

**THE NEEDS OF TRAUMATISED CHILDREN IN
THE SHELTERS/INSTITUTION IN
MMABATHO/MAFIKENG AREA**

BY

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**SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS
IN LIFE SKILLS AND COUNSELLING
DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF NORTH WEST**

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**MMABATHO
OCTOBER 2003**

ACKNOWLEDGEMENT

I wish to express my sincere appreciation, gratitude and joy to our Heavenly father for blessings, support, love and strength given to me in abundance over the past two years.

I am indebted to Prof Lulama Qalinge, my supervisor for guidance, and support in making this study a worthy piece of work in the scientific world.

Thanks to my late father Badigetse and my mother, Kgwareng who laid a foundation in my life in so many ways. They gave me unending love, and support. I will always be indebted to them.

I wholeheartedly thank my beloved children Tumisang, Kopo and Pabala who took care of my mother during my absence.

I acknowledge with great pleasure the contribution the following people: my nephew, Nametso Kenneth who assisted me with typing, Ouma Mokone who assisted me with statistics during the compilation of this report and Salamina and Jane who were my pillars of strength and spiritual support especially during stressful moments.

My sincere gratitude goes to The Department of Social Services, Arts, Culture and Sports for granting me permission to conduct this study from the shelters.

A “big” thank you to all respondents who participated in the study, and were the principal source of data. Without them I could not have made any progress in this venture.

Last but not in any way the least, I would like to thank the University of North West in particular The Department of Nursing who supported me without failure.

DECLARATION

I declare that the mini-dissertation for the degree of Masters in Life Skills and Counselling at the University of North West, Faculty of Human and Social Sciences, hereby submitted has not previously been submitted by me for a degree at this or any other institution/university, and it is my own original work and that all materials contained herein have been duly acknowledged.


.....
Mrs. Masilo G. M. (Mmabatho 2003)

ABSTRACT

The Needs of Traumatized Children in the Shelters\Institutions in Mmabatho Mafikeng area.

The needs of traumatized children have recently gained attention. From the media, News Papers, Televisions, Radio's, one hears and sees how child trauma has become a global concern. In South Africa child trauma has become a national phenomenon. It is important not to ignore this reality. It is equally important to be well informed and to respond appropriately in the event of trauma.

The literature seldom addresses the needs of traumatized children in shelters\institutions. An integrative review of the literature on the needs of children was looked into with the hope that it will provide the conceptual understanding of the transitional experience these children go through while residing in shelters\institutions. Because of lack of literature, there is still much that is not understood from their plight particularly from their own perspective. The most serious needs included counselling, human rights, need for recreational centres, training of caregivers and self-identity.

The study is qualitative, describing and exploring the needs of traumatised children in shelters\institutions around Mmabatho\ Mafikeng areas.

The objectives of the study are two-fold, firstly: to explore the nature and extent of the needs of traumatised children in shelters\institutions and to develop guidelines that care-givers can use to implement support programs that will meet the needs of traumatised children in shelters\institutions.

The units of research were traumatised children residing in shelters\institutions and the social workers that are in contact with the children in shelters\institutions.

Structured interviews were conducted to collect data from children in shelters\institutions and social workers. The study used focus groups and in-depth interviews to identify the needs of traumatised children residing in shelters\institutions.

The empirical study identified the following needs: lack of counselling, need to be respected as people, need for recreation to avoid boredom and frustration, need to belong and deal with self-identity crisis. They also

stressed the need for human rights: a need to be heard, understood, loved and supported. The findings further show that caregivers need to attend intensive training programs as to how to deal with such children.

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ABBREVIATIONS

- AIDS> ACQUIRED IMMUNO DEFICIENCY SYNDROME
- CPU > CHILD PROTECTION UNIT
- HIV> HUMAN IMMUNO VIRUS
- HSRC > HUMAN SCIENCE RESEARCH COUNCIL
- NGO> NON- GOVERNMENTAL ORGANIZATION
- SAPS> SOUTH AFRICAN POLICE SERVICE
- UNICEF> UNITED NATIONS EMERGENCY CHILDREN'S

FUND

ANNEXURE A A letter of request to conduct interview

**ANNEXURE B Interview Schedule for Social
Workers**

**ANNEXURE C..... Interview Schedule for
traumatized children in the shelters/
institutions**

CHAPTER 1

GENERAL ORIENTATION

1.1 INTRODUCTION

Trauma is one of the disabling conditions that affect children worldwide. Children suffer trauma due to various types of abuse, and loss of parents due to HIV/AIDS amongst others. Others may have witnessed the killing of a family member or are traumatised by staying in several homes after their parents' death. Being interrogated by police officials, relatives, and neighbours after the death of family members because, they may have been the only source of information and this traumatises them further (Herman 1994:7).

They may run away from home because they may be subjected to a battle between maternal and paternal relatives. According to Hendricks, Black and Kaplan (1993:12) children may be traumatised due to witnessing violence, rage, suicide, parental murder, kidnapping, bushfire, child abuse, natural disaster and community violence. Hendricks et al. further state that trauma becomes more intense and persistent when the atrocity witnessed is caused deliberately by people.

Spieges (1985:19) states that children who witness extreme trauma stand a chance of developing anxiety, depression and posttraumatic stress disorders. These children are faced with a mammoth task of finding a way that is safe in an environment that is unsafe, untrustworthy, unpredictable, horrifying and not homely.

Children trapped in an abusive environment are damaged psychologically and emotionally; as a result repeated trauma in childhood forms and deforms the personality. (Herman 1994:96)

The experience of trauma makes children run away from their homes to seek better shelter or accommodation elsewhere. Professionals such as social workers remove some of these children from their homes.

In most cases children opt for out-of-home placement if strategies for coping to minimise psychological trauma have failed (Wong 1995:940).

1.2 PROBLEM STATEMENT

According to Nursing Update report by Leslie (March 2002 Vol. 26 No.2: 23) in South Africa, a child is abused every eight minutes, and every 24 minutes a child is a victim of variety of traumatic events. Traumatic experiences shake the foundations of a child's belief about safety, and it shatters the assumptions of trust. The media has been heralded as an important educational tool to raise public awareness about the serious reports of children experiencing trauma but in South Africa the number of children exposed to traumatic events are drastically rising and the extent of the problem is higher than it is reported. The public is only aware of problems from reports that come through the media, South African Police Service (SAPS) and various service providers such as social workers and nurses.

The rising statistics of childhood trauma in South Africa is confirmed by the report tabled at Parliament during September 2001, by the then late Minister of Safety and Security, Steve Tshwete. The Minister stated that the number of reported cases of abuse and neglect has increased dramatically in the country.

In 1998 the number of children reported to be neglected, abused was 37,352 and in 2000 the number rose to 65,017 – an increase of 74%. This high statistic paints a very gloomy picture of the crimes against children. (Leslie 2002:123).

The high figures are an indication that children are not given the needed attention and resources to protect them.

The statistic below shows the number of cases of traumatised children the social welfare services dealt with in years 1997 to 2000 in South Africa.

PERIOD			TOTAL
1/4/97-31/3/98	1/4/98-31/3/99	1/4/99-1/3/2000	97-2000
5,500	8,127	8,054	21,681

This is an indication that the whole country is seriously affected by inhuman trauma subjected to children. In most instances such children eventually end up being committed or sent to different institutions/shelters for safety and professional help. The sense of being taken away from home to a strange environment imposes a severe stress on the child and alters the child's world-view of safety and security.

Such children are usually removed from their homes because they cannot maintain physiological homeostatic equilibrium without support. They drift into welfare shelters/institutions wondering to whom they belong. (Vlok 1996:42).

Mmabatho/Mafikeng like other cities\areas in South Africa is affected by traumas such as child sexual abuse, witnessing murder of a parent, murdering of a child for body parts, oppressive treatment or being a victim of any criminal act. This is evidenced by statistics of children residing in welfare shelters/institutions in the area: Boikagong home, 26 children; Bethlehem Shelter drop in, 19 children; Kagontle, 45 children; Harvest 2000 in Danville Drop in 20. These children are referred from all over the area for care, support and protection.

Muller et al (1992:228) allude that each child has special needs that are to be identified and met. According to the Children's Charter of South Africa Preamble (1992:1) all children are created equal and are entitled to human rights, freedom, respect and protection as they develop and grow. However, children that reside in shelters/institutions their needs are rarely explored, as

they are in most instances taken for granted. Their needs for health, education, love, security, play, respect, etc. are greatly violated.

It must be taken into cognisance that traumatised children in welfare shelters\institutions have special needs such as; homely atmosphere under the guidance of caring, loving, nurturing caregivers, a need to belong to their family of origin even though they are removed from their families by means of a court order.

Each child needs to be given an opportunity to develop her\his potential within the environment of the shelter\institutions such as an opportunity for schooling, sports, cultural activities, spiritual guidance, life skills programmes and hobbies. These opportunities are not always available in some welfare shelters\institutions. In addition to the above, traumatised children are never consulted about which shelter or institution they would like to go to, or even consulted about being taken away from their homes.

According to Vlok (1996:406) every social worker, judge, frontline worker are called to make incredible decisions about the lives of the sheltered

institutionalised children. They are in most instances deprived of the opportunity of making decisions about their own existence.

It is against this background that the researcher decided to research the problem.

1.3 RESEARCH QUESTIONS

1.3.1 What is the nature and extent of the needs of traumatised children in Shelters/institutions?

1.3.2 What are the guidelines that professionals can develop to assist the caregivers to implement effective programs that will meet the needs of traumatised children in welfare shelters/institutions?

1.4 OBJECTIVES

1.4.1. To explore the nature and extent of the needs of traumatised children residing in welfare shelters/institutions.

- 1.4.2. To develop guidelines that welfare caregivers can use to implement support programs that will meet the needs of traumatised children residing in welfare shelters/institutions.

1.5 SIGNIFICANCE OF THE STUDY

To develop the body of knowledge for other researchers and professionals about the needs of traumatised children residing in welfare shelters/institutions.

This study will also add greater insight to caregivers in welfare shelters/institutions. This is based on the rationale that if caregivers have insight about the condition of the children then the needs of the children will be adequately met.

1.6 PURPOSE OF THE STUDY

To generate data that will help professionals to provide programs that would meet the needs of traumatised children in welfare shelters\institutions.

1.7 ASSUMPTIONS

The researcher assumes that:

- 1.7.1. Traumatized children residing in welfare shelters/institutions do not receive an appropriate rehabilitative care and treatment to facilitate recovery and social reintegration into the community.
- 1.7.2. Traumatized children in shelters\institutions lack warmth, belonging and security, self-esteem, self-awareness and even self-identity.
- 1.7.3. Traumatized children residing in welfare shelters\institutions do not get parental love and emotional support from caregivers.
- 1.7.4. Traumatized children in welfare shelters/institutions do not have privacy.
- 1.7.5. Traumatized children residing in welfare shelters\institutions are not treated with respect and dignity.

1.7.6. The welfare shelters\institutions that traumatised children are placed in are not evaluated regularly for efficiency.

1.8 LIMITATIONS

- The researcher used the population from four institutions in Mmabatho\Mafikeng area only.
- This makes the sample not to be representative of the whole population.
- The study consisted only of black children. This further indicates that the results of the study cannot be generalised to other provinces of different nationality.

1.9 DEFINITION OF CONCEPTS

1.9.1. NEED: A need is that which is necessary for either a person, or a social system that function within reasonable expectations for a social system given the situation that exists. A need is not a want for something that would be nice to have, but the lack of that which

inhibits the development or functioning of a person or system (Johnson 1983:9).

1.9.2. SHELTER: A roofed enclosure that gives cover or protection. A shelter for the homeless. (Longman Dictionary of Contemporary English, new edition 1987:964)

1.9.3. INSTITUTION: It is a place where a lot of people live, usually in the care of an official organisation such as children's home. (Longman Dictionary of contemporary English 1987:545).

1.9.4. CAREGIVERS: A person employed to provide and care to building or minors (Longman Dictionary of Contemporary 1987:145).

1.9.5. TRAUMA: Trauma is an unpleasant emotional experience, which leaves a lasting impression on the mind.

1.9.6. CHILDREN'S HOME: It is any residence or home maintained for the reception, protection, care and bring up of more than six children or pupils apart from their parents.

1.9.7. WELFARE: A system of social help provided by the state especially one which gives the money to people who are poor or unemployed. (Longman Dictionary Contemporary English 1987:1195.)

1.10 RESEARCH METHODOLOGY

According to De Vos (1998:424) research methodology is the description of the research design, the sampling plan, data collection procedures and measuring instruments, analysis and interpretation of data.

1.10.1. RESEARCH DESIGN

Research design is the overall plan, which includes every aspect of a proposed research study from data collection to analysis of data, including specification of enhancing validity of the study (Polit and Hungler 1991:653).

In this study the qualitative, exploratory and contextual research strategy was used with the aim of exploring the needs of traumatised children residing in welfare shelters/institutions in the Mafikeng/Mmabatho area.

According to Polit and Hungler (1991:24) qualitative exploratory study is relevant because the researcher intends capturing human experiences.

1.10.2. METHODS OF DATA COLLECTION

According to Burns and Grove (1994:43) data collection is the precise, systematic gathering of information relevant to the research purpose, specific objectives and assumptions of the study.

The following methods of data collection were utilised:

1.10.2.1 FOCUS GROUP INTERVIEWS

According to De Vos (1998:314) focus group is a number of individuals between whom a distinguishable pattern of interaction

exists. The discussion takes place between all members in the group to elicit information on the desired topic. He further mentioned that the discussion is limited to the specific theme under investigation. It is a purposive discussion of a specific topic, taking place between six to twelve individuals with a similar background and common interests.

In focus interview each respondents may make comments, ask questions of other participants or respond to comments by others. The researcher also develops inductively. Parahoo (1999:291) supports De Vos (1984:314) that focus group is an interaction between one or more respondents for the purpose of collecting research data. Brink (2001:159) argues that focus group interviews sparks-off new ideas and considers new range of views before answering the research questions. It provides an opportunity to brainstorm, and all participants hear the same question. Valuable data can be obtained quickly and cheaply. She further states that it provides an opportunity to reflect and react to the opinions of which they are unaware.

The researcher used a focus group design as the primary research method to facilitate the discussion of nature and extent of the needs of traumatised children in group setting within a natural environment.

The hallmark of this method is the opportunity for the researcher to observe dynamic group interaction, to validate how they feel about their needs in shelters\institutions.

Nine focus group sessions consisting of six to twelve (6-12) respondents were held. Sessions were held at shelters in a private room, which provided a relaxed atmosphere. A pre-session time of about 10 minutes was used to have an informal chat for introduction. Each session ran approximately 45 minutes to an hour. Respondents were grouped according to sex, because homogeneity allows freedom of expression and to avoid intimidation (De Vos 1998:31). A round ribbon approach was used during interviews because it is the best way of showing respondents that nobody is above the other. The approach is also best for discovering underlying motivations, feelings, values,

attitudes, and perceptions of an individual or a group of individuals.

Field notes were recorded to identify important aspects and key topics covered in an interview. All group sessions were audio taped. The interviews were conducted in English and Setswana in order to enable respondents to express themselves easily.

1.10.2.2 IN-DEPTH INTERVIEW WITH TRAUMATISED CHILDREN

An in-depth interview was used to collect data that the respondents felt too private to discuss in focus group interviews. The researcher observed that some respondents during focus group interviews were denying or distorting the reality of their real life experiences. Defense mechanisms, inconsistencies and instability were observed during the focus group interviews.

To avoid bias and invalid findings, the researcher selected the respondents that were hesitant and seen not to be open but

interested during focus group interviews to participate in an in-depth interview. According to Parahoo (1997:299) in an in-depth interview, respondents are asked their views, or perceptions free from group pressure. He further argues that the researcher is in a position to observe overt or subtle changes in verbal and non-verbal behaviours of respondents. Identical information was needed from all respondents for validity purpose. According to Parahoo (1999:284) in-depth interview is also important when comparisons are to be made across respondents who are relatively homogeneous in background and experience.

The in-depth interviews were conducted privately in a quiet place to avoid disturbance. The main reason for in-depth interviews was to give the respondents a chance to truly and openly express their feelings and experience that are sensitive and confidential. De Vos (1998:300) states that in-depth interviews motivate, allow the respondents to restrict reality from his/her life. Each session ran 30 minutes to an hour. About nine (9) respondents were chosen to participate in interviews; however they refused to be audiotaped because they feared to be stigmatised.

Field notes were taken during interview because according to De Vos (1998:285) it is dangerous to rely solely on ones memory to preserve data. During interviews children were asked to describe their feelings, fears and needs.

1.10.2.3. INDIVIDUAL INTERVIEWS WITH SOCIAL WORKERS THAT ARE IN CONTACT WITH CHILDREN

The social workers were interviewed at their place of work. All social workers were employed by the Department of Social Development except the one who was doing voluntary work. Their work experience ranged from six months to ten years. Three of them agreed to be audio-taped and the other three refused because they were afraid to be open to victimisation for the views they offered. The researcher was sensitive to this need, for this could unwittingly cause a conflict between the respondents and their employers. Interviews were recorded to ensure accurate data collection and allow ease of rechecking information. A maximum of 45 minutes was allocated for each interview. Following each

interview, field notes were made on the ease of interaction, non-verbal communication and the subjective impressions of the interview to aid the researchers' reflection on the process.

1.10.2.4 SAMPLING

Since there are only 4 shelters in Mmabatho there was no need to choose a sample, all the shelters were involved in the study. Purposive sampling was used to select the social workers that are involved with these children. The purpose of using this sampling method was to capture the richness of a wide range of perspectives (Burns and Grove 1995:244).

1.10.2.5 SAMPLE SIZE OF TRAUMATISED CHILDREN

Respondents for the study were selected from all four shelters in the Mmabatho Mafikeng area. The total number of children in the four shelters was one hundred and ten (110). Based on the following criteria, seventy-six respondents were selected through a process of interview:

- They had to be between 9 and 18 years of age.
- Either male or female.
- Be willing to participate in the study.

Out of the fourteen children selected from Boikagong Children's Home, eight were females and six were males.

Thirty-five children were selected from Kagontle, out of this number twenty-six were males and eight were females.

Nineteen were selected from Bethlehem Shelter; comprising twelve males and seven females. From Harvest 2000 only eight males were selected.

1.10.2.6 DATA ANALYSIS

Descriptive as well as inferential statistics were used to determine the extent and nature of the needs of traumatised children in shelters\institutions.

1.11 ORGANISATION OF THE REPORT

The study is arranged in four chapters. The first chapter is an introductory chapter outlining the problem statement, research questions, objectives, significance of the problem, purpose of the study, assumptions, limitations, definition of the concepts as well as the research methodology.

Chapter 2 covers literature review. Section 2.1 looks at the extent of the needs of the traumatized children residing in welfare shelters/institutions. This chapter looked at the statistics that indicates the seriousness of child trauma locally, provincially, nationally and internationally.

Section 2.3 presents the nature of the traumatised children in welfare shelters/institutions .This chapter looks at the nature of traumatised children's needs in shelters/institutions locally and globally.

Chapter 3 deals with presentation and analysis of data. The chapter focuses on the interpretation of data obtained from traumatized children and social workers.

Chapter 4 focuses on the research findings, recommendations and conclusion. The final section contains interview schedules, appendices and bibliography.

CHAPTER 2

THE NATURE AND EXTENT OF THE NEEDS OF TRAUMATISED CHILDREN

2.1 INTRODUCTION

According to Desmond (2000:25) emotional and physical trauma are an international phenomenon, but its real extent both globally and locally is not known, perhaps it is due to unavailability of accurate or hidden figures on the number of children that are traumatised residing in shelters/institutions or roaming around on streets.

Children are driven to shelters/institutions or streets because of amongst others; the death of their parents and families from AIDS related illnesses and resultant poverty. Children on the streets are vulnerable to emotional, physical, and sexual abuse. In fact, child abuse is a trauma on its own. (Desmond 2000:25). Children running away from home and being exposed to drugs may lead the girl-child to be a prostitute, which may put her in a danger of contracting HIV/AIDS.

The problem of children's trauma is invisible in many parts of the country. Apparently, parents are exploiting and abusing their children, and children may not be aware that they are being exploited or abused, as they are not vigilant about their rights. (Desmond 2000:2)

According to White Paper – Social Welfare August 1997 Chapter 8 (b), the common trauma experienced by children is abuse and neglect. The real extent of such abuse and neglect is unknown due to under-reporting, erratic research, uncoordinated record keeping systems and the lack of central register.

The traumatic events facing children are increasing tremendously. In South Africa, e.g. in 1996 the Child Protection Unit Police dealt with 22,911 cases of child abuse, which is 36% more than in the previous year. It is further stated that services that could be used to curb the problem of trauma in shelters/institutions are fragmented and under resourced because policies, management protocols and comprehensive preventive strategies for these children are not always available. In 1993 the number of children on streets

was estimated to about 10,000 and there is a belief that this number has increased dramatically over the last two years.

2.2 THE EXTENT OF THE NEEDS OF TRAUMATISED CHILDREN

The media has been heralded by Lesley (2002:22) as an important educational tool to raise public awareness about the serious reports of children experiencing trauma, but in South Africa the number of children exposed to traumatic events is drastically rising and the extent of the problem is higher than it is reported. The public is only aware of the reports that come through the media, South African Police Service (SAPS) and various service providers such as social workers and nurses. (Leslie 2002:22).

According to the Child Protection Unit (CPU) of South African Police Service, there has been an increase in the number of traumatised abused children reported. The shocking statistics are supported by findings of the Human Science Research Council (HSRC) and the CPU showing that fewer than 10% of child abusers receive prison sentences.

2.2.1 SOME EXAMPLES OF CASES OF CHILD ABUSE AND NEGLECT IN SOUTH AFRICA.

According to the Pretoria News (Thursday 10 April 1997) as cited by Nursing News June 1997 Vol.21 No.6 the following cases of child abuse/neglect were reported in South Africa:

- A 25 year old woman was arrested in Northern Province for allegedly burying her live newborn baby.
- A 10-year-old girl was severely burnt when her mother forced her hand onto a hot stove plate because the daughter “had lied”.
- A Pretoria City Council Worker was arrested in connection with the death of his son who was allegedly beaten to death after he soiled his pants.
- A baby was found drowned in a toilet in Ermelo.

- An 18 month old toddler was found strangled and hanging on a barbed wire fence in Northern Province”.

During the first two months of 1997, 6,287 cases of child abuse were reported to the CPU. Among these cases, there was one case in which a 15-year-old boy died after allegedly being hit with a cable and being dragged 3km behind a “bakkie” on a tarred road.

These statistics show types of trauma experienced by children in South Africa.

2.2.2 STATISTICS INDICATING THE SERIOUSNESS OF CHILD ABUSE AS RELEASED BY CPU FOR 1996

(i) Statistics For 1996

The following information was released for 1996:

Number of crimes committed against children (Per 100,000 children):

- Crimes of a sexual nature: 61, 1%
- Physical abuse: 25,1%
- Child rape cases reported in Gauteng: 4538

- Offences mostly commonly reported to the Child Protection Unit (CPU) Care rape and assault.

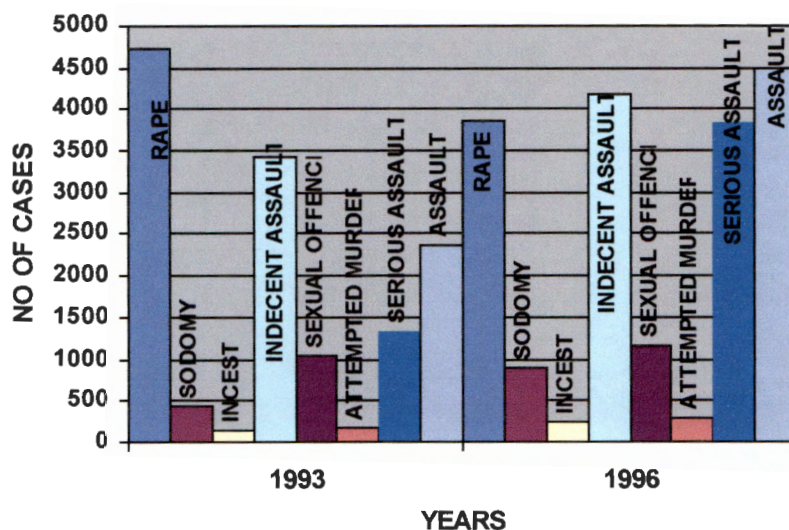
According to Human Science Research Council (HSRC) in Nursing News June (1997:15) there has been an increase in the number of child trauma cases reported to the CPU.

The following table gives comparing figures for 1993 and 1996:

Table 1: Child abuse figures 1993 and 1996.

	1993	1996
Kind or type of abuse	1993	1996
Rape	3856	4736
Sodomy	431	893
Incest	146	253
Indecent Assault	3,439	4168
Sexual Offence	1034	1160
Attempted Murder	175	283
Serious Assault	1339	3841
Assault	2364	4502

Figure 1: Child abuse statistics 1993 & 1996 in SA



According to a recent study by the HSRC the following are some of the traumatic situations surrounding child trauma in South Africa:

- 44.4% of victims of trauma (children) received no counselling
- 62.9% of offenders had previous criminal records, of these 62.2% could be traced but were not tried.
- 62% of crimes against children were of sexual nature.
- 83.5% of the victims knew the perpetrators.
- 7.4% of offenders received a prison sentence
- 20.4% received a fine, suspended sentence or correctional service.

The high statistics of child abuse in South Africa are an indication that children of South Africa live and relive trauma. An abused child may present with posttraumatic stress disorder and this may persist long after the event, and in certain cases, interferes with an individual's functioning. Typical symptoms include flashbacks, dreams about the traumatic event, insomnia, numbness, detachment from other people and avoidance of activities and situation that can reawaken painful memories. (Nursing News 1997:8)

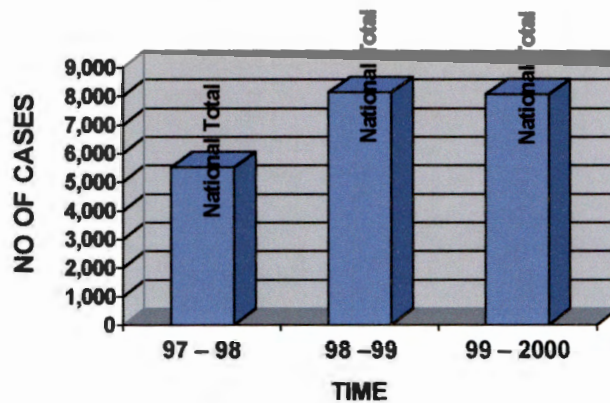
The rising statistics of childhood trauma in South Africa were confirmed by the report tabled at parliament during September 2001, by the late Minister of Safety and Security, Steve Tshwete. The minister stated that the number of reported cases of abuse and neglect have increased dramatically in the country. In 1998 the number of children reported to be neglected and abused was 37,352 and in 2000 the number rose to 65,017 - an increase of 74%. This high statistic paints a very gloomy picture of the crime against children. (Leslie 2002:123). The high figures are an indication that children are not given the needed attention and resources to protect them. The statistic below shows the number of cases of traumatised children the Social Welfare Service in Urban Areas dealt with in 1997 to 2000 in South Africa.

(ii). **TRAUMATISED CHILDREN BETWEEN 1997 AND 2000**

Table 2: Number of cases of traumatised children between 1997 to 2000.

Period	1/4/97 – 3/3/98	1/4/98 – 31/3/99	1/4/99 – 1/3/00	TOTAL 97-2000
National Total	5,500	8,127	8,054	21,681

Figure 2: NUMBER OF CASES OF TRAUMATISED CHILDREN



This is an indication that the whole country is seriously affected by inhuman trauma that children are subjected to. In most instances such children eventually end up being committed or sent to different institutions/shelters for safety and professional help. The sense of being taken away from home to a strange environment imposes a severe stress on the child and alters the child's world-view of safety and security.

According to Nursing update April 2001 Volume 25 No.3: 20 the cases dealt with by Child Welfare Societies illustrate the extent to which children are

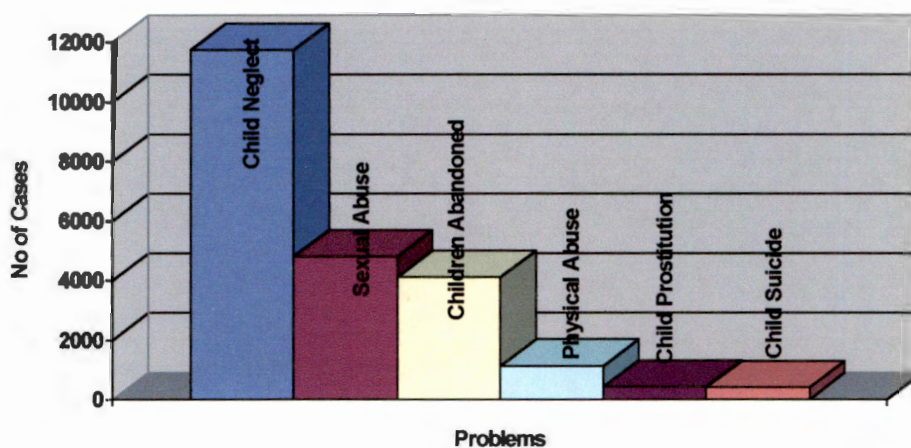
neglected, abused or exploited. These statistics are just the tip of the iceberg and yet illustrate the plight of children in areas where there are no services and where there are no social workers.

(iii) CASES DEALT WITH FROM 1 APRIL 1998 TO 31 MARCH 1999

Table 3: Cases dealt with from 1 April 1998 to 31 March 1999

Child neglect	11,726
Physical abuse	1,110
Sexual abuse	4,786
Children abandoned	4,100
Child suicide	390
Child prostitution	431
Total	22,543

Figure 3: Cases Dealt With from 1 April 1998 to 31 March 1999.



The cases for child prostitution were not reported in the past but now they're coming to the attention of service-providers such as nurses, police officers and social workers. In 1998, 328 cases of child prostitution were reported to Child Welfare and in 1999 cases reported increased to 431. It is further stated that in South Africa poverty contributes to children running away from their families (Leslie 2002:123).

Lewis (1996:895) reports that by 1990 approximately 68,729 emotionally disturbed children were in residential placement in the United States.

According to Australian Law Reforms Commission (undated: 14) trauma is experienced by children globally, for instance, in 1996 there were 13,241 children under care and protection orders in Australia. The Commission further reports that, in the same year approximately 14,000 children were placed in out-of-home care and during 1995-1996 over 20,000 were placed in one out of home care.

The Ottawa Sun (20 October 1996) as cited by du Preez quotes UNICEF with the following statistics "about 100 million children are abused or neglected in their homes or institutions. There are 20 million of displaced

people including children traumatised by conflict or disaster comprising of 60% to 70% of the worlds refugee genital mutilation”.

An investigation done in 1996 showed that the majority of South African street children are Black males with the average age of 9 to 12 years. This is ascribed to the fact that there are sufficient foster homes in white communities. Child abuse or trauma continues to manifest in various forms including child labour. Areas of North West Province that have been highlighted for child labour are Rusthof farm in Bray, Loatla Village in Lehurutshe, Uplands farm in Setlagole, Landrom refuse removal in Klerksdorp, Skeerpoort in Brits, Glenwood farm school and Bokfontein where school children were ostensibly assisting parents with farm work, thereby absenting themselves from school.

In 2002 Provincial Programme of Action established a task team to investigate child rape and abuse within the North West Province and made the recommendations to develop strategies to address and prevent violence against children within the Province. The investigation revealed the following statistics.

**(iv) STATISTICS ON CHILD RAPE AND CHILD ABUSE FOR 2002
IN NORTH WEST PROVINCE**

Table 4: Statistics on child rape and child abuse for 2002 in North West.

Crime	Reported Cases	To Court	Withdrawn	Guilty	Not Guilty
Rape 0–17 yrs	1,210	458	321	153	108
Child Abuse	91	27	31	14	3

The statistics reveal a serious trauma that children experience within the province. Because children lack a verbal facility they tend to loose cases in court and most victims are not found guilty. Lack of evidence, fear of being killed and lack of experience make them to withdraw cases. Most children are not vigilant about their rights, hence the withdrawal of serious cases.

**(v) REPORTED CASES OF TRAUMA IN MMABATHO /
MAFIKENG AREA AS AT END OF SEPTEMBER 2002**

The statistics is an indication that Mmabatho / Mafikeng area as the rest of the country is seriously affected by crimes against children which expose

children to traumatic conditions. These children end up running away to shelters or to roam around on streets.

The numbers of children admitted to different shelters/institutions in Mmabatho/Mafikeng area were Boikagong 26, Kagontle 46, Harvest 2000 20 and Bethlehem shelter 19, evidences this.

The North West Province department of Social Services, Arts, Culture and Sports conducted the rapid appraisal to get an idea of the magnitude of orphan-hood, children in distress and their needs within the province.

Motlhabeng Village in Mmabatho\Mafikeng area was identified as one of the service points where the exercise was carried out within a week. During this exercise 9,063 children in distress were identified from the sampled households. Of this population, Motlhabeng Village in Mmabatho/Mafikeng reported cases 398, which constitute 36% of the whole population.

The report further states that the age group mostly affected is from 8-18 years. This is an indication of the internal family problems that make children to runaway from home to shelters and streets of Mmabatho\Mafikeng area. According to the report a child in distress is, “ a

child below the age of 18 years who is orphaned, abandoned or neglected, whose primary care-giver is terminally ill, a child who is 21 years old, still attending school and heading the household, a child below 18 years whose parents are unemployed and have no source of income.

2.3 NATURE OF THE NEEDS OF TRAUMATISED CHILDREN IN SHELTERS\INSTITUTIONS.

According to Carol Bellamy, United Nations Emergency Children's Fund (UNICEF) executive director (1979:1) at the beginning of the last century children had virtually no rights, but when it ended they had powerful legal instruments that recognises and protect their human rights. The Convention of the rights of the child started in 1979 set minimum legal and moral standards for the protection of the children's rights. It is obliged to make sure that the needs of children are met. (Bellamy 1999:20)

The Convention further states that:

- The states should ensure that each child enjoys full rights without being discriminated.
- Each child enjoys full rights without being discriminated;

- The child's best interest should be a primary consideration.
- All actions concerning children whether undertaken by public or private social institutions, courts, administrative authoritative bodies, children have the right to be heard and to a decent life.

The convention further stipulated that children have the right to freedom of expression, association and to privacy. No child should be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

According to Nash, Stoch and Harper (1992:9) the strengths of the needs differ under different circumstances. They further state that basic needs must be met before the higher ranking needs can be gratified. Deprivation of needs interferes with the child's development but when the needs are met children regain their functional complexity. Traumatic interference such as lack of learning or disruption of the normal learning patterns, which is experienced by children in shelters/institutions, interferes with developmental process.

According to Maslow's hierarchy of needs as indicated by Morales and Sheafor (1986:96) people attempt to fulfil their needs in the following way:

Physiological needs: For example nutrition, rest and warmth.

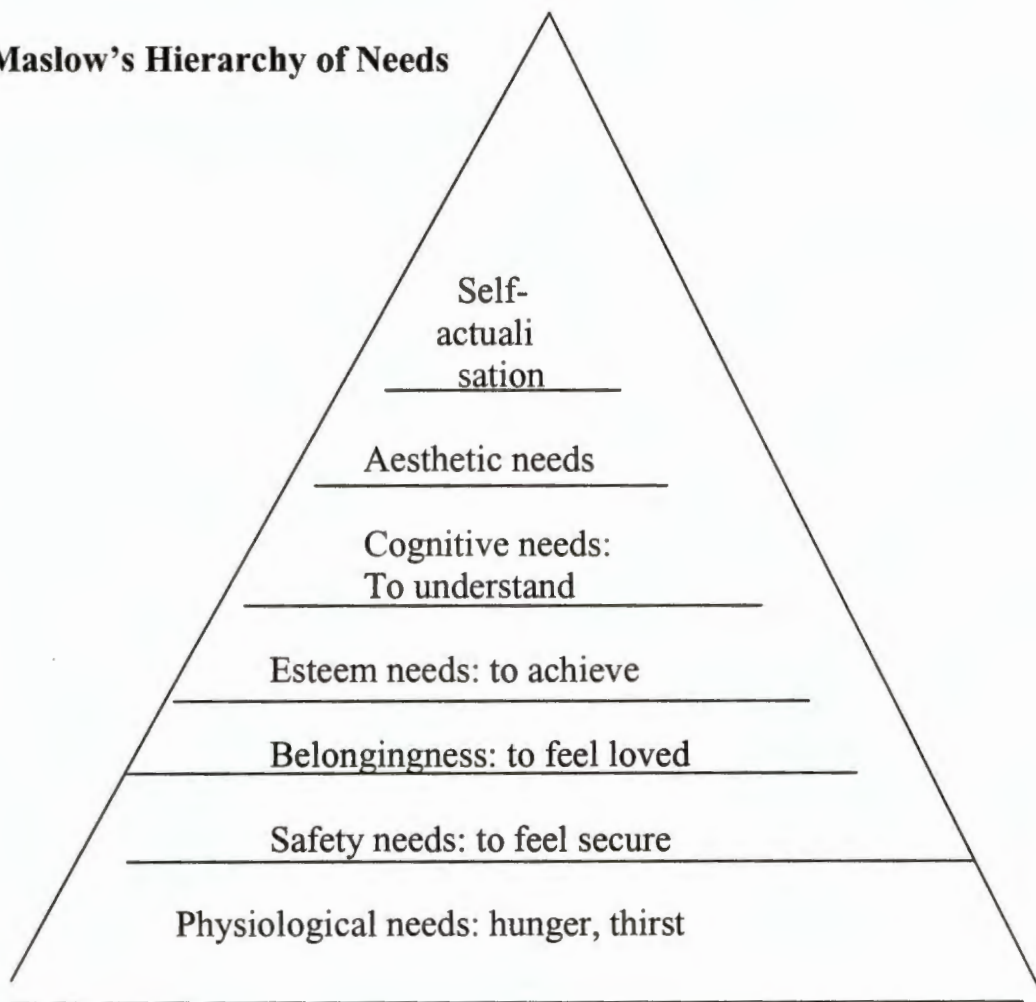
Safety needs: Preservation of life and sense of security.

Belongingness needs: To be part of group and to love and to be loved.

Esteem need: approval, respect, acceptance, appreciation etc...

Self-actualisation: To be able to fulfil our fullest potential (Nash, Stoch Harper 1990:250).

Morale et al (1986) further indicates that when people like traumatised children fail to have one or more of these needs met in the normal course of their lives, the society (family, caregivers or stakeholders) must determine when and to what degree they are going to provide means of helping those people meet their needs.

Maslow's Hierarchy of Needs

Van Der Westhuizen (2001:13) supports Maslow's hierarchy of needs when he says that each traumatised child in a shelter/institution has his or her own special needs. The configuration of needs that each child experiences, and the ability to discover ways to meet them is part of what makes human beings unique. It is generally believed that there are human needs common to each child, yet each traumatised child in a shelter/institutions is essentially unique and different from others. Although the needs are different and

unique there are those that are common and affect all children in shelters/institutions.

This is confirmed by Desmond (2000:25) when he states that emotional and physical trauma for children are an international phenomenon, but the needs of these traumatised children are not known locally and globally, perhaps it is due to unavailability of accurate or hidden information by the stakeholders.

The needs of traumatised children residing in shelters/institutions are different and unique because they may have experienced different atrocities. This view point is supported by Baken in Visser (2001) when he reminds us that the child may have experienced trauma by being whipped, beaten, starved, drowned, smashed against walls and floors, held in ice water bath, exposed to outdoor extreme temperatures, burnt or abused sexually.

These children's needs are to be met irrespective of the type of trauma they underwent, social status, creed, religion or colour. This is confirmed by Van Der Westhuizen (2001:13) when he points out that there are a number of laws in South Africa that are relevant to intervene when a child is

traumatised or abused. Lamprecht in Van Der Westhuizen (2001:14) cites two most pertinent laws that are to be observed and used when dealing with children namely, the Child Care Act (74 of 1983) as amended. Section 42 of the said act emphasise the responsibilities of individuals who have reasonable suspicion of abuse to report such abuse. All types of abuse such as failure to meet children's needs are included in this aspect. This section clarifies that to ignore such a responsibility constitutes a criminal offence.

The responsibilities of reporting any reasonable suspicion of abuse by anyone who works with children are specified in Child Care Act (133 of 1993), section 4. Reporting such suspicions is actually mandatory. According to article 9 of child rights, the child has a right to live with his or her parents unless this is defined to be incompatible with the child's best interest. The child also has the right to maintain contact with both parents if separated from one or both.

2.4. NEEDS OF TRAUMATISED CHILDREN LIVING IN SHELTERS.

2.4.1 NEED FOR STABLE FAMILY

According to Herman (1992:101) a traumatised child in a shelter/institution is isolated from family members as well as from the wider social world. She/he perceives daily that the adults such as caregivers who are responsible for his/her care do not protect her. The child feels that she has been abandoned to the fate, and this abandonment is often resented more keenly than the abuse itself. In this climate of profoundly disrupted relationship, the child develops double thinking. She must find a way to form primary attachment to caregivers who she either perceives as dangerous or negligent. She must also find a way to develop a sense of basic trust and safety with a caregiver whom she is likely to perceive as untrustworthy and unsafe. She/he must develop a sense of “self” in relation to those who are uncaring or cruel. Life in shelters/institutions is not acceptable to many traumatised children but some take it is better compared to many family units.

Motshwane (2002:28) concurs with the above information when he said, “Today there is no perfect family constellation or a singular right way to be a parent. It is also not possible for a family of today to emulate the idealized family of the past because unlimited numbers of stressors affect family life”. He further says that children crave for a stable family situation where their needs will be met. If children find out that there is insufficient money, tension, guilt, anger, etc, confused values build around the issue of money and they runaway to seek money or comfort in shelters, because they assume that they are an economic burden. Living with an alcoholic parent may also drive a child to shelters.

When children run away from home to institutions they may face parental detachment, role changes and repressed feelings.

It is true that children in shelters/institutions face parental detachment; this is confirmed by Vlok (1996:427) when she points out that residential care cannot compensate for lack of warmth, feeling of belonging to a family, development of self-esteem and identity. The mind of emotionally deprived child is highly affected and the residential care cannot adequately compensate for this need.

To avoid emotional deprivation children should not be separated from their parents, unless this is the interest of the child. The removal should be done by a competent person such a social worker. (Bellamy 1999:1).

Bellamy further mentions that the state is obliged to provide protection for children who are deprived of stable family environment. Decreased family networks and social support among the children together with difficulty in expressing need and concern about their health, contribute to their children in the society. This is confirmed by Vlok (1996:406) when she said children in institutions need parental love and belonging, without these needs they develop different types of pathologies.

Decreased family networks and social support among the children together with difficulty in expressing need and concern about their health, contribute to the vulnerability of these children in the family and society. This is confirmed by Vlok (1996:40) when she said children in institutions need parental love and belonging, without these needs they develop difficult types of pathology.

Vlok 1996 further mentions that in shelters traumatised children do not easily find emotional support, care and love. Lack of emotional care may compel the child to runaway from shelters back to the streets with the aim of searching for a stable and enduring relationship, only to find themselves back to a different shelters/institutions or even same one again.

According to Maker (2000:38) traumatised children residing in shelters/institutions have emotional changes/differences that must be acknowledged. These children develop their own identity, just like other children that stay with their biological families. Vlok (1996:406) believes that traumatised children in shelters/institutions suffer more emotional deprivation because they lack needs such as warmth, belonging and security, self-esteem, self-awareness and even identity which children normally get from the family. These Children become psychologically damaged, and feel toothless and unloved. When these needs are not met they develop various types of social pathologies.

Harris (1989:173) agrees with Vlok that entry into shelters/institutions is an emotionally charged event. The children are separated from parents, friends

at home and the environment they are used to. The children are anxious which is provoked by a strange and challenging environment.

The strange and challenging environment in the shelters/institutions may also compel children to runaway to streets again. This was said by McCarthy (1992:501) when he mentions that institutions further traumatise children because they do not look at the individual child's needs but look at what the institutions offer. The service is not build around the needs of an individual child. Children are not valued as "unique" individuals; they are not listened to nor talked to about their difficulties and concerns. Children need parental care, similar to that found in a family setting, while they are in shelters.

The majority of children in shelters/institutions have come from turbulent homes with fractured relationships. They usually run away from a situation that is intolerable to seek the one that is tolerable or homely. Commonly they run away because of difficult home situation. To escape from such situation may be both rational and healthy. They may run away from the hands of antisocial alcoholic, drug abusing parents as well as sex abusers. (Lewis 1996:1081).

Freedman and Heinrich (1981:261) supports Lewis by saying that social and marriage pressures may make children move away from home and strike out to look for their own identities, leaving parents to feel rejected and confused. Emotional support is very vital to human happiness hence a child that is traumatised must be emotionally supported by parents and caregivers. Lewis(1996:1081) further mentions that, children suffer equally psychological trauma from rejecting, punitive, or chronically neglectful parents. He observes that most studies report that most of runaways in shelters/institutions come from abuse and emotionally impoverished homes.

According to Smith (1999:489) to prevent runaways from shelters/institutions, traumatised children that are in a residential setting need reassurance and relief from anxiety, need for hope, need for comfort and support from caregivers and need for acceptance. The parents should be given a chance of raising their children, they should be encouraged to visit them or assist where they can afford but the state should support them in their child rearing endeavours. Children also have the right to contact their parents even if they are in shelters.

Tawana (1998: 163) support this by saying that the state must provide special protection for children who are deprived of their family environment and ensure that institutional placement must be of a family environment and ensure that institutional placement must be availed to them taking their culture into account. He further cites that informal support systems be created for children in shelter through public education.

Traumatised children need love and acceptance. Provision of environment that demonstrates acceptance is essential as children must be made to have a sense of belonging, know the joy of being involved in a stable and secure peer group. Loving the child helps her/him to talk openly about his/her previous lives. Kiebel and Wagstaff (1995) belief that traumatised children in shelters/institutions need to be loved and wanted by family and peers. They must be praised when they have achieved or demonstrated an acceptable behaviour.

2.4.2 NEED FOR SUPPORTIVE CAREGIVERS.

In shelters/institutions children are totally dependent on adult caregivers to meet their needs. Children have physical, material and emotional needs. If

these needs are not met, it can have a long-term consequence for the child's social, emotional, cognitive and behavioural development. Caregivers are expected to play substitute parental role, as such they have to show sensitivity to the needs of the children. Mogudi (2001:14) mentions that supportive caregivers are those who are sensitive and who respond consistently and appropriately to the child's needs and build an attachment that is strong and secure. If a child has a good bond with caregivers he/she becomes curious and self-reliant. Her/his self-esteem is boosted. Children that are traumatised and residing in shelters/institutions and have a good emotional bonding with caregivers are able to explore the world around them without fear, interact well with strangers and cope with unfamiliar situations. These children interact well with the rest of the community after their discharge from the shelters/institutions.

Good bonding with caregivers is an important need in shelters/institutions. Mogudi (2001:15) continues to say that caregivers who are insensitive and respond erratically to the children are to be equipped with care giving skills and knowledge. Children that are ill treated by caregivers perceive the world as unsafe and threatening and are often unable to establish healthy relationships with others. He further says that if the caregivers abuse

children emotionally, their subsequent relationships with people outside the home lead to abnormal patterns of social interaction and behaviour.

Muller, Harries, Watley and Taylor (1993:122) agree with Mogudi that caregivers are to be equipped with knowledge and care giving skills when they state that residential placement is a failure because caregivers are not skilled to handle these children. Caregivers need skilled counselling training prior to taking on the care of a child who is emotionally affected. Children who are in shelters need a great deal of physical and psychological care.

The caregivers are to be trained to have good interpersonal and communication skills in order to assist traumatised children in alleviating distress by encouraging and exposing them to therapeutic intervention in the form of individual as well as group therapy, psychological assessment, and pastoral counselling.

McCarthy (1992:495) supports the above-mentioned idea by pointing out that caregivers are in a unique position to get to know traumatised children, to build a strong relationship with them and to teach, support and enable their growth. Because of the intimacy of their involvement, they have a

powerful position of both negative and positive impact on the children. These children view their caregivers as central figures in their residential lives, and in most instances form strong lasting attachment with them.

According to McCarthy (1992:501) the traumatised children's relationship with caregivers should be valued. Relationship between caregivers and children should not be left to chance. In caring, the child should be guided, supported and facilitated rather than doing things for the child.

2.4.3 NEED FOR SELF-ESTEEM

According to Maslow as cited by Mako (1992:38) self-esteem is a feeling of importance, being accepted by the society, being respected, having confidence in oneself, being regarded and recognised by others, having a feeling of competence as well as a need for achievement. If self-esteem is satisfied a child will develop a feeling of self-confidence, worth, strength, and being useful.

Many survivors of trauma experience a feeling of low self-esteem. This statement is supported by Curtois in Visser (2001:44) when he

acknowledges that survivors of trauma express a feeling of inferiority and worthlessness. She found in her community study that 87% females' survivors who experienced violent crimes reported their self-esteem had been moderate to severely affected. Herman cited by Visser (2001:44) reported that 60% victims of psychotherapy indicated a predominantly negative self-image. Low self-esteem is always associated with overwhelming feelings of guilt.

Often people who are prone to runaway behaviour show inadequate self-confident and see themselves in negative ways. An individual who maintains a negative self-concept often continues to behave in accordance with that concept by way of expressing hostility.

Dexter and Wash (1995:211) argue that children who ran to institutions due to emotional trauma have needs such as self-esteem, prestige and self-actualisation that are never encouraged in welfare shelters. However, report by Aron and Olson (1993:3) states that child in welfare agencies across the country are beginning to consider how children in families are traumatised. They also consider how they develop low self-esteem and what can be done to serve them effectively.

Visser (2001:44) cites Cobb, Kutash, Silver and Wortman when they say that positive social support following life stressors can maintain and enhance self-esteem. It is also suggested that support by caregivers and friends is vital to boost a traumatised child's self-esteem. Dexter and Wash (1995:211), state that institutionalised children have needs such as self-esteem, prestige and self-actualisation that are never encouraged in shelters/institution.

2.4.4 NEED FOR SOCIAL SUPPORT / SUPPORT SYSTEMS

The child that is traumatised need support from friends, community members, caregivers, teachers and from family members. In most instances traumatised children in shelters are stigmatised and isolated. Little or no support from friends and families is usually identified. Some people in the community may not want their children to play or associate with children in shelters. This makes children to be scared of interacting freely with peers when they are at school, in playgrounds and social centres. The traumatised children in shelters are usually regarded as out-cast and yet they need community support. Tawana (1998:163) mentions that informal support

systems should be created for children in shelters through public education, have the members of different denominations may support the children and their families emotionally and instrumentally.

Public education increases the awareness and knowledge of the community about the needs of traumatised children in shelters/institutions. Traumatized children in shelter need social support to help them deal with stress and adjust to their changing environment. Greater social support is linked between adjustments during transition of shelters. The full attention must be given to resources for social support that the traumatized children need to meet the environmental demands.

2.4.5 NEED FOR THERAPEUTIC INTERVENTION

Children need therapeutic intervention because of the emotional confusion they experience at the time of admission to a shelter. Counselling e.g. is important for emotional support of children that are frustrated, anxious, depressed and maladjusted in a shelter. The study continues to highlight that children in shelters starve for counselling. Benette, Dawe and Power (1999:65) confirm that during the first few days of residency counselling is

described as important because children are vulnerable at that time. Children in shelters need therapeutic intervention by multi-professional teams such as a rehabilitation counsellor, life skills counsellor, social worker, psychologist or other helping professional persons that can be of real help. Every effort should be made to help children that are emotionally disturbed to be involved in meaningful activities. Therapeutic intervention can help the child to express opinions, feelings and to have a say in matters affecting his/her own life.

2.4.6 NEED FOR EDUCATION

Children's schooling should be given priority when deciding to change a child's placement or when moving children to numerous placements as this affects them academically and psychologically. (Australian Law Reform Commission undated: 4). The commission further says that children in out of home care do not achieve the same educational academic level as those that grow in their families. Milazi (1993:1) concurs with the Australian Law Reform Commission when he mentions that traumatised children in shelters/institutions in terms of education and literacy are not attending

school or have dropped out of school only doing grade four. Education is very important for this vulnerable group because it is the weapon of this era.

Education is vital, many children are deprived of continuing their schooling by the fact that they may arrive in a shelter/institution during the middle of the year or it may take professionals such as social workers time to find a school for a child (Tawana 1998:48).

Lewis (1996:1081) points out that children tend to see themselves as inadequate academically and interpersonally. According to Benette et al (1999:66) for these children to be adequate academically, when entering the shelter/institution they should be encouraged to go to school and keep routine similar to what they have at home.

Emotional maltreatment of a school child in a shelter/institution affects her/his socio-emotional adjustment, leading to poor self-esteem and impaired peer pressure relationships. This state of affairs often affects the child's school performance. The children are often sad, lack motivation to do their schoolwork, anxious and withdrawn. Lack of stimulation in the

shelter/institution environment can also affect a child's ability to learn and perform. (Mogudi 2001:15).

Children in shelters lack social and emotional security, which is essential to stability and performance. The Australian Law Reform Commission suggests schooling should be a primary factor in decision-making concerning changes to child's placement because children are more likely to suffer academically as moving schools interrupts their academic performance. Du Preez (1996) states that more than 100 million children do not attend school. Of these, 30% do not finish even four years of schooling because they are abused and stay in institutions.

Children have a right to education, and it is the state's responsibility to ensure that primary education shall be free and compulsory, that discipline in school should enforce respect of the child's dignity.

2.4.7 NEED FOR PLAY

According to Herman (1994:4) traumatised abused children are rageful and aggressive because they lack verbal and social skills to resolve the conflict.

They approach problems with hostile attack. If a child displays hostility, it is advisable to engage her in some form of play where she/he could express her inner feelings through the play. Whaley and Wong supports the above statement by saying that play assists the child to express his negative inner feelings towards the situation. Landreth (1999:14) points out that play are the singular central activity of childhood. It is important because it involves the child's physical, mental and emotional self in a creative expression. It also involves social interaction, which is needed by a traumatised child in a shelter/institution. When the child plays his total self is present.

Landreth continues to say that play is a child's language, toys are her words. Play reveals what the child has experienced, reactions to what was experienced, feelings about what was experienced, what the child wishes, wants or needs and the child's perception of self.

Many welfare shelters hardly have a playroom where a child can attempt to resolve his problems. Play affords professionals to enter the child's world. The importance of play is supported by Axline (1950) as cited by Landreth (1992:32) when she says "a play experience is therapeutic because it provides a secure relationship between the child and the adult, so that the

child has the freedom and room to state himself in his own term, exactly as he is at that moment in his own way and his own time”.

Benette, Dawe and Power (1999) also point out the importance of play and recreational needs for children. They confirm that living in a shelter/institution is fraught with daily challenges. Inadequate recreation for traumatised children in shelters/institutions adds to the frustration they already have. They further mention that children in shelters/institutions have got undercharged energy that has got no outlet. McCarthy (1990:50) supports this when he says one main need for children is to play because playing is the childhood business. The care caregivers need to understand the value of playing and that they need a skilled support to be able to play. Play is psychotherapy; it releases anxiety and emotional disturbance. Traumatized children are to be assisted to learn to be with others, to develop “social skills that are necessary for life. They are to be encouraged to play with others. Landreth (1992:32) further supports McCarthy (1992) when he argues that play give child an opportunity to play out his accumulated feelings of tension, frustrations, insecurity, fear, aggression, bewilderment and confusion.

2.4.8 NEED FOR IDENTITY

Bellamy (1999:1) acknowledges that every child has a right to name, identity and nationality from birth and that the state has obligation to preserve the child's identity.

McCarthy (1992:501) mentions that shelters/institutions often take away power from these traumatised children; it could be taken through loss of autonomy or identity. Loss of identity is a trauma on its own. Residential living can encourage passivity and anonymity. Tasks can be made very difficult for an individual child and it can be difficult for a child to assert control over her/his own life.

Likewise, some homes are so disorganised that the children are essentially without their family history. This happens because they experience a number of adults passing through their lives, as stepparents, aunts or grandparents. In some cases they do not know who their biological parents are. The importance of identity-need was confirmed by Erikson in Mako (1983:38) when he mentioned that children during adolescence stage sense a feeling of her/his own identity. This is a time in life when one wishes to define where

one is at the present and where one wants to be in future. It is a feeling that one is a unique being and gets prepared to fit into some meaningful role in society.

According to Article 9, of child Rights, the child has a right to live with his or her parents unless this is deemed to be incompatible with the child's best interests. The child also has the right to maintain contact with both parents if separated from one or both.

2.4.9 NEED FOR HEALTH AND GOOD NUTRITION

Children in shelters have the same human rights like those that are with their families. They have the right to know about sexually transmitted diseases such as HIV/AIDS. Those who are infected must be treated with love and respect. According to South African National Health Department it is estimated that HIV daily infects 1800 people. They have the right to know how HIV/AIDS is contracted and how they can protect themselves against such evils.

According to Makhubalo-Nkondo and Oakisa (2002:30) the purpose of educating these children about HIV and AIDS is to minimise stereotype roles, to dispel myths and misconceptions associated with HIV and to prevent the spread of AIDS. They further argue that the idea is to assist those who are HIV positive to lead a normal, healthy life. Maelane (2002:28) mentions that teaching these children about AIDS is to implement Batho Pele Health Approach given to improve health status of the clients in South African context (Government Gazette, No, 16838 of 1997). The concept implies customers or “people first”.

Brian and Martin (1994:82) mention that to meet children’s health need, they should have regular development assessment to ensure good health that they are progressing within normal limits and that there are no defects. The skin should be firm, good colour, bright eyes, and firm well-developed muscles. The children should be breathing through the nose, eating well with good appetite and sleeping well. The child should be alert and interested.

Brian and Martin (1994:84) are supported by Chikanda as cited by Tawana (1998:49) that the institution or caregivers can obtain support from medical practitioners including general practitioners, district nurses, community

health nurses, paediatricians, occupational therapist and so forth. Caregivers and parents are to be provided with knowledge and information concerning minor ailments that can affect children and health services that can be offered to traumatised children in shelters by people attached to those services.

Traumatised children in shelters/institutions are to eat food of good quality and in appropriate quality to ensure good health and to have energy. Caregivers need to encourage children to eat fresh, simple foods. To have a balanced nutritious diet, children need to, reduce the salt, refined sugar, and animal fat they eat, reduce the red meat they eat, eat more fruit, vegetables, and whole grains.

Fresh air and sunlight are necessary for psychological health and physical well being of these traumatised children. Sufficient exercise is also essential for good health e.g. walking, swimming, tennis etc.

According to Brian and Martin (1994:74) every child including those that are in shelters needs a balanced diet regularly. A child must be given diet with extra vitamin A, D and C. Every child need proteins for growth and

tissue repair, calcium for bones and teeth, iron for blood and some fats and carbohydrates for energy. However a child should not be given too much sugar as this will affect their health adversely and give him craving for more. Brian and Martin further say that the food should be well prepared and attractive.

The North West Province State of Children Report (February 2002:19) support Brian and Martin by mentioning that the 1994 survey revealed that many children in South Africa suffer from Vitamin A deficiency. The same survey showed that 32% of children with vitamin A deficiency were of North West Province. Studies showed that supplementing children with vitamin A capsules dramatically increases their survival. The results of the study prompted the Department to supplement for the next three years. The supplement is for primary schools. The student researchers' question is, do traumatised children in shelters/institutions benefit from this as well? The Department's plight should be to improve quality of life and care for children of North West Province including those in shelters/institutions.

2.4.10 NEED FOR HEALTHY ENVIRONMENT

The physical environment plays important role in human health and traumatised children must be taught to protect and safeguard the environment. They are to avoid or reduce factors which could be detrimental to their health. Children and caregivers are to be made aware of legislation and regulations that are necessary to safeguard, protect and promote health and healthy environment.

The main issue is to change children's attitudes so that the environment and its protection will be important to them. They need to be helped so that the environment can be responsive to their needs. (CNU 100-U 1996-1997:113).

Everyone has the right to an environment that is not harmful to his or her health or well being.

2.4.11 NEED FOR CLEANLINESS

According to De Haan (1996:197) cleanliness is an important factor in the maintenance of good health. The child whose standard of hygiene is poor

endangers his/her own life and the health of others. Any cases of infectious diseases such as scabies may be traced to the poor hygienic habits.

The children in shelters must be kept clean; their skin should be supple, smooth and free from cracks and abrasions. They should be encouraged to wash and change clothing daily. De Haan (1996) further mentions that hands require special attention because they are responsible for transmission of infection.

Brian and Martin (1994:76) argue that each child should have his own towel, toothbrush, hairbrush and comb. They further mention that in any residential area, a child's clothing should be "marked" clearly. Brian & Martin support De Haan when they mention that hands should be washed after using the toilet, nails, should be kept clean and short because they harbour infection more than any other organ in a person's body.

2.4.12 NEED FOR REPRODUCTIVE HEALTH

2.4.12.1 Birth control needs

In most countries it has been acknowledged that individuals have the right to make informed decisions about their right to contraception and the way they wish to control being pregnant.

Caregivers and nurses are to help the girl child in shelter/institutions with contraceptive information and methods. The children deserve a good knowledge of all aspects of family planning or reproductive health. Their culture, religion and personal beliefs are to be respected. They are to be assisted to use effective and medically safe methods.

2.4.12.2 Need to know how to handle pregnancy

There are an increasing number of teenage pregnancies, especially among schoolgirls. This is a serious health problem with a major health, psychological, social and educational results.

Children in shelters do also fall pregnant. They need to know more about pregnancy. Pregnancy is an emotional and psychological trauma especially if the pregnancy is unplanned, worse if a girl is institutionalised.

The pregnant teenager who is physically and emotionally immature residing in a shelter, often cannot handle the situation, she needs help from health workers and caregivers.

Traumatised pregnant girls in most cases resort in some cases to desperate attempts to get rid of the baby; at this stage they need an emotional support. They are to be informed about options that one can choose such as termination of pregnancy, adoption, foster care, etc.

2.4.13 NEED FOR EVALUATION

According to Stanhope and Lancaster (1981:208), evaluation is the appraisal of the effects of some organised activities or programs. According to Kozeir and Erb (1988:204) evaluation of a shelter is essential because it helps to determine the quality of services, that is, whether the care provided by caregivers is appropriate and effective. Evaluating the quality of care is an

essential part of professional accountability. Stanhope & Lancaster (1991:208) support the above authors by saying that evaluation of shelter is important because it focuses on the relevance, the need for the programs, progress and the tracking of program activities to meet the needs of children, and it also looks at the efficiency, the relationship between program outcomes and the effectiveness, the ability to meet the program objectives and the impact, and the long term changes in the children population.

2.4.14 CONCLUSION

Children who have endured horrible events suffer predictable psychological harm such as cut off from the knowledge of the past, of his own culture and values.

CHAPTER 3

PRESENTATION AND ANALYSIS OF DATA

3.1 INTRODUCTION

The study focused on the assumption that the needs of traumatized children in shelters/institutions are not met.

The assumption of the study was used as the organizing framework for data analysis and presentation. This helped with data reduction and provides the categories for interpretation and analysis of data. The assumption reflected the overall experience for traumatized children in shelters/institutions. The outcome of the presentation and analysis of data can be used by professionals to disseminate information and implement effective programs that will meet the needs of traumatized children in shelters/institutions.

To prove or disprove the above assumption, different methods of data collection were used to explore the following:

- (i) The nature and extent of the needs of traumatized children in

shelters/institutions.

(ii). The guidelines that caregivers can use to implement support programs that will meet the needs of traumatized children residing in shelters/institutions.

This chapter will therefore deal with the presentation and analysis of data obtained from different measuring instruments. Where applicable graphs and tables will be used, and findings will be compared for any significant correlations. Tables are utilized to simplify qualitative data.

The researcher revisited the research objectives with the aim of capturing the important themes and linking them to the whole research process. Research objectives assist the researcher to be contextual. Where applicable generalization will be effected to prove or negate the research assumptions.

3.2 THE RESPONSE RATE

The following methods of data collection were used:

- (a) Focus Group Interview
- (b) In-depth Interview

A structured focus group interviews was conducted with 76 children in four shelters around Mmabatho\Mafikeng area. Groups ranged from 6-8 per session.

Table 5a: CHARACTERISTICS OF INSTITUTIONS IN MMABATHO\MAFIKENG

INSTITUTION	TYPE	NUMBER OF INMATES		AGE RANGE	URBAN		RURAL		MALES		FEMALES		SCHOOL ATTENDANCE	PROFESSIONAL HELP
		No.	%		No.	%	No	%	No	%	No	%		
Boikagong	Residential (Government)			8-18									All attend School	Social workers available except at weekends.
		26	24%		20	77%	6	23%	10	38%	16	62%		
Kagontle	Residential (NGO)	45	41%	7-18	-		45	100 %	29	64%	16	36%	All attend School	Social workers visit monthly or when needed.
Bethlehem	Residential & Day-Care (Ministry)	19	17%	7-18	-		19	100 %	14	74%	5	26%	Only five attend school	Voluntary visit by Social workers
Harvest 2000	Day-Care (Ministry)	20	18%	9-17	-		20	100 %	15	75%	5	25%	No school Attendance	No visits by Social Workers.
TOTAL		110	100%		20	18%	90	82%	68	62%	42	38%	76 respondents attend school	

Table 5(a) shows that:

- The total number of traumatized children in the four institutions is 110.
- Their age ranges from 7-18 years.
- 82% of the children came from rural areas whereas only 18% (constituted by children from Boikagong) came from urban areas.
- The table shows that there are more males than females in the shelters, as indicated by 62% males and 38% females.
- Children residing in government and non-governmental shelters all attend school.
- 26% of the population in Bethlehem ministry shelter are not attending school.
- All children in Harvest 2000 shelter's don't attend school.
- This implies that out of 110 inmates in the shelters, Mmabatho/Mafikeng area 69% attend school and 31% do not attend school.
- Boikagong shelter has a full time professional help because social workers are attached to it. Kagontle shelter is visited monthly by social workers. Professionals visit Bethlehem shelter voluntarily while Harvest 2000 is not visited at all.
- The table also shows that children residing in shelters under the

auspices of ministries don't go to school. The reason may be due to the fact that they are drop-ins (they come and go as they please). It also reflects that the age range of children in shelters is 7-18 years.

- The fact that there are more males in shelters may be the result of males leaving their families in search of their own identities or because the pressure at home was too much. Males are observed to be more intolerant of domestic stressors than females hence they run to shelters.

3.3 CHARACTERISTICS OF EACH INSTITUTION

(a) Boikagong Children's Home

It is a government shelter under the Department of Social Services, Arts, Culture and Sports. Children were transferred from Mooifontein Children's Home in 2000 when it was shut down. The shelter is now situated in corner Apesdoring and Gemsbok Street in Golf View. It is a residential shelter with twenty-six children. Their ages range from 8 years to 18 years. They all attend school. 50% of learners go to high school where the other 50% is still in primary. 38.5% of learners are males and 61.5% are

females.

There are three social workers attached to the centre. Two of them are on permanent posts and one is volunteering. Their experiences range from 6 months to 8 years. There are four female caregivers, four cleaners, one secretary, one driver, one ground man (gardener) and a security officer from the private company.

Children in the shelter are from Gauteng and North West Province: 77% is from urban areas and 15% from the remaining 23% is from informal settlement and the other 8% came from villages.

(b) **Kagontle Care Center**

The centre started in 1999 and it was situated in lonely park. The centre is non-governmental; it is subsidized in terms of support programs by the government. It is situated in Modiri Molema Street in Montshioa, opposite Mafikeng Traffic Department. It houses 45 children. there are 4 dormitories, 3 for females and 1 for males. Their ages range from 7-18 years. They all attend school. Some are at primary and some are in the middle school while others are in the middle school. The centre is visited periodically

by three social workers. Their experience ranges from a year to ten years.

The center has 3 managers, one is finance and logistics, one is for program and the one is a center manager. There is a secretary, two security officers 2 cooks, 2 cleaners, 4 childcare minders.

(c) **Bethlehem Ministry Shelter**

The shelter is situated along Nelson Mandela Street in Mafikeng. It is both a residential and a day care centre for drop-ins. It caters for 19 children. Their ages range from 7 to 17 years. It is a ministry centre with the following aims:

- Provide the basic needs of children on streets, empowering and educating them pending their reconciliation with God through Jesus Christ, their parents and society.
- The centre uses the recycling of paper as a means to provide the necessary funds as they collect and shred old newspapers which they then use to create a number of paper craft products which they sell to the public.

This activity facilitate:

- The capturing of children's imagination

- The development of gross motor skills
- The unlocking of creativity
- Providing a sense of accomplishment

Few of them are educated sufficiently to read and write their names. Love, acceptance and trust is not part of their makeup because most of the time they fend for themselves.

There are no social workers that work directly with children; those who do visit the centre do it voluntarily. There is only one caregiver and a manager. All of them come from the rural villages.

(d) **Harvest 2000 Ministries International “time to bring them”**

It is a drop in service situated in Danville. Children are given food and kept busy with some games. The center caters for 20 children - 15 males and 5 females. Two pastors are in charge of the center. There is only one caregiver who cooks and cleans. The children are from Majemacho which is a local village in Mmabatho/Mafikeng.

Table 5(b): CHARACTERISTICS OF RESPONDENTS

INSTITUTION	NUMBER OF RESPONDENTS	GENDER				AGE RANGE	SCHOOL ATTENDANCE
		M		F			
	No.	No	%	No	%		
Boikagong	14	6	43%	8	57%	14-18	All attend school
Kagontle	35	26	74%	9	26%	9-18	All attend school
Bethlehem	19	12	63%	7	47%	9-17	5 attend school
Harvest 2000	8	8	100%	-	-	9-18	Not attending school
TOTAL	76	52	68%	24	32%		

Table 5 (b) shows that the residential children attend school more than the non – residential ones. This is supported by Australian Law Reform Commission (undated: 4), which mentions that children in and out of home care do not achieve the same academic level as those that grow in their families. Children who reside in shelters that are in urban areas have interest in education than those that come from villages.

The researcher observed that drop in shelter's traumatized children do not obey the institution's policies such as dropping out of school, personal hygiene and most of them are ill- mannered.

The table further shows that there are few females in shelters/institutions. This could be related to a Setswana idiomatic expression that says "mosadi o itshokela mathata" [woman can stand endurance to the end or woman has endurance for problems] hence females opt to stay with their

families even under unbearable, thorny conditions.

3.4 FOCUS GROUP INTERVIEWS WITH TRAUMATISED CHILDREN

The researcher determined that the most practical and feasible approach to the group interview was to ensure that the same core questions were addressed across all the groups, while control was kept to a minimum. It was also important not to ask many questions otherwise it would have made respondents timid. Respondents were asked to give examples of situations, events and experiences that best captured an issue or identified need.

Telling their experiences in the form of personal incidents or stories allowed shared meanings to be revealed, this increased “inter-subjectivity” possible in the discussion.

In all the groups, the following were expressed as concerns:

3.4.1 Needs of traumatised children as articulated in focus groups

3.4.1.1 Need for counselling

The traumatized children in shelters/institutions expressed many ideas

that indicated their need for counselling. It become evident that the consistent area of need identified by traumatized children was the need for counselling, at admission-time when children are vulnerable, confused, scared, angry and don't know what to expect.

Children felt that counselling was neglected or overlooked by social workers or caregivers at the time that they needed it most.

The other male said:

"This place is traumatizing. In fact, it increases the type of trauma I have "owned" from my youth days. We need social workers to talk to us about our feelings. Hell is better than this place. I personally stay here because I have no choice".

Other respondents generally supported him. This is an indication that emotionally children feel neglected.

3.4.1.2 Need for support

A good number of respondents in focus groups described the importance of supportive staff. They expressed that caregiver and social workers are not supportive to their situation. They felt the principle of unconditional positive regard was not met or practiced. Here are some of the individual member's comments that confirm lack of support:

"They do not focus on our emotional needs. When I arrived here, there were times when I found the environment frustrating that I would have liked somebody to talk to. I wanted the person here and now, but social workers were not available to talk to me. "I desperately needed a shoulder to lean on".

Some said:

"Social workers and caregivers do not support us emotionally. We are only given food but not empowered with skills. We do not have a shoulder to cry on. We support ourselves emotionally. We are scolded and this affects us psychologically and emotionally. We support each other. Lack of support is trauma in itself".

"They listen only to one side of the story. We are never right. We never get support from the social workers and yet this is their duty".

"Social workers only meet us when they are told that we did not abide by the rules of the institution. They only come when there are complaints".

Most respondents further commented that:

"We hardly meet the social workers. We see them in their offices coming and going. Their routine is apparently not flexible".

According to Woods (2000:172) social psychological support is the important source of help. Supportive relationships lessen the frustration

and provide some relief from the ongoing pressures of residential life.

Children's comments are supported by Tawana (1998:163) when he said that children in shelters need social support to help them deal with stress and adjust to their changing environment. He further mentions that public awareness about needs of traumatized children should be availed during transition to shelters.

3.4.1.3 Need for respect

Children in focus groups generally felt that they are not afforded the respect they deserve more especially from caregivers.

"We don't object to the rules, but we need respect from the caregivers, social workers and security officers". The problem here is the communal living, imagine a group of virtual strangers from diverse backgrounds, one is pushed into the room without orientation or introduction. There is no respect whatsoever. "Imagine being called by names such as 'the fat one or you black thing!' Do you call this respect? This creates more traumas. Honestly speaking, living in a shelter is not a valued option"

Some comments from the focus group about respect:

"We found that in the shelter you find a caregiver or social worker in the residence doing other things and you are trying to keep going as you

were at home, and there is no way you can do it because you are told that its wrong. Sometimes it is hard to respect”.

3.4.1.4 Need for recreation

Children must not be viewed as adults, they must be approached and understood from developmental perspective hence recreation is very important in their lives. This is supported by Landreth (1991:7) when he says children’s experiences are often communicated through play. This is further argued by Freud & Klein (1946/1965) in Landreth (1991:27) when they cite that activity and play are ways to encourage children to uncover their past and strengthening the ego. They both believe that play is the medium through which children express themselves most freely.

Children acknowledged boredom and frustration due to lack of recreational facilities.

Comments reported by traumatized children:

Daily stressors of a shelter leave many children feeling that the main task is just to get through to another day:

The following comments were repeatedly echoed in focus groups: *“doing nothing or sleeping typically appears as the predominant activities, and interaction with staff are usually task related and involving issues such*

as, washing, dressing, feeding and sweeping. This is a purposeless motor activity”.

The following comments were repeatedly expressed:

“Residing in a shelter is fraught with daily challenges. There is an inadequate recreation for the traumatized children in shelters. Boredom, lack of recreation leads to isolation, dirty ideas such as stealing”.

“The biggest problem in homes is boredom and it frustrates most of us. We are bored and it is worse during weekends”.

Some girls indicated that:

“We do not know where to discharge the energy we have, no outlet what so ever”. “That is why we are so fat. This is frustration. No play grounds. This is a real small hell, if ever there is any place called hell”.

One respondent:

“Boredom leads to inter-rooms gossips, newsmongers and telling lies. All types of story fabricating is the source of boredom and frustration that is brought about by lack of recreational facilities”.

“Due to lack of recreational facilities, we do not have an outlet where to channel our anger. Social and leisure activities are a serious need for us. In most instances, we find ourselves arguing over minor issues. Do you call this healthy life?”

These comments are supported by Afrikaans Handelinstuturt (2000:20) who mentions that the institutionalized children should be encouraged to participate in activities such as musical items, dance, sports and television viewing as part of their recreation to prevent boredom and frustration.

3.4.1.5. Need to belong to a family/ self-identity

Every child has a right to name, identity and nationality but shelter life often takes away the child's power and identity. This is argued by Erikson in mako (1983:38) when he mentions that loss of identity is a trauma. He further mentions that at adolescence stage a child wishes to define where one is at the present and where one wants to be in the future.

The following are the expressions made by institutionalized children.

“I want to belong to a family, gosh! and I don't have one. I am an island. (Crying). I never know to whom to share my terrifying history with. I need words like daddy or mummy loves you”.

“Even if I get permission to visit somebody, I do not have anybody to visit, no parents or a family”.

According to McCarthy (1992:501) shelters/institutions take away power from those who are traumatized. In shelters people lose their autonomy and identity.

Five children stated the following facts:

“It is very difficult to assert control over our lives. We want to know ourselves better; we want to know where we come from”.

“We wonder what is going to happen when we leave this institution. I am sure I will be a misfit in the society, because I don’t have a culture”.

“If we happen to be married who is going to take the lobola. I wish to tell people where I come from”.

“I am sure we will be married by our brothers like it nearly happened in the soapy “Generations.” This is the time for one to know oneself.”

“I heard that my parents died long ago. Apparently nobody wants me...I mean amongst the family members – if ever there are any”.

“We have inadequate self-confidence and we see ourselves in a

negative way. We feel guilty but we do not know why. We do not know if this is the right place for us. We are really low spirited”.

“We feel that we are not accepted by the society, we feel like outcast.

“I doubt if we are respected, or is there anybody who has confidence in us. I wonder if we are regarded and recognized by others as human beings.”

The need for self-esteem is supported by Dexter and Wash (1995:211) when he argues that children who ran to institutions due to emotional trauma have needs, such as self-esteem, prestige and self-identity.

Most of the traumatized children expressed that “while there is chaos in our own families, living in a residential setting in a multi-family context, presents an additional challenge.”

“Conflicts are present because of differences in family styles, habits and special needs of families and behavioral differences with some of us. The biggest challenge in this institution is the need to maintain normal positive family patterns, values and routine as well as a sense of family integrity”.

“Following admission is not easy. A person does not feel equipped

emotionally. There is a need to provide sense of security and family integrity especially after living a traumatic experience of family life. Caregivers should maintain emotional stability; we think this a 'vital' role of a shelter giver''.

Male respondents were more prone to expressing a sense of low self-esteem. They continuously reported that they:

"I feel weak, worthless, no-confidence and feel inferior in whatever they do." Usually children lose their identity and autonomy in the shelter.

Woods (2000:196) confirms that entry to shelters/institutional care must not always be seen as an easy thing. He further states that improvements are needed in assessments for family care needs to be taken into account.

Children are to be given a chance to have a say in their own affairs. They are to be involved in decision making. These children's values, beliefs and decisions need to be acknowledged.

3.4.1.6. Need to be heard, understood, loved and supported by caregivers

Children complained that caregivers are insensitive and respond erratically to their needs and as such, they perceive the world as unsafe.

Difficulty with care giving can have impact on the quality of the child-caregiver relationship.

Some traumatized children made the following comments.

“Caregivers are over authoritative and they act like pit bulls. We are powerless, we do not have a say. They control us too much”.

“They take decisions for us. They impose issues on us whether we like it or not. They “label” us. They tell other children that we are abandoned and this frustrates us, because we are not responsible for our status quo”.

Conflict is common between us and staff members because the activities are not client-centered. Decisions are made for us. Because of the decisions that are taken for us, we are for ever experiencing tension.”

3.4.1.7. Need to train caregivers

The need to train caregivers was expressed by every child in all focus group sessions. The following are expressions made by the institutionalized traumatized children:

“Caregivers are to be equipped with knowledge and care giving skills. We feel that life in the institution is frustrating and boring because caregivers are not skilled to handle us. They need to undergo a

counselling training workshop”.

Others mentioned that:

“They need to have good interpersonal and communication skills in order to assist us in alleviating our distress. They are supposed to bond with us or build a strong relationship with us but they traumatize us. They traumatize us physically and psychologically. They use threatening words, they scold, scream when talking to us. Sometimes they don’t talk to us at all.”

““They need assertive skills, they are far from being assertive they need to be trained to know that “Yes” is yes and “No” is No. Sometimes when we ask something from them they agree, when social workers are here they do not approve of it, they deny the fact that they gave us permission to do such a thing”.

“They are to be trained in decision-making process. They impose or instruct us, they never allow us to make inputs; they take us to be brainless. Even at home where we ran away, we were sometimes asked our views”.

The need to train Caregivers is argued by Mogudi (2001:15) and Muller, Harries, Watley and Taylor (1993:122) when they say that caregivers are

to be equipped with knowledge and care giving skills. Caregivers abuse children emotionally, therefore they need skilled counselling training taking on the care of a child who is emotionally affected.

3.4.1.8 Need for Human rights

The Convention of the Rights for Children gives of standard for children's well-being that can be clearly outlined as:

- **Survival right:** The child's right to life, to an adequate living standard-shelter, nutrition as well as access to medical services which most of traumatised children in shelters do not have access to.
- **Development Right:** The right to education, play and pleasure, of thought, conscience and religion. In shelters developmental right is a rare commodity.
- **Protection Rights:** the right to be protected against all forms of exploitation and cruelty, arbitrary separation from family, and all forms of abuse. In shelters protection right is a necessary need that cannot be guaranteed.
- **The participation need:** The child's right to freedom to express opinions, feelings and to have a say in matter affecting his or her own life (UNICEF 1990)

The traumatised children in shelters are no exception, the rights of other children globally are their rights as well. The following comments were made by some traumatized children:

“Caregivers are over authoritative and instructive. They forget that we have human rights to knowledge, education and health that encompasses nutrition, cleanliness, information about HIV/AIDS and reproductive health” (family planning.)

“We are not treated like human beings with rights. Our rights are violated. Imagine when I make a call to my parents; these care givers are always here to listen to whatever I want to tell my parents.

“We do have the rights to know about sexually transmitted diseases such as HIV/AIDS, but we are hardly given information by our caregivers.

“Right now I have a girlfriend at school; I don’t know what to do, when I ask for advice from caregivers they tell me not to go near girls. This place is worse than Rooigrond prison”. Knowing what to do when I am with my girl, I think it is the right to health. They tell us about protection only when we come late. We don’t know when, what and how to protect”.

"We need to be educated about the various health issues such as HIV/AIDS to minimize stereotype roles and to dispel myths and misconceptions associated with HIV/AIDS".

"Caregivers do not care about our health needs. There is no developmental assessment to ensure that we are progressing well. We are never visited by any medical practitioner. Other children at school talk of family doctors. We are really left out".

"We doubt if our quality of life and care are valued in this institution. The physical environment plays a vital role for our protection, but here nobody cares. Employees such as security officers abuse us. (With head down and not keeping eye contact). Anyway let us leave the sleeping dogs to lie".

"We don't have enough clothes to change on daily basis. We are told at school that borrowing or lending clothes is unhealthy but we have no choice but to borrow". We entirely depend on borrowing from each other."

"We are encouraged to go to school, which is every child's right but

we walk to school. Money is never availed to buy what is needed at school. We stay ages before we are given uniform”.

“There is a lot of problems here sometimes is best to keep quite”.

3.5. IN-DEPTH INTERVIEW WITH TRAUMATIZED CHILDREN.

An in-depth interview was used to collect data that the respondents felt too private to discuss in-group focus interviews. The researcher observed that some respondents during focus group interviews were denying or distorting the reality of their real life experiences. Defence mechanisms, inconsistencies and instability were observed during the focus group interviews.

To avoid bias and invalid findings, the researcher selected the respondents that were hesitant and seen not to be open but interested during focus group interview to participate in an in-depth interview.

According to Parahoo (1997:299) in-depth interview, respondents are asked their views, or perception free from group pressure. He further argues that the researcher is in a position to observe overt or subtle changes in verbal and non-verbal behaviours of respondents identical information was needed from all respondents for validity purpose.

According to Parahoo (1999:284) in depth interview is also important, when comparisons are to be made across respondents who are relatively homogeneous in background and experience. The in-depth interviews were conducted privately in a quiet place to avoid disturbance. The main reason for in-depth interviews was to give the respondents a chance to truly/openly express their feelings and experiences that are sensitive and confidential.

De Vos (1998:300) state that in-depth interview motivates, allow the respondents to restrict reality from his/her life. Each session ran 30 minutes to an hour.

About nine (9) respondents were chosen to participate in the interviews; however, they refused to be audio taped because they feared to be stigmatized. Field notes were taken during interview because according to De Vos (1998:285) it is dangerous to rely solely on one's memory to preserve data.

During interviews children were asked to describe their feelings, fears and needs. Most of what was discussed was based on the information obtained during focus group interviews. The following are excerpts from

the interviews.

Respondent 1

Respondent number one was a girl of 16 years of age who had been in the shelter for 9 years. Her feelings and fears were as follows:

"I am affected by the impact of witnessing family violence. I have sleeping difficulties and screaming episodes. I have aggression and I am always anxious and agitated. I need a person to share my feelings. I ran away from home because my father is abusing me sexually. I am really traumatized. A day never goes by without having flashbacks. My father hits my mother when he is drunk. I really need to share my feelings. I want to ventilate".

"I need a social worker or psychologist. Social workers never call us or make time to talk to us. I feel like bursting. In most cases, they sit in the offices conducting endless meetings while we are emotionally and psychologically traumatized by shelter life".

Respondent 2

"I left home not because I did not have food to eat nor house to live in, but I needed emotional and psychological support. Social workers spent most of the time on telephones. They discuss personal matters. We need people who can help us to deal with our emotional stress".

"I am being mocked, scolded by caregivers, security officers even the least expected, social workers. Where on earth will we get support? I ran away from home with the hope of getting support from the social workers in this shelter but in vain".

Respondent 3

"Shelter has unique culture. There are rules and regulations that are essential for community living. I do not object to the rules, but I need respect from the caregivers and social workers. They belittle us. "I hate a person that violets my rights and needs. Imagine how can you feel if caregivers say: you were fat when you went for vacation, today you come back being "thin legged" I am sure you have been surviving by food from the dumping site, "Durban" meaning dumping area.

“Imagine when a person say you are black or dirty. How can we respect them if they do not respect us? I am not responsible for the colour of my skin”

Caregivers always use words like “mad” when they talk to us, but we are never referred to any of the specialists.

I need to be accepted and respected unconditionally. I know that they say we embarrass them but we need guidance as children.

How would you feel if a caregiver says your mother abandoned you because you are silly?

Respondent number 4

The other area that was described by these individuals is recreation.

Comments by the traumatized children:

“We are sick and tired of sleeping the whole day without any recreation.

We would like to go to Mmabana and Arts council for recreational activities and sports. We don’t have transport to take us to the mentioned areas because the social workers use it for their own interest”.

“Between you and me, we end up smoking dagga because of idling minds.

Boredom has taken toll in this shelter. Right now, we were nearly involved in shoplifting due to financial problems. We have girl friends;

we need money to visit them or to buy them some gifts.

"I am involved in stealing other children's money at school because we are not given pocket money".

"We have energy that cannot be discharged to any activities. It is true that an empty mind is the source of all evils. We plan unacceptable or unbecoming behaviours. We are pushed to evil thinking by unoccupied minds".

"Gossiping here is at its highest because we have nothing to do except fabricating lies, and scrutinizing all actions that are taken by social workers and caregivers".

The following are the expressions made by traumatized individual respondents:

Respondent number 5

"I am from Gauteng Province but I hate going home, because I do not really have a place called home. I stay with relatives. I do not have parents nor a biological sister or brother to identify with. (Crying) I do not even have a picture to see their features".

Respondent number 6:

“Caregivers call us names they say “You are going to stay in the shelter until you are old. I don’t have parents and I am not responsible for being here. I am told that I went to Mooifontien Children’s Home when I was 4 years old, and this is a trauma to me”.

“ We normally have other children at school talk about ancestors, “mpho ya badimo,” and traditional healers but I don’t have an idea about those. I would like to have an experience of that. I do not know my father or my mother’s face. Is this life? Where do I belong? Where do I go from here? What is going to happen to me when I turn 18 years? I am only left with two years in this shelter”. (Crying bitterly)

“I don’t think I am baptized, I don’t know to which religion do I belong. I do not have a room of my own. I do not own anything even a parent. This is traumatizing. Other children phone their relatives not me. Every school vacation I am fostered by different families. All these issues shatter my self esteem, integrity and life in general”.

“I am told that I came here at a tender age. How do I guarantee that the surname I am using is real?

This is not life crying!”

"Is it possible that your real mother cannot visit you while you are in a shelter? We really need to be fostered. I think that it is important to be visited by MEC of this department". We need to know our roots".

Respondent 7

"My parents are alive but I hardly see them because of instability and violence in my family history. I want to live with them but it is impossible. I am without my family history, I have stayed with many relatives before I come to this institution".

Respondent 8

"The security officers are also said to be our care- takers but they abuse us, they bit and scold and they wake us up as early as 5 o'clock in the morning".

"The security officers are not parents, they are "two legged animals" they are better dead. They are abusive and defensive. They do funny things. They are bad! bad! They are dogs".

"They are unholy or ungodly, they beat, choke and abuse us (crying). They pretend to be clean when they are among other staff members.

We are better off without them. They will only see 'hell' not Heaven;

never!”.

Respondent 9

“Social workers trust caregivers and yet they are worse than “snakes”. They steal food, soap and many other things. They tell us that we are ill mannered and that their children are disciplined. How can you feel if caregiver tells you that your mother threw you in a dumping area because you are rotten”. This is traumatizing”.

“Caregivers have taken over control of everything here. We do not have independence or autonomy in this shelter. I hate to be in a shelter.

“We are to be guided by caregivers. They are to be empowered or equipped with skills like communication, decision making and lay counselling skills”.

“They should be trained in relationship building. Rapport building is very important especially in a strange place like a shelter.

They need assertive skills. They practice favouritism. They are neither sympathetic nor empathic, they need all skills infact. They are not parents. They also need parenting skills. Imagine if a person can call you a ‘ pig’ .an adult for that matter”.

“They need social support skills because they are our central figures in these institutions. We are to be facilitated in whatever we do.”

“ They need listening skills because they never listen when we talk”.

Comments described by individuals during in-depth interview.

“We do not have rights here. We are treated like underdogs. We are always wrong. They are all authoritative leaders. We are treated like outcast.

“Education is my right but I am not given money when it is wanted at school. I have been asked to bring an identity photo at school for the last two months to date; I am still waiting to be given that money by the social workers. How will I be identified when we are out on a school trip”.

We need periodical check ups. We do not have a nurse in the institution and yet health is our right. The psychologist never sees us and yet we do have psychological problems”.

3.6. INTERVIEWS WITH THE SOCIAL WORKERS THAT ARE IN CONTACT WITH THE TRAUMATISED CHILDREN IN SHELTERS

The social workers were interviewed at their workplaces. They acknowledged the fact that the resolution of trauma is never complete, hence children need a multidisciplinary team support during their stay in shelters.

3.6.1 NEEDS OF CHILDREN AS ARTICULATED BY SOCIAL WORKERS

Respondent 1

ACCOMMODATION

“The children are well accommodated. They are four or five in a home, each home is manned by a caregiver.”

“We help them get proper care and prepare them for foster care and adoption.”

“We make recommendations to other service agencies professionals, or practitioners when needs are beyond the children’s homes capacity, such

as delinquency, drug\alcohol dependency.”

PROBLEMS EXPERIENCED BY SOCIAL WORKERS IN THE SHELTER

“These kids are forever complaining and they are never satisfied.

“They don’t want to carry lunchboxes but they want money. They don’t want to attend one school, because they don’t want to be identified as children in need by other children.”

SOLUTIONS TO PROBLEMS

“We approach families to adopt or foster these children. Meetings are held with these children but they never comment. They are difficult to reach.”

FAMILY CONTACT

“Children are allowed to phone their parents or write them letters. Those who are nearby are allowed to go home or visit some relatives. They go home regularly and parents visit them. Case-managers also keep contact with children on behalf of parents. We organize placement with residential social workers. This is done to preserve family bonding and to preserve family ties.”

COPING WITH EXPERIENCED PROBLEMS (COUNSELLING NEED)

“We equip them with skills for overcoming the trauma of sexual abuse, domestic violence and all crimes they experienced. Meetings are held with them but they never express their feelings. We don’t know how to help them because they don’t listen and they are stubborn.”

NEEDS OF TRAUMATISED CHILDREN IN SHELTERS

“These children need support from caregivers, government, the community and us. They need love, protection, and education; in fact they need all human basic needs. “

“They need to be taught good manners, to share with others, they need to be made to understand that efforts are made to meet their needs, such as sending them to school, giving them food and protection.”

CAREGIVERS ROLE

“We have only three female caregivers and two security officers. The caregiver’s role: is to identify children at risk in our absence and refer them to us so that we can determine the security issues.”

“To provide children with such things that are considered to be essential

to them such as food, shelter, sanitation etc.

“They are to build a strong relationship with children – this is supported by Mogudi (2001:14) when he argues that caregivers are to play substitute parental role, such as showing sensitivity to children’s needs.”

COMMUNITY CONTRIBUTION

“The community is to help by fostering children, adopting, mentoring and help with the basic human needs such as food, clothes etc. They should host children during weekends. We have some community organizations that help with some contributions, activities as New Life church, Lesedi Computers”.

GOVERNMENT CONTRIBUTION

“Fulfilling children’s needs is a legal obligation though it is a lengthy process, it is also a process that calls on the active involvement of the government.

“The government is to help these children transform. Government is also to implement programs that will help them to take responsible decisions with regard to their personal lives.”

VISIT BY PSYCHOLOGIST AND NURSES

“ The shelter is never visited. This is an oversight ”

EVALUATION OF THE SHELTER

“Regrettably the shelter is never evaluated. I am eight years in this home, but truly speaking is never evaluated. Thanks for asking me that question, we will plan for that. I cannot say they are evaluated, what we do is inspection”.

Respondent 2

ACCOMMODATION

“Children are accommodated in five home. A caregiver mans each home except in home 5 where big males are housed. They prefer to take care of their own surrounding.

They like privacy. We help them to be adopted or fostered. If they are fostered, the foster parents get foster care grant.”

PROBLEMS EXPERIENCED BY SOCIAL WORKERS IN SHELTERS

“ Children are stubborn, especially males, they answer back. Nobody wants to foster big children, so we end up accommodating big children in the shelter. We don't have a place to send them or to get them employment. Some of these children do not want to leave the shelter.”

SOLUTIONS TO PROBLEMS

“ We approach their area social workers to help us to look for foster parents or people who want to adopt children.

We go to an extent of telling the nurses to refer any families that are in need to adopt children.

We also arrange meetings with them, with the aim of involving them in our decisions, but it is always fruitless, because they are never prepared to talk to us.”

FAMILY CONTACT

“The children are allowed to phone their parents, especially those who are from the Gauteng province. They also write letters. The area case managers also visit the shelter, to plan for children's vacation. The area

social workers also counsel these children's parents in preparation for the children's return home."

COPING WITH EXPERIENCED PROBLEMS (COUNSELLING NEED)

"We teach life skills such as self awareness, how to live with others. Counselling process fails because they never want to share their feelings with us. Some of them prefer to talk to caregivers."

NEEDS OF TRAUMATISED CHILDREN IN SHELTERS

"They need to belong to a family, they need to be independent, autonomous, confident and responsible. As social workers, we are supposed to facilitate all these activities to make sure take place."

CARE GIVERS ROLE

"They are parents substitutes, their roles is to support these children emotionally, physically and psychologically. They are to make sure that the environment is clean and meals are well prepared. In fact they are responsible for home chores. They are to report anything that may happen during our absence."

They are to bond these children."

COMMUNITY CONTRIBUTION

" They are to help us to create an enabling environment, where children will articulate. Some denominations do come on Sundays to sing, say prayers for these children. They should help us foster or give jobs to these children when they turn 18 years or complete school."

GOVERNMENT CONTRIBUTION

"The government buys school uniform and food. I think the government should talk to the community to help us to introduce programs that will meet all the needs of these children. I think the government should be aggressive to the community to help us to implement the rehabilitative programmes."

VISIT BY PSYCHOLOGIST AND NURSES

"No they never visit".

EVALUATION OF THE SHELTER

“Honestly speaking the shelter is not evaluated.”

Respondent 3

ACCOMMODATION

“The accommodation is good, children are categorised according to sex and age. There are 5 homes; each home is manned by a housemother except in house 5, where big males stay. I understand they prefer to be on their own. The homes are clean. I am hardly six months here, but that is all I can say about the accommodation.”

PROBLEMS EXPERIENCED BY SOCIAL WORKERS IN THE SHELTER

“I am a volunteer here, but the males are rude, they have no respect. They are unpredictable; some of them always smell dagga. They don’t want to clean their rooms.”

SOLUTIONS TO THE PROBLEMS

“I think they need to be called to a meeting where they need to be called to a meeting where their parents will be present. I also think that they

need to be interviewed individually. When a meeting is called, they never say anything."

FAMILY CONTACT

"They write letters their parents. Many children in this shelter come as far as Gauteng Province and a few are orphans or their parents cannot be traced. The fact is, they are allowed to phone their families' at least once a month."

COPING WITH EXPERIENCED PROBLEMS

"We teach them life skills such as defending themselves if somebody wants to abuse them in any way. They all know the numbers for emergency services by heart. We have not received any new inmates since I am volunteering here."

NEEDS OF TRAUMATISED CHILDREN IN SHELTERS

"They need love, they need to belong to a family and to be supported emotionally. They need to know beliefs and values of their families of origin." Otherwise basic needs such as food and education are met in this shelter."

CAREGIVERS ROLE

"They supervise them, they substitute their parents. They are to guide these children in their activities. They are to provide children with healthy relationship".

COMMUNITY CONTRIBUTION

“Different denomination visit on Sundays fir spiritual environment.”

GOVERNMENT CONTRIBUTION

“They give them shelter, food and are also to school”

VISIT BY PSYCHOLOGIST AND NURSES.

“I don’t remember seeing them visiting this shelter. They give them shelter, food and are sending to.”

EVALUATION OF THE SHELTER

“The shelter is inspected for cleanliness as well the personal hygiene of children.”

Respondent 4

ACCOMMODATION

“Children are accommodated according to sex and age, which I think is good. Children sleep in dormitories. This building was a technical school, now is been turned into a shelter.”

“There are four dormitories; three of them accommodate boys because they are many. One dormitories takes a ten at a time and each is manned by a caregiver who is like a house parent”.

PROBLEMS EXPERIENCED BY SOCIAL WORKERS IN THE SHELTERS

"These kids are forever complaining and they are never satisfied.

We have a problem of foster care. People don't want to foster children who don't have families. Right now we have a male and female who will soon turn 18 years. We don't know where to send them.

When children complete standard ten, there is no money to send them to a tertiary institution or to get a job for them.

They don't want to attend one school, because they don't want to be identified as children in need by other children."

SOLUTIONS TO PROBLEMS

"It is different to solve the problems here, because we only come here periodically. This is a non-governmental shelter. It is only a year that I have been employed and this shelter is not under our care. I believe the manager solve the problem her own way".

FAMILY CONTACT

"I know that these children are allowed to go home per request, parents also do visit them. They are allowed to visit or phone their families".

COPING WITH EXPERIENCED PROBLEMS.

“These are handled by the manager and her staff. They only phone when they seek advice”

NEEDS OF TRAUMATISED CHILDREN IN SHELTERS

“They need support, love, parental care from the staff members including security officers. They need to be listened to, to be involved in decisions making. In fact they need, needs such as emotional, psychological support. They need to be understood as unique beings.”

CAREGIVER ROLE

“The shelter has three female caregivers, two security officers and cleaners.

Caregivers are to be the support structures to ensure that children are fed, safe and secure. They are to be sensitive to these children's needs.

COMMUNITY CONTRIBUTION

Different denominations assist in rendering church services. I am sure that they realize that this is their role. I would expect the community

members to visit this shelter to discuss or empower these children with coping skills.

GOVERNMENT CONTRIBUTION

Government should join hands with other stakeholders to help this shelter with some donations.

PSYCHOLOGIST, NURSE VISIT

I don't think that those professionals ever visit the shelter.

EVALUATION OF THE SHELTER

"No, not to my knowledge, what is done is inspection".

Respondent 5

ACCOMMODATION

"I go there periodically, I never ask how they are accommodated. What I know is, that males are more than females and they are and that presently they have 46 children."

PROBLEMS EXPERIENCED BY SOCIAL WORKERS IN THE SHELTERS

"I cannot really comment on this because I go there as a visitor."

SOLUTIONS TO PROBLEMS

"If I do not know the problems, it will also be difficult for me to mention some solutions."

FAMILY CONTACT

"I usually see parents visiting when I visit a shelter especially in the afternoon."

COPING WITH EXPERIENCED PROBLEMS

"I believe they must be empowered with some life skills, such as learning to live with the experiences of the past".

NEEDS OF TRAUMATISED CHILDREN IN SHELTERS

"They need human basic needs such as food, shelter, love and belonging, and security. They also need to be educated and joined with their families".

CAREGIVERS ROLE

“They are to guide these children, give the love and support them fully in meeting their daily needs.

COMMUNITY CONTRIBUTION

“Few shops donate food to them.”

GOVERNMENT CONTRIBUTION

“It is to help in implement rehabilitative programs.”

VISIT BY PSYCHOLOGIST, SOCIAL WORKER AND NURSES.

“Social workers visit periodically. They are referred to other professionals when the need arises.”

EVALUATION OF THE SHELTER

“The manager inspects the environment now and then.”

Respondent 6**ACCOMMODATION**

“I only know that they use old classrooms as dormitories. They are accommodated according to sex.”

PROBLEMS EXPERIENCED BY SOCIAL WORKERS

“I only go there if I am to donate something. Further than that I never involve myself to their shelter matters.”

SOLUTIONS TO PROBLEMS

“I have not heard of problems. The solutions also would be the duty of the manager and her staff.”

FAMILY CONTACT

“I do not have information concerning that”

COPING WITH EXPERIENCED PROBLEMS

“Well, they need to be empowered with different life skills. They need a full counselling process. Parents and significant others also need to be empowered.”

NEEDS OF TRAUMATISED CHILDREN

“They need recognition, acknowledgement and to be understood as unique beings. They need love, security and safety. Education is also a priority need in this regard.”

CAREGIVER ROLE

“They are to mother these children. They should make these children feel home. They are to be facilitators and health caregivers. In fact they are to be filler of gaps.”

COMMUNITY CONTRIBUTION

“They should donate food, clothes, foster these children.”

GOVERNMENT CONTRIBUTION

“The government employees such health are worker/multidisciplinary team should give health education or information to the children in shelters.”

VISIT BY PSYCHOLOGIST AND NURSES

“I don’t know anything about what is happening there. Anyway this would be bright ideas.”

EVALUATION OF THE SHELTER

“I don’t have an answer to that one”

CHAPTER FOUR

MAIN FINDINGS AND RECOMMENDATIONS

4.1 INTRODUCTION

In this final chapter, the researcher draws conclusions from the literature and empirical study.

4.2 RECAPITULATION OF THE OBJECTIVES

The main purpose of the study was to gain knowledge regarding the nature and extent of the needs of the traumatized children and to generate data that will help professionals to provide programs that would meet the needs of traumatized children in shelters/institutions.

This was achieved through literature review, focus group interview, in-depth interview with traumatized children, and individual interview with social workers that are in contact with the children. More specifically the objectives of the study are: -

4.2.1 To explore the nature and extent of the needs of traumatized children residing in welfare shelters/institutions.

4.2.2 To develop the guidelines that welfare caregivers can use to implement support programs that will meet the needs of traumatized children residing in welfare shelters/institutions.

4.3 LITERATURE ON TRAUMA OF CHILDREN

The literature review has helped in identifying that there is no research about the needs of traumatized children residing in shelters/institutions, in South Africa and other countries. The researcher has drawn a lot of information about child trauma from the South African literature as well as on the international scene.

Institutionalisation is a highly stressful experience that could lead to emotional maladjustment. The literature reveals that unfamiliar surroundings, even in the absence of active threats can cause anxiety in an already traumatized child.

According to <http://www.naspoline.org/NEAT/ptsd.html> trauma can change the way children view their world. It further mentions that it is

common for children to regress both behaviourally and academically following a trauma.

Van Der Westhuizen (2001:13) mentions that each traumatized child in a shelter/institutions has/his own special needs. He further states that the ability to meet them is what makes human being unique. Though needs are unique and different there are those that are common and affect all children in shelters/institutions.

Desmond (2000:25) states that emotional and psychological trauma for children are an international phenomenon, but the needs of these traumatized children are not known locally and globally.

Vlok (1996:406) believes that traumatized children suffer more emotional deprivation because they lack needs such as warmth, belonging and security, self-esteem, self-awareness even identity that they normally get from the family. When these needs are not met, the children develop various types of social pathologies.

Freedmand et al (1981:261) argues that emotional support is very vital to human happiness hence a child that is traumatized must be emotionally supported by parents and significant others, since children in shelters are

cared for by the caregivers.

Mogudi (2001:14) emphasis that caregivers who are sensitive to child's needs, build an attachment that is strong and secure. Children that have emotional bonding with caregivers are able to explore the world around them. He further mentions that if the caregiver's abuse children emotionally, as is evident in this study, their subsequent relationships with people outside the home lead to abnormal patterns of social interaction and behaviour.

4.4. MAIN FINDINGS

4.4.1 PROFILE OF TRAUMATIZED CHILDREN

The study revealed that:

- (a) There are more traumatized males than females in shelters in Mmabatho.
- (b) The age that is commonly affected is between 9 and 14 year old
- (c) Many institutionalized children are from the rural areas.

4.4.2 PROFILE OF THE INSTITUTIONS/SHELTERS

The study revealed that:

- (a) Though all the institutions are located in urban areas, most of the inmates come from rural areas.
- (b) One is in existence for more than 10years, and the others have existed for less than six years
- (c) Understaffed
- (d) Not evaluated

4.4.3 NEEDS OF TRAUMATIZED CHILDREN IN SHELTERS/ INSTITUTIONS.

The study was based on six (6) assumptions as indicated on page 15, which have all been proven true. This statement is based on the following findings.

4.4.3.1 Non availability of counselling services

- Children repeatedly complained about social workers not being available to offer therapeutic intervention. Social workers are not responsive to the needs of the children.
- Children also reported lack of multi professional teams because

there are no psychologist or nurses visiting the shelters. This was confirmed by social workers who referred to this as an oversight.

4.4.3.2 School attendance not fully supported

According to Benette et al (1999:66) for these children to be adequate academically, they should be encouraged to go to school (when they are admitted in a shelter) that has a similar routine to what they have at home.

- Children are not provided with requirements such as identity document or pocket money for sports and other extra mural activities.
- Education is vital, and yet other children in some shelters are deprived of it.
- Every child has a right to education as it is a state responsibility but there are no programmes that promote the culture of leaning in some shelters.

4.4.3.3 Lack of sex education

Children are to be helped to be independent, and to be taught about sex and dangers of HIV/AIDS. There no sex education programmes in shelters, and yet they have the right to know about sex, sexually

transmitted diseases and the mode of spreading. Traumatized children had been provided with virtually no useful information about sexually oriented matters by social workers or care givers.

4.4.3.4 Developmental assessment need

They identified a need for developmental assessment to ensure that they are progressing well health wise. They are never visited by psychologist to assess and help them in their traumatic stage.

4.4.3.5 Unskilled and unsupportive caregivers

Caregivers are over authoritative and instructive. They over control, and impose their values, on the children. They are neither approachable nor motherly.

They identified that the principle of unconditional positive regard is not practiced; they mentioned that a need for support is to be ensured to help them deal with stress during their transitional period. They indicated that they are not supported emotionally by social workers and care givers, they are being ridiculed.

4.4.3.6 Poor health and nutritional facilities

They indicated that the caregivers need to be equipped with cooking knowledge and care giving skills. .

Children reported that the nutrition is good but the methods of cooking/preparations spoil nutrients. They articulated that the diet is balanced but is not palatable.

4.4.3.7 Poor quality of life

Children are not supplied with valuable information and how to access benefits and the availability to assist with problems which may arise.

4.4.3.8 Lack of recreation

Lack of recreation was reported as frustrating and boring to the inmates. This sometimes facilitates undesirable and unbecoming behaviour.

4.4.3.9 Lack of sense of belonging, self -identity

Children in shelters lack sense of belonging and self-identity. During adolescence children need self-identity. Loss of identity is a trauma and it is discouraging. It further harnesses the existing potentials.

4.4.3.10 Family contact

Children do get an opportunity to phone, write or visit their families and significant others. Parents are encouraged to visit

4.4.3.11 Community contribution

Different denominations visit the shelter, to bring church services. Some companies donate food or some equipment like computers, fax machine etc.

4.4.3.12 Lack of continuous evaluation of shelters

The social worker reported that, the institutions/shelters are never evaluated for efficiency.

The findings of the study reveal that the institution of children is a highly

stressful experience that can lead to emotional maladjustment. It is therefore of utmost importance that programs be developed for caregivers in particular so that they could be empowered to meet the needs of traumatized children residing in shelters /institutions.

Caregivers need to attend intensive training programs (meant to empower them) as to deal with such children.

4.5. RECOMMENDATIONS

- Children are to be allowed or encouraged to talk about their beliefs.

Discuss with them what they want out of their lives. The caregivers must make them feel as important parts of the shelter/institution by allowing them to plan tasks, activities and outings. This is supported by Maker (2002:110) when he states that children are to be given chance to make choices.

- Programs such as educational and vocational training are to be provided to children.
- Group and individual counseling to be availed at reasonable times, if possible 24 hours a day. This is supported by Knopf (1984:377) when he emphasizes group integration to improve socialization.
- Social workers and caregivers must lobby for support from education and health department, community, police and private

sector. Effective support of children in residential services should involve “someone with time to listen who holds similar values, help clarify issues and keep things in perspective, someone who cares about what is happening to children and who notice when there is something wrong with them, someone who feels that children are doing a good job, who recognizes their success, someone with clarity of vision, who is confident and gives children confidence.

- The child right to leisure, play and participation in cultural activities must be ensured. The child must be helped to rediscover her/his childhood which he/she is denied of by the traumatic experience. Lessons in activities designed to fill leisure and help improve personal relationship must be encouraged. Participation in activities such as musical items, dance, sports and television viewing should be part of the program.
- Personal habit training, instruction in personal grooming and social skills are to be taught to these children. Programs should include child-to-child programs that include personal hygiene, programs about AIDS, teenage pregnancy, drugs and clean living. Traumatized children are to be allowed to choose, discuss and debate the topics of their choice that aims at preparing them for active adulthood, fostering respect for human rights, and

recognizing that their education is directed at developing their personalities. It is also recommended that these children be helped to realize and develop their potential, to build self-esteem by encouraging them to be helped to be creative such as praising them. They must be helped to talk about their feelings and ideas.

- Caregivers are to be encouraged to attend youth care training, management training and youth development studies. The caregivers are to be supported and supervised actively while working with children in institutions/shelters.
- A comprehensive database for prevention programs of traumatized children in shelters/institutions is to be created and maintained in Mafikeng/Mmabatho area. This would provide a means to monitor and more systematically evaluate existing programs for improvement. It would also facilitate contact between shelters/institutions operating in the area
- Regional meetings of all shelters/institutions are to be encouraged in order to allow exchange of information and resources. Traumatized children should be part of the meetings to strengthen connections. Children are to be allowed to partake in the production of news such as encouraging them to have news letters where they can express their feelings. The “news letter” should be prepared by children from different shelters and articles to be

translated into relevant languages.

- An information dissemination model is to be implemented that will overcome the ongoing problems of traumatized children in Mmabatho / Mafikeng area.
- The social workers are to have documented evidence of what is happening in their shelters.
- The standards and degree of performance of institutions/shelters are to be evaluated periodically.
- Police, judicial authorities involved in investigating child trauma, particularly sexual trauma and exploitation, need to be sensitive to feelings/emotions.

4.6 CONCLUSION

In conclusion, the core needs identified by traumatized children in shelters in this study were the counseling needs, needs to contact their families, support to children by caregivers and social workers and provision of sex education. Care giving skills to shelter caregivers including security officers, recreation, sense of belonging and identity needs were also areas of concern identified by traumatized children in this study.

Exposure to trauma has a variety of cognitive, emotional and social consequences as well as impaired physical health.

The study indicates that the aftermath of traumatized children in shelters is rarely dealt with.

The social workers and caregivers working with traumatized children are faced with a task of collecting relevant information about the children's needs in an attempt to identify and understand problem areas with a view to developing support programs.

Social workers and caregivers further need to focus on children's strengths rather than their weaknesses. They must assist children to redefine their situation, to integrate their experience, and move towards a healing process and growth.

The government and community need to equally support the traumatized children in shelters. This is argued by Joseph, Williams and Yule (1999:137) when they mention that community support can provide vital practical and emotional support for traumatized children.

Last, but by no means least, the traumatized children in shelters are entitled to children's rights like any other child. This implies that as South African future generation, they have a right to good shelter, better education, quality medication and all other rights that go towards meeting all the basic needs. They need to be heard and cared for in order to

improve their psychosocial competence. Meeting the needs of the children in shelters is not only the responsibility of the shelters, but of the community at large, the government, NGO and all other relevant stakeholders.

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ANNEXURE A

P.O .BOX 6656
MMABATHO
2735

18 August 2002

SIR/ MADAM,

A REQUEST FOR CHILDREN TO PARTICIPATE IN A RESEARCH PROJECT

This letter serves to request s permission to undertake research about the needs of traumatised children in the following institutions:

- Boikagong Children's Home
- Kagontle Care Centre
- Harvest 2000
- Bethlehem Shelter

I live in Mmabatho and currently I am studying for a Master's degree in Life Skills and Counselling with University of North West. I am doing a research on the above-mentioned topic and will appreciate it if you can allow children between 9 and 18 years (both girls and boys) to take part in this research.

The aims of this research is to:

- Explore the nature and extent of the needs of traumatised children in shelters\institutions.
- Develop guidelines that shelter caregivers can use to implement support programs that would meet the needs of traumatised children in shelters\institutions.

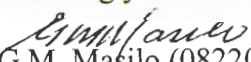
An interview will be conducted between September and December2002. The date and time will be arranged with you. The interview will take place at your institution.

The researcher will conduct the interview in both Setswana and English, depending on children's preference.

The audiotapes will be used and erased after data analysis and the names of the participants won't be disclosed during the research or publication of the results.

Participation is voluntary.

Thanking you in advance


G.M. Masilo (0822007886)

ANNEXURE B

INTERVIEW SCHEDULE – SOCIAL WORKERS

1. Name of institution

2. How long have you worked in this shelter?

3. How many children are housed in this shelter?

4. How are children accommodated?

5. What problems do you experience regarding your stay in this institution/shelter?

6. Which means do you take to solve any experienced problems?

7. Do children have any contact with their families? Explain.

8. How do you help children to cope with their experience ?

9. How would you describe the needs of traumatized children in shelters?

10. How would you describe the role of the caregivers to the children?

11. How should the community support the children during their stay in shelters?

12. In your own opinion, how should the Government support the children during their stay in the shelters?

13. How often do psychologist, social workers and nurses visit their shelter?

14. How often are shelters evaluated for efficiency?

ANNEXURE C

Interview schedule-social workers

1.Age

2.Sex

3.How long have you been residing in this shelter?

4.What is your experience regarding your stay in this institution?

5. Do you have any contact with your family?
Give reasons for your answer.

6.what problems are you encountering in this institution?

7.In your own opinion how can these problems be solved?

8. How would you describe the needs in this shelter?

9. In your opinion whom do you think should help you to cope with this traumatic period?

10.How is the attitude of caregivers towards you in this institution?

11.How often are you visited by

1. Social workers
2. Psychologists
3. Nurses

12.What help would you like to be provided with?
