narratives. The restorying process is a method to foster positive life change. The central transformative dynamic is a matter of gaining an empowered perspective on one's life through telling and interpreting one's self story.

In the assessment of the emotional development the crucial dimension is the nature and quality of the child object world. This entails how does the child relate to others and feel about him or herself. In her article, in *Lanyado & Horne*, Green asserts that "the qualitative way in which the child relates to others is built up by the mainly conscious, unconscious and experiential forces that have fed into his [*her*] development...In the course of early development children are gradually enabled to take steps towards regulating and mastering their inner impulses. In order to do so, they are dependent upon the continued presence of a consistent caring attuned adult. The route to mastery can be impeded in different ways: the absence of a caring consistent caregiver, discontinuities in care and traumatic impingements or losses."(Lanyado & Horne 1999:204-5).

4.3 Play Therapy

Adults often think of child's play as mere fun and games, or a way to fill time. Actually, imaginative and creative play assists a child's cognitive growth and emotional adjustment. Through play, a child develops self-confidence, a positive self-image and learns to express feelings, make decisions and cope with real-life situations. As such, play can be therapeutic, helping a child deal with and overcome problems that inhibit

his/her normal development. During play and from the initial contact, it is important to note the child's general appearance. In addition, fine motor skills should be observed to assess the child's ability to manipulate objects while gross motor ability can be assessed from activities in the playroom. Furthermore a general level of cognitive development can be observed through a variety of activities. Verbal ability provides clues as far as the child's general level of language development is concerned and whether the child's speech and grammar are age-appropriate. In play therapy, building of a structure and/or solving a puzzle, can be employed to aid the observation of problem-solving ability. Psychosocial development also sheds light on the aspects of the child's affect and behavior that seem to inform the structure of the child's personality.

Therapeutic play, (including play therapy), is a well established discipline based upon a number of psychological theories. Research, both qualitative and quantitative shows that it is highly effective in many cases. Recent research by Play Therapy UK (PTUK), an organization affiliated to Play Therapy International (PTI), suggests that 71% of the children referred to play therapy will show a positive change. A safe, confidential and caring environment is created which allows the child to play with as few limits as possible but as many as necessary. This allows healing to occur on many levels following our natural inner trend towards health. Play and creativity operate on impulses from outside our awareness - the unconscious. This involves no medication.

The child is given strategies to cope with difficulties they face in life and which they themselves cannot change. It provides a more positive view of their future life. Sessions

may last from typically 30 to 45 minutes. The length of time a child is seen in play therapy would vary from child to child. It depends upon the severity of the trauma, the child's personality, and how the child perceived the trauma. They may be with individual or groups of children. A variety of techniques are used mainly according to the child's wishes and the skills of the 'therapist'. These may include:

- Therapeutic Story Telling;
- Drama-role play;
- Puppets & Masks;
- Sand;
- Art - drawing; and
- Clay.

The first recorded use of therapeutic play goes back to 1919. It is informed by a number of psychological theories. Two major approaches are 'Non-directive play therapy' and 'Directive play therapy'. Non-directive play therapy looks at play as a healing process. It gives the child the opportunity to 'play out' feelings and problems and learns about themselves in relation to the therapist. Play in this model is not seen as stimulation for other kinds of therapy, rather as the therapeutic intervention itself. The focus of this theory is on the healing process of play. Short-term, directive play counseling methods could prove necessary because they are effective and they fit more readily within the restrictions imposed by the setting. There are times, however, when it would be beneficial to use nondirective play approaches, such as when the counselor is unsure of what's really going on with the child, when children resist the direction of the counselor,

when there are serious "control" issues, etc. Non-directive techniques are valuable in establishing rapport with "hard-to-reach" children. The researcher has found the combination of nondirective and directive approaches to be feasible and effective. Thus the adoption of a mixture of both approaches according to circumstances would yield desirable results.

When combining nondirective and directive play counseling methods, it's extremely important to ensure that the child knows the difference. This prevents confusion for the child and keeps their play communication as open as possible. A way to handle this is to tell the child something like, "For the first part of today, *you* may select the toys and how you'd like to play with them; in the last part of today, and I will select the activities." When changing from nondirective to more directive play, it's helpful to give the child a chance for closure in their non-directed play ("You have one more minute left in your playtime before I select an activity for us."). And then to reiterate, "Now we're going to do something I've selected", when starting the directive portion of the session. Most children seem to respond well to this arrangement.

There are several different theoretical models of play therapy that may be used with children who have experienced trauma. Their modes can be directive, non-directive, or a combination of both. They range in theoretical orientation from psychoanalytic play therapy, which uses a Freudian approach, to cognitive behavioral play therapy, which uses a cognitive behavioral approach. For the purposes of this research the focus is on child-centered play therapy, which is a person-centered approach to working with children and object relations thematic play therapy. For younger children child-centered

and object relations thematic play therapy are the treatments of choice. Starting with non-directive, child-centered play counseling and end the sessions with more directive play counseling works effectively. There are two main reasons for this: (1) Starting with the nondirective play gives children a chance to relax and permits freer expression of their own issues at the start of the session. It's the child equivalent of the adult counseling lead-in, "Tell me how things have been going for you lately." (2) Children usually must return from counseling sessions to structured general living settings. Ending with more directive play interventions helps them make that transition more easily.

Play therapy offers a child a safe place to play out, rather than talk out, her/his thoughts, feelings and problems. The therapist chooses toys that encourage "fantasy play," such as clay, sand, water, drawing materials and puppets, as well as toys that enable a child to act out real-life scenarios. The therapist builds a warm and supportive relationship with the child. This is in line with encouraging the child to open up through the symbolic language of play. During a therapy session, few limits are set. This is done to accord the child complete freedom to control his/her play and actions. In such a protective, yet empowering environment, the therapist is led by the child to the source of the child's emotional disturbance through the child's activity and behavior. The developmentally appropriate techniques are employed by the therapist to lend the child a hand let go of negative or restricting feelings and develop coping mechanisms to use in real life.

Treatment should be developmentally appropriate for each child. It should work from where the child is, not from a theory. It is imperative not to start at the 'beginning' but at the emotion. Play accords an opportunity for children to learn what none can teach them. It becomes a way through which the children explore their actual surroundings. Play also helps children to adjust themselves to the actual world of space and time, of things, animals, structure, and people. Play further furnish children with the ability to move and function freely within prescribed limits. Children learn many things through play. They learn, *inter alia*, to develop positive relationships with others. In addition to that, children learn how to verbalize their needs and wants, and learn to master skills. Play helps children solve problems, it allows a child to express their needs, and helps stimulate language growth. Play therapy is to children what counseling is to adults. Play therapy utilizes play, children's natural medium of expression, to help them express their feelings more easily through toys instead of words. In the book, *Play Therapy: The Art of the Relationship* Dr. Garry Landreth defined child-centered play therapy as: "A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development."(Landreth 2002:16).

Play Therapy is the most appropriate method of treatment for children who are having difficulties coping with life situations. Though children lack the cognitive skills to

express themselves with words, they are fluent in the language of play. Play therapy allows them to express themselves in the way in which they are most comfortable. Play therapy uses the child's natural tendency to "play out" their reactions to life situations. For children playing out provides self healing process in childhood." Treatment of psychological problems requires communication, no less in work with children than with adults. Thus for children play becomes their talk and toys are their words. Play therapy is employed to help the child feel accepted and understood and to gain a sense of control or understanding of difficult situations. In human development the importance of being heard and understood is unquestioned. In most instances a child's attempt to share the effort of making sense of the ongoing experience, is often muted in its hearing by the filter of adult perspective. When children play they can communicate about current and past events. Furthermore, they can use verbal and non-verbal expressions to describe events in their lives, and can safely develop play themes around the child's current problem.

The purpose of play is diverse: a rehearsal for future life; dealing with anxiety and conflict; exploring the space between fantasy and reality; and cognitive and social experimentation. The play, to a large extent, helps the child make sense of that which causes anxiety. The ability to symbolize what has been feared and to place it outside, for perusal and to acquire control, is important for later stages in life to gain mastery and not be overwhelmed. The play helps in the process of not having to act out what might otherwise feel uncontainable. Through play the child builds up capacity to symbolize anxiety and thus play becomes a route to unconscious conflicts. Hughes cites Freud

asserting that: "...in their play children repeat everything that has made a great impression on them in real life, and that in doing so they abreact the strength of the impression and make themselves master of the situation" [1920/1955, p.17] (Hughes & Baker 1990:87)

Much as there are different school of thought on the appropriate setting for the play interview, but the common denominator among all is that the play space should be safe. "There are no hard and fast rules as to the type of room used to conduct the play interview... While the interviewer does not have a choice as to where to conduct a play interview, s/he does have a choice as to what types of material will be available for the child to use during the interview" (Hughes & Baker 1990:91). Children who experience play therapy are able to deal with the emotions that are experienced after the traumatic event in a way that is developmentally appropriate for them.

When children feel respected, accepted and safe in the interview, they respond more freely and honestly. The child's relationship with the interviewer is the most important determinant of the child's communicative competence and openness. Hughes quotes Yarrow (1960) as stating that: "The interview is distinguished from other data gathering research approaches commonly used with children by its dependence on an interpersonal relationship. This is a source of strength as well as difficulty" [1960: 561-562]..."An interview that probes feelings, attitudes, and deeply personal orientations requires a deeper level of relationship in terms of warmth, sensitivity and

responsiveness than one concerned primarily with obtaining data” [Ibid:569]. (Hughes & Baker 1990: 56).

Children feel accepted and understood when an adult picks up on their feelings and summarizes them in a questioning rather an ‘expert’ manner. Furthermore, the child is helped to feel accepted when the interviewer adapts his or her language the child’s. “Children have a hard time sustaining conversation and need frequent specific probes and empathic comments in order to communicate effectively. Questioning children is a subtle art, requiring a combination of open-ended questions, specific questions that avoid leading and a generous sprinkling of ‘extenders’. Questions that are asked in a familiar setting and that are related to ongoing activities are more likely to encourage responses. The common error is that of asking too many questions and asking ‘forced-choice’ questions that elicit one-word answers.” (Hughes & Baker 1990:33). Questions must be informed and dictated to by the child’s activity and verbalizations. And in that light questions asked should be encouraging to the child to share thoughts and feelings.

Group play therapy is similar to individual play therapy in many ways, but is different in that usually between 2 and 4 children spend their play therapy time together with the therapist. Group play therapy provides children with the opportunity to learn and practice social skills in situations that are very similar to real life social situations.

4.4 PLAY AS METAPHOR

One of the most effective ways for a play therapist to encourage a child’s developmental progress is to use play and playthings as metaphor of communication.

Metaphors are often defined in a variety of ways. Frey state that allegories, analogies, similes, proverbs, stories, parables, art, the various uses of objects such as puppets, toys, animals, are all described as metaphorical methods of communication (Frey, 1993:223-240). Metaphors can thus also be seen as as a kind of figurative language. Thus Drucker sees, in play therapy, the constructions of metaphors as important in articulation, communication, and the ability to master an experience (Drucker, 1994:53-71). The use of metaphors provides several advantages for children in play therapy. Metaphors allow the child to protect the self and project the experience on to another object, which is much less threatening. Metaphors are often viewed as communication, which affects the unconscious allowing changes in the meaning of the experience and the perception of the situation for the child.

In order for children to express themselves using metaphorical constructions, the counseling environment must provide the necessary props for this type of communication. Play therapy, which involves the use of a playroom, naturally allows the child the medium needed for metaphorical communication. The use of metaphors in play therapy can be either directive or nondirective. Metaphor, so it seems, is a form of language as dance. It stretches us into making new connections, reaching always beyond the limits of language to the land where growth occurs. In using metaphor in therapeutic change and spiritual direction, we invite people to enter with us into this dance of language. Whitehead spoke with deep insight when he said that "expression is the one fundamental sacrament." (Whitehead 1926: 131). Out of the random choreography of our gestured speech, it is ultimately the holy that seeks utterance. We

are inevitably plunged into a meaning that is acted out and danced, with every desire being to speak. Language is therefore the abode of being. Reflecting on the generative nature of language, Whitehead adds: "The expressive sign is more than interpretable. It is creative. It elicits the intuition which interprets it" (Whitehead 1926: 132-133). God speaks through us in imaginative praise.

Through reflection of play sequences, a pastoral counselor can venture reflections and interpretation that carry with them alternative constructions that a child might employ in the way s/he construes and transacts with a world that seemed traumatizing. Metaphor may also become the vehicle a child uses to venture communication of some construction that s/he fears may elicit a negative judgment from the pastoral counselor. In such instances the refuge of apparent reference only to the concrete playthings promises to circumscribe the child's perceived risk. Alternatively, a child may employ the metaphorical potential of play to rehearse alternative transactional patterns.

In play, children often communicate their experiences through the use of metaphors. Counseling children using play therapy enables the counselor to experience the many metaphorical expressions demonstrated in play themes. Through metaphorical communication, children can reveal their concerns, and demonstrate their desires. They can also express their emotions, gain a clearer understanding of their experiences, and create solutions to problems. In many cases, children communicate with the counselor using only the figurative language of metaphors. Yet, children are able to make exceptional changes in their lives and to demonstrate resilience in their coping abilities.

4.5 THE PLAYROOM

Over and above everything, an initiative must be taken to help the child become familiar with the physical environment of the playroom. In this interaction two messages of import must be shared with the child. First, that the notion of confidentiality is a defining characteristic of all that is to follow. Second, empowerment is benign to occur through the paracommunication that therapist perceives the child as someone who has experience, capabilities, and skills that will be respected.

According to Ginott, toys are to be chosen on the basis of relevance and rationale within the treatment plan. It is recommended that the playroom should neither be overstocked with an array of toys that would constitute a distraction nor under-stocked. For 'right' toys have the potential value as a vehicle for communication of issues considered relevant within the working conceptualization of the child's need. The reader need to remember that therapy with children must open them into communicating their inner world, like Gerkin's shepherd is to care for the flock. In other words, toys are used as a way of entering the inner world of traumatized children.

- **Toys in a play room** are carefully selected to facilitate creative and emotional expression from children. "Toys and materials should be selected, not collected."(Hughes & Baker 1990:133). The toys and materials are the medium in which children in play therapy express themselves. These therapeutically selected items serve as an important role in play therapy and should be chosen based on sound rationale. Selection of the toys should be done with attention to the impact

they will have on growth of the child. The types of toys used can be played with in many ways and therefore allow for decision-making in children. Landreth makes mention of three broad toy categories, namely *Real-Life Toys*, *Aggressive-Release Toys*, and *Creative Expression Toys*.

- **Real-Life Toys:** This category consists of toys that are directly representative of real-world items including doll families, dollhouse, puppets, cars, boats, airplanes, cash register, and play money among other things.
- **Aggressive-Release Toys:** This toy grouping allows for the release of emotions that are typically not allowed to be expressed in other settings and includes Bobo or the bop bag, toy soldiers, rubber knives, and toy guns (that purposely do not look realistic). Less obvious, but still important are egg cartoons and popsicle sticks that can be physically broken down and destroyed.
- **Creative Expression Toys:** This category contains toys that allow for creativity. Paints, butcher paper and an easel, crayons, sand, water, and instruments. Depending on the setting of the playroom, some of these items may need to be replaced with an alternative item.

“The point is that every toy or plaything should be thought about in terms of the goals and objectives of the treatment plan for the particular child.”(Ciottone & Madonna 1996:42). Important is for the therapist not to forget that s\he remains an observer of the child’s play rather than a participant in it. And provide an ongoing commentary of reflection and interpretation of play, framing the interventions in ways intended to foster developmental advance. Should a priest participates in play with a child, there

should be a good reason. There are instances during play therapy that pastoral counselor's participation might be deemed helpful and appropriate. For example, in a case when a child takes a play telephone and gives another one to the pastoral counselor and proceeding to play-act a call to the police station.

4.5.1 THE SET-UP

Setting up the Playroom: Layout

Ideally, these would be a playroom and an observation area with a one-way mirror. A room was divided into a play area and an observation area. The observation area was used by parents who watch the play session. The single room was partitioned, thus the playroom used about 2/3 of a room. The observation side takes up the remaining 1/3 of the room, having a small table and chairs. Part of the partition was a one-way mirror which provides an opportunity for observation. The use of charts for each child respectively to show him/her how many sessions are left each time helped make it concrete and more understandable for the child. Children often have a remarkable ability to do their "work" within boundaries such as these. At the very least, this gives the child the option to determine how much to reveal or work through during the allotted time

Setting Up the Playroom: Toys

A variety of toys which can be used in imaginative and expressive ways by children are scattered in an inviting manner around the playroom. This would include:

1. Family-related and nurturance toys:

- doll family (mother, father, brother, sister, baby)
- doll house

- puppet family
- baby bottles
- kitchen dishes

2. Aggression-related toys:

- dart guns with darts (colorful, toy guns)
- small plastic soldiers and/or dinosaurs
- piece of rope
- foam aggression bats

3. Expressive and construction toys:

- crayons or markers and drawing paper
- sand tray with miniature toys
- plastic telephones
- scarves or bandannas
- blocks or construction toys
- blackboard
- mirror
- masking tape
- masks

4. Other multi-use toys:

- cars, trucks, police car, ambulance, fire truck, school bus.
- Playing cards
- play money (from Monopoly game)

4.5.2 Initial Session and beyond

It has been found that four aspects to the play therapy intervention are important to the child feeling successful in treatment. They are: "the importance of the therapeutic relationship, the termination of this relationship, the children's attitude to talking, and the importance of having fun" (Carroll, 2002:181). During the first session, the treatment process is described, parental involvement, and the subsequent termination process. Confidentiality is looked at here, and parents sign consent to minister to before therapy can begin. It is imperative for the therapist to engage the parent(s) to learn more about the problem. This entails basic things such as how long it has been present, how they have tried to deal with it, and how it affects the child's life and family members. Then, the child is introduced to the therapist, the playroom as well as the therapeutic process. A child may see the play therapist two to three times a week. The length of treatment may vary. The child's level of functioning, during the session and at home, will worsen and improve over the course of therapy. Once the child has worked through his/her problem and has reached a state of emotional health and a level of functioning that is appropriate for his/her age and stage of development, s/he is ready to end treatment.

We come into the world with a genetic encoding that sets the stage for whom we will become. In spite of this, it is also our interactions with significant others that shapes how our genetic predispositions will be expressed. Early in life, we have little sense of ourselves, or our identity. It is through our relationships with the significant people around us that we take in parts of others (objects) and slowly build a self-structure. This eventually is known as a personality. This 'blueprint' of a self-structure is formed early in

life motivated by our relationships with the objects (significant others, and parts of significant others) around us. Once formed, this 'blueprint' has the ability to be modified. Nevertheless our indispensable propensity is to seek out others (friends, spouses) who will reaffirm these early self-object relationships. In that light early childhood is somewhat a phase during which we create a script for a drama and then spent the rest of our lives seeking out others to play the parts. This script assumes a flexible nature and can be changed in the light of our interactions with significant others that shape our lives. However, the more traumatic our early self-object relations, the more rigid and resistant to change we become. Thus children exposed to traumatic events exhibit lower levels of object relations.

4.6 Object Relations Theory (Thematic Play Therapy)

Object-relations refer to the self-structure we internalize in early childhood. This functions as a blueprint for establishing and maintaining future relationships. Object relations theory is a modern adaptation of psychoanalytic theory that places more emphasis on human relationships as the primary motivational force in life. In the light of object relations theory we are relationship seeking rather than pleasure seeking. The importance of relationships in the theory translates to relationships as the main focus of psychotherapy. The fundamental human need is that humans have an innate drive to form and maintain relationships. Within modern object relations theory, objects can be people [parent(s), others] or things, such as transitional objects with which we form attachments. These objects and the developing child's relationship with them are incorporated into a self. They become the building blocks of the self-system. It is not called "human relations" as Kernberg has suggested but instead "object relations". This

is so because we form relationships with things other than people. In childhood, we form relationships with transitional objects, e.g. toys and pets. Later in life, people form relationships with other people, and other things. Thus author also holds the opinion that the term object does justice in highlighting how humans form and preserve a sense of self, as well as relationships with others. Object relations theory and therapy grow out of several principles of human development.

Human development has to do with a perpetual attempt to break away from the dependent bonds of early childhood. In other words, we spend much of our lives attempting to break out of the limitations of dependency to reach the autonomy of adulthood. Failure to break away from dependent bonds leads to psychopathology. The process we use to attain the goal of adult autonomy is called separation-individuation, first developed by Mahler and later adopted by Kernberg and others. Trauma along the way can lead to a pathological delay of the developmental sequence, with the result being the child never matures emotionally. Eventually, as an adult with this weakened sense of self the traumatic pattern get repeated through relationships with others with the hope of reaching a resolution. In light of the psychological dysfunction, object relations suggest that one is stuck at a stage of development, unable to mature further. From this perspective, psychopathology is the inability to overcome these developmental impasses and remain in a state of immaturity and resulting destructive relationships. Psychopathology is an expression of traumatic self-object internalizations from childhood acted out in our current relationships.

Lanyado & Horne (1999) and Benedict (2003), in their respective works, all see psychotherapy, as a process of overcoming these developmental delays and freeing the patient to go forward with his or her development. The therapist provides an empathic "holding environment" within which the patient is able to resolve these destructive developmental impasses and move away from their dependency needs toward autonomy and full functioning adulthood. Psychotherapy is the resolution of these self-destructive patterns of relating so we can mature and self-actualize.

According to Benedict object relations/thematic play therapy aims at addressing interpersonal traumas experienced by young children (Benedict, 2003: 281). This therapeutic intervention enjoys success due to two fundamental elements. A "secure base" relationship between the therapist and the child constitutes the first element. The second is the changing of the distorted object relations by looking at the child's play (Benedict, 2003:283). The accomplishment of the above fundamental building blocks, "...object relations/thematic play therapy can be an important tool in healing trauma and preventing adult mental health problems" (Benedict, 2003:298).

According to Benedict thematic play therapy is based on two assumptions of object relations theory. The first is that there is a focus on the relationship between the self and others. The second is constituted in view of the fact that as development proceeds, interactions between a baby and significant people in its life, as well as the baby's perceptions of these interactions, internalizes and form templates or object relations (Benedict, 2003:281-305). Early relational traumas make an impact on a child's ability to develop positive object relations. For that reason, the author believes that object

relations/thematic play therapy should occur in childhood when the ability to change is the greatest.

There are many therapeutic goals with regards to object relations/thematic play therapy. The establishment of a secure relationship between the therapist and the child constitutes an initial phase of therapy. Benedict accentuates the fact that by combining directive and non-directive therapy techniques, object relations/thematic intervention includes three components: child responsiveness, developmental sensitivity, and the use of invitations. He further points out that a child-responsive intervention dictates the amount of direction the therapist uses in direct response to the child's needs. A developmentally sensitive intervention involves continually changing and altering therapy depending on the developmental needs of the child thereby giving the child the assurance that the therapist is "attuned" to the child. The third aspect of the intervention, using invitations, is used to challenge the child's internal working models. Invitations are suggestions for play and different propositions for how to interact with the therapist and they may be accepted or rejected by the child (Benedict, 2003: 301-305). The suggestions are directive, however, the open ended nature of the suggestions are somewhat non-directive in that the child can ignore or refuse any invitations that the therapist may offer.

4.6.1 Therapeutic Process:

a) Involving the Parent(s)/Guardian(s)

When parents are involved in the therapy process, support is given to the parent(s)/guardian(s) and the child, which facilitates a positive therapeutic healing

process. Wilson and Ryan have completed studies that look at play therapy as a mode to allow children to deal with their problems and in conjunction, improve parenting skills for parent(s)/guardian(s) who are involved in the therapeutic process. When parent(s)/guardian(s) are appropriately involved in the therapeutic process the result is that individual play therapy brings about changes in the whole family system, improving the system dramatically (Wilson & Ryan 2001: 101). By involving parents in the therapeutic process and focusing not only on the child's healing process but also the parents communication skills and capabilities, significant improvements have occurred not only in the children's behavior but in the parent'(s)/guardian'(s) parenting skills as well (Wilson & Ryan 2001: 101-2).

b) Play and Culture

When trying to help parents understand play therapy, it is helpful to tap into how their own culture or subculture has viewed play. Different cultures view play differently, although it is a universal phenomenon among children. Some cultures may be more light-hearted and others more serious, there's usually something to be learned from examining the role of play in one's own upbringing and/or social world. There are many different ways to think of culture. Different countries have different cultures. "Culture" can be strongly related to one's race, religion, ethnic heritage, and even generation or age. But there is often great diversity within these broader categorizations of culture. Each family has its own customs, beliefs, and practices that could be viewed as the "culture of that family." Families are embedded in neighborhoods and communities that have cultural influences. Even our socio-political environment affects culture. In this research, culture is thought of from these broader perspectives.

Play therapy is engaged in light of these:

- Respect for others;
- Love for children;
- Avoid conflict;
- Spirituality;
- Humor;
- Family roles;
- Domestic skills;
- Humility

There are similarities and differences with all those who solicit help in this regard. It is through respectful dialog with the children about their cultural experiences and their attitudes toward play that we can develop a therapeutic partnership that is much more likely to serve the children well. It is enjoyable and informative to learn more about families' play experiences. And the author believes the families' reflections on the topic have helped them understand more about the value of play in their children's and their own lives. It can be an interesting and informative journey to explore the development of one's attitudes about play. Taking the time to do so in the context of the parents' own experiences and family's culture and heritage can help them understand why play therapy might be a beneficial treatment for their child or family. It can also help to understand the children's uniqueness and the special experiences they bring to the therapy process. "For their efforts to offer counseling services to succeed pastors must understand the culture in which they are operating; the way the people see themselves,

their world and the way they approach and solve difficult issues and problems.”(Waruta & Kinoti 2005:93).

4.6.2 The Initial Phase

Play therapy seemed an appropriate modality for all of the children. Each had a slightly different understanding of what had occurred and of its reasons and implications. But the impact for each had been colored by egocentric thinking that left a legacy of assumed responsibility for their own victimization. Self-world relationships for each had been brutalised and distorted. Fear had become so frequently and consistently realized that little hope, save that sustained by denial, had survived. Each child had used play sequences in expressive communication. In fact each child seemed to take comfort in the buffer it provided from experiences that were fearsome even in recall. But which the children were nevertheless driven to address. That same need led each child in different ways to be responsive to interventions that had to do with thoughts and feelings about the traumatic events.

Each of the children was seen for about three quarters of an hour to an hour in a playroom setting to gauge how they used play as communication. Their tolerance and responsiveness to reflections was also observed. An attempt was also made to gain impressions regarding the children’s readiness to address the continuing legacy of hurt associated with their respective traumatic experience and the disruption of their living circumstances. “Each small piece of information ...provides a piece of the jigsaw. The jigsaw pieces will vary from factual information to perceptions of and attributions given to events. The puzzle will never be entirely complete, but the aim of the process is to

have enough pieces in place in order to see something of the picture and patterns – and then to move on to the analysis” (Howe *et al* 1999:195). That initial meeting was a main building block to construct a bridge of healing that one day the child will walk across.

In the playroom *Itumeleng* maintained a posture that was more cautious than guarded. Though reserved, he took the initiative in seeking out and using toys. But seemed to modulate his involvement with them so as not to compromise his alertness. He seemed only to want to assure himself that events would not take him by surprise or deny him the option of disengagement. In his lay and in his manner *Themba* had a way of combining an engaging boyishness on the one hand with an unspoken sense on the other. That was reminiscent of the weariness and resignation of an adult who has taken as a premise that trust must always remain tentative. Almost always self-conscious, Themba did not do much to test limits or seek to exercise control unreasonably. When *Nonhle* had her turn in the playroom, she presented a somewhat much less organized pattern of behavior and a more strident tone. She raced from one toy to the next, alternately issuing demands and warnings. With Nonhle, metaphorical probes were quite unnecessary to determine the accessibility of material related to her traumatic experience. She spontaneously and angrily stated that “Nobody must try to beat me or I’ll get my brother.” *Simphiwe* proved the most disorganized of the children. His dishevelled appearance mirrored the confusion of his thinking and the impulsivity of his actions. A high level of tension and anxiety was abundantly evident in Simphiwe’s motoric and in her inability to stem the flow of mucus from one nostril. From the statements he made and from his play, drawing, it was clear that Simphiwe was as much

troubled by the family's unstable and unsavoury atmosphere. He was, initially, unable to respond fully to questions about feelings and giving short answers or simply 'I don't know'. He was vague and evasive about the details. When *Thabo* entered the playroom, he stood passively with his hands in his pockets and, expressionless. The unquestioned premise from which Thabo quietly reasoned thundered with the enormity of the atrocity that had been visited on these youngster. After only seven years in this world, Thabo had taken as one of its givens the assumption that a child's life does not matter much. *Itumeleng* has a strong, ambivalent attachment to the late mom and a fierce loyalty towards her. He wishes to protect idealised memories of his natural mother. He has tattooed the mother's name all over his body.

Listening skills are crucial here. A researcher, armed with an ability to listen and a non judgmental attitude, is likely to obviate the need for a premature referral for specialised help. The only other 'equipment' or 'tool', apart from the toys that aid communication for the child, is for the researcher's emotional receptivity and ability to maintain a space for thinking about what is being communicated by the co-researcher and what is being experienced during their interactions. Complete listening involves four things: first, listening to and understanding the client's *verbal* messages; second, observing and reading the client's *nonverbal* behaviour; third, listening to the *context*-that is, to the whole person in the context of the social settings of his or her life; fourth, listening to *sour notes* – that is, things the client says that may have to be challenged, at least eventually." (Egan 1998:66).

A line employed from Shakespeare's play, *Henry IV* (Part II, Act I, Scene I) describes the problem of unawareness and the cause of many failures in pastoral counselling: "It is the disease of not listening, the malady of not marking, that I am troubled withal" (Craig 1916:328). Hughes and Baker embrace this notion and further alludes, "The successful interviewer depends more on listening skills than on questioning skills. Through listening, the interviewer shows respect for the child and a genuine desire to listen to the child's ideas. Through listening, the interviewer encourages children to express themselves fully and non-defensively. As a result of being listened to, children develop a clearer understanding of their thoughts and feelings and greater self-confidence in handling problems." (Hughes & Baker 1990: 57)

The importance of possessing good listening skills is accentuated by Gerkin: "Listening involves more than simply hearing the words that people say. It means being attentive to the emotional communication that accompanies the words. It means listening for the nuances that may give clues to the particular, private meanings that govern a person's inner life. It means listening for the hidden conflicts, unspoken desires, unspeakable fears, and faint hopes. ...pastors must be listeners who invite self-disclosure and thus communicate acceptance and nonjudgmental care. ...pastors *[must]* look carefully at and make evaluative judgments about the social environment that surrounds those who are the subjects of pastoral care. ...this capacity asks that we look around in addition to looking within."(Gerkin 1997:91). Clinebell also rightly so noted that: "the art of *reflective emphatic listening* is essential in all caring and counselling. The pastor attempts to listen to *feelings* (as well as words) including feelings that are between the lines, too

painful to trust to words. Now and again he or she responds to these feelings.”(Clinebell 1984: 75). Hughes & Baker further buttress this by championing that “empathic listening is an active process that includes both nonverbal and verbal behaviors. An empathic response validates and accepts the child’s experience. It does not introduce new content or offer advice. Rather, it reflects, or mirrors, the content and the feeling expressed by the child. ...The important thing is that the child feels understood and is encouraged to share his or her thoughts and feelings with the interviewer.” (Hughes & Baker 1990: 57).

By the same token, Empathic listening centers on the kind of attending, observing, and listening – the kind of “being with” – needed to develop an understanding of clients and their worlds. Although it might be metaphysically impossible to actually get “inside” the world of another person and experience the world as he or she does, it is possible to approximate this. And even an approximation is very useful in helping. Certainly, if people are to care for one another, some form of empathy is essential. Caring for clients and their concerns is part of respect. Egan makes reference to Rogers (1980) who sees empathic listening as ‘entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other’s life, moving about in it delicately without making judgements....Empathic listening begets empathic understanding, which begets empathic responding. (Egan 1998:73,4). The author, in the light of the above, sees listening neither as a reaction nor as judging. Listening, as the author sees it, is a very

humble quality. The importance thereof is such that by listening, one opens up to learning new things. Thus new opportunities being created while by not listening one prevents intelligence.

Effective pastoral care may well be described by the words of feminist theologian Nelle Morton's phrase, "hearing into speech". Here hearing means more than listening. In this light, *hearing* was a direct, transitive verb. Such hearing evokes *new* life, which is authentic. "Hearing into speech" is an act of nurture authenticating the life of the child whose victimization robbed him/her of a sense of self. Part of "hearing into speech" means not to take away the child's pain but to validate him/her through listening to his/her story carefully and emphatically. Such listening rebuilds the bridge of trust that was violently torn away earlier. Consequently Clergy hear not only as themselves but as representative of Christ and thus convey God's love as well as their own. The clergy's role includes listening for and inviting reflection on the religious or theological significance of the child's experience.

The researcher did his best to follow ethical guidelines, disguising potentially identifying information, while endeavouring to maintain the integrity of the dialogue, play events and therapeutic themes. In order to protect all of the children and parents, the author has not described anyone's physical appearance. To concoct such information – making a skinny child fat – though certainly making for more vivid prose, would have compromised the truer case material presented. The material, by virtue of its reconstructed and second-hand nature, appears more coherent and neatly organised

than was the original therapeutic process. This follows hours of translating of often confusing play and talk into a written form that is readable, comprehensible, and correspondingly emotional.

4.7. The Observation of Play

During play time important insights which lead to deep change in the co-researcher's relationships and internal world are gained by the researcher. It aids the researcher to explore with the child the sense which s/he makes of himself/herself in this world, and how and why has this come to be so. This, furthermore, enhances the therapeutic process which facilitates emotional growth in areas where development has been at a snail's pace or has become stuck.

Case Illustration 1: *The Stories of Nonhle and Themba – 8 & 10 years respectively, witness attempted murder of mother. Pseudonym names attached to the true experiences.*

Nonhle, aged eight with a brother Themba aged ten, were loved by their parents and in some respects indulged. They however, have had sad and disrupted early lives. Being born of different fathers, they were children of parents who were in chronic, unhappy conflict with one another for almost two years. Having been married for almost ten years their children have witnessed their parents' ongoing quarrels and arguments. The finances within the household were the root cause and at the centre of the marital discord – the wife begun earning more than the husband following her recent attainment of further academic qualification and subsequent promotion at work.

It got worse when during a marital discord that got physical. This went to an extent of the father nearly using a garden spade to beat his wife. Themba's coping abilities and skills let him down such that he bled through his nose. For his little sister, Nonhle, she had been having nightmares as a result of this traumatic event. Their respective behavioural problems were the result of their internalization of feelings of confusion, anger, and fear. For Themba, these were expressed through bedwetting, occasional nightmares, being withdrawn and socially isolated, while Nonhle expressed these through sadness, frequent nightmares, and being withdrawn. Themba has also endured being called names, prior to the attack, by the very man he grew up believing and knowing him as his father. The children were removed from their parents' home and lived with their grandmother.

Initially Nonhle's brother was unwilling to talk about neither his family nor his current situation. However he preferred to play the board game and frequently took unkind to losing. Nonhle spontaneously spoke and played about her nightmares, in which ghosts and monsters featured prominently. It was possible to connect her pre-existing age-appropriate dreams and nightmares with the terrifying reality of the attack, and this seemed to help her. Nonhle drew a picture of significant people in her life. And she left out her dad. When she was asked if she had included all her family, she became anxious because she realised that she had not included her father. She took some time to place him and settled on putting him on the edge, off the paper. The fear of the father lingered just below the surface.

Noting that he also liked to draw a suggestion was made, to which he responded that it was fine to draw. The author noticed Themba was drawing a cartoon character. It had a square face and a big nose but no legs. As he was drawing, he became more relaxed and looked more often in the author's direction. What was apparent though, was the narrow affective range and sadness in his voice. Over the following sessions he showed generally increasing interest in drawing and his verbal communication gradually grew. When inquiries were about his family, uneasiness set in. This became even more acute when discussing his father. He would almost freeze for a while before changing the subject. When attempts to reintroduce and bring the subject, Themba would pretend not to hear. He would then leave the drawing and look for a ball to bounce or kick around. There was a lot of longing and emotional hunger in him.

Impressions: As the interviews unfold, the author caught glimpses of highly competent, age-appropriate thematic organization. Despite the fact that not content except on the subject of his father specifically. This goaded an abrupt change in subject matter. Towards the concluding sessions the organization relaxed remarkably, even when he held in reserve to the subject matter. Being able to share what was on his mind became an important advantage. His concern with doing things right, was a consequential of the erratic violent behaviour of his father, and fear of the future. These were somewhat a manifestation of an emotionally longing child who feels a need for physical warmth and closeness in a safe environment. There was a desire about him of things being like he knew before.

Case Illustration 2: *The Story of Simphiwe, 9 – pseudonym name attached to the true experiences. He witnessed a numerous violent marital arguments, some of which became physical. He had also, at times, been victim of his father's violence.*

Simphiwe drew a picture of a house. The mother is on the other side of the house while a child in the picture seemed to be running towards the mother. The father is by the gate next to the car, signaling his arrival. Simphiwe became aggressive and physical each time the father arrived home having had one too many to drink. The following day he would always apologise both to him and his mother. And while sweet talking the little one, the father would say it was the mother's fault for she made him angry. In the light thereof the researcher would engage the child, who would then get up from drawing and look for a foam tennis ball. He would throw it and chase after it. On a number of occasions the ball came close to the author. The author's instant subjective reaction related to the degree to which Simphiwe was aiming the ball at him. Simphiwe's gross motor coordination seemed age-appropriate and he was constantly in motion. As the session unfolded, he showed the ability to letters together. However, his fine motor coordination seemed less appropriate for his age group. He could not close circles and was unable to make connections between the loops and the lines. When engaged in ball throwing game and moving around the room, he would make eye contact and kept coming closer to the author.

Then moving away without actually engaging the author in his game. He would look at the other toys, pick out a gun, throw the ball and the shoot at the ball. This would go on for a while but at no point did he try to involve the author. Then the author would comment about his interest in movement as reflected in the games. He avoided eye

contact at all costs nor gazing at the direction of the researcher while commenting or responding. He would then go over to a big teddy bear and a one-way wrestling match would ensue. He would say, *'The champ is here!', 'I can beat up anyone, I am John Cena²⁰. You can't see me'*. Then the author suggested *'Jon Cena is the greatest, the champ. He can do lots of things. What are the things that you can do?'* He then chose to engage and said, *'I am strong, I can beat up all the kids in my class.'* And he kept beating the teddy. The author commented that he seemed to be pleased that he could beat all those other kids. Then he went for the gun again, and begun shooting at teddy, pretending teddy was the bad guy. Still he did not involve the author in the game. The author commented that he was fighting the bad guy, to which Simphiwe consented. As if wondering out loud, the author enquired about any bad guy in his life. He stopped, grabbed the ball and threw it in the author's direction. Then followed that up with, *'I wonder if I am the bad guy'*. He looked away and went for the ball again. He did not, allow for any interactive game or communication with the author. In the following sessions the author suggested drawing. He showed what he does and how he wrote at school. Then suggested that he draw a picture of his family. He subsequently said his mother was a good cook. With regard to his father who, an initial omission from the picture, only his car at the gate, he remarked: *'he shouts at mom and hit her'*. The author then enquired if he had any dreams, to which he responded by shaking his head to mean no.

²⁰ John Cena is a World Wrestling Entertainment Superstar and, at the time of writing, the heavyweight champion, who has glossy moves in his wrestling matches. As a result has a huge fan base – from kids to adults. His signature move is termed *"You can't see me"* while waving a hand in front of his face then engage his opponent. Cena likes to say: *'The champ is here'*.

Case Illustration 3: *The Story of Thabo – 7 year-old, witness to Domestic Violence. Pseudonym name attached to the true experiences.*

After only seven years in this world, Thabo had been through difficult and trying times. Having witnessed his mother being abused by his stepfather repeatedly, his mother snapped and took matters into her own hands. She is still awaiting trial for the murder of her husband. This was once a man whom Thabo grew to know and love as his own father. He met Thabo's mother while still pregnant and they got married when Thabo was about a year and a half. Thus he was the father figure in his life and looked up to him. When the violence begun Thabo found himself torn between the two. For he has never in his life before had to deal with what was surely becoming a norm in his household. Even when he tried to shake free of images, he couldn't. Some were horrible ghastly snapshots of pain. ...Unyielding images. He felt betrayed, was angry and at times unwanted. Initially there seemed to be nothing to penetrate the fortress he has build around his heart. He had difficulty opening up and engaging on matters close to his heart. Attempts at conversations would turn into one-way monologues, with sounds bouncing off his stone visage. It was as if something had died inside him, and now was slowly infecting him from the inside, spilling out occasionally in bitter words or emotionless silence. The discord that dominated his immediate family life leading up to the murder of his stepfather by his mother had been immense for him. As his experiences were sufficiently contained, understood, and described in a way that he could hear, Thabo began to be to able to play. This offered a displacement from 'body talk' for the expression of his anxieties and fantasies. The next step was to help him to find appropriate defences to deal with anxiety. Developing some symbolic capacity to

play and use words meaningfully were necessary condition of this process. His capacity to symbolize was limited at best and failed entirely at times of pressure.

Impressions: While working with a child is taxing, physically and emotionally, it provides an invaluable opportunity to understand the sheer nature of the anxieties which trigger unanticipated reactions and emotions. What subsequently became apparent was that Thabo was conveying a sense of yearning for a relationship. He wanted to be close to his mother.

Case Illustration 4: *The Story of Itumeleng. Pseudonym names attached to the true experiences.*

Children who have known their birth parents have to struggle with unwelcome or painful knowledge and memories. Such children not only migrate from one family to another but they bring with them memories and traumas of their past. Itumeleng was six and a half years old when he moved in with next of kin who have since acted as his foster family. He was old enough to remember his biological parents and extended family. Again, old enough to have internalised aspects of his culture and its values and suffer from his loss. At the age of twelve he has a deceiving physique that might easily be mistaken for a sixteen, if not a seventeen year old. He has a tattoo on his neck, just below collar line – his mom' name; a cross and angel's wings on his back with mom's name at the bottom; across his chest; left arm with a sun; and a flower on the right arm with his mom's name. The tattoos speak volume of his mental and emotional state. For example, the sun for him represents hope of a better life and the flower, his mom. This

prevents him from making any emotional investment in his foster family. He is been, as a result thereof, labeled as a difficult and unlovable boy.

Itumeleng has reported on the other hand that he has endured constant abuse which had nearly got physical with his foster mother and the two siblings. He has been repeatedly told he is unwanted and would have been better off dead following an attempt on his life by his late father. On that fateful day his father shot and killed his mother and shot him twice on the stomach, only to survive. And then the father turned the gun on himself and shot and killed himself. Upon being discharged from the hospital, Itumeleng begun having difficulty with his speech. He still stutters to date. The gruesome event took place when he was almost seven years old but remembers it like it was yesterday. A very smart young boy who believes in God and is God fearing. He maintains over and again that he holds no grudges against them and has forgiven and has asked God to do likewise. As for his father, one can sense that he is consumed by rage. That is often displaced and enacted against his uncle – the brother to his father who is his spitting image. However during and in the course of the family meeting at which the researcher mediated, it became apparent that Itumeleng's behavior was informed by the fact that he sought attention and mother-child relationship that death had robbed him. Furthermore this was an opportunity to communicate and articulate their loss respectively. If there was one thing that was achieved was that they left feeling that not only do they share but also united in their loss. In addition the family meeting helped them all to recognise that Itumeleng's problem behavior was linked to

difficulties encountered when dealing with events that have taken place in his short life – the marital discord and the killings.

Impressions: Communication proved to be of essence. And to seek to embrace his experiences and to affirm him were pivotal to Itumeleng's conduct. The road is still long though.

4.7.1 Author's General Observations

Even very disturbed children with histories of abuse and neglect, who show clear signs of disorganised attachments, can cooperate in a play – and drawing material-based interview. For some children, evidence of anxieties and defensive strategies appear in glimpses. Howe *et al* does justice to observations of the author in the light of the play interviews: "Each small piece of information, whether it is a file note or an interview, provides a piece of a jigsaw. The jigsaw piece will vary from factual information to perceptions of and attributions given to events. The puzzle will never be entirely complete, but the aim of the process is to have enough pieces in place in order to see something of the picture and the patterns – and then to move on to the analysis."(Howe *et al* 1999:195).

4.7.2 Ending Therapy:

Following the development of a therapeutic relationship, the question of how and when to end the therapeutic depends on a number of factors. These factors include: "lessening of anxiety; an improvement in the child's relationships with family; a sense of self that allows feelings to be integrated. All these are comparative, not absolute, and highlight the need to think about the realistic aims of each patient's therapy." (Lanyado

& Horne 1999:68-9). Lanyado and Horne believe that the planned ending of therapy offers the important experience of learning that loss and letting go can be a valuable developmental experiences in their own right. (Lanyado & Horne 1999:69).

4.8 Unstructured Interview with a Group of Young Adults

The author went on looking for adult survivors of domestic violence when they were still children of primary school going age. They told how they coped and what was helpful and unhelpful in their own experiences. The youngest of the group of six was 20-*Theodore*, and most were considerably older, ranging between 21 and 31. The author conducted unstructured interviews, inviting this second group of co-researchers to tell their stories, and then used content analysis to organize what he heard. The findings that emerged from these interviews were that most of these young adults, as children had wanted to reconnect with the parent turned assailant. They forgave abusive fathers who had battered and in some cases killed their mothers, as well as abused mothers who had finally taken enough and struck back. There are beliefs that seemed to have shaped their thinking, though not all such beliefs were present in each case:

- Their religion called for forgiveness;
- Glorification of suffering;
- The parents' alcoholism reduced their blameworthiness; and
- Families should stay together no matter what – 'blood is thicker than water' and 'one does not choose family' concept central here.

The tragedy had caused the rift in *Theodore's* own relationship with God, but *Theodore* ignored this growing sense of separation. Instead, *Theodore* tried to embrace a stoic,

unfeeling faith. Even though *Theodore* found some comfort and peace in that, it didn't stop the nightmares nor arrest the situation.

Thapelo pushed away any thoughts of the place since the experience, sequestering his emotions securely in the padlock basement of his own heart. He tried to avoid thinking about what he was doing and just keep putting one foot in front of the other. But like grass pushing through concrete, the repressed feelings and fears somehow began to poke through. His eyes darkened and his hands tightened, in a bid to fight the emotions, upon recalling the events. *Thapelo* knew he was driving straight into centre of his pain, the vortex of the great sadness that had so diminished his sense of being alive. With every effort of fighting or holding back, the memories had come back with adrenalin clarity.

The memories and horror of the unsavoury events came flooding back for *Sizwe* as well. Then finally like a flash flood, his heart just exploded, releasing pent-up anger. That saw him letting it rush down the rocky canyons of his emotions. Turning his eyes heavenward, *Sizwe* began sobbing his anguished questions: 'Why did this happen to me? Why did you let this happen?' He has throughout his life been able to contain his emotion. He was not used to having deep secrets surface. Anger seemed to well up and had a burning desire to lash out. He said he felt like he was hanging over a bottomless gulf. He sought a safe footing, as it has been all his life. But was only partially successful. It does a soul good to let the waters run once in a while – the healing waters.

Sibongile describes the early years of her life as a dark night and a paralysis of the will to do and to accomplish. This is as result of her traumatic experience of domestic violence as a child. Her future seemed like a barren place, where no dream could be planted and grow into reality. It was a mammoth task to overcome self-doubt and begin to honor herself once again. It seemed a perpetual struggle to be able to reclaim her strengths and talents and sense of dignity. As the mix of emotions ebbed and flowed, her anger giving away to pain, *this* pain she knew. She was familiar with it, almost like a friend. A fresh wave of sorrow began to mix with her confusion, ...piercing the centre of her despair. As she stood speechless, what she was recalling and feeling would not compute. Even now, *Sibongile* says she feels scared of her father. She has never felt close to him. She finds it extremely difficult to talk about her father: words seem to choke in her mouth. 'It's true to put him completely but of my mind'.

These young adults, while children had to negotiate some tasks, that is:

- To accept the reality of what happened;
- To find ways to tolerate the pain; and
- To loosen the affective bonds with the deceased (in instances where a parent died);
and
- Make the energy available for other relationships.

All the tasks are particularly difficult when a parent is murdered. Maintaining a bond with the assailant parent was how these young adults, while children had chosen to accomplish the second, a way to soften the pain of separation. Their efforts to suppress

anger, to rationalize the violence and normalize it so they could go on with their lives, created a double-edged sword. It allowed these young adults to hold on to precious family connections. But it also seemed to predispose them to a tolerance for violence as is the case with Theodore. Domestic violence researchers Murray Straus, Richard Gelles, and Suzanne Steinmetz concluded in 1980 that sons who observe violent fathers have a 1,000% greater chance of becoming violent with their own partners than do boys from nonviolent homes.

Impressions: Common to almost all within this group was that they lived somewhat by the similar creed: only the strong survive. These narratives tell of a good deal about the recovery journey itself. People do not make the recovery journey in one grand leap. Deegan affirms this by alluding to the fact that recovery is not linear. The journey is not made up of a specific succession of stages or accomplishments. Furthermore, it does not follow a straight course (Deegan 1994: 155). Instead, recovery is an evolving process, one that sometimes spirals back upon itself.

Central question was what sort of solutions were at their disposal to make the transition from childhood to adulthood in the light of and being informed by their respective familial situations. Their not so differing solutions have their roots in their unsavory childhood experiences. But begun to take shape based on the choices each of them respectively made as they entered adolescence. Some of these young adults prosper, and adjust well. That seemed extraordinary but not unique. It turns out that South African born Academy Award-winning actress Charlize Theron is still close to her

mother, but when she was 15, her mother killed her father in self-defense. The director who cast Theron in *Monster* apparently sensed the survivor's grit that made this former model more than just another pretty face.

4.9 Preliminary Conclusion:

If problems had a credo it might well be: *take us seriously*. Problems and the gravity thereof, have the ability to enslave people. This goes to an extent of immobilizing them. A broken child has been twisted by his/her pain. Thus for some children, questions about home life would probably be difficult to answer. Disturbing and disavowed experiences changes a child's world and demands a huge adaptation from the child. This adaptation can entail a new living situation and new people in the family. Play therapy became a tool through which children were able to express themselves. "Given a choice, most children prefer to interact in playful way" (Freeman *et al* 1997: 3). Play therapy helped create new ways for them to communicate their perceptions. The co-researchers shared their stories recalling and reliving their respective traumatic experience. The play revealed both the children's concerns and their preferred way of working with them respectively. The researcher reflected on what was said and what it meant to him as a pastoral practitioner. The co-researchers have experienced a lot which has led them not to trust adults or view adults with skepticism and reservations.

Christ is better found where people are in pain. "When we as pastors enter into ministry in a particular place, we become part of a story of life and ministry that has been going on for a long time before our arrival." (Gerkin 1997:120). When children express their experiences based on their understanding of events, this then opens a door to changes

in their behavior and feelings. Entering their stories from their perspective aids therapy. Listening in a warm, non-judgmental, and genuine manner is often comforting for victims and may be an important first step in their seeking further support. Play therapy has the ability to help children release pent up emotions and frustrations. The adult group had never engaged in play therapy or any therapy. Thus they could not be accorded a space for releasing pent up emotions and frustrations.

The next and final chapter will focus on Conclusion and Recommendations and looks at creating a model of caring. Reconstruction of one's life map is the process of redefining personal dreams, goals and plans and offering a new perspective and outlook regarding life. Changing relationships involves the process by which others and the survivor incorporate the effects of the traumatic event into their relationship and redefining their world. Healing takes time. Sometimes it takes decades. If child survivors can come to terms with what has happened, at whatever age, and if they can forgive the perpetrator without excusing the violence, survivors can thrive.

CHAPTER 5: SUMMARY, RECOMMENDATION AND CONCLUSION

Geffner et al quotes Galla and Cross who intimate that “suffering and survivorship are intrinsic to life and the self journey, not external to it. Survivors show us that to endure trauma, we must learn to confront the paradoxical, that life may be conflictual as well as harmonious, meaning is discursive as much as received, and wholeness for the self must be salvaged out of fragmentation.” (Geffner et al 2000:122). While Erik Erikson wrote: “Care is the widening concern for what has been generated by love, necessity, or accident; it overcomes the ambivalence adhering to irreversible obligation” (Erikson 1964:152).

Summary

Therapeutic sessions have a defined beginning and an end. Developing set routines in order to assist the child in entering the therapy room allows for consistency and safety in the therapeutic process. Children begin to recognize these "rituals" and are able to identify that the therapist is cognizant of their needs and wants. The issue of choice is very important for children who have experienced trauma. Children should be given choices in the playroom, this allows them to feel valued and appreciated and in control of the process. Choices in the playroom can also be used along with directive play therapy techniques as long as children are comfortable and express no resistance with the suggestions given by the therapist. When talking with children, therapists should be aware of the child's comfort level and allow the children to maintain control over the conversations. When answering children's questions about things that may be happening in their life the therapist should exhibit empathy and warmth. the therapist must ensure that the discussion with the child takes place on the child's developmental

level. Therapists should make it a habit to give children warnings when the end of the session is approaching. This allows them to mentally prepare for the ending of the therapeutic time. In terminating therapy, children should be allowed to understand the ending of therapy, express their feelings about therapy ending, be given time to process the termination of therapy. Furthermore, they should be given some sense of control over the therapeutic process ending. This allows children to better understand how termination of therapy affects them and how they can successfully take the lessons they have learned in therapy and apply them to future situations.

5.1 RECOMMENDATIONS

Relationships are a great source of fulfillment. When they are problematic we feel pain, disappointment, guilt, rejection or loneliness. Life can be wonderful but often we are slowed down by its complications. This research hopes to come across as a resource to help clergy to understand areas of difficulty for traumatized children. To help such children gain relief from their present symptoms and develop new skills to cope with future issues.

When we are under threat, our minds and bodies will respond in an adaptive fashion, making changes in our state of arousal (mental state), our style of thinking (cognition) and in our body's physiology (e.g., increase heart rate, muscle tone, rate of respiration). To understand how we respond to threat it is important to appreciate that as we move along the arousal continuum from caring to arousal to alarm, fear and terror -- different areas of our brain control and orchestrate our mental and physical functioning. The

more threatened we become, the more regressed our style of thinking and behaving becomes.

When a traumatized child is in a state of alarm (because they are thinking about the trauma, for example) they will be less capable of concentrating, they will be more anxious and they will pay more attention to 'non- verbal' cues such as tone of voice, body posture and facial expressions. This has important implications for understanding the way the child is processing, learning and reacting in a given situation. The key to understanding traumatized children is to remember that they will often, at baseline, be in a state of low-level fear. They would respond by using either a hyperarousal or a dissociative adaptation. And their emotional, behavioral and cognitive functioning will reflect this often regressed state.

Psychological trauma impacts, alters and colors all aspects of one's life. Trauma has serious implications for all aspects of one's lives. It is not uncommon for our most important relationships to breakdown following a major traumatic life event. And following that, may have a major physical problem arise during a highly stressful time. It is during these times that therapy may be helpful in aiding a survivor through the emotional ups and downs that trauma can cause. Therapy may help preserve the survivor's important relationships, provide one with an outlet so that one is able to function at work or school. Furthermore, help keeps the survivor grounding when so many different things can pull the survivor's attention away from maintaining his or her life.

Cultural factors and processes may profoundly influence trauma exposure and should be systematically considered at all stages of intervention. Interventions with trauma-exposed children need to address ethical and legal issues as these arise. Interventions with trauma-exposed children include promoting the children's external (objective) safety and internal (psychological) safety. 'People who come to therapy can be viewed as living in stories where choice is restricted and available options are painful or unfulfilling. Our work involves facilitating new stories-life narratives that are more empowering, more satisfying and give hope for better futures' (Freedman & Combs 2002: 205).

Always focus on the children instead of procedures. Rather than following and sticking to guidelines, which may be hugely insensitive, the pastoral care giver must address the emotional state of the child. Make sure the child receive age-appropriate therapy such as play therapy and/or art therapy. Counseling has the ability to aid children to confront the loss and move beyond it. Ensure that traumatic experiences are dealt with by not papering it over and continue making the subject taboo. One of the initial tasks of the interviewer is to ensure that the child is provided with some basic understanding of why s/he is being seen. It is also imperative to find out what the child has been told, if parent(s)/guardian(s) have already engaged the child on the subject.

Empathic listening demands of the interviewer to respond reflectively to the child's statement and behavior. A reflective response does not add anything new to what the

child expresses. It rephrases what the child has expressed, or it describes what the child is doing in the interviewer's own words. (Hughes & Baker 1990: 58). Over and above all else, the priest must be able to translate the basis for discomfort into therapeutically beneficial interventions.

Grounding all psychosocial interventions in the culture, unless it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.

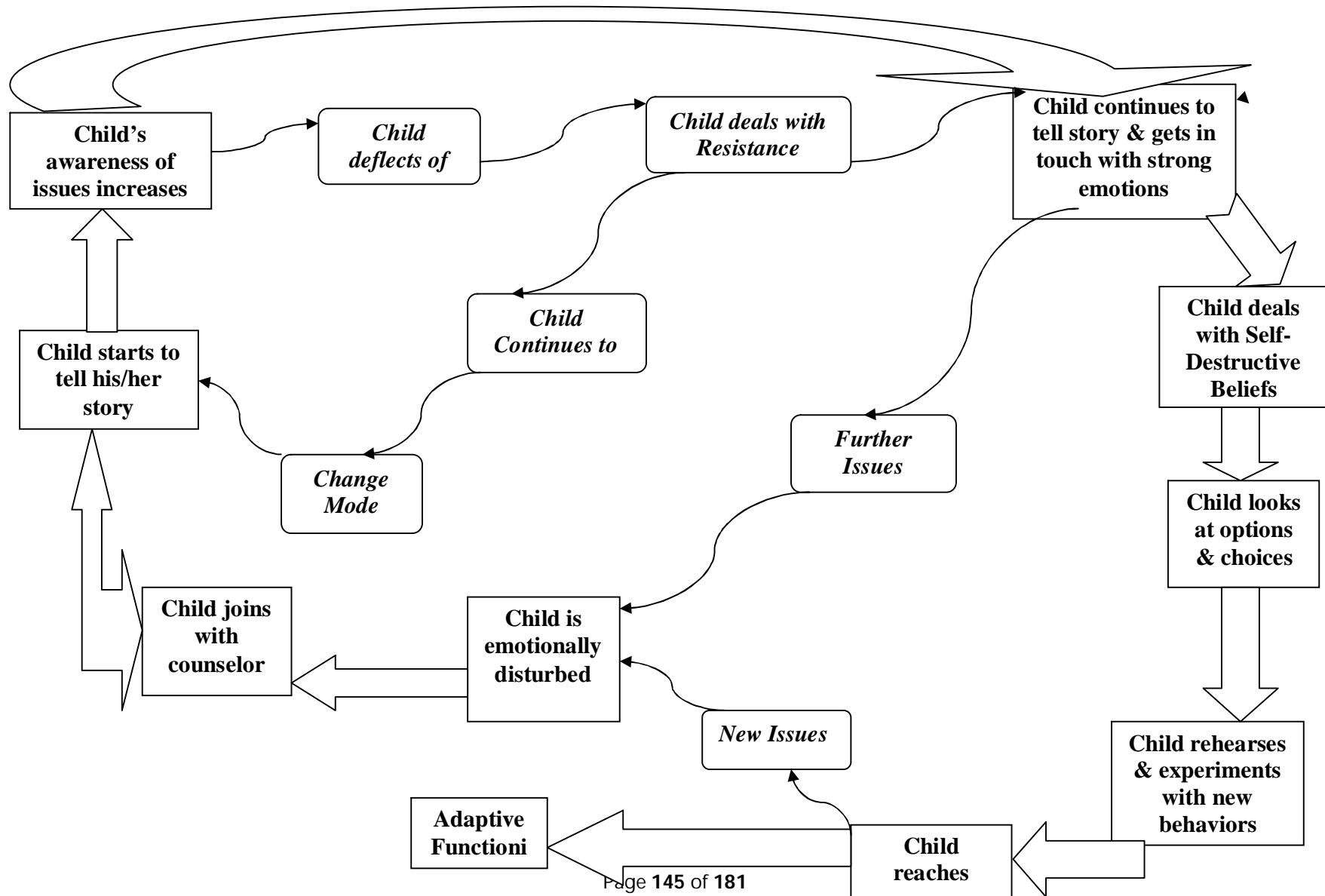
Listen to all involved before acting. Promote activities and opportunities to allow the child to express his/her experiences and feelings. This is so that s/he may make meaning from and integrate them into his/her lives, as much as possible within a familiar environment. Set up "child-friendly" spaces as soon as possible and activities that normalizes the lives of children. Provide them with a sense of safety. Activities such as drawing, puppet-making and playing, drama and songs, story-telling, sports, allow for the release of any stored distress. Assess the need and provide support to adults caring for children. This would help the adults so that they can provide the support children need.

The media (art, books, sand play, toys, etc) employed must be able to help reach the child and empower the child to be able to tell their story in a comfortable and safe setting. The Spiral of Therapeutic Change (figure 2) becomes a tool of trade that can be employed as new or hidden emotions come out. Beyond this phase the child shall have dealt with self-destructive beliefs and then begins to open up and rehearses and experiments in the safety of the counseling rooms with new behaviors. The Pastoral

carer must be an active sojourner alongside the child. As the child reaches resolution and ready is ready to face the world again.

Pastoral care givers can depend, to a certain extent, on external tools of trade to help children. However, the pastoral care giver must be competent to use themselves and their words as a tool for therapeutic change. And Patton rightly encapsulates this by alluding that: "Pastoral care involves not just what you know, but also what you are" (Patton 2005:21). It is only in the honest fellowship of sufferers that the candle of hope can be lit and new light and life can be born. Thus moving from shame to self-worth. Then the message that God's liberation from every form of oppression and every bondage that precludes people from becoming what God intended them to be, is accepted and embraced. Wimberly intimates that it is "grace" alone which is enough. The grace of God is at the core of the gospel.

Figure 2: GELDARD'S SPIRAL OF THERAPEUTIC CHANGE IN CHILD COUNSELING



5.3 Steps in Counseling Children

Child counselors have techniques for helping to create change. A model of how we plan our sessions with the child and what we do step by step. This is often referred to as our therapeutic intervention or framework of counseling.

A common framework of child counseling is Geldard's Spiral of Therapeutic Change (figure 2). It is called a spiral because often the process of child counselling is not linear, clear cut and plain sailing. When things get uncomfortable or scary, the child will often withdraw. The counselor therefore needs to go back and start the process of joining over again.

The Spiral of Therapeutic Change assumes the following pattern:

- The child comes to counseling because there is an emotional disturbance of some sort
- The child and counselor join (relationship building time)
- The child begins to tell their story when they trust and like the counselor
- The child's awareness of issues increases
 - ❖ Often the issues are too painful or embarrassing and the child will deflect or withdraw.
 - ❖ The counselor helps the child to deal with their resistance to the pain. If successful, the counseling process moves to the next step.
 - ❖ If the child cannot deal with the pain and continues to avoid then the counselor changes the media (art, books, sand play, toys, etc) they are using to help reach the child. They go back to the stage where the child

tells their story. Often a different media enables a child to tell their story in a different way.

- The child continues to tell their story and to get in touch with strong emotions
 - ❖ Once the emotional flood gate is open, many new or hidden emotions come out.
 - ❖ New issues often emerge here and can cause further emotional disturbance for the child. It is the counselor's job to take the child back to the beginning of the spiral of therapeutic change and to start the process over again.
- The child deals with their self destructive beliefs
- The child looks at different options, choices and ways of behaving
- The child rehearses and experiments (in the safety of the counseling room) with new behaviors
- The Child reaches resolution and is ready to face the world again
 - ❖ Sometimes the child will throw up undisclosed issues at this point and the child therapist needs to start at the beginning again to deal with these issues separately.
- The goal of child counseling, adaptive functioning is achieved.

CREATING A MODEL FOR CARING

"Many do not understand that they ... have made contact with things outside of personal and collective frames... Old forms are exposed as inadequate. Ignoring the powerful shifts occurring within consciousness is not without cost. Wounds, along with the implications they have for future living, must be integrated into new and more comprehensive approaches to life. Failure to do so condemn victims to a host

of problems related to post traumatic stress...Victims of trauma are by definition “overwhelmed and rendered helpless.” They are unable to weather the shock and impact of their injuries. They need support and guidance. Trauma exposes aspects of reality that have been previously unacknowledged. Trauma initiates deep spiritual questions and demands that victims take in more of reality than was previously possible... Priorities are reordered. Concerns about identity, the value of suffering, the importance of justice and the appropriateness of forgiveness proliferate. Recognizing the impermanence and cruelty in the world, along with the impact these realities have for images of God and the value of human relationships demands some form of resolution... Trauma, in spite of its brutality and destructiveness, has the power to open victims to issues of profound existential and spiritual significance.” (Grant 1998:1).

“In receiving appropriate care, compassion and direction victims are often able to overcome the destructive impact of trauma, break through restrictive approaches to life, and become more soulful and compassionate beings in the process. Traumatic injuries, when accompanied by love and understanding, do not become places of deadness, denial, and disease. Rather they become bridges of compassion that connect victims to all sentient beings. Survivors accept that they can be broken, overwhelmed and rendered powerless. These realizations are not considered shameful (as they were at the beginning of the journey) but are now recognized as the common ground that connects victims to all forms of life. Becoming comfortable with one’s inherent capacity to be rendered powerlessness enables survivors to encounter the brokenness and wounds of others without fear. Survivors typically

want to do everything possible to decrease the gulf of disconnection that separates victims from others." (Grant 1998:2).

In each and every new milieu, the church needs to unearth fresh ways of meeting the needs of troubled persons. The church has to offer new channels for its ministry of caring, healing and growth. In that way the church remains relevant to the deep needs of people. The author recognize the value of Gerkin's elucidation of the need for a resurgence of an enhanced move toward to pastoral care: "We are just beginning to experience a heightened awareness of the world's many cultures with their often differing values, ways of scheduling human development, and criteria for measuring the quality of care...Both greater knowledge of and critical capacity for evaluating differing cultural modes of living are needed by pastors, who now often encounter in their own congregations persons widely varying cultural backgrounds. Thus a sophisticated pastoral care must become more globally aware than was the case in previous generation."(Gerkin 1997:75). The challenge to each of us is to become a participant and contributor, not a mere observer, in this dynamic movement. This is a movement that provides fresh responses to the needs of those lying beside our modern Jericho roads. Those children of God robbed of their self-esteem and beaten by the crises and tragedies of life. Dietrich Bonhoeffer's familiar statement, "God is the beyond in the midst of our life," (Bonhoeffer 1972:124), can be used to describe the unique focus of pastoral care and counselling.

We are on a healing trail to bring closure to this part of everyone's journey – connecting the dots and filling in the details. This is not only for the traumatized, but

for others as well. The therapist should not be afraid to talk about the traumatic event. Children do not benefit from not thinking about traumatic event or putting the traumatic event out of their minds. Provide comfort, support and more importantly, listen empathically. Establish a consistent, predictable pattern through which therapy is engaged in. It is also imperative for the child to be aware of this pattern. It is also helpful to always explain inclusion of activities, especially new ones, to the child. The approach should be one of nurturing. When talking with the child, sensibility should prevail such that age appropriate information is disseminated to 'make sense' of things. Honesty and openness will help the child develop trust.

An attempt should be made to comfort and be tolerant of the child's emotional and behavioral problems. These symptoms will wax and wane-sometimes for no apparent reason. The best thing to be done is to keep some record of the behaviors and emotions observed (keep a diary) and try to observe patterns in the behavior. The child feels safer when given some choice or some element of control in an activity or in an interaction with an adult. When a child is comfortable, his/her ability to feel, think and act in a more 'mature' fashion gets enhanced. With information comes understanding. In the light thereof the child can and will benefit manifold if the therapist is knowledgeable, and can provide the child with the support, nurturance and guidance the child need. "Be lighthearted enough to engage playfully with the child, and have faith that the situation is resolvable" (Freeman *et al* 1997: 3). The therapist must journey with the child while telling his/her story in a bid to give the story new shape, perspective and meaning. This becomes possible within the shepherding model of pastoral care, while employing the process of positive

deconstruction within the context of play therapy. Then the process of restorying becomes possible which goes a long way in terms of empowerment of the child and setting the child on the way to recovery. Trust is the fruit of a relationship in which one knows is loved. God does not orchestrate tragedies, but can work incredible good out of unspeakable tragedies. Grace doesn't depend on suffering to exist, but where there is suffering one will find grace in many facets and colours. The wonder of tears should never be discounted. They can be healing waters and a stream of joy. Sometimes they are the best words the heart can speak.

Finally, "Children have much to teach us, if we can find ways to listen" (Carroll, 2002). All those invested in helping a child heal from a traumatic experience should adhere to the fundamental tenet that therapy begins where the child is, emotionally, cognitively and spiritually.

5.4 Conclusion:

Neuger mentions that "we are all part of a larger body, a larger family of God, which means that we are responsible to those who are made vulnerable in places where there should be covenants of trusts."(Neuger 2001:104). Young children, including babies in the first year of life, are affected by traumatic events in their physiological, emotional, social, and cognitive functioning. They go on to enact the traumatic experience through their behavior even when are unable to describe it verbally.

There are massive projections by the child of despair. The author found that the children generally possessed deeply-held beliefs that human relationships are intrinsically cruel and violent to the extent of being destructive. They have had difficulties in retaining a belief in the value of relationships. Furthermore, they had to

battle to disentangle their defensive identification with the respective aggressors. Receiving attention ensures that these children are protected from having above become the hallmark of their later relationships.

Throughout they, in their own respective ways, conveyed a sense of yearning for a relationship. Working with children is strenuous. However, it also provides a priceless prospect of understanding the sheer nature of the apprehensions. This consequently triggers unanticipated reactions and emotions. In that light, "Pastoral care and counselling are valuable instruments by which the church stays relevant to human need. They are ways of translating the good news into the "language of relationships" ...a language which allows the minister to communicate a healing message to persons struggling in alienation and despair. Pastoral counselling is an essential means by which a church is helped to be a lifesaving station and not a club, a hospital and a garden of the spiritual life – not a museum. Counselling can help save those areas of our lives that are shipwrecked in the storms of our daily living, broken on the hidden reefs of anxiety, guilt, and lack integrity" (Clinebell 1984:14).

"Crises usually are growth opportunities, while they may present some difficulties for those who face them, pastors and caring lay people can respond with empathy and compassion in ways that help those in crisis to grow."(Wimberly 1991:49). The therapy developed in such a way that the researcher found that the researcher had to be in a state of mind which was like that of the devoted mother's reverie for her infant. This helped the children to feel totally contained again. Having re-introjected this experience, they slowly started to recover and face the demands of growing up.

Attention is drawn to the similarities of this therapeutic process to normal family development. All the children had extreme difficulty in talking about their traumatic experience. They could only communicate it by projection in the transference relationship. In view of their immaturity, verbalization was not as helpful for these children as non-verbal communication. Play/art therapy therefore became the appropriate medium. It affords the child the opportunity to project thoughts and feelings onto objects as if the thoughts and feelings resided in the objects rather than the child. It has the ability to provide a means of relieving tension and build rapport.

The Apostle Peter urged pastors to care for God's flock like a shepherd (1 Peter 5:2). To care is to share in the joys and burdens of others: "Rejoice with those who rejoice; mourn with those who mourn" (Romans 12:15). True pastoral care requires professional skill, but more importantly, a caring concern and a shepherd's heart. Like no other professional, the clergyperson is allowed the high privilege to be with God's people in the important times of life. There will be many other occasions of celebration or crisis where the clergyperson is invited. At such times the clergyperson is a representative of Christ. The caring clergyperson ministers to the flock in many ways, including the spirit in which s/he conducts worship, coordinates administration, and oversees the educational, evangelistic and outreach endeavours. We are called to deal with the souls of people and to lead them in spiritual development. The shepherd figure is an appropriate analogy for pastoral care. It conveys the responsibility and privilege of knowing each member of the flock and in turn being known by them. "The New Testament depiction of Jesus as the good

shepherd who knows his sheep and is known by his sheep (John 10:14) has painted a meaningful, normative portrait of the pastor of God's people. Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those immediately within our care and those strangers we meet along the way."(Gerkin 1997: 80).

A large portion of the pastor's work will be with those who are in trouble. Affliction, disguised in many forms, stalks the pathway of life. Troubled hearts need the ministry of a spiritual shepherd who understands and cares. Sometimes disappointment or serious illness shatters the hopes of a household. Financial reverses mar the tranquility of a well-ordered family. Hearts are aching and need the ministry of comfort and understanding. Into such tragic hours as these the clergyperson is privileged to come with a ministry of kindness, understanding, and helpfulness in Christ's name. The clergyperson comes into the picture to give wise and confidential counsel. This becomes a time to show an understanding spirit. "This is what they meant by the care and cure of souls – the pastor as physician of the soul. The experience conveyed to me in a profoundly moving way the depth and richness, the pain and difficulty, and the privilege of this ministry. It is a heritage those who pastor need to cherish and to hone with humility."(Gerkin 1997:84).

Much as the pastoral care of children can be a source of anxiety, it can also be a source of great joy and can be a great opportunity to learn what we really believe about God and how God operates in people's lives. The ordination rite of an Anglican priest contains the instruction at the bishop's examination of the ordinand,

to love and serve the people among whom the priest is to work, caring in the same manner for young and old, strong and weak. The rite speaks to the fact that every ordained person is to provide care to everyone, regardless of age. The ministry of presence, without need for speech or action, is not to be underestimated. Pastoral care is a matter of weaving three strands of words, actions and relationships together.

The image of this little innocent lives being exposed to such experiences was like a fist to the stomach. Pain has a way of clipping our wings and keeping us from being able to fly. And if left unresolved for very long, one can almost forget that one was created to fly in the first place. The ministry of presence expressed possesses the ability to dislodge an inner emotional logjam. Broken human beings centre their lives on things that seem good to them, but that will neither fill them nor free them. "Our methods of reconciliation must now more nearly follow the manner of listening, invitation to consider, and clarification of commitments." (Gerkin 1997:81). Furthermore, Affirming and sincere words have the ability to open up a new vista into a person's struggle.

The author has embarked on a journey of an arena of ministry that includes focus on the difficulties that the clergy encounter in the execution of their calling. It is hard for one to put a finger on what theological seminaries and churches are doing in terms of educating future and current clergy about the dynamics relationship of violence. Furthermore, theological training and formation hardly accords one a navigation tool in addressing 'the evils of the present time', and coming to the aid of those who

survived such evils. Thus, in the light thereof “our models of care must be adapted to our changing situation.”(Gerkin 1997:37). This is now more than a prerequisite in engaging in pastoral care as we engage with the issues in the light of the increase in such human aberrations as violence against and towards children, which disempower children, among other things. However, there are a myriad of ways congregations and clerics can assist relationship violence survivors in addition to offering counselling. Among all the resources for survivors of domestic violence, clergy can be an asset to this system with limited resources. Therefore the religious organizations might be an evident source of both spiritual, mental health, and economic assistance. The ultimate goal of pastoral care research, the author believes, should not be the creation of a set of parsimonious research constructs or indicators. Instead, we must continuously work to identify the processes, attitudes, skills, and supports employed by persons who are initially most resilient, in order to create useful means, models, and maps to assist children who continue to struggle with the challenge of trauma as a result of domestic violence. The primary goal should be to build applied knowledge that evokes the potential for recovery in many more lives. Wimberly hits a nail on the head in his work, *African American Pastoral Care* when he intimates that: “Caring is a ministry of the church and cannot be understood apart from the ecclesiology or theology of the church. The mission of the church, from a narrative perspective..., is the continuation of God’s story. It is the story of liberation and healing as understood centrally in the book of Exodus, as continued through the life, death and resurrection of Jesus Christ, and as revealed today within local churches, empowered by the Holy Spirit.” (Wimberly 1991:25). Caring and nurturing are part of the mission of God’s church, as that mission unfolds concretely within the

church. As such, pastoral care draws people into God's story of healing, sustaining, guiding and reconciling. It also helps God's people care for others, by helping others to see themselves the way God sees them, to see God at work in their lives, and to know how to respond to God's caring presence. All this takes place in the context of caring relationships.

The key role of clergy person is described in Ephesians – 'to equip God's people for work in his service' (4: 11-12 NEB). We are, by our training and ordination, equipped and designated to function as leaders, trainers and specialists in that which is the work of every Christian. We are conductors of orchestras, who help each person crossing our path make his/her unique contribution to the symphony of the good news. 'Where no wise guidance is, the people falleth; But in the multitude of counselors there is safety'. (Prov 11:14ASV). Patton rightly points out that: "part of the pastoral counselor's calling is to remind the counselee and the community of the religious dimension of life-that there is more to health than symptom relief. The goal of pastoral counseling is never simply unimpaired function, but function *for* something, for one's commitments and meanings. The pastoral counselor is not the only health practitioner who has this understanding of healing. He or she is, however, the only one whose role and identity, as well as function, represent this understanding. The pastoral counselor offers an identifiable witness to Christian meanings and commitments and their relevance for health care." (Patton 1981:230).

In his work, *Moving From Shame to Self-worth* Wimberly, states: "Pastoral wisdom involves a particular kind of knowledge, but it also involves two other things: our

presence and guidance.” (Wimberly 2005:19). The presence of trauma is the absence of love or the loss of love, and leads to the destruction of self-esteem. There is nothing that hurts like when a person is traumatized. Traumatic event takes on a character of being a purposeful assault on the soul, that inner spirit which animates the person. Trauma “undermines self-confidence ... holds on in our lives tenaciously. Like a satanic force it tries to prevent us from moving constructively within our lives.” (Wimberly 1999:35-6).

Whether or not a traumatic event involves death, survivors must cope with the loss, of their sense of safety and security. The natural reaction to this loss is grief. Like people who have lost a loved one, trauma survivors go through a grieving process. This process, while inherently painful, is easier if one turns to others for support, and talk about how one feels. Like a good harbour, the pastoral care giver offers the besieged child physical shelter, tolerance of his/her defensive preoccupation, and a rare opportunity to let down his/her guard and rest. Just as a sinking hull must be righted and secured before more lasting repairs can be made, therapy can help a child enduringly heal only after s/he has been spared further abuse and neglect. “Be good to the child and he [*sic*] will come to you tomorrow” – Unknown.

Healing takes time. Sometimes it takes decades. In the words of Gerkin: “we are just beginning to experience a heightened awareness of the world’s many cultures with their own differing values, ways of scheduling human development, and criteria for measuring the quality of care...Both greater knowledge of and critical capacity for evaluating differing cultural modes of living are needed by pastors, who now often

encounter in their own congregations persons from widely cultural backgrounds. Thus a sophisticated pastoral care must become more globally aware than was the case in previous generations.”(Gerkin 1997:75). And Patton rightly asserts that pastoral wisdom is developed through and reflection on that action, but not just any action. It should be a particular action, one action in *relationship*. A touching moment for the author while journeying with the children, was when one of the children drew a picture of his hand cradled in the author’s and gave it to the author.

That vignette again: A young boy was sent to the store by his mother to buy a loaf of bread. He was gone much longer than it should have taken him. When he finally returned his mother asked, “Where have you been? I have been worried sick about you.” “Well,” he answered, “there was a little boy by the side of the road with a broken bicycle who was crying. So I stopped to help him.” “I did not know you knew anything about fixing bikes” his mother said. “I don’t,” he replied; “I just stayed there and cried with him.”-Ministry of presence, empathizing with the children who have survived trauma. And journeying with them as Christ did with the troubled and distraught disciples on the road to Emmaus-who had their eyes opened. And declared that their hearts had burnt within them, while the risen Lord talked with them (Luke 24: 31a, 32aNRSV). This happened as they were being restored and reaffirmed. “Life is not a problem to be solved, but a mystery to be lived” (Patton 2005:33).

In order to thrive, one must receive love, attention, understanding and encouragement from others. Love nourishes self-esteem, and builds the person’s

capacity for self-love. Waruta & Kinoti brings this to the fore brilliantly: "...the most therapeutic activity in pastoral counseling is the assurance that exudes from human love, which words such as 'I am here, I am with you, and I care.' In times of deep crises, the greatest need of a suffering individual is the presence of a caring and understanding person."(Waruta & Kinoti 2005:7). When Peter was made glad and strong by forgiveness and restoration, the renewed trust of Christ's service was given to him in a form rich with chivalrous associations, "Tend my sheep" (John 21:16NKJV). And as in the words of Gerkin, "the church is called out of itself into the world around it...to increase among all people the love of God and neighbor."(Gerkin 1997:127). The High Priest of our faith and shepherd of our souls, Jesus Christ, has commissioned us as we endeavor to follow in his footsteps. God's liberating message of love enfolds and encompasses the entirety of the human condition. Waruta & Kinoti goes further to highlight that "...the church has an obligation to continue with the healing the ministry of Jesus Christ." (Gerkin 1997:96).

Neuger mentions Cooley who express the researcher's impression wonderfully when she mentions "that the voices of the suffering and the oppressed have "epistemic and moral primacy" and need to be heard" (Neuger 2001:104). The parable of a Good Samaritan (Lk10: 30-37) is instrumental in looking at the story from the perspective of traumatized children. "The Samaritan does not ask why the man is on the road...The important point is not what the man was doing on his way to Jericho, but how he could be helped in his circumstances" (Nicholson :77). Likewise the circumstances of how a child who has been traumatized are not really equally important as the fact that the child has been traumatized and certainly needs help.

"God is love, and...love is God...God is the model of love. We learn what love is by looking to God, not to ourselves" (McFague 1987:125). This as we turn and set sights on Jesus of Nazareth-his teachings, death and resurrection through whom we experience revelation of the love of God to us and for us.

The author has attempted to articulate the shift of perspective and action. The author has described the need for clergy to actively interpret the child's relational dilemma and the importance of articulating. And in some measure meeting, the child's underlying relational needs. There are many children who suffer dramatization at the hands of their parents. These children have, in their short lives endured suffering. Therefore, the details of their lives and the extent of their psychic are in disarray. According to Prior: "traumatized children are ...both organized and disorganized by the psychic contradictions that beset them. Each particular act or feeling has its logic, pattern, and meaning. The child shifts...from one pattern to the next...The fluctuating, intense, and unintegrated patterns of affect, fantasy, behaviour, and relationship can be understood...as the manifestation of "'non-metabolized' internalized object relations" (Prior 1996:82-83). One of the fundamental structures of care that life in a community of faith can and should offer is a story or grammar-a way of speaking about people's circumstances-that can connect people's life experience with the ultimate context of meaning contained in the Christian gospel ."

(Gerkin 1997: 103)

The use of *narrative, from the perspective of the Bible*, from the perspective of the minister, and from the perspective of those who are in need of and receiving pastoral

care and attention, can result in satisfactory pastoral encounters. And can most fully integrate the human experience with that of what Wimberly (1991) terms God's narrative, or plan, for humanity. The clergyperson must learn to make use of stories, either from the Bible or from the experience of resolving crisis issues, that will allow the person or persons in crisis to reflect on their situation. Stories help people compare their situation to the situation of characters in a story, whether in ordinary life or in the biblical text, in a way that will help them heal. In this regard, Wimberly rightly focuses on developing a "conflict- and anxiety-free source of narrative" (Wimberly 1991:81). Due to the intensity of the emotions involved, it is important to find a pastoral counselor with whom one feels trust. Without trust, any course of therapy is doomed to fail. Verbal guarantees of safety carry no weight than those for hair-replacement systems and miracle slicers.

The priest acts *in persona Christi* (in the person of Christ), a defining characteristic of priestly identity. And For all who would act as shepherds, there is a perfect model in the selfless motivation of Jesus as the servant leader. The good shepherd lays down his life for the sheep. "More than any other image, we need to have written on our hearts the image most clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the flock of Christ." (Gerkin 1997:80). There is a need to return to pastoral care with less emphasis on adopting specific counseling techniques. Movement away from simple application of psychotherapy models to pastoral care. For the Church of Jesus Christ to be the shining light on a hill, to be a beacon of hope and love in the world, we must lead, not follow. We must respond to people as Jesus did. Respond to the whole person. Respond to their current needs. Respond with eternity always in mind. Respond in love and truth. We should get to know

people in the situations of their daily life, as a shepherd knows his own flock (cf. Jn 10:14). We should accompany them on their journey of faith (cf. Jn 13:15). "The most therapeutic activity in pastoral counseling is the assurance that exudes from human love...In times of deep crises, the greatest need of a suffering individual is the presence of a caring and understanding person." (Waruta & Kinoti 2005: 7).

In all of this, whether it is as leaders or carers in the church, or in exercising our responsibilities in the world at large, our hope and confidence rests in the great shepherd of the sheep who gave his life and was raised from the dead. As we have it in the letter to the Hebrews: Now may the God of peace, who brought back from the dead our Lord Jesus, the great shepherd of the sheep, by the blood of the eternal covenant, make you complete in everything good so that you may do his will, working among us that which is pleasing in his sight, through Jesus Christ, to whom be the glory forever and ever. Amen. (Hebrews 13:20-21).

"Jesus looked at the people of Jerusalem 'and his heart was filled with pity for them, because they were worried and helpless, like sheep without a shepherd' (Mt 9:36). That picture of Jerusalem in the time of Jesus is familiar to us in our contemporary societies. The Church, to be worthy of its name, should be willing and prepared to confront human suffering and the conditions that cause it, following the example of its founder, Jesus Christ. "(Waruta & Kinoti 2005: 7).

5.5 Appendices:

Questionnaires (questions for the interviews) for a Lay counselor, priests, SAPS have been compiled. The first is marked Appendix A for a Lay Counselor. The second is marked Appendix B and contains SAPS' responses. The third is responses from Priests in the *Roman Catholic Church & American Methodist Episcopal Church* respectively. These were the only clergy who responded to the request and invitation to be part of the research. Questionnaires were sent to clergy at the churches which are part of Mabopane Ministers Fraternity, mentioned in chapter 1 (section 1.6.2). The initial questions as highlighted in chapter 1 were eventually complemented by the other set of questions (*Appendices C 1a & 2a*) as the research unfolded. The author has attached all the answer sheets.

Appendix A: QUESTIONNAIRE for a LAY COUNSELOR

People Against Abuse (PAA) [NPO 021 411/ PBO 030 022 308] is a crisis service for survivors of rape and Women and Children. The service centre operates in the Odi-Moretele district of the Gauteng/Northern West provinces, North of Pretoria. The organisation came into being against the backdrop of inter alia, high crime rate with much violence especially against women and children. It has been offered space for a trauma room and an office by the Loate South African Police Service on their police precinct in Winterveldt. Presently PAA has two lay counsellors and two volunteers.

The PAA came into being against the backdrop of much poverty and unemployment; high crime rate with much violence especially against women and children. Following the rape of a young community health worker in the Odi-Moretele district in December 1997, neither the police nor hospital personnel dealt with her in a fitting manner. Disgust at her lack of proper treatment and attention, a workshop that gave birth to the organisation was called under auspices of the Tumelong Mission. Tumelong Mission is a mission and social development

oriented organ of the Anglican Diocese of Pretoria. Thus a crisis service and support network for abused and traumatized women and children was set up. The crisis service, PAA, opened its doors in June 1998 having two full time counsellors. It was then offered space for a trauma room and an office by the Loate South African Police Service on their police precinct in Winterveldt. Presently PAA has two lay counsellors and two volunteers. When the Tumelong Mission underwent restructuring, the PAA project was, as of April 2008, adopted by the Bee Courtwise, an NGO established in 1997 and specialising in the field of victim empowerment and crime prevention. The PAA's Mission states: the organisation is committed to providing 24 hours crisis service to the survivors of rape and domestic violence and to the women and children of the Winterveldt and surrounding areas, and creating a community free of violence and abuse through education training and awareness programmes. Services provided at Loate SAPS station entail inter alia, Follow-up counselling; Rape and domestic violence; Support groups for children (survivors of rape, abuse and domestic violence); and Raise awareness in the community around issues of child abuse and domestic violence by facilitating workshops in clinics and schools. PAA strives to be the voice of the disempowered. The PAA's Vision states: to contribute to a peaceful society where all forms of gender violence will not be tolerated. Their networking partners are: Dept of Soc Dev; Provincial Victim Empowerment Programme; Child Protection Unit; SAPS; SA Network of Trauma Service Providers; Dept of Health; and Dept of Community Safety.

Ms Elisa Khomari is a lay counsellor at PAA. They help people who are suffering from rape and domestic violence; render different services, facilitate workshops, and trauma debriefing. PAA helps children who have been exposed to domestic violence by among others issuing a letter to the perpetrator of domestic violence for a joint counselling. Beyond their scope they refer the cases to police or/and the relevant stakeholders which include Child Protection Unit for enquiries. The PAA also organises support groups for such children.



NAME: **Ms Elisa Khomari**

Occupation: **Lay Counselor**

Company: **People Against Abuse (PAA) [NPO 021 411/ PBO 030 022 308]**

Question: How widespread are incidents of Domestic Violence in the area of Mabopane and Winterveldt?

Response: *Domestic violence is a large-scale epidemic. It is one of the most pervasive of human rights violations. Domestic violence cuts across boundaries of culture, class, education, income, ethnicity and age. Domestic violence takes place within the confines of a home and are often sanctioned under the garb of cultural practices and norms. Moreover, the abuse is effectively condoned by the tacit silence. The magnitude of this violence is alarming. The only variation is in the patterns and trends that exist. Domestic violence is the most prevalent yet relatively hidden and ignored form of violence. It is an overwhelming social problem that impacts every sector of the population. Yet the problem is often overlooked, excused, or denied. The official numbers do not begin to reflect the reality and the gravity of this epidemic*

Question: How does Domestic Violence affect children living in such an unstable household?

Response: *Children's exposure to domestic violence typically falls into three primary categories: 1) Hearing a violent event; 2) Being directly involved as an eyewitness or intervening; and 3) Experiencing the aftermath of a violent event. The effects of domestic violence can vary tremendously from one child to the next. The family situation, community environment, and the child's own personality may either strengthen the child's ability to cope or increase the risk of harm. Not all children exposed to violence experience noteworthy harmful effects. Growing up in a violent home may be a terrifying and traumatic experience that can affect every aspect of a child's life, growth and development. This includes: intellectual and academic functioning; social development; and Physical health and development.*

Question: How do the child victims experience their traumatization?

Response: *Children who have witnessed domestic violence, exhibit health and behaviour problems. This includes problems with their weight, their eating and their sleep. They may experience difficulty on academic side and find it hard to develop close and positive friendships. Witnessing and experiencing violence as a child can also result in internalizing violence as a form of conflict resolution.*

Question: How do you help the child victims to deal with their experience of trauma of domestic violence following their exposure?

Response: *Render services such as counseling. Trauma debriefing. Running support groups for survivors.*

Question: How does the PAA raise awareness in the community around issues of domestic violence?

Response: *Facilitating workshops at schools, clinics and churches in the area of*



Mabopane and Winterveldt.

Question: How does the PAA render its services to the community?

Response: *Services provided at Loate SAPS station (Mabopane North) entail inter alia, Follow-up counseling; Support groups for children (survivors of domestic violence). PAA helps children who have been exposed to domestic violence by among others issuing a letter to the perpetrator of domestic violence for a joint counselling. Beyond their scope they refer the cases to police or/and the relevant stakeholders which include Child Protection Unit for enquiries. The PAA also organizes support groups for such children.*

Question: How accessible is the PAA?

Response: *The PAA offers crisis service to the survivors of domestic violence (women and children) in the Winterveldt-Mabopane and surrounding areas and it is a 24hours facility.*



Appendix B: QUESTIONNAIRE FOR a SAPS SUPERINTENDENT – MABOPANE/LOATE

*The SAPS personnel mentioned below participated in the interview and questionnaire. The advise obtained from below-mentioned personnel interviewed was that it was not really imperative for the researcher to interview the Loate SAPS personnel given that the modus operandi and procedure followed is similar. Attached is the **SAPS C.3 (Appendix B1)** procedure when dealing with domestic violence.*

NAME OF SUPERINTENDENT: **SUPERINTENDENT MOLEFINYANA**

INSPECTOR MAKEBE (Both: Visible Policing)

POLICE STATION: **MABOPANE SAPS**

Question: How are the police involved in domestic violence?

Response:

As and when reported. If there is a reason to believe that an act of violence has been committed, the perpetrator would be arrested without a warrant. A report of domestic violence is not taken as a case outright. However it is referred to a Magistrate court for an application of a protection order. The protection order is brought to the SAPS who accompany the survivor to serve it on the perpetrator. A warrant of arrest would be attached to the order but pending. It would only be effective if the protection order is contravened. A protection order can be applied for by a victim of domestic violence, including a child. Once the warrant becomes activated and is executed then the accused will appear in court.

Question: How often are the domestic violence cases withdrawn and why?

Response:

This happens in circumstances where there is lack of evidence and/or as a result of poor investigation. Should the witness(es) withdraw on the ground of 'emotional account'.

Question: How many domestic violence cases make it to the court of law?

Response:

Once the act of domestic violence is reported to the SAPS, it will make it to the local Magistrate court. The evidence presented to the court will ascertain if the case is watertight and worth prosecuting. Thus a perpetrator will have a criminal charge against him/her.

Question: What meaning do various social contexts attribute to victimhood?

Response:

Question: What suffering and which victims get social recognition and are highlighted as paradigmatic in certain social and professional discourses, and what suffering is ignored or denied?

Response



Question: How do you help the child victims to deal with their experience of trauma of domestic violence following their exposure?

Response:
There is a Victim Empowerment Centre setup in every SAPS station. It affords a safe environment to/for the victim. Victims are treated with respected and their dignity is protected. In addition, there is a counsellor on hand to offer victim counselling, who assist victims with empathy and care. The SAPS will, where possible, help find access to medical attention and/or shelter

Question: What is the role of social factors such as culture, tradition, religion, gender, class and ethnicity in turning social affects against victims of domestic violence?

Response

Question: Can we overcome the dichotomy between victim and perpetrator, and how can this be done?

Response

Signature:

*NSP W. 04891287
M. M. M.*

Stamp (if applicable):

Date:

11.12.2009.



NB: The SAPS has an information brochures called **Break the silence on domestic violence**. It has been produced in different languages.

Appendix C1: QUESTIONNAIRE for PRIEST/MINISTER OF RELIGION

NAME OF CLERGY PERSON/PRIEST: **David Sefiri Motsepe**

POSITION: **Parish Priest**

DENOMINATION: **Catholic Church**

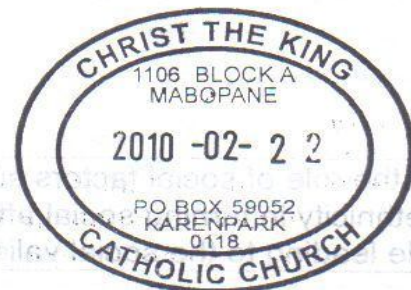
Question: How does local church do pastoral care?
Response: <i>The church has small Christian communities who identify and support those in any kind of pastoral care/need. The movements and associations of the church do house visits. Ultimately, it is the pastor who initiates pastoral visits.</i>
Question: Is the church viewed by victims as a place of healing?
Response: <i>The church is perceived as a place of refuge. When all the avenues of safety have been explored, the victims resort to the church. However, it is still a place of safety and healing.</i>
Question: What is the best way of dealing pastorally with trauma?
Response: <i>There is no possible <u>BEST</u> way. How the church deals with trauma is to firstly counsel the victim. When they are calm, then prayer and a process of reconciliation is used. To forgive is also therapeutic.</i>
Question: How does the <i>imago dei</i> get dented by domestic violence (in the eyes of children who are part of the Children Ministry)?
Response: <i>Regarding children-they become disappointed in God-"The Hero". If God fails to protect them against any kind of abuse, they lose hope.</i>
Question: What social aspects are emphasized when we speak of trauma—both individual and collective—and what aspects fade into the background?
Response: <i>Trauma is taken too much for granted because only the first phase is addressed. The long term damages are not well handled. Trauma is treated as a temporary phase. Whereas, there are long term, hidden damages.</i>
Question: What is the role of social factors such as culture, tradition, religion, gender, class and ethnicity in turning social affects against victims in some circumstances, while leading to the social validation of victimhood in others?
Response: <i>There are instances of abuse of social factors. Culture and religion are often used to manipulate the victims into accepting their "situation".</i>
Question: What is the proposed therapeutic model (way) of dealing from a pastoral perspective?
Response: <i>Counselling and reconciliation methods. Continuous visitation of the</i>



<i>victim to give support is helpful to monitor the changes of healing.</i>
Question: How can a caregiver who has never been depressed enter the world of the depressed?
Response: <i>Empathy is the best way.</i>
Question: How can a victim/co-researcher/survivor dance in a storm of life?
Response: <i>The important factor is collaboration – every person involved should be engaged in solving the matter.</i>
Question: How the dominant role of the trauma concept affects our thinking about violence and its aftermath?
Response: <i>Generally, trauma concept is separated from other forms of violence. A common mistake by the general public is to look at/see trauma as a sickness that can be cured and life goes on.</i>
Question: Any liturgical concept of handling grief.
Response: <i>The church has the Sacrament of Penance recently called “Reconciliation”. It is meant to useful to overcome loss and grief.</i>

Signature:

Stamp (if applicable):



Date: 22/02/2010

Appendix C 1a: Complementing questions upon which the interview is based:

1. Have you ever come across a case of domestic violence in your congregation?
Yes! Few cases are brought to the church, voluntarily. However, some cases only come out coincidentally.

2. Were children witnesses, in any form, to such acts of domestic violence?
In most cases children are witnesses but they are scared to come forward.

3. What are these children's experiences?
At first it becomes stressful and traumatic with time this violence becomes an "accepted" behavior. Actually, they (children) practice this violence, even at school or among themselves.

4. How do these traumatic events uniquely affect the course of the development for child victims?
Their growth development is disturbed. Children would either turn violent themselves or withdraw.

5. What types of interventions can mitigate acts of domestic violence?
The social welfare department, with the help of the help of the police services and the church in some instances, can be helpful. The collaborative ministry of these stakeholders is significant.

6. How has your church responded to domestic violence?
Without the help of the police and social welfare dept. we could not do much. First, the church responded by "blowing the whistle" let the perpetrator know that the church is aware. Then look for the safety of the victims.

7. How have you, as clergy/priest, church responded to domestic violence?
I cannot avoid the fact that I take domestic violence personal. It is a hindrance to the message of the Gospel on family life. The response thus far is to encourage the victims to speak out. Secondly, there are counseling experts engaged to deal with both perpetrators and the victims. Healing in the form of prayer sessions are in place to fight the evil of domestic violence.



Appendix C2: QUESTIONNAIRE for PRIEST/MINISTER OF RELIGION

NAME OF CLERGY PERSON/PRIEST: **G.O Motabogi**

POSITION: **Presiding Elder**

DENOMINATION: **American Methodist Episcopal Church**

Question: How does local church do pastoral care?
Response: <i>1. By prayer Cell 2. Bible Study 3. Motivational talk and supporting each other</i>
Question: Is the church viewed by victims as a place of healing?
Response: <i>Yes of course, through believe.</i>
Question: What is the best way of dealing pastorally with trauma?
Response: <i>Be with the family and show them that you are sharing their pain.</i>
Question: How does the <i>imago dei</i> get dented by domestic violence (in the eyes of children who are part of the Children Ministry)?
Response: <i>It affects them mentally and spiritually. They lose focus in many things.</i>
Question: What social aspects are emphasized when we speak of trauma—both individual and collective—and what aspects fade into the background?
Response: <i>1. Love; 2. Acceptancy; 3. Love of God; 4. Trust in God</i>
Question: What is the role of social factors such as culture, tradition, religion, gender, class and ethnicity in turning social affects against victims in some circumstances, while leading to the social validation of victimhood in others?
Response: <i>They help you to know your origin and your belonging.</i>
Question: What is the proposed therapeutic model (way) of dealing from a pastoral perspective?
Response: <i>Love, encouraging the abused by assuring them about God's love.</i>
Question: How can a caregiver who has never been depressed enter the world of the depressed?
Response: <i>By being with the depressed.</i>



Question: How can a victim/co-researcher/survivor dance in a storm of life?

Response: *By forgetting the past.*

Question: How the dominant role of the trauma concept affects our thinking about violence and its aftermath?

Response: 1. *Sometime we feel unwanted or rejected.*
2. *It brings fear and hatred to people next to you.*

Question: Any liturgical concept of handling grief.

Response: 1. *Be prayerful.*
2. *Accepting your situation.*

Signature:

Stamp (if applicable):

Date: *2010/02/08*

Appendix C 2a: Complementing questions upon which the interview is based:

- 1) Have you ever come across a case of domestic violence in your congregation?
Yes.
- 2) Were children witnesses, in any form, to such acts of domestic violence?
Yes.
- 3) What are these children's experiences?
Full of hatred, lack of hope in life.
- 4) How do these traumatic events uniquely affect the course of the development for child victims?
They fear, lack trust.
- 5) What types of interventions can mitigate acts of domestic violence?
By counseling sessions to the victims and those involved.
- 6) How has your church responded to domestic violence?
Very well. By conducting workshops.
- 7) How have you, as clergy/priest, church responded to domestic violence?
Supporting the victims at all times.

5.6 Bibliography:

- 1 Abrahams, N, Jewkes, R. and Laubsher, R. 1999. "***I do not believe in democracy in the home" Men's relationships with and abuse of women.*** Tygerberg: CERSA (Women's Health) Medical Research Council.
- 2 Adams, J. E. 1970. **Competent to Counsel**, Baker Book House, Grand Rapids MI.
- 3 **Agents of Transforming: Justice and Peace:** Bible studies Booklet prepared for Lent including Holy Week for the Anglican Church of Southern Africa (ACSA). 2009. ACSA: South Africa
- 4 Artz, Lillian. **Violence Against Women in Rural Southern Cape: Exploring Access to Justice Within a Feminist Jurisprudence Framework.** Cape Town, South Africa: Institute of Criminology, University of Cape Town, 1999.
- 5 Augsburger, D. W. 1986. **Pastoral Counseling across Cultures.** Philadelphia: Westminster.
- 6 Benedict, H.E. 2003. **Object Relations/Thematic Play Therapy.** In Schaefer, C.E. (Ed.), **Foundations of Play Therapy** (pp. 281-305). New Jersey: John Wiley & Sons, Inc.
- 7 **Bible: New International Version.** 1984. USA: Lux Verbi.BM
- 8 **Bible: New King James Version with Apocrypha.**1982. Nashville: Thomas Nelson Publishers
- 9 **Bible: New Revised Standard Version with Apocrypha. Anglicized Edition.**1995. Oxford: Oxford University Press
- 10 Black, D. & Kaplan, T. 1988. **Father Kills Mother: Issues and Problems Encountered by a Child Psychiatric Team.** British Journal of Psychiatry
- 11 Blom, R. 2006. **The handbook of gestalt play therapy: practical guidelines for child therapists.** London: Jessica Kingsley.
- 12 Boik, B.L. & Goodwin, E.A. 2002. **Sandplay Therapy.** New York: W.W. Norton & Company.
- 13 Bonhoeffer, D. 1972. **Letters and Papers from Prison.** New York: Macmillan Co.
- 14 Boyd, C.F. 1994. **Different children, different needs: understanding the unique personality of your child.** Colorado Springs: Multnomah.
- 15 Bratton, S., & Ray, D. (2000). **What the research shows about play therapy.** *International Journal of Play Therapy*, 9(1), 47-88.
- 16 Bratton, S.C., Landreth, G.L., Kellam, T. & Blackard, S.R. 2006. **Child Parent Relationship therapy (CPRT) treatment manual: a 10-session filial therapy model for training parents.** New York: Brunner-Routledge.
- 17 Bricknell, E.J. 1963. **A Theological Introduction to the Thirty-Nine Articles of the Church of England.** London: Longmans.
- 18 Bruner, J. 1986. **Actual Minds, Possible Worlds.** Cambridge, MA: Harvard University Press.
- 19 Carlson, B. E. 1984. **Children's observations of interpersonal violence.** In A. R. Edwards (Ed.), **Battered women and their families.** New York: Springer.
- 20 Carroll, J. 2002. **Play therapy: the children's views.** *Child and Family Social Work*, 7(3), 177-187.
- 21 Church of the Province of Southern Africa. 1989. **An Anglican Prayer Book 1989.** Jeppestown RSA: HarperCollins Publishers

- 22 Ciottone, R. A & Madonna, J. M. 1996. **Play Therapy with Sexually Abused Children**. New Jersey: Jason Aronson.
- 23 Clinebell, H. 1984. **Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth**. Nashville: Abingdon Press.
- 24 Commission on Gender Equality. 2000. **Advertising – A Mirror of Reality...?** Braamfontein, Johannesburg, South Africa: CGE.
- 25 Cole, M. & Cole, S.R. (1993). **The Development of Children**. New York: Scientific American Books.
- 26 Craig, W.J(ed.). 1916. **The Complete Works of William Shakespeare (The Oxford Shakespeare)**. Oxford: Oxford University Press.
- 27 Dass-Brailsford, P. 2007. **A practical approach to trauma: Empowering interventions**. Thousand Oaks,CA: Sage Publications.
- 28 Deegan, P. E. (1994). **Recovery: The lived experience of rehabilitation**. In W. A. Anthony, & L. Spaniol (Eds.), **Readings in psychiatric rehabilitation** (pp. 149–162). Boston: Boston University, Center for Psychiatric Rehabilitation.
- 29 De Gruchy, J & Villa-Vicencio, C. (eds.) 1994. **Doing Theology in Context: South African Perspectives**. Cape Town & Johannesburg: David Philip.
- 30 Dent, C. H. (1987). **Developmental studies of perception and metaphor: The twain shall meet**. *Metaphor and Symbolic Activity*, 2(1), 53-71.
- 31 Drucker, J. (1994). **Constructing metaphors: The role of symbolization in the treatment of children**. In A. Slade & D. Palmer (Eds.), **Children at play: Clinical and developmental approaches to meaning and representation** (pp. 62-80). London: Oxford University Press.
- 32 Drum, W. 1912. **Pastoral Theology**. In The Catholic Encyclopaedia. Vol. 14. New York: Robert Appleton Company.
- 33 Dutton, M.A. 1994. **Post-traumatic therapy with domestic violence survivors**. In M.B. Williams & J.F. Sommer (Eds.), **Handbook of post-traumatic therapy**. Westport, CT: Greenwood Press.
- 34 Egan, G. 1998. **The Skilled Helper. 6th ed.** Pacific Grove, Calif.: Brooks/Cole Pub. Co.
- 35 Egan, G. 2002. **The Skilled Helper. 7th ed.** Pacific Grove, Calif.: Brooks/Cole Pub. Co.
- 36 Erikson, E.H. 1963. **Childhood and Society**. New York: McGraw-Hill.
- 37 Erikson, E.H. 1964. **Insights and Responsibility**. New York: W. W. Norton.
- 38 Everstine, D. S., & Everstine, L. 1993. **The trauma response: Treatment for emotional injury**. New York: W. W. Norton & Company.
- 39 Fairbairn, W. R. D., 1952. **An Object-Relations Theory of the Personality**. New York: Basic Books.
- 40 Findling, J. H. 2004. **Development of a trauma play scale: An observation-based assessment of the impact of trauma on the play therapy behaviors of young children**. Unpublished dissertation, University of North Texas, Denton, TX.
- 41 Findling, J. H., Bratton, C. B., & Henson, R. K. 2006. **Development of the Trauma Play Scale: An observation-based assessment of the impact of trauma on play therapy behaviors of young children**. *International Journal of Play Therapy*, 15(1), 7-36.
- 42 Freeman, J. Epston, D. & Lobovitz, D. 1997. **Playful Approaches to Serious Problems**. W.W. Norton & Co. New York.



- 43 Freedman, J. & Combs, G. 2002. **Narrative therapy with couples... and a whole lot more! A collection of papers, essays and exercises.** Dulwich Centre Publications. South Australia.
- 44 Frey, D. E. (1993). **Learning by metaphor.** In C. E. Schaefer (Ed.), *The therapeutic powers of play* (pp. 223-240). Northvale, NJ: Jason Aronson.
- 45 Fonts, L.A. 2005. **Child abuse and culture.** New York: Guildford Press.
- 46 Foster, Lesley. 1999. **Violence Against Women: The Problems Facing South Africa.** Braamfontein, South Africa: Masimanyane Women's Support Center. from the World Wide Web:<http://www.ippf.org/resource/gbv/chogm99/foster.htm>
- 47 Foy, D.W. 1992. **Introduction and description of the disorder.** In D. W. Foy (Ed.), *Treating PTSD: Cognitive-Behavioral strategies.* New York: Guilford.
- 48 Gardner, R.A. 1983. **The Talking, Feeling, and Doing Game.** In Schaefer, C.E & O'Conner, K.J (Eds.) *Handbook of play Therapy.* New York: Wiley
- 49 Geffner, R.A. Jaffe, P.G. & Sudermann, M. (eds). 2000. **Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention and Policy Development.** Journal of Aggression, Maltreatment & Trauma, Volume 3, Number 1. New York: Haworth Press, Inc.
- 50 Geldard, K & D. 2002. **Counselling Children.** Sage: London
- 51 Gerkin, C.V 1997. **An Introduction To Pastoral Care.** Nashville, Abingdon Press.
- 52 Gil, D.G. 1979. **Child Abuse and Violence.** AMS Press Inc. New York, N.Y.
- 53 Gil, E. (1991). **The Healing Power of Play.** New York: Guilford Press.
- 54 Gil, E. (1994). **Play in Family Therapy.** New York: Guilford Press.
- 55 Ginott, H. 1959. **Theory and Practice of Therapeutic Intervention in Child Treatment.** *Journal of Consulting Psychology* 23.
- 56 Giordano, M., Landreth, G. & Jones, L. 2005. **A practical handbook for building the play therapy relationship.** Lanham, MD: Jason Aronson.
- 57 Gomez, L. 1997. **An Introduction to Object Relations Theory.** London: Free Association Press.
- 58 Grant, R. 1998. **The Way of the Wound: A Spirituality of Trauma and Transformation.**
- 59 Graham-Bermann, S. 1994. **Preventing domestic violence.** University of Michigan research information index. UM-Research-WEB@umich.edu.
- 60 Grosseohme, D.H. 1999. **The Pastoral Care of Children.** The Haworth Pastoral Press. New York & London.
- 61 Guerney, L. (2001). **Child-Centered Play Therapy.** *International Journal of Play Therapy*, 10(2), 13-31.
- 62 Hamilton, J. 1997. **Gestalt in pastoral care and counseling: a holistic approach.** New York, NY: The Haworth Pastoral Press.
- 63 Hopkins, R. L. 1994. **Narrative Schooling.** New York: Teachers College Press.
- 64 Howe, D. Brandon, M. Hinings, D. & Schofield, G. 1999. **Attachment Theory, Child Maltreatment and Family Support. A practice and Assessment Model.** London. Palgrave Macmillan.
- 65 Hughes, J.N & Baker, D.B. 1990. **The Clinical Child Interview.** New York: Guilford Press.
- 66 Human Rights Watch Women's Rights Project. **Violence Against Women in South Africa: State Response to Domestic Violence and Rape.** United States of America: Human Rights Watch, 1995.

- 67 Jackson, P. W. 1995. "On The Place Of Narrative In Teaching." In H. McEwan & K. Egan (ed) ***Narrative In Teaching, Learning, And Research***. New York: Teachers College Press.
- 68 Jewkes, Rachel, Penn-Kekana, Loveday, Levin, Jonathan, Ratsaka, Matsie and Schrieber, Margaret 1999. ***He must give me money, he mustn't beat me.: Violence against women in three South African Provinces***. Pretoria: CERSA (Women's Health) Medical Research Council.
- 69 Kenyon, G. M., And Randall, W. L. 1997. ***Restorying Our Lives: Personal Growth Through Autobiographical Reflection***. Westport, CT: Praeger.
- 70 Kerby, A. P. 1991. ***Narrative and The Self***. Bloomington: Indiana University Press.
- 71 Klein, M. 1937. '**Love, guilt and reparation**', in 1975 *Love, guilt and reparation and other Works 1921-1945: The writings of Melanie Klein*, Vol. 1. London: Hogarth Press.
- 72 Landreth, G.L. (1991). ***Play Therapy: The Art of Relationship***. Kentucky: Accelerated Development.
- 73 Landreth, G. L. 2002. ***Play therapy: The art of the relationship***. (2nd ed.). New York: Brunner-Routledge.
- 74 Lanyado, M. & Horne, A (Eds.) 1999. ***The Handbook of Child & Adolescent Psychotherapy: Psychoanalytic Approaches***. London: Routledge
- 75 Lewis, S. 1999. ***An adult's guide to childhood trauma: understanding traumatized children in South Africa***. Cape Town: David Phillip Publishers.
- 76 Lieberman, F. (1979). ***Social Work with Children***. New York: Human Sciences Press.
- 77 Louw, D. & Louw, A. 2007. ***Child and adolescent development***. Bloemfontein: ABC Printers.
- 78 Mathews, Shanaaz, Abrahams, Naeemah, Martin, Lorna J., Vetten, Lisa, van der Merwe, Lize and Jewkes, Rachel. 2004. ***Every six hours a woman is killed by her intimate partner.: A National Study of Female Homicide in South Africa***. MRC Policy brief no. 5, June 2004.
- 79 Mathews, Shanaaz and Abrahams, Naeemah. 2001. ***An Analysis of the Impact of the Domestic Violence Act (No. 116 of 1998) on Women***. The Gender Advocacy Programme & The Medical Research Council.
- 80 McFague, S. 1987. ***Models of God***. London: SCM Press.
- 81 Means, J.J. 2000. ***Trauma & Evil: Healing the wounded soul***. Minneapolis, MN: Fortress.
- 82 Meintjes, Sheila. 2003. ***The Politics of Engagement: Women Transforming the Policy Process - Domestic Violence Legislation in South Africa***. In Anne Marie Goetz and Shireen Hassim (eds) *No Shortcuts to Power*. London: Zed Books Ltd.
- 83 Melton, G. & Thompson, R. 1987. ***Getting out of a rut: Detours to less traveled paths in child witness research***. In Ceci, S.J; Toglia, M.P. & Ross, D.F (Eds.) *Children's eyewitness memory*. New York: Springer-Verlag.
- 84 Moltmann, J. 1990. ***Eschatology and Pastoral Care in Dictionary Care and Counselling***. Nashville: Abingdon Press.
- 85 Moore, H. ***The Cultural Construction of Gender***. In *The Polity Reader in Gender Studies*. Cambridge: Polity Press, 1994.
- 86 Nason-Clark, N. 1997. ***The Battered Wife***. Louisville: Westminster Press.



- 87 Neuger, CC. 2001. **Counselling Women: A Narrative Pastoral Approach.** Minneapolis, MN: Fortress.
- 88 Neuger, C C. 2002. '**Premarital Preparation: Generating Resistance to Marital Violence**', Journal of Religion & Abuse. London. The Haworth Press
- 89 Nicholson, R. **God in AIDS.** London: SCM Press.
- 90 PAHO. 2003. Violence Against Women: The Health Sector Responds. Available from World Wide Web: <http://www.paho.org/English/DPM/GPP/GH/VAWhealthsector.htm>
- 91 Parkinson, F. 2000. **Post-Trauma Stress. A personal guide to reduce the long-term effects and hidden emotional damage caused by violence and** disaster. Cambridge. Da Capo Press
- 92 Patton, J. 1981. **Pastoral Counseling Come of Age, The Christian Century.**
- 93 Patton, J. 1993. **Pastoral Care in Context: An Introduction to Pastoral Care.** Louisville: Westminster/John Knox.
- 94 Patton, J. 2005. **Pastoral Care: Essential Guide.** Nashville: Abingdon Press.
- 95 Perry, B. D., & Szalavitz, M. 2006. **The boy who was raised as a dog: and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing.** New York: Basic Books.
- 96 Phillips, Colin A. 2001. '**Equipping Religious Professionals to Engage Effectively with Domestic Violence**', Journal of Religious & Theological Information. London. The Haworth Press.
- 97 Pollard, N. 1997. **Evangelism made slightly less difficult.** England: Inter-Varsity Press.
- 98 Prior, S. 1996. **Object Relations in Severe Trauma.** New Jersey: Jason Aronson Inc.
- 99 Regier, D.A., & Cowdry, R.W. 1995. **Research on violence and traumatic stress.** National Institute of Mental Health.
- 100 RULES of the DIOCESE OF PRETORIA of the Anglican Church of Southern Africa (ACSA) [(formerly known as) Church of The Province of Southern Africa] (otherwise known as the Church of England or the English Church or Church of the Anglican Communion in these parts)] (include amendments up to and including Synod 2008).
- 101 Saxe, G.N., Ellis, B.H., & Kaplow, J. 2007. **Collaborative treatment of traumatized children and teens: The trauma systems therapy approach.** New York: Guilford Press.
- 102 Schriver, J.M. 2001. **Human Behavior and the Social Environment: Shifting Paradigms in Essential Knowledge for Social Work Practice.** Boston: Allyn and Bacon.
- 103 Schoeman, J.P. & Van der Merwe, M. 1996. **Entering the child's world: a play therapy approach.** Pretoria: Kagiso.
- 104 Shapiro, E.R. (1994). **Grief as a Family Process: A Developmental Approach to Clinical Practice.** New York: Guilford Press.
- 105 Shifman, P. Madlala-Routledge, N and Smith, V. 1997. **Women in Parliament Caucus for Action to End Violence.** AGENDA (36): 25-27.
- 106 Sweeney, D.S. 1997. **Counseling children through the world of play.** Eugene, OR: Wipf and Stock.
- 107 Sweeney, D.S. & Landreth, G.L. (2003). **Child-Centered Play Therapy.** In C.E. Schaefer (Ed.), **Foundations of Play Therapy** (pp. 76-98). New Jersey: John Wiley & Sons, Inc.

- 108 Terr, L. 1991. **Childhood trauma: An outline and overview.** *American Journal of Psychiatry.*
- 109 UNAIDS. 2003. **Fact Sheet: Gender and HIV/AIDS.** Available from World Wide Web: <http://www.unaids.org/gender/docs/Gender%20Package/GenderBasedViolence>.
- 110 Vaaler, Margaret L. 2008. **'Seeking Help from the Clergy for Relationship Violence'**, *Journal of Spirituality in Mental Health.* London. The Haworth Press
- 111 Van Fleet, R. 2005. ***Filial therapy: strengthening parent-child relationships through play*** (2nd ed.). Sarasota, FL: Professional Resource Press.
- 112 Vetten, L. & Bhana, K. 2001. **"Violence, Vengeance and Gender: A Preliminary Investigation into the Links Between Violence Against Women HIV/AIDS in South Africa.** Braamfontein, JHB, South Africa: Center for the Study of Violence and Reconciliation in South Africa (CSVR).
- 113 Waruta, D.W and Kinoti, H. W.ed.s. 2005. ***Pastoral Care in African Christianity.*** Nairobi, Action Publishers.
- 114 Whitehead, A.N. 1926. **Religion in the Making.** New York: Macmillan.
- 115 WHO. 2002 **The World Report on Violence and Health.** Geneva. Available from World Wide Web:http://www.who.int/violence_injury_prevention
- 116 WHRnet. 2003. **Violence Against Women: A Fact Sheet.** Available from World Wide Web: http://www.amnestyusa.org/women/fact_sheets/violence_against_women.html
- 117 Willemse, E. 2008. **Traumatic violence that leads family murder by fathers. A challenge to pastoral care.** Pretoria: University of Pretoria.
- 118 Wilson, K. Kendrick, P & Ryan, V.1992. **Play Therapy. A Non-directive for Approach for Children and Adolescents.** London. Bailliere Tindall.
- 119 Wilson, K. & Ryan, V. 2001. **Helping parents by working with their children in individual child therapy.** *Child and Family Social Work*, 6(3), 209-217.
- 120 Wimberly, E.P. 1991. **African American Pastoral Care.** Abingdon Press. Nashville.
- 121 Wimberly, E. P. 1994.**Using Scripture in Pastoral Counseling.** Nashville: Abingdon Press.
- 122 Wimberly, E.P. 1999. ***Moving From Shame to Self-worth.*** Nashville, Abingdon Press.
- 123 Women's Net. 1999. Statistics on Domestic Violence in South Africa. Available from World Wide Web: http://www.speakout.org.za/about/prevention/preventin_domestic_violence.html
- 124 Wood, H., & Wood, D. 1983. **Questioning the pre-school child.** *Educational Review*, 35