A PHENOMENOLOGICAL STUDY OF CHILDREN'S' EXPERIENCES OF VIOLENT CRIME

by

Franco Pierre Visser

A thesis submitted in partial fulfillment of the requirements for the degree of

Master in Human and Social Science: Clinical Psychology

University of North-West

2001

University of North-West

Abstract

A PHENOMENOLOGICAL STUDY OF CHILDREN'S EXPERIENCES OF VIOLENT CRIME

by Franco Pierre Visser

Student number: 10150374-1999

Supervisors: Me. Sarah W. Niemand

Mr. Mike Themane

Department of Psychology

The purpose of this study was to describe the experience of violent crime, in particular violent rape and sodomy, from a child's perspective. A phenomenological study method was employed, in which each subject used within this study was interviewed over two to four sessions.

The original sample consisted of 13 subjects. They were randomly selected from the outpatient population of the Child , Adolescent and Family Unit at the Chris Hani Baragwanath Hospital. Out of the 13 original subjects , **5** protocols were selected for phenomenological explication. The sample consisted of **4 females** and **1 male** , ranging in **ages 10 years to 15 years**

(**mean age of 12,2 years**) , who had recently experienced violent crime in the form of rape and sodomy.

The results were presented in the form of an integrative text , which accounted for all of the individual variations of the experience of violent crime. Out of this text the researcher explicated **Natural Meaning Units** , specific to each subject , which was used in formulating a specific description of experiencing violent crime for each subject.

This study concluded with a discussion of the results, as well as a formulation of a general description of experiencing violent crime for all five subjects

Overall , this study explicated unique descriptions of individual experiences , and contributed to a general understanding of experiencing violent crime.

Operational Definitions.

- *Phenomenology* – A department of the inductive sciences keeping it busy with facts that forms the basis of its system.

- *Violent crime* – crimes committed against people of institutions , involving the use of violence as a means of establishing power.

- *Life-world* – The space occupied by any one person in the external , physical world / environment , as well as the internal lived-in world , consisting of emotions and cognitions.

****

For Qaba Ramotsabi.

****

"The greatest reassurance we can give to children is the feeling that they are understood and accepted right down to the painful sad bit in the middle. If we do not deny this painful bit of themselves, they need not do so, and their natural resilience can then take them on into life again".

(Winnicott, 1984, p.20)

TABLE OF CONTENTS

LIST OF FIGURES/TABLES

DECLARATION

I , Franco Pierre Visser , declare that the thesis for the degree M.Soc.Sc. (Clinical Psychology) at the University of North West , hereby submitted , has not previously been submitted by me for a degree at this , or any other University , that it is my own work in design and execution. Material taken from other sources contained herein has been acknowledged and permission has been obtained where necessary.

ACKNOWLEDGMENTS

The author wishes to express his sincere appreciation, gratitude and joy to Our Heavenly Father, Jesus Christ, for blessings, support, love and strength given to him in abundance over the past 25 years. Without Him nothing is ever possible. Praise be to God.

To my parents, Pierre and Susan, a heartfelt and sincere thank you for giving me life in so many ways. For your unending love, support and generosity I will always be indebted to you.

To my Aunt Miems, thank you for being there, in good times and bad. Thank you for your and Uncle Hennie's support and love through the years.

To my supervisors, Me. Sarah Niemand and Mr. Mike Themane, thank you for your contribution to making me what I am today. For your guidance, support and advice I must express a special thank you. You have shown me what psychology is really all about.

Gerhard, thank you for always being there and ready when I needed your help. Thank you for supporting this endeavour. Eugene, thank you for all your advice , support and hospitality.

To all my friends, especially Gerlieza, thank you for your support and friendship.

Chapter 1

INTRODUCTION

"Children have been whipped, beaten, starved, drowned, smashed against walls and floors, held in ice water baths, exposed to extremes of out-door temperatures, burned with hot irons and steam-pipes. Children have been tied up and kept in upright positions for long periods. They have been systematically exposed to electric shock, forced to swallow pepper, soil, faeces, urine, vinegar, alcohol and other odious material; buried alive, had scalding water poured over genitals ....." (Bakan, 1971).

Bakan (1971) reminds us that through-out history and until the present day children have been, and are being subjected to a whole variety of abuses, events, neglect and maltreatment.

Children are very easy victims. They are weak, frail, and extremely vulnerable. Under a certain age they are incapable of defending themselves, retaliating or even complaining, and therefore constitute ideal targets for victimization. Child victimization is as old as mankind itself (Fattah, 1989).

Violent rape and sodomy was probably some of the earliest crimes. It is the ultimate in victimization, involving helpless, unaware and unsuspecting victims. These forms of crime have not disappeared, and probably never will.

Victimization of children is truly a universal phenomenon. It is not limited to certain types of societies, nor to certain cultures. However, the frequency with which such victimization occurs varies greatly from one society to the other, and from one culture to another. It is difficult; in fact it is impossible to obtain accurate figures of actual incidence of child victimization. It is a well-known fact that the dark figure of child victimization is very high. Many cases are never brought to the attention of authorities.

TYPE OF CRIME REPORTED	1988	1989	1990	1991
Violence (1)	3 067	3 002	3 612	3 550
Sexual (2)	3 758	5 585	6 119	5 548
In terms of Child Care Act (3)	730	1 045	1 452	1 334

Table 1: National statistics on crimes committed against children

(Brandt , 2001).

(1) Violent crimes include murder, assault, assault with the intent to cause serious bodily harm, violent rape , violent sodomy

(2) The following crimes of sexual nature can be included: rape, sodomy , incest , indecent assault and other offences in terms of the Sexual Offences Act 1957.

(3) The Child Care Act 74 of 1983 lists, inter alia, the following offences against children : seduction , abduction , prostitution , alcoholism , drug addiction , neglect and abandonment.

An analysis of Table 1 shows a slight but significant increase in the number of crimes reported in the crimes of violence and Child Care Act categories in 1990 and 1991 , but also suggests that reports reached a peak in 1990. In the case of sexual crimes reported , there was a sharp upturn in 1989 and 1990 , and figures levelled out in 1991 , which once more suggests that there was a peak in 1990 (Brandt , 2001). These figures reflect national data. The difference between the statistics on sexual and other crimes can probably be ascribed to two factors :

1. An established mechanism which included legislative provision for handling crimes other than sexual crimes was already in place , and such crimes were being treated as 'normal' crimes until 1989-1990 , when the public was made more aware of the existence of heinous sexual offences against children through intensive media publicity ;

2. This 'disclosure' of crimes of a sexual nature was accompanied by publicity for the various existing mechanisms and for the mechanisms specially created to enable all children irrespective of race and age , and also other persons , to report such crimes.

Among the mechanisms created were the Child Protection Unit of the SA Police and services such as Child Line. The lesson to be learned is that there must be an avenue through which children can report such crimes , and that both children and people who are responsible for children should be aware of these services.

Victimization of children is not a uniform phenomenon. It takes various forms, which differs in motivations, aetiology, dynamics and contents.

This study will focus on the experiences of children subjected to violent rape and violent sodomy victimization, within a phenomenological framework.

"In contrast to the natural scientific approach , where the method tends to precede the content , and to be given a privileged position , the phenomenological approach to research is characterised by an attitude of openness for whatever is significant for the proper understanding of the phenomenon. The method uses processes of intuition , reflection and

description. The content of phenomenology is comprised of data of experience, its meaning for the subject, and most particularly, the essence of phenomena (Kruger, 1986: 202).

The phenomenological approach used in this study, therefore, focuses on the quality of a certain experience, and encounters the subject in research as intentional, as opposed to perceiving the subject's reaction as determined.

Kruger (1986) points out that *"measurement has its place in psychological research, but that is only after the* ***meaning*** *and* ***quality*** *of the experience is known"* (Kruger, 1986:203).

Problem statement.

Throughout the researcher's internship year at the Chris Hani Baragwanath Hospital, in particular at the Child, Adolescent and Family Unit, he became increasingly aware of how wide-spread child victimization, in particular violent crime victimization and rape, is among the particular community. These experiences are not documented well enough, thereby losing 'valuable' material for study and investigation.

The primary function of this study is to attempt an answer for the question: **What is it like to experience violent crime, in particular violent rape and sodomy, and what meaning does this experience have for a child?**

Objective of the study.

This study aims at exploring the phenomenon of violent crime victimization , in particular explicating individual experiences and meaning of this phenomenon for the life-worlds of children exposed to it.

Rationale.

The rationale for this study lies in the fact that there is very little research available regarding children's experiences of violent crime victimization. The individual experience and meaning of victimization to children , is often overlooked within psychology , in turn overlooking a core aspect of victims in general.

Winnicott (1984) states:

"If we could only learn to respond effectively to children at a crisis point in their lives , which brings them to us , and at subsequent crisis points , which are part of growth , we might save many of them from becoming clients in one capacity or another , for the rest of their lives" (Winnicott, 1984: 19).

In this statement lies what is the actual purpose of this study: to really understand the child-victim's experience, and the meaning thereof for the child-victim. With understanding comes the capability to 'respond effectively',

adapting therapeutic techniques and intervention to suit the specific patient , in turn delivering a competent service and contributing an effort to help 're-structure' the shattered life-world of the victim.

Chapter 2

LITERATURE STUDY

2.1 Introduction.

This chapter will focus on literature as it pertains to experiencing violent crime, though the researcher has found that there is very little literature and research available pertaining to the phenomenological study of violent crime experiences of children. Much of the literature used in this section has been developed from effects of violent crime victimization on survivors. Of particular importance is the psychological aspects of , and the psychological effects of experiencing violent crime as a child , not excluding the physical effects of such an experience.

2.2 Effects of experiencing violent crime.

Sanderson (1990) states that it is a difficult task to analyse effects of experiencing violent crime found – some effects are not exclusive to childhood victimization and may reflect other underlying disorders.

Occurrence of childhood victimization is often interwoven with complex family dynamics and a variety of other childhood experiences , making it difficult to assess and to isolate the root cause specific to the victimization. Despite the increase in research , and the use of more sensitive psychological measures of possible effects , it has not been possible to determine precisely the extent to which problems experienced post trauma are a direct result of victimization.

2.2.1 The psychological effects of trauma on children.

Trauma is an inevitable experience throughout our lives , but there are many things that may determine how well or how ill we survive it. For children the cost of survival may be very high indeed. They may have to distort their developing self so severely that they are unable to gain maturity and make a successful transition to adulthood. Often the result of their trauma is never properly detected by those who care for them (Terr , 1990).

A child is not born with a ready-developed sense of self. This has to be acquired through experience. Just as cognitive and physical development is required before a child can move from gross motor movements to finely tuned and skilled ones , so there is a necessity for cognitive structures to develop in order for the child to acquire a sense of self , to build expectations of the world , and to form patterns of action and interaction that rely on

establishing a memory system. The building blocks for this sense of self and mental development , including memory , are the interactions a developing infant has with him – or herself and other objects in the environment , especially transitional objects (Winnicott , 1960) and significant human and animal objects.

A child learns about turn-taking , the basis for interaction with others , through peek-a-boo games. A small child uses mirrors to learn about self , but also to learn how to distinguish between self and others. This is achieved adequately between 10 and 24 months of age if development is not interfered with , prevented or skewed.

In the early development stages , an infant's experience is stochastic , that is , disjointed , like the frames of an old movie. Infants have to learn to build patterns and sometimes even the illusion of continuity that is necessary for their sense of well-being. Until they do this , they inhabit a world of part objects , dissociated islands of experience and extremes of emotion : things are either all wonderful or all terrible (Kohut , 1984 ; Stern, 1985, 1990 ; Winnicott, 1960). A great deal of development of memory and other mental processes is required to integrate the extremes of good and bad and establish gradations of perceptions and experience , especially in one person and especially in the self. Object relations theorists describe how , in the early stages of development , an infant is only able to hold one extreme at once ,

and during the stage of attempted integration will use 'projection' (projecting feeling and attributes out into others) and 'introjection' (bringing feelings and attributes into the self) repeatedly in attempts to accommodate and integrate mixtures of both into the self. It is like the development of any skill – learning to drive for example. At first one can only cope with one thing at a time – the clutch , the accelerator , the steering – since integrating and co-ordinating takes time. Even with the steering , one either goes too far to the right or too far to the left ; achieving the integration and control to move smoothly throughout the range of steering possibilities , while managing to stay mainly in the middle of the range , takes development (McIntee, 1992).

Psychological research now demonstrated that a baby is learning about some aspects of its environment even before birth , but following the birth , there is a much greater opportunity for the child to utilise an increased range of experiences in its development. Stern (1985) has shown that even neonates are beginning to make distinctions and build up a world-view that moves from gross to finer distinctions and patterns. The developing child is beginning to differentiate between self and others from around 10 months of age , but the self does not become consolidated until around 2 years of age (Mahler , 1963). Complete establishment of self , and independent functioning may be a life long task , and for many it may never be accomplished.

Adolescence is a period in which the early development of self is re-visited and reworked at a very fundamental level in preparation for separate living. There is a return to a dichotomous (all – or – nothing) world-view that is similar to that held in infancy. Things are perceived as extreme : pop bands may be seen as the best one week , and the worst soon afterwards. There is a reworking towards integration , usually after separation as an individual as some greater level has already been achieved.

2.2.2 Traumatic effects.

McIntee's trauma model (McIntee, 1992) , schematised in figure1 , is set in the context of trauma being an inevitable part of human experience , beginning with the natural trauma of birth. It is also assumed that the possibility of unwanted trauma may even occur in the pre-birth period.

This model is also based on a developmental perspective that assumes that 'narcissistic injuries' (Kohut, 1984) – what we may think of as disappointments and let-downs (normal trauma) – are a necessary part of the separation process , and are in fact one of the mechanisms by which individuation is achieved. McIntee (1992) describes successful accommodation of the effects of , and recovery from , trauma as the outcome

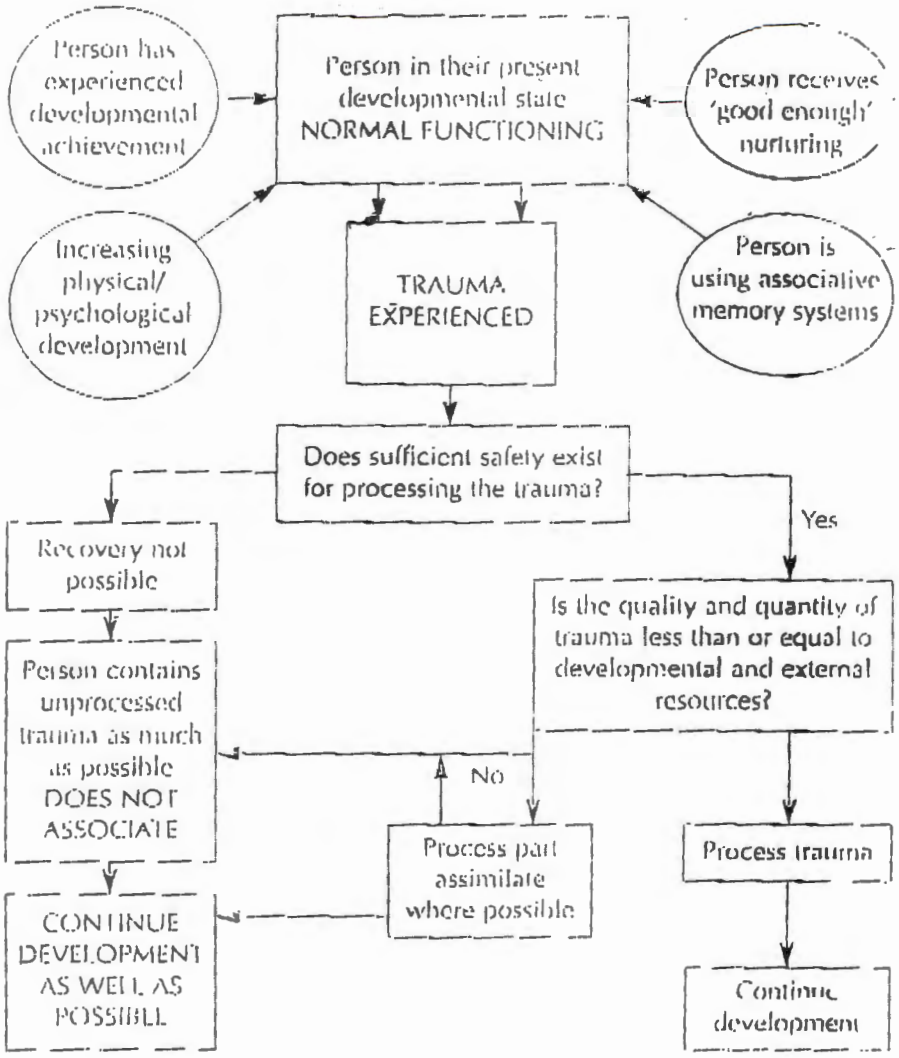


Figure 1. McIntee's model of trauma and its impact on child development

of a ratio between the quality and quantity of trauma and the sum total of internal and external resources available to process it.

A positive outcome occurs when the total effects of the quality and quantity of the trauma is less than or equal to the internal and external resources of the

individual who is traumatised. Where trauma overloads the capacity of the individual in his or her environmental support system , development is distorted. It is not difficult to see how many small traumata or a single large trauma may easily outweigh the capacity of a child.

2.2.3 Trauma and the physical and psychological processes.

Trauma causes higher animals , including human beings , to produce a fight or flight response to moderate threat (see Figure 2.). This response includes adrenalin flooding the body , in order to increase the blood supply and enhance physical performance. Where the threat is even greater , this response reaches overload and a shutting down or freezing response is produced instead. This includes a decrease in the blood supply and an almost total reduction in organic functioning. This prevents memory and cognitive processing from operating. It is hypothesized that neo cortex functioning is reduced to a minimum and the organism relies on more primitive, instinctive responses that are located deeper in the brain. The hypothalamus – situated at the base of the brain – is a very complex structure, responsible for the control of the autonomic nervous system, reflex integration and organisation of behaviour related to survival (Carlson , 1994). McIntee (1992) proposes that the reduction of functioning and the existence of a 'red-alert' , survival mode of functioning means that events are not being fully experienced and processed by the brain. The brain normally requires 20

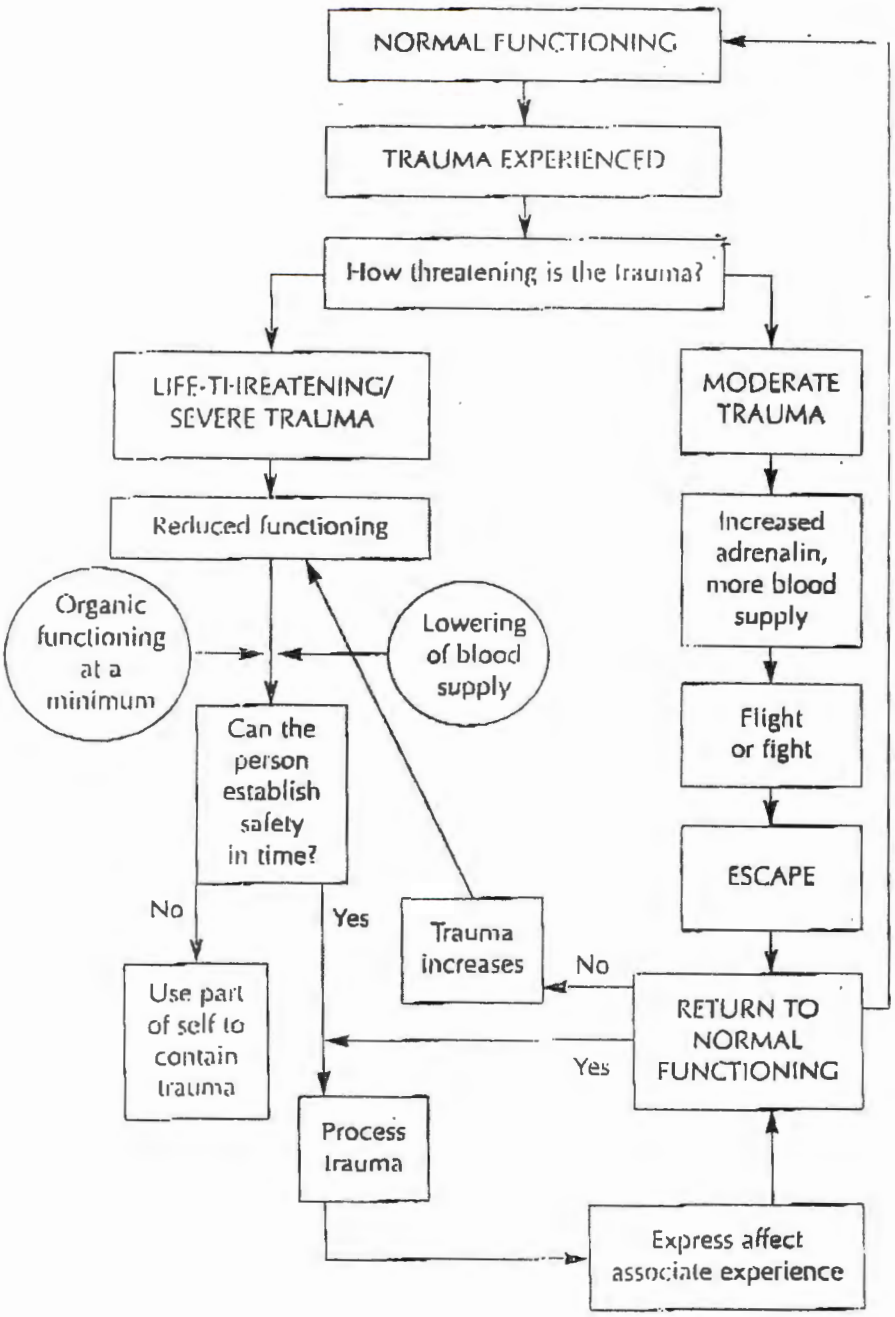


Fig 2. The trauma process

percent of the heart's blood supply so that , under these 'frozen' conditions with blood supply on minimal functioning , processing can not be performed

until the danger is past and the psychological conditions have returned to a more normal state.

Recovery will automatically begin once safety is re-established and the psychological homeostasis has been achieved. Recovery is seen as requiring a simulation and accommodation of the events , the expression of the associated effect (emotion) and the reworking of damaged cognitive and behavioural development that may have suffered regression.

Recovery can only take place if the 'red-alert' situation can be changed to one of relaxing safety , and then only if the combination of internal and environmental resources is sufficient to deal with the quality and quantity of trauma that has been experienced. If the person undergoing trauma does not possess a sufficient quantity of such resources , processing would be partial or minimal.

It is proposed that loss of memory , of any degree , of traumatic events may occur for a number of reasons:

1. Processing may have been only partial and chunks of experience may not have been 'experienced' by the brain's integration-processing mechanisms. They may account for recovered memories or

experiences being manifested years later in therapy or elsewhere , as 'happening right now'.

2. The emotion caused by the processing may be intolerable. Denial processes , such as disbelief , may be invoked to assist with accommodation or to delay further processing. Repeated cognitive reworking and minimizing may also help in accommodating events. Recovery of these events has for the person concerned the quality of 'having always known about it , but having failed to realise it's significance'.
3. Processing may have occurred but in an incomplete way so that , when the emotional experience is too damaging , a repression mechanism is invoked to create either a partial or substantial amnesiac effect. Repression may overlap with the partial processing described in (1) above. It is as yet unclear if these are separate psychological mechanisms.

According to Bates , Puch and Thompson (1997) the study of effects of child victimization on survivors has been beset with problems , not only in terms of definition of childhood victimization , but also as a result of biases in sampling , and differences in impact between survivors. Another difficulty in assessing the effects of childhood victimization / traumatization is that through the repression of the trauma , or dissociation , survivors may not consciously try to remember the experience. Clinical observation suggests that

many survivors function well without any recollection or intrusive thoughts of the abuse for long periods of time , until an event or experience reactivates the trauma. According to Bates, Puch and Thompson (1997) events and stimuli that may trigger memories range from watching a television programme or film , reading a book , or talking to someone who discloses their own violent crime experience.

Bates , Puch and Thompson (1997) report that more recent researchers have started to highlight the considerable negative effects of childhood victimization on survivors , citing the research of Briere (1989) , Courtois ,(1988) and Jehu , (1988). These effects mainly fall into the categories of :
1) emotional effects ; 2) interpersonal effects ; 3) behavioural effects ; 4) cognitive / perceptual effects and , 5) physical effects. All of these categories have a very distinct impact on the post trauma psychological well-being of children exposed to violent crime.

2.2.3.1 Emotional effects.

Emotional effects most commonly experienced by child survivors of violent crime focus on depression , problems of guilt , low self esteem , anxiety and anger.

Depression

The most commonly reported symptom in the category of emotional effects is that of depression , particularly in the clinical literature , but also in non-clinical samples such as community studies. In a community mental health study of a random sample of 387 female survivors , Bagley and Ramsey (1985) found that females who experienced violent crime scored more highly in the depressed range on two separate depression scales. A study by Peters (1984) found that female survivors who experienced victimization have a higher incidence of depression , including depressive episodes which necessitated more frequent psychological consultation.

Jehu, Gazan and Klassen (1985) found that of their sample of 32 female survivors who experienced violent crime victimization , 82 per cent scored highly on the Beck Depression Inventory. However, this sample was relatively small and was not compared to a control group. In combination , these findings suggest that there is both clinical and empirical evidence for depression and depressive symptoms , commonly manifested in child survivors.

Low self-esteem

Another commonly observed effect is low self-esteem with survivors expressing feelings of inferiority and worthlessness. Courtois (1988) found in her community study 87 per cent of female survivors who experienced violent crime victimization reported that their self esteem had been moderately to

severely effected. This is consistent with Herman's (1981) finding that 60 percent of victims in psychotherapy indicated a 'predominantly negative self image'. Further evidence of lowered self-esteem comes from Jehu, Gazan and Klassen's (1985) clinical sample using various assessment techniques together with the Battle Self Esteem Questionnaire in which 86 percent of victims generated scores indicating low self esteem.

Guilt

Associated with low self esteem are overwhelming feelings of guilt. Jehu , Gazan and Klassen (1985) provide sound clinical evidence on how wide spread feelings of guilt are. In their sample 82 percent of survivors indicated on a Belief Inventory that they blame themselves for the incident , and that this misattribution is often a further source of guilt. Tsai and Wagner (1978) have also reported a high incidence of guilt among survivors , and suggest that feelings of guilt are universal among this group of children.

Based on their experience of therapeutic groups for survivors , Tsai and Wagner (1978) argued that feelings of guilt may be accounted for by three major factors. Firstly , due to the secrecy associated with the experience , the child perceives that these encounters are shameful and should not be revealed to others. Secondly , if the child experiences any physical or sexual pleasure during rape for example , including orgasm , this generates substantial quilt feelings. Finally, the child may blame him-/ herself for not preventing the

experience and allowing it to continue, or believe that he or she must have contributed to its continuation in some way.

Anxiety

There is some evidence that survivors suffer from anxiety attacks and tension. Briere, (1989) found that 54 percent of survivors suffer anxiety attacks , compared to 28 percent of non-victims. Similarly , Jehu , Gazan and Klassen (1985) report that 59 percent of survivors experienced anxiety and went on to develop other phobic disorders.

Obsessive / compulsive disorders

Associated with anxiety attacks , is the finding by Jehu, Gazan and Klassen (1985) that 27 percent of their sample seeking therapy for experiencing violent crime victimization , suffered from obsessive / compulsive disorders.

Anger

Clinical observation suggests that most survivors of childhood victimization experienced intensive rage and anger. However , the anger is not necessarily directed at the perpetrator , but it can be free floating , diffuse and without focus. Often anger is internalised where it manifests itself in self destructive and self mutilating; behaviours , such as eating disorders , the infliction of self injury , and suicide attempts. A vital goal in therapy is to encourage the child survivor to express and externalise his or her anger, and to help him / her

focus and direct it in more appropriate ways to minimise the possibility of self destruction.

2.2.3.2 Interpersonal effects.

There is considerable evidence that survivors of child victimization experience a variety of interpersonal effects. These are predominantly characterised by feelings of isolation and alienation , feelings of stigmatisation and being different from others , fear of intimacy and avoidance of relationships , and an inability to trust others. These result not only in problems in general social relationships , but also in relationships with adults.

Isolation / alienation

Empirical evidence that survivors of child victimization suffer from isolation and alienation comes mainly from the clinical literature. In her study of 30 survivors , Courtois (1988) found that 73 percent of these survivors expressed feelings of isolation , alienation and feelings of being different from other people , including elements of mistrust and insecurity. Briere (1989) reported that 64 percent of survivors suffered from feelings of isolation compared to 49 percent of the control group. This is echoed in Herman's (1981) sample of survivors , all of whom experienced a sense of being branded , stigmatised or marked in some way , and cut off from ordinary human interaction.

General social relationships

A sense of isolation has been found to affect social functioning in many general social relationships , particularly in relationships with adults , but also in difficulties in relationship with parents.

Revictimization

When survivors do form close or long term relationships they may compulsively attach themselves to unsuitable partners , who frequently resembles the perpetrator. Russel (1986) found in her community sample that between 38 percent and 48 percent of childhood survivors later married physically abusive partners , compared to 17 percent of non-survivor group. This finding concurs with Briere's (1989) study in which 49 percent of survivors were later battered by their partners , compared to 18 percent of the non-survivor group.

A number of explanations have been proposed to account for this re-victimization. Tsai and Wagner (1978) argue that the survivor already lacking in self esteem , will be prone to select partners who are worthless and who will not have high expectations of them. This reinforces the survivors poor self image in that he / she believes that he / she deserves no better , and ensures that he / she does not have to live up to a high standard.

Fear of intimacy

There is some evidence that survivors of childhood violent crime victimization have a fear of interpersonal closeness and intimacy , and avoid forming close relationships. This can result in a constant search for numerous transient relationships , which often involves casual sexual encounters , in preference to more stable and more constant relationships. A consequence of this may be promiscuity , and prostitution , or brief , often unsatisfying and destructive relationships which reinforce the survivors distrust of others. Fear of close relationships and intimacy in inextricably linked to an inability to trust others , which includes a sense of betrayal together with reactions of fear and hostility.

2.2.3.3 Behavioural effects.

Both the clinical literature and empirical research show that many survivors of childhood victimization experienced negative effects on their behaviours. These focus particularly on self-destructive behaviours, which may become life threatening. The most commonly reported self destructive behaviours includes self-mutilatory behaviours, suicide, eating disorders and substance abuse.

Self destructive behaviours

An association between childhood victimization and self destructive behaviour was noted by Bagley and Ramsey (1985) who reported that survivors display strong suicide ideation, or deliberate attempts of self harm. Feelings of guilt , shame and anger are often difficult to grasp for children who survived violent crime and to come to terms with in an adaptive way. Many survivors internalise these feelings, generating a negative self image and low self esteem. Given their lack of self worth , these survivors are often unable to protect themselves or indeed care for themselves, in a healthy manner , believing themselves to be unworthy of much needed nurturance.

This can have severe consequences for the behavioural repertoire in which they seek to destroy themselves , either physically , or in socially destructive ways. Most self destructive behaviour is expressed through self mutilation, suicide, eating disorders, chemical addictions and substance abuse , but some survivors may also display other self destructive addictions , such as gambling , shop lifting , stealing , or bouts of lavish spending.

2.2.3.4 Cognitive / Perceptual effects.

A number of cognitive and perceptual effects have been reported in the literature on survivors of childhood victimization. These primarily centre around cognitive distortions , denial , dissociation , amnesia , multiple personality disorder , nightmares and hallucinations.

Cognitive distortions

Aaron T. Beck (1976) argues that cognitions are inextricably linked to affect. Thus if cognitive distortions are manifest, then it is likely that distortions in affect will also be evident. This link between distorted cognitions and distorted affect has been usefully employed by Jehu, Gazan and Klassen (1985) in their work with child survivors of violent crime. Survivors have been noted to manifest a myriad of cognitive distortions not only about themselves , but also about others and the world around them. Common cognitive distortions include all – or – nothing , or dichotomous thinking , magnification , minimization , overgeneralization , mislabelling , mental filtering , disqualifying the positive , jumping to conclusions , emotional reasoning , personalization and making misattributions.

Often these cognitive distortions are rooted in the internalisation of negative or inaccurate messages, which were imposed or acquired in earlier childhood. To ameliorate the effects of these cognitive distortions on mood and affect , it is necessary to explore the adaptive ness and accuracy of these cognitions. Thus a crucial component in the treatment of survivors is a restructuring of cognitive distortions by replacing these with more accurate and realistic cognitions about the self , others and the world. This facilitates an elevation of mood and alleviates negative affect.

Denial

Denial is a defence mechanism that internally and intra-physically negates unpleasant realities. In order to cope with the trauma of violent crime , many child survivors activate denial , by repressing memories and feelings associated with these experiences , as a way of coping and getting on with their lives. The behavioural component of denial is avoidance in which survivors avoid or refuse to encounter situations , objects , or activities because of their relationship to internal problems. This results in survivors not wanting to talk about their experiences , either in therapy , or to others , thereby reinforcing already potent feelings of isolation , alienation, stigmatisation , and being different from others.

There is little data on how common denial is in the case of survivors , because often survivors enter therapy for a variety of presenting symptoms. That they were subjected to experiencing violent crime may sometimes not be unearthed in therapy for a considerable period of time , sometimes only after many years , for some children , never. Thus, it is difficult to ascertain precisely how many children seeking therapy have a history of such an experience. What is likely is that denial is relatively common in survivors , and that it is manifested in several distinct ways , particularly in disassociation and amnesia.

Perceptual disturbances

Ellenson (1986) argues that survivors of childhood victimization may encounter certain perceptual disturbances , which if they occur with any frequency , may indicate a history of violent crime victimization. Along with dissociation , he asserts that survivors are also subject to recurring and unsettling intrusive obsessions. These include strong impulses to harm others , feelings that others are in danger , or that loved ones are being harmed while the child is absent.

Children as survivors may also have strong , persistent phobic reactions to being alone , or being in physically compromised situations , in which they may not be able to defend themselves. In addition Ellenson (1986) notes the incidence of recurring delusions amongst survivors. These centre particularly around the sensation that there is an evil and malevolent entity or being , loose in the home , and that they might somehow be entered or harmed by this entity.

Hallucinations

Associated with perceptual disturbances are the manifestations of hallucinations, which Ellenson (1986) argues are also predictive of a history of violent crime experiences. He proposes several types of common recurring auditory, visual and tactile hallucinations. In the case of auditory hallucinations, survivors often report hearing someone crying, sounds of

someone breaking into the house or invading their space; or loud booming sounds, such as explosions or a heavy door closing.

Survivors report recurring visual hallucinations in which they experience the movements of objects in their peripheral field of vision ; shadowy figures furtively moving around their home , particularly when they are in bed at night , and the presence of dark , featureless silhouettes. Recurring tactile hallucinations include experiencing physical sensations that range from soft, or light touching, to being physically overwhelmed and pushed over.

Nightmares

There is considerable evidence that child survivors of victimization are subject to recurring nightmares. Briere (1989) found that 54 percent of child victims suffered from nightmares compared to 23 percent of non-survivors while Jehu , Gazan and Klassesn (1985) report that 73 percent of their sample suffered from nightmares. Ellenson (1986) argues that recurring nightmares , especially those containing specific manifest content , are indicative of a history of violent crime victimization. The content of their nightmares commonly centre around the following themes: 1) catastrophes that endanger the child , family members or both ; 2) children being harmed or killed ; 3) child or family members both being chased by attackers and ; 4) scenes of death , or violence, or both.

2.2.3.5 Physical effects.

Psychosomatic pains

Physical complaints are often the only way survivors allow themselves to express their pain. Child survivors of violent crime often report a variety of health or physical problems , which most commonly include headaches , stomach ailments , bladder infections , cramps , sore throats and skin disorders. Pain may also be localised in certain areas that were subject to 'violation' , such as recurring sore throats in females who were repeatedly forced to perform oral sex , or a recurring sore anus in males who were sodomised. Other survivors recount a history of pelvis or vaginal pain which is often related to the violent experience.

Gill (1988) notes that headaches are almost always migraine headaches , which often first commences shortly after the traumatic experience. In the case of stomach pains , these are predominantly nervous or acid in nature , and as such related to fear and anxiety. Skin disorders includes rashes , blemishes and recurring scabs , which are exacerbated by anxious scratching. Although these physical effects are not exclusive to child survivors of violent crime , research

has shown that they are perhaps more common in survivors than non-survivors.

Sleep disturbances

There is also evidence that children with a history of experiencing violent crime suffer from sleeping difficulties. Briere (1989) found that 72 percent of his sample of child victims experienced restless sleeping patterns , compared to 55 percent of non-survivors while Sedney and Brookes (1984) reported that 51 percent of survivors had difficulty with sleeping versus 29 percent of a control group. This finding is supported by Jehu , Gazan and Klassen (1985) who noted that 73 percent of their sample experienced difficulty in sleeping , including nightmares.

2.3 Post Traumatic Stress Disorder as a model to account for the dynamics of experiencing violent crime as a child and it's impact on the survivor.

In order to account for adverse effects , clinicians and researchers have attempted to formulate explanatory models to explain the full range of symptoms and observed effects. An already well-established model, which mirrors some of the observed effects of child victimization, although originally formulated to account for the trauma of war and its effects on veterans, is that of Post-Traumatic Stress Disorder (PTSD). More recently

several clinicians have begun to note that PTSD also has applicability to both childhood trauma (Benedek, 1985; Eth and Pynoos , 1985) and to the understanding and the treatment of the impact of child victimization (Courtois, 1988 ; Donaldson and Gardner, 1985; Eth and Pynoos, 1985; Finkelhor , 1988; Friederich, 1987; Gill, 1988; Goodwin, 1985; Lindberg and Distad, 1985).

The Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) proposes that the essential features of PTSD is "..... that a person must have experienced an emotional stress that was of a magnitude that would be traumatic for almost anyone. Such traumas include combat experience , natural catastrophes , assault , rape and serious accidents (for example automobile accidents and building fires). Posttraumatic stress disorder consists of (1) the re-experiencing of the trauma through dreams and waking thoughts , (2) persistent avoidance of reminders of the trauma and numbing of responsiveness to such reminders , and (3) persistent hyper-arousal. Common associated symptoms of posttraumatic stress disorder are depression , anxiety , and cognitive difficulties (for example poor concentration).

The diagnostic criteria include the following:

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

(1) the person experienced , witnessed , or was confronted with an event or events that involved actual or threatened death or serious injury , or a threat to the physical integrity of the self and others

(2) the person's response involved intense fear , helplessness , or horror. **Note:** in children this may be expressed instead by disorganised or agitated behaviour

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

(1) recurrent and intrusive distressing recollections of the event , including images , thoughts or perceptions. **Note:** in young children repetitive play may occur in which themes or aspects of the trauma are expressed

(2) recurrent distressing dreams of the event. **Note:** in children , there may be frightening dreams without recognisable content

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience , illusions , hallucinations , and dissociative flashback episodes , including those that occur upon awakening or when intoxicated). **Note:** in young children trauma-specific re-enactment may occur.

(4) Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event

(5) Physiologic reactivity on exposure to internal or external cues that symbolise or resemble and aspect of the traumatic event

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

(1) efforts to avoid thought , feelings or conversations associated with the trauma

(2) efforts to avoid activities , places , or people that arouse recollections of the trauma

(3) inability to recall an important aspect of the trauma

(4) markedly diminished interest or participation in significant activities

(5) feeling of detachment or estrangement from others

(6) restricted range of affect (e.g. unable to have loving feelings)

(7) sense of a foreshortened future (e.g. does not expect to have a career , marriage , children , or a normal life span)

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

(1) difficulty falling or staying asleep

(2) irritability or outbursts of anger

(3) difficulty concentrating

(4) hyper vigilance

(5) exaggerated startle response

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

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

Although the diagnostic criteria of PTSD account for many of the observed symptoms of childhood victimization , such as flashbacks , psychogenic amnesia , dreams and nightmares , reduced affect and numbing , hyper vigilance , isolation , anger , stigmatisation and intrusive recollections of the trauma , it cannot account for the full range of observed symptoms , especially cognitive effects. Finkelhor (1988) argues that although including childhood victimization within the framework of PTSD has been an important step forward in understanding its impact , it nevertheless has some limitations. On the positive side , subsuming childhood victimization under PTSD has resulted in the clarification and description of some of the effects that survivors encounters. In addition PTSD enables these effects to be viewed as a syndrome with a core actiology , rather than just a catalogue of symptoms.

This puts child victimization into a broader context by highlighting similar dynamics that are seen in other trauma , which may generate further understanding of childhood violent crime victimization by not viewing it in isolation. This has prompted renewed interest in child victimization and stimulated further research.

Including child victimization in the PTSD framework, has also increased the recognition of the impact of this phenomenon as a major psychological stressor which may serve to reduce some of the stigma attach to it. Some observers have argued that the trauma of childhood victimization is exclusive only to those with a hysterical predisposition and that it is a self inflicted trauma (Freud, 1933). This notion may now be challenged by viewing childhood victimization , as pertaining to violent crime , as a PTSD stressor akin to other devastating and uncontrollable traumas such as wars or high jacking.

2.3.1 Limitations of the PTSD model.

On the negative side , Finkelhor (1988) argues that there are several problems with the PTSD formulation which impose severe limitations in its application to the impact of child victimization. The limitations mainly focus on the fact that PTSD cannot adequately account for all the observed symptoms. In

concentrating its focus on affects , the PTSD formulation ignores many of the cognitive effects observed in survivors of childhood victimization. In addition the PTSD model applies only to some victims , not all and it is limited in not being able to account for the dynamics of experiencing violent crime that lead to observed symptomatology.

Although the trauma of violent crime shares many elements with PTSD , there are qualitative differences in symptomatology which the PTSD model cannot explain. The model emphasises intrusive imagery , nightmares and numbing of affect as essential symptoms , all of which are indeed seen in some survivors of violent crime , but it does not include other symptoms that are commonly observed. Major symptoms that fall outside the PTSD framework include fear , depression , self-blame , guilt and sexual problems , as well as self-destructive behaviours such as suicide, substance abuse and victimization (Briere, 1989).

In focussing almost entirely on affect as a location of trauma , the PTSD model is in danger of obscuring or minimising other vital factors , such as cognitions. This is inconsistent with observations of the impact of child victimization , in which many of the symptoms are located in cognitive processes which lead to distorted beliefs about the self and others , self-blame , misinformation and confusion.

2.4 Healing the psychological wounds of criminal victimization : Predicting post trauma distress and recovery.

Reactions to crime and other deleterious experiences are often quite varied. Hence , it is important to study individual differences in response to criminal victimization (Lurigio, 1987). According to Kilpatrick , Veronen and Best (1985) , researchers should eschew the "client uniformity myth" when examining crime victim distress and adjustment. Findings suggest that victims of crime and other traumatic episodes manifest varying levels of distress and symptoms (Janoff-Bulman and Frieze , 1983). Variability in victim recovery can be a function of the victim's characteristics and predispositions , the nature of the incident , victims' perceptions and interpretations of the occurrence , and events that transpire in the aftermath of the crime (Janoff-Bulman and Frieze , 1983; Kilpatrick , Veronen and Best, 1985; Sales , Baum and Shore , 1984).

2.4.1 The correlates of post trauma distress and recovery

2.4.1.1 Victimization Factors

Features of the crime incident

Seriousness of crime. Some studies that have examined episode variables show that the severity of victim symptoms is related directly to the degree of violence or injury occurring in the incident. (Bard and Sangrey, 1980; Ellis ,

Atkeson and Calhoun, 1981; McCahill et al., 1979; Peters, 1977). For example , Lurigio and Davis (1989) revealed that victims who reported injury were more likely to be symptomatic both immediately and three months following the incident. Sales et al. (1984) found that physical injury and the perceived threat of violence or death during the crime episode were significant predictors of victim symptoms. They reported further that incident violence was most predictive of coping. Harrell et al. (1985) also demonstrated a significant relationship between crime severity and the emotional trauma of victims. Resick's (1988) study , however , showed that the amount of injury sustained by female victims of robbery and rape did not predict the extent of their reactions.

Sales et al. (1984) have suggested that *"it is possible that the actual violence of an attack is less crucial to victim reaction than the felt threat"* (p.125). A few investigations have tested this hypothesis. Girelly, Resick, Marhoefer-Dvorak and Hutter (1986) reported that subjective distress was predictive of later fear reactions , where as other assault variables such as threats , weapons , and injuries , were not significant predictors. Kilpatrick et al. (1987) also found that victims' subjective interpretations of the event predicted later distress.

Relationship between victim and offender. Studies examining the impact of the victim-offender relationship on victim recovery have found few differences between victims of stranger and non-stranger sexual assault. For example ,

Kilpatrick et al. (1987) reported no differences in adjustment between victims who were raped by someone familiar , a date or a stranger. Similarly , Hassell (1981) revealed that the levels of recovery and distress manifested by stranger and non-stranger victims of rape were highly comparable. Investigations by Girelly et al. (1986) and by Resick (1986) also failed to uncover any differences between stranger and non-stranger victims of rape on symptoms and recovery. Koss, Dinero, and Seibel (1988) compared the experiences and reactions of 52 stranger-rape victims with those of 416 acquaintance-rape victims. They found that acquaintance-rape victims were more likely to involve a single offender and multiple episodes. Rapes perpetrated by acquaintances reported to be less violent , than those perpetrated by strangers. The victims of acquaintance rape were less likely to label the event as rape or report the victimization. However , there were no differences in resistance and no differences in psychological reactions.

Type of crime. A few comparative studies have tested whether the type of criminal victimization has an effect on psychological recovery. For example , Friedman et al. (1982) revealed that robbery and assault victims faired less well than burglary victims on several indices of recovery from the incident. Lurigio (1987) reported that there was no pattern of clear or consistent differences between victims of burglary , robbery , or non-sexual assault on numerous measures of psychological impact. But he did find that burglary victims were more unfavourably effected , which was reflected in a greater

tendency to report vulnerability , fear and sleep disturbances. Lurigio and Davis (1989) found that burglary and robbery victims where more bothered by disturbing and repetitive thoughts about the episode than non-sexual assault victims at 3 months post trauma / crime.

Resick (1988) conducted a longitudinal study comparing the reactions of rape and robbery victims. She assessed the recovery of both groups at 1 , 3 , 6 , 12 , and 18 months post trauma / crime. As with other longitudinal studies she found that the greatest improvement of both groups occurred between one and three months post trauma / crime. After controlling for differences between rape and robbery victims , she also found that rape reactions are , for the most part , similar to robbery reactions. Rape reactions are usually more severe because of the longer duration of the crime and other within-crime variables , such as greater threats an injury. One can thus draw the conclusion that the greater the threat , or perceived threat , the greater the psychological impact on the victim. The one exception was sexual functioning , which would be expected to differ in kind , as well as degree. Initial analysis of data emerging from the first three measurement sections indicated that while both rape and robbery victims experienced some disruption in sexual activity for the first few months after the crime , rape victims reported greater sexual dysfunction and sexual fears (Resick, 1986). Sexual dysfunctions present a specific type of anxiety disorder that is conditioned in rape victims because of the pairing of terror with sexual contact.

2.4.1.2 Post victimization factors.

Victims' perceptions

Post crime perceptions of the incident and its causes may be viewed as reaction to the crime and as attempts to cope with the victimization and its consequences. Perceptions include self-blame and cognitive restructuring.

Self-blame. Victims' self-blame can influence psychological well-being. Self blame or the tendency of victims to make personal attributions about the causes of their victimization has been the focus of several studies. According to Janoff-Bulman (1979, 1982) behavioural self blame , i.e. , imputing the causes of victimization to alterable behaviours, fosters a belief that future events can be readily controlled or avoided. Behavioural self blame diminishes victims' sense of vulnerability and is therefore functional. Friedman et al. (1982) found that crime victims who blame themselves for not preventing the incident reported fewer psychological disturbances at about 2 weeks and 4 months after the trauma when compared with victims who did not blame themselves.

Cognitive restructuring. Cognitive restructuring is a coping mechanism in which victims reinterpret their experience to ameliorate the adverse effects of the incident.. It can take several forms , such as finding meaning in the episode , engaging in downward comparisons (i.e. thinking about themselves as better

off than other real or imagined victims) , comparing themselves to a hypothetical "worst world scenario" in which they are harmed to a much greater extent than in reality , and evaluating the event as occasioning personal growth or some other personal benefit (Taylor, Wood, and Lichtman, 1983).

There is a growing literature that indicates that people have a strong need to search for the meaning of negative events (Silver and Wortman, 1980). According to an early study of the effects of crime , victimization destroys the illusion that we live in a predictable , controllable and comprehensible world (Lejeune and Alex, 1973). As noted by Bard and Sangrey (1979) , crime victims undergo a "loss of equilibrium. The world is suddenly out of whack. Things no longer work the way they use to" (p. 14). In an investigation of incest victims , Silver, Boon, and Stones (1983) found that woman who were still actively searching for the meaning of their experience were more likely to report recurrent , intrusive and disruptive ruminations than those who were not searching for meaning. Women who reported that they were able to make some sense out of their experiences also reported less psychological distress , better social adjustment , greater self-esteem , and greater resolution of their experiences than women who were not able to find any meaning but were still searching.

2.4.1.3 Social support.

A considerable body of research has demonstrated a link between social support and post trauma psychological well-being , as well as adaptation to adverse life events , such as illness , depression , victimization and bereavement (see Brownell and Shumaker, 1984; Wortman and Conway,1985). For example some studies have shown that positive social support following life stressors can maintain and enhance self esteem (Cobb, 1976; Kutash, 1987; Silver and Wortman, 1980). Evidence also suggests that the support of family and friends is vital to the adjustment of victims (Krupnick and Horowitz, 1980; Symonds, 1980).

Gerrol and Resick (1988) compared the social support by male and female robbery victims following victimization. They examined three variables: perceived social support , the range and frequency of people the victim talks to about the crime , and the number of people available to provide support (i.e. , social network size). They found that at one month post trauma / crime , female robbery victims talk to more people and talk more frequently about the crime than male victims. There were no other sex differences on that variable , or the other two variables. Analysis to examine the effect of social support on reaction indicated that perceived social support was productive of fewer symptoms , and greater self-esteem following the crime. Network size was only predictive of better recovery in female victims , and was not as predictive as perceived social support. On the other hand , talking about the

trauma / crime with more people was associated with greater symptoms for both sexes.

In conclusion, the literature study illuminated the numerous and various physical, psychological and social effects of violent crime on child-victims. With this literature in mind, the researcher will set out to describe the methodology followed in the following chapter, methodology befitting the study of this very complex phenomenon.

Chapter3

METHODOLOGY

DESCRIBING THE PHENOMENOLOGICAL APPROACH

3.1 Introduction.

Within this chapter , the phenomenological research strategy with it's underlying philosophical assumptions will briefly be described , as well as a general description of the format of such a study. Also within this chapter , the method of data gathering and data analysis , unique to this study and appropriate to it's goals will be formulated.

3.2 The phenomenological approach to research.

Husserl (1970) cited in Giorgi (1985), has been described by many as the founder of phenomenology , and formulated the dictum " to the things themselves". Many authors have cited or referred to this dictum , for example , Du Toit (1991) , Kruger (1979) , Stewart and Mickunas (1974) , Valle and Halling (1989) and Von Eckartsberg (1986).

In this instance "thing" refers to a phenomenon , and that is anything of which one is conscious. Anything of which one can be conscious is a legitimate area of philosophical concern. There are many different things of which one can be aware : natural objects , values , affective states etc.. All of these things Husserl calls phenomena. Phenomenology has then become a program for a systematic investigation of the content of consciousness (Stewart & Mikunas , 1974).

This chapter is concerned solely with an appropriate research strategy and will not therefore engage in an extended and elaborate philosophical discussion of phenomenology. This study is therefore devoted to an understanding of phenomenology's philosophy only insofar as it pertains to a method of conducting research.

Two major research groups have employed the phenomenological approach to research various phenomena of interest. These two groups have been cited by Hedegaard and Hakkarainen (1986) and are the following : The Duquesne group in the USA and the INOM group in Goteberg. The Duquesne studies are frequently mentioned in the research literature , and some of these studies will be cited in the section that pertains to methodology.

3.2.1 A few comments on the philosophical assumptions underlying phenomenological research.

The phenomenological approach to research is becoming more widely recognised and it is recently felt that justification of its use is not deemed necessary , for example Giorgi (1992b) , Thorpe (1989) and Todres (1990). This partially supports an appeal from Peterson (1994) who urged phenomenological researchers to spell out what led them to their study and to spend less time on self-righteous , straw-man critiques of positivist conceptions. Traditional research has placed great emphasis in the past on validity , reliability , hypothesis formulation , operationalism , all principles of traditional scientific research. This has placed severe restrictions on the research matter of this study. The research matter ultimately determined the nature of the research strategy.

The starting point of this study is the aim of entering the life-world of children who experienced violent crime. The research situation then is the lived-world of violent crime , as experienced by children.

Giorgi (1970) states that phenomena are often studied more on the basis of the availability of methods than on how the phenomena appear and what they would require. The phenomenological approach stresses the necessity of the revision of psychological research methods so that they adequately correspond to the revised research object in psychology. This does not imply that this method is less empirical , objective , scientific , or psychological than psychology conceived along natural scientific lines. It simply reflects a different conception of these themes (Giorgi , 1970).

Ultimately one is not comparing or replacing traditional methods with more qualitative methods. Bugental (1965: 14)cited in Du Toit (1991) states that :

" Humanistic psychology does not deny the contributions of other views , but tries to supplement them and give them a setting within the broader conception of human experience".

This alternative approach is thus seen as complementary to what has already been researched quantitatively on the topic of children who experienced violent crime. With this as an argument , this study needs to revise the nature of the research matter and then employ an appropriate strategy.

With this in mind , one could now refer to the goal of the study , namely , to make explicit the child's experience of violent crime. The research object is the child , and the research situation is the lived-world of violent crime in which post trauma psychological well-being is contextually and processionally embedded. Within this embeddedness , the child's experience must be verbally articulated and explicated. In concert with the above mentioned assumptions , the traditional concepts and formulations pertaining to research are therefore redefined to harmonize with these aims and purposes. The solution offered and fundamental premise of the phenomenological approach is the description of phenomena as they appear. In concert with Giorgi's (1985) appeal to do justice to the lived aspects of human phenomena , the essential contents of psychological science are redefined using central

concepts of phenomenological philosophy (Hedegaard & Hakkarainen , 1986).

To help formalize what is being said , Brockelman (1980: 52) has defined existential phenomenology as:

" ..... the attempt to reflectively evoke and verbally articulate by means of the phenomenological method of description , various structures or conditions of our experiences to itself as it is lived-through within the 'world' or horizon of ordinary experience".

Phenomenological research therefore suggests an approach that will remain original and without preconceived notions about an expected outcome (Du Toit , 1991). These preconceived notions reside within the researcher and one is now compelled to reconsider the researcher's stance. This is discussed in the section pertaining to the format of phenomenological enquiry.

3.3 The format of phenomenological research.

Polkinghorne (1989: 46) has set out a general format for the phenomenological investigation of consciousness by psychologists. This follows a **three step** procedure in which the investigator must :

1. Gather a number of naïve descriptions from people who are having or have had the experience under investigation.

2. Engage in a process of analysing these descriptions so that the researcher comes to a grasp of the constituents or common elements that make the experience what it is.

3. Produce a research report that gives an accurate , clear and articulate description of an experience. The reader of the report should come away with the feeling that " I understand better what it is like for someone to experience that".

The empirical phenomenological method focuses on the analysis of **protocol data** provided by research subjects in response to a question or questions posed by the researcher which pinpoints and guides their recall and reflection. There is a clear-cut general progression in the various genres of this type of research (Von Eckartsberg , 1986).

One proceeds first from unarticulated living to a protocol or account. A "life-text" (Von Eckartsberg , 1986: 27) is created which renders the experience in narrative language , as a story. This comprises the data. Secondly , one progresses from the protocol to explication and interpretation. Finally , one engages in the process of the communication of findings (Von Eckartsberg , 1986).

Before concretising this procedure for greater clarification , and before it is uniquely formulated for purposes of this study , it is imperative that the researcher's stance be discussed.

3.3.1 Researcher's stance: The shift from the natural – to the philosophical attitude.

The researcher involved in phenomenological enquiry assumes a different stance to the one engaged in a scientific , quantitative study. There are three terms that describe this transition from a scientific or natural attitude to a philosophical attitude, and these are the **phenomenological epoch** , the **phenomenological reduction** , and **bracketing**.

Davidson and Cosgrove (1991) have elaborated on the epoch , and the reduction and see them as occurring on different levels. This is in direct contrast to earlier authors such as Stewart and Mickunas (1974) who have stated that Husserl used these terms synonymously and interchangeably. After a review of various accounts of these terms , especially the formulation of Davidson and Cosgrove (1991) , the shift in attitude / stance can be understood in the following way.

The first step is the **phenomenological epoch**. This means that the aspiring phenomenologist must assume this attitude before any explication of narratives is attempted. This implies bracketing of all theoretical-scientific constructs about the nature of our subject matter. As Rahilly (1993) has

formulated , the researcher is required to suspend any presuppositions and prejudices about the cause of the phenomenon under investigation.

At this stage , a distinction can be made between the terms epoch and bracketing , where the epoch is understood to be an attitude and bracketing is understood to be an active operation. A study by Rahilly (1993) on authentic experience helps illustrate this. She explicitly formulated her presuppositions about feeling authentic. This , although not implicitly stated , was after having assumed the phenomenological epoch and prior to any explication of her data.

Davidson and Cosgrove (1991) interested in the phenomenology of eating disorders state that rather investigating the physiology or genetics of eating disorders , one could begin with first-person , subjective accounts of the relative experiences of persons who may be characterised as having these disorders. Once these accounts have been obtained another level in the shift from the natural to the philosophical attitude comes into play , and this pertains to the **phenomenological reduction.** This implies that when these narratives have been read , one limits oneself to what is immanent to our subject's experiences themselves , looking more deeply "into" these experiences rather than "outside" of them (Davidson and Cosgrove , 1991: 93).

As a result of this reduction , one adopts an entirely different sphere from that traditionally taken by science to constitute our subject matter (Davidson

and Cosgrove , 1991). To once again cite the study on eating disorders , this would imply that one restrict one's focus to what is immanent to the person's experience and disregard to what is presumed to be the objective nature of hunger and concentrate instead on the meaning which the person's experienced hunger has for her.

Rahilly (1993) employed the phenomenological epoch and bracketing before she formulated a research question about authentic experience. Many researchers have explicitly bracketed and formulated their presuppositions about the phenomenon under investigation , for example , Guglietti-Kelly and Westcott (1990) and Denne and Thompson (1991).

In addition to the phenomenological epoch and phenomenological reduction , Du Toit (1991) and Rahilly (1993) have followed Polkinghorne's (1989) recommendation to employ the **eidetic** epoch. This implies that the researcher suspend her interest in a particular protocol in order to discover the themes emerging throughout all of the protocols of the experienced phenomenon.

Once the researcher has a thorough description of the phenomenon of interest , that is , after the formal and scientific explication , that stance may then change to an interpretive stance in which the researcher moves beyond what is immediately evident. Giorgi (1992b) has distinguished between **description** and **interpretation**. He cites Mohanty (1989:19) as defining description as the use of language to articulate the intentional objects of

experience within the constraints of intuitive or presentational evidence. This means that one describes what presents itself **precisely** as it presents itself , neither adding nor subtracting from it (Giorgi , 1992b:121.). This description then implies the employment of the attitude of phenomenological reduction (Giorgi , 1992b) as set out above.

Interpretation as explained by Giorgi (1992b: 122) "would be the clarification of the meaning of experienced objects in terms of a plausible , but contingently adopted theoretical perspective , assumption , hypothesis , and so on". As Giorgi (1992b) has succinctly stated , description is the deposition of meanings , and interpretation is the clarification of meanings. He further recommends that with basic research , the researcher not attempt to attain closure by being interpretive of the results.

Having discussed the researcher's stance , one could proceed to the **steps taken with phenomenological enquiry**. The researcher will integrate the work of selected authors , for example Polkinghorne (1989) and Von Eckartsberg (1986).

3.3.2 Steps in phenomenological research.

Step 1: The problem and question formulation.

The researcher must delineate a focus of investigation (Von Eckartsberg , 1986). This implies that one must name the phenomenon that one is interested in.

Step 2: Selection of subjects.

Subjects who participate have been referred to in a number of ways , for example co-researcher , research partner , research collaborator , and co-author (Polkinghorne , 1989). This helps to emphasise that phenomenological research interacts in a personal manner with those asked to provide examples from their experience (Polkinghorne , 1989:47.).

The fundamental criterion for participation in this study concerns the fact that the participants has had an experience with the phenomenon under investigation. The second criterion concerns the subjects' abilities to give detailed accounts of their experiences. Van Kaam (1969) cited in Rahilly (1993) proposed that participants have six important criteria to participate in a phenomenological study , and these pertain to the following:

1. the subjects must have the capacity to express themselves with relative ease ;

2. they must have the capacity to sence and express their inner feelings and emotions without shame and inhibition ;

3. they must have the ability to sence and to express the organic experiences that accompany these feelings ;

4. the subjects must have experienced the phenomenon / situation under investigation at a relatively recent date ;

5. a spontaneous interest in their experience ;

6. an atmosphere in which the subjects can find the necessary relaxation to enable them to put sufficient time and orderly thought into reporting or writing what was happening to them.

Step 3: The data generating situation.

The purpose of data gathering is to collect naïve **descriptions** of the experience under investigation. These descriptions "provide specific instances from which the researcher can tease out the structure of consciousness that constitutes the experience" (Polkinghorne , 1989:46). Von Eckartsberg (1986:27) has referred to this as **"the protocol life-text"**.

Polkinghorne (1989) has named three sources from which to generate descriptions of experiences. Firstly researchers can use their personal reflections on the incidents of the topic that they have studied. Secondly other participants who can be referred to as co-researchers (Von Eckartsberg , 1986) can be employed to describe the experience under investigation. This can be done in a number of ways , for example , orally in response to interview questions , for example Scholtz and Fiedeldey (1994) or in written statements. Thirdly depictions of the experience can be obtained from outside

of the context of the research project itself – for example novelists , poets , or previous psychological and phenomenological investigations.

Step 4: Data analysis.

Polkinghorne (1989:50) has described the data analysis in the following way:

" Its purpose is to derive from the collection of protocols , with their naïve descriptions to specific examples of the experience under consideration , a description of the essential features of that experience. The researcher must glean from the examples an accurate essential description of their contents and the articular structural relationship that coheres the elements into a unified experience".

There is a variety of steps that can be included in this explication (Von Eckartsberg , 1986). A literature review on phenomenological research studies shows that most of the psychological studies that have been carried out at Universities throughout South-Africa , for example the University of Pretoria , University of the Witwatersrand , Rhodes University , and the University of Zululand , are all strongly anchored in the Duquesne tradition. They all draw heavily from the works of Giorgi (1985).

Giorgi's (1985) steps will now be very briefly outlined as they have been selected for this study of the post-trauma psychological well-being of children exposed to violent crime. The method of analysis as set out by Giorgi (1985:10) contains four essential steps and can be expressed most generally in the following way:

Firstly one reads the entire description to get a general sense of the whole statement. **Secondly** the researcher goes back to the beginning and reads through the text with the specific aim of discriminating meaning units from within a psychological perspective and with a focus on the phenomenon being researched. In the **third instance** , once these natural meaning units (NMU's) have been delineated , the researcher then goes through all of the meaning units and expresses the psychological insight contained in them more directly. **Finally** , the researcher synthesizes all of the transformed meaning units into a consistent statement regarding the subjects' experience.

Step 5: The presentation of results.

This is where the results are presented for sharing and criticism (Von Eckartsberg , 1986). There appear to be no consistent guidelines as to how the results need to be presented , and this can be done in a number of ways.

There is an additional step that has not been explicitly stated , and refers to **validation**. This remains a contentious issue in phenomenological research (Polkinghorne , 1989) , and the researcher has deemed it necessary to discuss this in the following section.

3.3.3 Comments on the validation of phenomenological research.

According to Polkinghorne (1989:57) the validity of phenomenological research concerns the question: "Does the general structural description

provide an accurate portrait of the common features and structural connections that are manifest in the examples collected?".

A frequently encountered method of validating data is that of returning to the subjects that they may validate their own data. As an example Rahilly (1993) following Polkinghorne's (1989) guidelines , returned to subjects to obtain concurrence with the general structural description.

Polkinghorne's (1989:53) rationale expressed in his own words is that the general structural description of the experience be communicated to the co-researchers / subjects to obtain their feedback as to whether it accurately reflects their experience. Du Toit (1991) in a phenomenological explication of the mid-life experience also employed this method to validate his descriptions.

The researcher has discovered controversy in the literature with regard to this method of validation. This pertains to the work of Ashworth (1993) , who casts serious theoretical doubt on this method. These doubts are grounded on his call for attention to the fact that resistance to being understood and eager acceptance of understanding are both pervasive possibilities of all social interaction (Ashworth , 1993:11). His states further that it is not surprising that the subject who , when asked to approve a finding , may show resistance to being understood , which can be seen as a resistance to objectification , or that at the other pole , the reaction may be one of delight at "really being understood".

This implies fundamentally that resistance to being understood as well as the eager acceptance of descriptions are possible reactions to **objectification** , and are based in fundamental anxiety about self-representation. This argument has profound ramifications for the use of participants as sources of validation.

Other methods that could be employed are the use of auxiliary subjects or additional analysed protocols , for example Brice (1991) who conducted a phenomenological study of maternal mourning. Scholtz and Fiedeldey (1994) made use of an external registered clinical psychologist , uninvolved in the research , yet experienced with phenomenological interpretation , to confirm delineation of themes. A comparison and correlation in this regard could aid in the demonstration of validity.

There are also studies that have not attempted validation of results , for example , Ablamowicz (1992) , Angus , Osborne and Koziey (1991) , Giorgi (1992a) , and Johnson (1988). In this regard Quail and Peavy (1994) have stated that the clients' description is considered valid data. They assert that what is important is that the subject has experienced what is sought and is able to illuminate this experience through his or her description. They cite Giorgi (1989) who has attested that the phenomenological framework emphasises essential meaning and the sense of the empirical , rather than facts , and that in phenomenological research no reality claim is being made.

Register and Henley (1992) echo similar concerns , and they defend the issue of validity of generalizing research results. They assert that the intention of the method is to describe , not to test hypothesis , and that the purpose of phenomenological research is "to illuminate recurring themes of human experience with the understanding that across time and location , the nature of human experience will change"(Register and Henley , 1992 , p 468).

As already noted , the research conducted in this study is phenomenological in nature. The aim of phenomenological psychology is to understand phenomena on the basis of their own terms , rather than attempting to seek explanations by going "behind" phenomena via operationally defined hypothesis about them. As seen in the discussion above , phenomenological psychology aims to understand the meaningfulness of human experience as it is really lived. The intention of employing a phenomenological approach in this particular study , is to contribute a qualitative analysis of the meaning of being a violent crime victim , and thus in turn contribute to a better understanding of the life-world of children who experienced violent crime.

3.3.4 The aim of this study.

In light of the above , the author's aim is to understand , convey and describe the emotional facets and experiences of children who experienced violent crime. It was decided that this study should include violent crimes of rape and sodomy as to better highlight it's impact and many aspects of it as experienced by the child.

3.3.5 The method.

The method outlined by Giorgi (1970) was selected for this study. This involves interviewing subjects : 1) who have experienced the phenomena to be investigated , 2) who are verbally articulate , 3) who can understand English fairly and , 4) who are naïve with regard to psychological theory. It further involves the use of an open-ended question format as used in the **Witness to Violence** semi-structured interview as developed by Paraskevi Stavrou , a researcher at the South-African Centre for Violence and Reconciliation (1994). A complete outline of this interview will be given shortly. This interview will serve as an introduction , in the narrative form , to illuminate each subjects' experience. Additional questions were formulated , and this will serve as the basis for data analysis , out of which Natural Meaning Units , specific to each subject , will be explicated. Each interview will be transcribed and the protocols selected will be analysed.

Additional questions formulated were:

1. Could you describe to me what your life was like before your experience?

2. How did you feel after your experience?

3. What was your reaction to having this experience?

4. Could you describe to me how your experience affected your life and activities?

5. What would you say are your biggest concerns about experiencing what you did?

6. How would you say your family and people around you reacted to what happened to you?

7. What are your biggest fears now after your experience?

8. How do you see your future?

The method consists of the following phases of analysis:

1. The researcher brackets any personal preconceptions and judgement about the data and remains faithful to the data outlined in each individual protocol ;

2. Each protocol is read through in its entirety in order to obtain a holistic view. Once the descriptive statements have been read , they are re-read in a more reflective manner in order to grasp the variations present in the description. Once a sense of the whole protocol is achieved , it is read once again with the aim of distinguishing Natural meaning Units (NMU's). According to Stones (1988) a NMU is

observed when a transition in meaning pertaining to an aspect of his experience occurs in the subject's statements. Giorgi (1970) points out that one obtains a series of meaning units or constituents , implying that one differentiates a part in such a manner that one remains mindful of the whole ;

3. Once the NMU's given in the first person in each subject have been delineated , the researcher will transform each NMU into the third person. In effecting the above , it is important that the researcher remain true to the description given by each subject from his or her own frame of reference and not from the frame of reference of the researcher ;

4. Once the NMU's have been articulated and the central themes delineated , the researcher reflects on the intended meanings or verbalizations of the subjects using imaginative variation. The naïve descriptions given by each subject are transformed by the researcher into psychological language in order to convey the intended meaning of the subject more clearly. Stones (1988) points out that "wherever possible , the subjects own phraseology should be adhered to in order that the data may speak for itself. However , since the shared nature of our lived-world suggests that we are able to understand others' meanings , it is permissible for the researcher to articulate the essence of each NMU (central theme) in words other than those used by the

subjects in order to convey the intended meaning clearly" (Stones , 1988:153). In this manner the richness of the data will be illuminated and in turn explicated in the phases that follow;

5. In this particular phase of explication , the insights obtained form the NMU's are considered and integrated into a significant description of the experience for each subject , in the specific description. In effecting the above , it is important that the researcher continue to maintain a stance of openness to the descriptions given by each subject. According to Stones (1988) "the specific description is one which communicates – through a psychological perspective – the unique structure of a particular phenomenon in a particular context" (Stones , 1988:154) ;

6. Once the above phase is completed , an attempt is made at a separate general description of experiencing violent crime as a conclusion to the Discussion (Chapter 5). This general description is based on the specific description of the experience of each individual. In effecting a general description , the researcher attempts a dialogue between the specific description of an individual's experience and what that in turn reveals about the phenomenon. Stones (1988) points out that "a general description is one which communicates the meaning – structure of a phenomenon - in general and which

attempts to overcome the limitations imposed by any specific context" (Stones , 1988:154).

Formulating a general description of each specific description may not be necessary if the essence of the meaning of the phenomenon for each individual in the specific description is grasped. Wertz (1985) have employed Giorgi's (1970) method with slight variations. He offers a general description based on all the specific descriptions rather than a general description at the end of each specific description. Since the aforementioned seemed more pertinent for this study , an extended general description based on all the specific descriptions is given. Thorpe (1989) advocates the use of a moderator familiar with the method employed in the study to check the analysis of the data in order to validate the results. The recommendations and comments of the moderator are taken into consideration. Reading the specific descriptions to the subjects is also important in order to validate the account. The subjects themselves can be asked for clarification. Kvale (1986) points out that validity of interpretation is based on the subjects' acceptance thereof as well as consensus amongst theoretically competent persons. The aforementioned was utilized in this study in the form of supervisory sessions used to validate the accounts used.

3.3.6 The investigation.

3.3.6.1 Main Study

1. Selection of subjects

Thirteen subjects in total were interviewed for the study. They were recruited from the Chris Hani Baragwanath Child , Adolescent and Family Unit's outpatient population. Focus was placed on including both male and females in the study. All subjects have recently experienced violent crime , ranging in ages 10 to 15 years.

2. Method of interviewing

Each subject was interviewed no more than three weeks post victimization. Before the commencement of the interview proper , the researcher conversed with each subject with a view to establishing rapport , and attempting to make each individual feel at ease and comfortable. Subjects were requested to provide as much detailed information pertaining to their experiences as they possibly could , and were assured that anonymity would be respected. In addition , the permission of each subject was obtained for the interview and possible inclusion in the study. The duration of each interview varied and depended upon the verbosity of each individual. The interviews were transcribed and analysed according to the method described in section 3.3.5.

The description or experiences of **five** subjects were chosen for this study. The criteria for the selection of these five protocols was the ability

of the subjects to express their inner feelings and emotions with relative ease , and to produce a rich description of the phenomenon (as discussed earlier in this chapter).

The main interview was based on the **Witness to Violence** interview with children , as developed by Paraskevi Stavrou (1994). This interview mainly consists of the following four integral parts:

a) Opening with the Subject , in which the researcher established the focus of the interview , as well as defining his role in relation to the subject. The subjects were also randomly given the chance to do free drawings , thus giving them a chance to settle down. Free drawings also provided for the researcher a chance to look for something inside the drawing to be used as a traumatic reference (free drawings of each subject will be included in the Appendix section C through to D of this study).

b) Reliving the trauma , in which the subjects were given the chance to verbally relive the experience and reconstruct what happened in detail. Throughout subjects reliving the experience the researcher used reflection of feelings , to keep subjects on track , as well as to get a sense that what the researcher understood was accurate. Detail of the traumatic events included perceptual detail (as in smells , sounds , sights

etc.). The worst moment for each subject during the experience was also explicated , as this could serve for the possible trigger of post traumatic stress symptomatology. Each subject had to detail any harm that occurred during their experience , including both physical- and emotional harm. During this phase , the researcher also had the chance to elicit themes of impulse control and investigate the subjects' feelings regarding adults after experiencing what they did. Constant reassurance was given to the subjects while relating their experiences. Subjects were also asked about feelings of revenge and need for punishment of the perpetrator(s). This was explicated by the use of fantasy and the question : **"What do you wish could happen to him / them?"**. The researcher investigated the possibility of past traumatic experiences , as this would most certainly have an effect on the current experiences under investigation. Subjects were also asked about their future orientations regarding their own safety , and where necessary , the researcher assisted subjects with ways to protect themselves.

c) Closing with the subject , in which the researcher recapped / summarized the main experience and themes explicated during the interview. Realistic fears on the part of each the subjects were also discussed. The expected course of the

experience was discussed with each subject , and each subject's courage during his / her experience was emphasized. The interview ended with the questions: 1. How are you feeling now? , and 2. How did you feel about talking about your experience?

d) The interview ended with the researcher giving each subject an assurance of future support , should the need ever arise.

On the issue of validation , the researcher went back to the subjects in the form of follow-up sessions. In these sessions , the researcher had a chance to test the accuracy of his interpretations , as well as reflect upon the emotional and processional content of the relived experiences. Validation of findings were also received in the form of supervision , by a clinical psychologist , of each interview and subsequent follow-up sessions.

Chapter 4

RESULTS

A transcription of each protocol derived from the original interviews conducted with each subject is provided. The transcriptions have been divided into NMU's which are presented in the left hand column of the page. The NMU's have in turn been transformed by the researcher to naïve language of each subject into psychological language , using imaginative variation and reflection. These transformations are located in the right hand column of the page. The descriptions, which were derived from the NMU's are synthesized into a significant description of the phenomenon under investigation, and are referred to as the specific description. A general description of the phenomenon is given as a concluding part of the Discussion in Chapter 5. This general description is based on the insights gained from all the protocols.

4.1 PROTOCOL FOR SUBJECT A

AGE: 12 YEARS

SEX: MALE

Experience related according to the Witness to Violence Interview:

"I was playing soccer on Wednesday afternoon. I got tired and went to sit on the side of the field. Suddenly , all my friends just ran away , I did not know why. A stranger came from behind me , he had a gun and pointed it at me. He said I must stand up and go with him to the mine dump. I got such a fright , my body jumped. The man told me to shut up , and that we must go. He shouted at me , he had a thick , harsh voice. He was pointing a gun at me , a black gun like the policeman's gun. We went to the mine dump , like hundred metres away from the soccer field. The man did not say anything on the way , he just kept on pointing the gun at me. He held me at the back. It took maybe fifteen minutes to get there , we were walking slowly. We had to climb the mine dump. There were two mine dumps, a small one and a bigger one. We climbed the smaller one.

The man was behind me. On top there was bushes , rabbits also , huge trees and smaller ones. He pushed me inside the bushes and told me to take off my clothes. He then took off his trousers and made me lie down on the ground. He came to me and turned me around , I saw his erect penis , a really big penis. He turned me around on my stomach and pushed his penis in my bums. He raped me for a long time , for thirty minutes , I kept on looking at

my watch , from 4 o'clock to 4:30. When I tried to move , the man beat me , he also beat me on my ears three times. He bit me once. When the man finished raping me , he wiped himself with my underpants. Then he strangled me. I must have fainted , when I woke up , he strangled me again with his hands , he told me he wanted to kill me , when I woke up he realised that I wasn't dead , and he strangled me again , and I fainted again. When I woke up , the stranger was gone.

My friend followed us , some of them helped me to get home , while the others went to call for help. Some of my friends went to look for the stranger , but could not find him.

When I got home , I told my mother what happened and she took me to the police station first, and then to hospital , here at Bara , where the doctors checked my bottom. They took some x-rays and then I went to the ward. There I did not sleep at all. My sister came and now we are here.

I feel very angry towards that man , I want to kill him.....or rather send him to jail , not kill him , because God said you may not take revenge, even if that person did bad to you.

It is still very painful to talk about what happened to me , although it is fine talking to you , because you care about me".

1. Could you describe to me what your life was like before your experience?

I liked going out and playing soccer – now I'm too scared. I liked making candles , I went out a lot to play with friends , especially soccer.

2. How did you feel after your experience?

Very , very scared and bad. It was a very bad an painful experience. Deep down I feel very sad and scared , but I just want to forget about what happened.

3. What was your reaction to having this experience?

It was very bad – I just want to forget it. I wish that this never happened to me.

4. Could you describe to me how your experience affected your life and activities?

I stay at home now – I'm too scared to go out. I make candles and it keeps me busy. I wish everything was normal again.

5. What would you say are your biggest concerns about experiencing what you did?

The thought of maybe having AIDS , they took bloods and we are waiting for the results. People must not find out what happened , or else the story will spread and the people at school will know.

6. How would you say your family and people around you reacted to what happened to you?

My sister and mother was very upset when they heard what happened to me. They said that they were very sorry that it happened to me , and that they will go to the police and try and find the stranger.

7. What are your biggest fears now after your experience?

Maybe to be HIV positive , and I am very scared of strange men now.

8. How do you see your future?

I just want to go back to school ,and go on with my life. I want to go on and act like a normal person and play with others.

4.1.1 Natural Meaning Units for Subject A

Meaning Unit	Interpretation
(1)	
1. Before S had his experience , he liked going out a lot.	1. Before S had his experience , his life was unrestricted and enjoyable.
2. Now S is too scared	2. Since his experience , S has

	become frightened and scared.
3. S liked making candles , he went out to play a lot with his friends , especially soccer.	3. S was much involved in activities that provided him joy.
(2)	
4. S felt very scared and bad after his experience. It was a very bad and painful experience for S.	4. The experience left S with a lot of anxiety , and he felt extremely hurt and affected.
5. Deep down S feels very sad and scared , but he just want to forget about what happened	5. The experience left S deeply affected and scarred , he expressed sorrow and anxiety. S is also expressing a need to forget about what happened to him.

(3)

6. S felt very bad as a reaction to what happened to him , and he just wants to forget about it. He wished that it never happened to him.

6. S's reaction to the trauma has profound emotional implications for S. He is indeed a candidate for denial and repression of the event.

(4)

7. S stays more at home now than before the trauma. He is too scared to go out now.

7. The trauma impacted on S's sense of freedom , the trauma left S with a great deal of anxiety and fear , mainly directed towards the outside world.

7. S now keeps him busy by making candles.

7. There is an attempt to consciously avoid the trauma by

	keeping himself busy with other activities.
8. S wish that everything was normal again.	8. Again the need / wish to forget what happened to him is expressed.
(5)	
9. The thought of having contracted HIV/ Aids S appears to be S's biggest concern at the moment. He is awaiting blood results.	9. There is a fear of an aspect secondary to the primary trauma , and that is the reality of having contracted HIV / Aids. This in itself has a huge impact on any survivor's life , primarily centring around the issue of survival.

10. S does not want people to find out what happened to him. He is scared that the story will spread and that the children at his school will know about what happened to him.

10. A further fear of S is that there is a possibility that people around him might find out what happened to him. This fear may be rooted in the fact that S does not know how they might react upon learning about his experience. This in it self adds an extra amount of tension and anxiety to S's life.

(6)

11. S states that his mother and sister were both upset when they heard about what had happen to him. They

11. Both S's mother and sister were stunned and upset at what happened to him. They

expressed their sorrow to S , and they stated that they will support him and help to try and find the perpetrator.

assured S of their support and help , for which he seems very thankful.

(7)

12. The possibility of having HIV/Aids seems to be S's biggest fear that remained after his experience.

12. Again the reality of maybe having HIV/Aids is expressed as a fear for S. This seems to be of paramount importance to him.

13. S states that he is also scared of strange men following his trauma.

13. This is a very important issue for S , and it will most certainly have an impact on S's interpersonal relationships , especially when it comes to men.

(8)

14. S wants to go back to school ,	14. S wants desperately for his
and go on with his life.	life to return to normal.
15. S wants to act like a normal	15. S has the desire to be
person , and play with others.	normal again , to 'act' like
	other normal people , al-
	though internally he will
	never be 'normal' again.

4.1.1.1 Specific description of experiencing violent crime for Subject A.

S's life before he experienced the trauma was unrestricted and very much enjoyable. S could partake in sport and other activities that provided him with much joy , without any fear.

His life-world was secure and happy.

The trauma S experienced affected his whole life tremendously. The experience left S with strong feelings of anxiety and it caused him much pain. S experienced much sadness and fear following his traumatic experience. His life-world thus had become uncertain and marred by anxiety and fear.

S has a great need to 'block out' the traumatic experience. He also has a great need for his life to return to normality. The traumatic experience impacted greatly on S's sense of freedom, and it had profound emotional and physical implications for him. S has a very definite fear of the possibility of having contracted HIV/ Aids. This in itself has a huge impact in S, both emotionally and physically, shattering his life-world.

S's life is now 'on hold' pending blood test results. He was greatly shocked at the realisation that he might have contracted HIV/ Aids , placing a huge burden on his sense of future survival. His attention shifted from aspects outside of himself , to his own body which sustained tremendous damage. A further fear of S following his traumatic experience is the possibility of others within his life-world finding out what happened to him. This fear may well be rooted in S's own insecurities, and in the fact that he does not know how the people in his life-world might react to his experience.

S seems to have a well developed support system , mainly consisting of his mother and sister. They provided , and still provides , S with much needed support , comfort and reassurance.

S was forced into a life-world of uncertainty and fear regarding interpersonal relationships. He has tremendous feelings of apprehension about strangers , in particular strangers of the male sex. This will most certainly leave S with a lot of anxiety and doubt regarding males in general , as well as when it comes to their trustworthiness and sincerity.

The freedom to do what ever he desired has been snatched away from him. He is bound by the feelings of extreme fear and sadness, which arouses feelings of despondency within him. S's horizons have certainly narrowed, as he is depriving himself what was once pleasurable to him. He no longer feels free to partake in his favourite game of soccer with his friends, as his experience contributed to a life-world of fear, insecurity and a loss of confidence.

S is very reluctant to share his world with others as a result of his feelings, which are centred on the trauma. He reduced his social horizons also because of his feelings of fear and anxiety. His relationships with the people closest to him, being his mother and sister, are based on trust, acceptance and unconditional support. He longs for a 'normal life' and to be treated as if nothing happened to him.

S's awareness of the possibility of developing 'complications' associated with his experience threatens his existence and evokes feelings of horror and dread within him , his biggest fear being sick with HIV / Aids and losing his life to this illness.

S is concerned about his future as a result of his fears concerning the complications of the trauma. He hopes for a future where everything could be normal again, where he can 'act' normal again.

4.2 PROTOCOL FOR SUBJECT B

AGE: 15 YEARS

SEX: FEMALE

Experience related according to the Witness to Violence Interview:

'I met my stepfather in 1998. In January this year my mother went away. My stepfather called me to his room and he ..... he asked me to sleep with him. He offered me money. I refused..... Well he then forced me , he raped me repeatedly that day. He told me to take off my clothes and my panties , he came to lay on top of me and he made funny sounds. He put his penis into my cookoo (vagina) , it was so sore , he made me wet and after cleaning himself he came back again. Afterwards he send to me to my room and threatened to kill me , I was very scared ,I did not expect it..... my mother was away , if she had been there..... she would have protected me , but she had to go to work.

It was all bad , very painful. My stepfather drinks a lot , he would often come to my room when drunk , and shout at me to sleep. After what happened , he would still offer me money , he will hit me and threaten to kill me still. When mom came back that day , he acted as if every thing was fine – I hated him , it was horrible. I wish so much I could tell someone , I told mom in Sandton. I felt a lot better after telling mom – it must be a secret , though only mom , granny and uncle know , I don't want anyone else to know. What my stepfather did , was the first time someone did that to me , I can't concentrate..... I can't be free , I want to be , but I worry.

I wish he could go to jail for his whole life.

I feel better now after talking about it with you , a bit relieved actually , it was nice talking to you".

1. Could you describe to me what your life was like before your experience?

I was very happy , close to my mother and able to sleep well. I enjoyed playing with my friends , I was free you know!

2. How did you feel after your experience?

I feel very bad , it hurt a lot – I feel very scared also. I have nightmares , I dream about my stepfather – that I was pregnant with his baby. I'm also very forgetful now.

3. What was your reaction to having this experience?

Ooee , ... It is all bad , I got very scared ..... I hate him , I cried a lot to myself at night , I struggle to sleep , I did not expect this to happen , I never liked him , but I trusted him – I hate him now so much.

4. Could you describe to me how your experience affected your life and activities?

It has affected my life a lot. I can't sleep , eat or do anything. When I wake up , I feel so scared , I wake up lots now , I wish I can just forget it all and go on

with my life. I'm scared to be alone , but I want to be alone at times now , I am a very scared person now.

5. What would you say are your biggest concerns about experiencing what you did?

My school , I don't sleep well you know , so at school I'm so tired – I feel so tired and worn out , I sleep in class and my marks have gone bad. My life has changed…….. I think my biggest concern is that something like that might happen again also.

6. How would you say your family and people around you reacted to what happened to you?

My mother was very shocked – she took me to the police , and NICRO and now here to Baragwanath. At first I was afraid , you know , how they would react and so on. My mother was very good to me , very nice and spoke to me nicely , very understanding and supportive , granny and uncle too.

7. What are your biggest fears now after your experience?

Being alone , I struggle to sleep in my room – I'm very scared at night. I have a real father in Magaliesburg , and I hope he does not do these things and sleep with me. My mom always tells me men are bad. I cannot trust a man , I don't know if I marry a man someday , who will maybe rape my children.

8. How do you see your future?

I don't know! If he goes to jail , I will be okay , I want to be free , have a nice future , but now I still don't know how.

4.2.1 Natural Meaning Units for Subject B

Meaning Unit	Interpretation
(1)	
1. P was very happy and close to her mother before her experience. She would sleep better and she enjoyed playing with friends. She was free.	1. P's life before her experience was carefree , and she was happy. She had a close relationship with her mother. All the aspect of her life showed to be normal before the trauma.
(2)	
2. The experience made P feel very bad. What she experienced hurt her a lot.	2. The experience's first impact was physical in nature , which caused her a great deal of phy-

	sical pain.
3. P was very scared following her experience.	3. The trauma left P with a lot of anxiety and fear.
4. P has frequent dreams now about her stepfather , that she might be pregnant with his baby.	4. P keeps on reliving her traumatic experience through dreams and nightmares. P is very concerned about the physical impact of her experience.
5. P is also very forgetful now following her experience.	5. The experience had an impact on P's cognitions and conscious functioning.
(3)	
6. P experienced a very bad reaction to what happened to her , she became	6. The experience deeply affected P and left her with

very scared.

7. P hates her stepfather now.

a great deal of anxiety / fear.

7. The experience also left P with a great deal of anger and hatred , which she expresses towards her stepfather.

8. P cries a lot now and struggles to sleep.

8. P's experience has a major impact on her sleeping patterns.

9. P did not expect that to happen to her.

9. P was very shocked and Surprised when she experienced the trauma. She did not expect to experience something like that.

10. P never liked her stepfather , but she trusted him. now she hates him very much.	10. P's trust had been violated and she is projecting strong feelings of hate and anger onto her stepfather.
(4)	
11. P reports that the experience affected her life in numerous ways , she struggles with eating , sleeping and doing normal things	11. P's experience has impacted all areas of her functioning to some degree.
12. Her sleep has been very affected by her experience. she wakes up frequently during the night , feeling very scared.	12. Again P reports that her sleep has been very affected by her experience. in turn impacting on other areas of her life and functioning , leaving her with much anxiety.
13. P wish that she can just forget about the what happened to hr and go on with her life.	13. P is expressing a wish / need to forget about what happened and to just go on with her life , making her susceptible to use denial and repression.

14. P is scared to be alone following her experience although she wants to be alone more now.	14. P is signalling internal conflict : wanting to be alone vs. not wanting to be alone.
15. P describes herself to be a very scared person now.	15. P defines herself in terms of her current , overwhelming anxiety.
(5)	
16. P's biggest concern seems to be her performance as school. She struggles to sleep at night and this impacts negatively on her school performance.	16. P is worried about her performance at school , leaving her with additional stress and anxiety.
17. P is also concerned that something like what she experienced might happen to her again.	17. The threat of re-experiencing what she did is a reality to her.
(6)	
18. P's mother was very shocked when she heard what happened to her. She was very supportive and nice , and took P to the relevant institutions for help. P's granny and	18. P's mother and family were shocked to learn about her experience , although they seem to be very helpful and supportive.

Uncle is also very nice to her and supportive.

(7)

19. Being alone is one of P's biggest fears following her experience.	19. Again the fear of being alone without help or support is expressed.
20. She struggles to sleep in her own room , and she is very scared at night.	20. P struggles to sleep in her room , where she is all alone at night , causing her a great deal of discomfort and anxiety.
21. P has a real father who lives in Magaliesburg. P hopes that he does not do the same things to her that her stepfather did to her.	21. P is expressing an emerging fear that her real father might do the same to her , as her stepfather did.
22. P's mother always tell her that men are bad , that one cannot trust men. P is sacred that she will get married to someone someday who will do the same to her children as what her stepfather did to her.	22. P's mother is portraying men to be all bad and evil , thus inadvertently creating a lasting impression of men in general , as bad.

(8)

23. P does not have a clear picture of what her future will be like.	23. P does not have a clear view of her future , currently being overshadowed by her experience.
24. P wants her stepfather to go to jail , then she will be okay.	24. P wants her stepfather to go to jail – there is a wish for retribution.
25. P wants to be free and have a nice future.	25. P is reporting that this experience took away her freedom , and she has a need to regain that freedom and a need for a more positive future.

4.2.1.1 Specific description of experiencing violent crime for Subject B.

P's life before she experienced the trauma was happy and care free. She had a close relationship with her mother and she was enveloped in a life of freedom to do what she liked. Her life-world was secure and all the aspects thereof were normal.

The trauma P experienced impacted very negatively on her life. At first the physical impact of the trauma was most prominent to P , and caused her a great deal of pain. Her attention shifted from aspects outside herself to her own body, which suffered tremendously. She experienced strong feelings of anxiety and fear following her experience. P keeps on reliving her traumatic experience through dreams and nightmares.

Her life-world became very uncertain and marred by anxiety , fear and concern for her physical well-being. The trauma had a major impact on P's life , especially her cognitions and conscious functioning. She tends to be very forgetful and she is experiencing difficulty in concentrating.

The prominence of P's experience had an overwhelming emotional impact on her , and shattered her life-world. She was greatly shocked by her experience , and it left her with strong feelings of anxiety and fear, as well as a great deal of anger and hatred , directed mainly towards the perpetrator.

The traumatic experience greatly affected P's sleeping patterns. She feels that her trust has been violated , leaving her with deep emotional scars. P

expressed a strong need to forget about her experience , and to go on with her life , making her prone to use repression and denial. P is also signalling internal conflict, rooted in her traumatic experience. She wants to be alone more frequently, but at the same time dreads being alone.

P was forced into a life-world of anxiety and fear, and she defined herself in terms of her current overwhelming anxiety. P's main fear is for her performance at school, which deteriorated, adding further stress and anxiety. The threat of re-victimization was also a real fear for P.

P's freedom and innocence has been taken away from her. Her family initially greeted her experience with shock and disbelief, although they became very helpful and supportive to her.

The traumatic experience triggered great fear and anxiety within P , contributing to a life-world of anxiety , insecurity and discomfort. P expressed an emerging fear regarding her biological father. This fear is rooted within her experience , and will spiral towards relationships with men in general. She grew accustomed to the belief that men are all bad , impacting negatively on any future involvement with males , both emotionally and physically.

P does not have a clear view of her future, which is being overshadowed by her experience. The trauma took away her freedom, and she has a strong need to regain that freedom, as well as for a more positive future.

4.3 PROTOCOL FOR SUBJECT C

AGE: 10 YEARS

SEX: FEMALE

Experience related according to the Witness to Violence Interview:

"One day my mother went to a funeral , it was on Saturday , my sister went to the shop to buy eggs. The neighbour boy came on to our house , and jumped on to me , and carried me up. He put me on the bed and took his thing and put it in me. He pulled off my panties , he undressed and lay on top of me and put his kwai (penis) into my cookoo (vagina). I cried , I was very scared , he hit me twice and threaten to harm me , he said he will feed me to the dogs outside. He was busy with me on the bed until my sister came home , and found him there. As soon as he heard her , he got up and he left. He told me not to say anything. As soon as he left , I told my sister. My mother was still gone. My mom only got back at 3 o'clock and asked me why I looked so sad. I told her I don't know how to tell her , then my sister told her that the neighbour boy raped me. I told my mom it is true , and she went outside to the neighbours. He was not there , but she told his mother , but they took me to the doctor to check me. They put a spatula in my cookoo (vagina) , they were fidgeting inside me and I was very scared. We went to a social worker and now we are here.

I wish he could be killed , I wish I can take a pot and hit him.

I feel better about talking about it with you , happy".

1. Could you describe to me what your life was like before your experience?

I liked watching TV , playing with my friends , I was not alone and not scared. I was playing at home , talking with my sister , now I'm afraid to stay alone.

2. How did you feel after your experience?

I'm very angry at him , I am scared also. I cry a lot , I cry alone.

3. What was your reaction to having this experience?

I feel bad , I hate him , he must die. It is a bad thing to happen to someone – it changes your life.

4. Could you describe to me how your experience affected your life and activities?

I am sad now a lot of times , I cry alone and I become very scared at times. I try to forget , I play well at school.

5. What would you say are your biggest concerns about experiencing what you did?

Maybe that it will happen again.

6. How would you say your family and people around you reacted to what happened to you?

My sister and mother is very supportive , they are nice to me. I can talk to my sister always. I tell her how I feel , and she always makes me feel better. At school they are very nice , they all know about him now.

7. What are your biggest fears now after your experience?

I'm still afraid that he might hurt me again. I have nightmares about him hitting me again.

8. How do you see your future?

I want to be a police when I grow up , so I can catch all the bad boys and put them away for ever.

4.3.1 Natural Meaning Units for Subject C.

Meaning Unit	Interpretation
(1)	
1. L reports that her life before the experience was fine , she liked doing normal activities like watching TV , playing with friends. She was not alone and scared. She liked playing at home and talking with her sister.	1. L's life before the experience was uneventful and normal. She liked doing normal activities. She did not have feelings of isolation of fear before her experience.

2. L reports that now she is afraid to stay at home alone.	2. The experience caused l to now be anxious about staying home alone.
(2)	
3. L feels very angry towards the perpetrator following her experience.	3. L has strong feelings of anger towards the perpetrator.
4. She is also experiencing feelings of fear and sadness.	4. the experiences also left her with a great deal of sadness and anxiety.
(3)	
5. L's reaction to her experience was that she felt bad , and that she hates the perpetrator and that he must die.	5. The experience had a negative impact on L. She is expressing strong feelings of anger and hatred towards the perpetrator, wishing him ultimate harm.
6. L states that it is a bad thing to happen to someone, and that it changes your life.	6. L experienced the trauma very negatively, and it changed her life forever.
(4)	
7. L reports that she is sad now a lot of times , she cries alone.	7. The experience caused a lot of sadness within L. She wants to be

of times , she cries alone.	brave because she cries alone.
8. L also becomes very scared at times.	8. A lot of anxiety is expressed following her experience.
9. L tries to forget about what happened to her , and she plays well at school.	9. L has a strong need to forget about what happened , trying to 'block' it out from her mind , putting up a brave and normal front at school.
(5)	
10. L's biggest concern about her experience is that it might happen again.	10. L is very afraid and aware of re-victimization.
(6)	
11. L reports that her mother and sister both are very supportive and nice towards her.	11. L has a very supportive system surrounding her.
12. I says she can always talk to her sister , and her sister makes her feel better.	12. L's confidant seems to be her sister who provides L with a lot of support and help.
13. L reports that at school they	13. At school they are all aware of her

know about her experience , and that they are all nice to her.	experience , and she has not yet experienced any negative aspect from the school.
(7)	
14. L's biggest fear is that the perpetrator might hurt her again. She has nightmares were he hits her again.	14. Again L is very afraid and aware of re-victimization. The experience is also recurring in her dreams causing additional anxiety.
(8)	
15. L says she wants to be a policewoman when she grows up. She wants to catch all the bad boys and put them away forever.	15. L wants to be a policewoman in the future , thus wanting to be strong , responsible , mighty , competent and able to defend herself. She also wants to focus on catching criminals and rid society of them forever.

4.3.1.1 Specific description of experiencing violent crime for Subject C.

L's life before her traumatic experience was uneventful and normal. She could partake in normal activities , and she did not have feelings of isolation or fear. Her life-world was happy and secure.

The experience left L with tremendous feelings of anxiety and fear. She also has strong feelings of anger towards the perpetrator , wishing for him to die. Her experience also caused her a great deal of sorrow and sadness.

L's life-world became insecure and marred by anxiety , fear and sadness. The traumatic experience was very distressing to L , causing her to cry more often. L expressed a strong need to forget about what happened to her , and she tries to 'block out' the experience and she puts up a brave front within her environment.

L's greatest fear is that of re-victimization , causing her much additional anxiety and discomfort.

L has a very supportive system within her life-world. Her sister provides L with a lot of much needed support and assistance. L lives openly within her life-world about her experience , not fearing other's finding out about her experience. She relives the event as it often recurs in her dreams , causing her anxiety.

L sees a brighter future for herself , and she does not despair. She wants to commit her life to protecting people and catching criminals.

4.4 PROTOCOL FOR SUBJECT D

AGE: 14 YEARS

SEX: FEMALE

Experience related according to the Witness to Violence Interview:

"On Sunday morning my mother send me to the shop to buy eggs to make fish. On the way to the shop , this guy grab me , when I asked him why , he said nothing. He forced me with a gun to his house , and took me to the dining room , and then into his bedroom. He took off his clothes , and he was naked , then he took off my clothes , and I was naked. After that we were both naked. He made me sleep on a sponge mattress on the floor. I lay down and he could put his ..... he put his kwai in ..... I did not want it , so I tried to run away , but he caught me and then he beat me and kicked me in the stomach. He hit me on my face with his hands. He made me lie on the sponge again. In the room , there were no curtains , they were outside on the line. There were children next-door , and I was screaming , and the children peeped through the window. He put his hand on my mouth , then he took a skipper and tied my hands. He then beat and kicked me , it was so sore. In the room there was a heater on ..... Then he raped me again.

He had a rope , he tied my legs with one and strangled me with the other one.

You know , he is my father's friend. He is very strong , and I am weak. Afterwards I tried to run , but he was too fast and he grabbed me and take me to the kitchen , then locked the door , locked the dining room , locked the bedroom. I was very scared. He forced me , and he

burned himself on the heater. He got so angry and I was screaming..... the children outside called their mother , their mother called the neighbours and send the children to call my mother and father. The neighbours knocked on the door , and told him to open up. When he did , they had shamboks and they beat him. They beat him and they beat him and beat him , and he was bleeding. He was still standing there when my sister and the police came.

Then my father came and they took me to the police station. I was so afraid.

It was very painful for me. He smelled so bad , his body , his kwai , even his mouth , it all smelled bad because he didn't wash. The worst was when he kicked me and tied me up.

He must be arrested , he is in jail now ..... I think he must be killed. If I was strong enough , I would strangle him with the rope and cut off his ears.

I still don't feel too well after telling you this , but my mind is telling me that since I've talked about it , I am not going to faint , I feel that talking helps (victim is suffering from epilepsy)".

1. Could you describe to me what your life was like before your experience?

My life was trouble free philosophy , no problems. I liked playing , going out to my friends.

2. How did you feel after your experience?

Now I feel fine. I was afraid and sad , but now I'm fine. I get sad sometimes and then I cry.

3. What was your reaction to having this experience?

I was in total shock , I could not believe it. I was so scared , I didn't think I would die this young. I don't like other children now – we fight a lot at school.

4. Could you describe to me how your experience affected your life and activities?

I am very scared to go out now , I faint more now , I can not play nicely with my friends now. I'm so scared something bad will happen , my friends tease me , I do feel lonely often now , but I play with my sisters.

5. What would you say are your biggest concerns about experiencing what you did?

What if it happens again , maybe there won't be children outside and I will die.

6. How would you say your family and people around you reacted to what happened to you?

My family are good to me , my mother says I must tell the people , everyone , what happened to me , I will tell everyone.

7. What are your biggest fears now after your experience?

Being beaten and kicked again , maybe to be strangled , I think this time I will die. I'm scared also at night now , I have nightmares , I dream about him raping me again. I dream that someone is chasing me or wanting to touch me.

8. How do you see your future?

I just want to feel better , I don't know what I will do one day , everything changed since that day.

4.4.1 Natural Meaning Units for Subject D.

Meaning Unit	Interpretation
(1)	
1. T reports that her life was care- and trouble free before her experience. she liked playing and going out to her friends.	1. T's life seems to have been normal before her experience – no trouble and care free. She liked doing normal activities , like playing and going out to friends.
(2)	
2. T reports that she was feeling afraid and sad after her experience ,	2. The experience left T with strong feelings of sadness and anxiety ,

but that she is feeling better now.	although she states she is doing much better now.
3. T gets sad sometimes , and then she cries.	3. T's sadness seems to be overwhelming a times.
(3)	
4. T reacted with total shock to her experience. She could not believe what happened to her. She was feeling very scared.	4. T was very shocked by her experience. At first she denied that such an experience could befall her. Later she experienced strong feelings of anxiety.
5. T did not think that she could die this young.	5. The experience confronted T with the real possibility of death , even at her age.
6. T does not like other children now , she fights a lot with them at school.	6. T had a strange reaction regarding other children. She doesn't like them and she is aggressive at school
(4)	
7. T says her experience affected her life in that she is very scared to go out	7. T's experience left her with a great deal of anxiety , she is petrified of

now.	going out now.
8. T says she faints more now following her experience. (T suffers from epilepsy)	8. The experienced caused her epilepsy to flair up , prompted by intense fear and anxiety.
9. T struggles to play nicely with her friends , they tease her.	9. The experience had a negative impact on T's interpersonal relationships.
10. T is scared that something bad will happen to her , she feels lonely now , and she plays with her sisters instead.	10. T is very aware and scared about the threat of re-victimization. She feels very isolated.
(5)	
11. T's biggest concern following her experience is 'what if it happens again?'. Maybe if it happens again there wont be children outside to help her again and she might die.	11. T's biggest fear is re-victimization , as well as the threat of death.
(6)	
12. T reports that her family is good	12. T seems to have a supportive

to her , her mother told her to tell every one about what happened to her, and she did so.	family and environment. She does not display any anxiety about others finding out what happened to her.
(7)	
13. T's biggest fear following the trauma is the possibility of being hurt again , being beaten , kicked or strangled. She thinks that this time she wont survive such harm.	13. Again the fear of re-victimization is expressed.
14. T says she has nightmares now about the perpetrator raping her again. she also dreams that someone is chasing her or wanting to touch her.	14. T keeps on reliving the trauma through nightmares.
(8)	
15. T says for the future she just wants to feel better. She does not know what she will do one day.	15. T does not have a clear view of her future , she just wants to feel emotionally and physically better.
16. Everything changed for T since	16. The experience left T's life and all

that day.

it's aspects totally changed.

4.4.1.1 Specific description for experiencing violent crime for Subject D.

T's life before her experience was trouble- and care free. She partook in normal activities, which she found to be enjoyable to her. Her life-world was safe and secure, and filled with joy.

The trauma left T with strong feelings of initial sadness and anxiety , although she reported that these feelings have since subsided. The trauma had an overwhelming impact on T , physically and emotionally. She was greatly shocked by the whole experience. At first she denied that such an experience could befall her. Her initial denial was replaced by a strong sense of fear and apprehension. Her life-world was shattered and became unsafe for her.

The traumatic experience prematurely confronted T with the reality of death. This has profound implications for the rest of her life. T reacted towards her experience by becoming irritable and aggressive , especially towards other children. She keeps reliving the trauma through dreams and nightmares.

T's horizons have narrowed as she denies herself what was once pleasurable to her. The boundaries of T's life have shrunk , for she became petrified to leave the safety of her home.

She feels , however , very comfortable with those closest to her and it seems as if she has a very supportive family and environment within her life-world. T's biggest fear following her experience , is that of re-victimization , as well as the newly acquired fear of death.

T does not have a very clear view of her future. She hopes to be feeling much better. The trauma left T's life and all its aspects changed.

4.5 PROTOCOL FOR SUBJECT E

AGE: 10 YEARS

SEX: FEMALE

Experience related according to the Witness to Violence Interview:

"Sunday at 6:15 pm a man came to the gate , and called me and asked me to go to the shop. He took me to his house , inside he took my dress off ,and covered my face , so I could not see , and he told me ..... he threatened to kill me if I screamed. He held me by my neck , he took off my panties and took off his clothes. Then he said he is going to call Jabu and left.

After taking his clothes off , he tried to strangle me and then he raped me. He told me not to make any noise , or he will kill me and leave me there. He asked me..... he asked me if I wanted him to kill me. I was so scared I cried and cried. He told me to hang in there and be strong. He put his peepee (penis) in my cookoo (vagina) , I could not see anything, it was very sore. I started bleeding and I told him I want to wipe the blood , I then saw blood all over. Then he left. I tried to get help , I went to a house nearby to try to ask for help. The mother of the house sent the son to call the father. He came and called the police , they took me home then.

My mother was looking for me later , but could not find me.

I don't know what must happen to him , something bad ..... something very bad , for him to die actually , he must be killed".

1. Could you describe to me what your life was like before your experience?

I was always playing nice , not scared to go outside. I liked my friends , I never talked to strangers , now I don't like them. I go to school , do my work , play nicely , no trouble.

2. How did you feel after your experience?

O , I hurt a lot. It was so sore , I was bleeding. I was very glad to get away.

3. What was your reaction to having this experience?

I was numb , it felt as if my body was not working any more , all the life has gone out of me, for days I just sat and cried. I think about the mother who helped me , I'm so thankful to her , mostly I'm angry at that person.

4. Could you describe to me how your experience affected your life and activities?

I'm very scared now , much more than before. I have trouble thinking and sleeping , I can not concentrate now. I struggle to fall asleep – it takes a long time to fall asleep , and I wake up during the night a lot of times. I'm afraid to leave home to go to play.

5. What would you say are your biggest concerns about experiencing what you did?

Maybe I could have died. I keep on thinking about what happened , the whole thing that happened to me worries me , what he did to me.

6. How would you say your family and people around you reacted to what happened to you?

My mother comforts me when I cry , she is always there. Everybody is nice to me.

7. What are your biggest fears now after your experience?

Maybe ..... I don't know , I hope that it will not happen again. I don't like strange men , they make me feel 'squirmy'.

8. How do you see your future?

It must be better. I want to be a nurse one day , to help others.

4.5.1 Natural Meaning Units for Subject E.

Meaning Unit	Interpretation
(1)	
1. T reports that her life before the experience was normal , she played nice , was not scared to go outside ,	1. T's life before the trauma was normal and uneventful. She enjoyed regular , 'normal' activities , and she

she liked her friends.

wasn't scared.

2. T never liked strangers , now she dislikes them totally.

2. T had a dislike of strangers to start off with , now the dislike is total.

(2)

3. T says that the experience caused her much physical pain. It was very sore , it hurt a lot and she was bleeding.

3. T's experience caused her great physical pain and damage.

4. She was very glad to get away.

4. T was very relieved to escape and live.

(3)

5. T reports that she reacted to her experience by feeling numb , as if her body didn't work anymore , and as if the life has gone out of her.

5. T reacted to her experience with numbness. The experience had a great affect on her , emotionally , in turn affecting her physically.

6. For days T just sat and cried.

6. T reacted to her experience by just sitting and crying for days , illuminating her strong feelings of sorrow left by her experience.

7. She think about the mother who helped her , and she is very thankful towards her.	7. T seems to be very grateful towards the woman who helped her.
8. She also reacted with anger towards the perpetrator.	8. The experience left T with a lot of anger towards the perpetrator.
(4)	
9. T says the experience affected her whole life. She is scared now.	9. The experience impacted on T's whole life and all its facets , mainly causing her much fear and anxiety.
10. T reports that she is experiencing difficulty thinking , sleeping and concentrating now. she takes long to fall asleep , and her sleep is very restless.	10. The experience affected very important areas of her life , especially her cognitive abilities and her sleep.
11. She is also afraid to leave home now and to go play.	11. T's experience left her with great anxiety about leaving the safety of her home.
(5)	
12. T's biggest concern about her	12. The threat of death seems to be

experience is the possibility that she could have died.	T's biggest concern about her experience.
13. The whole experience worries her , and she keeps on thinking about it.	13. T keeps on reliving the experience through thought about it.
(6)	
14. T says her mother comforts her when she cries , and her mother is always there. Everybody is nice to her.	14. T seems to have a very supportive mother figure , giving her much needed comfort and support.
(7)	
15. T's biggest fear is for her experience to happen again.	15. The threat of re-victimization causes her a lot of fear within T.
16. She doesn't like men , they make her feel squirmy.	16. T's experience has had a negative impact on how she views males in general. This will spiral out towards her interpersonal relationships.
17. T wants her future to be better. She wants to be a nurse one day and help others.	17. Being a nurse implies healing , caring , comforting , all needs of T at present.

4.5.1.1 Specific description of experiencing violent crime for Subject E.

T's life before the traumatic experience was normal and uneventful. She enjoyed regular 'normal' activities without being fearful. Her life-world was secure and filled with joy.

The traumatic experience caused T great physical harm and pain. She was physically scarred. She also developed a total dislike of strange people. She reacted to her experience with total numbing , sitting and crying for days. Her experience left a major impact on her emotions. Her life-world disintegrated and became a very harmful and unsafe place for her. Although she expressed great relief in being alive , her whole life has been negatively affected by her experience.

The experience mainly affected her cognitive abilities, as well as her sleep patterns. The prominence of T's experience caused her great feelings of anxiety and fear. She closed her boundaries and became very fearful about leaving the safety of her home. She was forced into a life-world of isolation and fear.

The threat of death as well as the threat of reliving the trauma she considered as her main fears following her experience. She keeps on reliving the trauma through recurring thoughts about the event. The trauma also caused T to develop a very negative view of males, impacting indirectly on future interpersonal relationships.

T has a very supportive mother-figure within her life-world , providing much needed comfort and support.

T wants to be a nurse in the future. She has hope for a better future , in which she can commit her life to helping , healing , caring and comforting others.

Chapter 5

DISCUSSION

The results obtained in this study have illuminated many facets of experiencing violent crime , in particular violent rape and sodomy , and have in turn yielded a rich understanding of the life-world of a child-victim of violent crime.

A variety of authors have noted the effects of experiencing violent crime on the individual (as discussed in Chapter 2) , as it tends to affect all aspects of the individual victim's life. Those aspects include psychological, physical and, indeed social factors.

As noted within the previous chapter , the prominence of the experience of violent crime threatened each subject's sense of physical and psychological well-being. As the impact of the event took hold of each individual , its effects encompassed not only physical and psychological factors , but social factors as well. In the discussion that follows , a dialogue between the individual protocols , the main findings of the study , important areas affected and the literature discussed in Chapter 3 will be attempted. A general description of experiencing violent crime will be formulated.

5.1 Individual Protocols.

5.1.1 Low Self-esteem.

Most subjects reflected a moderate decrease in self-esteem , following their experiences , however , none of the subject felt overly inferior or worthless , in line with Courtois's (1988) findings.

5.1.2 Anxiety.

Anxiety and fear seems to be the major emotional effect found in this study. All 5 subjects repeatedly reported feelings of great anxiety and fear following their experiences.

5.1.3 Anger.

Feelings of anger were observed in all five the subjects. This anger was not free floating, however, but directed towards the perpetrator. Subject D stated having feelings of anger also directed towards other children. This supports the observation that anger is not always directed towards the perpetrator.

5.1.4 Social Isolation and changes in Self Image.

Experiencing violent crime had a personal and social impact on the lives of each subject. All the subjects experienced some sense of social isolation following their experience , leaving them feeling alienated from society. The self image which each subject had , changed. This was more profoundly

experienced by subjects A and C , because of the stigma they felt attached to their experiences , and in fact , because of other people's ignorance about their experiences. All subjects experienced a sense of insecurity and lack of confidence, therefore reducing their social horizons. For subject D, her experience caused her social horizons to change dramatically, from being positive and friendly; her social interactions now became marred by conflict and aggression.

None of the subjects were able to socialise with their friends like they did before. Subjects B and C was scared of the possibility of being judged unfairly, thereby reluctantly forcing themselves into seclusion.

The social lives of the subjects in the study were indeed affected by there experiences. Some chose to reduce their social horizons because of their feelings of insecurity and low self-esteem. Thus the negative feelings of most of the subjects could be the cause of social withdrawal (Courtois, 1988 and Briere, 1989).

5.1.5 Re-victimization.

All subjects expressed the fear of re-victimization. Subject B in particular had a great fear of future re-victimization , by her biological father , and perhaps by her future husband.

One could speculate about the validity of Tsai and Wagner's (1978) argument that *"the survivor already lacking in self esteem will be prone to select partners who are worthless , thus creating a chance for re-victimization"* , on the findings of this study.

Since all the subjects experienced a lowered self-esteem , one would hope that this cycle of 'abuse' does not continue.

5.1.6 Family Stresses.

Sanderson (1990) mentioned that interfamilial stresses may produce conflict and additional negative responses in victims. In her study it is stated that a significant number of the relatives of survivors suffered from similar anxieties and conflicts , as those experienced by the child-survivor.

Family stresses did not seem to contribute to conflict and additional negative responses in the subjects.

5.1.7 Shock and Denial.

Jehu , Gazan and Klassen (1985) reports that shock may be experienced as a reaction of experiencing violent trauma , causing overwhelming feelings within survivors.

All of the subjects in this study were profoundly shocked by their individual experiences, in effect leaving them with overwhelming fear and anxiety. Subject E's initial shock caused her to be numb, and just sitting 'life-less' at home crying. Although most of the subject wished that they could just forget

about their experiences , none of them actively used denial as an overt , external defence mechanism.

5.1.8 Depression.

No signs of full-blown depression were evident, although symptoms thereof were evident in all five subjects.

Not being able to eat or sleep , finding no pleasure in activities any more , and a constant feeling of overwhelming sadness was reported by all the subjects. This could most certainly pave the way for depression to develop out of these 'depressed feelings'.

5.1.9 Post Traumatic Stress.

None of the subjects met all the requirements for PTSD as outlined in the DSM-IV (APA, 1994). As with depression, there were however, a significant PTSD symptomatology present in all subjects, ranging from avoiding similar stimuli to the constant reliving of the traumatic event through thoughts, dreams and nightmares.

5.1.10 Social Support.

All of the subjects seemed to have and adequate social support system in place in each of their life-worlds , thus increasing the likelihood of positive post trauma recovery and adaptation.

5.1.11 Sleep Disturbances.

Briere (1989) found that a very large percentage of his sample of child victims experienced restless sleeping patterns. Troubled sleep was most certainly a reality for all the subjects in this study.

5.1.12 Physical Effects.

The experiences caused all of the subjects to focus on themselves and their physical processes in some way or another. Physical pain and discomfort was present is each subjects' post trauma life-world.

Subject A required intensive medical assistance following his experience. He also frequently complained about headaches during the interview sessions. For subject D, her experiences caused an exacerbation of her epileptic seizures.

Following fear and anxiety, the physical effects of violent crime was the most prominent feature for all subjects.

5.2 General description of experiencing violent crime.

5.2.1 Life before the experience:

Before they experienced the victimization, the life-world of all subjects was open. They lived a secure, carefree existence, containing few boundaries. Life was unfettered, horizons were broad and they were free to participate in work

and other activities, and to enjoy a social life. The life-worlds of most of the subjects were active, positive and energetic. Most took their lives for granted.

5.2.2 Experiencing the violent crime and its effects on the victim:

With the experience of the trauma, the subjects' life-world began to change. Fear, anxiety and uncertainty appeared on the horizon for some, while anxiety, sadness and concern pervaded the life-world of others. The care- and trouble free life which each lead became but a memory.

The experience and its effects invaded their lives and overwhelmed them. Their bodies were damaged and they were hurt. The majority of subjects experienced an overwhelming sense of fear and anxiety , following their experiences. This affected their physical activities and emotional lives greatly. The emotional balance of the world of the majority of subjects was affected.

Sadness , shock and a feeling of not being in control pervaded in their lives.

The physical pain and damage which they perceived and experienced , posed a threat to their existence , and for some impinged on their social relationships and physical activities.

As the full force of the experience dawned on each subject , it caused increasing emotional , and physical , distress. It also gradually dawned on them that something had seriously gone wrong , and that they could not avoid facing the emotional and physical damages that had occurred , even if some

wished to do so. None of the subjects ever thought that they might have a chance to be victimized.

5.2.3 The impact of the experience:

The prominence of the experience and its impact posed a great threat to the existence of the subjects. Since none of them thought that they could be victimised, experiencing the trauma was totally unexpected, and it had an overwhelming emotional impact on each subject, in that it shattered their life-worlds.

Feelings of fear, anxiety, insecurity and sadness, anger and hatred for others, were reinforced. The shock of their experience manifested in various ways , ranging from denial and numbing ,to total disbelief and terror. Feelings of anger, anxiety, helplessness, sadness and fear resulted. Changes in self-image were also experienced.

5.2.4 The emerging pattern of the life-world of the violent crime victim:

The forced assumption of a new life-world filled with fear and uncertainty affected the lives of each subject and at first engulfed them with terror. Fear and anxiety, which were to become part of their existence, were overwhelming as the subjects anticipated the experience of emotional and physical damages, which the experiences heralded.

Some relive the horror and pain of their experiences when it recurs in dreams , nightmares or thoughts. The scars that were inflicted by the perpetrators are a stark reminder of their trauma. These also remind them of the harsh reality of their world. Although there is with some a realization that they have to accept what happened to them, this acceptance is very difficult. Escape into a 'normal' world where violent crime is not a reality, is a fantasy for many. The overwhelming nature of the subjects' experiences contributed to a world of fear, severe limitations (although self-imposed for some) to a loss of freedom and to shrunken boundaries and narrowed horizons. In some it contributed to a life-world of self-consciousness, insecurity and a loss of confidence and trust in humanity.

The freedom to do what they enjoyed has been snatched away from them. The experience impacted in some form or another on all of the subjects' sleep patterns, vital in sustaining everyday functioning.

The social lives of the subject are affected by their feelings of fear, apprehension and mistrust by their personal reactions to the victimization and other peoples' attitudes towards them.

Family and friends tend to be very accommodating and supportive in their attitudes towards subjects and accept their reactions. Some subjects' families are able to encourage openness and independence, while others might be over protective, and thereby restricting.

5.2.5 Prospects for the future:

All subjects appear to have an awareness of the 'complications' associated with their experiences, and this awareness evokes an array of feelings, ranging from terror and dread, to enthusiasm regarding their futures.

Although most of the subjects are concerned about their future in view of their experiences, they envisage some form of more positive life ahead, provided that they do not experience any major trauma in the future. Some feel by experiencing what they did, it places them in a position to someday help others.

Chapter 6

CONCLUSION AND RECOMMENDATIONS

Although violent crime is a 'common' phenomenon in our society , not much is known about its precise impact on child victims. Those who hear about it tend to oversimplify its effects without realising the true extent of its effects on children.

In light of the aforementioned, the aspect of education needs to be broadened to encompass the general population so that 'at-risk' children may be recognised and help for victims be sought immediately. In promptly seeking help and psychological assistance , it may prevent many complications associated with the phenomenon.

Early detection of 'at-risk' children may protect them from experiencing such an event, equipping them with much needed 'strategies' to protect themselves. A further advantage of educating the public, is that an awareness of violent crime, particularly its affect on children may be stimulated not only at home, but also at school. Knowledge about violent crime, its effects and specific experiences of it, will lead to an understanding of the behaviour and life-world of a pupil, family member or friend that has been victimised. In educating the

public and parents about violent crime, a greater awareness of its numerous psychological facets will be stimulated.

With such awareness there will be a greater understanding of, and empathy for the predicament of child-victims, rather than discrimination and alienation of child victims owing to ignorance and a lack of knowledge.

It has been noted in this study, that experiencing violent crime has a profound psychological impact on individual children and threatens their whole existence. Since the experiencing of violent crime often requires immediate hospitalisation of the victim, many are in severe emotional turmoil at the time of admission. An understanding by police, doctors and nursing staff of the shattering impact of experiencing violent crime, and the adjustments that have to be made, is important, as these are the people who are closely involved with the child-victim during the first few days post-crime.

An awareness and understanding of the predicament of child-victims will play a major role in their emotional support of the child. Clinical and Counselling Psychologists who are attached to large State hospitals could benefit the victims more if they were aware of the real impact of such an experience on children. Those hospitals, in which there is no resident psychologist, would do well to employ part-time psychologists who could help with the posttraumatic adjustment.

The same goes for the possible employment of psychologists within the SAP, specifically assigned to work with children who have been exposed to violent crime. Education and training of additional police force members as to the impact of violent crime on children would be very beneficial in the support of these children, as this would 'teach' police force members to approach child-victims as individuals in own right, with empathy, sensitivity, and with true understanding and insight.

Support groups led by experts could play an important role in enhancing and building up skills and it could enable individual child-victims to express their innermost feelings and help them to share experiences pertaining to themselves with their fellow victims.

Since violent crime is a phenomenon that affects, not only the individual child victim, but also the child's family, family therapy could also prove beneficial, enhancing coping skills and modes of communication, which will ultimately lead to better family interaction and functioning.

A future research project which may further benefit families of child-victims, would be one that investigates the coping skills of families who manages to cope with their children's experiences, as opposed to those families who find it difficult to cope and who stifle the child-victim's life. A retrospective study on the ways in which families coped before trauma was experienced, as compared to their posttraumatic coping skills, could also be useful.

From findings obtained in this study, it could be concluded that experiencing violent crime, specifically violent rape and sodomy, is a phenomenon involving numerous somatic features, as well as numerous psychological features which are distressing, overwhelming and profound, and which greatly threatens the well being of individual child victims.

REFERENCES

Ablamowicz, H. (1992). **Shame as an interpersonal dimension of communication among doctoral students.** *Journal of Phenomenological Psychology*, 23(1), 30-49.

American Psychiatric Association. (1994). ***Diagnostic and Statistical manual of Mental Disorders* (4th ed.)**. Washington , DC: American Psychiatric Association.

Angus, N.M. , Osborne, J.W. , and Koziey, P.W. (1991). **Window to the soul: A phenomenological investigation of mutual gaze.** *Journal of Phenomenological Psychology*, 22(2), 142-162.

Ashworth, P. (1993). **Participant agreement in the justification of qualitative findings.** *Journal of Phenomenological Psychology*, 24(1), 3-16.

Bagley , I.J. and Ramsey, P. (1985). **On rape and recovery.** In E.A. Fattah (Ed.). (1989). ***The plight of crime victims in modern society.*** .pp. 316-332. New York: St. Martin's Press Inc.

Bakan , S.F. (1971). **Life after victimization.** In E.A. Fatah (Ed.). (1989). ***The plight of crime victims in modern society.*** pp. 23-48. New York: St. Martin's Press Inc.

Bates, J., Puch, R. , and Thompson, N. (1997). **Protecting children ; Challenges and change.** Guildford , GB : Biddles Ltd.

Bard, M., & Sangrey, D. (1979). ***The crime victim's book.*** New York: Basic Books.

Bard, M., & Sangrey, D. (1980). **Things fall apart: Victims in crisis.** In L. Kivens (ed.) ***Evaluation and change: Services for survivors*** (pp. 28-35). Minneapolis , MN: Minneapolis Research Foundation.

Beck, A.T. (1976). ***Cognitive Therapy and the emotional disorders.*** New York: International Universities Press.

Benedek, E.P. (1985). **Children and psychic trauma.** In S. Eth , and R.S. Pynoos (Eds.). ***Post traumatic stress disorder in children.*** Washington , D.C. : American Psychiatric Press.

Brandt , P. (2001). Information given to the author on crimes committed against children from 1988 – 1991, reported to the SAP Pretoria: SAP Child Protection Unit.

Brice, C.W. (1991). **What forever means: An empirical existential phenomenological investigation of maternal mourning.** *Journal of Phenomenological Psychology* , 22(1), 16-38.

Briere, J. (1989). ***Trauma Symptom Checklist for children.*** Odessa, FL : Psychological Assessment Resources.

Brockelman, P.T. (1980). ***Existential phenomenology and the world of ordinary experience: An introduction.*** New York: University Press of America.

Brownell, A., & Shumaker, S.A. (1984). **Social Support: An introduction to a complex phenomenon.** *Journal of Social Issues,* 40, 1-9.

Carlson, N.R. (1994). ***The Physiology of Behaviour,*** 5th ed. Massachusetts : Allyn and Bacon.

Cobb, C. (1976). **Social support as moderator of life stress.** *Psychosomatic Medicine,* 38, 300-314.

Courtois, C.A. (1988). ***Healing the psychological wound : Adult survivors in therapy.*** New York : Norton Books.

Davidson, L. and Cosgrove, L.A. (1991**). Psychologism and phenomenological psychology revisited Part 1 : The liberation from naturalism.** *Journal of Phenomenological Psychology* , 22(2), 87-108.

Denne, J.M. and Thompson, N.L. (1991). **The experience of transition to meaning and purpose in life.** *Journal of Phenomenological Psychology,* 22(2), 109-133.

Donaldson, N.A. , & Gardner, R. (1985). **Diagnosis and treatment of traumatic stress around women after childhood incest.** In C.R. Figley. ***Trauma and its wake : The study and treatment of post-traumatic stress disorder.*** New York: Bruner-Mazel.

Du Toit, M.K. (1991). ***A phenomenological explication of the human mid-life experience.*** Unpublished doctoral thesis. University of Zululand.

Ellis, E.M., Atkeson, B.M., & Calhoun, K.S. (1981). **An assessment of long term reaction to rape.** *Journal of Abnormal Psychology,* 90, 263-266.

Ellenson, G.S. (1986). **Disturbances of perception in adult female incest survivors.** *Social Casework,* 149-159.

Eth , S. & Pynoos, R.S. (Eds.) (1985). ***Post traumatic stress disorder in children.*** Washington , D.C. : American Psychiatric Press.

Fattah, E.A. (1989). ***The plight of crime victims in modern society.*** New York: St. Martin's Press Inc.

Finkelhor, D. (1988). **A sourcebook on child sexual abuse.** Beverly Hills, CA : Sage.

Freud, S. (1933). **The aetiology of hysteria.** In ***The complete works of Sigmund Freud.*** London : Hogarth Press.

Friedman, K. , Bischoff, H. Davis, R. , & Person, A. (1982). ***Victims and helpers : Reactions to crime.*** Washington, DC: Government Printing Office.

Friedrich, W.A. (1987). **Behaviour problems in sexually abused children.** *Journal of Interpersonal Violence* , 2, 381-390.

Gerrol, R. , 7 Resick, P.A. (1988, November). ***Sex differences in social support and recovery from victimization.*** Paper presented at the 22nd Annual Meeting of the Association for the Advancement of behaviour Therapy, New York, NY.

Gill, E. (1988). ***Treatment of adult survivors of childhood abuse.*** Walnut Creek, CA : Launch Press.

Giorgi, A. (1970). ***Psychology as a human science.*** New York : Harper and Row.

Giorgi, A. (1985). ***Phenomenology and psychological research.*** Pittsburgh , PA : Duquesne University Press.

Giorgi, A. (1992a). **An exploratory phenomenological psychological approach to the experience of the moral sense.** *Journal of Phenomenological Psychology,* 23(1), 50-86.

Giorgi, A. (1992b). **Description versus interpretation: Competing alternative strategies for qualitative research.** *Journal of Phenomenological Psychology,* 23(2), 119-135.

Girelli, S.A. , Resick, P.A. , Marhoefer-Dvorak, S., & Hutter, C.K. (1986). **Subjective distress and violence during rape: Their effects on long term fear.** *Victims and Violence,* 1, 35-45.

Goodwin, J. (1985). **Post traumatic symptoms in incest victims.** In S. Eth & R.S. Pynoos (Eds.). ***Post traumatic stress disorder in children.*** Washington , D.C. : American Psychiatric Press.

Guglietti-Kelly, I. And Westcott, M.R. (1990). **She's just shy: A phenomenological study of shyness.** *Journal of Phenomenological Psychology,* 21(2) , 150-164.

Harrell, A.V. , Smith, B.E., & Cook, R.F. (1985). ***The social psychological effects of victimization.*** Final grant report to the National Institute of Justice.

Hassell, R.A. (1981, March). ***The impact of stranger vs. non-stranger rape : A longitudinal study.*** Paper presented at the Eighth Annual Conference of the Association for Women in Psychology, Boston, MA.

Hedegaard, M. and Hakkarainen, P. (1986). **Qualitative research as instructional intervention.** In P.D. Ashworth, A. Giorgi , A.J.J. De Koning

(Eds.), ***Qualitative research in psychology*** (pp. 129-151). Pittsburgh: Duquesne University Press.

Herman, J.L. (1981). **Histories of violence in an outpatient population : An explanatory study.** *American Journal of Orthopsychiatry*, 56, 137-141.

Janoff-Bulman, R. (1979). **Characterological versus behavioural self-blame : Inquiries into depression and rape.** *Journal of Personality and Social Psychology,* 37, 1798-1809.

Janoff-Bulman, R. (1982). **Esteem and control bases of blame : Adaptive strategies for victims versus observers.** *Journal of personality,* 50, 180-192.

Janoff-Bulman, R. , & Frieze, I. (1983). **A theoretical perspective for understanding reactions to victimization.** *Journal of Social Issues,* 39, 1-18.

Jehu, D. (1988). ***Beyond sexual abuse : Therapy with women who were childhood victims.*** Chichester : Wiley.

Jehu, D. , Gazan, M. , & Klassen, C. (1985). **Common therapeutic targets among women who were sexually abused in childhood.** *Journal of Social Work and Human Sexuality,* 3, 25-45

Johnson, I. (1988). **A phenomenological investigation of fear in the dark.** *Journal of Phenomenological Psychology,* 19, 179-194.

Kilpatrick, D.G. , Saunders, B. , Veronen, L. , Best, C. , & Von, J. (1987). **Criminal victimization : Life time prevalence , reporting to police , and psychological impact.** *Crime and Delinquency,* 33, 479-489.

Kilpatrick, D.G., Veronen, L.J. , & Best, C.L. (1985). **Factors predicting psychological distress among rape victims.** In C.R. Figley (Ed.), *Trauma and its wake* (pp. 114-141). New York : Charles R. Figley.

Kohut, H. (1984). ***How does Analysis Cure?*** Chicago: University of Chicago Press.

Koss, M.P. , Dinero, T.E., & Seibel, C.A. (1988). **Stranger and acquaintance rape : Are there differences in the victim's experiences?** *Psychology of Women Quarterly,* 12, 1-12.

Kruger, D. (1979). ***An introduction to phenomenological psychology.*** Cape Town: Juta and Company Limited.

Kruger, D. (1986). **Existential-phenomenological psychotherapy and phenomenological research in psychology.** In P.D. Ashworth , A. Giorgi and A.J.J. de Koning (Eds.). ***Qualitative research in psychology.*** Pittsburgh: Duquesne University Press.

Krupnick, J. , & Horowitz, M. (1980). **Victims of violence : Psychological responses , treatment implications.** In L. Kivens (Ed.). ***Evaluation and change : Services for survivors*** (pp. 42-46). Minneapolis, M

Kutash, I. (1978). **Treating the victim of aggression.** In I. Kutash and L. Schlesinger (Eds.). *Violence : Perspective on murder and aggression.* San Francisco : Jossy-Bass.

Kvaile, S. (1986). **The qualitative research interview: A phenomenological and hermeneutical mode of understanding.** *Journal of Phenomenological Psychology* , 14 , 171-196.

Lejeune, R. , & Alex, N. (1973). **On being mugged : The event and its aftermath.** *Urban Life and Culture,* 2, 259-287.

Lindberg, F.H. , & Distad, L.J. (1985). **Post traumatic stress disorders in women who experienced childhood incest.** *Child Abuse and Neglect,* 9, 329-334.

Lurigio, A.J. (1987). **Are victims all alike? The adverse, generalised, and differential impact on crime.** *Crime and Delinquency,* 33, 452-467.

Lurigio, A.J., & Davis, R.C. (1989). ***Adjusting to criminal victimization : The correlates of post-crime distress.*** Manuscript submitted for publication.

Mahler, M.S. (1963). **Thoughts about development and individuation.** ***The Psychoanalytic Study of the Child.*** (Vol. 18 , pp.307-324) New York: International Universities Press.

McCahill, T.W. , Meyer, L.C. , & Fischman, A.M. (1979). ***The aftermath of rape.*** Lexington, MA : D.C. Heath.

McIntee, J. (1992). ***Trauma : The Psychological Process.*** Chester: Chester Therapy Centre.

Mohanty , J. N. (1989). ***Phenomenology and the Human Sciences.*** Denver: Philosophical Topics.

Peters, J. (1977). **The Philadelphia Victim Project.** In D. Chappell , R. Geis and O. Geis (Eds.). *Forcible rape : The crime , the victim and the offender* (pp. 339-355). New York : Columbia University Press.

Peters, S. D. (1984). ***The relationship between childhood sexual victimization and adult depression among Afro-American and white women.*** Unpublished doctoral dissertation. California , CA : University of California.

Peterson, G. (1994). **Challenges of qualitative inquiry.** *Journal of Phenomenological Psychology,* 25(2), 174-189.

Polkinghorne, D. E. (1989). **Phenomenological research methods.** In R.S. Valle and S. Halling (Eds.) , ***Existential phenomenological perspectives in psychology*** (pp. 41-60). New York : Plenum Press.

Quail, J.M. and Peavy, V.R. (1994). **A phenomenological research study of a client's experience in art therapy.** *The Arts in Psychotherapy,* 21(1), 45-57.

Rahilly, D.A. (1993). **A phenomenological analysis of authentic experience.** *Journal of Humanistic Psychology* , 32(2), 49-71.

Register, L.M. and Henley, T.B. (1992). **The phenomenology of intimacy.** *Journal of Social and Personal Relationships* , 9, 467-481.

Resick, P.A. (1986). ***Reaction of female and male victims of rape or robbery.*** Final report of NIMH Grant No. MH 37296.

Resick, P.A. (1988). **Reaction of female and male victims of rape or robbery.** Final report of NU Grant No. 85-IJ-CX-0042.

Russell, D.E.H. (1986). ***The secret trauma : Incest in the lives of girl and women.*** New York : Basic Books Inc.

Sales, E., Baum, M., & Shore, B. (1984). **Victim readjustment following assault.** *Journal of Social Issues,* 40, 117-136.

Sanderson, C. (1990). ***Counselling Adult Survivors of Child Sexual Abuse.*** London : Jessica Kingsley Publishers.

Scholtz, J.G. and Fiedeldey, A.C. (1994). **Die belewenis van self-mutilasie by pasiente met grenspersoonlikheidsversteuring.** *Suid-Afrikaanse Tydskrif vir Sielkunde*, 24(3), 138-144.

Sedney, M.A. and Brooks, B. (1984). **Factors associated with history of childhood sexual experiences in a non-clinical female population.** *Journal of American Child Psychiatry,* 23 , 215-218.

Silver, R.L., Boon, C., & Stones, M.H. (1983). **Searching for meaning in misfortune : Making sense of incest.** *Journal of Social Issues,* 39, 81-103.

Silver, R.L., & Wortman, C.B. (1980). **Coping with undesirable life events.** In J. Garber and M.E.P. Seligman (Eds.). *Human Helplessness* (pp. 279-340). New York : Academic Press.

Stavrou , P. (1994). ***Witness to Violence Interview.*** Semi-structured interview developed for the South-African Centre for Violence and Reconciliation. Johannesburg.

Stern, D.N. (1985). ***The Interpersonal World of the Infant : A view form Psychoanalysis and Developmental Psychology.*** New York: Basic Books.

Stern, D.N. (1990). ***Diary of a Baby.*** London : Harper Collins.

Stewart, D. and Mickunas, A. (1974). ***Exploring phenomenology: A guide to the field and its literature.*** Chicago : American Library Association.

Stones, C.R. (1988). **Research: Towards a phenomenological praxis** In D. Kruger (Ed.) , ***An introduction to phenomenological psychology.*** (pp. 141-156). Cape Town: Juta and Company Limited.

Symonds, M. (1980). **The "second injury" to victims.** In L. Kivens (Ed.). *Evaluation and change : Services for survivors.* (pp.36-38). Minneapolis, MN: Minneapolis Research Foundation.

Taylor, S.E. , Wood, J.V., & Lichtman, R.R. (1983). **It could be worse : Selective evaluation as a response to victimization.** *Journal of Social Issues,*39, 19-40.

Terr, L. (1990). ***Too sacred to cry : How trauma affects children.....And ultimately us all.*** New York : Basic Books.

Thorpe, M.R. (1989). ***A phenomenological investigation into the psychotherapist's experience of identifying , containing , and processing the patient's projective identifications.*** Unpublished doctoral thesis , Rhodes University.

Todres, L.A. (1990). ***An existential phenomenological study of the kind of therapeutic self-insight that carries a greater sense of freedom.*** Unpublished doctoral thesis , Rhodes University.

Tsai, M. , and Wagner, N.N. (1978). **Therapy groups for women sexually molested as children.** *Archives of Sexual Behaviour,* 7, 417-427.

Valle, R.S. and Halling, S. (1989). ***Existential phenomenological perspectives in psychology: Exploring the breadth of human experience.*** New York : Plenum Press.

Von Eckartsberg, R. (1986). ***Life-world experience: Existential phenomenological research approaches in psychology.*** Washington D.C. : Centre for Advanced Research in Phenomenology and University Press of America.

Wertz, F.J. (1985). **Method and findings in a phenomenological and psychological study of a complex life-event : Being criminally victimised.** In A. Giorgi (Ed.) , ***Phenomenology and psychological research*** (pp. 155-216). Pittsburgh : Duquesne University Press.

Winnicott, D. (1960). **Ego distortion in terms of true and false self.** In D. Winnicott (Ed.). ***The maturational process and the facilitative environment.*** London : Hogarth Press and the Institute for Psychoanalysis.

Winnicott, C. (1984). **Face to face with children.** *In Touch with Children* , p. 19-23. London: British Agencies for Adoption and Fostering.

Wortman, C.B., & Conway, T.L. (1985). **The role of social support in adaptation and recovery from physical illness.** In S. Cohen and L. Syme (Eds.). *Social support and Health* (pp. 281-302). New York : Academic Press.

APPENDIX A

Research cover letter

CHRIS HANI BARAGWANATH HOSPITAL

CHILD, ADOLESCENT AND FAMILY UNIT

Department of Psychiatry

P O BERTSHAM
JOHANNESBURG, 2013
SOUTH AFRICA

TELEPHONE: (011) 933-8951
FAX : (011) 933-8271

COVER LETTER

RESEARCH: CHILDREN'S' EXPERIENCES OF VIOLENT RAPE

I am a registered Intern Psychologist at the Child , Adolescent and Family Unit of Chris Hani Baragwanath Hospital. As part of my studies I am required to submit a thesis / research dissertation in fulfilment of my degree.

I am hereby requesting your assistance and permission in conducting this research project. The main aim of this study is to provide a clear picture and understanding of what it is like for a child to experience violent rape.

This study will focus on children who recently experienced violent rape. An original sample of **13** children is required , out of which **5** will be selected for the main study. The children will be required to attend **two** to **three** interview sessions. The interview sessions will form part of the services that this Unit provides.

I hereby also give my assurance that all information explicated from the children will be dealt with total confidentiality , befitting the professional therapist-client relationship.

FRANCO P. VISSER
INTERN PSYCHOLOGIST

APPENDIX B

Permission Slip

CHRIS HANI BARAGWANATH HOSPITAL

CHILD, ADOLESCENT AND FAMILY UNIT

Department of Psychiatry

P O BERTSHAM
JOHANNESBURG, 2013
SOUTH AFRICA

TELEPHONE: (011) 933-8951
FAX : (011) 933-8271

PERMISSION SLIP

- February 2001.

I , _____ , as parent / legal guardian , do hereby give permission and consent for my child _____ to be included in your research project , as well as possible inclusion into the main study. This permission is given with the full understanding, co-operation and consent of my child.

_____ _____

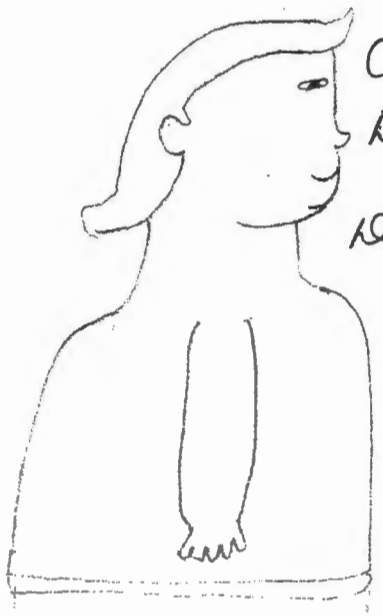
Signature: Parent / Guardian

Signature: Child

APPENDIX C

Free drawing of Subject A

①

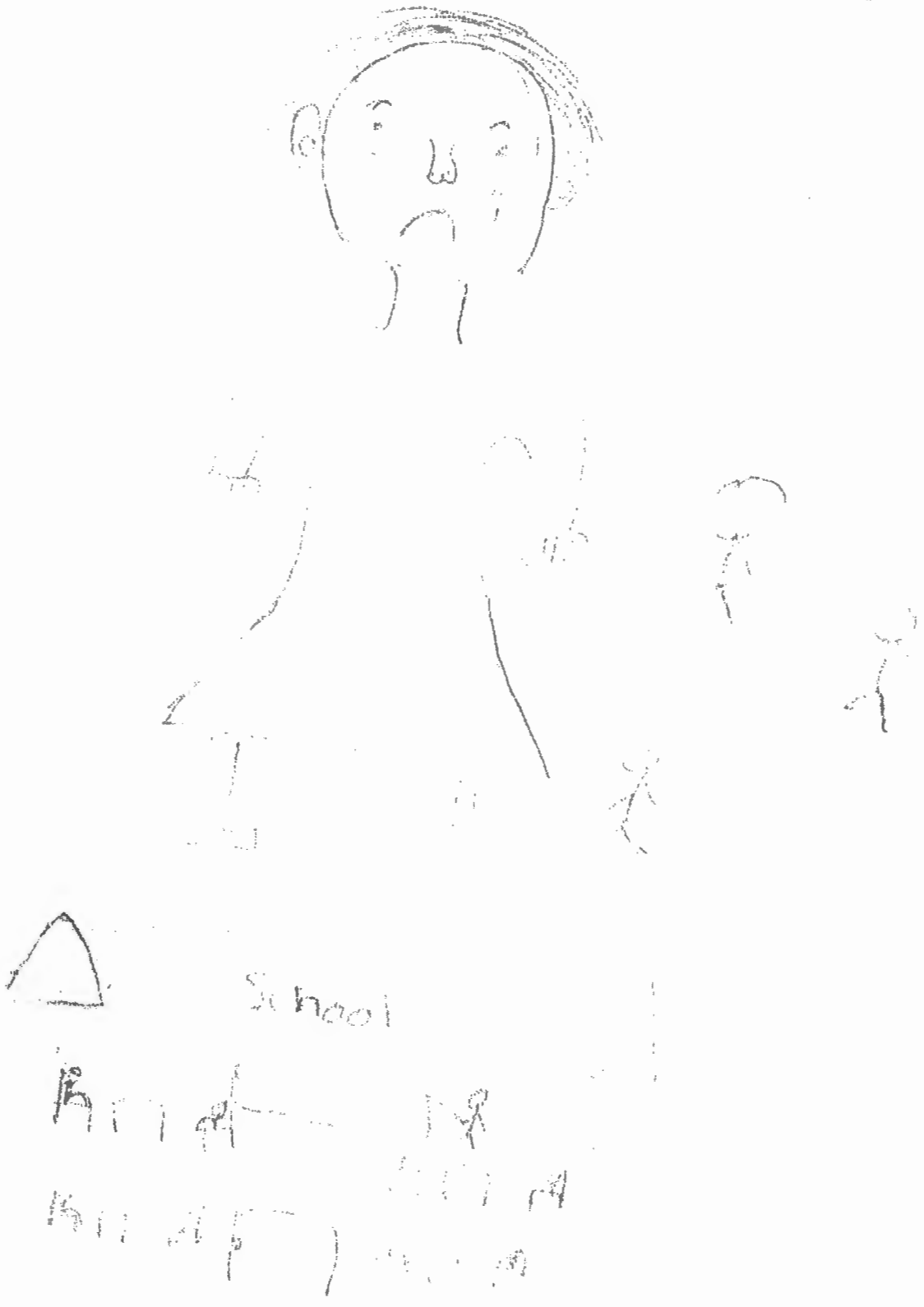


Herada, a girl
13 years
A friendly person
Likes: to sit
and watch TV.
Dislikes: doesn't
like noise &
when people
are fighting

② Franco, 41
A friendly Person
Likes: like to
help people
Dislikes:
People when
they abuse
others &
when they make
others to suffer

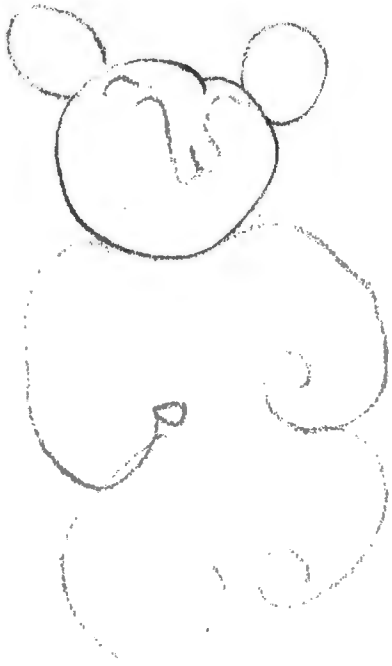
APPENDIX D

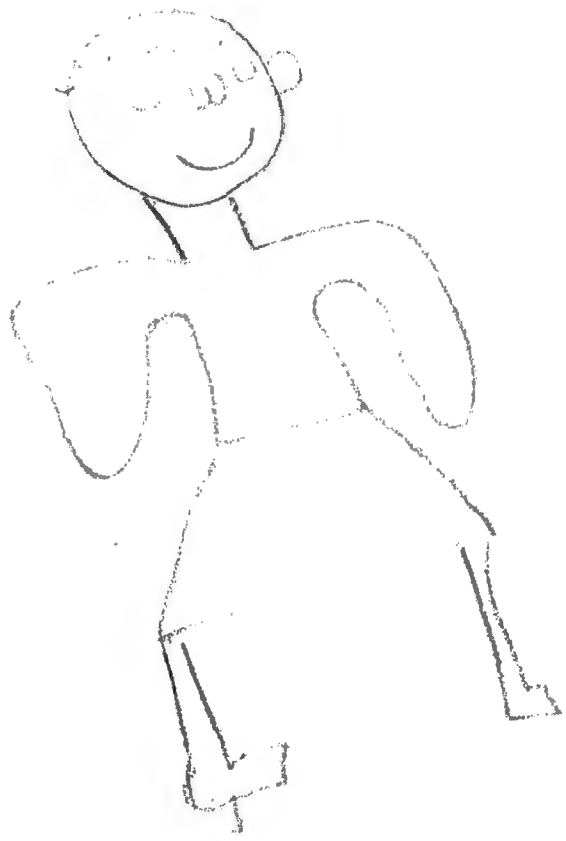
Free drawing of Subject B


School

APPENDIX E

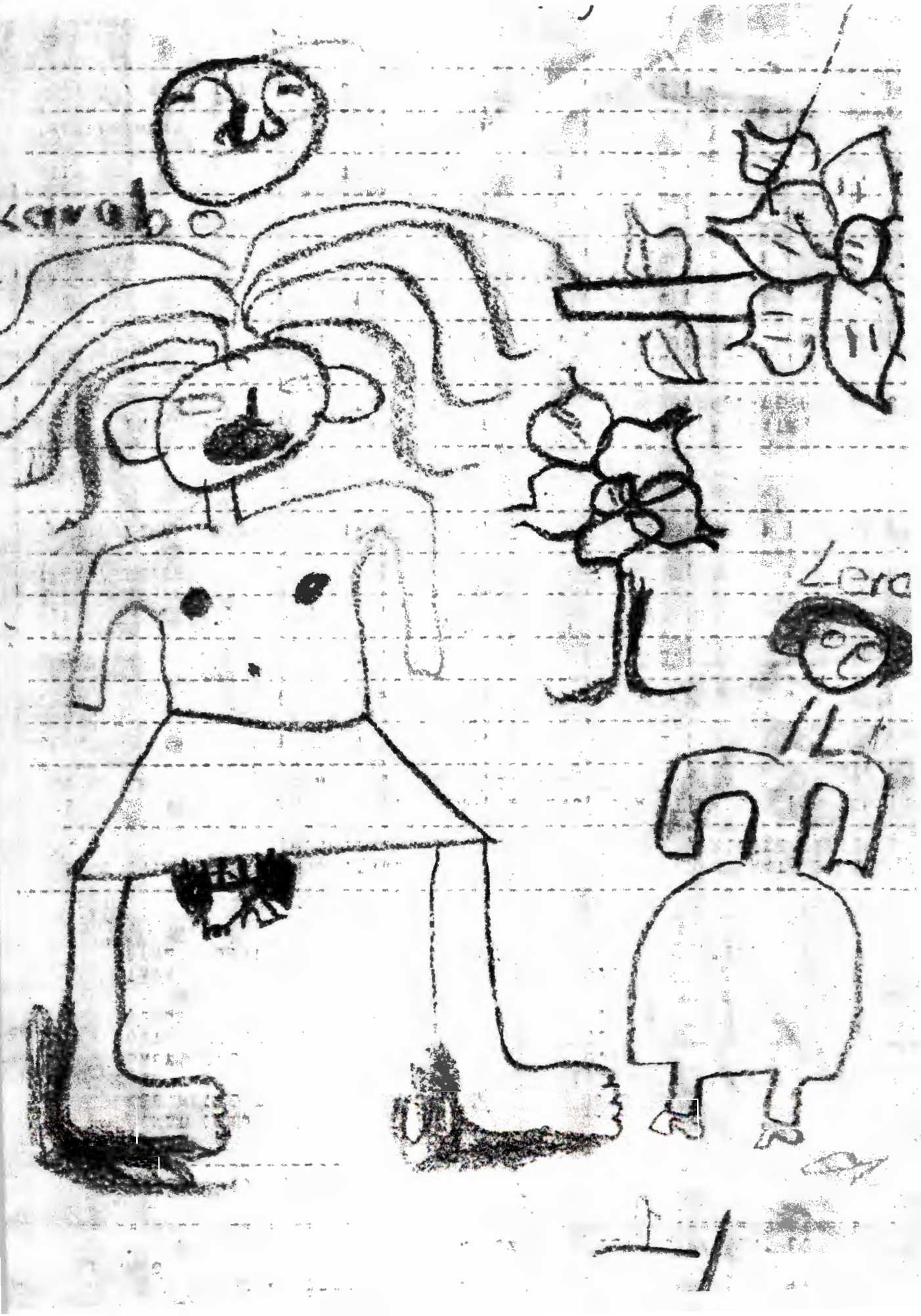
Free drawing of Subject C





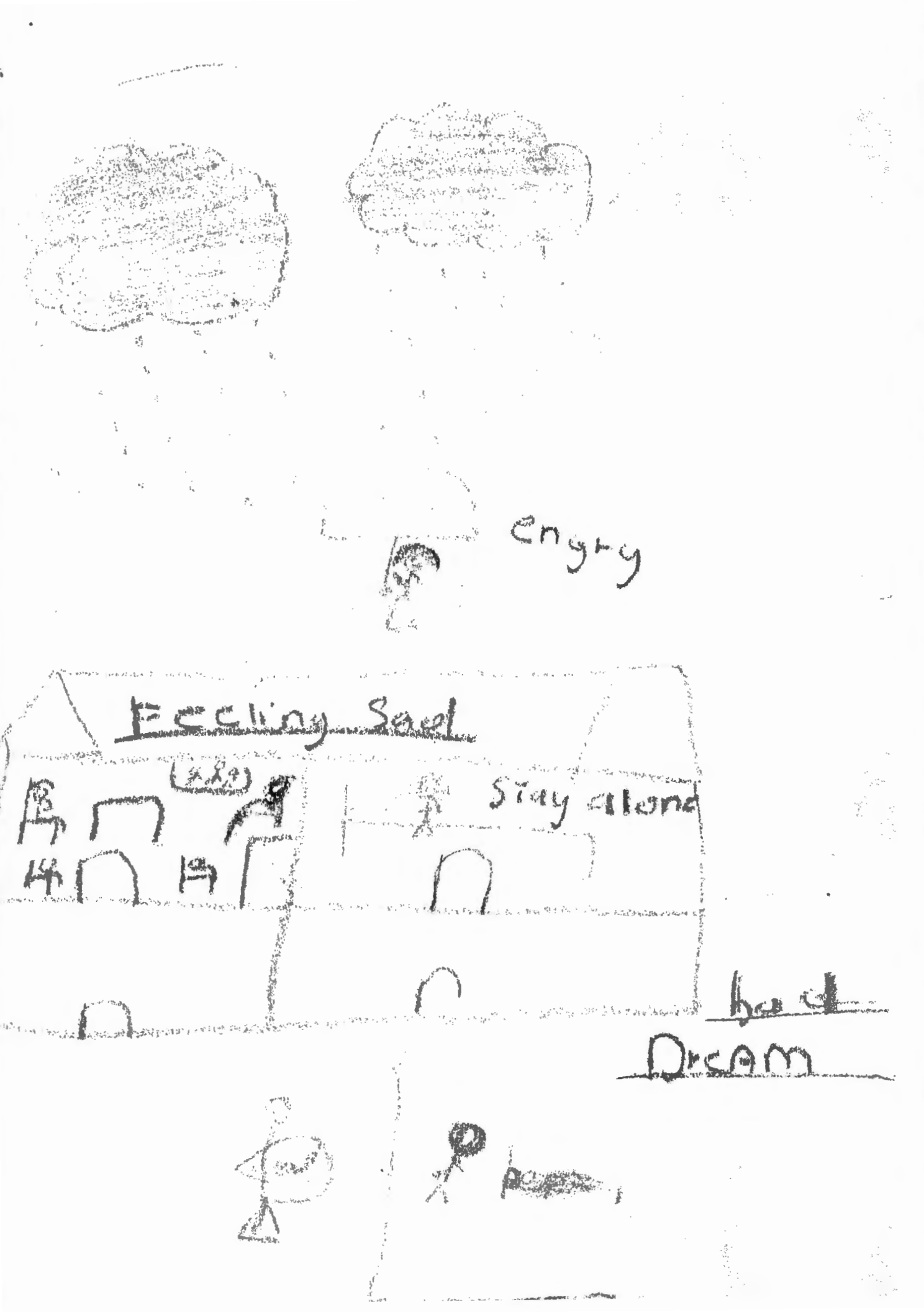
APPENDIX F

Free drawing of Subject D



APPENDIX G

Free drawing of Subject E


engry
Feeling Sad
Stay alone
bad
Dream