

**Scared at Home:
A Child-Centred Perspective on
Adolescent Child Fears and Anxiety in
the Family Context**

Wendy Kempster

213572037

November 2013

**Dissertation submitted in fulfilment of the requirements
for the degree Masters of Social Science
School of Applied Human Sciences (Psychology)
College of Humanities
University of KwaZulu-Natal**

Supervisor: Professor S. Collings (PhD)

COLLEGE OF HUMANITIES

DECLARATION - PLAGIARISM

I, Wendy Kempster, declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - a) Their words have been re-written but the general information attributed to them has been referenced.
 - b) Where their exact words have been used, then their writing has been placed in quotation marks, and referenced.
5. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the thesis and in the References sections.

Signed

.....

Wendy Kempster

ACKNOWLEDGEMENTS

To my long-suffering, husband for tolerating the early mornings, late nights, take away dinners and all the ensuing stress so graciously;

To my daughter and son for their wise words and for always believing in me;

To my family and friends for their continuous support and encouragement, and for accepting my absence so patiently;

To my colleagues without whom this would have been impossible; for their never ending support, their generosity in sharing ideas, and for always being available when I needed help;

To my supervisor for his wealth of knowledge and for his endless patience and support. For this I am immensely grateful.

DEDICATION

To my two children who I value immensely and who inspire me greatly. Their endless support and belief in me never fails to amaze me.

To the all children in this study who allowed us a glimpse into their worlds.

Children face the unbearable

Small and helpless in a big world

Powerless to resist the atrocities

That they are subjected to

- **W.K.**

ABSTRACT

Children experience a multitude of fears during their childhood. Fear is a normal part of children's development and is essential for their survival (Gullone, 2000; Nicastro & Whetsell, 1999). However, globally and in South Africa, children are exposed to high levels of violence and adversity resulting in fears which go beyond those that are considered to be a normal part of their development and which affect their daily functioning (Seedat et al., 2009). The bulk of previous research has employed fear surveys to explore children's fears. Self-report surveys have been criticised over the years as children tend to respond to fear evoked by hypothetical fears listed in fear schedules rather than by actual exposure to fears (Burkhardt, 2007). A scarcity of data exists regarding the actual fears experienced by children.

The aim of the current study was to gain a child-centred perspective on normative childhood fears experienced in the context of the home. Bronfenbrenner's Ecological Systems theory was used as the theoretical framework and a quantitative research design was employed. The study was conducted amongst 312 adolescents at schools in the North West province. Random stratified sampling was used in order to ensure that the sample represented the target population of adolescent children in the North West province. Participants had a mean age of 14.8 years. The majority of the participants were black Africans, female, and in Grade 7. The data were collected using a one page questionnaire consisting of two open-ended questions and one closed question. The participants were asked to identify the scariest thing that had happened to them during the past year in their homes and to rate the intensity of the fear using a Likert scale. They were also asked what, in their opinion, could be implemented to make them feel safer. Data analysis was conducted using content analysis and the responses were coded according to Hobfoll's (1998) Conservation of Resources theory. The findings indicate that 80% of the participants had experienced a fearful event in their homes during the past year. The most frequent and the most intense fears related to the loss, or the threat of loss, of resources necessary for basic survival. The most common fear manifestations related to vicarious, direct, and ambient interpersonal trauma and disputes amongst family members. These findings are in accordance with Hobfoll's (1998) Conservation of Resources theory which proposes that threats to resources required for basic survival will result in stress, fear and anxiety. The death of significant people, mainly parents, in the adolescents' life resulted

in the most intense fears. The majority of the participants indicated that attempts to ensure their safety should come from within their family. No significant age or gender differences were evident. Although the fear manifestations differed, the findings in the current study are in accordance with the broad findings of previous research where the most common and the most intense fears have related to death and danger.

LIST OF CONTENTS

CONTENTS	PAGE
TITLE PAGE	i
DECLARATION OF PLAGIARISM	ii
ACKNOWLEDGEMENTS	iii
DEDICATION	iv
ABSTRACT	v
LIST OF CONTENTS	vii
CHAPTER 1: INTRODUCTION	1
1.1 Rationale of this study	2
1.2 Aims of the study	3
1.3 Research objectives	3
1.4 Key words and definition of concepts	4
1.5 Outline of the study	5
CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	7
2.1 An overview	7
2.2 Normal childhood fears	11
2.2.1 Common fears	11
2.2.2 Culture specific fears	13
2.3 Fears relating to childhood adversity	14
2.3.1 Disease	14
2.3.2 HIV/Aids	14
2.3.3 Fragmented families	14
2.3.4 Cultural traditions	15
2.3.5 Poverty	16
2.3.6 Other unintentional injuries	17
2.4 Fears relating to interpersonal violence	17
2.4.1 An overview	17

2.4.2	From the child's perspective	18
2.4.3	Locus of violence	19
2.4.3.1	Violence at school	19
2.4.3.2	Violence in the community	20
2.4.3.3	Violence at home	21
2.4.4	Categories of violence in the context of home	24
2.4.4.1	Physical abuse	25
2.4.4.2	Emotional abuse	25
2.4.4.3	Sexual abuse	26
2.4.5	Different types of violence	28
2.4.5.1	Neglect	28
2.4.5.2	Domestic abuse	29
2.4.5.3	Intimate partner violence	29
2.4.5.4	Suicide	30
2.4.6	Chronic violence	31
2.4.6.1	Re-victimisation	31
2.4.6.2	Poly-victimisation	31
2.4.6.3	Vicarious trauma	33
2.4.6.4	The cycle of violence	33
2.4.6.5	What makes children more vulnerable for victimisation?	34
2.4.7	Effects of violence	35
2.4.7.1	Relationship between fear and anxiety disorders	37
2.4.8	Risk factors	38
2.4.8.1	Domestic violence	38
2.4.8.2	Parental skills	38
2.4.8.3	Alcohol and drug abuse	39
2.4.8.4	Mental illness	39
2.4.8.5	Lack of support	39
2.4.8.6	HIV/Aids	39
2.4.8.7	Lack of supervision	39
2.4.9	Moderating factors	40
2.5	The importance of family	41
2.5.1	The adolescent	41

2.5.2	Parents	42
2.5.3	Parenting styles	42
2.5.4	Discipline	43
2.6	Fear Surveys as a measure of childhood fears	44
2.6.1	History	44
2.6.2	Age, Gender, Ethnicity	45
2.6.3	Socioeconomic Class	46
2.6.4	Cross cultural fears	46
2.6.5	Most common fears: a comparison of fear surveys and free option methods	47
2.6.6	Criticism	49
2.6.7	What is the FSSR-R measuring?	49
2.7	Theoretical framework	50
2.7.1	Bronfenbrenner's Ecological Systems Theory	50
2.7.1.1	Microsystem	51
2.7.1.2	Mesosystem	51
2.7.1.3	Exosystem	52
2.7.1.4	Macrosystem	52
2.7.1.5	Chronosystem	52
2.7.2	Hobfoll's Conservation of Resources Theory	53
2.7.3	A Child Centred Approach	54
2.8	Conclusion	56
2.9	Chapter Summary	58
 CHAPTER 3: RESEARCH METHODOLOGY		59
3.1	Introduction	59
3.2	Aim	59
3.3	Paridigm	60
3.4	Analytic Strategy	60
3.5	Participants	61
3.5.1	Research setting	61
3.5.2	Population	61
3.5.3	Sample	62
3.6	Data Collection	63

3.6.1	Data Collection Instrument	63
3.6.2	Development of the questionnaire	63
3.6.3	Structure of the Questionnaire	64
3.6.4	Pilot Study	64
3.6.5	Reliability and Validity of the research instrument	65
3.6.5.1	Reliability	66
3.6.5.2	External validity	66
3.6.5.3	Internal validity	66
3.6.5.4	Objectivity	66
3.7	Research Procedure	67
3.8	Data Analysis	67
3.8.1	Reliability	69
3.8.2	Application	69
3.9	Ethical Considerations	71
3.9.1	Permission to conduct the study	71
3.9.2	Principles of research ethics	71
3.10	Chapter Summary	73
	CHAPTER 4: RESEARCH FINDINGS	74
4.1	An overview	74
4.2	Participants	75
4.3	Sample group selection according to quintiles	76
4.4	Frequency and rating of fears according to resource categories	77
4.5	Frequency and rating of fears within the resource categories	78
4.6	Gender differences in rating of fear	80
4.7	Age differences in rating of fears	80
4.8	The most common fears	80
4.9	The most intense fears	83
4.10	The relationship between the most frequent and the most intense fears	84
4.11	The proposed solutions	84
4.12	Chapter summary	84

CHAPTER 5: DISCUSSION OF RESULTS	86
5.1 Introduction	86
5.2 Frequency according to primary, secondary and tertiary resources	87
5.3 Frequency according to content domain	87
5.3.1 Primary Resources	87
5.3.2 Secondary Resources	90
5.2.3 Tertiary Resources	92
5.4 The most common fears	92
5.5 The most intense fears	93
5.6 Siblings	94
5.7 Sexual abuse	94
5.8 Alcohol	95
5.9 Gender	95
5.10 Age	96
5.11 Ethnicity	96
5.12 Comparison of Burkhardt’s study	97
5.13 Proposed solutions: who are agents of change?	99
5.14 Child-centred approach	100
5.15 Bronfenbrenner’s ecological system’s theory	100
5.16 Hobfoll	102
5.17 Limitations	102
5.18 Chapter summary	103
CHAPTER 6: CONCLUSION AND IMPLICATIONS	105
6.1 Main objectives	105
6.2 Major findings	105
6.3 Hobfoll’s Conservation of Resources theory	106
6.4 Implications for further research	107
REFERENCES	108

ANNEXURES

Annexure A: Research Instrument: Questionnaire	124
Annexure B: Information for learners	125
Annexure C: Assent/Consent Forms	126
Annexure D: Instructions for Administrators	127
Annexure E: Coding Schedule for “Scary Events”	128
Annexure F: Coding Schedule for “Children’s Proposed Solutions”	129

TABLES:

Table 1: Comparison of demographic characteristics of participants who submitted usable and non-usable responses	75
Table 2: Demographics	76
Table 3: Number of participants chosen for the study in relation to the school’s quintile categories	77
Table 4: Frequency and ratings of fears by resources category	78
Table 5: Frequency and rating of fear content domains	79
Table 6: The most common and the most intense incidents in ranking order	81
Table 7: Proposed solutions	85

CHAPTER 1

INTRODUCTION

“Fear is omnipresent, especially today, and fear affects many people. For some persons, fear advises caution; for others, fear induces a devastating re-action.” (Stone, 2013). Children experience fear frequently and these fears are often replaced by greater and more debilitating fears in adulthood (Stone, 2013). According to Nicastro and Whetsell (1999) “today’s children face many stressors” (Nicastro & Whetsell, 1999). In addition to normal developmental childhood fears, they are subjected to fears as a result of violence and adversity which compromises their sense of security and increases their vulnerability. Although fear is a normal part in a child’s development, children facing extreme adversity experience fears which surpass normal developmental fears. This is despite policies and legislation put in place to protect children (Nicastro & Whetsell, 1999).

UNICEF, an international leading advocate for children, believes that children should be nurtured and cared for as “they are the cornerstones of human progress” and “investing in children contributes to the future wellbeing, development and welfare of the country” (UNICEF, a). According to Nelson Mandela (1995), former President of South Africa, children are “a rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our wealth, those who care for and protect our people”. Children are a vital and integral part of our society. In view of this, legislation and policies have been implemented for their protection (Limpopo Provincial Government, 2013).

In South Africa, children are protected by the Constitution of the Republic of South Africa (Act No. 108 of 1996) which promotes equality and dignity of all its citizens. According to the Bill of Rights (section 28), all persons under 18 years are defined as children and should be protected from “maltreatment, neglect, abuse or degradation”. The Children’s Act places the responsibility on parents to care for and protect their children from physical, emotional, or moral harm. Despite this, children in both rural and urban areas are subjected to many types of adversity, including violence, on a daily basis. This is a direct violation of their rights (Jewkes, Dunkle, Nduna, Jama & Puren, 2010).

Although a reduction in political violence was experienced in South Africa after the elections in 1994, violence in general has not decreased and has, in fact, increased in some instances (Barbarin, Richter & de Wet, 2000). In 2000, the second leading cause of death and lost disability-adjusted life years was violence and injuries caused mainly by interpersonal and gender based violence, and in 2008 the death rate due to violence was almost five times more than the worldwide average (Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009). The high prevalence of violence in South Africa suggests that, although it is transgressing the law, it is generally accepted by society. It is often regarded as a suitable method of resolving conflict, punishing children, showing anger, and gaining power – especially by men who, in our patriarchal society, are able to dominate and control women (Abrahams & Jewkes, 2005). Children are not exempt from this violence and carry a big burden as a result of it.

It also appears that violence perpetuates violence as studies show that children who have been victimised once are extremely vulnerable to experiencing subsequent victimisation (Hamilton & Brown, 1998).

According to Advocate Pansy Tlakula there are few spaces in South Africa where children feel safe as violence takes place everywhere. Places which children should regard as places of safety, love, care, and support, such as schools, communities, homes, and churches, have become unsafe (LenkaBula, 2002).

This excessive exposure to violence in their homes, their schools, and their communities subjects children to many hardships throughout their lives (Seedat et al., 2009). This results in them experiencing fears that surpass normative childhood fears and in them being “scared everywhere” (Gopal & Collings, 2013).

1.1 Rationale of the study

In South Africa there are 19 million children (Jewkes et al., 2010). According to previous studies, the majority of these children have been subjected to violence and adversity at home, at school, and in their communities which has resulted in them experiencing fears far exceeding normal developmental fears. These excessive fears impact upon their physical, emotional and mental development (Burton, 2007). It is necessary to gain a greater

understanding of the fears that children experience in their daily lives in order for interventions to be implemented to make their worlds a safer space.

Over the past 10 years most research has focused on fears relating to violence at school or in the community, leaving the home environment relatively under-researched. In addition, the bulk of previous studies have looked at the different types of fear that children are subjected to as defined by adults. This has been conducted using self-report surveys which consist of a list of prescribed potentially fearful items. Children are asked to indicate which items cause fear and to rate the intensity of the fear experienced (Burkhardt, 2007). Little research has been conducted to understand what it is that children are actually afraid of and what steps can be taken to protect them. Very often what adults perceive is important to children differs from what children think. It is also evident that what is profoundly lacking in all research is a way of conceptualising fear.

The rationale of this study was to address the scarcity of data on fears and adversity experienced by South African children in their homes from their own perspectives. A further objective was to ascertain what the children felt could be done in order to make them feel safer.

1.2 Aims of the study

This study sought firstly to investigate normative children's fears experienced in their daily lives in the context of their homes; secondly to establish how intense these fears were; and lastly to determine what, in the children's opinion, could be done to make them feel safer at home. By providing greater understanding of their experiences of fear, the aim was to conceptualise fear and use the findings to provide a base from which further research could be conducted.

1.3 Research objectives

Questionnaires consisting of two open ended questions and a rating scale were used with the aim of achieving the following objectives:

- To investigate what made children afraid in their homes during the past year

- To establish how fearful these events actually were
- To gain an understanding of what the children felt could be done to make their homes a safer place for them
- To conceptualise fear
- To create a baseline from which further research could be conducted

1.4 Key words and definition of concepts

Child, violence, fear, anxiety, home, adolescents, domestic violence, corporal punishment

- “fear” is an “intense aversion to or apprehension of a person, place, activity, event, or object that causes emotional distress and often avoidance behaviour” according to Kalar et al.(2013). The DSM 5 classifies fear as an emotional response to a real or perceived impending threat. It is considered a normal response to “threatening stimuli” and can range from mildly disturbing to very intense and disabling levels (Graziano, DeGiovanni & Garcia, 1979; Gullone, 2000).
- “anxiety” is anticipation of a future threat (APA, 2013). It is an emotion accompanied by worried thoughts and feelings of tension (APA, 2013). Fear and anxiety are used interchangeably in the present study.
- “child” is defined as anyone under 18 years according to the Bill of Rights, section 28, of the Constitution of South Africa.
- “adolescents” refer to the young people between the ages of 10 and 19 according to the World Health Organisation (WHO b). Child and adolescent are used interchangeably in the current study.
- “violence” refers to an intentional use of physical force against oneself or any other individual or group. It can be actual or threatened and results in, or intends to result in, physical or psychological harm, death, deprivation or maldevelopment (WHO a).

- “domestic violence” takes place between blood family members or between people who are or were engaged or married, currently live together or used to live together or are parents of a child. Violence refers to any physical, sexual, emotional, verbal, psychological, or economical abuse. This includes intimidation, harassment, stalking, damage to property and any other controlling or abusive behaviour (Domestic Violence Act no 116 of 1998).
- “home” refers to the child’s permanent place of residence.
- “corporal punishment” refers to an act, such as slapping a child’s hand, which aims to cause physical pain to control or correct a child’s behaviour. Injury is not intended (Straus & Mouradian, 1998).

1.5 Outline of the study

Chapter 1 is an introduction to the study. It provides a brief overview of fears children experience as a result of violence and adversity and outlines the research rationale, aims and objectives of the current study. The key words and concepts used are also defined.

Chapter 2 reviews some of the available literature on children’s normal developmental fears and fears as a result of interpersonal and non-interpersonal violence experienced by children globally and in South Africa. Previous methods used to research childhood fears are explored. Finally, the theoretical framework underpinning this study is discussed. This includes Bronfenbrenner’s ecological systems theory, Hobfill’s Conservation of Resources theory, as well as the rationale behind using a child-centred perspective.

Chapter 3 outlines the research methodology of the study. The research paradigm, design, data collection instruments, sampling, and measures taken to ensure reliability and validity are also addressed in the chapter.

Chapter 4 presents the major findings of the study. The results are presented in the form of tables and excerpts from the participant’s responses are included to facilitate a fuller understanding of children’s fears.

Chapter 5 presents a discussion and an interpretation of the findings according to Hobfoll's Conservation of Resources theory. The major trends are highlighted and the correlation between age, gender, ethnicity, the most intense and the most common fears are explored. A comparison is drawn between the current method used and previous research using fear survey schedules. Limitations of the present study are discussed.

Chapter 6 concludes the study and discusses implications for future research.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Chapter Two provides a review of the available literature on children's developmental fears and normative fears as a result of violence and adversity experienced by children globally and in South Africa. Previous methods of research on children's fears are explored followed by a discussion of the theoretical framework underpinning the study. This includes Bronfenbrenner's ecological systems theory, Hobfoll's Conservation of Resources theory, and the adoption of a child-centred approach.

2.1 An overview

Children form an essential component of a society. According to UNICEF there are approximately 130 million children being born worldwide every year. In many countries this represents more than 50% of their total population (UNICEF).

Children experience fear on a daily basis. Fear is a normal part of children's development and plays an integral role in protecting them from danger (Gullone, 2000; Nicastro & Whetsell, 1999). However, often their fears go beyond normal developmental fears and have far reaching implications in their lives. These fears reflect the world in which they live and their understanding of it (Burkhardt, 2007). It, therefore, stands to reason that children living in a violent world are subjected to challenges and adversity which leads them to experience excessive fear.

The role of children has been acknowledged as the key to the survival, development as well as prosperity of the society in which they live. A child's developmental stage is crucial and warrants serious attention from parents and teachers in order to ensure that they grow into mature adults who are able to contribute meaningfully to society (Noh & Wan Talaat, 2012). There are many laws and policies in place worldwide which aim to protect children.

Children in South Africa are protected by the Constitution of South Africa and numerous national and international policies. Many documents have been specifically written for

children such as The United Nation Convention on the Rights of the Child and The African Charter on the Rights and Welfare of the Child.

In The Bill of Rights, section 28, of the Constitution of South Africa, children's rights are listed. These rights relate to domestic family life, child labour, education, imprisonment, and armed conflict. In this bill "child" refers to anyone less than 18 years and it is stated that "A child's best interests are of paramount importance in every matter concerning the child." Amongst other rights, children have the right "to family care or parental care", "to basic nutrition, shelter, basic health care services and social services", "to be protected from maltreatment, neglect, abuse or degradation", "to be protected from exploitive labour practices", and "not to be used directly in armed conflict, and to be protected in times of armed conflict" (South African Government Information, 1996).

After the United Nation Convention on the Rights of the Child and The African Charter on the Rights and Welfare of the Child were accepted by South Africa, the Children's Act was drafted. This new act emphasizes a prevention and early intervention approach and makes provision for the state to provide social support to assist families to care for and protect their children. In the past, the state has only intervened once child abuse or neglect had been reported (UNICEF b). The Children's Act places the responsibility on parents to care for and protect their children from physical, emotional, or moral harm (Centre for Child Law).

The Child Justice Act takes into account the vulnerabilities that lead children to break the law and ensures that their constitutional rights are adhered to. This act aims to make children accountable for criminal activities and to prevent them from future transgressions of the law. In this way, safer communities with less violence can be created (UNICEF b).

In spite of South Africa's progressive laws and policies which have been put in place in order to protect the children of the country, children in both rural and urban areas are subjected to many types of adversity, including violence, on a daily basis (Seedat et al., 2009).

Although specific statistics are scarce, we know that, globally, violence is widespread and has a debilitating effect on many lives. Violence takes on many different forms. According to a world report on violence, in 2000, approximately 1.6 million people died as a result of

violence. Half of these deaths were due to suicide, nearly a third due to homicides and a fifth due to war. These percentages differ from country to country. Statistics from 48 population-based studies conducted around the world indicate that between 10 - 69% of women are physically abused by an intimate partner and that 20% of women and 5-10% of men have been sexually abused as children (Krug, Mercy, Dahlberg, & Zwi, 2002).

Globally, almost 16 000 people die daily as a result of both intentional and unintentional injuries. Unintentional injuries include injuries relating to traffic accidents, drowning, falls, poisoning, and fire, whereas intentional injuries refer to injuries due to assault, war, and self-inflicted violence. For every person that dies there are several thousand people who survive the trauma but are left permanently disabled (Krug, Sharma, & Lozana, 2000). According to the World Health Organisation database, the three leading causes of death amongst 15-44 year olds in high income countries are road traffic injuries, self-inflicted injuries, and interpersonal violence followed by diseases. In low and middle income countries the leading cause is HIV/Aids followed by road traffic injuries, interpersonal violence, and self-inflicted injuries (Krug et al., 2000).

First world countries are not exempt from violence. In America, for example, family violence and community violence are a serious problem (Garrido, Culhane, Raviv, & Taussig, 2010). More than 50% of men and 40% of women report having been victimised by a parent or caregiver by the age of 18 years. Interparental physical violence has been witnessed by 14%-18% of adults (McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009) with over 70% experiencing physical abuse and witnessed at least one violent act in their community (Garrido et al., 2010). Children are exposed to several scary incidents such as witnessing chokings, stabbings, shootings (Foster, Kuperminc, & Price, 2004; Garrido et al., 2010) as well as gang violence, street chases, and muggings (Foster et al., 2004). Urban adolescents are exposed to violence at school, in the community, and in their homes (Foster et al., 2004).

In South Africa, violence and unintentional injuries were the second leading cause of death in 2000. These death rates are higher than the African continental average and twice the global average. Nearly half of these deaths were caused by interpersonal violence which is four and a half times greater than those experienced worldwide. A quarter of deaths were due to traffic accidents and the balance caused by self-inflicted injuries, fires, drowning, and falls. Non-

fatal injuries due to violence make up over half of the cases of people seeking injury related medical help (Seedat et al., 2009).

In an effort to explain these high levels of violence, several theories have been proposed:

- a) Children are exposed to violence on many different levels such as computer games, television, films;
- b) Apartheid produced a generation of people for whom violence was the solution to bring about change;
- c) Apartheid created a generation of people who grew up in an abnormal society with no sound family structure. This generation became parents with no parenting skills;
- d) The ease of obtaining alcohol leading to excessive usage resulting in increased violence and gang activity.

Although the above factors do, without doubt, have a profound influence on the levels of violence in our society, they do not explain the increase adequately (Burton, 2007).

Children are not exempt from these high rates of violence and unintentional injuries, and are exposed to many hardships and challenges on the road to adulthood. They are exposed directly and vicariously to poverty, diseases, rape, intimate partner violence, abuse, neglect (Seedat et al., 2009), robbery, murder, and shootings on a daily basis (Burton, 2007; UNICEF c). This has a serious impact on their physical, emotional, and mental development and, from reports in the media and extensive research conducted, it would appear that children are in crisis (Burton, 2007).

This is a direct violation of their rights (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010). The actual provision of protection and prevention of violence has become a ‘major challenge’ [UNICEF d]. According to UNICEF “Providing care and support to millions of orphaned and vulnerable children and reducing the high levels of violence against children and women are among South Africa’s most daunting tasks.” (UNICEF d).

With widespread poverty and limited access to counselling, the trauma and resultant fears that children suffer, remain with them and prevent a smooth transition into adulthood. This results in a generation of people who have been subjected to violence, crime, physical and

psychological damage, inadequate education, and a threatened sense of security (Burton, 2007).

According to Jefthas and Arts, the situation of youth and violence is “disturbing” and South Africa’s youth face “a bleak future” (Burton, 2007).

This excessive exposure to violence in their homes, their schools, and their communities subjects children to many hardships throughout their lives (Seedat et al., 2009) resulting in them being “scared everywhere” (Gopal & Collings, 2013). These fears experienced by children can be broadly divided into three groups, namely, normal childhood fears, fears relating to interpersonal violence, and fears relating to childhood adversity.

2.2 Normal childhood fears

2.2.1 Common fears

All children experience a multitude of fears during their childhood. Fear is a normal part of their development and it is experienced everywhere (Nicastro & Whetsell, 1999; Gullone, 2000). Fear is adaptive in nature and is a technique necessary for survival as it plays a major role in protecting children from danger (Nicastro & Whetsell, 1999).

A questionnaire administered by Hall (1897), established that children experience a wide variety of fears, such as, fear of darkness, water, insects, ghosts, blood, being kidnapped, and many more (Burkhardt, 2007). Normal fear is defined as “a normal reaction to a real or imagined threat” and is an important adaptive component of development which is essential for our survival. Fear experienced by youth and adolescents has been researched by over 100 researchers over the past century in order to ascertain the content, intensity, structure and continuity of fear and how it is affected by gender, socio-economic status, culture, and age. From all the research, a predictable and consistent pattern has emerged (Burkhardt, 2007). The content of normal fear changes with the different developmental stages of children and, therefore, follows a developmental pattern (Gullone, 2000). Most fears appear at similar ages and are transitory. Older children experience a range of fears different to those experienced by younger children (Nicastro & Whetsell, 1999). Infant fears are concrete and situated in the here and now, whereas, fears during late childhood and adolescence become more abstract

(Gullone, 2000). Infants and very young children show fear to incidents such as a loud bang occurring in their immediate presence due to the limits of their sensorimotor maturation. As they get older and become toddlers and pre-schoolers, they are more prone to fear things that change their individual environment, such as, masks and bugs, strange people, dark rooms, being left alone, falling, loud sounds, snakes, and large dogs. Fear of the dark, ghosts, and monsters is common in the child's fourth year and social fears, such as going to school, begin to emerge in their fifth year. A developed imagination leads to school going children fearing the supernatural. Fears relating to monsters, ghosts, and the supernatural arise as a result of children projecting fears that they are unable to define into these categories. All fears are very real to children as they are unable to identify the differences between fantasy and reality. When children reach 6 to 7 years they begin to be able to specify their fears in a more realistic manner. Children in middle childhood and adolescence experience fears relating to social situations and their bodies and once they become older adolescents, common fears include fear of interpersonal issues, personal inadequacy and social issues (Nicastro & Whetsell, 1999).

The nature of fears does not only change but they also diminish with age. As children get older the content of their fear changes to intangible concerns such as social rejection and, in addition to this, their fears diminish (Nicastro & Whetsell, 1999).

The above early findings have been duplicated in a vast amount of subsequent research. Many different methods have been used to collect data – retrospective accounts, observational investigations, interviews, lists of fears, and self-report surveys which are the most commonly used. The general findings of the research conducted over the past century show that girls generally experience greater fear intensity than boys (Nicastro & Whetsell, 1999; Gullone, 2000), that the content of fears differ according to socio-economic status, and that the level of intensity generally decreases with age (Gullone, 2000).

It appears that it is common for children to experience night time fears specific to their particular developmental stage. This is reflected in studies conducted on scary dreams. Younger children describe dreams involving monsters which are ugly or have big ears; whereas older children described monsters who engaged in dangerous behaviour. Night time fears appear to have a family context as they often occur in times of conflict within the

family. In some cases children experience dreams which are severe and which cause concern and interfere with their daily lives (King, Ollendick, & Tonge, 1997).

Attempts have been made to explain the origin of childhood fears. Fear and anxiety appears to run in families. Research amongst monozygotic and dizygotic twin children indicates that up to 50% of childhood fears can be attributed to a genetic predisposition. The balance originates from environmental factors. Children develop fears by experiencing a fearful situation directly, by witnessing someone else showing fear, or by being constantly warned by parents about various dangers (King et al., 1997). Muris and Field (2010) refer to the latter as “threat information transmission” (Muris & Field, 2010). Remmerswaal, Muris and Huijding (2013), conducted research to establish whether negative information provided by mothers would impact on their children’s fears. Mothers were given negative and positive information about a small animal and were asked to pass this in to their child. The children who received the negative information were more afraid to approach the animal. This suggests that fear and avoidant behaviour can develop due to negative information transmission (Remmerswaal, Muris, & Huijding, 2013).

2.2.2 Culture specific fears

It appears that some of the fears experienced by children are culture specific. These fears seem to differ from country to country and within different socio-economic groups. This is possibly due to the different living conditions which produce different threats and dangers. According to research conducted by Muris, Du Plessis and Loxton (2008) amongst South African youths aged between 10 and 14 years, white children were more afraid of danger and death whilst black children fear animals, and coloured children seem to experience fears from both these groups (Muris, Du Plessis, & Loxton, 2008). The intensity of the fear also differed with black youths reporting stronger feelings of fear than white youths and coloured youths being somewhere in between (Burkhardt, 2007; Muris et al., 2008). Possible explanations are that, in the aftermath of apartheid, blacks and coloureds still live in environments with more hardships, violence, and poverty which cause more stress and anxiety. This increased intensity of fear could also be due to black and coloured children experiencing their parents as more anxious and controlling which increases the children’s anxiety levels. Amongst these youth, most of their fears were developed on modelling and negative information (Muris et al., 2008).

When children are subjected to violence and other childhood adversity, the resultant fears go beyond those that are considered to be a normal part of their development and begin to affect their daily functioning.

2.3 Fears relating to childhood adversity

2.3.1 Disease

Children, especially those living in lower socioeconomic status households where there is often a lack of hygiene, sanitation, and suitable drinking water, are susceptible to a myriad of diseases. Very prevalent is pneumonia, with more children dying from it than any other illnesses, as well as diarrhoeal diseases which are the second most common cause of death worldwide amongst children under two years of age. Malaria also poses a threat and kills more than a million people each year. Although many other diseases, namely, measles, diphtheria, pertussis, tetanus, and polio, which also result in child mortality are preventable with vaccines, many children do not have access to free vaccinations (UNICEF, 2007). This places them at risk of contracting various diseases and dealing with the subsequent pain and suffering.

2.3.2 HIV/Aids

The number of people living with HIV/Aids has continued to rise with an estimated 39.5 million being infected worldwide in 2006. More than 10 million are in the 15 – 24 years age group. This has placed a huge burden on children – not only those who are HIV positive but also those who are dealing with it within their families. Up until 2005, 15.2 million children had lost one or both parents to HIV/Aids, placing them at great risk for education, health, and wellbeing (UNICEF, 2007). Children who have lost both parents rely on the kindness of close relatives or neighbours to see to their needs. This places a huge burden on the foster family who are often struggling to exist themselves (Landman, 2002).

2.3.3 Fragmented families

Bronfenbrenner's most basic belief states that "every child needs at least one adult who is irrationally crazy about him or her" (Brendtro, 2006). Relationships and bonds that are based on trust are the most significant for the child's positive development. Every child needs an

adult who has their wellbeing at heart and with whom they have a mutual, strong, emotional bond. To help to ensure that the child's needs are met, the primary caregiver should have at least one other adult who is able to offer support (Brendtro, 2006).

Due to an inherited legacy of violence, inequality, a fragmented society as well as the high prevalence of HIV/Aids (UNICEF, 2007) many families are not able to provide support for their children as they are single parents, child headed households, or families broken down due to disease, divorce, or poverty (Brendtro, 2006). According to the South African Institute for Race Relations, 33% of children in South Africa live with both parents, 39% live with their mothers only, 4% live with their fathers only, 8% live with grandparents or great aunts and uncles only and 0.5% live in child headed households. The balance of 16% lives in foster care or with other relatives (UNICEF, c).

Many childhoods have been "stolen" as children are being forced to take on adult responsibilities of caring for sick parents and siblings in child headed households (UNICEF d). In many cases they have suffered the trauma of watching their parent become weaker and then eventually succumb to illness, leaving them feeling confused and abandoned, and facing being ostracised and stigmatised. Children are forced to carry on without parental love, guidance, or a suitable role model (Landman, 2002) and are more likely to be subjected to poverty and abuse (UNICEF, 2012). This results in alienation, apathy, rebellion, delinquency, and violence amongst children (Brendtro, 2006; UNICEF 2012). Girls often turn to prostitution and boys move onto the streets. (UNICEF, 2012).

2.3.4 Cultural traditions

Often long term cultural practices conflict with universal human rights. The U.N. Declaration on the Elimination of Violence Against Women condemns female genital mutilation and states that countries "should condemn violence against women and should not invoke any custom, tradition, or religious consideration to avoid their obligations with respect to its elimination." (Santa Clara University, n.d.). Despite this, many cultures still prescribe female genital mutilation and cutting which violates girls' and women's human rights to freedom from discrimination and violence. Child marriages are still enforced in certain countries, often interfering with their development and placing on them the burden of premature pregnancies (UNICEF, 2007). In Afghanistan, females are not allowed to receive

an education and may not leave the house unless accompanied by a relative. In China, female infanticide is still practised and in Gaza unmarried females may be stoned to death if accused of losing their virginity and of bringing shame to the family (Santa Clara University, n.d.). Some cultures view practices such as foot binding or ritual scarring as an important part of their traditions. In South Africa, initiation ceremonies have led to the death of 60 youth and the hospitalisation of hundreds from May – July 2013 due to circumcisions gone wrong, dehydration, and other wounds (ABC News, n.d.).

2.3.5 Poverty

Of the population of 19 million children in South Africa, 66 % live in poverty which leads to physical hardship and neglect in many areas as well as a lack of clothing, food, and hygiene (Jewkes et al.,2010). Lack of sanitation leads to impaired physical growth and cognitive impairment in hundreds of millions of children (UNICEF, 2007). Many children live in homes where there is unemployment, single parenting, elderly caregivers, and chronic illness (UNICEF, 2007).

According to statistics in 2000, 143 million children in the developing world are under-nourished. Adequate nutrition is essential for a strong immune system and for motor and cognitive development. Insufficient nutrient intake, diseases, and infections lead to stunting (a low height for their age), wasting (a low weight for their height), and excess weight. Wasting indicates a strong possibility of mortality in children under 5 years old (UNICEF, 2007). Babies born with low birth weights which are often due to the mother's poor health, are more prone to infections, diseases, and inhibited growth, and cognitive development. Lack of iodine causes mental retardation, stillbirths, miscarriages, and cretinism as well as affecting the learning potential of the children. Vitamin A deficiency is the leading cause of childhood blindness and increases the risk of death from common illnesses (UNICEF, 2007). The child mortality rate is greatest amongst children living in rural areas and in the poorest areas (UNICEF, 2007).

Economic conditions play a dual role as they are both the cause and the effect of violence. Children living in lower socio-economic conditions are at an increased risk of becoming victims to intentional and non-intentional injuries (Krug et al., 2002).

2.3.6 Other unintentional injuries

Children are at high risk for many unintentional injuries which account for the majority of deaths in 10 – 14 year olds. These injuries include burns, falls, and drowning in lakes, rivers, the sea, and swimming pools. Burns, mostly occurring at home amongst boys, are the leading cause of death amongst 1 – 4 year olds. These fatal and non-fatal injuries generally occur in poor socio-economic conditions where resources are limited and housing is inferior and congested. A lack of suitable storage space for paraffin, portable stoves, and hot water cylinders places children at risk (Seedat et al., 2009).

Mortality due to traffic incidents is nearly double the global average and is higher than the average for the African continent. In 2007, 40 % of the traffic deaths were pedestrians and 17 % of all the deaths were children. Alcohol use, speed, driver fatigue, and the lack of facilities for pedestrians and cyclists are all contributing factors to fatal and non-fatal traffic accidents (Seedat et al, 2009).

2.4 Fears relating to interpersonal violence

2.4.1 An overview

Children, growing up in a world surrounded by violence, intentional and unintentional, suffer abuse on a daily basis in all the domains of their lives. They are beaten, sexually abused, raped, bullied, neglected, and witnesses of domestic and other forms of violence. Many of these incidents occur in places that we would consider safe (Burton, 2007) such as shopping centres, schools, public places, private places, and even in the safety of their homes. Children suffer abuse at the hands of people they don't know as well as people they are familiar with. According to UNICEF (2012), 84% of children subjected to violence know the perpetrator (UNICEF, 2012). Violent acts are often perpetrated by people known to the children, such as family and teachers, in domains that should offer a safe, protected space, such as school, home, and the community. Children are not only sexually abused at home and in the community but also at school where they face sexual bullying by children and sexual abuse by their teachers (Seedat et al., 2009).

Studies conducted amongst children in South Africa and Africa, in rural and urban schools, indicate that more than 80% of children have been exposed to trauma as either victims or

witnesses. Most have suffered from physical punishment, physical hardship, emotional abuse, emotional neglect, and sexual abuse (Jewkes et al., 2010).

In a study conducted by Gopal and Collings (2013) among 20 adolescents attending a rural school in KwaZulu-Natal, it was found that all the respondents had experienced some form of either direct or vicarious violence. The children reported having being subjected to physical assault at school, violent episodes in the community, especially on their way to and from school, as well as physical and sexual violence in their homes (Gopal & Collings, 2013). Self-report questionnaires completed by 2 041 children attending urban schools, indicate that more than 80% had been exposed to severe trauma as victims or as witnesses (Seedat et al., 2004). The most common traumas were witnessing community violence, being robbed or mugged, followed by witnessing violence towards a family member (Gopal & Collings, 2013). The boundaries between these three domains were permeable with violence from the community often following the learners into school when gang members managed to get past security at the gates. Many of the males implied that violence was necessary and a means of gaining respect, a view which was often encouraged by family members and parents. It appeared that violence was also viewed as a means of obtaining and retaining consensual and non-consensual sexual partners. Violence is, therefore, often used for secondary gains, for self-esteem, and for attaining “valuable resources” (Gopal & Collings, 2013).

2.4.2 From the child’s perspective

In an attempt to gain insight and a greater understanding into children’s perception of violence, a study was conducted by Carroll-Lind, Chapman and Raskauskas (2011), amongst 2 077 children aged 9 – 13 years living in New Zealand. Children were given the opportunity to share their thoughts and feelings around their experiences of violence and it was found that the majority of the children had been exposed to violence at some stage in their lives. They reported being subjected to a range of physical, emotional, and sexual violence. The children had been called names, threatened, ganged up on, targeted in gossip, and excluded on the playground. They had also been subjected to sexual violence directly or witnessed it against adults as well as other children. Physically, they had been punched, hit with a steel bar, kicked, and hit with a broom. In addition, they had witnessed physical fights amongst members of their family. Emotional abuse, the majority of which was bullying by other children, was the most common form of direct and indirect violence experienced and had the

highest impact on the children. Witnessing violence was prevalent and, with the exception of sexual victimisation, was viewed more negatively than actually experiencing it. All violence involving adults was perceived as more detrimental (Carroll-Lind, Chapman, & Raskauskas, 2011).

2.4.3 Locus of violence

According to Advocate Pansy Tlakula there are few spaces in South Africa where children feel safe as violence takes place everywhere. Places which children should regard as places of safety, care, love, and support such as schools, community, homes, and churches have become unsafe (LenkaBula, 2002).

2.4.3.1 Violence at school

A large area of concern is the increasing mental, physical, and psychological violence that children experience in school. Schools play an influential role and have a major influence on children's development due to the amount of time that children spend there (Zimmerman & Arunkumar, 1994). Living with violence in such environments has a negative impact with regards to children's personal safety as well as perpetuating violence in society (South African Council of Education, 2011). Children feel unsafe in the toilets, the play grounds, the classrooms, and the principal's office as well as whilst waiting for transport or walking to and from school. Their safety is jeopardised by the other learners, teachers, and youth and by adults from within the community (RAPCAN 2006). Violence experienced at schools includes bullying, rape, robberies, shootings, stabbings, and assault (SACE, 2011).

Victimisation in the schools causes far more psychological distress than victimisation in the community which could be attributed to the fact that there is so much violence taking place in schools which increases fear among the children. In addition, often the perpetrator is often known to the child, which possibly produces more trauma (Shields et al., 2009).

Although corporal punishment is no longer allowed at schools, many schools still use it as a form of discipline. UNICEF defines corporal punishment as "the use of physical force causing pain, but not wounds as a means of discipline" (UNICEF, e). According to a national youth survey conducted in 2005, 51.4 % of learners reported that they had been caned or spanked at school. Besides corporal punishment being ineffective and confusing in many

ways (RAPCAN, 2006), it leads to children feeling humiliated, having lower self-esteem, perpetuating violence, and hampers the process of learning (UNICEF, e).

Children around the world are subjected to bullying which has a negative impact on the social, emotional, and physical health of both the victim and the bully. Bullying behaviour may be verbal, physical, or relational with girls experiencing more rejection and isolation and boys experiencing more physical aggression. Verbal aggression appears to be experienced by both girls and boys. In a study conducted by (Nansel, Craig, Overpeck, Saluja, & Ruan, 2004) the relationship was explored between the bully and the victim and their physical health, school adjustment, emotional adjustment, relationships with their peers, alcohol use, and the carrying of weapons. It was found that, across all countries, children exposed to any type of bullying suffer from poorer psychosocial adjustment. The victims and the bully-victims experienced poorer relationships with classmates and poorer emotional adjustment than the bullies whilst the bully-victims, in addition, experienced poorer school adjustment and increased alcohol use. The victims tend to be rejected by their peers resulting in problems at school and learning (Nansel et al., 2004).

Cluver, Bowes, and Gardner (2010) found that bullying is associated with depression, anxiety, suicidal ideation, and post-traumatic stress and that those who were subjected to bullying in their home or community, were at a higher risk of being bullied by their peers. These findings are consistent with the view that children who are victimised are vulnerable to re-victimisation or poly-victimisation and are prone to experience symptoms of trauma. Children living in communities with higher levels of violence experienced more bullying (Cluver, Bowes, and Gardner, 2010).

2.4.3.2 Violence in the community

Many children are exposed to community violence on a daily basis. The results of a study conducted by Foster et al. (2004) show that there is a relationship between community violence exposure and posttraumatic stress including depression, anxiety, anger, and dissociation. Girls experienced more depression, anxiety, and posttraumatic stress; whereas no gender differences were found regarding anger and dissociation. Girls experienced these symptoms whether they were victims or witnesses of violence, while boys suffered more distress when they were victims (Foster et al., 2004).

Some children experience “chronic community violence” where they are regularly exposed to knives, guns, drugs, and violence. Children interviewed in America speak about witnessing violence, including shootings and beatings, as if it were a normal event (Osofsky, 1999).

Although the South African Police Service reports a decline in the incidence of most violent crimes, reported violent deaths are still almost five times greater than the average for the rest of the world. Perpetrators and victims of homicide are predominantly men between 15 and 29 years old with the ratio of 7:1 male to female deaths. The majority of deaths are associated with high alcohol levels and with the use of weapons such as sharp objects and guns. A lot of the fighting takes place over weekends and public holidays and often in public places. The rate of homicide involving female victims in South Africa is six times the global average and more than half the deaths are caused by intimate partners. In 2000, 654 homicides occurred of children under 5 years old with boys being more likely to be killed than girls, and with the age range of 10-14 years being the highest at risk (Seedat et al., 2009).

Rape is a prevalent form of violence (Seedat et al., 2009). One woman or child out of every 833 is raped in South Africa which is much greater than the global figure of 1 in 10 000. It is suspected that the figure is actually higher as many cases go unreported due to the victim being intimidated or feeling disempowered and fearing re-traumatisation when going through the legal system.(UNICEF d). Rape dockets in Gauteng in 2003 showed that 40 % of reported rape victims were under 18 years old, 15 % were younger than 12 years, and just over 2% of victims were between 1 and 3 years old. A high majority of 73 % of perpetrators committed rape before the age of 20 years and it appears that 84% of the victims were familiar with the perpetrator. Black women and children are the highest risk group. It is not only women but also men who become victims of rape (Seedat et al., 2009).

2.4.3.3 Violence at home

Every year hundreds of children are exposed directly or indirectly to various forms of abuse and violence in their homes (UNICEF, 2006). South Africa has one of the highest rates of interpersonal partner violence in the world and in a study conducted by the United Nations Secretary-General (2006), it was estimated that 500 000 – 1.3 million children had been exposed to domestic violence. Statistics from American Professional Society on The Abuse

of Children confirm that many children live in volatile and neglectful homes and suffer abuse on a daily basis (Wider, 2012).

Families play a major role in either reducing or increasing the risk of the children becoming involved in interpersonal violence as they grow older. The family environment has the potential to protect children from abuse and its effects (Krug et al., 2002). Due to the stresses of modern society, such support, which is so necessary for healthy development, is often lacking (Brendtro, 2009). Not only is there a lack of support, violence is prevalent amongst family members. Family violence is widespread and includes abuse of a child by an adult, abuse of an elder, sibling violence, and intimate partner violence (Button & Gealt, 2010).

Jewkes et al (2010), conducted a study which assessed five different types of adversity experienced by children, namely, emotional neglect, emotional abuse, physical neglect, physical abuse, and sexual abuse. The most common type of adversity was physical punishment at home with children reporting being beaten often with an implement. A quarter of the children who had been physically punished had been left with bruises on some occasions. Boys were physically punished more often and more severely than girls, whereas, girls were sexually abused more and suffered more from physical hardship. Emotional abuse and neglect showed no gender differences suggesting that neither boys nor girls were immune from these types of adversity. The outcome of the adversity experienced was an adverse effect on their health. Girls who were sexually abused suffered from depression, suicidal ideation, and abused alcohol and there was evidence that they were at a greater risk of acquiring HIV. Those who were subjected to emotional neglect had a higher risk of HSV2 infections (Jewkes et al., 2010).

Children suffering abuse at the hands of their parents or caregivers in the context of their supposedly safe space at home, lose love and trust which are important components for a healthy development (Osofsky, 1999). When children are abused or neglected within the very relationship that is supposed to offer support, nurturing, and protection the psychological damage incurred is considerable and negatively affects their wellbeing and development (Hildyard & Wolfe, 2002). Often it is difficult to define child abuse as there is a fine line between different cultural practices, punishment, expressing anger on the one hand and abuse

on the other. Although corporal punishment is against the law, many families still resort to this as a form of discipline (Osofsky, 1999).

Siblings form an important part of the home environment (Hoffman & Edwards, 2004) and their relationship is one of the longest and most influential relationships that exists in a person's lifetime (Kiselica & Morrill-Richards, 2007). It can be one of support, companionship, and guidance (Hoffman & Edwards, 2004) with siblings often stepping in for each other and replacing parents who are absent or unreliable (Caffaro & Conn-Caffaro, 2005). The benefits of a healthy relationship are numerous and continue right throughout childhood and adulthood (Hoffman & Edwards, 2004]. Positive relationships contribute towards children developing healthy social, cognitive, and emotional skills (Button & Gealt, 2010) and offer adults support, camaraderie, friendship, and a shared history (Monahan, 2010). However, on the other hand, sibling relationships can also be fraught with violence and abuse (Hoffman & Edwards, 2004).

Violence between siblings is common (Kiselica & Morrill-Richards, 2007; Button & Gealt, 2010) and is the least reported form of child abuse (Caffaro & Conn-Caffaro, 2005). It is the most frequently occurring form of intrafamilial violence (Hoffman & Edwards, 2004), the prevalence of which is higher than violence occurring between parents and children (Kiselica & Morrill-Richards, 2007; Button & Gealt, 2010). The rate of sibling abuse is 800 per 1000 whereas parent child abuse is 23 per 1000 (Bass, Taylor, Knudson-Martin & Huengardt, 2006). Sibling abuse is hard to define as the boundaries between normal developmental behaviour and abuse are not clear (Kiselica & Morrill-Richards, 2007). Caffaro and Conn-Caffaro (2005) defines sibling abuse as "a repeated pattern of aggression directed toward a sibling with the intent to inflict harm, and motivated by an internal emotional need for power and control" (Caffaro & Conn-Caffaro, 2005). Boundaries are transcended when one sibling assumes the role of aggressor (Kiselica & Morrill-Richards, 2007). Sibling relationships refer not only to biological relationships but also to relationships between children who are fostered, adopted, have one common parent or two separate parents who are married (Kiselica & Morrill-Richards, 2007). Sibling abuse also takes place amongst step-children who are often forced to live together as a family without being given time to adapt to and accept each other resulting in unclear boundaries and conflict (Caffaro & Conn-Caffaro, 2005).

Since the 70s the feminist movement has increased awareness of violence perpetrated within the privacy of families and, subsequently, research into this domain has increased (Kiselica & Morrill-Richards, 2007). However, research into sibling abuse remains a neglected area (Kiselica & Morrill-Richards, 2007; Button & Gealt, 2010).

Sibling violence takes the form of physical, sexual, and psychological abuse. Research conducted on family violence has predominantly been focused on a patriarchal model with men seen as perpetrators and women as victims (Kiselica & Morrill-Richards, 2007). According to Morrill and Bachman (2012), it is a myth that men abuse more than women as there are no gender differences related to perpetrating physical and emotional abuse, however, women are more likely to be perpetrators of sibling sexual abuse (Morrill & Bachman, 2012). This could be due to the fact that males are less likely to report abuse or seek assistance due to embarrassment and shame (Kiselica & Morrill-Richards, 2007).

The family environment is an extremely important contributor to sibling abuse. An increased risk exists in homes where there is violence, neglect, poor parenting skills, and rigid gender roles, and where parents are not available to help resolve conflicts, meet needs, and who frequently label their children. In addition, chaotic families pose more of a risk as they are often embroiled from one crisis to the next (Kiselica & Morrill-Richards, 2007). Abuse amongst siblings is often a replication of what has been witnessed or experienced within the confines of the home environment. According to a study conducted by Button and Gealt (2010), both children who witness and those who experience abuse by violence were more likely to experience sibling abuse (Button & Gealt, 2010). The manner in which parents respond to child abuse is also influential. Some ignore the issue, blame the victim, act with indifference, abuse the perpetrator, or do not believe the victim (Kiselica & Morrill-Richards, 2007).

2.4.4 Categories of violence in the context of home

According to APSAC (1995), there are many different types of child abuse, namely, child neglect (emotional and physical), physical abuse, psychological maltreatment, sexual abuse, substance abuse, and domestic violence (Herrenkohl & Herrenkohl, 2009).

2.4.4.1 Physical abuse

Physical abuse can be in the form of punching, biting, kicking, burning, or shaking (Lev-Wiesel & Sternberg, 2012) resulting in bruising, head injuries, burns, and fractures (Wider, 2012). A contributing factor is parental alcohol abuse (Wider, 2012; Fleisthler, 2006). According to UNICEF (2007), physical or corporal punishment takes place in both rich and poor households even though it is not socially approved. In 29 countries surveyed, an average of 86% of children between the ages of 2-14 had been the recipients of severe physical punishment at home.

Children are also victimised by siblings living at home (Tucker, Finkelhor, Shattuck, & Turner, 2013) with children reporting incidents of kicking, biting, stabbing, punching, shoving, slapping, and hair pulling. Severe forms include using belts, hangers, knives, broken glass, belts, sticks, guns, and scissors. The impact on both the victim and the perpetrator is “devastating” (Kiselica & Morrill-Richards, 2007). Contrary to other forms of violence in the home, sibling aggression seems to be more prevalent in homes with a higher socio-economic status (Tucker et al., 2013).

According to statistics, murder amongst siblings accounts for 10% of family homicides (Hoffman & Edwards, 2004). Over a third of children aged 1 month – 17 years had been victimised by a brother or sister during the past year in a study conducted by Tucker et al. (2013). It was established that the most common form of abuse was physical aggression which occurred most often in the pre-adolescent years. Injuries caused by the victimisation increased as the children got older and peaked with the older adolescents. Sibling aggression was the highest amongst brothers and amongst siblings who were close in age (Furman & Buhrmester, 1985; Tucker et al., 2013). This could possibly be due to the boys’ need to compete and establish their dominance (Tucker et al., 2013).

2.4.4.2 Emotional abuse

Emotional abuse takes on many different forms. It generally takes place in a relationship between a care-giver and a child and can be defined as withholding affection, love, and other emotional support (Lev-Wiesel & Sternberg, 2012), shouting, ignoring, threatening, minimising, and lowering self-esteem. It is the most under-reported as it is the most difficult to prove or to define although, unlike sexual abuse, it is not secretive and is easily observable.

Emotional abuse can exist on its own without other forms of abuse; whereas other forms of abuse seldom exist without signs of emotional abuse being evident (Glaser, 2002).

Emotional abuse and neglect damages a child's development, the effects of which continue into adulthood (Glaser, 2002). It is as damaging as sexual and physical abuse and, in comparison to those who are physically abused, children who experience emotional abuse experience more cognitive and academic problems, more peer rejection, and social withdrawal (Hildyard & Wolfe, 2002). According to De la Vega, de la Osa, Ezpeleta, Granero and Domenech (2011) it is the most destructive form of abuse and leads to feelings of hopelessness, helplessness, depressed moods, and low self-esteem. In a study conducted by De la Vega et al. (2011), the effects of three different types of psychological maltreatment, namely spurning, denial of emotional responsiveness, and terrorizing were explored in families where interpersonal domestic violence was prevalent. It was found that spurning had the greatest negative impact (De la Vega, de la Osa, Ezpeleta, Granero, & Domenech, 2011).

Psychological damage is incurred not only when the abuse is directed at the child but also when it is witnessed by the child towards a pet, a parent, or a sibling (Wider, 2012).

A prevalent form of emotional or psychological abuse is verbal abuse, commonly referred to as reviling, which involves the abusive use of language such as name calling, belittling, swearing, insulting, sarcasm, scapegoating, and blaming. Verbal abuse, according to Grady (2003), can be defined as "words that attack or injure an individual, words that cause one to believe an untrue statement, or words that speak falsely of an individual" (Noh & Wan Talaat, 2012).

Amongst siblings, psychological abuse is possibly the most difficult to define with many instances being interpreted as normal sibling rivalry. It can take the form of intimidation, belittling, destroying possessions, torturing/killing pets, and scorn. Children re-act to this abuse by crying, screaming, or hiding to try and escape from their abuser (Kiselica & Morrell-Richards, 2007). There are many long-term effects of psychological abuse such as developmental delays, suicide, low self-esteem, habit and conduct disorders, neurotic tendencies, and psychoneurotic reactions. Psychological harm is caused when the abusive messages from the perpetrator are internalised by the victim (Kiselica & Morrell-Richards, 2007).

2.4.4.3 Sexual abuse

Child sexual abuse appears to be on the increase in South Africa. Although it impacts many families, few cases are reported and it often remains a family secret (Pretorius, Chauke & Morgan, 2011). According to LenkaBula (2002), sexual abuse shows “the lack of respect for the value and sanctity of lives of children” (LenkaBula, 2002). Many cases of sexual abuse of children take place between adults and children. Children are most often sexually abused in familiar places by people they trust, leading them to feel compelled to protect the perpetrator, especially if it is the breadwinner of their family (Pretorius et al., 2011).

Sexual abuse ranges from non-contact to contact activities and is defined as intercourse, fondling of genitals, rape, incest, sodomy, exhibitionism, and exploitation through prostitution or the production of pornographic materials (Lev-Wiesel & Sternberg, 2012; LenkaBula, 2002). The perpetrators are generally male and usually known by the child (Wider, 2012). There are many symptoms of sexual abuse including promiscuity, changes in eating and sleeping patterns, mistrust, withdrawal, phobias, guilt, and poor academic performance (Wider, 2012). The impact of sexual abuse is not only physical but also emotional (Lenkabula, 2002).

The most frequent type of incest that takes place within families is perpetrated by a sibling (Krienert & Walsh, 2011). It is universally accepted to be the most serious (Morrill & Bachman, 2012; Kiselica & Morrill-Richards, 2007; Bass et al., 2006) and is considered to be the biggest risk factor for future abuse for both boys and girls (Morrill & Bachman, 2012). Despite this, it is the least understood and the least researched topic in the field of child abuse (Krienert & Walsh, 2011; Morrill & Bachman, 2012; Bass et al., 2006) which allows it to continue to be hidden as a private family business matter (Krienert & Walsh, 2011).

Definitions of what constitutes sibling sexual abuse are not clear and disagreement exists as to what constitutes normal exploration and what constitutes abuse. Very often the sexual contact is minimised and is seen as “normal” curiosity (Krienert & Walsh, 2011). Sexual abuse is not limited to intercourse but also consists of unwanted sexual advances, fondling, and forced viewing of pornographic material (Kiselica & Morrill-Richards, 2007) and can also take place between same sex siblings (Krienert & Walsh, 2011). Many children do not disclose the abuse due to the fear of being disbelieved, shamed, punished, or suffering

retaliation and stigmatisation. This has resulted in sibling sexual abuse being under reported (Krienert & Walsh, 2011; Caffaro & Conn-Caffarro, 2005).

Krienert & Walsh (2011) compiled a report based on data collected by the National Incident-Based Reporting System from 2000-2007 and ascertained that just over 13 000 incidents of sibling sexual abuse had been reported. Most victims were under the age of 13, female, biological siblings, and most cases involved a single offender and a single victim. The average age gap between the siblings was 5.5 years with offenders being older. Most cases involved male offenders and female victims with 25 % involving male-to- male sexual abuse. The most common type of abuse was forcible fondling with rape and sodomy the second most common (Krienert & Walsh, 2011).

The effects of sexual abuse amongst siblings are carried through to adulthood and include depression, low self-esteem, posttraumatic stress, suicide, relationship problems, intimacy problems, physical and sexual abuse, eating disorders, and submissiveness (Krienert & Walsh, 2011). The need to find some type of meaning in the abuse often lasts throughout the victims' lives (Monahan, 2010). In a study conducted by Monahan (2010), the women in a sample who had been sexually abused by siblings, revealed how the trauma affected their life functioning, their relationships with their siblings, and the family dynamics in an aging family. Although they had married, borne children and succeeded at work, the abuse was a "wound that remains across their lifespan and continues to impact family of origin interactions." (Monahan, 2010).

2.4.5 Different types of violence

2.4.5.1 Neglect

Child neglect is the most common form of abuse and the most difficult to define (Hildyard & Wolfe, 2002). According to the United States' Child Abuse Prevention and Treatment Act (1992), neglect is defined as "any recent act of failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm." Child neglect normally originates at an early age and has an accumulative effect on the development of the child (Hildyard & Wolfe, 2002).

Neglect can be categorised as:

- a) Physical neglect – inadequate food, shelter, clothing or supervision
- b) Medical neglect – inadequate medical or mental health treatment
- c) Educational neglect – not providing education or special needs education
- d) Emotional neglect – inadequate attention to the child’s emotional needs, allowing the child to use alcohol or drugs and not providing psychological care (Wider, 2012; Lev-Wiesel & Sternberg, 2012).

2.4.5.2 Domestic abuse

Domestic abuse in South Africa is one of the highest in the world. In the home, violence is often used to resolve domestic disagreements. This is due to the perception created during the apartheid era that violence is a suitable method of conflict resolution. Although domestic violence takes place across all socio-economic groups, it appears that violence is the greatest in families living in poverty and deprivation. Youths experiencing this violence in their home view it as normal behaviour and are at high risk of, one day, treating their own families violently (Burton, 2007).

Many families who experience domestic violence are also exposed to other types of violence. This can compromise the parent’s ability to provide protection for the children and subsequently increase the effects of the violence on the children (Mitchell & Finkelhor, 2005).

2.4.5.3 Intimate partner violence

South Africa has a high prevalence of intimate partner violence (Abrahams & Jewkes, 2005). The majority of women experience violence in the supposed safety of their homes by their intimate partners who are the people who love them. If the mother is unable to protect herself she is not able to offer any safety for her children. Consequently, the domestic violence often results in child abuse. (UNICEF, 2007). There are no reliable statistics available, however, we know that the incidence is as high as 40% for men who admit having physically abused their partners and more than 40% for women who have reported being subjected to violence by their partners (Seedat et al., 2009). Intimate partner violence takes the form of sexual abuse, threats, controlling behaviour, insults, humiliation, and eviction from the marital home. Although it is now illegal, in our traditionally patriarchal society many still believe

that men have a right to punish their wives physically as long as it is not too severe (Abrahams & Jewkes, 2005; Seedat et al., 2009). Intimate partner violence is seen by many as acceptable and an indication of love, provided no marks have been left (Abrahams & Jewkes, 2005). According to household surveys conducted in 57 countries, half of the girls and women aged 15-49 felt that husbands were allowed to beat their wives under certain circumstances (UNICEF, 2007).

In a study on boys witnessing abuse of their mothers during childhood conducted by Abrahams and Jewkes (2005) it was found that 23.5% of respondents had, in fact, witnessed abuse and that this was associated with violent acts in adulthood such as being violent towards an intimate partner, being violent at work and in the community, being arrested as a result of violent behaviour, being in possession of an illegal firearm, and antisocial behaviour. Many of the men cried when questioned about maternal abuse, indicating the sensitivity of the subject (Abrahams & Jewkes, 2005).

Data collected in 2004 (Abrahams & Jewkes, 2005), showed that the rate of homicides of females aged 14-29 was 17.6 per 100 000 and in 1999, amongst women 14 and older, 8.8 per 10 000 were murdered by a current or an ex intimate partner. This was 6 times higher than the figures for America and Australia. 1 in 4 women in South Africa have experienced physical violence. With such high rates of violence in the home, it is inevitable that children bear witness to this trauma putting them at risk of becoming violent themselves in adolescence and then adulthood (Abrahams & Jewkes, 2005).

2.4.5.4 Suicide

It is estimated by the World Health Organisation that 877 000 deaths occurred globally in 2002 due to suicide. Although there is extensive literature in high income countries, there is a lack of information on suicide in low income countries and it also appears that the figures that do exist are underestimated and do not reflect the full extent of the problem (Joe, Stein, Herman, Seedat & Williams, 2008). In South Africa approximately 5 514 to 7 582 people die by committing suicide every year and 110 280 to 151 646 attempt suicide but do not succeed. Adolescents account for one third of parasuicide cases. In 2007, 58 % of suicides were due to hanging, 17 % to poisoning and 15 % to firearms. Most suicides take place in the victim's home and alcohol is a contributory factor (Seedat et al., 2009).

2.4.6 Chronic violence

The effects of children being exposed to violence are widespread. Not only are these children at a risk of being re-victimised but they are also high risk of becoming perpetrators of violence themselves (Burton, 2007).

Once children have been exposed to victimisation, they appear to be caught up in a cycle which is very hard to escape. Experiencing one type of victimisation creates a vulnerability of experiencing subsequent other types of victimisation. Often this repeated victimisation is endured for years, suggesting that victimisation should be seen as a condition rather than an event (Finkelhor, Ormrod & Turner, 2007b; Burton, 2007).

2.4.6.1 Re-victimisation

According to Hamilton and Browne (1998) revictimisation is “maltreatment on more than one occasion by different perpetrators”. Several studies have been conducted on children who experience repeated episodes of victimisation. In a longitudinal study conducted over 2 years amongst children and youth by Finkelhor et al. (2007b), it was found that children who were victimised in any particular year were 2 to 7 times more vulnerable to being victimised for the second time in the following year. Although the risk was greatest for the same type of re-victimisation, it was also high for different types of victimisation over a broad range. For instance, children who had experienced a property crime were also at risk for being sexually abused (Finkelhor et al, 2007b).

According to an analysis conducted on over 24 000 children registered with the NSPCC in the United States, children who had already been abused were at the greatest risk for being the victim of a subsequent incident. A quarter of the children surveyed experienced a second incident of abuse within 30 days after the first incident had occurred and three quarters within 330 days. At no time did these children return to the previous levels of safety experienced by children who had never been abused (Hamilton & Browne, 1998).

2.4.6.2 Poly-victimisation

Poly-victimisation refers to being the victim of more than one type of violence rather than the victim of repeated episodes of the same type of violence and it applies to both witnessing and

directly experiencing the violence (Finkelhor et al., 2007b). Finkelhor et al. (2007b) suggest that childhood victimisation generally follows a pattern of several different types of violence (Finkelhor et al., 2007b) rather than one isolated incident. Research shows that poly-victimisation is very common as children tend to experience violence at home, at school, and in their communities simultaneously (Kaminer, Du Plessis, Hardy & Benjamin, 2013). Extensive research has been conducted on children experiencing crime, violence, maltreatment, victimisation, and the effects thereof. The majority of this research has focused on specific types of abuse which does not take into account the impact of multiple victimisation (Finkelhor, Ormrod & Turner, 2007a; Collings, Penning, & Valjee, 2013). In a study conducted by Finkelhor, Ormrod and Turner (2007a), 71% of the children surveyed had experienced victimisation during the previous year and, of these, 69% had been subjected to more than one different type of victimisation (Finkelhor et al., 2007a). Children who experienced four or more victimisations in a particular year were defined as low poly-victims, whereas those that experienced seven or more victimisations in a year were high poly-victims. In this study on poly-victimisation, 15 % were low poly-victims and 7 % were high poly-victims (Finkelhor et al., 2007a). In recent research amongst adolescents living in Cape Town, 93.1% had been exposed to poly-victimisation and more than 50% had experienced four or more different types of violence (Kaminer et al., 2013). Poly-victimisation has a negative impact on the mental health of children (Kaminer et al., 2013; Collings et al., 2013). Collings, Penning and Valjee (2013), explored the extent, dynamics, and the potential of trauma plus the risk factors of lifetime poly-victimisation amongst a sample of 719 high school learners in Durban, South Africa. The majority (90%) of the learners had experienced at least one form of victimisation and 90% of those had experienced more than one type of victimisation. The participants who had reported more than 5 types of victimisation tended to be living in poverty, to be older, and to be in higher grades and they were twice as much at risk for post traumatic stress disorder. Respondents who had experienced, rather than witnessed, being molested, neglected, raped, or emotionally abused or suffered from domestic injuries made up 90% of the group that had experienced more than 9 types of victimisation, implying that the home environment is a high risk area for poly-victimisation (Collings et al., 2013). Children who were poly-victimised suffered from more trauma symptoms than those that experienced re-victimisation (Finkelhor et al., 2007a).

2.4.6.3 Vicarious trauma

Extensive research has been conducted in order to explore and compare the effects of witnessing violence and actually experiencing it directly. Early research suggests that psychological distress is greater subsequent to experiencing violence directly rather than witnessing it, however, other research showed that the psychological distress was the same in both instances. Shields, Nadasen and Pierce (2009) did a comparative study amongst children living in households with low incomes in Cape Town on the psychological effects of witnessing violence, being victimised and perpetrating violence in the school and neighbourhood domains. They found the effects differed according to the domain in which it was experienced. The psychological distress was greater for the children who experienced victimisation at school but in the community the distress was greater for those who had witnessed it, although the difference was not great. However, children victimised at school showed greater negative psychological effects than those victimised within the community. This is possibly due to the high rate of violence in the schools and the fact that the perpetrators were familiar to the child. It is suggested that children experience more trauma when the perpetrator is known to them. Further, it was found that the three kinds of violence overlapped with only 1 % of respondents having been victimised in the school and likewise in the community. It appeared the most common pattern amongst the children was being involved as a victim, a witness, and as a perpetrator (Shield, Nadasen & Pierce, 2009) demonstrating, once again, the permeable boundaries of violence.

2.4.6.4 The cycle of violence

Children who are subjected to victimisation run the risk of subsequent re-victimisation as well as becoming perpetrators of violence in adulthood. There is a large body of literature that supports this (Wider, 2012; Finkelhor et al., 2007b), however, also many who refute it, claiming the evidence is sketchy and that children growing up in abusive families grow up to become nonviolent in their adult families (Heyman & Slep, 2002).

The cycle of violence can be interpreted in many different ways. Heyman and Slep (2002) explored the relationship between children experiencing or witnessing parental violence in their family-of-origin and their becoming perpetrators of child abuse, partner abuse, and victims of partner abuse in adulthood. Their research supported the hypothesis that family violence in childhood increased the risk for family violence in adulthood. Women who had

been subjected to interparental and parent-child violence were more likely to become perpetrators of partner and child abuse and victims of partner abuse. Men exposed to both interparental and parent-child abuse had double the risk of being victimised by a partner as well as of perpetrating child and partner abuse, however, this did not increase with exposure to more than one type of family of origin violence. For men, exposure to one violent act increased the risk for adulthood violence and every act thereafter further increased the risk (Heyman & Slep, 2002). In another study conducted by McKinney et al. (2009), results indicated that men subjected to mild physical abuse as children were at an increased risk of non-reciprocal intimate partner violence. Those who were subjected to severe physical abuse as children as well as witnessing violence between their parents, were twice as much at risk of reciprocal intimate partner violence. It appears also that there is a positive association between childhood family violence and being victimised by an intimate partner (McKinney et al., 2009).

2.4.6.5 What makes children more vulnerable for victimisation?

Researchers have attempted to explain why some children are more at risk for repeat victimisation than others. Studies have shown that there are a number of possible causes. It has been suggested that the severity of the initial abuse, poorer social adjustment, vulnerability, posttraumatic syndromes, as well as the recognition of the vulnerable child by the perpetrator are contributing factors to repeat victimisation (Hamilton & Brown, 1998). Lauritsen and Davis Quinet (1995) suggest that repeat victimisation is able to take place due to the changes experienced in the child subsequent to the initial victimisation as well as specific characteristics, such as submissive behaviour, size or gender, that are present prior to the initial victimisation (Lauritsen & Davis Quinet, 1995). Victims of physical and sexual abuse appear to engage in risk taking behaviour, however, whether this behaviour is evident before the abuse or as a consequence of it is not clear. Children who are molested are often quiet and withdrawn and lacking in confidence but it is also not clear if this is their personality type or a result of the abuse (Hamilton & Brown, 1998).

Hamilton and Brown (1998) suggest that it is possible to understand increased vulnerability by applying the interactionist perspective of personality theory. According to this perspective, individuals do not exist passively in their environment but rather take an active, manipulative role by choosing which situations to avoid or to enter and which reactions to elicit from

others. This suggests that victimised people may unintentionally put themselves in risky positions where they may be abused (Hamilton & Brown, 1998).

2.4.7 Effects of violence

As we have seen above, violence, and all other types of adversity, is pervasive in South Africa and has an enormous impact on children's health and their emotional and psychological wellbeing (Krug et al., 2002; Jewkes et al., 2010). Research has shown that both boys and girls exposed to violence are negatively affected and face a greater risk of depression, anxiety, post-traumatic stress, low self-esteem, self-destructive behaviour, aggression (Seedat et al., 2009), drug and alcohol abuse, suicidal behaviour, sexually transmitted diseases, unwanted pregnancies, and sexual dysfunction (Wider, 2012; Krug et al., 2002). Violence also results in children engaging in high risk behaviours such as smoking and high risk sexual behaviour which can lead to heart disease, cancer, and STI's (Krug et al., 2002).

According to Jewkes et al. (2010) abuse and neglect also affects the development of the brain negatively causing cognitive, psychological, and social impairment which can lead to the development of anti-social and violent behaviour (Jewkes et al., 2010).

Findings from previous studies suggest that children who are abused experience developmental problems including challenges with social development, peer relationships, and school achievement. This increases the risk of children resorting to crime, violence, and anti-social behaviour (Burton, 2007) which often results in increased adult crime (Wider, 2012).

Children's emotional wellbeing is detrimentally affected when they are exposed to physical and sexual abuse by adults. Trust in adults is also destroyed and self-esteem is severely compromised, often causing children to withdraw and to isolate themselves for protection from any further pain. This leads to problems with socialising and affects relationships with their peers. Problematic behaviours such as manipulation and defiance are often adopted in an attempt to escape the abuse. The role modelling of this dysfunctional relationship leads children to believe that all inter-personal relationships are about pain and suffering (Morris, 1996)

Emotional abuse and neglect negatively affects a child's development causing emotional, behavioural, and cognitive impairments throughout adolescence and into adulthood (Glaser, 2002). Teenagers who have been verbally abused by their parents are more prone to acts of physical aggression which are often directed against their fathers, running away from home, and abusing substances. These children report being hurt, frightened, and frustrated and they suffer from low self-esteem (Noh & Wan Talaat 2012).

Exposure to violence in the community, at school, and at home contributes to children being absent from school, being unable to concentrate in class, and failing tests which results in a negative impact on their academic performance (Gopal & Collings, 2013).

Peer rejection, which has negative psychological effects, is common amongst children at school. In a study conducted by Lev-Wiesel and Sternberg (2012), children subjected to physical or emotional abuse at home are at higher risk for being socially rejected by their peers. The types of rejection experienced differed between the males and females. The boys were subjected to more physical assaults, accusations, and insults, while both the boys and the girls experienced the same degree of ignoring (Lev-Wiesel & Sternberg, 2012).

In a survey conducted by Seedat, Nyamai, Njenga, Vythilingum and Stein (2004) amongst 2 041 children attending urban schools in Africa, more than 80% reported having experienced more than one trauma, and of these children 14.5% showed symptoms of PTSD and 10.3% showed partial symptoms. It appears that sexual assault presented as the highest risk factor contributing to PTSD (Seedat, Nyamai, Njenga, Vythilingum & Stein, 2004).

Children involved in bullying have difficulty adjusting socially and emotionally and suffer with more health problems (Nansel et al., 2004) and increased levels of anxiety, depression, suicidal ideation, and post-traumatic stress (Cluver, Bowes & Gardner, 2010). Research conducted by Abrahams and Jewkes (2005) strongly suggests that boys who witness abuse of their mother are more likely to behave in a violent manner in adulthood. They tend to abuse their intimate partners, act violently at work and in their community, display anti-social behaviour, become physically violent, and commit violent crimes (Abrahams & Jewkes, 2005). Whether children are exposed to direct or vicarious violence, they still suffer the same

distress symptoms such as daydreaming, sadness, loneliness, inattentiveness, separation anxiety, and fear of death. The fear that is experienced is often dealt with by withdrawing emotionally, engaging in aggressive behaviour, experiencing chronic worry, experiencing numbness, and/or academic difficulties (Jewkes et al., 2010). Foster, Kuperminc and Price (2004) found that girls were affected the same by both witnessed and directly experienced violence; whereas, boys were more distressed by being a victim (Foster, Kuperminc & Price, 2004). Whether more trauma was suffered from direct or vicarious violence appears to depend on the environment in which it was experienced (Shields et al., 2009).

Adults who have been abused as children tend to suffer from poor mental and physical health, alcohol and drug abuse, and depression (McKinney et al., 2009). A tendency also exists, once they are parents themselves, to abuse their own children (Wider, 2012). Women who experience emotional as well as physical and sexual abuse are at an increased risk for HIV infections and those that were exposed to emotional neglect had a 62% increased risk of acquiring HSV2 infections which increases the risk of HIV (Jewkes et al., 2010).

The negative effects of violence seem to be the greatest amongst adolescents. This is possibly due to the fact that adolescents are exposed to more violence than younger children. According to the United States Department of Justice statistics (1995), the group that experiences the most victimisation are teenagers between the ages of 12 and 15 and the rate of victimised adolescents of all ages is twice the national average. Research indicates that these adolescents suffer from high levels of aggression and acting out behaviour as well as anxiety, behavioural problems, school problems, seeking revenge, and truancy. This is particularly true for those living in violent communities who become “deeply scarred” (Osofsky, 1999).

2.4.7.1 Relationship between fear and anxiety disorders

A study conducted by Muris, Merckelbach, Mayer and Prins (2000) explored the relationship between childhood fears and anxiety disorders. The study data indicated that 49% of the children exhibited subclinical manifestations of anxiety disorders and that approximately 22.8% of these children suffered from an anxiety disorder. The most common disorders were separation anxiety disorder, generalised anxiety disorder, and specific phobias (Muris, Merckelbach, Mayer, & Prins, 2000).

2.4.8 Risk factors

Researchers have established that there are various risk factors associated with child abuse:

2.4.8.1 Domestic violence

Families suffering the trauma of domestic violence are often exposed to other forms of violence simultaneously. According to Osofsky (1999) “protecting children and facilitating their development is a family’s most basic function” (Osofsky, 1999, pg. 40). However, a parent experiencing trauma and living in fear is often unable to be stable and consistent in the child’s life. A sense of basic trust and security, attention, nurturing, and safety necessary for children’s healthy emotional development is not obtained from a parent who is emotionally unavailable. Parents who are witnesses or victims of violence become emotionally unavailable and are unable to see to their child’s needs (Osofsky, 1999).

Children are often abused in families where domestic violence is prevalent and children, subjected to this violence, are often the children who are involved in youth violence themselves. Children growing up in families with a single mother living with a violent partner also face an increased risk of child abuse (Wider, 2012).

2.4.8.2 Parental skills

Certain parents have never acquired suitable parenting skills to deal with their children in a healthy manner. Young parents often have no knowledge of the developmental stages of children and consequently expect too much from them. It also appears that parents who were abused as children will abuse their children as this is the only way they know how to parent (Wider, 2012). According to Bank and Burraston (2001), unskilled discipline practices contribute to an abusive environment at home. Child maltreatment, neglectful supervision, and high levels of sibling conflict were found in homes where parents interacted with their children in a negative manner and used ineffective disciplinary methods. When children are maltreated the chances of them getting hurt, getting into trouble with the law, and hurting others are increased (Bank & Burraston, 2001).

2.4.8.3 Alcohol and drug abuse

There is a positive relationship between parents' drinking and child physical abuse (Freisthler, Merritt & Lascala, 2006). Parents under the influence of alcohol or drugs are not capable of effective parenting. Inhibitions are often lowered resulting in impulsive behaviour and subsequent child abuse (Wider, 2012).

2.4.8.4 Mental illness

Mental disorders compromise sound parenting with parents often displaying anger and impulsive behaviour (Wider, 2012).

2.4.8.5 Lack of support

Children from all socioeconomic groups face the risk of abuse, however those whose parents have limited social and financial support are at greater risk (Wider, 2012).

2.4.8.6 HIV/Aids

Children growing up in families in which Aids is present, face increased hardships and adversity. Many children are orphaned and consequently brought up in households headed by older siblings or grandparents, on the streets or in institutions. In addition, being associated with the Aids stigma, subjects children to bullying in the form of gossip, teasing, and bad treatment (Cluver et al., 2010). Many of the Aids orphans suffer from severe trauma after witnessing their mother get sicker and weaker, succumbing to opportunistic infections, and eventually dying, leaving the children with no family unit and a lack of security. They consequently suffer a huge loss and a sense of abandonment. Often their foster parents demand that they bring in some kind of income forcing girls into prostitution and the risk of becoming infected with HIV/Aids. Boys take to the streets as beggars and sniff glue, abuse alcohol, take up criminal activities, and become victims of sexual abuse (Landman, 2002).

2.4.8.7 Lack of supervision

Many children return home to an empty house after school due to both parents working, no available after school facilities, or an inability to afford to pay for supervision (Vandivere, Tout, Capizzano & Zaslow, 2003). Although this self-care does not always have a negative impact on the children, it does place them at a greater risk for injuries and developmental problems (Vandivere et al., 2003). Children who return home after school to an empty house

report feeling afraid as they are concerned about their safety. The children feared being raped, kidnapped, or attacked and suffered from boredom and loneliness (Shulman, Kedem, Kaplan, Sever & Braja, 1998).

2.4.9 Moderating factors

It appears there are factors which protect children from the harmful effects of violence and adversity (Hildyard & Wolfe, 2002; Osofsky, 1999). According to Osofsky (1999), the most important factor is “a strong relationship with a competent, caring, positive adult, most often a parent”. Parents are the “first line buffers and protectors of children.” (Osofsky, 1999, p 38). Adversity affects a child’s ability to think and solve problems, however, effective, supportive parenting can counteract the negative effects and the child’s cognitive and social development can be normal. Research conducted amongst children during war as well as those living in violent neighbourhoods, found that those who lived with their families and had their support, showed fewer symptoms of posttraumatic stress and anxiety (Osofsky, 1999).

Certain individual characteristics which enable children to draw on their own inner resources, or to request help from someone else when needed, also acts as a moderating factor to violence. It appears the most significant personal characteristic is average to above average intellectual development with good attention and interpersonal skills. Good self-esteem, self-efficacy, a personality and appearance attractive to others, talents, spiritual beliefs, and life opportunities also contribute (Osofsky, 1999).

Community centres, churches and schools also have the potential for providing emotional support and a safe space where children, exposed to violence, can interact with peers and consequently reduce anxiety (Osofsky, 1999).

Knowledge and understanding of why violence occurs seems to lessen the effects of witnessing violence at school and both witnessing and experiencing violence in the community. However, it seems to increase the effects of psychological distress when associated with school victimisation. This could be due to, once again, the fact that most of the violence would be perpetrated by people known to the children which makes it difficult to make sense of (Shields et al., 2012).

Rajendran and Videka (2006) looked at the possibility of academic achievement, social competence, and a connectedness to caregivers as possible sources of resilience for children exposed to adversity. Resilience is defined as “competence in the presence of significant stressors”. Data were used from the National Survey of Child and Adolescent Wellbeing in America which took place amongst adolescents who had been subjected to community violence, poverty, and maltreatment. Maltreatment in the form of abuse and neglect causes high levels of stress and impacts on the cognitive, social, and emotional development of children. It was found that social competence and a strong relationship with their caregiver acted as a buffer to adversity (Rajendran & Videka, 2006).

2.5 The importance of family

The family in which children grow up plays an important role in their lives. Children spend most of their time in their home environment and it exerts a major influence. Home is the source of love, care, and support (LenkaBula, 2002) and it has the potential to protect children from abuse and the effects of abuse (Krug et al., 2002; Osofsky, 1999).

2.5.1 The adolescent

Adolescence is a difficult time for children as it is the transitional period between childhood and adulthood. During this time adolescents face two major developmental challenges: they need to become independent from their parents and they need to form a self-identity which, according to Erickson (1968), is the major challenge. It is during this time of their life that reference groups and significant others have the biggest influence as these are the sources of their perceptions of roles and values (Morgan, King, Weisz, & Schopler, 1986).

Relationships with peers become increasingly important with adolescents as they become independent of their families. They often seek advice from their friends who provide emotional support and the opportunity for adolescents to experiment with new roles and values and learn socially acceptable behaviour. Appearances are important as well as personality characteristics which are liked by others as they need to be liked and accepted in order to accept their own identity. Teenagers often need time on their own in order to contemplate, assimilate and process all the information they are receiving (Morgan et al., 1986).

Some adolescents pass through this phase into adulthood smoothly while others, often those who have suffered from rejection or neglect by uncaring or indifferent parents, become dropouts and abuse substances. Adolescence is a time for examining existing roles and values and discarding those that are not beneficial for them (Morris, 1996).

2.5.2 Parents

Parents play a very important role in the adolescent's development as they still remain very influential figures in their lives. Successful parents provide a safe, secure environment in which children feel accepted unconditionally while, at the same time, encouraging them to become independent. It is important that both parents form a partnership in which they discipline and nurture their children together. Problems are caused when an alliance is formed between one parent and a child or when a parent is absent due to divorce or separation. A family needs to be flexible and to adapt to the changing needs of adolescents and allow self-assertion and separateness. In addition, there should be open communication and a sense of cohesion. Some research suggests that fathers are influential in helping adolescents find the correct balance between separation and connectedness. In families in which one parent is absent, another adult can help to make the transition easier (Morris, 1996).

2.5.3 Parenting styles

The different parenting styles adopted by parents or caregivers have a marked impact on children's development (Morgan et al., 1986). The methods that parents use to socialise their children and to ensure that family rules are adhered to are central to the wellbeing of the family. Methods of discipline should be non-abusive and boundaries should be clearly created in order to prevent parent-child confrontation (Bank & Bert, 2001). The level of control that parents exercise and the warmth shown in their relationship with their children contributes to the child becoming a well-adjusted, secure adult. It affects their self-image, their aggressive and pro-social behaviour, internalisation of morals, and development of social competence. The following four distinct parenting styles have been identified by Diana Baumrind, and Maccoby and Martin (Morgan et al., 1986):

- a) Authoritative: parents adopting authoritative parenting styles create a warm, nurturing environment with lots of control but in which autonomy is encouraged. Their children are treated fairly and their opinions are taken into account. Communication is

generally open and rules are flexible. Adolescents who have grown up with parents with an authoritative parenting style are generally responsible, independent, and have a healthy self-acceptance and self-control, and perform well at school.

- b) Authoritarian: authoritarian parents are very controlling and display little warmth towards their children. Communication is minimal as children's opinions are not taken into account and rules are inflexible. Parents demand obedience, often metering out physical punishment when their rules are not adhered to. This results in children becoming moody, withdrawn, anxious, and unassertive. During adolescence girls are passive and unassertive whereas boys become rebellious and aggressive.
- c) Permissive: children with permissive parents grow up with no rules and have the freedom to make their own choices and decisions from a young age. This results in little communication and guidance from the parents, often resulting in children becoming self-indulgent, impulsive, aggressive, and lacking social skills.
- d) Indifferent: indifferent parents are often focused on their own lives and on dealing with their own problems and stress, leaving little energy and time to parent their children. Often hostility is present. Children subjected to indifferent parenting often display destructive and delinquent behaviour.

It is important that neither the parents nor the children should hold all the power in a family. Decisions should be reached by mutual agreement which encourages children to think for themselves and to learn to compromise, and to develop self-control and self-responsibility. Families that have "shared goals" are stable and offer children a secure, safe base. Over controlling, inflexible parents create children who try to avoid being controlled by spending as little time at home as possible (Morgan et al., 1986).

2.5.4 Discipline

Effective discipline sets clear boundaries between parents and their children which are essential to the socialisation of the children, as well as preventing conflict within the family turning into an abusive situation. Harsh and abusive discipline occurs when there is a lack of parenting skills, substance abuse, socio economic disadvantage, and/or parental psychopathology. It is very important that parents use the correct methods of discipline to encourage appropriate behaviour and ensure family rules are adhered to in order to have a well-adjusted family. Child maltreatment, neglectful supervision, and sibling conflict

occurring in the home environment are due to unskilled discipline practices. This puts the child at high risk for adolescent maladjustment and long term problems. Maltreated children tend to become antisocial and make more aggressive and violent adults. According to Bank and Burraston (2001), parents' unskilled discipline practices form the base of abusive home environments (Bank & Burraston, 2001).

2.6 Fear Surveys as a measure of childhood fears

2.6.1 History

Many methods have been used to explore the frequency and intensity of children's fears. These include observational investigations, parent and teacher interviews, child interviews, projective techniques, fear list investigations, and self-report instruments. Self-report lists have become the most widely used due to the advantages of using a psychometrically validated scale as well as the inexpensive costs and ease of administering them. Numerous self-report instruments are available for assessment, however, the most commonly used one is the Fear Survey Schedule for Children (FSSC-R) (Burkhardt, 2007).

The Fear Survey Schedule for Children was developed by Scherer and Nakamura in 1968 and has been used for many years to measure what children are afraid of. It is a self-report measure consisting of objects and situations which could be regarded as fearful. The participants were asked to rate the 80 items according to the level of fear they experienced using a 5-point scale. Over the years there have been many revisions of the FSSC. It was later revised by Ollendick (1983) and the 5 point scale was shortened to 3 point scale, however, the item content remained the same. The FSSC-R enhanced the validity for younger children and children whose intellectual abilities were restricted. The items were grouped into 5 subscales which included fear of failure and criticism (eg. looking foolish), fear of the unknown (eg. going to bed in the dark), fear of minor injury and small animals (eg. snakes), fear of danger and death (eg. being hit by a car or truck), and medical fears (eg. getting an injection from the nurse or doctor) (Burkhardt, 2012).

In the 1990's it was advocated that the fear FSSC-R be amended due to the changes that had taken place in society over the years. Children were faced with different stressors, such as divorce amongst parents, school violence, and sexual assaults (Muris & Ollendick, 2002). In

order to improve the test's validity, Gullone and King (1992) revised the FSSC-R by rewording, adding items and deleting items. Situations such as HIV/Aids, nuclear war, drugs, and being raped were added to make the survey, FSSC-II, relevant to the current times. Subsequently, various other modifications have been made over the years in order to include contemporary fears (Muris & Ollendick, 2002). This has led to the availability of several surveys for specific cultures, for example the FSSC-AM for American children (Burnham & Gullone, 1997) and the FSSC-HI for children in Hawaii (Shore & Rapport, 1998).

Burkhardt (2012) adapted the FSSR-R in order to make it more relevant to the South African context. Initially, semi-structured interviews were conducted with 40 children who were asked what made them afraid. According to the children's responses, an additional 17 items were added to the 80 items of the existing FSSR-R. Sentences were also altered to use the children's own wording where possible. The result was a self-report survey, FSSC-SA, specific to the South African context. Children were also asked to rate the intensity of their fears using "none", "some" and "a lot" (Burkhardt, 2012).

According to the FSSC-SA administered by Burkhardt (2012), the most feared item amongst the children was "getting HIV". Some of the top 10 fears experienced by the boys and girls included not being able to breathe, lions, sharks, bears or wolves, and falling from high places (Burkhardt, 2012).

The results indicated that the 10 most common fears reported by the children were universal but that additional fears related to the issues and concerns experienced specifically by children living in South Africa. Black South African children indicated the greatest number and the highest intensity of fears, followed by coloured children and then white children (Burkhardt, 2012).

2.6.2 Age, Gender and Ethnicity

Age has been found to influence self-reports of fear (Lane & Gullone, 1999). Age differences occur in the content, intensity, and prevalence of fears (Shore & Rapport, 1998). Results of one- and two-year longitudinal studies conducted in the past, show that the prevalence and intensity of fears decrease with age (Shore & Rapport, 1998), however, this

trend is not evident in all studies. Some research shows a peak in fear occurring around 9-11 years while other studies show no relationship between fear and age (Burkhardt, 2012).

A consistent finding in previous research is that girls experience higher fear levels than boys (Graziano et al., 1979; Kalar et al., 2013) which is possibly due to girls being socialised to be allowed to show fear (Kalar et al., 2013). Interestingly, studies that report no gender difference are more recent, suggesting that sex role stereotypes are changing (Graziano et al., 1979). In line with previous studies, girls reported more fear than boys (Muris, 1997).

2.6.3 Socioeconomic Class

Socioeconomic class (SEC) appears to impact on the content, frequency, and the intensity of children's fears; however, research findings are not consistent in this regard (Graziano et al., 1979). Studies have suggested that children with lower SEC report greater frequency and intensity of fears (Shore & Rapport, 1998). Children with lower SEC reported being afraid of violence, drunks, and whippings whereas those with a higher SEC were afraid of heights and car accidents. This suggests that children with a lower SEC perceive their environment as far more dangerous. It also appears that children in the lower SEC list more individual fears, for example, cockroaches and rats, in comparison to children with a higher SEC who refer to groups, for example, dangerous animals and poisonous insects. No differences have been noted regarding the intensity of fears (Graziano et al., 1979).

2.6.4 Cross Cultural Fears

Research findings have suggested that cultural factors may have an influence on children's fears. The beliefs, attitudes, and values particular to a culture determine the socialisation practices which impact on the challenges faced by children. Several studies amongst children in America, Australia and Great Britain report that girls have higher levels of fear, anxiety and depression, and that younger children report higher levels of fear but lower levels of anxiety and depression. These similar results could be attributed to a westernised culture ((Ollendick, Yang, King, Dong & Akande, 1996). In an effort to investigate the effect of culture, Ollendick, Yang, King, Dong and Akande (1996) conducted research amongst American, Australian, Chinese and Nigerian children in the form of a self-report fear survey. Although differences in age, sex and the intensity of fears were found, the findings were not consistent but differed depending upon the country. However, what was evident was that

Chinese and Nigerian children experienced higher levels of social-evaluative and safety fears. This can be understood in the context of a culture, in both these countries, which encourages great self-control, emotional restraint, and compliance with rules prescribed by society. The Nigerian youth experienced higher levels of fear surrounding the unknown, minor injuries, small animals, and medical issues. In addition to cultural differences, differences in the content of the fears reflected the specific experiences children were subjected to in their particular environment. A large percentage of American and Australian children feared burglars breaking into their homes and getting lost, whereas the Nigerian and Chinese children feared electricity and animals that could be dangerous such as bears in China and snakes in Africa. The Nigerian children experienced the most intense fears with their fears relating to their physical safety including guns, snakes, deep water, and electricity. This contrasts with American and Australian children who experienced fear relating to threats to their personal safety, such as burglars and getting lost. It, therefore, appears that differences in culture as well as being exposed to specific stimuli that are perceived as fearful, influence the content of children's fears (Ollendick et al.,1996).

Through factor analysis it has been possible to examine the structure of children's fears. The fears according to self-report instruments have generally been coded into between 3 to 5 categories including social fears, medical fears, animal fears, death and danger related fears, and fears of the unknown. Researchers have examined the nature of childhood fears across different cultures to establish the effect culture has on children's fears. Shore and Rapport (1998) undertook to revise the FSSC-R for children living in Hawaii which has an ethnoculturally diverse population. In a pilot phase, adults and children were assigned the task of reviewing the FSSC-R for the relevance of the items to children residing in Hawaii, and generating fears that were not included. Subsequently, items in the FSSC-R were reworded or deleted and additional ones were added. This revision resulted in an additional category of fears relating to children's fears around conforming socially such as, "shaming my family or being embarrassed by my family" and "being teased about how I look". This had not been reflected previously in any FSSC literature (Shore & Rapport, 1998).

2.6.5 Most common fears: a comparison of fear surveys and free option methods

According to various studies which have used fear survey schedules, the majority of children's fears relate to danger and death. The 10 most common fears which have emerged

over time include not being able to breath, being hit by a car or truck, bombing attacks, getting burned by fire, falling from a high place, burglar breaking in the house, earthquake, death, illness, and snakes (Muris, Merckelbach, Meesters & Van Lier, 1997b).

Muris et al.(1997b) conducted a comparison of the most common children's fears using a fear survey schedule and a free option method. The FSSC-R was administered to 394 children aged 7-12 years and, once this had been completed, they were asked to list what they feared most. The free option method produced 58 distinct fears. Most of these fears overlapped with those that they had listed in the fear schedule. Although there were some similarities in the fear rank orders of the free option method and the FSSC-R, there were also marked differences. Some fears that were high on the one rank order were low on the other. This suggests that the fear rank orders differ according to the method used by the researcher (Muris et al., 1997b).

Similarly, Lane and Gullone (1999) conducted a study in order to compare the results obtained from a fear survey and a self-generated fear survey. A sample of 439 adolescents aged 11-18 years were asked to complete a fear schedule and to list their 3 "greatest fears". Children were instructed to list the 3 fears before looking at and completing the FSSC-11. The FSSC-11 results were consistent with previous findings obtained using fear surveys, however, the open ended question produced additional fears, such as fear of failure and fear of the unknown. It appears that the majority of fears related to failure, including social evaluation or rejection. This is consistent with the adolescent development stage in which these fears are evident. Interestingly, spiders were the most reported single fear - possibly due to the fact that they pose a threat. The free option method possibly listed fears that were more likely to be experienced in their daily lives (Lane & Gullone, 1999).

McCathie and Spence (1991) administered the FSSC-R and the FFASSC to the same group of children and no significant differences were found in the most common fears. The 15 most common fears identified were similar to the original FSSC-R fears. Over time the most common fears have consistently related to death and danger (Burkhardt, 2007). This is consistent with the proposal that we are likely to be biologically programmed to experience fear when our basic survival is threatened (Lane & Gullone, 1999).

2.6.6 Criticism

Self-report surveys have been criticised over the years and their validity has been questioned. Although the FSSC shows reliability and validity, amendments to the content items have been suggested. Children tend to respond to the fear evoked by the image or the thought of the situation or the subject, rather than in relation to their actual fear response. Often the most common fears would be scary if they did occur however, for many this was unlikely, for example, four of the top 10 fears listed in Burkhardt's South African study (2012) were fears of bears, wolves, bombing attacks, and being invaded. Children's responses in fear schedule surveys are restricted to the fears listed and, as many of the items listed are related to death and danger, other fears which are reported in self-generated fears are excluded (Lane & Gullone, 1999). Children needed to be asked as an open question in order to establish what it was that they were afraid of (Burkhardt, 2012).

In an attempt to verify whether the FSSC-R does measure the frequency of actual fear rather than merely a response to a thought of the fearful event, McCathie and Spence (1991) modified the FSSC-R. The modified version was called the Fear Frequency and Avoidance Survey Schedule for Children (FFASSC) which looked at the frequency of fear and anxiety experienced and avoidance behaviour in relation to the items listed in the FSSC-R. Contrary to expectations, the frequency of fear and avoidance behaviours correlated with the most common fears of danger and death reported in the FSSC-R. Similarly, a study was conducted by Ollendick and King (1994) in order to establish how much the FSSC-R listed fears affected the participants' daily lives. A revised version was administered and the children were asked to indicate how these fears impacted on their daily lives. The majority reported significant distress and interference (Muris, Merckelbach, Ollendick, King, Meesters & Van Kessel, 2002).

2.6.7 What is the FSSC-R measuring?

The FSSC-R is the most extensively used self-report questionnaire to investigate the most frequent and the most intense fears experienced by children. In various studies conducted using the FSSC-R, the findings consistently indicated that the most common fears related to death and danger, for example "Bombing attacks or being invaded" "Falling from high places" (Muris et al., 2002).

Speculation exists as to whether this measure is actually measuring children's most common fears or rather the affect associated with the thought of the event occurring. To investigate this further, Muris et al. (2002) used 3 different methods to assess fears in an attempt to ascertain exactly what fear schedules measured. They compared the results of the FSSC-R, a fear list and the actual occurrences of these fears over the past week as recorded in a diary. According to the results, the fears relating to death and danger that ranked high on the FSSC-R occurred less frequently and elicited a lower intensity of fear. This raises the question as to whether children are reporting actual fear that is part of their daily lives, or the perception of the event if it were to occur. Further studies conducted by Muris et al (2002) asked participants who had experienced a hurricane and those who had not, to rate their fears of hurricanes. Higher levels of fear were reported by those who had never experienced a hurricane which suggests that the way children perceived a hurricane influenced the fear factor (Muris et al., 2002).

2.7 Theoretical framework

2.7.1 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's ecological systems theory is used as the theoretical framework for this study. Bronfenbrenner proposes that children do not exist in isolation but are rather active members who exert an influence upon and are influenced by their surroundings. In order to understand children, they need to be viewed in context. Child development takes place through the interaction between the child and persons, objects and symbols in the immediate environment or ecological system. This environment is perceived as a "set of nested structures, each inside the other like a set of Russian dolls." The child exists at the centre and exerts an influence on and is influenced by the environment, for example, the parent influences the child but the child also influences the parent. Each layer of the environment is complex and has an effect on the development of the child. Conflict in any layer creates a ripple effect throughout the other layers (Brendtro, 2006).

A child's behaviour reflects the interactions within their immediate environment and we can, therefore, only understand the child fully if we look at all the relationships and interactions within their immediate environment, such as, family, community, and school (Brendtro,

2006). Bronfenbrenner emphasises the quality and context of the child's surroundings which are capable of helping or hindering their development (Bronfenbrenner, 1979).

In order for children's development to progress in a stable, healthy manner they need to be surrounded by a supportive environment including parents who care, positive peers, and teachers who are concerned with their wellbeing. However, many children have weak bonds with the adults in their lives and learn attitudes and values from peers (Brendtro, 2006).

Bronfenbrenner differentiates between five levels which exist within the environment and which each have a different impact on the child. The five levels are discussed below (Bronfenbrenner, 1979):

2.7.1.1 Microsystem

The microsystem is the inner system and is the closest to the child and the most powerful. It consists of activities and interactions in the immediate environment such as family, school, church, and the community. The most important setting for young children is their family as this is where they spend most of their time. It is also the system that exerts the most emotional influence them. Other important settings may include their extended family, early care and education programs, health care settings, and other community learning sites such as neighbourhoods, libraries, and playgrounds. Formally, Bronfenbrenner (1979) defined it as follows: "a microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979. p. 22). Children's behaviour is not an isolated act but rather occurs as a result as a "reciprocal transaction" with the significant others in their lives. It is an interaction between them and the system in which they actively participate. For example, in the home environment children affect adults behaviour but adults also affect children's behaviour

2.7.1.2 Mesosystem

The mesosystem refers to the relationships that develop among the microsystems, such as, those between family experiences and school experiences or between school experiences and community experiences. For instance, children who are abused in their home environment

might withdraw from their peers at school. They might also lose trust in authority figures which would have a direct result on their attitudes and behaviour towards teachers at school.

2.7.1.3.Exosystem

The exosystem refers to the relationships among the child's immediate environment and social settings in which the child does not have an active role [onwug] but which affects the child indirectly, for example, the parent's workplace or neighbours. The parents' workplace provides the financial support necessary for the children's food and shelter. A child might also be affected at home by the stress experienced by the parents in their work environment.

2.7.1.4 Macrosystem

The macrosystem refers to the larger cultural context and consists of the beliefs, attitudes, and values of the society to which the child is exposed. It includes laws, policies, the cultural norms, and that which affects children directly [onwug]. These may have an impact on or be influenced by any other of the other systems.

2.7.1.5 Chronosystem

The chronosystem refers to everything the person has experienced collectively for the duration of their lifetime. This includes a change of the family structure, for example, the birth of a new sibling, death or divorce, moving house, or changes in socioeconomic status (Bronfenbrenner, 1979). This would have an impact on the child.

According to the above review of literature children are embedded in the context in which they live. Violence that occurs in their different environments has an effect on them and on their behaviour in the different settings. It is clear that fears that are experienced as a result of violence occurring in their home environment, affects their behaviour in school and community settings.

Bronfenbrenner's model is significant for this study as children's exposure to violence and adversity needs to be viewed in context. Children are embedded in their environment and, therefore, violence occurring in their environment impacts on them and they, in turn, impact on their environment. All the different domains in which the children are enmeshed exert an influence on them (Bronfenbrenner, 1976). Children experiencing fear as a result of abuse

experienced by a member of their family might become defiant and rebellious which would impact on the abuser. Suffering abuse at the hands of someone loved and trusted also leads to mistrust of authority figures which has an effect all other relationships. Environments in which children do not have an active role also have an impact on them (Bronfenbrenner, 1976). Stress experienced by parents in the work place could lead to excessive alcohol consumption, aggression, and shouting directed at the children at home (Wider, 2012).

Violence occurring in one domain affects other domains. Children subjected to violence in one domain are at risk of being re-victimised or becoming perpetrators themselves in other domains (Burton, 2007). They get caught up in a cycle of violence which is hard to escape.

2.7.2 Hobfoll's Conservation of Resources Theory

Hobfoll's Conservation of Resources theory (1998) proposes that people have certain needs in order to ensure their basic survival as well as their survival within their culture. Hobfoll (1998) refers to these needs as resources. Through various experiences and teachings, people come to understand exactly what these resources are and how to go about acquiring them. In addition to this they are also wired biologically to protect them. This learning takes place directly, indirectly or symbolically. This is not only accomplished as an individual but within the environment and culture in which the person exists (Hobfoll, 1998).

According to Hobfoll (1998) threats of loss or loss of resources cause fear and anxiety. Hobfoll proposes that people experience stress, fear and anxiety when any of these resources are lost or threatened. Although stress has a biological base, it is also "shaped" by the individual's cultural experiences. Certain social patterns are developed to facilitate survival and the culture of a society or group evolves to provide the members with coping skills to ensure their survival. Stress occurs when achievements and goals specific to an individual's culture cannot be attained (Hobfoll, 1998).

Consequently, people strive to attain resources necessary for survival and, once they have them, to protect these resources. "Major life stressors", or an accumulation of smaller occurrences, often prevent people from acquiring and protecting their resources. These resources are required to "sustain the individual-nested-in family-nested-in social" structures

(Hobfoll, 1998, p.55). Individuals rely on family and society, and society cannot exist without individuals (Hobfoll, 1998).

Hobfoll (1998) categorises all resources into three categories which exist in a hierarchical arrangement based on proximity to the individual's survival. Primary resources are the closest to basic survival. They include food, shelter, clothing, and skills necessary to survive in the environment and resources required for safety. Secondary resources include those resources that support the primary resources indirectly. These include relationships and support from and attachment to others within the environment. Tertiary resources are symbolically related to primary and tertiary resources and refer to money and status, friendships, and group memberships. Competition and social conflict arises due to the value placed on the resources and the fact that they are limited (Hobfoll, 1998).

This theme of stress due to fear of loss or actual loss has been well documented since the 17th century. Rush, the father of American Psychiatry, reported that in 1812, more than 50% of the "maniacs" in Pennsylvania were due to grief and loss of love and property. Psychological disorders have been associated with the loss of primary attachments experienced early in life and interpersonal loss has been associated with depression (Hobfoll, 1998).

Hobfoll (1998) proposes that the stress resulting from loss, or threatened loss of the resources, is directly proportionate to the proximity of the resource to basic survival. Threats to these will be perceived as the most stressful. Therefore, more stress will be experienced with insufficient food than with lack of a motor vehicle. Stress will not be experienced by the individual not possessing a motor vehicle when basics such as food and clothing are lacking (Hobfoll, 1998).

Both Hobfoll's Conservation of Resources Theory and the ecological systems theory support the notion that children do not exist in isolation but exist within the context of their family, community, and the school.

2.7.3 A Child Centred Approach

Historically, research conducted on children has focused on the child as the object rather than the child as the subject. Between 1960 and 1970 when marginalised groups such as women

began to demand a voice, the right for children to be heard was initiated. During this time researchers began to show an interest in children's perspectives and their experiences of their world (Greene & Hill, 2005). In the social study of children during the past 15 years, children have become the direct and primary unit of study. Children are seen as "social actors" both influencing and being influenced by their social circumstances (Christensen & Prout, 2005).

According to Greene and Hill (2005) the need to describe children's experiences arises from the recognition of children as "sentient beings who can act with intention and as agents in their own lives". If children's perspectives are considered important and the researcher wants to understand more with regarding how children experience their worlds, there will be a greater need to explore how they negotiate, feel about, and make sense of daily lives. This is consistent with the view of children as valuable and unique persons with rights; a view which is contained in the United Nations Convention on the Rights of the Child (1989).

There are many difficulties that a researcher has to face when researching a person's experiences. Sociologists argue that children should not be seen as 'less than adult' but rather as competent beings and that no different methods are required when researching them. However, it is required that the methods used are suitable for the child's developmental level and an understanding that children in different developmental stages cannot be treated identically. It is also important to ensure that one does not only use age to identify a particular level of ability and understanding as children in the same chronological age group can still differ significantly (Greene & Hill, 2005).

Attempting to enter the world of a child is a challenging exercise. Although our understanding will be far from complete, it is still an important task. As adults we have held the assumption that children are inferior and have no important opinions or contributions to make and that we have all the answers and knowledge regarding what is best for them. It is important to listen to children's views about issues and events which will form a subset of children's experience of the world (Greene & Hill, 2005).

Bronfenbrenner (1979) proposes that children influence, and are influenced by, their environment and that they should be involved in finding solutions to the problems they experience (Brendtro, 2006).

Previous research has looked at the different types of violence that children are subjected to as defined by adults. Little research has been conducted to explore what it is that children are actually afraid of and what steps can be taken to protect them, from their perspective.

This study explores how children experience fear in the context of their homes.

2.8 Conclusion

It is evident from the review of the literature that children are subjected to many fears throughout their lives. Some fears are a normal part of their developmental phase while others are as a result of the violence and adversity to which they are subjected on a daily basis at school, at home, and in the community. This is in spite of numerous laws and policies, both national and international, which have been put in place in an attempt to ensure their safety. All research indicates that exposure to interpersonal violence and adversity have a negative impact on children's development and affects their mental, physical and emotional wellbeing (Krug et al., 2002).

Fears experienced by children need to be viewed in context and, therefore, Bronfenbrenner's Ecological Systems Theory has been selected as the theoretical foundation for this study. Children do not exist in isolation but are rather embedded in a complex system of relationships existing within and between the many layers of their surrounding environment. These relationships are bidirectional and reciprocal. Conflict or changes in any layer has a ripple effect on the other layers. Children influence and, in turn, are influenced by their environment as well as other aspects such as their customs, values, laws, and religion. Fears resulting from interpersonal violence and adversity are experienced at home, at school, and in the community with violence in one locus influencing violence in another. For example, interparental violence is often associated with poor parenting skills which contributes to a child being vulnerable to violence in other environments such as school and the community.

According to Jewkes et al. (2010) research on children's experiences of adversity and the impact it has on their health has been inadequate. Although research on the effects of neglect and emotional abuse has been limited, it has indicated that they do have an adverse impact on health. More extensive research is required in order to fully understand the contexts in which children experience adversity as well as the influencing factors in order to develop effective interventions and thus prevent this continuation of violation of human rights and policies (Jewkes et al., 2010). Those exposed to violence need to develop appropriate coping skills in order to handle aggression, conflict and emotions. Interventions also need to be directed at parents in order to create awareness of the importance of childhood on the development of the child (Abrahams & Jewkes, 2005) and to educate them on effective parenting skills (Jewkes et al., 2010).

Historically, research involving children has focused on the child as an object rather than the child as a subject (Greene & Hill, 2005). According to Christensen and Prout (2005), most societies disregard the views of children and instead value them for what they might become one day as adults. The United Nations Convention on the Rights of the Child makes it clear that children's opinions should be taken into account regarding issues that affect them (Greene & Hill, 2005). UNICEF supports this strongly by advocating the essential participation of children in developing interventions for the challenges they experience (Ganyaza-Twalo & Viviers, 2012). Very often what adults perceive as important to children differs from what children think. There exists a need to establish "a sense of present value" of children (Greene & Hill, 2005, p.3) and see them as persons with a voice. This is extremely important in order to gain greater clarity of their situation (Ganyaza-Twalo & Viviers, 2012). Children are the experts in their own lives and culture and, when their perspectives are taken into account, we can reach a clearer understanding of how they experience their worlds (Greene & Hill, 2005).

Over the past 10 years most research has focused on interpersonal violence at school or in the community, leaving the home environment relatively under-researched. In addition, the bulk of previous research has explored the different types of violence that children are subjected to as defined by adults. Little research has been conducted to explore what it is that children are actually afraid of and what steps can be taken to protect them, from their perspective. Very

often what adults perceive to be important to children differs from the views of the children. This study aims to address this gap and explore the scary events that take place in their home environment, while other researchers will be looking at school and the community. This will form a baseline from which further research can be undertaken.

2.9 Chapter Summary

This chapter has shown evidence that children are subjected to interpersonal and non-interpersonal trauma on a daily basis. This violence is taking place in domains that were ... such as in school and in their homes, often by people that they trust. Exposing children to violence and adversity results in them experiencing fears which exceed normative childhood fear. This has an impact on their mental, physical and emotional development. The majority of previous research has made use of fear surveys which provide children with a list of potentially fearful occurrences. Very little research has been conducted from the child's point of view in order to establish what it is that makes them afraid. The theoretical framework adopted for this study is Bronfenbrenner's ecological systems theory.

The next chapter discusses the research methodology and design used for this study.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter sets out the research methodology of this study. It discusses the research design including the research setting, sampling, data collection, and analysis as well as the ethical considerations that were taken into account.

3.1 Introduction

A research design is a “strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research” (Durrheim, 1999, p. 29) The design needs to provide a plan that details how the research is to be conducted in order to provide answers to the research question. Durrheim (1999) states that four areas need to be considered when compiling a research design:

- The purpose of the research
- The theoretical paradigm upon which the research is based
- The context in which the research is carried out
- The techniques necessary to collect and analyse the data

These criteria will be covered in this chapter.

3.2 Aim

The aim of this study was to gain new insights into the fears experienced by children and what, from their own subjective perspective, could be implemented in order to make them feel safer. It was an inductive and explorative study and used a child-centred approach. The area of focus was fearful events that take place in their home environment. The specific objectives were:

- To establish fearful events the children had experienced in their homes during the past year
- To discover the intensity of fear evoked by these events
- To understand what could be done in order to make the children feel safer

3.3 Paradigm

According to Durrheim (1999), paradigms are “central” to research design as they influence the research question and the methodology employed in order to study the question (Durrheim, 1999, p. 36). It is essential that the purpose, the context of the research, and the techniques used to collect and analyse the data fit logically within the selected paradigm to ensure coherence (Durrheim, 1999). In the current study a positivist paradigm was adopted. The study investigated the experiences of danger and adversity that caused fear amongst children. This constitutes a stable external reality which allows the researcher to remain an objective, detached observer and allows for the use of an objective scale to uncover the children’s experiences. The children’s experiences were studied from an inductive perspective. Hence, the requirements of a positivist paradigm; which meets the requirements of objectivity and a stable reality required for a positivist paradigm, as specified by Durrheim and Terreblanche (1999).

3.4 Analytic Strategy

A quantitative analytic strategy was followed in the current study.

According to Arghode (2012), quantitative research makes use of numbers to explore the subject of interest and makes use of statistical types of data analysis (Arghode, 2012; Durrheim, 1999). The participants’ answers are quantified in order to enable interpretations and comparisons to be made. Quantitative research allows large sample sizes to be used and for the results to be analysed in order to be generalized to a larger population. The researchers have no influence on the results as they remain outsiders. Quantitative research rests on the belief that there is one truth which is measurable, observable and provable. The basis of quantitative research is positivism which makes use of a scientific methodology and assumes that a solution exists for every problem (Arghode, 2012; Durrheim, 1999).

A quantitative research design was selected as a suitable research design for the current study. The intention was to identify the particular fears experienced by children and to establish possible solutions from their perspective. Using quantitative research enabled the

sample of children to be relatively large which provided the potential to generalize the findings to a large population and to form a baseline from which further research could be conducted. It also allowed for comparisons to be made with regard to gender, ethnicity, age as well as the frequency and intensity of the listed fears. The strategy of enquiry was a survey in the form of a questionnaire for data collection. This was easily translated to overcome the limitation of language barriers.

3.5 Participants

3.5.1 Research setting

The research setting for this study was schools situated in the North West Province. It is important to take cognisance of the context in which the research takes place as it has a bearing on the findings. In some cases the context is ignored by researchers and in other cases attempts are made to control and manipulate it in order to determine the influence it has on the findings. Positivist research has been criticised for disregarding the influence of the social nature of the human interaction that takes place between the participants and the researcher.

Two types of influence exerted by a research setting have been identified (Durrheim, 1999).

- Experimenter effect – slight, unintentional clues could be given by the experimenter regarding the expectations of the responses
- Demand characteristics – the physical research setting could have an impact on the responses

Controlling either of the above influences in the current study proved difficult. The study took place in the schools which were attended by the participants and the questionnaire was administered by a teacher who was familiar to them. Both of these factors could have impacted on the results. A concern of anonymity and being in familiar surroundings with teachers, who knew the learners, could have resulted in a reluctance to divulge information considered personal.

3.5.2 Population

A population refers to all the individuals of interest in a particular study (Garrett, 1995) and varies with the number of members ranging from small to big depending upon how it is

defined by the researcher. The population in the current study comprise adolescents attending schools in the North West province. The unit of analysis was children who ranged in age from 12-18 years and who were in Grade 7 - 10. It is normally impossible to study each and every individual and, consequently, a smaller group is chosen which is referred to as the sample. According to Durrheim (1999), it is important that the sample chosen is representative of the population about which conclusions are to be drawn. This allows for generalisations to be made from the sample group to the whole population (Durrheim, 1999).

3.5.3 Sample

As it is generally impossible to conduct research on each member of the population on which the study is focused, conclusions have to be drawn from a sample group which is representative of the larger population. Sampling is the task of selecting cases to be included in a research study. The method used for sampling is important as the conclusions made at the end of the study are dependent upon the samples chosen. Systematic sampling is essential to ensure representativeness (Van Vuuren & Maree, 2005).

In order to strengthen the generalisability and the representativeness of the sample, the schools which were selected for the present study were diverse with regard to socio-economic status. Random stratified sampling was used in order to ensure that the sample represented the target population of adolescents attending schools in the North West province. Stratified sampling allows for the categorisation of subpopulations within the population being researched. Random sampling can then be carried out within each subpopulation or stratum thus ensuring the stratified sample represents all the strata proportionately (Krippendorff, 2004; Van Vuuren & Maree, 2005).

All public schools in South Africa are categorized into one of five groups called quintiles. These groups are based on the socio-economic status of the community serviced by the school. Quintile one represents the poorest areas while quintile five represents the most affluent areas (Giese, Zide, Koch & Hall, 2009).

The sample was initially stratified in terms of the schools' quintile categorization. From within each quintile category, schools were randomly chosen. This ensured that all socio-economic groups were represented proportionately.

Seven schools were selected to participate in this study. The sample size was 312 and was representative of the population of adolescent school children in the North West province with regard to age, gender, socio-economic status and ethnicity. There were 164 girls and 123 boys in the sample. The age range was from 11 – 18 years. All the ethnic groups were represented, however, the majority of the participants were black Africans.

3.6 Data Collection

3.6.1 Data Collection Instrument

Positivist research makes use of objective and quantitative measures which can be used on large sample sizes. These quantitative measures allow for statistical analysis to be conducted and comparisons to be made. They also enable a broad overview to be made of a large population from a representative sample (Durrheim, 1999). With this in mind, the method of data collection selected was a questionnaire. A questionnaire is one of the most common measuring instruments used in research in the social sciences and consists of written questions used to collect information from participants. The questions can be closed or open-ended and often measurement scales are included (Kanjee, 1999).

3.6.2 Development of the questionnaire

When developing a questionnaire, the purpose of the questionnaire has to be carefully considered in order to ask the correct questions to elicit answers which contribute to the research aims. In order to avoid errors the following needs to be considered (Kanjee, 1999) :

- The words need to be simple, direct and easily understandable
- Double – barrelled questions need to be avoided
- Use should not be made of leading questions
- Questions must be applicable to all participants
- Questions must not be vague
- Avoid using questions that develop a particular response style

These points were taken into account when developing the questionnaire for the current study.

The literature review revealed that children are subjected to violence and fearful events on a daily basis in a range of different environments. Most previous research has been conducted on interpersonal violence and the specific fearful events have been prescribed by the researcher without taking into account the child's perspective. This study begins with the assumption that we do not know what children think and exactly what it is that they are afraid of. Therefore, a questionnaire was compiled using predominantly open-ended questions to provide the children with an opportunity to state exactly what it was that made them fearful in their daily lives, and to provide a suggestion as to what could possibly be done in order to make them feel safer. A Likert scale was also included to determine the intensity of the fears experienced. The length of the questionnaire was one page and the children were asked to list the scariest events that had happened to them at school, at home, and in their community during the past year. The questions were simple, clear and easily understandable. The research questions used were exploratory and inductive to gain a greater understanding of children's fears which was the rationale of the study. The questionnaire was limited to one page to minimize loss of attention and to encourage completion. Taking into cognisance the imbalance of power between an adult and a child which makes it challenging for children to divulge any information that they feel an adult might find unacceptable, no names were required on the questionnaires (Greene & Hill, 2005). Giving the children the opportunity to answer according to their own perspective allowed them to become participants opposed to subjects in the research process (Greene & Hill, 2005).

3.6.3 Structure of the Questionnaire

The participants were asked to supply demographical information before beginning the questionnaire. This included their age, grade, ethnicity, school, and gender.

The questionnaire consisted of three sections. Each section contained three questions relating to the fears experienced by the children in three different domains, namely at home, at school, and in the community. Two questions were open-ended and one was a closed question. The items attempted to identify the most prominent fears experienced by the participants during the past year, the intensity of the fears, and what, in the children's opinion, could be done to make them feel safer. The Likert scale measured the intensity of the fear experienced.

3.6.4 Pilot Study

Pilot studies are useful to identify in advance any potential problems with the proposed research. The aim of a pilot study is to save money and time, as it gives the researcher the opportunity to revise and perfect the study before conducting the main research project (Kanjee, 1999).

Pilot studies are conducted on a subsample or a small sample group representative of the larger sample group and assist in identifying any inconsistencies or limitations in the study. They enable the researcher to ensure that the instructions given and the questions are clear, the completion time is adequate, and that the answers contribute to the aim of the study. They also provide an opportunity for preliminary data analysis to be carried out (Kanjee, 1999).

In order to test the planned approach for this project and to ensure that the items would be providing the required information, a pilot study was undertaken prior to commencing the study. This was conducted amongst a small sample group of 163 learners attending a secondary school in Wentworth, Kwa-Zulu Natal.

The questionnaire was initially administered to a sub-sample of 20 respondents in order to ensure that the questions were clear and understandable, and that they could be completed timeously. No problems were experienced during the administration of the test and the answers that were provided contributed meaningfully to the objectives of the study.

Subsequently, the questionnaire was administered to the balance of the pilot sample group and the preliminary data were collected. The questions were understood, the time taken to complete the questionnaire was suitable, and the answers met the objectives of the study.

3.6.5 Reliability and Validity of the research instrument

In order to ensure the reliability and validity of this study, various measures were incorporated (Shenton, 2004).

3.6.5.1 Reliability

Reliability refers to whether a similar outcome would be obtained if the same study was repeated with the same methods and participants and in the same context. In order to ensure reliability, details of the current study have been provided in order to enable the research to be replicated, should it be required, at another stage.

3.6.5.2 External validity

In order to ascertain to what extent the findings of the current study can be transferred to a wider population, detailed information has been provided with regard to the context in which the research took place. This included the number of participants used for the study, the data collection methods, the time period for the collection of the data, the duration, and number of data collection sessions, as well as any restrictions in the type of participants.

3.6.5.3 Internal validity

Internal validity refers to whether the study measures what it is intended to measure. To ensure credibility, well established research methods were utilised in the current study. These included the development of a one page questionnaire to gather data and the application of systematic content analysis to convert the responses to enable them to be used scientifically. Random sampling was applied to select the participants and signed consent was obtained from all the children and their guardians to ensure that there were no unwilling participants. Willing participants reduce the possibility of obtaining dishonest responses. Regular debriefing meetings were held between the supervisor and colleagues involved in the same study to discuss ideas and progress throughout the duration of the study. Biographical information about the researcher was supplied as well as the source of the funding in order to ensure credibility.

3.6.5.4 Objectivity

It is recommended that the researcher attempts to remain objective in order to reduce researcher bias, in the research process. It is recognised that real objectivity is difficult due to the human factor and the researcher's biases. In the current study reasons have been provided in order to explain why some choices regarding the design were made by the researcher. In an attempt to maintain objectivity, data were coded and double checked by other researchers working on the same study, random sampling was used to eliminate any sampling bias from

the researchers and there was no engagement between the researchers and the children prior to the distribution of the questionnaires.

3.7 Research Procedure

The questionnaire was distributed to the school counselors, or an equivalent person, in secondary schools in the North West Province and was administered during life orientation. A person was allocated on site for any questions or, due to the possible sensitive nature of the topic, any counselling that may have been required. The test administrators were briefed beforehand to ensure that the children were made aware of confidentiality, anonymity, the right to refuse to participate, the right to withdraw at any stage, and the contact number of the person allocated for counselling. The children were encouraged to answer honestly and to place an “X” next to any questions that they did not want to answer.

3.8. Data Analysis

The aim of data analysis is to convert the information supplied by the participants into an answer to the research question. The researcher needs to match the analysis to the data collected, to the aim of the research and to the research paradigm. This is an important step to ensure a coherent design (Durrheim, 1999).

Systematic content analysis was used to analyse the data collected in this study. Krippendorff (1980) defines content analysis as “a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use.” Therefore, emphasis was placed on making inferences, regarding the data collected, which were valid, able to be replicated, and objective (Prasad n.d.). Content analysis is a scientific tool that provides new insights and understanding for researchers.

Content analysis can be used for many purposes, one of which is to code open-ended questions. According to Weber (1990), one of the several advantages of this form of analysis is that the procedures “operate directly on text or transcripts of human communications”. In content analysis many words are “classified into much fewer content categories” (Weber, 1990) and the aim is to convert “raw” observations into data which can be used scientifically

(Prasad n.d.). It permits large quantities of information to be examined in a systematic way. It is a “powerful data reduction technique” (Stemler, 2001). An inductive category application was applied to allow quantitative steps of analysis.

Stemler (2001) identifies 3 possible problems that can occur and need to be dealt with when preparing documents for content analysis:

- Missing documents: should the amount be substantial, the analysis needs to be discontinued
- Documents not meeting the requirements for analysis: these documents must be disposed of after reasons for doing so have been recorded
- Missing sections and ambiguous content in the documents: a separate code must be assigned for uncodable responses (Stemler, 2001).

In the current study the only problems that were encountered were unanswered questions and ambiguous content. A separate code was allocated for these and they were deemed unusable.

Content analysis is not limited to word counts. It is a “rich and meaningful” technique that codes and categorises data according to similarity of meaning or connotation. The categories need to be exhaustive and mutually exclusive (Stemler, 2001). There are two approaches to coding data, namely emergent and a priori coding. In the current study emergent coding was conducted as the categories were only defined after a preliminary examination of the data (Stemler, 2001).

When conducting systematic content analysis, three basic principles of scientific method need to be adhered to (Prasad, n.d.). These were incorporated into the current study.

- Objectivity refers to certain rules to be followed in the analysis to enable different researchers to reach the same results from the same data collected. To facilitate this, a coding schedule, informed by Hobfoll’s Conservation of Resources theory (1998) was developed. The different categories were defined according to the context of the data
- Systematic refers to consistent systematic rules being applied with regard to what material is included or excluded in the analysis in order to eliminate researcher bias.
- Generalisability refers to the research results obtained being generalised to other similar situations.

3.8.1. Reliability.

It is important that the classification of data is reliable and consistent to enable valid inferences to be made (Weber, 1990). The findings should be replicable so that other researchers will get the same results when applying the same technique to data at another time with other participants (Stemler, 2001).

Stemler (2001) refers to two types of reliability:

- Stability refers to intra-rater reliability. This requires that the same coder obtains the same results when repeating the coding time after time.
- Reproducibility refers to inter-rater reliability. It is important that different coders, coding the same data, obtain the same codes (Stemler, 2001).

To enhance reliability in the current study a coding schedule that specified the categories clearly was formulated. The data was coded by three coders to ensure inter-rater reliability. Differences that were encountered in the coding process were discussed amongst the coders and a final decision was reached.

3.8.2 Application.

Krippendorff (2004) specifies six necessary steps which need to be undertaken in order to apply content analysis and which were followed in the current study. A brief explanation of the method follows. These have all been discussed in more detail in other sections in this chapter.

Step 1: Formulate research questions or objectives

The research question was clearly formulated prior to the commencement of this current study. The objective was to ascertain what children feared in the context of their homes, how intense this fear was and what could be done in order to make them feel safer. Very specifically, this was conducted from the children's perspective.

Step 2: Select communication content and sample

The communication content consisted of questionnaires, comprising open-ended questions, which were completed by 312 participants. Every questionnaire was coded according to content analysis procedures.

Step 3: Develop content categories

A preliminary examination of the data was conducted in the form of a pilot study in order to identify possible content categories. The content categories were based on the context of the responses and were developed according to Hobfoll's (1998) Conservation of Resources theory. The categories were clearly formulated and they were exhaustive. A category was provided for responses that could not be coded due to ambiguity. The coding definition was recorded prior to the commencement of the coding.

Step 4: Determine units of analysis

The units of analysis were themes of fearful events experienced by the children in the context of their homes during the past year.

Step 5: Decide on a coding schedule, conduct pilot tests and check inter coder reliabilities

For the sake of this study, the fears expressed by the participants in question 1 were categorised according to Hobfoll's (1998) Conservation of Resources theory. This theory suggests that through various means people come to understand and value that which is important to ensure success within their unique culture as well as their own survival. These values are referred to as resources and exist in a hierarchy based on their proximity to basic survival. People put a lot of effort into obtaining, maintaining, retaining, and protecting their resources. Primary resources relate to personal safety and biological survival, such as food, water, clothing, health care, and shelter and are directly essential for survival. Secondary resources assist in the acquiring or protection of primary resources and include items such as medical aid, transportation, social support, and attachment to a group. Tertiary resources include social status such as titles, and comfortable homes. Fear is often experienced when resources are lost or even a threat of their loss exists.

A coding system was developed based on Hobfoll's theory (1998). Each fear was categorised according to the loss or threatened loss of primary, secondary or tertiary resources. Each of these categories consisted of a number of sub-categories. The categories were exhaustive but were not exclusive (see annexure: Table 1).

Once the coding of the pilot study sample had been completed, the results were submitted to a sample of learners from the pilot study group to allow them to check the coding system and to identify any possible amendments that had to be made. This was to ensure that the responses were interpreted and coded accurately. Amendments were made accordingly. (Abrahams & Jewkes, 2005; Noh & Wan Talaat, 2012).

The responses to question three were coded in a different manner. Coding categories were formed according to the proposed agents of change, for example, family, police, and government.

Subsequently, the questionnaires were coded according to the specified categories and the coding was cross validated by two other coders. Differences that were encountered were discussed amongst the coders and amendments were made based on general consensus. This was an essential step in order to ensure uniformity (Weber, 1990). The results were entered onto an Excel spread sheet and transferred to SPSS in order to obtain descriptive statistics and correlations.

Step 6: Analyse the collected data.

The results of the collected data were entered into SPSS. This allowed patterns to be examined, relationships to be explored, and comparisons to be made. The most common and the most intense fear manifestations were able to be identified.

3.9 Ethical Considerations

It is essential that any research conducted complies with a set of ethical standards that have been defined by relevant regulatory bodies. Various professional organisations have developed codes of conduct which are explicitly specified in order to respect the dignity and rights of all participants. In addition to ethical standards being adopted, it is important to adhere to legal regulations such as obtaining consent from the legal guardians when conducting research on minor children. The first set of ethical guidelines was established by the American Psychology Association in 1973. These original standards have evolved over the years to reflect a changing society (Kimmel, 2007).

3.9.1 Permission to conduct the study

Permission to conduct this study was granted by the KwaZulu Department and ethical clearance was sought and obtained from the Ethics Committee of the University of Kwa-Zulu Natal. Gatekeepers for all the participatory schools were consulted in order to obtain access to the schools. Signed informed assent was obtained from each participant and consent from their respective guardian. It was clearly stated that participation was voluntary and that the children could terminate their involvement unconditionally at any time.

3.9.2 Principles of research ethics

A professional responsibility exists for the investigator to consider the ethics of any research study being undertaken. It is important that the research contributes to the greater body of scientific knowledge without violating the rights of the research participants and that the participants are treated with respect and dignity at all times. Stringent ethical standards based on the APA research standards (1973) were adhered to throughout the present study (Kimmel, 2007).

The rights of each child were respected throughout the study. All the participants were briefed prior to the study and they were advised that participation was completely voluntary. Participation was allowed to be terminated at any time and assurances were given that no explanations would be required. Incentives were not offered and there was no coercion at any stage.

Strict confidentiality was guaranteed throughout the process. At no time were participants required to divulge their names and arrangements were made for the completed questionnaires to be folded and placed by the participants themselves into a sealed box at the front of the classroom. As it was impossible to link any participants with their respective questionnaires, anonymity was assured. This was a necessary step to obtain honest and direct answers.

There was no risk of physical harm present for the duration of this study. However, due to the possibility of emotional harm as a result of the sensitive nature of the study, a teacher was made available on site at each school should any participant need counselling. All respondents were advised of this and were given the relevant contact details.

This study will be contributing to the body of knowledge surrounding children and the danger and fears that they face. It will form a baseline from which further research can be undertaken. The potential exists of the findings contributing to changes being made to create a safer environment.

The participants were viewed as collaborators rather than objects in the current research study. The questionnaire was pre-tested on a pilot group of children who gave their input regarding the formulation of the questionnaire. Their opinions were taken into account and the necessary amendments were made. A group was also given the opportunity to review the coding structure of their responses and confirm that their responses were categorised accurately and the contexts had been interpreted accurately.

3.10 Chapter Summary

This chapter described the aim of the research, the research design, sampling, data collection and data analysis. Measures adopted to ensure the validity and the reliability of the study were discussed as well as the ethical considerations that were undertaken.

The following chapter presents and discusses the research findings.

CHAPTER 4

RESEARCH FINDINGS

This chapter presents the major research findings of the study. The specific objectives were to establish what made children afraid in their home environment, how intense the fears were, and what could be done to make them feel safer. Their responses were coded according to Hobfoll's Conservation of Resources theory. Findings will be presented according to this theory. Participants' demographics will be described, various emerging trends will be presented, and excerpts from the questionnaires will be quoted to facilitate greater clarity and understanding.

4.1 An overview

From the results it was clear that the majority of the participants (80.5%) had experienced a fearful event in their homes in the previous year. A minority (19.5%) had not felt afraid at all:

P 63: No nothing make me scared at home or at any where that I live

P 90: Nothing have scared me or upset me at home because I am always safe

P 101: Nothing scare's me

P 304: Nothing at home because I am happy and safer at home

Of the 312 questionnaires used for analysis, 287 responses were usable (92.0%). The balance of 8% was discarded due to omitted or ambiguous responses. The usable responses did not differ significantly from the non-usable responses in terms of age, gender, or grade. Therefore, no systematic bias was evident (see Table1).

Table 1: Comparison of demographic characteristics of participants who submitted usable and non-usable responses

Characteristic	Responses		Statistic	P =
	Usable	Non-usable		
Gender			$\chi^2 (1) = 0.79$.368
Male (<i>n</i>)	122	12		
Female (<i>n</i>)	165	13		
Grade			$\chi^2 (1) = 0.08$.776
Grades 7-9 (<i>n</i>)	243	22		
Grades 10-12(<i>n</i>)	44	3		
Age				
Mean age	14.81	14.55	$t(310) = 0.47$.496

4.2 Participants

Table 2 presents the demographic characteristics of the participants. Participants had a mean age of 14.80 years with a standard deviation of 1.531 and an age range of 13 - 18 years. It is evident that the majority of the participants were black Africans (90.2%), female (57.4%), and in Grade 7 (54.7%). Only 0.3% of the participants were Asian.

Table 2: Demographics

	Frequency
	n
Ethnicity	
Black	259
White	5
Coloured	22
Asian	1
Gender	
Male	123
Female	164
Grade	
7	158
9	85
10	31
11	13
Age	
Mean age	14.8

4.3 Sample group selection according to quintiles

Table 3 presents the number of participants taken from each quintile category as well as the percentage of schools in the North West province according to quintiles. It is evident that the participants chosen for the sample were representative of the adolescents attending schools in the North West province. The majority of schools in the North West province, and consequently the research participants, were categorised in quintile 1.

Table 3: Number of participants chosen for the study in relation to the school’s quintile categories.

Quintile	Number of participants	Percentage of schools in the North West province by quintiles
	n (%)	%
1	100 (32.0)	36.7
2	56 (17.9)	18.0
3	47(15.1)	13.7
4	55 (17.7)	17.6
5	54 (17.3)	14.0

4.4 Frequency and rating of fears according to resource categories

Table 4 presents the frequency and rating of the fears experienced and their ranking order according to Hobfoll’s Conservation of Resources categories. It is clear that the most frequent fears experienced were those relating to the participants’ primary resources, that is, fears of threats to their basic survival, such as interpersonal trauma. The majority of adolescents (36.2%) reported being most afraid of events that placed their survival and physical integrity at risk. This was followed closely (34.5%) by fears relating to secondary resources which included interpersonal disputes, threats to significant others, and financial security. A small minority (8.4%) were most afraid of events relating to tertiary resources, that is, incidents that threatened their social standing, such as punishment, blame, and loss of dignity.

Not only were the fears that threatened the children’s primary resources the most common, they were also the most intense. Children perceived events that were a danger to their survival, safety, and material resources as the scariest.

Table 4: Frequency and ratings of fears by resource category

Resource category	Frequency	Rating
	<i>n</i> (rank)	<i>M</i> (rank)
Primary Resources	104 (1)	3.20 (1)
Secondary Resources	99 (2)	3.18 (2)
Tertiary Resources	24 (3)	2.48 (3)

4.5 Frequency and rating of fears within the resource categories

Table 5 shows the frequency and intensity of the fears experienced according to the fear content domains within the three resource categories.

Within the primary resource category, it is clear that most of the fears (17.4%) experienced by the children related to threats to their survival and their physical integrity which included direct, vicarious, and ambient exposure to interpersonal and non-interpersonal trauma. The fear experienced in relation to these threats was also the most intense. Threats to their safety and physical wellbeing which encompassed natural, imaginary, and supernatural dangers as well as experiencing illness, pain or injuries were the second most frequent fears experienced by the participants (12.9%). Although children were afraid of threats to their material resources, these fears were the least common (5.9%) and the least intense.

In the secondary resource category, interpersonal disputes and issues were the most common fears experienced (17.1%). These disputes occurred almost as frequently as threats to their survival and physical integrity. Fears due to death of and separation from significant others in the participants' lives accounted for 11.1% of the fears and 4.5% of fears were due to fear regarding the health of others. The least frequent fears (1.7%) were those relating to loss of financial resources. Although fears relating to interpersonal disputes and issues were the most common, they were not the most intense. Fears relating to the death and separation from significant others were the scariest. Financial insecurity was reported as the least fearful.

In the tertiary resource category, fears relating to underperformance and punishment (7.7%) were significantly higher than those relating to loss of respect, dignity and social standing (0.7%). Although the frequency of these fears differed, the intensity of the fear was similar.

In both the primary and secondary content areas, fears relating to material resources and financial insecurity were the least common and the least intense. These fears included theft and damage to material property and loss of financial resources due to poverty and unemployment. The most frequent fears in the primary and secondary categories were those relating to interpersonal and non-interpersonal trauma and interpersonal problems with family and peers. Participants found interpersonal and non-interpersonal trauma the scariest.

Correlation between the frequency and rating of the fears was $r_s(8) = .569$, $p = 0.110$ which was not significant. The most common fear content domains were not necessarily the most intense fears.

Table 5: Frequency and rating of fear content domains

Nature of resource / content area	Frequency	Rating
	<i>n</i> (rank)	<i>M</i> (rank)
Primary		
Survival/physical integrity	50 (1)	3.27 (2)
Safety/physical well-being	37 (3)	3.19 (3)
Material resources	17 (6)	3.00 (4)
Secondary		
Financial insecurity	5 (8)	2.40 (9)
Death/separation	32 (4)	3.84 (1)
Health (others)	13 (7)	2.92 (5)
Interpersonal disputes/issues	49 (2)	2.90 (6)
Tertiary		
Underperformance/punishment	22 (5)	2.48 (8)
Respect/dignity/social standing	2 (9)	2.50 (7)
Correlation (frequency and rating)	$r_s(8) = .542$, $p = .100$ (not significant)	

4.6 Gender differences in rating of fear

Except for the fears experienced in relation to death and separation, there were no significant gender differences in the rating of fear. The intensity of fear of death and separation was greater for females. The mean ratings for death and separation of significant others provided by females ($M=4.40$) was significantly higher than the mean rating provided by males ($M=3.33$), $t(25) = 2.23$, $p=.035$.

4.7 Age differences in rating of fears

No significant age differences were evident in this study. The content and the intensity of the fears were similar across all the age groups.

4.8 The most common fears

Table 6 depicts the most common and the most intense fear manifestations in ranking order. It is clear to see that the most frequently occurring fears were not necessarily the most intense fears.

The most frequent fear manifestation reported was disputes amongst family members. The participants (16.7%) had experienced fear when fighting and disputes had taken place at home in front of them. Fighting occurred between parents, siblings, and members of their extended family such as uncles and nephews. The majority of fights took place between the participants' parents:

P 166: My father wanted to beat my mother in front of my eyes

P 2: My father wanted to kill my mother

P 34: My parents were always fighting

P 35: Seen my father and my mother fighting and shouting against each other

P 36: My parents were fight every day in front of us

P 96: My stepfather and my mother were always fighting the past few years in front of my eyes

P 83: I am very sad when mother fight with brother and brother take knife and little sister call police

Table 6: The most common and the most intense incidents in ranking order

	Frequency		Intensity	
	Rank Order	Percentage	Rank Order	Rating
Family disputes	1	16.7	11	2.9
Death of significant others	2	9.1	2	3.9
Interpersonal trauma (vicarious)	3	8.0	3	3.5
Interpersonal trauma (direct)	4	7.0	8	3.0
Natural dangers	5	7.0	6	3.2
Criticism, blame, or punishment	6	7.0	14	2.5
Theft	7	4.9	7	3.1
The health of others	8	4.5	12	2.9
Imaginary or supernatural dangers	9	3.8	10	3.0
Interpersonal trauma (ambient)	10	2.1	9	3.0
Loss/separation of significant others	11	2.1	4	3.5
Illness, pain and injury	12	2.1	5	3.3
Loss of financial resources	13	1.7	15	2.4
Damage to material resources	14	1.0	13	2.7
Peer relationships	15	1.0	16	2.3
Achievements	16	0.7	18	2.0
Loss of social standing	17	0.7	17	2.3
Non-interpersonal trauma	18	0.3	1	4.0

It was evident that some of these fights were alcohol related. The participants mentioned excessive alcohol amongst a sister, father and uncle:

P 103: When my mother was fighting with my sister and my sister was drunk

P 51: It was when my uncle came home drunk and tried to fight every-one

P 45: My parent they were drink alcohol then they had to fight. My mom was crying

Although disputes amongst family members occurred the most frequently, they did not evoke the most intense fear.

The second most frequent fear manifestation (9.1%) was the death of a family member or a significant other. Participants had been afraid when someone close to them had died. This was also rated as the second most intense fear.

P 15: My father is dead

P 29: When my mother passed away in 2006

P 49: Last year my grandmother past away, it was so painful to me

P120: At home my grandfather died and that affect me because he was loved me so much

P 143: When I lost my brother

It was evident that witnessing interpersonal trauma resulted in fear. The intensity of fear experienced was rated as high as well. The children had witnessed beatings, rape, attempted murders, and abuse:

P 37: When my cousin raped his biological mother and I was there too

P 39: My uncle tried to kill my mother in front of my eyes, he was drunk his mind wasn't thinking straight

P 165: When my father beats my mother, it hurts me badly

P 180: When my uncle beat his wife and damaged him very badly and his wife sleep at hospital for 3 months

The frequency of direct exposure to interpersonal trauma (7%), natural dangers such as animals, lightening and loud noises (7%), and criticism, blame or punishment (7%) were the same. However, the most intense fear was associated with natural dangers (3.25).

Direct exposure to interpersonal violence as a victim or in the form of a threat was also common (7%) but was less fearful in comparison to vicarious interpersonal trauma. The children reported being beaten, raped, and threatened with death:

P 18: The men need to rape me

P 21: In last year my stepfather he is rape me and wase not happy

P 44: My brother was crazy last year. He was always beating me everyday

P 48: When some boys come to me at home and beat me and tell me that if I tell someone they will kill me

P 61: When my father beated at me

P 82: There was a rapist who always nocked behind the window to tell us he will kill us

P 100: My dad was hitting me and I will never forget what happened to me

Natural dangers involved mostly animals. Children were afraid of dogs, cats, mice, and snakes.

P 106: I found a snake inside the house at night

Criticism, blame, and punishment created fear. Children were frequently shouted at and punished by members of their family, mostly their mothers. Siblings and extended family members were included:

P 50: My uncles they were give me bad names

P 54: I found my aunt has a stress, she shout at us even though we don't do anything

P 111: My brother was punishing me in different things

P 269: My mother beat me when I came late at home

P 273: Upsetting when my mother was shouting at me

P 276: I was scare when my mom shout me I come late at home

4.9 The most intense fears

The most intense fear reported related to non-interpersonal trauma. However, this was the least frequent as only one participant had experienced fear due to being involved in a motor vehicle accident.

Death of significant others, witnessing interpersonal violence, and the loss or separation from a significant other ranked high on the fear rating scale. Failure and under performance evoked the least intense fear.

Incidents relating to financial and material resources, the health of others, peer relationships and family disputes, lack of achievement, criticism, and loss of social standing are experienced as the least fearful occurrences.

4.10 The relationship between the most frequent and the most intense fears

There was a significant correlation between the frequency and the rating of fear manifestations $r^s(18) = .440, p=.033$. Therefore, the most frequently experienced fears were also found to be the scariest.

4.11 The proposed solutions

Question 3 asked the participants what, in their opinion, could be done in order to make them feel safer. Several participants gave more than one solution. Of the 317 questionnaires used for analysis, 256 responses were usable (80.7 %). The balance of 19.3 % was discarded due to omitted or ambiguous responses. The most common agent of change was family. The children (33.2 %) believed that their family could make them feel safer. Specific action such as installing alarms, cameras etc. was advocated by 16.4 % of the children. 16.8 % indicated that there was nothing that could be done to increase their safety and 9.4 % felt the police were responsible to do something for their protection. Other suggestions for solutions included the government, peers, school teachers and spiritual beliefs. Only 4.7 % of the children held themselves responsible for their own safety.

P 3: to pray and be happy, if we pray every day things could be possible

P2: I think I'll call the police or social worker to solve that problem

P 29: If my father hire the bodyguards who could look after me everywhere I go

P 103:if my brother could stop fighting

P 183: my mother is the only one we have left of so she is doing all her best to make us feel safer

4.12 Chapter summary

This chapter focused on the major findings of the current study. The most common and the most intense fears, gender and age differences, and the relationship between the most common and the most intense fears were reported. The frequency and rating of fears was presented according to Hobfoll's Conservation of Resources theory.

The next chapter will present a discussion of the major findings and the limitations of the study

Table 7: Proposed solutions

Proposals	Frequency
	n
Nothing can be done	43
Agents	
Police	24
Family	85
Government	2
Peer support	2
School authority	3
Religion	7
Self	12
Unspecified other	27
Specific proposals	
Safety and security	42
Health	2
Other	7

CHAPTER 5

DISCUSSION OF RESULTS

This chapter examines fears in accordance with Hobfoll's (1998) Conservation of Resources theory which would predict that fears related to the primary resources would be most salient. Fears will be discussed according to the three different resource content domains, namely, primary, secondary, and tertiary. The most common and the most intense fears will be examined as well as a comparison drawn between fear surveys conducted in previous research and the current study.

5.1 Introduction

The majority of children in the current study reported having being scared or upset in their homes during the past year. They were afraid of parents fighting, parents and grandparents dying, fathers abusing mothers, being killed, and being raped as well as other incidents. These fears surpass the normative childhood fears associated with the adolescent developmental stage.

The results of the current study are in accordance with previous findings which indicate that many children, instead of feeling safe and secure, were actually afraid in their home environment (Burton, 2007). UNICEF (2006) reports that every year "hundreds" of children are subjected to various forms of abuse and violence in their homes (UNICEF, 2006). In studies conducted amongst children in rural and urban schools in South Africa and Africa it was found that more than 80% of children had been exposed to trauma as either victims or witnesses (Jewkes et al., 2010). Most children had been exposed to physical punishment, physical hardship, emotional abuse, emotional neglect, and sexual abuse (Jewkes et al., 2010; Gopal & Collings, 2013; Seedat et al., 2004; Carroll-Lind et al., 2011). In the present study, only 19.5% of the participants indicated that they had not experienced fear at home. Some reported: "Nothing scare's me" whilst some reported feeling very safe: "Nothing at home because I am happy and safer at home".

5.2 Frequency according to primary, secondary and tertiary resources

The fears expressed by the children in this study were categorised according to Hobfoll's (1998) Conservation of Resources model. It was found that the most common and the most intense fears were those that related to the loss, or to the threat of loss, of resources necessary for the children's basic survival, safety, and security. These were followed by threats to their financial and interpersonal resources and lastly by threats to their competence and social standing. This is in accordance with Hobfoll's (1998) Conservation of Resources theory which suggests that resources can be categorised into primary, secondary, and tertiary resources which exist in a hierarchy based on the proximity to basic survival. A loss of, or a threat of loss to, any of these resources would result in stress, fear, and anxiety as it would place the children's survival in jeopardy (Hobfoll, 1998). It was, therefore, expected that the loss, or the threatened loss, of primary resources would elicit the most common and the most intense fears as these placed the children's basic survival at risk, followed by secondary resources and lastly tertiary resources. The current findings were not only consistent with the theoretical framework used in the study but were also consistent with the broad flow in previous literature in which the theme of fear relating to death and danger emerges repeatedly. Many studies have been conducted around the world using a variety of different methods (Burkhardt, 2007). Hobfoll's model has enabled fear to be conceptualised and defined in a meaningful and constructive way. It offers a valid explanation as to why fears relating to danger and threats to life have emerged consistently across all the fear schedules and this model can be generalised to all work in the field.

5.3 Frequency according to content domain

For the purposes of this study, Hobfoll's primary, secondary and tertiary resource categories were broken down further into sub categories.

5.3.1 Primary Resources

The primary resource category included both interpersonal and non-interpersonal threats to the children's survival or their physical integrity, threats to their personal safety and wellbeing, and threats to their material resources. Threats to their survival and physical integrity were experienced the most frequently (17.4%) and included non-interpersonal

violence and direct, vicarious, and ambient exposure to interpersonal violence. Not only were these exposures the most frequent, they were also perceived as the most fearful.

The most common fears experienced at home by participants related to experiences of interpersonal trauma. Children reported having experienced violence directly themselves, witnessing it and being aware of it taking place in their environment.

Witnessing interpersonal violence was the most frequent form of exposure and also evoked the most intense fear. The majority of these incidents took place between family members. Children reported witnessing the murder of a brother: “My uncle tried to kill my mother in front of my eyes, he was drunk his mind wasn’t thinking straight”, the shooting of a grandfather, the rape of a sister and the rape of a relative: “When my cousin raped his biological mother and I was there too”, an uncle trying to kill their mother, and fathers abusing mothers: “When my father beats my mother, it hurts me badly”, shootings, people fighting with knives and sexual and physical abuse amongst family members: “When my uncle beat his wife and damaged him very badly and his wife sleep at hospital for 3 months”.

These incidents of interpersonal violence are consistent with earlier research conducted (Burton, 2007). Study data reveals that the prevalence of violence within families is high (Button et al., 2010; Seedat et al., 2009) and many children live in homes where they are neglected and abused on a daily basis (Wider, 2012). According to UNICEF (2012), 84% of children who were abused and subjected to violence in 2012, were familiar with the perpetrator (UNICEF, 2012). Violence amongst intimate partners is also common with research showing that over 40% of men have admitted to physically abusing partners and over 40% of women have said that they have been subjected to violence by their partners (Seedat, 2009).

Participants were also directly exposed to interpersonal trauma which predominantly consisted of beatings by their family members, mostly their parents and brothers: “My brother was crazy last year. He was always beating me everyday”, “My dad was hitting me and I will never forget what happened to me.” This is in accordance with previous studies which show that children receive physical punishment at home frequently, often being beaten with an implement (Seedat et al., 2009; Jewkes et al., 2010).

Although direct exposure to interpersonal trauma was almost as prolific as vicarious trauma, the intensity of fear experienced was far less intense. It was clear that the events which the children witnessed were more frightening than those which they experienced directly themselves. This is consistent with previous studies, conducted by Carroll-Lind et al.(2011), which revealed that, except for sexual abuse, not only was witnessing violence more prevalent but it was also viewed more negatively than direct experiences (Carroll-Lind et al., 2011).

There were only a few incidents of ambient interpersonal trauma and the level of fear associated with these occurrences was the lowest. Children did not recount specific events but rather wrote about being afraid due to the awareness that the world was not a safe space.

Except for one participant who was involved in a motor vehicle accident, no references were made to fear resulting from non-interpersonal violence. This is not consistent with previous studies which indicate that children are at high risk for being subjected to non-interpersonal trauma in their homes (Seedat et al., 2009). According to Seedat et al.(2009), deaths and injuries occur amongst children due to burns, drownings, and falls. However, these injuries are more prevalent in poor socio-economic conditions as a result of limited resources and inferior housing (Seedat et al., 2009).

Children reported being afraid when their safety and physical wellbeing being were threatened by natural, imaginary, and supernatural dangers as well as illness, pain and injury. Fear of natural dangers was more frequent than supernatural dangers. Most fears related to dogs followed by fears of mice and snakes. Supernatural fears included ghosts, spirits, and monsters. Fear of death was evident for one respondent who reported that fear was experienced due to the fact that: “The snake could’ve bitten me to death” . The participants were also afraid when they became “sick”, had a broken leg, and experienced pain from hot water burns or from electrical shock. One participant reported: “I was sick and I though I was dieying”.

The least common fears relating to primary resources concerned threats to material resources. This included theft and damages to the participants’ property or their homes. For the purposes of this study, theft was categorised as the taking of property without involving any personal

contact. Possessions such as a car, a bicycle, money, and a ball had been stolen and several attempts had been made to break into their homes: “Thugs were threatening to get into our house and take my laptop, phones, plasma”. Very few had experienced damage to their homes. The intensity of the fear experienced was greater for theft than damage to property.

5.3.2 Secondary Resources

Secondary resources include financial insecurity, death, separation, and the health of significant others as well as interpersonal disputes and issues. Interpersonal disputes were the most common occurrences which produced fear. The majority of these disputes took place amongst family members. This was followed by fears relating to the death of, or separation from significant people in the children’s lives. Most of the respondents’ fears related to losing family members to death, divorce, or being forced to move away from their parents. Threats to financial resources such as poverty and unemployment were experienced the least frequently.

Fear as a result of disputes which took place amongst members of their family was experienced by 16.7% of the participants. These disputes were described as “fights” which occurred between parents, siblings, and members of their extended family such as uncles and nephews. Most fights were between participants’ parents: “My parents were fight every day in front of us”, “My stepfather and my mother were always fighting the past few years in front of my eyes”. In such cases, it is impossible to ascertain whether violence is included in these fights or whether they are merely verbal arguments. It is possible that some of these responses should be categorised under interpersonal violence. However, this does not affect the outcome of the research as interpersonal violence and familial disputes are both experienced almost as frequently in the overall study. Although the occurrence of both of these is almost as common, they differ in the intensity of the fear experienced. Children were more afraid of interpersonal violence than they were of fighting amongst the members of their family.

There were very few incidents of relationships with peers that caused fear. This could reflect the focus on the family in the present study. Only three participants had experienced fear with regard to friends. One participant had witnessed a friend fighting with her sister and another had been forced by a friend to do “bad stuff”. Parents fighting consistently evoked fear as the

possible result could be separation or divorce which would then threaten the child's primary resources relating to their basic survival such as food and shelter. This supports Hobfoll's (1998) Conservation of Resources theory that postulates that fear and anxiety increases when resources closest to basic survival are threatened.

Second to disputes between family members and issues with peer relationships, children feared the death or separation of someone close to them. These fears were also rated as the second most intense overall fear. The most common fear manifestation was death which occurred amongst the participant's fathers and grandparents: "Last year my grandmother past away, it was so painful to me" and "At home my grandfather died and that affect me because he was loved me so much". Fear of loss due to separation included their mother leaving, their parents divorcing, and one participant experienced fear when her brother was taken away by the "cops".

Children had lost more significant people to death than to physical separation. However, the intensity of fear assigned to both was similar. This indicated that any type of loss experienced caused fear: "My mother say I am going to Gauteng so I don't know where are you going to sleep" and "The most upsetting thing, my mother she was leave me on this year. May 29 2013; I'm heartbroken". It is interesting to note that no mention was made of fathers leaving other than parents getting divorced when it could be assumed that their father would be leaving. Most of the participants who experienced death in their family had experienced the death of their fathers and grandfathers whereas those that experienced separation experienced fear when their mothers left them.

The participants had also experienced ill health amongst significant others in their lives which had caused fear. The children were mostly afraid of members of their family getting sick and being involved in vehicle accidents. This included mothers, brothers, aunts, cousins, and one child mentioned a friend. One participant commented: "My mother was sick last year she was.... to die and I was so scared and even cry" and another: "is when my younger brother had a stroke". No fears related to fathers being ill were mentioned.

Loss of parents due to death, illness, or separation threatens children's existence which explains, according to Hobfoll (1998), the high rate of fear experienced. Losing their

caregiver creates a huge burden for children and places their survival at risk. Previous findings show that many children are being forced to take on adult responsibilities and look after siblings and sick parents when parents are no longer available to fulfil this role (UNICEF, 2007).

Threats to financial security occurred the least frequently (1.7%) and caused the least fear. Only 5 participants were fearful due to poverty or unemployment. Participants reported: “I am so poor or povite and no parent’s I live Three Child my sister and young Girl”, “My mother she don’t give me food” and “My father he not pay food in the house...”

5.2.3 Tertiary Resources

Tertiary resources related to censure and achievement as well as loss of social standing. Fear of criticism, blame, and punishment, as well as failure and underperformance, were the most common fears of children in their homes. Most of the fears related to being shouted at by mothers, aunts, and siblings with the most common being their mothers: “The most upsetting is sometimes when in from school I found my mom has a stress she shout” and “Upsetting when my mother was shouting at me”. Although shouting was frequent and it was perceived as upsetting, the level of the fear was not very great. Few felt fear due to having experienced disrespect and loss of dignity.

Glaser (2002) claims that shouting at, threatening, ignoring, or minimising children represents emotional abuse (Glaser, 2002). Emotional abuse generally takes place between a caregiver and a child. Shouting and other types of emotional abuse evoke fear as the child often interprets this as not being worthwhile. It is important, for their survival, that they are accepted unconditionally by caregivers in order to have their basic needs met (Lev-Wiesel and Sternberg, 2012).

5.4 The most common fears

The most common fears expressed by the children in the current study centred on direct and vicarious interpersonal violence as well as circumstances surrounding their parents: disputes amongst parents, death of parents, criticism, and blame by parents. Most of these

manifestations of fear involved threats to the participants' physical safety and the loss or disapproval of their parents and family members.

In order for children to survive physically they require the basics of food, shelter, clothing, and nurturing and are dependent upon their parents to have these needs met. It, therefore, stands to reason that the loss, or the threatened loss, of their caregivers will threaten their survival and, consequently, evoke uncertainty and fear. Parents who become embroiled in violence as victims or witnesses become emotionally unavailable which results in them being unable to deal appropriately with their children and meet their needs (Osofsky, 1999). Threats of parents not being able to meet their needs would cause a tremendous amount of fear in children as it could jeopardise their basic survival. This is in accordance with Hobfoll's (1998) Conservation of Resources model.

5.5 The most intense fears

In this study, the most intense fear ($M=4$) experienced related to non-interpersonal trauma. However, this result needs to be interpreted with caution as only one participant reported experiencing a non-interpersonal trauma which was being involved in a car accident.

Second to the above, the most intense fears ($M \geq 3.00$) in this study related to losing a family member to death or by physical separation ($M=3.7$), physically painful experiences and illness experienced by the participant ($M=3.3$), interpersonal violence, including vicarious, direct and ambient ($M=3.2$), and natural and supernatural dangers ($M=3.1$). Fears of theft of property ($M=3.0$) was also high. Except for death and separation, these fears are categorised as primary resources in Hobfoll's (1998) Conservation of Resources theory. According to this model the loss of a primary resources would cause more fear as without them survival cannot be guaranteed. Losing a caregiver, getting ill, and being subjected to violence all pose as threats to the children's basic survival. Although death and separation relate to secondary resources, the fear experienced was intense as without an adult caregiver the children's basic needs of food, clothing, and shelter would not be met. Without these needs being met their survival would be threatened.

Participants were more afraid of natural dangers than supernatural dangers. They were also more afraid of death than of just being separated from a significant person in their lives. This would be expected due to the finality of death and the possibility of re-uniting with the separated person. Witnessing interpersonal violence was more common and more fearful than direct violence.

Fear experienced as a result of loss of financial resources, damage to material resources, and theft was less intense. Exposure to violence, danger, illness, death, and separation from significant others was far more fearful for the children. Incidents relating to theft were more common and scarier than the loss of financial and material resources.

5.6 Siblings

Contrary to previous research findings (Button & Gealt, 2010; Kiselica, 2007), little mention was made of fights between siblings in the current study. Children had experienced more fighting between their parents than between siblings. Less fighting amongst siblings is contrary to previous research which indicates that violence amongst sibling is common and occurs more frequency than violence between parents and children (Button & Gealt, 2010; Kiselica, 2007). It is the most common form of intrafamilial violence (Hoffman & Edward, 2004) and takes the form of physical, sexual, and psychological abuse (Kiselica, 2007). The current findings could either be due to fewer fights occurring amongst siblings or to the lack of fear in relation to these fights.

5.7 Sexual abuse

The prevalence of reported sexual abuse in the current study was very low with only 1 % of participants mentioning violence of a sexual nature. Two participants reported having been raped, one by her stepfather and the other by “men”. This small percentage does not support previous research findings that indicate that sexual abuse is increasing in South Africa and this is affecting many families (Pretorius et al., 2011). Children are most often abused in places they are familiar with and by people they trust (LenkaBula, 2002) with the most frequent type of sexual abuse occurring amongst siblings (Krienert & Walsh, 2011).

It is possible that the figures in the current study are not reliable as children are reluctant to declare that which often remains a family secret. Studies show that, due to difficulties in defining sexual abuse and normal sexual exploration (Krienert & Walsh, 2011), as well as the sensitive nature of the topic, sexual abuse is often not reported.

5.8 Alcohol

Several participants referred to alcohol when describing a fearful incident: “My parent they were drink alcohol then they had to fight. My mom was crying” and” It was when my uncle came home drunk and tried to fight every-one”. According to Seedat et al. (2009), the consumption of alcohol in South Africa is one of the highest in the world and contributes to violence and abuse. Parental alcohol abuse increases physical violence (Fleithler et al., 2006). However, these results need to be treated with caution as alcohol could have been a contributory factor in other acts of violence in spite of not being mentioned.

5.9 Gender

In this study there were no significant gender differences in the rating of fears. The only exception was in the children’s experiences of death of or separation from significant other people in their lives. Females reported feeling more afraid than males when someone close to them died, when their parents divorced, or when they were separated from someone close to them. The mean ratings which were provided by females ($M=4.40$) was significantly higher than the mean rating provided by males ($M=3.33$, $t(25)=2.29$, $p=.024$).

These results are contrary to previous research findings. Most studies have found that the experience and intensity of fear differ according to gender. Generally, girls report more frequent and intense fears than boys which is especially evident in patriarchal societies where men are raised to be strong, encouraged to fight back, and dissuaded from crying (Burkhardt, 2012). Gender differences regarding intensity of fear were also present in Burkhardt’s study (2012).

5.10 Age

The current study included the age group 13 – 18 years. No significant age differences in the frequency or the ratings of fear in this group were found.

Previous studies have indicated that fear generally appears to decrease with age; however, this is not supported by all research (Burkhardt, 2012). Studies researching fear amongst American, Australian, and Chinese children show that, the older children are, the less frequent and less intense their fears become. However, this was contradicted in other studies. A study conducted amongst Chinese children found that fears in the 11-13 year age group were higher than those in the 7-10 year age group. Exploring the fears of Bedouin Israeli children indicated that the most intense level of fear was experienced by the 8 year olds after which the level of fear declined with the exception of the 10 year olds who showed an increase again (Burkhardt, 2012).

5.11 Ethnicity

In an assessment conducted by Burkhardt (2012), black South African children indicated the greatest number and the highest intensity of fears, followed by coloured children and then white children. This is consistent with various studies which have shown that children with African origins have higher levels of fear than other ethnic groups (Burkhardt, 2012).

One would expect that fears and their intensity would differ between ethnic groups (Burkhardt, 2012) as the children's world and their role within it is reflected in their fears. This was evident in a group of Australian, Hellenic, and American children who reported a fear of burglars at a time when burglaries had increased in their environment (Burkhardt, 2012).

Given the high percentage of black Africans in the present study, it was not possible to make a meaningful race comparison.

5.12 A comparison of Burkhardt's study

Burkhardt (2012) conducted a study amongst children between 7-13 years living in South Africa in 2007 using the FSSC-R. The FSSC-R was modified in order to make this self-report survey more relevant to the South African context. Semi structured interviews were conducted with 40 children to establish their prominent fears and, based on these fears, 17 new items were added to the FSSR-R as well as other items revised to accommodate the wording used by the children. The items that were added reflected the South African context, such as, being afraid of HIV/Aids. The FSSC-SA was subsequently administered to 645 participants. Children were asked to indicate which items on the list were perceived as fearful and also rate the intensity of each fear on a Likert scale According to Burkhardt's study (2012) the most prominent fears experienced by children were:

1. Getting HIV/Aids
2. Not being able to breathe
3. Sharks
4. Being hit by a car or a truck
5. Being bombed or invaded
6. Lions
7. Falling from high places
8. Fire/getting burned
9. Bears or wolves
10. Getting an electric shock

It is clear to see that the majority of fears recorded by Burkhardt (2012) related to the construct of danger and death and which, if coded according to Hobfoll's (1998) Conservation of Resources theory, would be categorised as primary resources. Similarly, the most common fears experienced by children in the current study related to Hobfoll's primary resource category. It is therefore evident that the overall findings of both studies are consistent with each other. This re-affirms that threats to basic survival are the most common sources of fear amongst children.

However, although the overall results in both studies related to death and danger, significant differences were found in the content of the fears. In Burkhardt's study (2012) the emphasis

was on natural dangers. Children feared sharks, being hit by a car or truck, lions, bombings, falling, fire, bears, and electric shocks (Burkhardt, 2012). In the current study the most common fears related to interpersonal violence. Children feared being killed, raped, and beaten.

This discrepancy in the content of children's fears adds leverage to the criticism against the FSSC. The FSSC-SA did not give children the opportunity to express their exact fears experienced in their daily lives. Instead, they were presented with a list of potentially frightening objects and situations and were asked to indicate which items caused fear (Burkhardt, 2012). This encouraged children to respond to the fear evoked by the image, or the thought of the situation, rather than their actual fear response which prevented the acquisition of a clear picture of what they were actually afraid of. Many of the listed fears were not encountered in their day to day lives, such as, being bombed or invaded, and some were unlikely to ever occur, such as, bears and wolves. The fear survey schedule encouraged commonalities and, therefore, artificially inflated certain items, providing a distorted picture of normative childhood fears.

Contrary to utilising a list of prescribed fears, the current study made use of a free option method and asked the participants to recount exactly what happened during the past year to make them scared or upset in their homes. This gave each participant an opportunity to take control and to define specifically what had made them afraid, rather than being guided by set questions. This study presented a far more accurate and realistic idea of children's fears and reflected their worlds in which they lived. The children's fears, listed as they saw them, gave an accurate picture of their lives and the violence and adversity they were facing. It was a simple methodology which produced rich findings. As there are no pre-conceived categories presented it is suitable for all children's developmental stages.

This study examined realistically what had made children afraid rather than what they feared might happen.

5.13 Proposed solutions: who are agents of change?

The majority of the participants indicated that attempts to ensure their safety should come from within their family. They indicated that they would feel safer if their parents stopped fighting, if the abuse discontinued, or if their brothers and fathers stopped fighting. Most of the children held their parents responsible for protecting them and were of the opinion that they should do something to help. One girl commented: “I didn’t want my father to beat me I wanted him to ask me why I lied.” Another expressed: “My mother and my father should live with us at home. We should involve the police too” after her grandmother had been robbed. Some children believed that their aunts, uncles, or grandparents should assist in making their homes safer: “My grandmother always make me feel safer at home” and “my grandmother take me at home so that I can fell safe” after the death of his mother. This need for their family to provide protection supports Krug et al., 2002 who proposes that the family has the ability to protect children from the effects of abuse (Krug et al., 2002).

Some participants suggested enlisting the help of the police to apprehend the perpetrators of the violence. “Police should arrest those who have done that” was stated by a boy whose brother had been murdered. A girl whose sister had been raped and killed felt: “Our policey should make us feel safer but they can’t arrest the people who do thing like that.”

A percentage of the participants took responsibility for their safety themselves by locking doors, getting a watch so as not be late and be shouted at or “beaten”, not watching scary movies, and “respecting my mom”.

A small minority suggested that friends, the government, teachers, and spiritual beliefs could increase their safety. Specific action was required by a portion of the children. They referred to hiring a guard, installing alarm systems and cameras, and getting a dog for protection: “They need to hire guards to check if us children we are safe.”

Some children felt that nothing could be done to make them feel safer. Most of these were responses from the participants who had not experienced anything fearful in the past year. However, some children intimated that nothing could be done as there was no hope. One

participant wrote: “I feel so angry because no person to help my family”. He had experienced fear due to having no parents and being “so poor”.

5.14 Child-centred approach

Bronfenbrenner (1979) proposes that children are active participants in their lives and that they influence and are influenced by their environment. Consequently, they should be involved in finding solutions to the problems they experience (Brendtro, 2006). In order for a researcher to increase his or her understanding of how children experience their worlds and to attempt to make sense of their daily lives, children need to be given the opportunity to express their own views and opinions (Greene & Hill, 2005).

Using a child-centred approach in the current study gave more insight into the content of fears that children actually experience in their home environment. Without a prescribed list of potentially fearful items, children were free to identify their real fears and to contribute to solutions from their own perspective. This increased the understanding of children’s actual experiences of fear in the family context.

5.15 Bronfenbrenner’s Ecological system’s theory

Bronfenbrenner (1979) postulates that children are embedded in their immediate environment which exerts an influence on them. This influence is reciprocal as children are active participants in their worlds and, therefore, exert an influence on their environment. The family is an important setting for children due to the amount of time spent in this environment and the emotional influence the family has on them. Families have the potential of exerting a positive or a negative influence on children (Osofsky, 1999).

According to the review of the literature, children are subjected to danger and death in their communities and at school (Seedat et al., 2009). The family has the ability to moderate the effects of this violence and adversity by acting as a protective force (Osofsky, 1999). This was evident in research conducted amongst children during the war and those living in violent communities. It was found that those who lived with supportive families suffered less from posttraumatic stress and anxiety (Osofsky, 1999).

Previous findings indicate that, in addition to experiencing fear in their schools and in their community, children are also being exposed fears within their family environment (Krug et al., 2002).

The current study re-affirms the impact that the family environment has on children. Eighty percent of the children had experienced incidents in their home environment that had resulted in them being afraid. The children's responses indicated that parents were arguing, fathers were assaulting mothers, children were being shouted at by their mothers, they were being beaten and threatened, as well as having to witness violence amongst family members. The most frequent fears reported were due to fighting which transpired amongst family members, mostly between their mothers and fathers.

According to Osofsky (1999) all children need a strong bond with a capable adult, preferably a parent. Parents act as a front line defence in the protection of children and supportive parenting has the potential to counteract the negative effects of violence and adversity occurring in other domains such as school and the community. Previous findings indicate that a parent experiencing trauma and living in fear is often unable to be stable and consistent in the child's life and becomes emotionally unavailable. This prevents the child's basic needs from being taken care of and leads to a lack of security and breakdown of trust in the children (Osofsky, 1999).

The adversity experienced by children in their home environment impacts on their functioning in the other immediate environments. Exposure to violence at home influences the school environment. It increases absenteeism and decreases concentration which results in a negative impact on their academic performance (Gopal & Collings, 2013). It also leads to the perpetuation of the cycle of violence. Children subjected to inter-parental and parent-child violence are more likely to become perpetrators of partner and child abuse and victims of partner abuse. Men exposed to both forms had double the risk of being victimised by a partner as well as perpetrating child and partner abuse (Heyman & Slep, 2002).

5.16 Hobfoll

The results of the current study are not only consistent with Hobfoll's (1998) theoretical framework but also with the data that have emerged across all fear schedules including those adapted to accommodate different cultures, for example, Hawaii and USA (Burkhardt, 2012). This clearly demonstrates the heuristic value of Hobfoll's model.

Using Hobfoll's (1998) theory to categorise the children's fears provided a comprehensive universal framework which conceptualised fear in a revolutionary manner. It can be applied to research conducted around the world as it is suitable for all developmental stages and cultures. This eliminates making adjustments to accommodate different age groups, different cultures, or to include contemporary fears. The findings in the current study are no different from data reported by previous studies which showed the most common childhood fears related to danger and death (Burkhardt, 2012). These primary resources were important to everyone, however, the manifestations of the fears and their intensity will vary according to age, gender, ethnicity, and culture. Each domain allows for cultural differences, for example, fear related to supernatural dangers in South Africa could include the "tokolosh" due to the beliefs of the black Africans.

Both Hobfoll's (1998) Conservation of Resources Theory and Bronfenbrenner's ecological systems theory support the notion that children do not exist in isolation but exist within the context of their family, community, and school and, therefore, need to be seen in context (Bronfenbrenner, 1979; Hobfoll, 1998). Children are enmeshed in their environment and the resources they require for survival involve their family as well as society. Children develop within a complex system of relationships and rely on their caregivers for their basic survival (Bronfenbrenner, 1979). This is reflected in fears surrounding the death of significant people in children's lives. Family is very important to children as it has the ability to moderate danger in schools and the community (Osofsky, 1999).

5.17 Limitations

Various limitations were evident in current study:

- As more than 90% of the participants in this study were black South Africans, it was not possible to obtain a broad picture of all the ethnic groups, or to compare the results according to the ethnic groups to which the participants belonged. Further research needs to be conducted with a larger sample size in which the various ethnic groups are represented proportionately.
- In 2006 approximately 39.5 million people had been diagnosed with HIV/Aids and 15.2 million children had lost one or both parents to this disease (UNICEF, 2007). This loss places children in a very vulnerable position where their basic survival is threatened. In spite of these high statistics, HIV/Aids was not mentioned at all in any of the participants' responses. This could be due to the sensitive nature of the topic as well as the stigma surrounding the illness. This leads to people not disclosing that they are positive and many deaths due to HIV/Aids would be caused by opportunistic infections.
- Despite reports which state that sexual abuse is increasing in South Africa (Pretorius et al., 2011) and that the majority of the victims are familiar with the perpetrator (LenkaBula, 2002), few accounts of sexual abuse occurring at home were mentioned in the current study. Once again, the sensitive nature of this topic could have led to under reporting.
- The current study asked the participants to list the fearful events that had actually happened in their home. Therefore, intense and realistic fears, regarding safety at home that had not occurred would have been omitted. In addition to this, if there was more than one scary incident, it would have been left out as the questionnaire called for "the scariest event".
- As only one specific domain was explored in this study, it is impossible to present a fully comprehensive picture of what fears are experienced in a child's life. Research would need to be conducted into other domains such as school and the community in which the child lives in order to obtain a broader, holistic picture.

- Further research is required to cross validate the current study's findings.

5.18 Chapter Summary

This chapter focused on the major findings of the study and looked at the current results with reference to previous studies conducted. The most frequent and the most intense fears were explored according to Hobfoll's Conservation of Resources theory. A comparison was also drawn between this study and previous work using fear survey schedules. Finally, the limitations were stated.

The next chapter will present the conclusion of the study as well as possible implications.

CHAPTER 6

CONCLUSION AND IMPLICATIONS

This chapter discusses the main objectives and the major findings and concludes the current study. Implications for future research are also presented.

6.1 Main objectives

It was acknowledged that all children experience normal fears which are part of their developmental process and are a valuable tool for self-protection [ref]. However, it is clear that children are often subjected to violent life experiences which result in feelings of fear and anxiety (Nicastro & Whetsell, 1999). These fears no longer serve a protective function but instead have negative effects which have been well documented (Seedat et al., 2009).

It was decided to explore the fears experienced by children in the context of their home environment. Home is traditionally children's lives. Families have the potential to offer emotional support and physical safety to children in their vulnerable years (Osofsky, 1999).

The main objective of the present study was to gain a better understanding of normative fears experienced by children and to establish the actual fears experienced in children's daily lives. A free option method was used, thus allowing children to express their fears experienced in the context of their homes, from their own perspective.

6.2 Major findings

The most frequent and the most intense fears reported by the participants in the current study related to danger and death which was in accordance with previous research (ref). This finding is consistent with Hobfoll's (1998) Conservation of Resources theory which postulates that threats to primary resources required for basic survival will be perceived as the most fearful and stressful.

Although the general findings of both past research and the current study reveal a common fear of death and danger, the manifestations of the fear differed considerably. Self-report surveys have emphasised a fear of natural dangers which include animals, fire and electrical shocks whereas predominant fears in the current study were due to interpersonal trauma. The current data show clearly that children are most frequently afraid of threats to their survival and physical integrity.

Of great significance was the finding that the most common fear manifestations were as a result of exposure to direct, vicarious, and ambient interpersonal trauma as well as disputes amongst family members. The majority of the fights that resulted in fear were fights occurring between parents. The second most frequent fears related to the death of significant people in the participants' lives. This fear was also rated the most intense fear. This differed to previous research in which fear of natural dangers has been found to be more common (Burkhardt, 2012).

Children were also requested to express their opinion regarding ideas to make them feel safer in their home environment. The majority of the participants held family members, in particular their parents, responsible for their protection. Many responded that they would feel safer if their mothers and fathers stopped fighting.

6.3 Hobfoll's Conservation of Resources theory

The bulk of research in the past used the FSSC. Due to normative fears being influenced by age and the context in which they occur (Burkhardt, 2012), amendments need to be made continually to the self-report survey in order to add the contemporary fears of the particular region in which the research was being conducted. In addition, the validity of the FSSC has been questioned as it measured potential, rather than the actual fears, experienced by children.

The current study made use of a simple methodology that produced rich findings. A greater understanding of adolescent fears was obtained in the current study. These fears clearly reflect children's understanding of the world in which they live, as well as providing them with a voice regarding intervention options.

Using Hobfoll's (1998) Conservation of Resources theory provided a universal framework that could be used across all developmental stages in any geographical location. It was a novel approach and enabled fear to be conceptualised in a meaningful way.

6.4 Implications for further research

- The present study only included adolescents. Future studies should include other developmental stages such as middle childhood, in order to gain a better understanding of all children's fears.
- The majority of the participants were black African females (i.e., not all ethnic groups were represented). Conducting studies among all ethnic groups will create a broader picture of children's fears and enable generalisations to be made.
- In the current study only fears in the context of home were explored. It would be useful to investigate other domains such as school and the community. Understanding the fears of children in these domains, as well as in the context of their family, will create a more complete picture of the world's in which children live.

REFERENCES

- ABC News, (2013). Retrieved July, 13, 2013, from <http://abcnews.go.com/International/wireStory/60-dead-initiation-ceremonies-south-africa-19649357#.UeK7Vo2nrdc>.
- APA. (n.d.). Anxiety. Retrieved November 28, 2013, from <http://www.apa.org/topics/anxiety/index.aspx>.
- Abrahams, N., & Jewkes, R. (2005). Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *American Journal of Public Health, 95*(10), 1811-1816. doi: 10.2105/AJPH.2003.035006
- Alekseeva, L. S. (2007). Problems of Child Abuse in the Home. *Russian Education and Society, 49*(5), 6-18.
- Alliance for children's entitlement for social security. Retrieved November 28, 2013, from <http://access.org.za/home/images/stories/Study-on-no-fee-and-exemption-policies.pdf>.
- Arghode, V. (2012). Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal, 2012*(4), 155-163.
- Avdeeva, N. N., & Kochetova, Y. A. (2008). Influence of child-parent relationship style on fears occurrence in children. (English). *Psychological Science & Education*(4), 35-47.
- Bank, L., & Burraston, B. (2001). Abusive home environments as predictors of poor adjustment during adolescence and early adulthood. *Journal of Community Psychology, 29*(3), 195-217.

- Barbarin, O. A., Richter, L., & deWet, T. (2001). Exposure to Violence, Coping Resources, and Psychological Adjustment of South African Children. *American Journal of Orthopsychiatry*, 71(1), 16.
- Bass, L. B., Taylor, B. A., Knudson-Martin, C., & Huenergardt, D. (2006). Making sense of abuse: Case studies in sibling incest. *Contemporary Family Therapy*, 28(1), 87-109. doi: 10.1007/s10591-006-9697-0.
- Bauer, D. H. (1976). An exploratory study of developmental changes in children's fears. *Journal of Child Psychology and Psychiatry*, 17(1), 69-74.
- Beard, K. V. (2007). Protect the children: be on the lookout for Munchausen syndrome by proxy. *RN*, 70(12), 33-36.
- Brendtro, L. K. (2006). The Vision of Urie Bronfenbrenner: Adults Who Are Crazy About Kids. *Reclaiming Children & Youth*, 15(3), 162-166.
- Bronfenbrenner, U. (1979). *The ecology of human development*, 3-15. Cambridge: Harvard University Press, 3-15.
- Bronfenbrenner, U. (1997). Ecological models of human development. *Readings on the development of children*, 37-43.
- Buhrmester, D., & Furman, W. (1990). Perceptions of sibling relationships during middle childhood and adolescence. *Child development*, 61(5), 1387-1398.
- Burkhardt, I. K. (2007). *An assessment instrument for fear in middle childhood South African children*. Stellenbosch: University of Stellenbosch.
- Burkhardt, K., Loxton, H., Kagee, A., & Ollendick, T. H. (2012). Construction and validation of the South African version of the Fear Survey Schedule for Children: an exploratory factor analysis. *Behaviour Therapy*, 43(3), 570 – 582. doi: 10.1016/j.beth.2012.02.001

- Burnham, J. J. (2005). Fears of Children in the United States: An Examination of the American Fear Survey Schedule With 20 New Contemporary Fear Items. *Measurement & Evaluation in Counseling & Development (American Counseling Association)*, 38(2), 78-91.
- Burnham, J., Lomax, R., & Hooper, L. (2013). Gender, Age, and Racial Differences in Self-Reported Fears Among School-Aged Youth. *Journal of Child & Family Studies*, 22(2), 268-278. doi: 10.1007/s10826-012-9576-2
- Burton, P. (2007). *Someone Stole My Smile: An Exploration of the Causes of Youth Violence in South Africa*. Cape Town: Centre for Justice and Crime Prevention.
- Button, D., & Gealt, R. (2010). High risk behaviors among victims of sibling violence. *Journal of Family Violence*, 25(2), 131-140. doi: 10.1007/s10896-009-9276-x.
- Caffaro, J.V., & Conn-Caffaro, A. (2005). Treating sibling abuse families. *Aggression and violent behavior*, 10(5), 604-623.
- Carroll-Lind, J., Chapman, J., & Raskauskas, J. (2011). Children's perceptions of violence: The nature, extent and impact of their experiences. *Social Policy Journal of New Zealand*, (37), 6-18.
- Centre for Child Law. (n.d.). Retrieved November 28, 2013, from <http://www.centreforchildlaw.co.za/children/your-rights>
- Christensen, P., & Prout, A. (2005). Researching children's experience: Methods and methodological issues. In S. Graeme & D. Hogan (Ed.), *Researching Children's Experience: Approach and Methods* (pp. 2-21). London: Sage Publications.

- Cluver, L., Bowes, L., & Gardner, F. (2010). Risk and Protective Factors for Bullying Victimization among AIDS-Affected and Vulnerable Children in South Africa. *Child Abuse & Neglect: The International Journal*, 34(10), 793-803.
- Collings, S. & Gopal, N. (2013). Normative Childhood Fears: A construct in search of a conceptualisation. *Unpublished Paper, School of Applied Human Sciences, University of KwaZulu-Natal, Durban, 4001. South Africa.*
- De la Vega, A., de la Osa, N., Ezpeleta, L., Granero, R., & Domenech, J.M. (2011). Differential effects of psychological maltreatment on children of mothers exposed to intimate partner violence. *Child Abuse & Neglect: The International Journal*, 35(7), 524-531.
- Dietz, T. L. (2000). Disciplining children: characteristics associated with the use of corporal punishment. *Child Abuse & Neglect*, 24(12), 1529-1542. doi: [http://dx.doi.org/10.1016/S0145-2134\(00\)00213-1](http://dx.doi.org/10.1016/S0145-2134(00)00213-1).
- Durrheim, K. (1999). Research design. In M. Terre Blanche & K. Durrheim (Ed.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 29-54). South Africa: University of Cape Town Press.
- Eriksen, S., & Jensen, V. (2006). All in the family? Family environment factors in sibling violence. *Journal of Family Violence*, 21(8), 497-507. doi: 10.1007/s10896-006-9048-9.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007a). Poly-Victimization: A Neglected Component in Child Victimization. *Child Abuse & Neglect: The International Journal*, 31(1), 7-26.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007b). Re-Victimization Patterns in a National Longitudinal Sample of Children and Youth. *Child Abuse & Neglect: The International Journal*, 31(5), 479-502.

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., Kracke, K., US Department of Justice, Office of Juvenile Justice, & Delinquency, Prevention. (2009). National Survey of Children's Exposure to Violence. *Juvenile Justice Bulletin: Office of Juvenile Justice and Delinquency Prevention*.

Finkelhor, D., Ormrod, R.K, Turner, H., Hamby, S., US Department of Justice, Office of Juvenile Justice, & Delinquency, Prevention. (2012). Child and Youth Victimization Known to Police, School, and Medical Authorities. National Survey of Children's Exposure to Violence. *Juvenile Justice Bulletin: Office of Juvenile Justice and Delinquency Prevention*.

Fitzpatrick, K. M. (1993). Exposure to violence and presence of depression among low-income, African-American youth. *Journal of Consulting and Clinical Psychology, 61*(3), 528-531. doi: 10.1037/0022-006X.61.3.528.

Foster, J. D., Kuperminc, G. P., & Price, A. W. (2004). Gender differences in posttraumatic stress and related symptoms among inner-city minority youth exposed to community violence. *Journal of Youth and Adolescence, 33*(1), 59.

Freisthler, B., Merritt, D. H., & LaScala, E. A. (2006). Understanding the ecology of child maltreatment: A review of the literature and directions for future research. *Child Maltreatment, 11*, 263- 280. doi: 10.1177/1077559506289524.

Furman, W., & Buhrmester, D. (1985). Children's perceptions of the qualities of sibling relationships. *Child development, 448-461*.

Gagné, M., Lavoie, F., & Hébert, M. (2005). Victimization during childhood and revictimization in dating relationships in adolescent girls. *Child Abuse & Neglect, 29*(10), 1155-1172.

Garrett, D. (1995). Violent behaviors among African-American adolescents. *Adolescence, 30*(117), 209.

- Garrido, E. F., Culhane, S. E., Raviv, T., & Taussig, H. N. (2010). Does community violence exposure predict trauma symptoms in a sample of maltreated youth in foster care? *Violence And Victims, 25*(6), 755-769.
- Giese, S., Zide, H., Koch, R., & Hall, K. (2009). A study on the implementation and impact of the No-Fee and Exemption policies. Cape Town: Alliance for Children's Entitlement to Social Security.
- Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): a conceptual framework. *Child Abuse & Neglect, 26*(6-7), 697-714. doi: [http://dx.doi.org/10.1016/S0145-2134\(02\)00342-3](http://dx.doi.org/10.1016/S0145-2134(02)00342-3).
- Gopal, N., & Collings, S. (2013). Exposure to violence and academic performance: A qualitative analysis of learners' experiences. Unpublished.
- Graziano, A. M., DeGiovanni, I. S., & Garcia, K. A. (1979). Behavioral treatment of children's fears: A review. *Psychological Bulletin, 86*(4), 804-830.
- Greene, S., & Hill, M. (2005). Researching children's experience: Methods and methodological issues. In S. Graeme & D. Hogan (Ed.), *Researching Children's Experience: Approach and Methods* (pp. 2-21). London: Sage Publications.
- Gullone, E. (2000). The development of normal fear: A century of research. *Clinical Psychology Review, 20*(4), 429-451. doi: [http://dx.doi.org/10.1016/S0272-7358\(99\)00034-3](http://dx.doi.org/10.1016/S0272-7358(99)00034-3).
- Gullone, E., & King, N. J. (1992). Psychometric evaluation of a revised fear survey schedule for children and adolescents. *Journal of Child Psychology and Psychiatry, 33*(6), 987-998.
- Hamilton, C. E., & Browne, K. D. (1998). The repeat victimisation of children: Should the concept be revised? *Aggression and Violent Behaviour, 3*(1), 47-60.

- Hamilton, C. B., & Browne, K. D. (2005). A retrospective study of risk to siblings in abusing families. *Journal of Family Psychology, 19*(4), 619-624. doi: 10.1037/0893-3200.19.4.619
- Herrenkohl, R.C., & Herrenkohl, T. I.(2009). Assessing a child's experience of multiple maltreatment types: Some unfinished business. *Journal of Family Violence, 24*(7), 485-496.
- Heyman, R. E., & Slep, A.M.. (2002). Do child abuse and interparental violence lead to adulthood family violence? *Journal of Marriage and Family, 64*(4), 864-870. doi: 10.1111/j.1741-3737.2002.00864.
- Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: developmental issues and outcomes. *Child Abuse & Neglect, 26*(6-7), 679-695. doi: [http://dx.doi.org/10.1016/S0145-2134\(02\)00341-1](http://dx.doi.org/10.1016/S0145-2134(02)00341-1).
- Hill, M. (2005). Ethical considerations in researching children's experiences. In S. Graeme & D. Hogan (Ed.), *Researching Children's Experience: Approach and Methods* (pp. 62-86). London: Sage Publications.
- Hobfoll, S. (1998). *Stress, culture and community: The psychology and philosophy of stress*. New York: Plenum Press.
- Hoffman, K. L., & Edwards, J. N. (2004). An integrated theoretical model of sibling violence and abuse. *Journal of Family Violence, 19*(3), 185-200.
- Jewkes, R. K., Dunkle, K., Nduna, M., Jama, P. N., & Puren, A. (2010). Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect: The International Journal, 34*(11), 833-841.

- Joe, S., Stein, D. J., Seedat, S., Herman, A., & Williams, D. R. (2008). Non-fatal suicidal behavior among South Africans : results from the South Africa Stress and Health Study. *Social Psychiatry And Psychiatric Epidemiology*, 43(6), 454-461. doi: 10.1007/s00127-008-0348-7.
- Kalar, M. U., Mustahsan, S. M., Ali, M., Fatima, K., Farooque, K., Batool, M., Haider, S. M., & Feroz, F. (2013). Understanding fear in school children. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 5(5), 268-278.
- Kaminer, D., Du Plessis, B., Hardy, A., & Benjamin, A. (2013). Exposure to violence across multiple sites among young South African adolescents. *Peace and Conflict: Journal of Peace Psychology*, 19(2), 112-124. doi: 10.1037/a0032487.
- Kanjee, A. (1999). Assessment research. In M. Terre Blanche & K. Durrheim (Ed.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 287-306). South Africa: University of Cape Town Press.
- Kimmel, A. J. (2007). *Ethical Issues in behavioural Research Basic and Applied Perspectives*. 2nd edition. London: Blackwell Publishing.
- King, N., Ollendick, T. H., & Tonge, B. J. (1997). Children's nighttime fears. *Clinical Psychology Review*, 17(4), 431-443.
- Kiselica, M. S., Morrill-Richards M. (2007). Sibling maltreatment: The forgotten abuse. *Journal of Counseling & Development*, 85(2), 148.
- Krienert, J. L., & Walsh, J. A. (2011). Sibling sexual abuse: An empirical analysis of offender, victim, and event characteristics in national incident-based reporting system (NIBRS) Data, 2000-2007. *Journal of Child Sexual Abuse*, 20(4), 353-372.
- Krippendorff, K. (2004a). Reliability in content analysis. *Human Communication Research*, 30(3), 411-433.

- Krippendorff, K. (2004b). *Content Analysis: An Introduction to its Methodology*. London: Sage Publications.
- Krug, E. G, Sharma, G. K., & Lozano, R. (2000). The global burden of injuries. *American journal of public health, 90*(4), 523.
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet, 360*(9339), 1083-1088. doi: [http://dx.doi.org/10.1016/S0140-6736\(02\)11133-0](http://dx.doi.org/10.1016/S0140-6736(02)11133-0)
- Landman, C. (2002). The aids orphans of South Africa. (Vol. 281, pp. 268): Contemporary Review Company Ltd.
- Lane, B., & Gullone, E. (1999). Common Fears: A Comparison of Adolescents' Self-Generated and Fear Survey Schedule Generated Fears. *The Journal of Genetic Psychology, 160*(2), 194-204. doi: 10.1080/00221329909595392.
- Lauritsen, J. L., & Davis Quinet, K. (1995). Repeat victimization among adolescents and young adults. *Journal of Quantitative Criminology, 11*(2), 143-166. doi: 10.1007/BF02221121.
- LenkaBula, P. (2002). From the womb into a hostile world: Christian ethics and sexual abuse against children in South Africa. *Journal of Theology for Southern Africa, 114*, 55-68.
- Lev-Wiesel, R., & Sternberg, R., (2012). Victimized at home and revictimised by peers: Domestic child abuse a risk factor for social rejection. *Child Adolescent Social Work Journal, 29*, 203-220. doi: 10.1007/s10560-012-0258-0.
- Limpopo Provincial Government. (2013). Retrieved November 28, 2013, from http://www.limdlgh.gov.za/newsroom/Speech_child_abuse_campain.php
- Louw, D. A., Van Ede, D. M., & Louw, A. E. (1998). *Human Development* (2nd ed.). Pretoria: Kagiso Publishers.

- Mathis, G., Mueller, C. W., Yiling, Z., & Becker, K. D. (2010). Children's Exposure to Violence by Various Family Members Living in the Home. *Journal of Child & Adolescent Trauma*, 3(1), 1-12. doi: 10.1080/19361520903520500.
- McKinney, C. M, Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: findings from a national population-based study of couples. *Annals of epidemiology*, 19(1), 25.
- Mellon, R., Koliadis, E. A., & Paraskevopoulos, T. D. (2004). Normative development of fears in Greece:: Self-reports on the Hellenic Fear Survey Schedule for Children. *Journal of Anxiety Disorders*, 18(3), 233-254. doi: [http://dx.doi.org/10.1016/S0887-6185\(03\)00011-2](http://dx.doi.org/10.1016/S0887-6185(03)00011-2).
- Meltzer, H., Doos, L., Vostanis, P., Ford, T., & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work*, 14(4), 491-501.
- Mitchell, K. J., & Finkelhor, D. (2005). Risk of crime victimization among youth exposed to domestic violence. *Prevention Researcher*, 12(1), 18-20.
- Monahan, K. (2010). Themes of adult sibling sexual abuse survivors in later life: An initial exploration. *Clinical Social Work Journal*. 38, 361-369. doi: 10.1007/s10615-010-0286-1.
- Morgan, C. T., King, R. A., Weisz, J. R., & Schopler, J. (1986). *Introduction to Psychology* (7th ed.). United States of America: Von Hoffman Press, Inc.
- Morrill, M., & Bachman, C. (2012). Confronting the gender myth: An exploration of variance in male versus female experience with sibling abuse. *Journal of Interpersonal Violence*, 28, 1693-1708. doi: 10.1177/0886260512468324.
- Morris, C. G. (1996). *Psychology: An introduction (9th Ed.)*. New Jersey: Prentice Hall.

- Muris, P., Merckelbach, H., & Collaris, R. (1997a). Common childhood fears and their origins. *Behaviour Research and Therapy*, 35(10), 929-937. doi: [http://dx.doi.org/10.1016/S0005-7967\(97\)00050-8](http://dx.doi.org/10.1016/S0005-7967(97)00050-8)
- Muris, P., Merckelbach, H., Meesters, C., & Van Lier, P. (1997b). What do children fear most often? *Journal of Behavior Therapy and Experimental Psychiatry*, 28(4), 263-267. doi: [http://dx.doi.org/10.1016/S0005-7916\(97\)00024-4](http://dx.doi.org/10.1016/S0005-7916(97)00024-4)
- Muris, P., Merckelbach, H., Mayer, B. & Prins, E. (2000). How serious are common childhood fears? *Behaviour Research and Therapy*, 38, 217-228.
- Muris, P. & Ollendick, T. (2002). The assessment of contemporary fears in adolescents using a modified version of the Fear Survey Schedule for Children - revised. *Journal of Anxiety Disorders*, 16, 567-584.
- Muris, P., Merckelbach, H., Ollendick, T. H., King, N. J., Meesters, C. & Van Kessel, C. (2002). What is the revised fear survey schedule for children measuring? *40*, 1317-1326.
- Muris, P., & Du Plessis, M., & Loxton, H. (2008). Origins of common fears in South African children. *Journal of Anxiety Disorders* 22, 1510-1515.
- Muris, P., & Field, A. P. (2010). The role of verbal threat information in the development of childhood fear. "Beware the Jabberwock!" *Clinical Child and Family Psychology Review*, 13, 129-150. doi: 10.1007/s10567-010-0064-1
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatrics & Adolescent Medicine*, 158(8), 730-736.
- Ngcobo, S. (2012). Stop violence against women and children. *Nursing Update*, 37(7), 39-39.

- Nguyen, H. T., Edleson, J. L., & Kimball, E. (2012). Honour Our Voices: A strengths-based approach to supporting children exposed to domestic violence. *Relational Child & Youth Care Practice*, 25(4), 49-57.
- Nicastro, E.A., & Whetsell, M. V. (1999). Children's fears. *Journal of Pediatric Nursing*, 14(6), 392-402.
- Noh, C., & Wan Talaat, W. (2012). Verbal Abuse on Children: Does It Amount to Child Abuse under the Malaysian Law? *Asian Social Science*, 8(6), 224-228. doi: 10.5539/ass.v8n6p224
- Ollendick, T. H., Yang, B., King, N. J., Dong, Q., & Akande, A. (1996). Fears in American, Australian, Chinese, and Nigerian children and adolescents: A cross-cultural study. *Child Psychology & Psychiatry & Allied Disciplines*, 37(2), 213-220. doi: 10.1111/j.1469-7610.1996.tb01393..
- Onwuegbuzie, A. J., Collins, K., & Frels, R. K. (2013). Foreword: Using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. *International Journal of Multiple Research Approaches*, 7(1), 2-8. doi: 10.5172/mra.2013.7.1.2.
- Osofsky, J. D. (1999). The Impact of Violence on Children. *The Future of Children*, 9(3), 33-49. doi: 10.2307/1602780.
- Ou, S., & Reynolds, A. J. (2010). Childhood predictors of young adult male crime. *Children and Youth Services Review*, 32(8), 1097-1107. doi: <http://dx.doi.org/10.1016/j.childyouth.2010.02.009>.
- Prasad, B. D. (n.d.).Content analysis: A method in social science research. Retrieved November 27, 2013 from <http://www.css.ac.in/download/deviprasad/content%20analysis.%20a%20method%20of%20social%20science%20research.pdf>.

- Pretorius, G., Chauke, A. P., & Morgan, B. (2011). The lived experiences of mothers whose children were sexually abused by their intimate male partners. *Indo-Pacific Journal of Phenomenology*, *11*(1), 1-14.
- Rajendran, K., & Videka, L. (2006). Relational and academic components of resilience in maltreated adolescents. *Annals of the New York Academy of Sciences*, *1094*(1), 345-349. doi: 10.1196/annals.1376.047.
- RAPCAN. (2006). Retrieved November 28, 2013, from http://www.rapcan.org.za/File_uploads/Resources/RAPCAN%20submission%20to%20SAHRC%20on%20violence%20in%20schools.pdf.
- Remmerswaal, D., Muris, P., & Huijding, Jorg. (2013). “Watch Out for the Gerbils, My Child!” The role of maternal information on children's fear in an experimental setting using real animals. *Behavior Therapy*, *44*(2), 317-324. doi: <http://dx.doi.org/10.1016/j.beth.2013.01.001>.
- South African Government Information Bill of Rights. Retrieved November 28, 2013, from <http://www.info.gov.za/documents/constitution/1996/96cons2.htm#28>.
- Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B., & Stein, D. J. (2004). Trauma exposure and post-traumatic stress symptoms in urban African schools. Survey in CapeTown and Nairobi. *The British Journal Of Psychiatry: The Journal Of Mental Science*, *184*, 169-175.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: prioritising an agenda for prevention. *Lancet*, *374*(9694), 1011-1022. doi: 10.1016/S0140-6736(09)60948-X.
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63-75.

- Shields, N., Nadasen, K., & Pierce, L. (2008). The effects of community violence on children in Cape Town, South Africa. *Child Abuse & Neglect*, 32(5), 589-601. doi: <http://dx.doi.org/10.1016/j.chiabu.2007.07.010>.
- Shields, N., Nadasen, K., & Pierce, L. (2009). A comparison of the effects of witnessing community violence and direct victimization among children in Cape Town, South Africa. *Journal of Interpersonal Violence*, 24(7), 1192-1208. doi: 10.1177/0886260508322184.
- Shore, G. N., & Rapport, M. D. (1998). The fear survey schedule for children- (FSSC-HI): Ethnocultural variations in children's fearfulness. *Journal of Anxiety Disorders*, 12(5), 437-461. doi: [http://dx.doi.org/10.1016/S0887-6185\(98\)00027-9](http://dx.doi.org/10.1016/S0887-6185(98)00027-9).
- Shulman, S., Kedem, P., Kaplan, K. J., Sever, I., & Braja, M. (1998). Latchkey children: Potential sources of support. *Journal of Community Psychology*, 26(2), 185-197.
- Stemler, S. (2001). An overview of content analysis. *Practical assessment, research & evaluation*, 7(17), 137-146.
- Stone, M. H. (2013). Alfred Adler on the Dynamics of Fear. *Journal of Individual Psychology*, 69(1), 55-65.
- Straus, M. A., & Mouradian, V. E. (1998). Impulsive corporal punishment by mothers and antisocial behavior and impulsiveness of children. *Behavioral sciences & the law*, 16(3), 353-374.
- Taimalu, M., Lahikainen, A. R., Korhonen, P., & Kraav, I. (2007). Self-reported fears as indicators of young children's well-being in societal change: A cross-cultural perspective. *Social Indicators Research*, 80(1), 51-78.
- Teicher, M. H., & Vitaliano, G. D. (2011). Witnessing violence toward siblings: An understudied but potent form of early adversity. *PLoS ONE*, 6(12). doi: 10.1371/journal.pone.0028852.

- Terre Blanche, M., & Durrheim, K. (2005). Histories of the present: Social science research in context. In M. Terre Blanche & K. Durrheim (Ed.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 1-16). South Africa: University of Cape Town Press.
- Tucker, C. J., Finkelhor, D., Shattuck, A. M., & Turner, H. (2013). Prevalence and correlates of sibling victimization types. *Child Abuse and Neglect*, 37, 213-223.
- UNICEF. (2007). Progress for children. Retrieved November 28, 2013, from <http://www.unicef.org/southafrica/protection.html>
- UNICEF. (2012). South African Annual Report. Retrieved November 28, 2013, from http://www.unicef.org/southafrica/resources_12604.html
- UNICEF. (n.d.a). Introduction. Retrieved November 28, 2013, from http://www.unicef.org/about/who/index_introduction.html
- UNICEF. (n.d.b). South African Justice Bill. Retrieved November, 28, 2013 from http://www.unicef.org/southafrica/media_5532.html
- UNICEF. (n.d.e). Retrieved November 28, 2013, from http://www.unicef.org/lac/spbarbados/Implementation/CP/Global/Educate_donthit_SaveManual.pdf
- UNICEF.(n.d.f). Behind closed doors: The impact of domestic violence against children. Retrieved November 28, 2013, from <http://www.unicef.org/protection/files/BehindClosedDoors.pdf>
- Vandivere, S., Tout, K., Capizzano, J., & Zaslow, M. (2003). Left unsupervised: A look at the most vulnerable children. *Child Trends Research Brief, 2003-05*, 1-10.

Van Vuuren, D., & Maree, A. (1999). In M. Terre Blanche & K. Durrheim (Ed.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 269-287). South Africa: University of Cape Town Press.

Weber, R. P. (1990). *Basic content analysis*. Sage University Papers Series.

World Health Organisation. (n.d.a). Retrieved on November 28, 2013 on <http://www.who.int/topics/violence/en/>

World Health Organisation. (n.d.b). Retrieved November 28, 2013, from http://www.who.int/topics/adolescent_health/en/

Wider, L. C. (2012). Identifying and responding to child abuse in the home. *Home Healthcare Nurse*, 30(2), 75-81.

Zwemstra, P., & Loxton, H. (2011). Fears of South African children affected by HIV/AIDS. *AIDS Care*, 23(7), 859-865. doi: 10.1080/09540121.2010.538659.

Annexure A

PLEASE ANSWER ALL QUESTIONS ON THE PAGE

1. How old are you: Are you male or female: Male
 Female
3. What grade are you in: 4. What is the name of your school:
5. What is your race group: Black White Coloured Asian

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **AT HOME IN THE LAST YEAR**

5. What is the scariest or most upsetting thing that has happened to you **AT HOME** in the past year (describe what happened in the space below?)

6. How scared or upset did it make you feel (put an X in one box)?
Not at all A little Quite a lot Very Extremely
7. What do you believe could happen, or what could anyone do, to make you feel safer at home?

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **AT SCHOOL IN THE LAST YEAR**

8. What is the scariest or most upsetting thing that has happened to you **AT SCHOOL** in the past year (describe what happened in the space below?)

9. How scared or upset did it make you feel (put a X in one box)?
Not at all A little Quite a lot Very Extremely
10. What do you believe could happen, or what could anyone do, to make you feel safer at school?

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **IN YOUR COMMUNITY IN THE LAST YEAR**

11. What is the scariest or most upsetting thing that has happened to you in your **neighbourhood or community** in the past year (describe what happened in the space below?)

12. How scared or upset did it make you feel (put a X in one box)?
Not at all A little Quite a lot Very Extremely
13. What do you believe could happen, or what could anyone do, to make you feel safer in your neighbourhood or community?

INFORMATION SHEET

Research Title: Exploring children's fears and anxieties in the family, at school and in the community

Dear Learner

We are doing a study to find out what children find scary and upsetting at home, at school and in the neighbourhood or community. The information we collect will be useful to understand how much fear children experience, and what they believe could happen or what anyone can do to make them feel safer. Your views will be very helpful to us. Here is the information you need to decide whether you will take part in the study:

- If you agree to take part in this study you will be asked to fill in a form with some short questions about what makes you feel scared or upset.
- The form is one page long and should take about 10 minutes to finish.
- There are no wrong or right answers.
- You will not be asked to put your name on the answer sheet so no-one will know what you have written.
- You will not be forced to give any information which you would rather keep private.
- You are free to stop taking part at any time.
- The teacher who hands out the questions will explain what you have to do and will answer any of your questions.
- Please make sure that you answer the questions as honestly as you can.
- The teacher will also give you the name of a person you can contact if you feel you want to talk to anyone privately after you have answered the questions.
- You can also contact the researchers if you have any questions about the study.
 - Project leader: Steven Collings (031 2602414)
 - University Research office: Phume Ximba (031-2603587)

If you would like to take part in the study, please sign the consent form and bring it back to your school. If you are under 18 years, please ask your parent/guardian to sign the form as well.

Thank you for taking part in this study.

INFORMED CONSENT FORM

I have been informed about the details of the study: Exploring children's fears and anxieties in the family, at school and in the community.

I have read and understood the written information about the study. I understand everything that has been explained to me and freely agree to take part in the study.

Signature: _____ **Date:** _____

If under the age of 18 -

I have been informed about the details of the study: Exploring children's fears and anxieties in the family, at school and in the community.

I have read and understood the written information about the study.

Signature/ Mark of thumbprint of parent or guardian: _____ **Date:** _____

INSTRUCTIONS TO TEACHERS FOR ADMINISTERING QUESTIONNAIRES

- Hand out one questionnaire to each learner in the class.
- Explain to learners that the questionnaire is designed to obtain an understanding of things that have made them feel scared or upset in the past year.
- Explain to learners that they will not be putting their name on the questionnaire, and that nobody will be able to know what they have said
- If learners have trouble understanding any part of the questionnaire, please explain to them (using the learner's home language if necessary) what the questionnaire is about.

INSTRUCTIONS FOR COMPLETING QUESTIONS 1 TO 4

- Ask learners to complete questions 1 to 4 [it might be useful to explain the questions using the learners home language if necessary]

INSTRUCTIONS FOR COMPLETING QUESTIONS 5 to 7

- Explain to learners that these questions relate to things that have happened at HOME in the past year.
- Before answering question 5, ask them to think about things that made them feel SCARED or UPSET at home.
- Once they have thought about it, ask them to write down the thing that made them feel most scared or upset at home in the space provided in question 5
- Then ask them to indicate how scared or upset they had felt by ticking one box provided in question 6.
- Finally ask them to indicate (in question 7) what they believe could happen, or what anyone could do, to make sure that they felt safer or less upset at home

INSTRUCTIONS FOR COMPLETING QUESTIONS 8 TO 13

Please use the same procedure used for questions 5 to 7 to answer questions 8 to 13. Please point out to learners that questions 8 to 10 relate to experiences at SCHOOL while questions 11 to 13 relate to experiences in the COMMUNITY.

Coding Sheet and Coding Strategy for Question on “Scary Events”

0 = says nothing/left blank

T = translation

99 = no sense/ cannot decipher

Code	Resource	Description
PRIMARY RESOURCES: Survival, Physical Integrity, Safety, Wellbeing		
1	Interpersonal trauma (direct exposure)	Being a victim of violence or threat of violence
2	Interpersonal trauma (vicarious exposure)	Witnessing or being aware of a specific incident of violence
3	Interpersonal trauma (ambient exposure)	Awareness of violence (that does not involve a specific incident)
4	Non-interpersonal trauma	Non-interpersonal threats to the individual’s survival
5	Natural dangers	Fear of animals, lightening, loud noises, etc.
6	Imaginary / supernatural dangers	Fear of monsters, ghosts, spirit possession, etc.
7	Illness, pain and injury	Illness, painful or potentially painful experiences and accidents (including accidents that almost happen) to the participant
8	Theft	Taking of property that does not involve victim contact
9	Damage to material resources	Damage to property or the home
SECONDARY RESOURCES: Financial and Interpersonal		
10	Loss of financial resources	Poverty and unemployment
11	Death of significant others	Death of a family member or a known person
12	Loss and separation	Divorce of parents, separation from a significant other
13	The health of others	Illness or medical problems involving others
14	Family disputes	Fighting/disputes involving family members
15	Peer relationships	Problems involving the participants peers
16	Problems with authority figures	Interpersonal problems with teachers and authority figures
TERTIARY RESOURCES: Competence and Social Standing		
17	Achievement	Failure and under performance
18	Censure	Criticism, blame or punishment
19	Loss of social standing	Issues of respect and dignity

Adapted from: Collings & Gopal (2013)

Annexure F

Coding Sheet and Coding Strategy for Question on “Children’s Proposed Solutions”

0 = says nothing/left blank
 T = translation
 99 = no sense/ cannot decipher

Code	Description
AGENTS: person/ agent/ body	
1a	Community
1b	Police
1c	Family
1d	Government
1e	Peer support
1f	School authority
1g	Religion
1h	Self
1i	Unspecified other
SPECIFIC PROPOSALS: specific action required	
2a	Safety and security
2b	Health
2c	Policy
2d	Other (in response to specific problems)