

FACTORS ASSOCIATED WITH RESILIENCE IN FAMILIES AFTER A HOUSE
ROBBERY INCIDENT

STEPHANIE INEKE VAN NIEKERK

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Supervisor: Professor A P Greeff

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DECLARATION

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ABSTRACT

The primary aim of this study was to identify the characteristics and resources that families possess that enable them to adapt successfully, and as such be resilient, despite having experienced a house robbery. The study was rooted within the contextual framework of the Resiliency Model of Adjustment and Adaptation of McCubbin, Thompson and McCubbin (1996). Self-report questionnaires were completed by 32 families who had experienced a house robbery between January 2010 and December 2014. The self-report questionnaires were based on the Resiliency Model of Adjustment and Adaptation. In addition, families were required to complete a biographical questionnaire and seven open-ended questions relating to their experience of factors relating to adaptation. The results point towards the importance of resilience factors in adaptation. The most significant resilience factors identified in this study are: family hardiness and commitment; the ability to redefine the stressor; support from family, relatives and friends; the importance of having family time and routines (specifically mealtimes together, regular communication between children and parents, and quality time spent together); and the security measures that were installed/upgraded following the event. The clinical utility of the study in facilitating adaptation lies in its ability to provide families with confirmation of the value of their efforts to provide support and encouragement to each other and to promote their unity and togetherness through routines and family time together. Family resilience theory provides a relevant framework within which the process of adapting to a house robbery can be considered. By applying these theories to their specific crisis situation, families can work towards identifying, as well as implementing, those factors that will lead to better adaptation, and thus increased resilience.

OPSOMMING

Die hoofdoelstelling van hierdie ondersoek was om die eienskappe en hulpbronne van gesinne te identifiseer wat dit moontlik maak dat hulle suksesvol aanpas, en dus veerkragtigheid te vertoon, ten spyte van die ervaring van huisroof. Die ondersoek is gebaseer op die kontekstuele raamwerk van McCubbin, Thompson en McCubbin (1996) se Veerkragtigheidsmodel (*Resiliency Model of Adjustment and Adaptation*). Selfbeskrywingsvraelyste is voltooi deur 32 gesinne wat 'n huisroof tussen Januarie 2010 en Desember 2014 ervaar het. Die selfbeskrywingsvraelyste is gebaseer op die Veerkragtigheidsmodel. Daar is ook van die gesinne verwag om 'n biografiese vraelys sowel as sewe oopende-vrae te voltooi oor hul ondervinding van faktore wat verband hou met hulle aanpassing. Die resultate beklemtoon die belangrikheid van veerkragtigheidsfaktore in gesinsaanpassing. Die belangrikste veerkragtigheidsfaktore wat in hierdie studie geïdentifiseer is, is: gesinsgehardheid en -verbintenis; die vermoë om die stressor te herdefinieer, ondersteuning van die gesin, familie en vriende; die belangrikheid van familie tyd en roetines (spesifiek maaltye saam, gereelde kommunikasie tussen kinders en ouers, en kwaliteit tyd wat hulle saam spandeer); en die sekuriteitstelsels wat ná die gebeurtenis geïnstalleer/opgegradeer is. Die kliniese bruikbaarheid van hierdie studie is gekoppel aan die vermoë om gesinne te voorsien van bevestiging van die waarde van hulle pogings om ondersteuning en aanmoediging aan mekaar te bied en om hulle eenheid en samesyn deur middel van roetines en gesinstyd saam te bevorder. Gesinsveerkragtigheidsteorie bied 'n relevante raamwerk waarbinne die proses van aanpassing ná 'n huisroof oorweeg kan word. Deur hierdie teorieë toe te pas op hulle spesifieke krisissituasie kan gesinne daaraan werk om die faktore te identifiseer en te implementeer wat sal lei tot beter aanpassing en dus verhoogde veerkragtigheid.

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Table of Contents

1	Introduction to, motivation for and aims of this study	
1.1	Introduction	1
1.2	Problem statement and motivation for the study.....	2
1.3	Aims and objectives of this study	3
1.4	Outline of this thesis.....	4
1.5	Conclusion.....	5
2	Theoretical frameworks	
2.1	Introduction	6
2.2	Definitions of family resilience	7
2.3	The resilience construct.....	8
2.4	Features of family resilience	9
2.5	Evolution of the resiliency model of family stress, adjustment and adaptation.....	11
2.5.1	Family stress research	11
2.5.2	Family strengths research	13
2.5.3	Family resilience	14
2.6	Family resilience models.....	14
2.6.1	Development of the Resiliency Model of Family Stress, Adjustment and Adaptation.....	15
2.6.1.1	Hill's ABCX model.....	15
2.6.1.1.1	The A factor: the stressor event.....	15
2.6.1.1.2	The B factor: family resources.....	16
2.6.1.1.3	The C factor: family definition of the stressor.....	17
2.6.1.1.4	The X factor: family crisis or adaptation.....	17
2.6.1.2	The Double ABCX model of Adjustment and Adaptation.....	18
2.6.1.2.1	Pre-crisis.....	19

2.6.1.2.2	Crisis.....	19
2.6.1.2.3	Post-crisis.....	19
2.6.1.2.3.1	Pile-up of additional stressors and strains (aA).....	20
2.6.1.2.3.2	Family adaptive resources (bB).....	21
2.6.1.2.3.3	Family definition and meaning (cC).....	22
2.6.1.2.3.4	Family adaptation/balancing (xX).....	22
2.6.1.3	The Family Adjustment and Adaptation Response (FAAR) model.....	23
2.6.1.3.1	The family adjustment phase.....	24
a)	Stage 1 - resistance.....	24
2.6.1.3.2	The family adaptation phase.....	25
b)	Stage 2 - restructuring.....	25
c)	Stage 3 - consolidation.....	26
2.6.1.4	The Typology model of Family Adjustment and Adaptation.....	27
2.6.1.4.1	The adjustment phase.....	28
a)	Family vulnerability: pile-up and family life cycle stages (V).....	29
b)	Family types: profiles of family functioning (T).....	30
	Regenerative families.....	30
	Versatile families.....	31
	Rhythmic families.....	31
	Traditionalistic families.....	32
c)	Family resistance resources (B).....	32
d)	Family appraisal of the stressor (C).....	33
e)	Problem solving and coping (PSC).....	33
f)	Family adjustment, maladjustment and crisis (X).....	33
2.6.1.4.2	The adaptation phase.....	34
a)	Family regenerativity (R).....	35

b) Community resources and supports (BBB).....	35
c) Global appraisals and family schema (CCC).....	36
2.6.1.5 The Resiliency model of Family Stress, Adjustment and Adaptation.....	37
2.6.1.5.1 The adjustment phase.....	38
a) The stressor (A) and its severity.....	38
b) Family vulnerability (V).....	39
c) Family typology (T).....	39
d) Family resistance resources (B).....	40
e) Family appraisal of the stressor (C).....	40
f) Family problem solving and coping (PSC).....	40
g) Family's response to the stressor (X).....	41
2.6.1.5.2 The adaptation phase.....	41
a) Pile-up of demands (AA factor).....	42
b) Family patterns of functioning (T and TT factors).....	43
c) Family resources (BB factor) and social supports (BBB factor).....	43
d) Family appraisal processes (CCCCC to C).....	44
i. Level 5: Family schema (CCCCC).....	45
ii. Level 4: Family coherence (CCCC).....	46
iii. Level 3: Family paradigm (CCC).....	46
iv. Level 2: Situational appraisal (CC).....	46
v. Level 1: Stressor appraisal (C).....	47
e) Family problem solving and coping (PSC factor).....	47
f) Family adaptation (XX factor).....	48
2.7 Development of the Family Resilience Framework.....	48
2.7.1 Early studies of family strengths.....	49

2.8	The Family Resilience Framework	52
2.8.1	Three domains of family functioning	52
2.9	Motivation for selection of two theories as theoretical framework for this study	57
2.9.1	Resilience as an adaptive process	58
2.9.2	A systems approach	58
2.9.3	Social and cultural context.....	58
2.9.4	Strengths-based, grounded in positive psychology.....	59
2.9.5	Family empowerment	59
2.9.6	Measuring resilience	59
2.9.7	Family as unit of analysis	60
2.9.8	South African context	60
2.10	Integration of the two models.....	61
2.11	Conclusion.....	61
3	Literature review	
3.1	Introduction	64
3.2	Literature search.....	64
3.3	House robbery worldwide	64
3.4	House robbery in South Africa.....	67
3.4.1	Statistics	67
3.4.2	A profile of house robbery	67
3.4.3	House robbery in the media	70
3.4.4	Public perception of house robbery	71
3.5	Impact of house robbery.....	72
3.5.1	Physical impact	72
3.5.2	Financial impact.....	72
3.5.3	Psychological impact	73

3.6	House robbery as a trauma	74
3.6.1	Definition and classification of trauma.....	74
3.6.2	From trauma to Post-Traumatic Stress Disorder	75
3.6.3	Impact of trauma on the family.....	75
3.7	Research and studies on house robbery in South Africa.....	76
3.7.1	Armed Robbery, Violent Assault and Perceptions of Personal Insecurity and Society as a Risk (Pretorius, 2008)	76
3.7.2	Empirical Phenomenological Research on Armed Robbery at Residential Premises: Four Victims' Experiences (Van der Merwe, 2008).....	77
3.7.3	The modus operandi of house robbers in the Gauteng province (Zinn, 2008). .	79
3.7.4	Inside information: Sourcing crime intelligence from incarcerated house robbers (Zinn, 2010)	80
3.8	Studies that applied the Resiliency Model of Family Stress, Adjustment and Adaptation.....	82
3.8.1	Variables associated with resilience in divorced families (Greeff & Van der Merwe, 2004).....	82
3.8.2	Resilience in families in which a parent had died (Greeff & Human, 2004).....	83
3.8.3	Resilience in families that have experienced heart-related trauma (Greeff & Wentworth, 2009)	83
3.8.4	Resilience factors in families living with people with mental illnesses (Jonker & Greeff, 2009).....	83
3.8.5	Resilience in families in which a child is bullied (Greeff & Van den Berg, 2012)	84
3.8.6	Indications of resilience factors in families who have lost a home in a shack fire (Greeff & Lawrence, 2012).....	84

3.9	Conclusion.....	87
4	Research design and methodology	
4.1	Introduction	89
4.2	Problem statement	89
4.3	Research design.....	90
4.4	Participants	91
4.5	Measures.....	94
4.5.1	Biographical questionnaire	94
4.5.2	Quantitative measuring instruments	94
4.5.3	Qualitative measure	101
4.6	Procedure.....	101
4.7	Data analysis	103
4.7.1	Quantitative data analysis	103
4.7.2	Qualitative data analysis	104
4.8	Ethical considerations	107
4.9	Conclusion.....	108
5	Results	
5.1	Introduction	110
5.2	Biographical results.....	110
5.3	Qualitative results.....	113
5.4	Quantitative results.....	117
5.4.1	Cronbach Alphas.....	118
5.4.2	Pearson product-moment correlations	117
5.4.2.1	Scatterplots.....	120
5.4.3	Best subset multiple regression analysis.....	125

5.5	Conclusion.....	129
6	Discussion and conclusions	
6.1	Introduction	131
6.2	Discussion of the eleven variables most significantly associated with family adaptation.....	132
6.2.1	Problem solving and coping strategies	134
6.2.2	Family hardiness	136
6.2.3	Support systems	138
6.2.4	Security measures	143
6.2.5	Family time and routines	144
6.3	Summary of results.....	149
6.4	Limitations of this study and recommendations for future studies	151
6.5	Conclusion.....	152
	References	
	Addendums	166
	Addendum A – Participant information and consent form.....	166
	Addendum B – Participant biographical information.....	170
	Addendum C – Qualitative questions	171
	Addendum D – Quantitative instruments	172
	FACI8	172
	F-COPES	173
	FHI	174
	SSI	175
	RFS and FPSC	176
	FTRI	177

Addendum E – Inligting en toestemmingsvorm vir deelnemers	179
Addendum F – Biografiese inligting van deelnemer	183
Addendum G – Kwalitatiewe vrae.....	184
Addendum H – Kwantitatiewe metings	185
FACI8	185
F-COPES	186
FHI	187
SSI	188
RFS en FPSC	189
FTRI	190
Addendum I – Letter from ethics committee	192
Addendum J – Letter from Community Intervention Centre.....	193
Addendum K – Community Intervention Centre brochure	194
Addendum L –Advert for recruitment of participants for study.....	195

“I know you think you’re never going to get over it [but] it does get easier... you never forget it. It’s a part of you, it’s a part of your life now... but it’s definitely not the end of it” (P 8: LM270413)

1 Introduction to, motivation for and aims of this study

1.1 Introduction

House robbery is the intentional and unlawful entering of residential premises and removal or appropriation of property through violent force while the occupants are present (Saps.gov.za, 2013; Statistics South Africa, 2016/17). House robbery is considered a traumatic experience due to the fact that the family comes into direct contact with (an) armed and aggressive assailant(s), with their personal safety being threatened (Africa Check, 2013; Hunter & Marshall, 2000; Hurley, 1995; ISS Africa, 2013; Van der Merwe, 2008). Crime statistics indicate an increase of between 7.1% and 9.8% in house robbery in the Western Cape for 2012/13 (Africa Check, 2013; Saps.gov.za, 2013; ISS Africa, 2013), but since crime statistics only reflect reported crime, which is around 60% for house robbery (Statistics South Africa, 2016/17), it therefore can be assumed that these figures do not reveal the full extent of the problem.

Viewed as a growing problem worldwide (Catalano, 2010; Dauvergne, 2010; Hurley, 1995; Home Invasion News, 2013), house robbery is likewise fast becoming one of the most feared crimes in South Africa (IOL News - Crime & Courts, 2014a; ISS Africa, 2013; Pretorius, 2008; Statistics South Africa, 2016/17; Van der Merwe, 2008). Nearly 50% of South African households regard house robbery as one of the most common crimes in South Africa, and the most feared crime in their neighbourhood (Statistics South Africa, 2016/17). A qualitative study by Pretorius (2008) found that victims of house robbery suffer not only physical and financial, but also emotional and psychological consequences because of their experience. These victims felt traumatised for a period after the incident, with most of them requiring trauma counselling and debriefing afterwards. Typical symptoms of distress after a traumatic

experience include hyper-arousal, hyper-vigilance, sleep disturbances, emotional numbing, fear and anger (Pretorius, 2008). If these symptoms persist over a longer period, there is a potential for the development of post-traumatic symptoms, which could lead to negative changes in family functioning (Taft, Schumm, Panuzio, & Proctor, 2008).

In the past, psychological research focused predominantly on the ways in which individuals failed to thrive with the aim of reducing their dysfunction. Mental health was seen as the absence of problems. However, over many years there was a gradual shift in focus towards a salutogenic mindset (Antonovsky, 1979; Diener, 2009; Lindström & Eriksson, 2005). According to Hawley (2000) Seligman praised this shift and said that “psychology is not just the study of weakness and damage; it is also the study of strength and virtue” ... and that therapists should focus on amplifying the families’ strengths rather than trying to repair their weaknesses (Hawley, 2000, p. 2). This approach thus underpins studies of family resilience.

A literature search found no studies regarding family coping or adjustment after such a crisis. Therefore, this research project intends to identify the factors that facilitate adaptation in families following a house robbery, as proposed by the resilience theories of McCubbin and McCubbin (1996) and Walsh (1996).

1.2 Problem Statement and Motivation for the Study

House robbery is becoming an increasing problem, both internationally and locally in South Africa, where it is rapidly becoming one of the most feared crimes. With the increase in house robbery in South Africa (Africa Check, 2013; ISS Africa, 2013; Saps.gov.za, 2013), a growing number of families are, and potentially will be, affected by this crime. Resilience theory upholds the belief that not all families react to trauma with chaos and disorganisation or become irreparably damaged (McCubbin, McCubbin, Thompson, Han, & Allen, 1997), and that even

in the most chaotic situations and traumatic experiences, families are capable of withstanding the threat and regaining positive functioning (DeFrain, 1999; McCubbin, Thompson, Thompson, & Fromer, 1998; Walsh, 2003). Instead, all families are capable of self-repair and growth (Patterson, 1997, 2002b; Silberberg, 2001; Walsh, 1996, 2003) and, by identifying their resilience qualities, struggling families can be helped to recover from trauma (Black & Lobo, 2008; Patterson, 1997, 2002a; Tedeschi, Park, & Calhoun, 1996; Walsh, 2003). It is proposed that, with the operationalisation of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the family resilience framework (Walsh, 2012), it is possible to uncover key factors that individually, or in combination, are associated with positive family adaptation and, by implication, with resilience in these families.

This study is unique in several respects. Firstly, it investigates the protective and recovery factors within families specific to house robbery trauma. Secondly, it does so from a strengths-based framework instead of the traditional, deficits-based approach. Thirdly, it considers resilience factors specific to the South African context, and lastly, the focus is on the entire family as the unit of analysis, as opposed to studies on resilience in individuals.

The findings of this study will contribute to the body of resilience literature, as well as provide guidance to future primary prevention efforts, by which the resilience of families impacted by house robbery within the South African context can be facilitated and supported (Hawley & DeHaan, 1996; Lietz, 2006, 2007).

1.3 Aims and Objectives of this Study

Several family resilience studies call for more research to be conducted on different crises and adversities (Benzies & Mychasiuk, 2008; Black & Lobo, 2008; McCubbin & McCubbin, 1993; Patterson, 2002b; Simon, Murphy, & Smith, 2005; Walsh, 1996, 2003, 2006), providing the justification for this study, as house robbery is currently a tremendous threat to many South

African households. A thorough literature review concludes that a large gap in research of resilience factors in families who were victims of a house robbery exists. Consequently, the objective of this study is to uncover key factors within families that helped them adapt following a house robbery. These identified factors will be considered as family resilience qualities.

1.4 Outline of this Thesis

Chapter 1 of this thesis introduces the problem of house robbery and the effect this has on the family. Families experience this event as a crisis, which can make the family vulnerable and susceptible to further stresses and the development of prolonged distress. To identify the factors that promoted adaptation to this stressor, the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) is selected as a framework to render these abstract processes into tangible and measurable factors.

This study's theoretical basis is discussed in Chapter 2. This chapter looks at earlier models and subsequent expansions that form the foundation of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the Family Resilience Framework (Walsh, 2002, 2003).

In Chapter 3, relevant literature is examined. Even though the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) was not utilised in research of house robberies, there are several other resilience studies that made use of this model in investigating the effects of trauma, and the resilience qualities of families, in order to better realize how families cope and adapt after a house robbery.

In Chapter 4 I discuss the approach of this study, the instruments I used, the selection and recruitment of participants and the procedures followed in gathering my data, ending with the analysis of the data.

Chapter 5 presents the findings from both the quantitative and the qualitative analyses. These results introduce potential elements, qualities and resources that helped the family cope and adapt after experiencing a house robbery. The qualitative results are valuable in that they join the quantitatively identified variables to create a richer understanding of the resilience factors and processes.

The sixth chapter contains a discussion of the findings, my conclusion, the limitations, and recommendations for prospective studies.

1.5 Conclusion

House robbery is rapidly becoming one of the most feared crimes in South Africa. Families experience this event as traumatic which can render the family vulnerable and susceptible to further stresses and to the development of prolonged distress. With the increase in house robbery in South Africa (Africa Check, 2013; ISS Africa, 2013; Saps.gov.za, 2013), a growing number of families are, and potentially will be, affected by house robbery.

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) can be used to detect latent elements, resources and qualities connected with positive adaptation and recognise the family's existing mechanisms and processes that help them bounce back from misfortune.

2 Theoretical Frameworks

2.1 Introduction

This study aims to understand the processes that families go through in negotiating hardships and stressors, as well as the factors within these families that contribute to their recovery and adaptation after experiencing the crisis of a house robbery. Family resilience is thus

... the path a family follows as it adapts and prospers in the face of stress, both in the present and over time, involves multiple, recursive processes over time, from a family's approach to a threatened or impending crisis situation through adaptations in the immediate and long-term aftermath (Walsh, 1996, p. 271).

According to McCubbin and McCubbin (1988, p. 247), family resilience includes the “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations”.

This chapter introduces the theories and frameworks in which this study is situated, beginning with a description of how resilience as a construct can be conceptualised and operationalised for measurement. Definitions are provided, with the salient features listed and explained. Following that, I discuss the evolution of the resilience construct, from its roots in family stress theory and positive psychology to the current focus on resilience in families. A brief introduction to the two theories I chose to use is then given. I provide a historical account of the development of both theories, from their original theory or model to the current model and framework used in measuring this complex construct, with detailed discussions of both the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the Family Resilience Framework (Walsh, 1996). This is followed by a summary

and application of these models as the theoretical base of this study. This chapter concludes with a justification for selecting these two theories for the conceptualisation of this study.

2.2 Definitions of Family Resilience

According to several authors, family resilience encompasses the following characteristics and elements: Resilience is the “unexpected competent functioning among families ... who have been exposed to significant risk(s)” (Patterson, 2002a, p. 349). It consists of the “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (McCubbin & McCubbin, 1988, p. 247), through “key processes that enable families to cope more effectively and emerge harder from crises or persistent stresses ...” (Walsh, 1996, p. 263).

Furthermore, family resilience is a dynamic, recursive process that consists of multiple pathways (Hawley & DeHaan, 1996) for successful coping and positive adaptation within “families during life transitions, stress, or [significant] adversity” (Black & Lobo, 2008, p. 33). Family resilience also entails the family’s attempts to contain the disruptive impact of a stressful situation by reducing demands and/or developing the resources to meet them (Hawley & DeHaan, 1996; Luthar, Cicchetti, & Becker, 2000; Walsh, 2009, 2012). Thus, family resilience is the route a family follows in adapting after crisis, which enables them to withstand, adapt, and ‘bounce back’ (Bhana & Bashoo, 2011; Hawley & DeHaan, 1996; Lietz, 2006, 2007; Walsh, 1996, 2002, 2003). It also entails responding positively to adversity and to emerge from a shattering experience strengthened, more resourceful and more confident (Benzies & Mychasiusk, 2009; Simon et al., 2005; Walsh, 1996).

The two predominant features of family resilience from the above definitions are: (1) that the family exhibits a positive reaction to an adverse situation (Black & Lobo, 2008; Hawley & DeHaan, 1996; Luthar et al., 2000; Walsh, 2003), and (2) that the family recovers successfully

and emerges from the crisis stronger, more resourceful, and more confident in dealing with future stressors (McCubbin & McCubbin, 1988; Patterson, 2002a; Simon et al., 2005; Walsh, 1996).

2.3 The Resilience Construct

With the majority of literature on resilience focusing on individual hardiness (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996), it is only within the last two decades that the concept of family resilience has received interest and widespread recognition (Hawley, 2000; Walsh, 2006). Family resilience, much like the concept intelligence, is a complex construct that is difficult to measure and observe empirically (DeHaan, Hawley, & Deal, 2002; Hawley, 2000; Van Breda, 2001), thus requiring the operationalisation of resilience. Consequently, in order to measure family resilience, theoretical models and related measuring instruments were developed to both chart the process families go through in dealing with stressors, and to identify factors linked to family resilience by means of their relationship to the product of the resilience process, which is adaptation.

The Resiliency Model of Family Stress, Adjustment, and Adaptation of McCubbin and McCubbin (1996), and the Family Resilience Framework of Walsh (2002) are the two dominant theoretical models that provide both a conceptual map for measuring the process of resilience and a guide to identifying key factors that are linked to the resilience construct. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin et al., 1996) extends beyond the theoretical level by developing and refining models to explain the developmental processes and trajectory of adjustment and adaptation. In order to empirically test the components of the model, measuring instruments were developed to assess various resilience mechanisms within the family. This, in turn, enables the mapping of the resilience process through the measurement of stressors and risk/protective factors as well as the final

level of adaptation of the family. In turn, Walsh's framework (1996) sought to clarify key factors and qualities that are connected with adaptation, and thus with resilience, and presents key resilience qualities grouped into three fields of family functioning. These are family belief systems, family organisational structures, and family communication. Walsh arrived at these key qualities through a synthesis of existing resilience studies and literature that found these qualities to produce good adaptation after adversity.

Thus, the contributions of both the Walsh (2012) framework and McCubbin and McCubbin's (1996) model produced a unified theory that clearly renders the construct of family resilience both tangible and measurable. This resulted in a complementary and holistic model of family resilience with which several independent variables are measured to determine which of these variables are correlated with family adaptation in order to identify factors associated with resilience. These two theories (McCubbin & McCubbin 1996; Walsh, 2012) are discussed in detail later in this chapter.

2.4 Features of Family Resilience

All the aforementioned definitions of family resilience allude to several salient features of family resilience. Firstly, resilience only exists in a context of chronic or extreme adversity and hardship (Hawley, 2000; Hawley & DeHaan, 1996; Lietz, 2006, 2007; Patterson, 2002b). Beyond everyday coping (such as required in the normal course of dealing with normative and minor hassles), resilience embodies the unexpected and remarkable recovery and functioning (contrary to expectations) by families who experience a severe crisis or a significant stressor (Patterson, 2002b).

Secondly, resilience is not a fixed, singular occurrence, following a simple linear path entailing a neat and sequential pattern from impact through to recovery. Rather, resilience involves a recursive and dynamic process of continued adjusting and adapting in an attempt to balance

both the initial stressor, as well as the demands this stressor places on family resources. Resilience is not some final and definitive level of functioning that the family achieves or attains that makes them resistant to any future stressors, but rather a fluctuating and continuous learning process the family follows as they adapt and prosper when dealing with stress (Lietz, 2006, 2007). For instance, a family can be considered resilient in dealing with one kind of stressor, yet struggle terribly when faced with another kind of stressor. An example would be a family that successfully adapts to one member's mental or physical illness, but that is unable to adapt to, or recover from, another family member's retrenchment.

According to Walsh (1996, p. 269), family resilience is contextual and unique to each family and situation, with no "blueprint for any singular model of the resilient family". The family's reaction to a stressor depends on the distinctive interaction between their risk and protective factors, their developmental context, as well as their subjective appraisal and interpretation of the stressor or event. Therefore, the influence of the family context must be considered when assessing family vulnerability to identify strengths and adaptive paths that will enable resilience.

A fourth feature of resilience is elasticity. Elasticity concerns the capacity of the family system to maintain integrity by resisting disintegration from the impact of the stressor and retaining established forms of functioning despite upheaval (McCubbin et al., 1997). Thus, the resilient family system is able to expand and change without losing its core identity (the family's subjective sense of its own character).

A fifth feature of resilience is buoyancy. This concept of buoyancy implies that the family possesses the capability to recover and regain a level of stability (Van Breda, 2001). While they may struggle temporarily, resilient families can "bounce back" by resisting the complete

disintegration of their basic structure, either returning to their previous levels of functioning following the challenge, or experiencing growth and emerging more capable of dealing with future adversity (Hawley & DeHaan, 1996; Van Breda, 2001; Walsh, 2003).

Finally, resilience implies a focus on strengths rather than deficits. With synonyms such as flexibility, pliability, hardiness and buoyancy (all combining qualities of endurance and strength), resilience inherently implies a positive response to an adverse environment or event. Drawing from family strengths theories and literature, a resilience perspective upholds the conviction that all families have reparative potential, and that emphasising their capabilities can enable them to recover from hardship (Hawley, 2000; Van Breda, 2001; Walsh, 1996).

2.5 Evolution of the Resiliency Model of Family Stress, Adjustment and Adaptation

Family resilience is a relatively modern concept that evolved from two streams of research, namely family stress research and family strengths research, or positive psychology (DeHaan et al., 2002). While family stress research began in the 1930s, family strengths research and literature only emerged in the 1970s (Van Breda, 2001), and whereas the emphasis of family stress research was predominantly pathogenic, family strengths research is located within the salutogenic paradigm (Seligman, 1998; Seligman & Csikszentmihalyi, 2000; Van Breda, 2001).

2.5.1 Family stress research

Family resilience has its roots in family stress theory (Van Breda, 2001), which is a social theory beginning in the 1930s, with research that focused on stress in families and the processes of family maladjustment. This early research was conducted in the context of the Great Depression and its effects on families. Entrenched within the medical model, psychological research during this period focused singularly on poor adaptation and problems of individuals

within these families facing hardship (McCubbin & McCubbin, 1996. McCubbin and McCubbin (1996, p. 144), cite Reuben Hill (1979), the founder of family stress theory, as having said that these early stress researchers tended to focus on family pathology exclusively and in the process often “labelled these problem families as deviant, antisocial, and lower class”.

This emphasis on problems that these families had led to several theories of family coping with stress, with the first theoretical model, Hill’s ABCX model (Hill, 1949), being developed to map a family’s response to stress. Reuben Hill (1949) formulated the Family Resiliency Model, or the ABCX model as it is widely known, to explain how stressors affect families and why families facing the same stressors react and adapt differently (Hawley & DeHaan, 1996; Van Breda, 2001; Walsh, 1996). This ground-breaking model (discussed further on in this chapter) provided the first conceptual map of the family stress response, leading to subsequent models that incorporated its elements while expanding on and refining it by adding stages and variables.

Then, as continued research on families and stress produced new knowledge, researchers started noticing that not all negative experiences produced the unavoidable outcomes of family dysfunction and disintegration that were expected (Hawley & DeHaan, 1996; Van Breda, 2001; Walsh, 2002, 2003), thus resulting in the question why some families display unexpected good outcomes while others follow the typical patterns of pathology. These observations provided the foundation for the construct of resilience. However, researchers still tended to view the family as predominantly contributing to risk and not to resilience (Walsh, 1996, 2002, 2003). These early studies of resilience focused almost exclusively on the features or characteristics of individuals that allowed them to thrive in adversity despite their damaging family environments (Van Breda, 2001; Walsh, 1996, 2002, 2003).

As the literature expanded, it became clear that individual traits were not enough to explain the construct of individual resilience. Researchers increasingly acknowledged the role of family and sociocultural factors in the adaptation process, with families now seen as either a positive or negative influence in individual resilience, but with the focus still on the individual themselves (Hawley & DeHaan, 1996; Van Breda, 2001; Walsh, 1996).

In a successive refining of stress theory, the emphasis shifted from individuals to families and from dysfunction to positive functioning in an effort to map the factors or processes that contribute to resilience and positive adaptation in families despite an accumulation of stressors (McCubbin & McCubbin 1996).

2.5.2 Family strengths research

The late 1970s and 1980s marked a fundamental shift in research focus, from family weakness to strengths and coping (Burr, 1973; Strümpfer, 1990, 1995) with mental health theories following suit and embracing this salutogenic approach (Antonovsky, 1979; Strümpfer, 1990, 1995). It was recognized that crises was not limited to individual members within families, but affected the entire family unit and disrupted family functioning, Instead of focusing on deficits, researchers and health professionals now looked for the factors that promoted health and well-being in families faced with hardship.

As part of this Zeitgeist, positive psychology was introduced by Seligman, president of the American Psychological Association, during his first public address in 1998. Positive psychology only really gained recognition as a movement in January 2000, after a special edition of the *American Psychologist* was devoted to positive psychology (Van Breda, 2001). Positive psychology captured the spirit of salutogenesis and provided a new lens through which the family was viewed (Diener, 2009; Lindström & Eriksson, 2005; Lopez & Gallagher, 2009; Strümpfer, 1995, 2013). Salutogenesis recognized that certain family processes can help

families faced with crisis to adapt and recover and in turn, regain their balance and positive adaptation. With a focus on how to enable these families to achieve balance and well-being after hardship, this new paradigm of positive psychology (in which this study is situated) addresses how families are inherently capable of succeeding despite their hardships. Resilience is a critical construct within positive psychology. While family stress research focuses on families that endured great stress, family strengths research studies families considered as strong or resilient with the intention of identifying the resilience features of these families (Strümpfer, 1995, 2013).

2.5.3 Family resilience

With considerable progress in family stress, strengths and resilience research since 1930, the most notable paradigm shifts in family resilience were the shifts (1) from individual resilience to family resilience, (2) from the family as damaged to the family as a source of strength, and (3) from family as merely the background to individual resilience to viewing family as a context that produces resilience (Van Breda, 2001; Walsh, 1996). For example, the Typology Model of McCubbin and McCubbin (1988), discussed further on, addresses the family system itself, with the family as central and individuals as components of the family. Walsh (1996, p. 266) refers to this as “relationship resilience” as opposed to the “contextual view of individual resilience”. Then there is the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), which developed and refined the theory of family-level resilience and introduced the family schema, the family as a unit (Walsh, 1996).

2.6 Family Resilience Models

The two theories that provide the foundation for this study of family resilience are McCubbin and McCubbins’ (1996) Resiliency Model of Family Stress, Adjustment and Adaptation, and Walsh’s (1996) Family Resilience Framework.

2.6.1 Development of the Resiliency Model of Family Stress, Adjustment and Adaptation

The Resiliency Model of Family Stress, Adjustment and Adaptation is a strengths-based model that has developed and evolved from family stress research in the 1970s. Family stress research focused on understanding the ways in which

... family members interact with and support each other, what strengths and capabilities families call upon to adjust and adapt, the specific roles and transactions the community plays and enacts in family coping and adaptation, and suggesting ways to improve the resiliency in families. (Van Breda, 2001, p. 154)

The Resiliency Model of Family Stress, Adjustment, and Adaptation is the last model in a succession of evolving theories that were founded on Reuben Hill's (1949) ABCX model of factors that protect families and prevent them from deteriorating when dealing with crises. These models are discussed as arising from the original ABCX model, through to the Resiliency Model.

2.6.1.1 Hill's ABCX model

Reuben Hill (1979) developed his ABCX model from studies of families under stress, as he specifically researched the adjustment of families dealing with the trauma of the Second World War (Hill, 1949). Hill's ABCX model introduced mediating variables that helped families overcome stressors, thereby preventing their deterioration and transition into crisis. This model was a significant contribution to family stress and resilience theory, serving as the foundation of family stress theory and subsequent research on family strengths and the development of successive family resilience models (Van Breda, 2001).

According to the ABCX model, a stressor event (A factor) interacts with the family's resources and strengths in dealing with the stressor (B factor), as well as with the family's definition of

and attributes regarding the event (C factor), to produce adaptation (X factor) (McCubbin & Patterson 1981, 1983a; Van Breda, 2001).

2.6.1.1.1 The A Factor: The stressor event

Hill (1949) uses the term crisis-precipitating event to refer to “a life event or transition impacting upon the family unit which produces, or has the potential of producing, change in the family social system” (McCubbin & Patterson 1983, p. 8). This crisis event then interacts with the resources of the family and, depending on the hardships that accompany the crisis (Hill, 1949), places demands on the resources and competencies of the family system, which must be managed to prevent the family from going into a crisis (McCubbin & Patterson, 1983; Walsh, 2009).

2.6.1.1.2 The B Factor: Family resources

Hill (1949) refers to resistance resources as crisis-meeting resources, which determine the ability or inability of the family to prevent changes in the family system from leading to disruption or crisis, depending on the presence or absence of these resources (Burr, 1973; Hill, 1949). Hill emphasised family integration and family adaptability as vital resources in helping families to adapt. Family integration refers to the bonds of coherence and unity within the family (Antonovsky, & Sourani, 1988), and family adaptability refers to the family’s capacity to shift its course of action to overcome obstacles.

2.6.1.1.3 The C Factor: Family definition of the stressor

The family’s definition of the stressor plays a crucial role in whether or not the family transitions into a state of crisis (X). A family’s definition of the stressor is shaped by their value system, previous experience of crises, and the manner in which previous stressors were defined (Hill, 1949; McCubbin & Patterson, 1983). The family’s experience of stress depends on whether they feel able to meet the demands placed on them by the stressor event. The family

then establish a definition of the stressor, ranging from positive: perceiving the stressor as a challenge to be met, to negative: perceiving the stressor as uncontrollable. If the family perceive a demand-resource imbalance, stress becomes distress, which is “an unpleasant or disorganized state which arises from an actual or perceived imbalance in family functioning” (McCubbin & Patterson 1983, p. 11), and the family transitions into a crisis.

2.6.1.1.4 The X Factor: Family crisis or adaptation

McCubbin and Patterson (1983) make a distinction between family stress and a crisis. Family stress results from a discrepancy between the demands of the stressor and the family’s resources, while crisis results from the family’s failure to restore stability. Family stress does not necessarily result in a family crisis; a crisis comes about when there is a lack of family resources and an inclination to define stressor events negatively (Hill, 1949; McCubbin & Patterson, 1983). Crisis-prone families are described as being more susceptible to stressor events due to the paucity of their resistance resources, and because of their failure to learn new ways of defining stressor events from past experiences (Hill, 1949). When families are faced with crises, they experience a sense of disorganisation, and when the lowest point of disorganisation is reached, families enter a recovery phase (Hill, 1949). As new routines and roles are attempted, the family starts orienting itself to the future, and subsequently enters a phase of reorganisation (Hill, 1949).

2.6.1.2 The Double ABCX Model of Adjustment and Adaptation

Hill’s ABCX model succeeded in providing a theory for conceptualising family stressors and the process of adjustment to crises. However, further research led to the expansion of this model, leading to the Double ABCX Model of Adjustment and Adaptation.

Continued research within the family stress field, such as the longitudinal study of McCubbin and Patterson (1981, 1983) on families during the Vietnam War, uncovered additional factors

that influence the course of family adaptation to a crisis situation over time (McCubbin & Patterson 1981). This Double ABCX Model thus attempted to demonstrate the complexity of the processes families engage in when trying to manage crises.

While the original model fixated on the stressor event, the Double ABCX Model introduces the pile-up (aA) factor, in which the family is simultaneously dealing with the original stressor event and the subsequent pile-up of stressors, prior hardship, and other pressures (Lavee, McCubbin, & Patterson, 1985; McCubbin & McCubbin, 1996). In addition to multiple stressors, families also have multiple resources. Thus, the bB factor, consisting of both existing and new resources developed and reinforced by the family in reaction to the crisis event, was introduced (Lavee et al., 1985; McCubbin & McCubbin, 1996).

Thirdly, family appraisal is a complex process involving the family's assessment of the entire situation, from the stressor and its severity to the demands of the stressor, the family's competencies and their available resources (Lavee et al., 1985; McCubbin & McCubbin, 1996). Lastly, families are capable of modifying their behaviour and patterns of functioning to achieve family adaptation (xX factor), which ranges from poor adaptation, or maladaptation, to good adaptation, or bonadaptation (Lavee et al., 1985; McCubbin & McCubbin, 1996).

This led to a redefinition of Hill's ABCX factors as pre-crisis variables, and the adding of the aA, bB, cC, and xX factors as post-crisis variables (McCubbin & McCubbin, 1996; Patterson, 2002a). The Double ABCX Model consisted of three stages: pre-crisis, crisis, and post-crisis, with the components of Hill's ABCX model forming the first and second stages of the Double ABCX Model.

2.6.1.2.1 Pre-crisis

Keeping the components from Hill's original ABCX model, but using lowercase letters to represent them, in the Double ABCX Model the (a) still represents the initial stressor (A), while (b) represents the resources (B) from the ABCX formula (Hill, 1949; McCubbin & Patterson, 1983), but is relabelled as existing resources and expanded to include individual, family and community resources (Hill, 1949). The (c) component was also redefined from the family's definition of the stressor alone (C) to the family's definition of the event, as well as their situation.

2.6.1.2.2 Crisis

In the Double ABCX Model, (x) represents the crisis (X), as it does in Hill's (1958) model, but whereas the ABCX model ends with the crisis, the Double ABCX Model continues with the family entering the post-crisis phase.

2.6.1.2.3 Post-crisis

The post-crisis phase of the Double ABCX Model consists of the original stressor and the pile-up of stressors (a+A); existing and new resources (b+B); perception of the total situation: initial stressor, pile-up, and existing and new resources (c+C); and the family's coping and adaptation to the post-crisis variables (x+X). As the pre-crisis factors have already been outlined in the discussion of Hill's model, only the post-crisis factors of the Double ABCX Model are discussed here.

2.6.1.2.3.1 Pile-up of additional stressors and strains (aA)

According to the Double ABCX model, families rarely deal with one isolated stressor event, as presented by the ABCX model (Hill, 1949), but rather with a series of compounding events and stressors that accumulate over time. This is called a pile-up of stressors (aA). Thus, the family are dealing with both the event and the demands it places on individual members and

the family system as a whole. McCubbin and Patterson (1981, 1983) identified five kinds of stressors that add to the pile-up of stressors.

Firstly, the family must deal with the simultaneous burden of both the stressor event and its related hardships, which lead to a pile-up of strain. Secondly, the family is usually dealing with normative transitions, depending on their stage of development, which in itself requires changes in the family system. For instance, a family may experience strain related to raising teenagers, or starting a new family, which in itself places pressure on family resources and coping, and this contributes to the family experiencing a pile-up of demands (McCubbin & Patterson, 1981, 1983). Thirdly, if the family still have unresolved hardships from earlier stressors, or are already in a state of distress (X), the new stressor can add to the family's pile-up of demands. These prior strains deplete family resources and usually intensify when a new stressor occurs. The fourth source of pile-up lies in the coping behaviours developed to manage the crisis event, which, if inadequate, can generate additional strain on the family system.

Lastly, a possible source of pile-up is related to intra-familial and social ambiguity. This ambiguity is caused when the family system becomes uncertain of its components and structure, and struggles to find guidelines for coping (McCubbin & Patterson, 1981, 1983). The family then find themselves at a loss in how to cope with the stressor, with no external reference for how they should be coping, and this contributes to their distress. These sources of pile-up underscore the additional stressors that families encounter when dealing with a crisis, and determine their vulnerability and ability to cope with the event. Still, the family also has resources that they can draw in in dealing with crises, which allow them to meet the demands placed on them (McCubbin & Patterson, 1983).

2.6.1.2.3.2 Family adaptive resources (bB)

Family adaptive resources contribute to the family's ability to meet the demands of the stressor event and consist of the personal resources of individual members, such as knowledge and skills, resources of the family as a whole, such as cohesion and communication, and resources from the community, such as social support (McCubbin & Patterson, 1983; Lavee et al., 1985).

In the Double ABCX Model, a distinction is made between existing and new resources: existing resources (b) consist of resources that are already part of the family's range of resources, such as the role flexibility of family members (personal resources), family closeness, shared family values (family resources), and the family's involvement in and membership of community activities/groups (community resources). Expanded/new resources (B) are the new resources that both individual members, and the family as a whole, develop in response to the demands of the stressor and/or pile-up (aA), the family's successful encounters with prior stressors, as well as the new resources and supports that the family access in their community (Lavee et al., 1985; McCubbin & Patterson, 1983). These resources interact with and affect the definition and meaning that the family attributes to the crisis. Thus, a family with many resources will view their stressor as manageable, whereas a family with limited resources will potentially view their stressor as overwhelming and unmanageable (McCubbin & Patterson, 1983).

2.6.1.2.3.3 Family definition and meaning (cC)

In the Double ABCX Model, the (c) remains the perception/definition of the stressor, with (C) consisting of the family's definition of the total situation. Therefore, the meaning families attach to the crisis is far more complex and involves the family's evaluation of the stressor (c), as well as their perception of the entire situation, containing the additional stressors and strains (aA), their existing and new resources (bB), and the assessments they make (cC) of what they need to restore balance (McCubbin & Patterson, 1983). This meaning that the family assigns

to the stressor is largely shaped by their value system and determines how they define their resources and coping skills, as well as their ability to deal with the stress. Thus the family may choose to view a stressor positively, as a test of their strength, or to view the same event negatively, as catastrophic and insurmountable. In either instance, their definition provides the lens through which they will view their total situation. To transition through the crisis, a family must redefine the crisis situation as manageable and themselves as capable of finding effective solutions and acquiring the resources they need. Successful redefinition of the crisis renders it manageable and reactive to problem solving and helps the family make sense of the event, encouraging them in relation to their ability to cope with the stress (McCubbin & Patterson, 1983).

2.6.1.2.3.4 Family adaptation/balancing (xX)

Lavee et al. (1985, p. 813) define family adaptation/balance as “the outcome of the family’s processes in response to the crisis and pile-up of demands”, and this aspect is characterised by the family’s successful maintenance and reinforcement of system integrity, and family members’ “sense of well-being and the family’s independence and sense of control over environmental influences” (McCubbin & Patterson, 1983). The resultant adaptation level of the family depends on the degree to which they manage to reduce the disorganisation after the crisis and restore their system’s balance (McCubbin & Patterson, 1981, 1983). It can range from bonadaptation to maladaptation. With bonadaptation, the family have successfully managed to reduce the difference between the pile-up of demands and the family’s resources to achieve balance. In maladaptation, however, the family continue in their struggle to achieve this balance, often resulting in the gradual deterioration of the family system and functioning as the family move towards exhaustion.

2.6.1.3 The Family Adjustment and Adaptation Response (FAAR) Model

Despite the more dynamic and complex nature of the Double ABCX Model, the Family Adjustment and Adaptation Response (FAAR) Model was developed as an extension of the Double ABCX to describe the family's processes as they attempt to meet the demands of the stressor with their capabilities (Lavee, McCubbin, & Olson, 1987; McCubbin & Patterson, 1983; Van Breda, 2001). The dominant additions and revisions to the Double ABCX Model were driven by four observations (McCubbin & McCubbin, 1996, p. 8). These are that (1) changes in family functioning involve complex family processes, (2) a crisis could provide momentum for the family to make additional changes over and above those already in progress, (3) that the family's coping strategies influence the process, and (4) that adaptation in general is a complex process of internal and external restructuring that takes place over a period of time.

The FAAR Model (McCubbin & Patterson, 1983) thus extended the Double ABCX Model with several additions. In this model, McCubbin and Patterson (1983) introduced the concept of integrated coping into family stress theory. They also introduced three phases –resistance, restructuring and consolidation– into the family stress model and distinguished between the coping strategies of adjustment and adaptation. Finally, they presented the concept of family-to-member and family-to-community balance (XX factor) as a requirement of family adaptation (Van Breda, 2001). Thus, adaptation is a complex process of reorganisation, whereby families modify their coping strategies, resources and capabilities to regain equilibrium (Patterson, 1997). Family adaptation proceeds over two phases, adjustment and adaptation, and consists of three stages, namely resistance, restructuring and consolidation. Resistance takes place in the adjustment phase, with family restructuring and consolidation arising in the adaptation level of the FAAR Model (McCubbin & Patterson, 1983; Patterson, 1997).

2.6.1.3.1 *The family adjustment phase*

a) *Stage 1 - Resistance*

In the adjustment phase, the family engages in resistance by attempting to meet the demands of the stressor with their existing capabilities (McCubbin & Patterson, 1983; Patterson, 1997). Changes are thus minimal and the family structure remains intact, with only slight changes in patterns of interaction. The family's existing capabilities consist of their resources (individual, family and community) and their problem-solving and coping behaviours, which influence the family's definition of the stressor and demands and determine their choice of coping strategies (Patterson, 1997). The family protects itself by employing three adjustment coping strategies, avoidance, elimination and assimilation (McCubbin & Patterson, 1983; Patterson, 1997), to reduce alterations to the family system. Avoidance entails ignoring or denying the existence of the stressor and its demands and hoping that it will resolve itself. If they cannot successfully ignore the stressor, they may attempt to change the stressor. Elimination entails efforts by the family to remove the demands by either altering or eliminating the stressor, or changing their definition. Should these efforts at removing the stressor also fail, they are pressed to face the situation and deal with it directly. With assimilation, the family accept the existence of the stressor and attempt to absorb the demands of the stressor into their existing structure and patterns of interaction.

If the stressor produces structural changes in the family, exhausts the family's existing resources, or if the family's resources are inadequate or undeveloped (McCubbin & Patterson, 1983) and the adjustments the family made are insufficient to relieve the stressor and its demands, then the family will experience imbalance. Should this imbalance continue or increase, the family moves towards maladjustment resulting in a family crisis, which increases the demand for change. Now families are forced to make more substantial changes to their

structure and functioning in order to deal with the crisis, thus entering the adaptation phase of the FAAR Model (McCubbin & Patterson, 1983).

2.6.1.3.2 The family adaptation phase

b) Stage 2 - Restructuring

In the adaptation phase, the family make greater changes to restore balance by obtaining additional adaptive resources and coping behaviours, reducing the demands, and/or reframing their perception of the situation. Restructuring requires a more active approach from the family in dealing with the stressor and its demands, and involves four steps/parts:

Firstly, awareness: the family gradually become aware that their existing capabilities (structure and patterns of interaction) are insufficient in dealing with the crisis or reducing its demands, requiring them to make more substantial changes. Secondly, shared definition of the situation: upon this realisation, family members attempt to form a joint understanding of the situation by defining the problem. This shared definition is formed by the pile-up of demands (aA) and the resources (bB) of the family system (Patterson, 1997). Thirdly, agreement on solutions and implementation: the family's shared explanation of the situation leads to attempts to agree upon and implement solutions to the identified problem, which, unlike the changes during the adjustment phase, require greater changes to the family's structure and patterns of interaction. Fourthly, adaptive coping strategies: families who successfully restructure tend to use adaptive coping strategies that promote family cohesion, individual member esteem and family optimism (McCubbin & Patterson, 1983). Restructuring does not mean that the hardships or stressor is managed well, or that all members of the family agree with and support the changes. The family may still be disjointed or disorganised, which then provides the impulsion for implementing additional changes in the family to achieve stability and unity. The family system now enters the consolidation stage of family adaptation.

c) Stage 3 - Consolidation

The consolidation stage involves the family's efforts to merge the family system into a coherent unit. In this phase the family must make additional changes in organisation and structure to support the newly established patterns of behaviour (McCubbin & Patterson, 1983; Patterson, 1997). The family develop a shared awareness of how well these new patterns fit with the established structure and patterns, and cultivate a shared family life orientation and meaning that simultaneously justify the changes that were made, and aid the family in identifying and initiating additional changes to stabilise the family's new orientation.

In the FAAR Model there are three levels of family meanings: situational meanings, which consist of the family's primary appraisal of their demands, secondary appraisal of their capabilities, and the fit between demands and capabilities; their identity as a family, in which the family have to find a fit between their previous and their new identity; and lastly, global meanings or worldview, which consists of the family's schema for how they view intra-familial relationships and the family's position within society (Patterson, 1997; Patterson & Garwick, 1998). While family members may not necessarily agree on these additional changes, most families reach compromises through negotiation, following which the agreed upon changes are implemented (McCubbin & Patterson, 1983).

The four adaptive coping strategies used by the family in the consolidation phase consist of synergising (whereby the family demonstrate cohesion by working together as a team), interfacing (the efforts by the family system to adjust its fit within the community), compromising (which consists of the family's awareness of the balance between further change and allowing the system to stabilise, and their agreement on what is considered enough change), and system maintenance (to support the family's integration and promote member

wellness and family morale now that the family have stopped implementing changes) (McCubbin & Patterson, 1983).

The outcome of the restructuring and consolidation processes is family adaptation. Family adaptation can vary from bonadaptation to maladaptation (McCubbin & Patterson, 1983; Patterson, 1997, 2002b), determined by the extent to which the family managed to achieve internal, member-to-family restructuring and external, family-to-community restructuring at both levels simultaneously (McCubbin & Patterson, 1983). If the family achieve bonadaptation, then homeostasis is achieved and balance is restored. In contrast, if the family cannot reach bonadaptation, the family must re-enter the FAAR process in order to resolve the stressor (McCubbin & Patterson, 1983). In cycling through these stages, the family gradually deplete their resources and move towards exhaustion.

2.6.1.4 The Typology Model of Family Adjustment and Adaptation

Although the FAAR model captures the complex processes of family adaptation, it does not explain why some families appear to cope and thrive while others flounder and are easily exhausted (Van Breda, 2001). Further research and theory development uncovered additional variables promoting adaptation, leading to the development of the Typology Model of Family Adjustment and Adaptation (McCubbin & McCubbin, 1988). The typology model is influenced by the circumplex model of marital and family types (Olson, 2000; Olson & Gorall, 2003), which has three dimensions, namely flexibility, cohesion and communication (Olson, 2000). The cohesion and flexibility dimensions interact to form 25 types of marital and family relationships, while the communication dimension facilitates adjustment in the cohesion and flexibility dimensions (Olson & Gorall, 2003).

The Typology Model also describes family coping in terms of adjustment and adaptation, but introduces family typologies (T), levels of vulnerability (V), and family problem solving and

coping (PSC) as additional factors that mediate family recovery in the two phases of the model. Other modifications include the addition of the family's life cycle stage, and social class and ethnicity as essential aspects that influence the family's development during the adaptation process (McCubbin & McCubbin, 1988, 1996).

2.6.1.4.1 The adjustment phase

As with the FAAR model, in the adjustment phase the family system is faced with the stressor (A) and its accompanying strains and pile-up of demands, which may differ in level of severity. The A factor then interacts with family vulnerability (V), which then interacts with family typology (T). The A, V and T factors interact with the family's resistance resources (B), the family's appraisal of the stressor event (C), and the family's problem-solving and coping repertoire and capabilities (PSC), which ultimately determine the family's level of adjustment or transition into a crisis situation (McCubbin & McCubbin, 1989; McCubbin et al., 1998).

Factors unique to the adjustment stage in the Typology Model are the family's level of vulnerability (V), the family typology (T), and the family's problem-solving and coping repertoire and capabilities (PSC) (McCubbin & McCubbin 1989; McCubbin et al., 1998).

a) Family vulnerability: Pile-up and family life cycle stages (V)

Family vulnerability is viewed as the interpersonal and organisational climate of the family system, with the level of vulnerability mediated by the pile-up of demands, the family's life cycle stage, and the availability of resources and strengths (McCubbin & McCubbin, 1989; McCubbin et al., 1998). This family vulnerability concerns how susceptible the family is to a stressor. Since the pile-up of stress varies across the life cycle, the family's vulnerability also varies across the life cycle (Van Breda, 2001).

There are five family life cycle stages: Stage one is characteristic of individuals who have left their family of origin and are establishing individual identities, roles and lifestyles. In stage two, couples are negotiating and formulating individual and couple goals and mutually acceptable lifestyles. Children are typically not part of the family at this stage. Stage three focuses on preschool children and school-age children between the ages of six and twelve, and is concerned with the nurturance, education and socialisation of the children in the family system.

Stage four is characterised by the challenges of having adolescents in the home and preparing adolescents for being launched from home. In stage five, as couples move into retirement, occupational and childrearing tasks are completed and the focus shifts to maintaining relationships with extended family and friends (McCubbin & McCubbin, 1993; McCubbin et al., 1998). Therefore, as the accumulation of stressors fluctuate across the family life cycle, their vulnerability also fluctuates and, ultimately, the impact of a particular stressor increases or decreases in these different stages in the life cycle of a family.

Family types differ depending on the family life cycle stage of the family system, as each stage presents the family with a unique set of demands and resources that affect family functioning (Olson, 2000).. These, in turn, influence family type and vulnerability to a stressor (McCubbin & McCubbin, 1989). Therefore, a family at stages three and four may be more vulnerable after losing a job than a couple in stage two due to the financial costs of raising a family (McCubbin & McCubbin, 1996; Olson, 2000).

b) Family types: Profiles of family functioning (T)

All families have distinct and predictable patterns of behaviour, or “a set of basic attributes” (McCubbin & McCubbin, 1989, p. 9), which can be grouped into typologies that “[characterize] and [explain] how a family system typically appraises, operates and/or

behaves” (McCubbin & McCubbin, 1989, p. 17). These four family typologies are regenerative, versatile, rhythmic and traditionalistic (McCubbin et al., 1996; Van Breda, 2001), and each typology consists of two dimensions that operate at high and low levels to create a further four sub-types.

Regenerative families

The regenerative typology consists of two dimensions: family coherence and family hardiness (McCubbin et al., 1996; Van Breda, 2001), with four sub-types: vulnerable, secure, durable and regenerative families (McCubbin & McCubbin, 1989; McCubbin et al., 1996).

The first dimension, family coherence, refers to the “family’s emphasis on ... shared values in the management of tension and strain” (McCubbin & McCubbin, 1988, p. 250) and the coping strategy families employ in the management of family difficulties. The second dimension, family hardiness, is the family’s internal strengths and sense of control over life events and hardships, their durability, sense of purpose and meaning (McCubbin et al., 1996). The regenerative family is high in both dimensions (hardiness and coherence) and demonstrate respect in their interactions with each other, confidence in their ability to work together to solve problems, and a sense of purpose and meaning (Van Breda, 2001).

Versatile families

The versatile typology consists of the dimensions *family flexibility* and *family bonding* (Van Breda, 2001), with a further four sub-types. These sub-types are: fragile, bonded, pliant and versatile families (McCubbin & McCubbin, 1989; McCubbin et al., 1996). The dimension *family flexibility* is “the degree to which the family unit is able to change its rules, boundaries, and roles to accommodate changing pressures from within and outside the family unit” (McCubbin, Thomson, & McCubbin, 1996, p. 70). The dimension *family bonding* concerns the

extent to which the family unite to form a meaningful and essential family unit (McCubbin & McCubbin, 1988).

The versatile family is high in both the flexibility and bonding dimensions and demonstrate strength in their ability to manage and produce substantial changes in the family system, while maintaining a strong sense of internal unity in dealing with and finding new solutions to problems (Van Breda, 2001).

Rhythmic families

The rhythmic typology consists of the dimensions family time and routines, as well as the value attached to family time and routines (Van Breda, 2001). This typology produces four sub-types: un-patterned, intentional, structuralised, and rhythmic families. Both dimensions represent a continuum of family routinisation, considered vital in stabilising families under stress (McCubbin et al., 1998; Van Breda, 2001). Family time and routines is “the degree to which the family unit maintains continuity and stability through specific family activities, which are repeated on a routine basis” (McCubbin & McCubbin, 1988, p. 250). The dimension *valuing family time and routines* is “the meaning and importance families attach to the value of such practices designed to promote family unity and predictability” (McCubbin & McCubbin, 1989, p. 32).

Again, these rhythmic families measure high in both dimensions, and “foster development of predictable activities and routines ... with an added emphasis upon valuing these patterns in an effort to foster a shared rhythmic sense of purpose and meaning of family togetherness, regularity, and predictability” (McCubbin & McCubbin, 1988, p. 250).

Traditionalistic families

The traditionalistic family typology consists of two dimensions: family celebrations and family traditions (McCubbin et al., 1988; Van Breda, 2001). These two dimensions interact to produce

four types of family systems, namely situational, traditionalistic, celebratory and ritualistic families (McCubbin et al., 1998).

Family celebrations refer to situations and occasions that the family emphasise through certain family behaviours and practices. Family traditions refer to the adoption and maintenance of these family behaviours and practices in order to maintain family beliefs and values and pass these down through the generations (McCubbin et al., 1996; Van Breda, 2001). Traditionalist families demonstrate commitment to maintaining and developing family rituals and practices that link them with their past and their future (McCubbin et al., 1998, 1996). These four family typologies (versatile, rhythmic, regenerative and traditionalistic) highlight the importance of family cohesion, adaptability, stability, unity and routines (Van Breda, 2001, p. 118). The family typology (T) now interacts with family resistance resources (B), family appraisal (C) and family problem solving and coping (PSC) factors.

c) Family resistance resources (B)

As in the FAAR model, resistance resources in the adjustment phase of the Typology Model also aim at avoiding crises while minimising change in the family system (McCubbin & McCubbin, 1993). These resistance resources consist of the family's "social support, economic stability, cohesiveness, flexibility, hardiness, shared spiritual beliefs, open communication, traditions, celebrations, routines, and organization" (McCubbin & McCubbin, 1996, p. 19) that change across the family life cycle and between cultures (Van Breda, 2001).

d) Family appraisal of the stressor (C)

The family's appraisal of the stressor involves their perception and definition of the seriousness of a stressor and its associated hardships. This subjective assessment of the seriousness of the stressor varies from negative through to a more positive perception of the stressor which then influences how the family view their resources as well as their problem-solving and coping

efforts in dealing with the stressor (Brown-Baatjies et al., 2008; McCubbin & McCubbin, 1996; Van Breda, 2001).

e) Problem solving and coping (PSC)

Family problem solving and coping (PSC) denotes the family's ability to manage a stressful situation by reducing or eradicating the stressor and its accompanying hardships, while maintaining family well-being (McCubbin & McCubbin, 1989, 1996; McCubbin et al., 1998). This involves the family's ability to reduce and separate the stressor into manageable parts, and to identify alternative solutions to the problem. The family then proceed to solve each part and, in so doing, resolve the problem (McCubbin & McCubbin, 1989). Family coping concerns the strategies, patterns and behaviours that the family use to conserve and support the organisation and stability of the family, sustain the well-being of family members, acquire and utilise resources to control the situation, and attempt to resolve the hardships created by the stressor (McCubbin & McCubbin, 1989; McCubbin et al., 1998).

f) Family adjustment, maladjustment and crisis (X)

The resultant degree of adjustment in the family is determined by the interaction of the above factors, producing either *bonadjustment*, whereby the family manage to regain stability and balance through the adjustment process, or *maladjustment*, in which they fail to regain balance. If the family reaches maladjustment, the family then experiences a crisis, and transitions into the adaptation stage.

2.6.1.4.2 The adaptation phase

With the adaptation phase, the Typology Model refines previous models by introducing family regenerativity (R), family typology (T), and family problem solving and coping (PSC) as additional factors promoting adaptation. Additionally, the adaptation phase contains the community resources and supports (BBB) factor, which was previously included under family

adaptive resources (BB) in the Double ABCX Model, and family schema (CCC), referring to the family's shared values, attitudes and beliefs as a further level of family appraisal (CC).

The family's level of adaptation (XX) or transition back into a crisis situation is determined by the interaction of the following factors: pile-up of demands (AA), consisting of the stressor, crisis, life-cycle pressures and unresolved strains, which interact with family regenerativity (R) or vulnerability to the pile-up of demands, and family typology (T) (e.g. resilient, rhythmic, balanced, and so forth). These three factors, then interact with the family's adaptive strengths, capabilities and resources (BB), the family's community resources and supports (BBB), the family's evaluation of the total situation (CC), the family's schema (CCC) or worldview, and the family's problem-solving and coping response (PSC) to the total situation (McCubbin & McCubbin, 1989; McCubbin et al., 1998).

Components AA, BB, CC and XX were discussed in the Double ABCX model, while factors T and PSC were discussed in the adjustment phase of the Typology Model and will not be repeated here. Instead, family regenerativity (R), community resources and supports (BBB) and family schema (CCC) will be discussed next.

a) *Family regenerativity (R)*

Family regenerativity is impacted by the concomitant pile-up of demands (AA), including stressors, hardships, pressures, the family's life cycle stage and its accompanying demands, and the outcome of the adjustment process, with the family's resultant level of adjustment (Van Breda, 2001). The concept of regenerative power was first introduced in Burr's model in 1973, in which Burr made the distinction between family regenerativity (the family's capacity to rebound from crisis) and family vulnerability (the family's capability to stop the stressor from developing into an emergency) (Van Breda, 2001). Burr (in Van Breda, 2001) proposes that the vulnerability and regenerativity variables play a vital role in determining if a family will

experience crisis when they face change in the family system, and in determining how well the family will recover from the crisis situation (Van Breda, 2001). Therefore, the “regenerative power of families influences the level of reorganization after a period of crisis” (Burr, cited in Van Breda, 2001, p. 128). In other words, the greater their capacity to recover from stresses, the better the family’s adjustment afterwards.

b) Community resources and supports (BBB)

Community resources consist of all “characteristics, competencies and means of persons, groups, and institutions outside the family that the family may call upon, access, and use to meet their demands” (McCubbin & McCubbin, 1989, p. 20). However, emphasis in the adaptation phase of the Typology Model is placed on social support, which involves the “exchange of information within a trusting relationship” (Van Breda, 2001, p. 4).

The most cited definition of social support is that of Cobb (in Van Breda, 2001, p. 128). Cobb defines social support as information communicated at the interpersonal level to provide esteem support (whereby the individual feels valued), emotional support (in which the person is made to feel that they are loved and cared for), and network support (where the individual is part of a network of information based on mutual commitment and understanding). McCubbin, Thompson et al. (1988) added two additional forms of support: appraisal support and altruistic support. Appraisal support consists of the feedback that the individual receives on how well he/she engages in life tasks, while altruistic support is the positive response received after doing a selfless deed.

c) Global appraisals and family schema (CCC)

Families have deep, unconscious sets of beliefs shaped by their social context, their relationships with each other, and of their place in the community. These sets of beliefs are called family schemas (McCubbin & McCubbin, 1989; McCubbin et al., 1998). A family

schema consists of the “generalized structure of shared values, beliefs, goals, expectations, and priorities that are shaped and adopted by the family, which forms a generalized informational structure, through which new information and experiences are compared, sifted, and processed” (McCubbin et al., 1998, p. 43).

Family schemas have five dimensions, namely a shared purpose, collectivity, frameability, relativism, and shared control (McCubbin & McCubbin, 1989; Patterson, 1997; Patterson & Garwick, 1998). Shared purpose refers to the degree to which a family have established and participated in shared goals, values and commitments, guiding their life and activities, while collectivity concerns the degree to which the family members see themselves as part of the family system, and the family as part of a larger system. Relativism is whether the family sees their circumstances as temporary instead of absolute, allowing them to accept solutions that are not always perfect. Frameability is the optimistic outlook the family shares, allowing them to view adversity as an opportunity for growth. Lastly, shared control is the ability of the family to balance family and personal control with trust in others.

2.6.1.5 The Resiliency Model of Family Stress, Adjustment and Adaptation

The Typology Model introduced family vulnerability, family typology, family schema and family problem solving and coping into the family adjustment and adaptation phases, and emphasises the value of integrating the family life cycle stages in understanding family adaptation (McCubbin et al., 1998). Continued research in the family stress and resilience field led to the expansion of the Typology Model to the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996). The Resiliency Model is the latest development in the family stress and coping models and one of the theoretical models of this study.

In this Resiliency Model, family adaptation involves changes within the family, their surrounding community, their relationships within the community and their environment as the family attempts to restore order, balance and harmony (McCubbin & McCubbin, 1996). While retaining components of previous models (A, V, T, B, C and PSC factors), this model highlights the importance of relational processes of adjustment and adaptation, as well as culture and ethnicity, in understanding family adaptation to a stressor.

Other modifications include the distinction between established patterns of functioning or typologies (T), and new patterns of family functioning (TT) as part of adjustment and adaptation. Included is the theory that family functioning takes place within four domains: interpersonal relationships; development; well-being and spirituality; community relationships and nature; and finally, structure and function. These four domains are essential in achieving harmony and balance within the family. Appraisal was broadened to five levels: Stressor Appraisal (C), Situational Appraisal (CC), Paradigms (CCC), Coherence (CCCC), and Schema (CCCCC), which interact with patterns of functioning (T and TT) and problem solving and coping (PSC) in contributing to recovery (McCubbin & McCubbin, 1996, 2002).

As with its precursors, the Resiliency Model also describes family resilience as involving the adjustment phase and the adaptation phase. The adjustment phase consists of the family protective factors (FPF) that shape a family's capacity and ability to withstand and endure in the midst of risk factors, while the adaptation phase involves the influence of family recovery factors (FRF), which, in conjunction with protective factors, aids the family's recovery after crises (Brown-Baatjies, Fouché, & Greeff, 2008; McCubbin & McCubbin, 1996).

2.6.1.5.1 The adjustment phase

When facing the stressor event, a family experiences a state of imbalance and disharmony, which forces them to adjust their patterns and organisation in an attempt to restore their level

of functioning and balance. Thus, the adjustment phase of the Resiliency Model retains all components of previous models, but introduces harmony and balance as family goals by which the family strive to achieve a state of well-being and balance in four domains of family functioning. These are (1) interpersonal relationships, (2) structure and function, (3) community relationships and nature and (4) development, well-being and spirituality (McCubbin & McCubbin, 1996).

Within this phase, the stressor (A) and its severity interact with the family's vulnerability (V) and the family typology (T) to determine its influence on the family. These three factors (A, V and T) interact simultaneously with the family's resistance resources (B), the family's appraisal of the stressor (C), and the family's problem solving and coping (PSC), determining the subsequent level of family adjustment or transition to crisis (X) (McCubbin & McCubbin, 1996; Van Breda, 2001).

a) The stressor (A) and its severity

A stressor is "a demand placed on the family that produces, or has the potential of producing changes in the family system" (McCubbin & McCubbin, 1996, p. 17). The stressor's seriousness concerns the degree to which it interrupts functioning, exhausts the family's existing and new resources, and threatens the stability of the family system (McCubbin & McCubbin, 1996; Van Breda, 2001). The stressor (A) now interacts with family vulnerability (V).

b) Family vulnerability (V)

The family's level of vulnerability is influenced by the pile-up of demands, prior strains and simultaneous stressors and hardships, as well as the normative demands that arise in the family's life-cycle stage (McCubbin & McCubbin, 1996). This concept of vulnerability concerns the family's susceptibility to deterioration at the time the stressor occurs. Family

vulnerability proceeds to interact with the family's typology, as discussed earlier in Chapter 2 (section 2.5).

c) Family typology (T)

As discussed previously in the Typology Model, a family's typology consists of a set of behaviours that characterizes how the family usually behaves in their daily contexts (McCubbin & McCubbin, 1996). Once again, the four main family typologies are regenerative, versatile, rhythmic and traditionalistic (McCubbin et al., 1988; Van Breda, 2001). These patterns of functioning mediate the impact of the stressor and determine the family's resources, appraisal and problem-solving and coping styles (McCubbin & McCubbin, 1996).

The stressor (S), family vulnerability (V) and family typology (T) all interact with the family's resistance resources (B), their appraisal of the total situation (C) and their repertoire of problem-solving and coping abilities (PSC).

d) Family resistance resources (B)

Resistance resources consist of the capabilities and strengths that enable families to mediate the demands of the stressor to avoid major changes to or deterioration in family functioning in order to promote and preserve harmony and balance (McCubbin & McCubbin, 1996). These resources are the personal resources, family resources and community resources, both existing and new, that the family activate in managing the stressor, and include hardiness, social support, open communication, cohesiveness, flexibility, economic stability, organization, traditions, celebrations, and routines and shared spiritual beliefs (Olson et al., 1983 cited in Van Breda, 2001).

e) Family appraisal of the stressor (C)

The family's assessment of the stressor concerns the manner in which the family define both the stressor and its hardships in terms of gravity and its probable effect on the family, which then influences how the family view their resources in coping with the stressor as well as their problem-solving and coping efforts (Van Breda, 2001). Their appraisal can range from perceiving the stressor as overwhelming to viewing it as an opportunity for growth (McCubbin & McCubbin, 1996).

f) Family problem solving and coping (PSC)

Family problem solving and coping concerns the coping strategies employed by the family to maintain and restore family harmony and balance. Problem solving involves reducing the stressor to manageable parts and systematically addressing and resolving the individual components. Coping includes the strategies the family engages in to actively or passively support both family and individual member well-being, and to obtain additional resources to help overcome strains related to the stressor (McCubbin & McCubbin, 1996).

g) Family's response to the stressor (X)

The extent to which the above processes interact determines the family's response to the stressor and the tension or imbalance resulting from the stressor. How the family define the state of disharmony and imbalance determines whether they experience distress: imbalance, as unpleasant and threatening, or eustress, in which they view the disharmony and imbalance more positively as an opportunity for growth (McCubbin & McCubbin, 1996).

If the family succeed in regaining harmony and balance through only slight changes in their existing patterns of functioning during the adjustment phase, then the family has achieved bonadjustment. Otherwise, if the stressor and its demands outweigh their resources, and the family cannot achieve stability and harmony without substantial modifications to the family

system and patterns of functioning, they experience maladjustment (X), characterised by imbalance, dissonance and disorder (McCubbin & McCubbin, 1996). The result is that the family are now required to make even greater changes to their patterns of functioning or structure in order to deal with the crisis and restore harmony and balance to the family system (McCubbin & McCubbin, 1993, 1996). This state of maladjustment (X) launches the family into family crisis (X) and into the Resiliency Model's adaptation phase.

2.6.1.5.2 The adaptation phase

The adaptation phase consists of the family's continued efforts to restore stability and harmony to the family system within four areas of family functioning, namely the family's personal relations, their organisational structure, the well-being, spirituality, and growth of the family as a whole and the family members individually (McCubbin & McCubbin, 1996).

The family state of maladjustment (X) is influenced by the decline in family patterns of functioning (T) and the pile-up of demands (AA). These factors interact with the family's typologies, consisting of established patterns of functioning (T), restored patterns of functioning (TT) and newly established patterns of functioning (TTT). These combine with the family's internal resources (BB) and social support (BBB), and family appraisal, consisting of schema (CCCCC), coherence (CCCC) and paradigms (CCC), which then influences their assessment of the situation (CC) and the stressor (C) to evaluate the potential influence of the stressor.

All these resources, appraisal processes and patterns of functioning, interact with the family's problem solving and coping (PSC) to produce family adaptation (XX), which is typified by the reestablishment of balance and harmony in family functioning.

a) Pile-up of demands (AA factor)

Family adaptation is a process that evolves over time and takes place within a social and cultural context. Families seldom face one stressor that requires their full attention, but deal with multiple stressors and pressure, which then influence their level of vulnerability to the impact of the stressor (McCubbin & McCubbin, 1996). The pile-up of demands (AA) is the accumulation of pre- and post-crisis stressors, which, according to McCubbin and McCubbin (1996) and McCubbin and Patterson (1981, 1983) consist of: (1) the stressor event and its attending hardships, (2) normative transitions of individual members and/or the family who are coexisting with the stressor, (3) unresolved hardships of earlier stressors, (4) the coping behaviours and strategies that the family adopted to manage the crisis, and (5) intra-familial or social ambiguity.

Other sources of pile-up are the strain of new patterns of functioning, which require additional changes when these new patterns clash with the family's existing schema or paradigm, or if there is a poor fit between the new and established patterns (Lavee et al., McCubbin, 1987; McCubbin & McCubbin, 1996).

b) Family patterns of functioning (T and TT factors)

Within the adaptation stage, families are required to alter their existing patterns of functioning (T) while establishing new patterns of functioning (TT), and to integrate the two in an effort to restore harmony and balance to the family system and attain bonadaptation. The Resiliency Model identifies four patterns of functioning in the adaptation phase: inadequate, retained, restored, and freshly introduced patterns of functioning (McCubbin & McCubbin, 1996).

From the adjustment process families either retain their patterns of functioning (T) or reactivate their dormant patterns, which is carried through into the adaptation stage. However, in order to achieve adaptation, only the family patterns that provide harmony and balance to the family

system should be preserved (McCubbin & McCubbin, 1996). The family must establish new patterns of family functioning and evaluate their effectiveness in handling the stressor and re-establishing balance and harmony, while integrating retained or restored patterns into their family typology without destabilising the family system (McCubbin & McCubbin, 1996). Successful integration of the established and new patterns of functioning assists the family to achieve a level of family functioning that promotes growth, balance and harmony, which enables adaptation.

c) Family resources (BB factor) and social support (BBB factor)

Family resistance resources (McCubbin & McCubbin, 1996, p. 19) refer to

... the family's ability and capabilities to address and manage the stressor and its demands and to maintain and promote harmony and balance in an effort to avoid a crisis, or disharmony and imbalance, and substantial changes in or deterioration in the family's established patterns of functioning.

These resistance resources encourage bonadjustment and family adaptation by protecting the family from the pressures of a stressor event, which is essential to prevent family stress from devolving into distress and resulting in a crisis during the adjustment phase (McCubbin & McCubbin, 1996).

Family resources (BB) are the competencies and strengths the family can access or produce to meet the demands that accompany a crisis. These consist of the resources of individual members, their knowledge, skills and personality (McCubbin & McCubbin, 1996; Olson, 2000), the resources of the family as a unit, such as family cohesion, flexibility and problem-solving styles (McCubbin & McCubbin, 1996), and community resources such as services, organisations and groups (McCubbin & McCubbin 1989; McCubbin et al., 1998; Patterson, 1997). Social support (BBB) is any external resources that a family and its members can access

during a crisis to provide support. These can be familiar, such as extended family and friends, or formal, consisting of schools or churches and broader social structures, such as the government. Social support consists of esteem support, emotional support, appraisal support, network support and altruistic support, and is viewed as one of the most important predictors of family well-being (McCubbin & McCubbin, 1989, 1996; McCubbin et al., 1998; Patterson, 1997).

d) Family appraisal processes (CCCCC to C)

The appraisal process of the family plays a pivotal role in family adaptation and resilience, as it helps families make sense of demanding life events. It also plays a vital role in shaping the family's subsequent response to the stressor. The Resiliency Model differentiates between five levels of appraisal: level 5 - Schema (CCCCC), level 4 - Coherence (CCCC), level 3 - Paradigms (CCC), level 2 - Situational appraisal (CC), and level 1 - Stressor appraisal (C). According to the Resiliency Model, the nature and severity of the stressor determines which levels of family appraisal are activated (McCubbin & McCubbin, 1996).

If the stressor is interpreted as negligible, then the family's existing problem-solving patterns are activated to deal with it, and only the first three levels – stressor appraisal [C], situational appraisal [CC] and family paradigm [CCC] – are activated to help the family deal with the stressor. However, if the stressor is more severe, then the family's existing patterns of functioning become inadequate, which then necessitates adjustment to existing patterns, or the creation of new patterns of family functioning, leading to the activation of all five levels of appraisal to help the family redefine the stressor event and frame it more positively. The levels of appraisal are as follows.

i. Level 5: Family schema (CCCCC)

A family's schema is "a structure of fundamental convictions, values, beliefs, and expectations" (McCubbin & McCubbin, 1996, p. 39) that is formed and used by the family system. It serves as a lens through which new information and experiences are managed and assessed, and shapes their patterns of functioning, problem-solving and coping strategies, and their established, new and maintained patterns of functioning, which assists in creating family meaning (McCubbin & McCubbin, 1996). Family meanings are shared understandings created by the family in which they place the crisis in a broader context (Olson, 2000) to make it more manageable. The family schema helps the family (1) reframe the crisis more positively, (2) understand the crisis in the context of the beliefs and values of their extended family or culture, (3) ascribe spiritual meaning, or a higher purpose, to the crisis situation, (4) understand that coping involves time, and (5) accept adversity as a natural part of life. Family schemas are central to the family's meaning-making process and, as such, integral to family adaptation (McCubbin & McCubbin, 1996).

ii. Level 4: Family coherence (CCCC)

Family coherence is the confidence and belief of the family that they will overcome the stressor and that the result will be positive (Antonovsky, & Sourani, 1988; McCubbin & McCubbin, 1996). Family coherence is formed by the family's perception of the world as meaningful, manageable, and intelligible, which provides them with the assurance to activate their resources and introduce the necessary adjustments to enable coping and family adaptation (McCubbin & McCubbin, 1996). Thus, family coherence is an appraisal process that initiates the transformation of potential family resources into actual resources in order to facilitate coping and promote the well-being of family members and the family system as a whole (Antonovsky & Sourani, 1988; McCubbin & McCubbin, 1996).

iii. Level 3: Family paradigm (CCC)

A family paradigm is the rules and expectations that families have in particular areas of family life that assist them in developing patterns of functioning to interpret circumstances and guide their responses. These paradigms are influenced by the family's culture and ethnicity, which are integrated into their patterns of functioning and affect their stressor appraisal and situational appraisal (McCubbin & McCubbin, 1996). If families are forced to re-evaluate and change established patterns of functioning to cope with a crisis, then the existing family paradigm is challenged and the family must establish a new paradigm to validate and support the new patterns of functioning in order to restore family harmony and balance (McCubbin & McCubbin, 1996). Once a family paradigm is shaped, adopted, gives meaning to situations and guides family behaviours, the family's functioning cannot take place without the paradigm (McCubbin & McCubbin, 1996, Van Breda, 2001).

iv. Level 2: Situational appraisal (CC)

Situational appraisal is the family's assessment of their total situation, with the stressor and its demands, in relation to their resources available to deal with these demands. It concerns their perception of (a) the stressor and (b) its accompanying hardships; (c) their resources and capabilities in dealing with the stressor; and (d) the amount of change that will be sustained in their existing patterns of family functioning (McCubbin & McCubbin, 1996). This appraisal process shapes the family's view of the stressor, its seriousness and its anticipated effect on the family system. The family's situational appraisal of the total crisis relates to their subsequent level of adaptation. Thus, a positive evaluation of the situation links with positive adaptation (Hawley, 2000; McCubbin & McCubbin, 1996; McCubbin, Thompson, Thompson, Elver, & McCubbin, 1998).

v. *Level 1: Stressor appraisal (C)*

Stressor appraisal is a crucial factor in the resilience process and consists of the meaning that the family attaches to the stressor, its severity and its possible influence on the family. This meaning that the family ascribes to the stressor helps clarify its essential problems, and assists them in identifying potential solutions to the problem, manage the stress and restore harmony and balance in the family (Hawley, 2000; McCubbin & Patterson, 1983). The family's appraisal of the stressor takes place during both the adjustment and the adaptation phases of the Resiliency Model (McCubbin & McCubbin, 1996). This assessment of the stressor can range from positive, wherein the stressor is seen as a manageable challenge that is capable of producing family growth, to a negative appraisal, in which the stressor is seen as a catastrophe that will result in the collapse of the family system (McCubbin & McCubbin, 1996).

e) *Family problem solving and coping (PSC factor)*

Family problem solving and coping concerns the methods used by families to obtain and apportion resources to manage or eradicate the stress or distresses caused by the stressor event and meet the demands arising from the crisis. Problem solving consists of the constructive problem-solving communication patterns of the family by which they attempt to reduce the stressor and its accompanying hardship into more manageable parts and identify alternative solutions to resolve each component. Family coping involves the strategies and behaviours that families use to reduce or eradicate the amount and intensity of the stressors' demands. In order to do this, they may obtain and employ internal and external resources to support them in managing the tension associated with on-going strains, or reframe the stressor as manageable while promoting the well-being of the family (McCubbin & McCubbin, 1996).

f) *Family adaptation (XX factor)*

According to McCubbin and McCubbin (1996), family adaptation is the result of the process by which the family attempts to restore balance and harmony in the four spheres of family

functioning, namely their function and structure, their interpersonal relationships, the spirituality, development and well-being of the family, and their interaction with their community. The manner in which all the factors in the adaptation phase interact with one another, determines the resulting level of family adaptation, which can range from bonadaptation to maladaptation.

Bonadaptation is the family's successful integration of the new patterns of functioning into the family's schema, paradigm and established patterns of functioning, and their ability to stabilise and achieve balance and harmony at the individual, family and community levels of functioning (McCubbin & McCubbin, 1993, 1996; McCubbin & Patterson, 1983). If the attempts at change are not successful, however, or if the changes are not accepted and integrated into the family schema, the family experiences maladaptation. Maladaptation implies that the family system has not achieved a satisfactory level of harmony and balance, with the result that the family may return to a crisis (X) and repeat the process in a renewed attempt to achieve bonadaptation (McCubbin & McCubbin, 1993, 1996).

2.7 Development of the Family Resilience Framework

The family resilience framework (Walsh, 1996) is grounded in family strengths research, which started in the 1970s. This research into family strengths was invaluable in uncovering and identifying several features of resilient families (McCubbin & McCubbin, 1988; Silliman, 1994; Van Breda, 2001). Family strengths consist of the relationship patterns, relational skills and competencies, as well as the attributes of individual members and the family, that help form a healthy family identity, promote constructive relations among members, encourages family development and growth, and supports their efforts in dealing with the stressor (Tedeschi et al., 1996; Van Breda, 2001).

2.7.1 Early studies of family strengths

Resilience consists of the values, attitudes and behavioural dimensions of families, and is a dynamic process in which families centre on their capabilities and strengths to develop competence, reduce negative stress, and overcome adversity. Several factors have been identified as playing a vital role in promoting resilience in families.

Seligman (1998) identified several traits linked to individual resilience, such as courage, a sense of humour, optimism, the capacity to work hard, self-understanding and the ability to endure and find outlets for emotions. Silliman (1994), in turn, identified several factors from family strengths literature, such as cohesion, commitment, coherence, flexibility/adaptability, communication, problem solving, connectedness, family identity and time together, and family spirituality, as some of the characteristics of resilient families.

2.7.1.1 Cohesion

Another frequently mentioned characteristic of strong families is family cohesion (Benzies, & Mychasiuk, 2009; Van Breda, 2001), which the Circumplex Model defines as the emotional attachment that members have for one another (Lavee et al., 1987; Olson, 2000; Olson & Gorall, 2003). It is the collaboration and unity between family members that makes them 'pull together' and turn to each other for support (Olson, 2000; Olson & Gorall, 2003; Van Breda, 2001).

2.7.1.2 Commitment

Commitment is the foundation of strong families, and one of the main qualities of strong families identified by Walsh (2012), DeFrain, (1999) and Stinnett and DeFrain (1985). Strong families were sincerely committed to supporting and encouraging each other's happiness and welfare and were dedicated to the family unit (DeFrain, 1999; McCubbin & McCubbin, 1996; Van Breda, 2001).

2.7.1.3 Coherence

Family coherence is “the ability to be positive and see the positive in almost all aspects of their lives, including the ability to see crises and problems as an opportunity to learn and grow” (Van Breda, 2001, p. 78). The family’s sense of coherence is shaped by their view of the world as meaningful, manageable, and comprehensible, which reassures them that they will overcome their hardship (Antonovsky, & Sourani, 1988; McCubbin & McCubbin, 1996).

2.7.1.4 Flexibility/adaptability

Families must be sufficiently flexible to adjust and adapt to stressors, changes across the family life cycle, and normative strains. Thus, the resilient family system is able to expand and change without losing its core identity by introducing and accommodating changes to the family structure and functioning while maintaining the integrity of the family unit (Black & Lobo, 2008).

2.7.1.5 Communication

Effective communication is clear, direct and congruent, with the recipient of the communication “checking out” the meaning of the message to make sure they understand it correctly (Barnhill, 1979, p. 96). Good communication requires positive feedback and appreciation between family members (DeFrain, 1999; Stinnett & DeFrain, 1989), which in turn, helps them create shared meaning and develop coping strategies while maintaining unity and balance (DeFrain, 1999).

2.7.1.6 Problem solving

The ability to work together in solving problems is an important characteristic of strong families (Van Breda, 2001; Walsh, 1996). Family problem solving involves the processes by which families attain and apportion resources to cope with or reduce the strain of the stressor and meet the demands arising from the crisis.

2.7.1.7 Affective responsiveness

Strong families both share their emotions, and respond to the communication of emotion from each other with warmth, acceptance and empathy (DeFrain, 1999; Stinnett & DeFrain, 1989; Van Breda, 2001). They express a range of emotions in appropriate contexts (Van Breda, 2001). Through affective responses, strong families are able to show love, care and concern for one another, which they demonstrate through their words and behaviour on a daily basis (DeFrain, 1999; Silberberg, 2001; Stinnett & DeFrain, 1989).

2.7.1.8 Family Identity and Rituals

McCubbin and McCubbin (1992, p. 167) found that “the healthy family has a strong sense of family in which ritual and traditions abound”. Family identity is composed of the patterns, themes and values that place family life in context and from which meaning is derived from the family experience (Van Breda, 2001). Thus, “a sense of family identity creates a symbolic image of the ‘the family’ in the minds of family members” (Van Breda, 2001, p. 77).

Family rituals establish a family’s collective sense of self, or identity. Rituals stabilise family identity by clarifying roles, setting boundaries, and creating rules that all members agree to. There are three types of rituals in families, namely celebrations, traditions and routines (Walsh, 2002). Wolin and Bennett, (1984, p. 404), add that “Family celebrations are those holidays and occasions that are widely practiced throughout the culture and are special in the minds of the family”. Family traditions, such as anniversaries, birthdays, holiday trips, and participation in family or community functions, in turn, help define the family’s identity. The last set of rituals are routines, such as regular mealtimes, bedtime routines for children, or leisure activities on weekends. These routines help define roles and responsibilities, and organise daily life (Wolin & Bennett, 1984).

2.7.1.9 Spirituality and values

Many families find that religion or spirituality plays an important role in their lives (Stinnett & DeFrain, 1989), promoting the maintenance of family cohesion, enhancing family member self-esteem and well-being, and serving as a source of guidelines for family behaviour (McCubbin, & Patterson, 1983).

2.7.1.10 Social support

Research by Olson (2000) found that extended family and friend support is key in the preservation of equilibrium in families across all phases of the family life cycle (Van Breda, 2001). Social support promotes the family's ability to recover from stress or crisis produced by life changes, thus contributing to the family's adaptive ability (McCubbin & McCubbin, 1992).

2.8 The Family Resilience Framework

Walsh's (1996) family resilience framework forms part of the theoretical base of this present study. Walsh (2003) contributed significantly to the theories of family resilience by expanding on the identified factors linked to family resilience. Family functioning and resilience take place within a broader context of society and the environment, and the family's life-cycle stage, and since stressors affect families differently – depending on their social context, experiences, life-cycle stage and beliefs – no sole coping response can account for family adaptation and resilience.

According to Walsh (2002), there is no blueprint for positive family functioning and adaptation, since families interpret and respond to stressors differently, hence the family's response to a stressor is determined by the family's available resources, the family structure, and the patterns of functioning, schemas and paradigms. It is believed that there are a number of key processes in high-functioning families that facilitate resilience and, by focussing on and strengthening these processes, struggling families can be helped to become more resilient. Walsh (2002,

2003) also links family resilience theory to the ecological and developmental perspectives of family systems theory, which view the family as an open system that operates in a sociocultural context and develops over a family life cycle. An ecological perspective considers the different domains of influence, such as the family's unique perspective, their hardships and resources, and the cultural, social and historical systems in which they function. The developmental perspective describes family resilience as an on-going, adaptive pathway over time, in which a complex set of changing conditions affect family functioning. The path to resilience is different for each family (Hawley, 2000; Walsh, 1996, 2002, 2003), which is why the context of the family must be considered in determining which adaptive pathway will best facilitate that particular family's resilience process (Patterson, 2002a; Walsh, 1996, 2002).

2.8.1 Three domains of family functioning

Walsh (2002) summarised the family resilience literature, identifying three domains of family functioning with key processes that impact on the risk and protective factors of the resilience process (Black & Lobo, 2008; Hawley, 2000). Protective factors promote successful adaptation by shielding the family from the negative influence of a stressor, while risk factors, in contrast, increase family vulnerability (Hawley, 2000; Patterson, 2002a).

When protective factors outweigh risk factors, resilience is optimised, which aids in the lessening of stress, fostering development and empowering families to surmount hardship and adapt successfully. Because resilience is an "adaptational pathway" (Walsh, 2002, p. 131), by which families employ several strengths and resources to overcome the state of distress and facilitate adaptation, a family resilience framework must identify typical reactions to a crisis while considering the family's individuality (Walsh, 2003). Family resilience is fostered by strengthening these family processes within the three family domains of functioning, which are family belief systems, organisational patterns and communication (Walsh, 2002, 2003).

2.8.1.1 Family belief systems

“Family resilience is fostered by shared beliefs that help members make meaning of crisis situations; facilitate a positive, hopeful outlook; and provide transcendent or spiritual values and purpose” (Walsh, 2002, p. 132). Family belief systems promote resilience by promoting a positive outlook and providing spiritual guidance by creating meaning and making sense of adversity (Hawley, 2000; Patterson, 2002a). These belief systems help the family assess their situation (Walsh, 2002), which in turn aids problem solving, growth and healing.

2.8.1.1.1 Making meaning of adversity

When the family faces a large stressor and the coinciding accumulation of demands, the family attempts to understand the purpose of their circumstances so as to accept the crisis and select suitable coping behaviours. In reframing a crisis as comprehensible, manageable and meaningful, families normalise and contextualise their distress (Walsh, 2002) as typical and understandable in that situation. By placing the stressor event in a broader context, families develop perspective which helps them feel empowered and capable to decide on a suitable coping response (Hawley, 2000; Patterson, 2002a; Walsh, 2002).

2.8.1.1.2 Positive outlook

Optimism was also identified as a significant process in promoting family resilience (Walsh, 2002). In reframing a stressor as manageable and understandable, families feel as if they have some control of the outcome, which helps them adopt a more positive outlook of the crisis situation (Stinnett & DeFrain, 1989). A positive outlook nurtures hope, which encourages families to push through and overcome their adversity (Walsh, 2003).

2.8.1.1.3 Transcendence and spirituality

Spirituality and religion help the family seek a deeper understanding of their adversity, and thus create meaning for their suffering. In believing that their adversity serves a higher purpose and that the result will be beneficial, they are able to positively reframe and accept the stressor

and its attending hardships. Spiritual and religious connections also provide essential support by preventing struggling families from withdrawing and isolating themselves (Hawley, 2000; Patterson, 2002a; Walsh, 2003).

2.8.1.2 Family organisational patterns

Family organisational patterns is the second area of family functioning that Walsh (2002) considered essential to family resilience. The process of adaptation requires the family to make substantial adjustments to their roles, rules and patterns of functioning, thus changing the organisational structure of the family. In family organisation, a flexible structure, a sense of unity, and social and economic resources increase family resilience and help families overcome adversity.

2.8.1.2.1 Flexibility

Family flexibility is the ability to rebound and regroup after a crisis by introducing and establishing changes to their patterns of functioning and structure, while simultaneously maintaining the family units' integrity (Black & Lobo, 2008).

Successful adaptation to a crisis demands significant alterations to the family system (McCubbin & McCubbin, 1996). In order to adapt the family must introduce and accept changes to their structure, family rules, family roles and patterns of functioning, and develop new equilibrium (Black & Lobo, 2008). Connectedness, family cohesion, flexibility and the available resources of the family all combine to facilitate this process (Black & Lobo, 2008; Walsh, 2002, 2003).

2.8.1.2.2 Cohesion

Family cohesion refers to the closeness (connectedness), support and collaboration between members of the family (McCubbin, Larsen, & Olson, 1982). Family cohesion enhances the family's assurance that problems are understandable, manageable and meaningful, and that the

family can pull together and turn to each other for support. This encourages family members to help each other through hardship and the ensuing changes (Walsh, 2006). A family's level of cohesion and flexibility was found to be indicative of their adaptation and resilience (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996; Patterson, 2002b).

2.8.1.2.3 Social and economic resources

A family's social support system provides a sense of belonging and cohesion. Extended family, friends, community services and social networks are all rich sources of support and resources from which the family can draw in a time of crisis. Social support is crucial in promoting the family's struggle towards adaptation by offering practical and emotional support and counteracting the family's feelings of isolation.

Economic resources are similarly important in providing access to services and alleviating the burden of worrying about basic needs such as food, shelter, safety and security. Financial pressures in families contribute to the pile-up of strains and make the family's *communication processes* more vulnerable to stressors (Black & Lobo, 2008; Walsh, 2006).

2.8.1.3 Communication Processes

Communication is the third domain of family functioning that facilitates family resilience. Walsh highlights three key components of communication as especially important in facilitating resilience: these are (1) clarity, (2) open emotional expression and (3) collaborative problem solving (Walsh, 2002). Effective communication processes "clarify ambiguous situations, encourage open emotional expression and empathetic response, and foster collaborative problem solving" (Walsh, 2002, p. 133), which in turn helps families create a shared meaning, develop coping strategies, and maintain unity and cohesion (DeFrain, 1999).

2.8.1.3.1 Clarity

Clarity of communication implies direct, clear, honest and specific information relayed between members of the family. Messages are given in a consistent and congruent manner, and members clearly understand and acknowledge receipt of messages. Conversely, communication that is unclear or inconsistent causes misunderstanding and confusion, which hampers family cohesion and problem-solving efforts (Black & Lobo, 2008; McCubbin & McCubbin, 1996).

2.8.1.3.2 Open emotional sharing

Open emotional sharing is expressed through behaviour, tone of voice, words, availability and communication patterns (Black & Lobo, 2008), and with all members being encouraged to express their opinions and ideas in a climate of acceptance and warmth. In developing resilience, it is crucial that family members communicate freely about the stressor and their feelings (Walsh, 2003). Open emotional sharing creates a collective understanding of the hardship, which aids collaborative problem solving and allows family members to feel supported and understood.

2.8.1.3.3 Collaborative problem solving

The ability to solve problems and conflicts collaboratively is a key factor in resilient families (Black & Lobo, 2008). Collaborative problem solving allows the family to communicate openly about the problem to identify a suitable course of action for solving it. Negotiation on solutions involves compromise with members, showing respect and understanding, until the whole family agrees upon and selects a solution.

As they draw together to solve their problems, it strengthens the family's confidence in being able to solve other problems and helps them deal more effectively with stressors and strains (Walsh, 2003).

2.9 Motivation for Selection of Two Theories as Theoretical Framework for this Study

Walsh's (1996) Family Resilience Framework and McCubbin and McCubbin's (1996) Resiliency Model of Family Stress, Adjustment, and Adaptation, provide this study's theoretical foundation for the following reasons:

2.9.1 Resilience as an adaptive process

Both models consider resilience as an adaptive process. The resilience framework (Walsh, 1996) views family resilience as a pathway that is adaptive, and that the family follow in response to adversity (Hawley, 2000; Hawley & DeHaan, 1996). The family resilience model (McCubbin & McCubbin, 1996) sees family resilience as a process consisting of: adjustment and adaptation. Both theories map the resilience process of the family's development over time and their response to stressors and risk, which is influenced by protective and risk factors and results in levels of adaptation.

2.9.2 A systems approach

Both models incorporate a systems approach. McCubbin and McCubbin's (1996) Resiliency Model and Walsh's (1996) family resilience framework both view the family system as a dynamic and open system that evolves over time and across the life cycle. According to the resilience framework (Walsh, 1996), the functioning of a family takes place in a developmental context, influenced by the sociocultural context and the normative life cycle changes of the family.

The Resiliency Model (McCubbin & McCubbin, 1996) offers a contextual framework for understanding family resilience, as it recognises that the family system exists within the context of its larger social environment of nature, community, society, nation, and the world.

2.9.3 Social and cultural context

Both models emphasise the importance of understanding the role that ethnicity and culture play in family functioning, which is especially relevant in the South African context. The family resilience framework (Walsh, 1996) places emphasis on measuring family functioning in terms of the resources, values and structure of the family (Walsh, 2002), and stresses the importance of considering the cultural and social context when assessing family functioning.

The Resiliency Model (McCubbin & McCubbin, 1996) emphasises the importance of ethnicity, culture and diversity in family structure in the understanding of family stress and family resilience, and stresses that culture and ethnicity contribute significantly to the family's schema and paradigms (McCubbin & McCubbin, 1988).

2.9.4 Strengths-based, grounded in positive psychology

A shift from family deficits to family strengths, resulted in the development of strengths-based models (Hawley & DeHaan, 1996). Both the resilience framework (Walsh, 1996) and the family resilience model (McCubbin & McCubbin, 1996) are strengths based and grounded in positive psychology. These salutogenic approaches focus on how families can succeed, channeling resources towards identifying and augmenting existing and latent strengths, instead of diverting resources towards repairing or reducing family dysfunction (Diener, 2009; Hawley, 2000; Lindström & Eriksson, 2005; Lopez & Gallagher, 2009; Walsh, 2002, 2003).

2.9.5 Family empowerment

Instead of seeing distressed families as “victims of their past” (Hawley, 2000, p. 107), both theories focus on the reparative potential of families, with the belief that all families have strengths and are capable of recovering from adversity. The family resilience framework (Walsh, 1996) aims at supporting the factors that help families surface stronger and more resourceful after experiencing crisis. The family resilience model (McCubbin & McCubbin,

1996), in turn, charts the processes and factors involved in families negotiating their obstacles, and also identifies resources, appraisal processes and problem-solving skills as factors that help families achieve good adaptation (Hawley, 2000; Walsh, 2002, 2003).

2.9.6 Measuring resilience

Both models provide a means of assessing the product of the resilience process. Walsh's (1996) Family Resilience Framework draws together findings from numerous studies to identify variables contributing to family resilience, and conceptualises three areas of family functioning – family belief systems, organisation patterns, and communication processes – with key factors that facilitate resilience. McCubbin and McCubbin's (1996) Resiliency Model offers a conceptual map to identify family processes that buffer stress and encourage healing and growth from crisis, as well as providing measuring instruments that were specifically developed to operationalise and measure the resilience construct.

2.9.7 Family as unit of analysis

In keeping with the systems approach, families are seen as interactive and connected, with all members being influenced and, in turn, influencing other members. Thus, a crisis affects the family as a whole, and not just its individual members.

Both models consider the entire family system as the unit of analysis, with resilience at the family level describing the trajectory a family follows as they adapt to, and recover from, adversity and crisis. Walsh (1996, p. 263) adds that “few have considered the family as a potential source of resilience: that is, as a resource.”

2.9.8 South African context

Both McCubbin and McCubbin's (1996) Resiliency Model and Walsh's (2002, 2003) Family Resilience Framework were designed to assess a varied assortment of populations and contexts, making them suitable for use in South Africa's culturally diverse population.

Some published South African studies that have used these models as theoretical basis include: resilience in families who lost a home in a shack fire (Greeff & Lawrence, 2012), resilience in families where a parent was retrenched (Der Kinderen & Greeff, 2003), resilience in families in which a parent died (Greeff & Human, 2004), and resilience in divorced families (Greeff & Van der Merwe, 2004).

2.10 Integration of the Two Models

In keeping with other family resilience studies (discussed in section 3.8), this study also employs both the McCubbin and McCubbin model and the Walsh framework as its theoretical maps in exploring family resilience after a house robbery. While seeming to cover the same ground, both these resilience theories introduce unique variables present in the adaptation process and complement each other in that they view the same process and elements of the adaptation process (and hence, in the promotion of resilience) from different perspectives.

McCubbin and McCubbin's (1996) Resiliency Model maps the pathway of a family's adaptation to a stressor. In this model, family adjustment follows when a family is successful in adapting to a stressor with only slight modifications in the family system. If the stressors' severity and the vulnerability of the family renders this adjustment process unsuccessful, the family experiences a crisis. This family crisis signals the start of the adaptation phase, where the family must introduce significant changes to their family system in order to overcome the hardship and achieve adaptation.

Walsh's (1996) key processes of resilience integrate seamlessly into McCubbin and McCubbin's (1996) model. The family schema, coherence and paradigms shape the family's meaning-making and enables the family to maintain a positive outlook. The family belief systems, which promote meaning making and a positive outlook, relate to the appraisal processes outlined in McCubbin and McCubbin's (1996) model. This sense of control, and viewing hardship as a trial that can be overcome, correspond with family hardiness, which is one of the family resources identified by McCubbin and McCubbin (1996).

Family communication is another important element in appraisal and problem-solving and coping (McCubbin & McCubbin, 1996). This corresponds with Walsh's (2003) framework, in which clarity and open emotional expression supports the family's meaning making and combined problem solving. According to McCubbin and McCubbin (1996), any modifications in the family's patterns of functioning must be corroborated by the family schema and paradigms, and supported by all the members of the family. Walsh (2003) agrees that any course of action the family decide on must be satisfactory to individual members and the family as a whole.

Finally, McCubbin and McCubbin (1996) also identify cohesion, flexibility, social and economic resources that Walsh (2003) highlighted as pertinent to family adaptation, with cohesion and flexibility located as fundamental to the resilient family typology (McCubbin & McCubbin, 1996). Thus, using both theories in the study of resilience provides a richer insight into how resilience is stimulated and cultivated within a family system over time.

2.11 Conclusion

A family resilience approach applies to a wide range of crises and challenges (Walsh 2003). One advantage of using a family resilience approach is its focus on the diverse strengths in families. Another is its emphasis on assessing family functioning in context, in which the

functioning of families fluctuates depending on challenges and life-cycle stage of the family (Walsh, 2009).

Family functioning is supported through a balance between flexibility and cohesion (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996; Patterson, 2002b; Walsh, 2012), since these factors require homeostasis between separateness vs. connectedness and change vs. stability (McCubbin et al., 1982; McCubbin & McCubbin, 1996).

In order to adapt, families must adjust their structure and functioning while still retaining internal stability and family identity. The family must work together as a team to recover their equilibrium and return to an optimal level of family functioning. In this current study, a combination of flexibility and cohesion is considered as a measure of family functioning, or adaptation, and therefore is measured as the dependent variable with the Family Attachment and Changeability Index (FACI8) (McCubbin, Thompson & Elver, 1996).

3 Literature Review

3.1 Introduction

In this chapter, I report on research in the field of family resilience and house robbery. Current studies on house robbery (discussed in Section 3.7) deal only with the prevalence, features and consequences of house robbery. There are no studies that investigate house robbery from a recovery perspective or that apply the Resiliency Model of Family Stress, Adjustment and Adaptation (or any other strength-based systemic model) to determine how families cope with and adjust to a house robbery experience.

To start, I conducted a literature search to find any research projects that had investigated house robbery. I then report the statistics of house robberies worldwide and in South Africa, followed by a profile of house robbery, the public perception and media portrayal of house robbery, and the impact of house robbery on the family in terms of short-term (physical, financial and psychological), as well as long-term (trauma and post-traumatic stress disorder) effects. I provide summaries of studies focusing on house robbery in South Africa, followed by a discussion of other family research applying the Resiliency Model of Family Stress, Adjustment and Adaptation in relation to different crisis events in South African contexts. This chapter closes with an identification of gaps in the literature, thereby providing direction and guidance for further studies on resilience in families who have experienced a house robbery.

3.2 Literature Search

While family resilience is a relatively recent field of study, there is an increasing body of literature concerning resilience resources in families. According to the review of resilience literature by Luthar et al. (2000), similar findings exist across multiple studies, in which several variables are repeatedly linked with family resilience. I conducted a literature review to situate

this study in context of existing knowledge in order to: (1) find studies investigating house robbery for comparison purposes, (2) find support for the resilience approach in studying house robbery, and (3) to identify needs and gaps within these studies, as well as in the literature. A search was conducted using the following keywords and combinations thereof in the following databases and academic platforms: Academic Search Premier, EBSCO, JSTOR, Proquest, PsychArticles, SA ePublications, SAGE Journals, Science Direct, SCOPUS, and Wiley Online: South Africa: family, families, house~, home~, residential~, ~ robbery, ~ invasion, ~breaking, crime, intruder, assault, violence, trauma, stress, crisis, post-trauma growth, rebounding, recovery, strengths-based~, resilience~, ~framework, ~processes, adjustment, and adaptation.

This literature search produced no studies of, or research on, family coping and resilience after house robbery. It did, however, uncover statistics for house robbery (Africa Check, 2013; Burger, 2009; Saps.gov.za, 2013; Hunter & Marshall, 2000; ISS Africa, 2013; Statistics South Africa, 2016/17), profiles of home robberies (Zinn, 2008, 2010), and the impact of house robbery on victims (Hurley, 1995; Pretorius, 2008; Statistics South Africa, 2016/17; Van der Merwe, 2008).

So far, all studies that investigated house robbery did so from a data-gathering perspective concerning the crime and experience of a house robbery. In these studies, victims were interviewed and data gathered relatively soon after the incident occurred (days to weeks after), with the focus being on the experience itself. The studies conducted by Zinn (2008, 2010) investigated house robbery solely with the aim of presenting features of home robberies, profiles of offenders and their victims, and data related to the event and its occurrence.

None of the studies or articles that were discovered during this study were specifically geared to investigating the family afterwards to investigate their recovery or coping after the house

robbery event. Thus, having no studies on family resilience after a house robbery, a search was conducted for scholarly articles and studies that combined the unique attributes of a house robbery, namely violation of privacy and personal safety, and this also failed to yield results.

In South African literature, however, a few studies focus on family resilience. One such study in particular shares many features with this current study on house robbery. It is the study by Greeff and Lawrence (2012), titled “Indications of resilience factors in families who have lost a home in a shack fire”. I selected this study as a map to guide my exploration of family resilience, as the salient feature that is shared by both this and their study is the loss of a sense of safety and security that they had previously felt in their homes, when they had felt that their homes were private and safe spaces. I discuss the South African studies on resilience in section 3.8., and the study of Greeff and Lawrence in more detail in section 3.8.7

3.3 House Robbery Worldwide

House robbery is developing into a serious problem worldwide. Dauvergne (2010) warns that residential robbery (in Canada) poses a greater risk of victimisation than most other violent crimes, while Hurley (1995, p. 9) adds that “violent attacks on homeowners are fast becoming a frightening and all-too common fact of life”. However, due to the lack of agreement on terminology (terms used include: robbery, house robbery, home invasion, aggravated home robbery, home invasion robbery, residential robbery and housebreaking), and no separate legal category in sentencing (Dauvergne, 2010; Hunter & Marshall, 2000; Hurley, 1995; IOL News - Crime & Courts, 2014a; Marshall & Wundersitz, 1999), it is uncertain what the exact rates of house robbery are internationally.

Some reports suggest that house robbery is on the increase. Incidents in the United States of America (USA) increased by 18% from 1999 to 2003, compared to a 1% increase for all other types of armed robberies (Dauvergne, 2010). In Tulsa, Oklahoma, home robberies increased

by 29% from 2009 to 2010 (IOL News - Crime & Courts, 2014a), and in Canada, robberies at residences increased by 38% from 1999 to 2005 (IOL News - Crime & Courts, 2014a), but this trend has stabilised.

3.4 House Robbery in South Africa

3.4.1 Statistics

There is consensus that house robbery is on the increase in South Africa. “South Africa has experienced, during the last decade, an unprecedented increase in crime rates” (Pretorius, 2008, p. 8). Africa Check, in its summary of national crime statistics (Saps.gov.za, 2013), reported an increase of 7.1% in 2013 (Africa Check, 2013), while the South African Police Service reports a 69.8% increase in national residential robbery (over nine years), with the rate in the Western Cape increasing by 9.8% in 2012/13 (Saps.gov.za, 2013).

International Security Studies (ISS) Africa reports an increase of 50.8% from 2008 to 2013, and a 10.6% increase over the 2011/2012 period in the Western Cape (ISS Africa, 2013). However, since crime statistics only reflect reported crimes, which according to the Victims of Crime Survey (VOCS) report is at around 60% for house robbery, it is expected that these figures do not indicate the true scope and seriousness of the problem (Statistics South Africa, 2016/17).

3.4.2 A profile of house robbery

House robbery has characteristics of both residential burglary and street robbery. Like burglars, house robbers must gain entry to a residential dwelling (a single-family home, apartment unit, or townhouse), and like street robbers, house robbers physically confront their victims in order to obtain desired items. Yet house robbery offers special advantages over residential burglary and street robbery. House robbers can force occupants to identify valuables, whereas residential

burglars must search homes quickly to avoid detection, and street robbers must subdue victims and take property quickly (Zinn, 2008, 2010)

Residential burglars who confront and rob unexpected occupants are not necessarily house robbers, because they did not intend to confront the occupants when they entered the home (Hurley, 1995). Residential burglars avoid confrontation, while house robbers actively seek it. “Confrontation generally is considered the key element in home invasions” (Hurley, 1995, p. 13), with house robbers targeting the resident, and not the residence. In general, house robberies have the following five distinct features:

- Offender entry is forced and/or unauthorised (except in some drug-related robberies)
- Offenders seek confrontation (i.e. the intent is to come into direct contact with the occupants of the home)
- Confrontation occurs inside dwellings
- Offenders use violence and/or the threat of violence
- Offenders demand and take money and/or property

Burglary, for the most part, is a stealth crime that depends on opportunity (Hurley, 1995). Burglars generally prefer to work alone, target unoccupied dwellings, wear dark clothing and gloves and carry prying tools. Most incidents of burglary do not result in violence, even when the burglar is discovered and, when violence does occur, it often results from the burglars’ frantic attempt to escape.

In contrast, confrontation is generally the key element in house robberies. House robbers prefer to make direct entry into a targeted residence, and the entry is often dynamic, relying on sheer force, false pretence, or various forms of impersonation. The violence associated with house robbery generally occurs during the initial confrontation with the victims in order to establish

control quickly and to limit the likelihood of later identification by the victims. Growing evidence would suggest that, in many cases, the house robbers actually enjoyed the intimidation, domination and violence of the offense (Hurley, 1995; Zinn, 2008, 2010). Unlike burglars, house robbers carry items that connote control and confrontation, such as firearms, handcuffs, masks and tape. Weapon use (e.g. firearms, knives, striking instruments) is common in house robberies (Zinn, 2008, 2010). Typically, two or more offenders, who develop well-organised plans and divide specific tasks among themselves (one or more of the house robbers usually control the victims, while the other offenders search the residence), commit the offense.

Victims of house robbery run the risk of experiencing serious physical injury or even death. When violence is involved, it is often excessive and exceeds what is necessary to commit the crime. This extreme violence is possible in house robbery because most incidents occur in private (inside the house), with a reduced risk of interruption.

In summary, a bulletin by International Security Studies (ISS Africa, 2013), combining data from both the South African Police Services (SAPS) and the National Victims of Crime Surveys (NVCS), reveals that:

- 75% of home robberies occur at night, between 21:00 and 02:59, while the family is relaxed, busy cooking, watching television or sleeping,
- house robberies are committed by two to three persons,
- perpetrators are usually males between 15 and 34 years of age, and
- perpetrators use weapons in almost all cases.

In half of the incidents, robbers gained entry by forcing the victims to let them into the house, with more than 40% of robbers first gaining access to the premises and then surprising the victims (Hurley, 1995; ISS Africa, 2013).

3.4.3 House robbery in the media

The public's awareness and fear of house robbery intensifies on a daily basis because of the extensive and often gruesome media reports concerning the offence (Pretorius, 2008). Almost daily, South Africans are bombarded with headlines such as "Family in armed robbery nightmare" (IOL News, 2015), "Pretoria woman killed in house robbery" (Eye Witness News, 2017), "Brutal house robbery" (IOL News, 2014b), "Seaview man stabbed with screwdriver in brutal robbery" (HeraldLIVE, 2017), and "Hour of terror during armed robbery" (The Citizen, 2017). Between January and September 2016 there were more than 30 reports on News24, IOLNews, SAbreakingnews.co.za, Eye Witness News, HeraldLIVE, and The Mail & Guardian regarding incidents referred to as either 'house robbery' or 'home invasions'.

All of these reports contain several defining elements:

- There was a forceful and unexpected intrusion into the home,
- The majority of the incidents involved more than one intruder (three to four persons),
- The intruders were armed (with firearms, a hammer, screwdriver or knife),
- The occupant(s) were either restrained (tied up/locked in a room), assaulted or injured, and
- Money or property was removed from the house.

In 2007, the then Minister of Safety and Security, Charles Nqakula, released a report with the crime statistics for that year (Mail & Guardian, 2007). In this report, special mention is made

of the increase in house robberies, which threaten the personal privacy and security of every individual in South Africa. The Minister was quoted as saying:

In most countries foreign tourists are also warned not to go to certain places at certain times of the day ... however, one's home (whether it be a shack in Khayelitsha or a three-storey mansion in Sandhurst) is one's castle and forms the centre of one's privacy and personal security (Mail & Guardian, 2007, p. 1).

The fact that the majority of incidents occur in suburbs that are more affluent, and thus are more likely to be reflected in the media on a daily basis, also provides the foundation for South Africa's image as an extremely violent and dangerous society, the report says.

3.4.4 Public perception of house robbery

House robbery is often spoken of or reported with phrases such as *nightmare*: (IOL news, 2015; Pretorius, 2008), *brutally attacked, stabbed repeatedly* (HeraldLIVE, 2017; ISS Africa, 2013; SABC News, 2012), *traumatic ordeal* (IOL news, 2014b; Van der Merwe, 2008), *terror* (The Citizen, 2017), and South Africa's *biggest crime threat* (Burger, 2009). It is not surprising then to discover that the Victims of Crime Survey (Statistics South Africa, 2016/17) report that 46.2% of South African households regard house robbery as one of the top crimes in South Africa, with 49.8% believing it to be one of the most feared crimes in their neighbourhood (Statistics South Africa, 2016/17). House robbery stirs intense fear in people, since it occurs inside a person's home, which is where they expect privacy and safety. Besides the loss of valuables and/or money, house robbery is an intimate crime in that the victims come "face-to-face" with their attackers (Van der Merwe, 2008, p. 9). In having their personal safety and the lives of their loved ones threatened, the family experience a crisis (Pretorius, 2008; Van der Merwe, 2008).

3.5 Impact of House Robbery

3.5.1 Physical impact

Families who experience house robbery lose cash and property and may face property damage, all of which often must be replaced within a short space of time, which places additional strain on the family. For instance, if the robbers steal the family's vehicle, the family have the added burden of replacing their vehicle. Without a vehicle, family members cannot go to work, and so the family must solve this stressor in addition to trying to process the shock of the house robbery. Computers and appliances used on a daily basis must be replaced in order for the family to continue with their daily tasks. Therefore these losses disrupt the routine of the family, and this places even more strain on family resources and coping mechanisms.

There is the possibility of family members suffering serious physical injury and assault (in rare cases even death) during a house robbery. As the majority of house robberies involve multiple armed and aggressive intruders, the likelihood of being assaulted and sustaining physical injury, such as stab wounds, cuts, bruises, broken ribs, slapping or beating, is great (Hurley, 1995; Pretorius, 2008; Van der Merwe, 2008; Zinn, 2010). A qualitative study by Pretorius (2008, p. 81) found that "all the respondents were physically assaulted and held at gunpoint to intimidate them into telling where valuables were kept in the house". If the person hospitalised is the family breadwinner (especially with self-employed individuals), the strain on the family is even greater.

3.5.2 Financial impact

Besides the loss of goods, property or cash, most victims are also forced to make costly changes to their environment to re-establish their sense of security, such as installing alarm systems and electric fencing, changing locks and/or getting a guard dog. A few families who have been victimised and can afford the financial burden opt to move, at great cost, to a security complex

with high walls, electric fencing and security guards at the entrance. They report that they are too afraid to live in a freestanding house with a big garden (Pretorius, 2008).

If a family member was assaulted there will be the cost of the medical or mental health services after the incident (Pretorius, 2008), which burdens the family's financial resources further. As pointed out before, this loss of vehicles, equipment, tools and appliances requires immediate replacement at huge cost, and lower-income families often will take out a loan to afford the replacement. The debt incurred then increases the burden placed on the family's resources.

3.5.3 Psychological impact

Victims of house robbery suffer both emotional and psychological consequences because of their experience, with eating/sleeping disturbances, nightmares, hyper-arousal and flashbacks of the incident generally reported (Pretorius, 2008). Other respondents emphasise that their earlier feelings of personal security in the house no longer exist, and that this loss of security intensifies their fear, anxiety and stress. "They forced their way into our lives and changed our lives forever. Most of all, they took our peace of mind" (Van der Merwe, 2008, p. 9). There is also the feeling of loss the victims experience after losing personal items and family heirlooms. Victims often blame themselves or others for the perceived failure to prevent the house robbery (Pretorius, 2008).

Thus the stress and worry that the family members have to deal with while going about resolving their physical problems, coupled with anxiety, lack of sleep, anger and/or agitation, can result in feelings of helplessness and hopelessness, which can lead to the development of depression and post-traumatic stress (Boss, 2006; Rende & Plomin, 1993; Tedeschi & Calhoun, 2004).

3.6 House Robbery as Trauma

Pretorius (2008), in his qualitative study of the after-effects of robbery, found that almost all his respondents were traumatised for a period after the incident, with most victims going for some form of trauma counselling.

The experience ... left them with feelings of ontological insecurity, xenophobia and distrust of strangers, fear of crime and little confidence in the government and police (Pretorius, 2008, p. 80).

The qualitative study by Hunter and Marshall (2000, p. 15) found that house robbery is an “undoubtedly traumatic experiences for the victims”.

A report by the national Victims of Crime Survey (Statistics South Africa, 2016/17) found that, although families who did not resist the intruders were less likely to suffer injuries, 20% of cases nonetheless involved some form of injury, with just over half of them resulting in admissions to hospital (no deaths were reported).

3.6.1 Definition and classification of trauma

According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-V), trauma involves (1) a threat to a person's physical integrity (experienced, witnessed or confronted with actual or threatened death, physical injury, or threats to the physical integrity of others) and (2) a reaction of intense fear, horror, or helplessness (American Psychiatric Association, 2013). This manual (American Psychiatric Association, 2013) goes on to add that any event (such as a house robbery) that falls outside the range of usual human experience could cause distress and hence be experienced as traumatic. This stressor criterion (or Criterion A), is an integral part of the diagnosis of post-traumatic stress disorder. House robbery satisfies both these criteria, therefore it is reasonable

to argue that any exposure to such an event could cause great distress for the victim(s) and their family.

3.6.2 From trauma to post-traumatic stress disorder

In 2013, the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 2013) revised Criterion A for PTSD to require that a person experienced, witnessed or was confronted with events involving *actual or threatened death, physical injury, or other threats to the physical integrity of the self or others* (new Criterion A1). Secondly, it attempted to specify the subjective impact of the trauma with greater precision in a new Criterion A2, by requiring that *the person's response had to involve intense fear, helplessness, or horror* (APA, 2013). The DSM-ZV field trial confirmed a strong association between retrospective reports of subjective distress at the time of the trauma and the subsequent development of PTSD symptoms (APA, 2013; Brewin, Andrews, & Rose, 2000).

The A2 criterion now requires that, during exposure to a traumatic event, individuals reliably experience certain intense emotions. Lastly, there is a distinction between 'primary' emotions occurring at the time of the trauma, and 'secondary' emotions arising from subsequent cognitive appraisal, which could also act as potential risk factors for the development of PTSD (Boss, 2006; Rende, & Plomin, 1993; Tedeschi & Calhoun, 2004).

3.6.3 Impact of trauma on the family

The resulting distress and/or trauma from the house robbery incident can often manifest itself in family members experiencing sleep disturbances, hyper-arousal, emotional numbing, depression, fear/worry over the safety of other family members, increased monitoring of their environment, irritability and anger (Davis & Wright, 2006; Pretorius, 2008; Van der Merwe, 2008). The persistence of such posttraumatic stress symptoms can cause interference with daily functioning, which then has the potential to develop into post-traumatic stress disorder (PTSD),

which is associated with negative changes in family functioning (APA, 2013; Brewin et al., 2000; Boss, 2006; Rende & Plomin, 1993; Taft et al., 2008; Tedeschi & Calhoun, 2004).

Traumatic events frequently lead to a variety of internal shifts in the family. Such modifications include changes in outlook on life and expectations about the future. These internal shifts and problems that occur in families do not necessarily lead to dysfunction, but could continue to influence the family negatively. So, while some families can return to their routines fairly soon, other families could struggle for a long time and possibly never be able to re-establish their equilibrium (Brewin et al., 2000; Tedeschi et al., 1996; Walsh, 2007).

3.7 Research and Studies on House Robbery in South Africa

3.7.1 Armed robbery, violent assault and perceptions of personal insecurity and society as a risk (Pretorius, 2008)

In a qualitative research project, Pretorius (2008) aimed to determine how the personal experiences of victims of armed robbery and violent assault felt about their experience of the incident, the degree to which their feelings of personal security were affected, and their perceptions of South Africa as a risk society. For this research project, 39 respondents who were victims of armed robbery and violent assault in a suburb of Pretoria during 2006 were interviewed. Seven of the interviews took place in hospitals, where the respondents were being treated for their injuries.

For the majority of the women who were interviewed, their robberies took place during the day when their husbands or partners were not present. One respondent said that it was the second time within a year that she had been robbed and assaulted by armed robbers. She was of the opinion that the location of her home made her an easy target, that the robbers monitored her house and were informed about her movements. With the first robbery, the respondent was

slightly hurt, but during the second robbery she was seriously injured. Her twenty-year old son was also violently assaulted during the incident. She went on to explain how she used to feel relatively safe when her son was in the house, but now she feels that the presence of other people in the house does not necessarily deter robbers (Pretorius, 2008).

Most of the respondents had sophisticated security systems in and around the house at the time of the armed robbery or assault. These precautionary measures once again hint at the feelings of insecurity experienced, and that the respondents view South Africa as a high-risk society. Yet discontent was expressed by the respondents that all these different types of crime-prevention methods (high walls, electric fencing) actually serve to create a private prison for ordinary South African families. “We [the family] now live in our own private prison” (Pretorius, 2008, p. 2).

Another aspect was the extreme callousness and brutality of the robbers. Many of the victims were assaulted to force them to say where the guns, money, jewellery, and car and safe keys were kept. Pretorius (2008) points out that this level of violence, which often accompanies robbery and housebreaking, tends to change the way in which people live their lives, and that everyone interviewed for his study felt traumatised after the incident and most went for trauma counselling. The findings of Pretorius’s (2008) study also show that the majority of victims of house robbery struggle with insecurity after the incident and believe that they stand the same risk of being victimised in their own house as on the street. They no longer feel that their houses provide safety or comfort.

3.7.2 Empirical phenomenological research on armed robbery at residential premises: Four victims’ experiences (Van der Merwe, 2008)

The research conducted by Van der Merwe (2008) dealt with the experience of house robbery in Gauteng province. The researcher made use of an empirical phenomenological qualitative

research approach to gather information on the physical, psycho-emotional and financial impact of the crime on victims. Three key themes emerged, namely: (1) the invasion of privacy or personal space, (2) the loss of sentimental possessions, and (3) that fear was the most significant emotion experienced. All of the victims experienced physical, psychological, emotional and financial distress because of the house robbery, and felt traumatised because of their ordeal and the significant physical consequences they suffered (gunshot wounds, injury to the face, burns, fractures, knife wounds).

The potential mental and psychological consequences of their victimisation included acute stress disorder (such as anxiety and dissociative symptoms), post-traumatic stress disorder (re-experiencing the traumatic event), long-term crisis reaction (re-experiencing the crisis reaction when certain events trigger recollection of the trauma), and other mental disorders like depression and substance abuse (Taft et al., 2008; Tedeschi et al., 1996; Van der Merwe, 2008).

One victim explained the emotional and psychological consequences:

My awareness of crime ... has definitely increased ... [and] this increased awareness has aroused a greater sense of fear and the need for safety. I now live in constant fear and ... had to install additional security systems, just to feel safe in my own house (Van der Merwe, 2008, p. 8).

All the victims in the Van der Merwe (2008) study felt that their privacy had been violated. One participant explained that she had felt completely safe before she and her husband fell victim to the armed robbery at their home. Fear now plays a big part in her life, and she is easily scared by any sound in her house or yard. Her husband's levels of fear are influenced in much the same way as his wife's, as the incident caused him to fear for his life in his own home.

When asked to describe the emotional and psychological impact the experience had on their lives, another participant said they felt psychologically impaired by the ordeal, as they struggle to sleep at night and live in constant fear. All victims in this study suffered psychologically, financially and/or physically to a certain degree after their incident, and reported experiencing some form of lasting psychological effect (Van der Merwe, 2008).

3.7.3 The modus operandi of house robbers in the Gauteng province (Zinn, 2008).

Zinn (2008), a professor in the School of Criminal Justice at the University of South Africa, conducted a study of house robbery for which he interviewed 30 sentenced and incarcerated house robbers in the six largest correctional centres in Gauteng. He conducted his research with the aim of evaluating the value of crime information obtained from prison inmates incarcerated for house robbery.

According to Zinn (2008), house robbery is one of the crimes in South Africa about which little is known and, by examining the profiles of incarcerated house robbers, as well as the information they are willing to offer, valuable information (modus operandi, trends and syndicate formation) can be obtained. He explains that the methods and procedures used by the police can be improved by gathering the following information:

- The modus operandi of the offender,
- The motives of the offender,
- Geographic details of the offence,
- Choice of target,
- Profiles of house robbery victims,
- How evidence and stolen goods are disposed of,

- The who, why, when and where of house robbery, and
- House robbery syndicates.

According to Zinn (2008), this information acquired from incarcerated house robbers can enable the drafting of a profile of other house robbers, as well as provide information on the most appropriate places, people and neighbourhoods from whom the police can obtain further information about a suspected house robber.

3.7.4 Inside information: Sourcing crime intelligence from incarcerated house robbers (Zinn, 2010)

Zinn (2010) conducted a second study on house robbery for which he interviewed 30 sentenced and incarcerated house robbers in Gauteng. The focus of this research project was to gather information on the modus operandi of house robbers. The following are the key findings of Zinn's (2010) study.

The majority of robbers (83%) planned the house robbery they committed meticulously and in detail. The robbers selected their target based on the appearance of wealth, as symbolised by expensive houses, luxury motor vehicles, double-storey houses, houses with expensive accessories such as electric gates and garden lights, or knowledge of valuable items and large sums of money kept on the premises (home business).

The most important deciding factor in targeting a specific house was that the robbers had received inside information from informants. Most informants (77%) had a relationship with the victims (often contractors, employees or service providers). Informers provided "inside" information about the presence of cash in the house, where valuables were kept, security measures, vehicles that were usually kept at the house, the routine and number of residents, as well as how to gain access to the house. Forty-seven percent of the respondents claimed that

there were usually three house robbers who committed the house robberies together, while 23% said that they worked in teams of four. Twenty-nine respondents (97%) spent time observing the targeted residence immediately before the house robbery, which included the time spent observing the targeted house prior to the house robbery.

More than half (63%) of the house robbers did not wear a disguise. They believed that the chances of being traced, identified and convicted were so low that the effort of taking preventative measures, such as wearing a disguise, was not justified. The majority of the house robbers said that they preferred to break into the house when the residents were relaxing, watching television, cooking or eating dinner, as the noise and activity would mask any sound they would make while breaking into the house. Most respondents gained entry to the house by force (breaking a door or window of the targeted house, or forcing apart the burglar bars of a window that they had found open). Lastly, the respondents stressed that, if they were after a specific target, it was unlikely that any amount of security would stop them (Zinn, 2010).

It became clear during the analysis of the data that the type of criminal who perpetrated house robbery very often tended to be more violent than other types of offenders, and did not hesitate to use maximum force (including lethal force) to achieve their aim. The majority (83%) of respondents had threatened their victims with a weapon, which involved pointing a firearm at the victims (67%) or threatening the victims with another type of weapon (16%). Close to all of the respondents (93%) used a firearm when committing the offence, with most of the firearms used by the house robbers in this study being illegally obtained firearms.

Furthermore, 63% of the respondents assaulted their victims, 30% of the respondents killed their victims, 13% tortured their victims, 13% of the respondents physically harmed or wounded their victims, and 10% of the respondents raped their victims. Victims often were

assaulted, whether they co-operated or not, in order to intimidate them and prevent any resistance. All of the house robbers agreed that, with the exception of when victims resisted, making noise or refusing to comply with instructions were the greatest causes of victims being shot or injured (Zinn, 2010). Only 24% of the house robbery cases did not include physical violence; however, in all instances the respondents were verbally abused by their attackers (Zinn, 2010).

3.8 Studies that Applied the Resiliency Model of Family Stress, Adjustment and Adaptation

In the South African literature, only a few studies refer to strengths or family resilience qualities in family life. Only a small number of family studies focus on identifying factors that supported the adaptation of South African families after a crisis, or apply McCubbin and McCubbin's (1996) Resiliency Model of Family Stress, Adjustment and Adaptation to understanding how these South African families are dealing with their adversity.

These studies on resilience in South African families identified factors, attributes and resources that may emerge in this study of family adaptation to a house robbery. I now outline the findings of these studies.

3.8.1 Variables associated with resilience in divorced families (Greeff & Van der Merwe, 2004)

Greeff and Van der Merwe's (2004) study of factors linked to resilience in divorced South African families found that (1) internal family support, (2) support from extended family, (3) and friends, (4) religion, (5) positive communication in the family, (6) employment and (7) financial security were the dominant factors that promoted resilience in these families.

3.8.2 Resilience in families in which a parent had died (Greeff & Human, 2004)

Greeff and Human's (2004) study of resilience in families in which a parent had died found that (1) individual characteristics of family members, (2) interpersonal relationships and support from extended family, (3) religion (4) family hardiness (internal strength and durability of the family unit) were essential factors in successful adjustment and adaptation to loss.

3.8.3 Resilience in families that have experienced heart-related trauma (Greeff & Wentworth, 2009)

This study collected data from 22 families to identify resilience qualities in families in which a family member experienced heart-related trauma. The results indicate that the key variables contributing to family resilience after heart-related trauma are: (1) family time and routines, (2) parent-child togetherness, (3) family chores, (4) affirming communication, (5) social support, (6) family hardiness, and (7) positively reframing the event in order to cope with it (Greeff & Wentworth, 2009).

3.8.4 Resilience factors in families living with people with mental illnesses (Jonker & Greeff, 2009)

This study explored resilience factors in families caring for a member with mental illness. Thirty-four family representatives took part in the project, and the results of the qualitative analysis reveal that the most commonly cited resilience factors were religion and spirituality, and the personal characteristics of individual family members. Furthermore, the results of the quantitative analysis indicate that the factor that displayed the strongest relationship with family adaptation was the quality of communication in the family unit (Jonker & Greeff, 2009).

3.8.5 Resilience in families in which a child is bullied (Greeff & Van den Berg, 2013)

Forty-eight mothers in the Western Cape province of South Africa took part in a study to identify family resilience characteristics in families in which a child was bullied. The results highlighted (1) the quality of family communication, (2) the fortitude and durability of the family unit, and (3) the family's emphasis on being together. The results from the qualitative data show that most of the families coped with the bullying by talking to a teacher, principal or the governing body, or by giving advice to the child (Greeff & Van den Berg, 2012).

3.8.6 Indications of resilience factors in families who have lost a home in a shack fire (Greeff & Lawrence, 2012)

I selected the study of Greeff and Lawrence (2012), on resilience factors in families who had lost a home in a shack fire, as the point of departure for this study. This study of Greeff and Lawrence (2012) was thus chosen for the similarities it shares with this current study of family resilience.

Greeff and Lawrence (2012) found supportive communication, a sense of control, internal strengths and dependability, working together as a family, material support from the municipality and extended family, shelter provided by members of the extended family, and financial support from the extended family as essential in overcoming the crisis and indicative of family resilience.

3.8.6.1 Supportive communication

Clear, open, honest and direct communication, also known as 'affirming communication', demonstrates care and support between family members (Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Van den Berg, 2013) and can aid coping with and adaptation to a crisis (McCubbin et al., 1996). Affirming communication is an important resilience factor in helping families to adapt to adversity (Greeff & Du Toit, 2009; Greeff & Van Den Berg, 2013;

Jonker & Greeff, 2009), and plays an important role in helping the family resolve their grief during crises (Greeff & Du Toit, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012).

Due to the fact that affirming communication is one of the main resilience-related factors in nearly all the reported resilience studies, it is expected that supportive or 'affirming communication' is identified as a resilience factor in the current study of adaptation of the family after the trauma of a house robbery. Supportive communication encourages family members to share their fears with each other to find comfort and relief.

3.8.6.2 A sense of control

One facet of family hardiness is the family's sense of having control over their hardships and difficulties, as opposed to having outside forces and circumstances shaping the family (McCubbin, McCubbin & Thompson, 1986). The extent to which the family feel actively engaged in their recovery process (instead of as passive spectators), and as if they have a degree of control over the outcome, influence their coping and recovery following the crisis, which positively correlates with the family's feelings of dependability, internal strength and commitment to working together.

I anticipated that a sense of control over circumstances would also surface as a resilience factor in this study of adaptation in families after a house robbery trauma.

3.8.6.3 Internal strengths and dependability

The stability and internal strength of the family enable them to regard a crisis event as beneficial and as an opportunity to grow (McCubbin & McCubbin, 1996). The family's sense of internal strength is associated with family adaptation and recovery in several family resilience studies. The extent to which the family feel strong and able to effectively deal with the stressor or crisis event affects their sense of control and the communication patterns (affirmative or incendiary)

they employ with one another. For that reason I expected that the family's internal strengths would also be identified as resilience factors in the current study of the adaptation of families after a house robbery trauma.

3.8.6.4 Working together as a family

This variable concerns the family's commitment to working together to make sense of the stressor, to solve the problem together, depend on each other and adapt to the crisis (Benzies & Mychasiusk, 2009; DeFrain, 1999; Greeff & Wentworth, 2009). In the family's commitment to work together, their sense of unity and strength is reinforced, allowing them to exercise a level of control over their response to the crisis event. The family's feeling that they can face the crisis event as a team – their unity – reinforces their efforts to support each other to adapt to and cope with the crisis event, also surfaced as a key resilience trait in family resilience studies (Brown-Baatjies, et al., 2008; Greeff & Du Toit, 2009; Greeff & Wentworth, 2009).

I expect that the commitment to work together and to depend on each other will be identified as a resilience factor in the current study of the adaptation of families following their experience of a house robbery.

3.8.6.5 Social and community support

Social and community support concerns the ability of families to reach out to community resources and accept help from others. Walsh (2003, 2006) explains that social networks provide an important source of emotional support in times of crisis, while the community can provide information, services, support and a sense of security. A family can make use of financial and material support as a means of coping with the crisis event. McCubbin and McCubbin (1996) and Walsh (1996) also believe social support is linked with a reduction in stress and better coping and adaptation to a stressor event. In much the same way, it was expected that the family's ability to obtain and utilise resources and help from their community

and others would emerge as a resilience factor in the current study following the families' experience of a house robbery event.

3.9 Conclusion

Chapter 3 has provided an exploration of the literature on house robbery and family resilience to uncover all material related to resilience and house robberies.

The literature has revealed that Resilience Theory upholds the belief that not all families react to trauma with chaos and disorganisation, or become irreparably damaged (McCubbin et al., 1997), and that even in the most chaotic situations and traumatic experiences, families are capable of withstanding and regaining positive functioning (DeFrain, 1999; McCubbin et al., 1998; Tedeschi et al., 1996; Walsh, 2003, 2006). Several studies concerning the effects of house robbery, profiles of house robbers and statistics for house robbery, both local and abroad, were found in the literature.

The studies on house robbery found that the shock of a house robbery often causes initial distress, which can lead to a crisis in the family. As persistent distress can develop into more severe trauma, there is the risk for a family member to develop PTSD over time (Brewin et al., 2000). Yet research on resilience shows that many families cope and adapt to a crisis event and regain their equilibrium, thereby becoming stronger in the wake of such an experience (Boss, 2006; Tedeschi et al., 1996; McCubbin & McCubbin, 1996; Patterson, 1995; Walsh, 2012). By identifying their resiliency qualities, there is help for struggling families to recover from trauma (Black & Lobo, 2008; Tedeschi et al., 1996; Patterson, 2002b; Walsh, 2006, 2012).

Because there is no research that links family resilience with house robbery, there is a desperate need for more research regarding resilience factors in families who were victims of a house robbery. Using the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin

& McCubbin, 1996), this study contributes by creating awareness and initiating the exploration of how families coped with and adapted to such a crisis event which can be used to guide future programmes and efforts to support families that are struggling to cope with and adapt to a house robbery.

In the following chapter, Chapter 4, the research design and methodology used in this study are motivated and described.

4 Research design and methodology

4.1 Introduction

Chapter 4 provides an account of the research design and methodology I used. I start by describing the research design I selected for this study, followed by a description of the participants and the processes used to recruit them. This is followed by a description of the measures used to collect the data.

This study of family resilience is undertaken from a salutogenic (health-orientated) approach. The resilience factors were identified using both qualitative and quantitative data collection methods. In following this approach, the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin et al., 1996) was operationalised to quantitatively explore family strengths and possible resilience factors. Existing quantitative instruments were combined with semi-structured interviews to expand quantitative data with qualitative perspectives. An explanation of the data analysis techniques follows the section on procedures followed to collect the data. This chapter ends with an examination of the ethical considerations that were borne in mind.

4.2 Problem Statement

As indicated in Chapter 1, house robbery is the intentional and unlawful entering of residential premises and removal or appropriation of property through violent force while the occupants are present (Saps.gov.za, 2013; Statistics South Africa, 2016/17). Viewed as a growing problem worldwide (Catalano, 2010; Dauvergne, 2010; Business Day Live, 2013; Hurley, 1995; IOL News - Crime & Courts, 2014a), house robbery is rapidly developing into one of the most feared crimes in South Africa (ISS Africa, 2013; Osac.gov, 2013 Pretorius, 2008; SABC News, 2012; Statistics South Africa, 2016/17; Van der Merwe, 2008). The Victims of Crime Survey (VOCS) indicates that half of South African households regard house robbery

as one of the top crimes in South Africa, and one of the most feared crimes in their neighbourhood (Statistics South Africa, 2016/17).

House robbery is also a traumatic experience due to the fact that the family come into direct contact with (an) armed and aggressive assailant(s), with their personal safety threatened (Africa Check, 2013; Hunter & Marshall, 2000; Hurley, 1995; ISS Africa, 2013; Van der Merwe, 2008). A qualitative study by Pretorius (2008) found that victims of house robbery suffer not only physical and financial, but also emotional and psychological consequences because of their experience. Many of these families were traumatised after the incident, with most requiring follow-up trauma counselling and critical incident stress debriefing. Typically, distress after a traumatic experience (such as house robbery), if continued over a longer period, develops into post-traumatic symptoms, which often lead to negative changes in family functioning (Taft et al., 2008).

The study of family resilience endeavours to identify the processes within the family that enable the family to decrease the demands produced by a stressor and obtain additional resources to regain positive family functioning. Consequently, the research question was: *What family characteristics and resources support positive adaptation in families that experienced a house robbery?* (Please refer to Addendums C and G for the full list of qualitative questions.)

4.3 Research Design

This study focuses on the subject of family resilience, and is exploratory and descriptive in nature. I collected my data using a mixed-methods design, which is a combination of quantitative and qualitative methods in one study. My seven questionnaires were adapted from the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin et al., 1996) to measure the strength of the association between family adaptation and a number of independent variables (communication patterns, coping skills, friend and relative support, community

support, family hardiness and family time and routines). My qualitative data, in turn, was collected by means of a semi-structured interview, in which I asked the participants seven open-ended questions regarding what they thought had helped their family to overcome and recover from the house robbery in order to continue with life (Addendums C & G).

This study used a cross-sectional research design to collect data from a broad sample of the study population. The seven self-report questionnaires as well as the qualitative questions are discussed in section 4.5.2

4.4 Participants

The focus of this study was on the family, defined as “a group of two or more people linked through marriage, domestic partnership or adoption, who reside in the same household” (Nam, 2004, p. 120). It was decided that the families in this study should consist of at least one adult and one child living together under one roof. They would be selected from neighbourhoods in the west coast region near Cape Town, South Africa. While this study intended to examine resilience in the family as a whole unit (as discussed in section 2.5.3), and not the resilience qualities of any one individual family member, it was beyond the scope of this study. Thus only one family member, acting as family representative needed to participate in the data collection. This limitation is discussed in section 6.4 in Chapter 6.

In searching for participants, I approached Ms Megan Meredith, the executive director of the organisation Community Intervention Centre (CIC), to act as an entry point to identify possible participants for this study. CIC is a local non-profit organisation that provides trauma support to individuals and families who were involved in a trauma or crisis. CIC services 26 communities on Cape Town’s west coast. These communities are: Melkbosstrand, Bloubergstrand, Sandown, Blouberg Sands, Blouberg Rise, Parklands, West Beach, Sunningdale, Killarney, Dunoon, Table View, Sunset Beach, Montague Gardens, Milnerton

Ridge, Milnerton Proper, Monte Vista, Edgemead, Bothasig, Burgundy Estate, Sanddrift, Summer Greens, Century City, Joe Slovo, Rugby, Brooklyn and Ysterplaat. Therefore, the study population was restricted to these areas.

I met with both the executive director and the manager to discuss my research project and to provide each with a copy of the research proposal and documentation from the Stellenbosch University Ethics Research Committee granting me approval to conduct this study (see Addendum J). We discussed the purpose and aim of the study in detail, and they were given the opportunity to ask questions concerning any reservations about the study. Concerns regarding ethical considerations were discussed, and it was decided that, when I contact a family, I would emphasise my membership of the organisation as a registered trauma/counselling volunteer, and that confidentiality and freedom of participation would be emphasised. Participants were also allowed to contact either the executive director or the manager to query this access to their information.

Following the meeting I was given access to case files (held in locked storage at Milnerton police station). In the presence of a senior member of the CIC office personnel, I selected all incident reports that fitted the selection criteria. These documents were carefully logged and noted as having been removed from the storage boxes and taken to a CIC office, where I was permitted to work with them, as they were not allowed to be removed from the premises of CIC and the Milnerton South African Police Services (SAPS) building.

I compiled a list of clients' contact details and their addresses. I also made notes on the date and time of the incident, details of the incident, number of members involved, name of the neighbourhood, and notes from the case worker on debriefing/counselling sessions attended and whether the client was referred to any other organisations that provide family or trauma

support. At every step of this process I followed ethical procedures regarding client confidentiality and privacy by not discussing the cases with anyone except CIC management, only taking information pertinent to my research, making sure that the lists and notes I compiled were kept securely, and continuously checking in with the director and manager to keep them informed of my progress.

Only families who met the following criteria were recruited:

- Families involved in a house robbery incident between January 2010 and June 2014,
- At least two family members, of which one must be an adult, present during the incident,
- Any form of contact between family member(s) and the intruder(s) during the incident, not resulting in death or permanent disability/disfigurement (e.g. paralysis, loss of eyesight or use of body part) of a family member,
- Family giving informed consent.

The identified families ($n = 51$) were contacted telephonically in order to find out whether they would take part in the study. I introduced myself and explained to them that I was doing research on family resilience after a house robbery, that I was a trauma volunteer counsellor with the organisation Community Intervention Centre, and that the management of CIC had given me permission to contact them. The identified families also received information regarding the scope, aims and purpose of the study, that their participation was voluntary, and what this participation involved and required of them. Considering the availability of participants and the sensitive nature of the subject, all necessary and reasonable measures were taken to recruit a sufficient number of families to allow for meaningful statistical analysis (Creswell, 2009; Holloway, 1997).

From the 51 families who met the inclusion criteria and were selected and contacted telephonically, 36 families (72%) agreed to participate. Subsequently two withdrew, one participant did not arrive for the agreed meeting and did not respond to repeated contact attempts, and one case had been logged as a parent and child whereas it had only been a parent involved in the incident (thus disqualifying the parent to participate in the study). Thirty-two families participated and agreed to their data being collected for this study. Each family then had to nominate one family representative, as determined by the family members, to take part in the study on their behalf. The Biographical variables of the 32 families are listed in section 5.2 of Chapter 5.

4.5 Measures

As mentioned previously, I used both quantitative and qualitative measures in this study. Participants were required to complete a biographical questionnaire, seven self-report questionnaires and seven open-ended questions concerning factors that enabled their family's adaptation.

4.5.1 Biographical questionnaire

I compiled a biographical questionnaire specifically for this study, with structured questions regarding home language, the number of members in the family, composition of and socioeconomic status of the family, the length of time that they had lived in their neighbourhood, the type of residence, the date of the house robbery, number of members involved in the incident and severity of the experience (see Addendums B & F).

4.5.2 Quantitative measuring instruments

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) was used to map the adaptation process. This allows the measurement of resilience in quantifying it by means of the aforementioned processes. I selected the following instruments

for my study of resilience because they were used in previous research regarding family resilience and because they were adapted from McCubbin and McCubbin's (1996) Resiliency Model.

The Family Attachment Changeability Index 8 (FACI8) by McCubbin, Thompson and Elver (1995) would measure the dependent variable family adaptation. The independent variables would be measured with the Family Crisis Oriented Personal Evaluation Scales (F-COPES) by McCubbin, Olson and Larsen (1981); the Family Hardiness Index (FHI) by McCubbin, McCubbin, and Thompson (1986); the Family Problem Solving and Communication Scale (FPSC) of McCubbin, McCubbin, and Thompson (1988); the Family Time and Routine Index (FTRI) of McCubbin et al., (1986); the Relative and Friend Support Index (RFS) of McCubbin et al., (1982); and lastly, the Social Support Index (SSI) of McCubbin, Patterson and Glynn (1982) (Addendums D & H)

I obtained these questionnaires from Professor A. P. Greeff, who had permission from the intellectual property holders for their use. These questionnaires were available in both English and Afrikaans, with a translation-back-translation procedure used in the translation of these questionnaires into Afrikaans.

4.5.2.1 Family Attachment Changeability Index 8 (FACI8)

The *Family Attachment and Changeability Index 8* (FACI8) measures the dependent variable (family adaptation) in this study. McCubbin et al. (1996) adapted this index from the Family Adaptability and Cohesion Evaluation Scales (FACES). The FACI8 has been used in several South African studies (please refer to section 3.8).

FACI8 has 16 items that are rated on a five-point Likert scale, based on how applicable the statements are to respondents and their family. The respondents had to rate how often each

item was occurring in their family at present, with responses on these scales ranging from “Never” = 1 to “Always” = 5. The 16 items of FACI8 fall under two subscales: ‘Attachment’ (defining family members’ connection to each other), and ‘Changeability’ (the flexibility of the family members in their relationships with each other). Internal reliability of this scale and subscales (Cronbach alpha) fluctuates between .73 and .80 (McCubbin et al., 1996). The overall Cronbach alpha of the FACI8 is .79.

The Cronbach alpha in this study was .74 for the Attachment subscale and .85 for the Changeability subscale. Internal reliability was .61 for the Total scale. In this study, only the Total score is used to determine family adaptation overall.

4.5.2.2 Family Crisis Oriented Personal Evaluation Scales (F-COPES)

McCubbin, Olson, and Larsen (1981), developed The Family Crisis Oriented Personal Evaluation Scales (F-COPES), to identify problem-solving and behavioural strategies families use when faced with adversity. This scale examines the impact of the pile-up of demands, the appraisal process and the family resources on coping (McCubbin et al., 1981).

The F-COPES has 30 items that are rated on a five-point Likert scale, ranging from “Strongly disagree” = 1 to “Strongly agree” = 5. The scale contains five subscales divided into two dimensions, namely ‘internal coping skills’ (measuring the degree to which crises are managed by using existing resources within the primary family system), and ‘external coping skills’ (measuring the level to which the family manages crises by drawing support from the community). Internal coping skills include ‘reframing’ (changing their view of the crisis to make it more manageable), and ‘passive appraisal’ (whereby families accept the situation and reduce their reactivity towards it). These subscales obtained Cronbach alphas of .82 and .63 respectively, and an internal reliability of .61 and .75 (McCubbin et al., 1981).

External coping strategies include acquiring social support from relatives, friends, neighbours and extended family, seeking spiritual and religious support, and mobilising family members to seek out and accept help from others. The Cronbach alphas of these subscales are .83, .80 and .71, while the internal reliabilities of these subscales are .78, .95 and .78 respectively (McCubbin et al., 1981). The scale has an overall Cronbach alpha of .77, and a test-retest reliability of .71.

Subscales ‘reframing’ and ‘passive appraisal’ obtained Cronbach alphas of .68 and .44 respectively, subscales ‘acquiring social support’, ‘seeking spiritual and religious support’, and ‘mobilising family members’ to seek out and accept help from others, obtained Cronbach alphas of .82, .88 and .73.

4.5.2.3 Family Hardiness Index (FHI)

McCubbin, McCubbin and Thompson (1986), developed the Family Hardiness Index (FHI) to measure the durability and internal strength of the family unit, and the family’s ability to have a sense of control over outcomes of life by having an active, rather than a passive, orientation when managing and adjusting to stressful conditions.

The FHI consists of 20 items, using a five-point Likert scale, in which respondents have to indicate to which extent the statement is applicable to their current family situation. Items are divided into three subscales: ‘commitment’ (measuring the family’s sense of internal strength, ability to work together and dependability), ‘challenge’ (measuring the family’s efforts to positively reframe crises, actively seek out new experiences, be innovative, and learn new things), and ‘control’ (measuring the family’s perception of the extent to which they feel in control of family life rather than being controlled by external forces and circumstances).

Responses range from “False” = 0 to “True” = 3, with a “Not applicable” option if the statement does not apply to the family situation.

The Cronbach alpha of the Family Hardiness Index (FHI) is .82; with the test-retest reliability at .86, and the validity coefficient ranging from .20 to .23 when correlated with family satisfaction, flexibility, adaptability, time, and routine variables (McCubbin et al., 1996). The FHI obtained an overall internal reliability (Cronbach alpha) of .69 in this study, with an internal reliability of .48 for the commitment subscale, .75 for the challenge subscale and .69 for the control subscale.

4.5.2.4 Family Problem Solving and Communication (FPSC) Index

The Family Problem-Solving and Communication Scale (FPSC) was developed by McCubbin, McCubbin, Thompson and Elver (1988) to evaluate the positive and negative patterns of family communication that effect problem solving and coping during stressful situations.

The FPSC contains 10 statements on a four-point Likert scale, with responses ranging from “False” = 0 to “True” = 3. The scale contains two subscales: the positive communication subscale and the negative communication subscale. The positive communication subscale: ‘Affirming Communication’, represents positive communication patterns that convey support and care and serve to calm a situation. The negative communication subscale: ‘Incendiary Communication’, represents negative communication patterns that are inflammatory and tend to worsen a stressful situation.

The FPSC has an overall internal reliability (Cronbach alpha) of .89 and a test-retest reliability of .86. The internal reliability of the subscale ‘incendiary communication’, is .78, with an internal reliability of .86 for the subscale ‘affirming communication’ (McCubbin et al., 1996).

The FPSC has an overall Cronbach alpha of .72 and a test-retest reliability of .86. The

internal reliability of the subscale ‘incendiary communication’, is .65, with an internal reliability of .77 for the subscale ‘affirming communication’

4.5.2.5 Family Time and Routine Index (FTRI)

McCubbin, McCubbin and Thompson (1986) developed the Family Time and Routine Index (FTRI), to evaluate the routines and activities families engage in, and the value the family attach to these practices. Participants are required to assess on a four-point Likert rating scale, ranging from “false” = 0 to “true” = 3, the degree to which each statement describes their family. This scale consists of 30 items over eight subscales:

- The Parent-Child Togetherness subscale measures the family’s emphasis on establishing regular communication between parents, children and adolescents.
- The Couple Togetherness subscale measures the family’s emphasis on instituting predictable routines to encourage communication between couples.
- The Child Routines subscale measures the family’s emphasis on instituting predictable routines to promote a child or teenagers’ sense of autonomy and order.
- The Meals Together subscale measures the family’s efforts at establishing predictable routines in promoting togetherness through family mealtimes.
- The Family Togetherness subscale measures the family’s emphasis on family togetherness to include special events, caring, quiet time and family time.
- The Family Chores subscale measures the family’s emphasis upon establishing predictable routines to promote child and adolescent responsibilities in the home.
- The Relatives Connection subscale measures the family’s effort to establish predictable routines to promote a meaningful connection with relatives, and

- The Family Management Routines subscale measures the family's efforts to establish predictable routines to promote a sense of family organisation and accountability needed to maintain family order (McCubbin et al., 1996).

The respondents were also asked to rate how frequently they would like the item to take place in their family. Responses ranged from “Not important” = NI to “Very important” = VI, or “Not applicable” = NA. The instrument has an overall internal reliability of .88, and validity coefficients ranging from .19 to .34 when associated with criterion indices of family functioning (McCubbin et al., 1996). In this study, the internal reliability (Cronbach alpha) of the FTRI (total scale) was .94.

4.5.2.6 Relative and Friend Support Index (RFS)

McCubbin, Larsen, and Olson (1982), developed the Relative and Friend Support Index (RFS), to measure the degree to which families make use of friend and relative support to help them cope when faced with stressors (McCubbin et al., 1996). The scale consists of eight questions on a five-point Likert scale ranging from “Strong disagreement” = 1 to “Strong agreement” = 5, on which the respondents rate the degree to which the family shares problems and seeks advice from friends and relatives.

The RFS has a Cronbach alpha of .82 and a validity coefficient of .99 when correlated with the Family Crisis Oriented Personal Evaluation Scales (McCubbin et al., 1996). The internal reliability of the RFS in this study was .84.

4.5.2.7 Social Support Index (SSI)

The Social Support Index (SSI), developed by McCubbin, Patterson, and Glynn (1982), aims to determine the degree to which the family is incorporated into the community they live in, the level of support this community offers, and whether the family perceives the community as

a source of social, emotional and esteem support. The Social Support Index (SSI) contains 17 items that are rated on a five-point Likert scale, with answers ranging from “Strongly disagree” = 0 to “Strongly agree” = 4” (McCubbin et al., 1996). The SSI has an internal reliability (Cronbach alpha) of .82, with a test-retest reliability of .83 (McCubbin, Patterson, & Glynn, 1982). The SSI obtained a Cronbach alpha of .71 in this study.

4.5.3 Qualitative measure

The qualitative measure in this study consisted of a verbal or written response to seven open-ended questions (see Addendums C & G). Respondents were asked to name the factors and family characteristics they believe helped their family adapt following the house robbery experience. This measure was used to explore the family’s view of the factors they considered responsible for their family’s adaptation, which adds to the descriptive nature of the study. McCubbin and McCubbin (1996, p. 1) call for the incorporation of “more qualitative investigations ... to complement empirically based studies”. Qualitative designs expand quantitative data by offering a deeper and more comprehensive understanding of the underlying relationships and processes (Silverman, 2000). The software programme Atlas.Ti was used to capture, code and analyse the qualitative data.

4.6 Procedure

A date, time and place to meet for the study were agreed on at the end of the initial telephone call. After greeting and orientation, the participants (n = 32) were again given a quick introduction to the study: how much of their time was needed, what kind of data I was searching for and that they could ask questions throughout the conversation. Participants were also reminded of the confidentiality and anonymity of their responses. I stressed to them that even though they had agreed to participate, they had the option of withdrawing at any point without having to provide reasons.

The participants received a personal copy of information regarding the aims and method of the study that they could take with them and read again at a later stage. I went through this document carefully with each participant and, throughout the reading of the document, the participant was invited to ask questions regarding the project. If they had no objections, I asked them to sign a consent form, confirming that they had received information about the study, that they understood what participation involved and their rights as a participant, and granting permission for the researcher to digitally record their responses to the open-ended questions. Once I had informed consent the data-gathering process started.

The participant received a document containing the biographical questions, the seven self-report questionnaires, and a sheet with seven open-ended questions. The interview started with the completion of the biographical questionnaire. I explained that the purpose of this was to compile a demographic profile to see whether there were any patterns or links between the participants' biographical details and their levels of adaptation. These biographical questionnaires did not collect any personal information (such as contact details or identity numbers) that could link participants with their responses during data analysis.

After completing the biographical questionnaire, participants moved on to the self-report questionnaires. I orientated them by briefly explaining what each questionnaire was measuring and how a rating scale works. Despite the questionnaires being designed to be completed by the participants themselves, most participants preferred the questions read out to them. Any statements that required clarification were rephrased and neutral examples given to ensure an accurate understanding of the question so that relevant and reliable data could be gathered. A few questions were not applicable to all families (such as families with older children having to answer questions about bedtime stories). In those instances, and in order to ensure a complete dataset, I would ask the respondent to treat the scenario as if it were a current reality and answer

the question accordingly. I repeatedly emphasised that there were no “right” or “wrong” answers, but that the correct response was the one that was most true for them at that point in time.

Once completed, the self-report questionnaires were followed by the qualitative questions. For this segment of my research study, the family representatives were asked what factors or resources they thought had helped their family adapt to the house robbery crisis. These questions served to obtain personal reflections and insights into the qualities and strengths that had helped the family with their recovery, and eventual family adaptation. These answers were either recorded using my mobile telephone, or written out on the questionnaire by the participant themselves. Recorded interviews were transcribed at the end of each day.

Data collection took approximately one and a half hours to two hours to complete, depending on how much time the participant took to read, think about and then respond to the questions. Upon completing the interview, the participants were thanked and given a small gift (a small box with inspirational messages valued at R20) in appreciation for their time and effort in participating.

4.7 Data Analysis

4.7.1 Quantitative data analysis

As this study focused on identifying factors that are significantly linked with family adaptation, several prospective independent variables were identified in the literature and were then measured with quantitative instruments. Upon conclusion of the data collection, I checked all questionnaires for completion and entered the collected data into a Microsoft Excel spreadsheet that scores answers to the quantitative instruments following established formulae (Field, 2000). Once all the data had been entered, statistical analysis were conducted. Professor M.

Kidd, a senior statistician at the Statistical Consultation Service of Stellenbosch University, assisted with data analysis using Statistica version 9 (a software programme designed to analyse quantitative information) (Statsoft Incorporated, 2011).

To determine the relationships between independent variables and the dependent variable, Pearson's product-moment correlation coefficients were calculated, providing an index of the degree and direction of association between two variables (Graziano & Raulin, 2000). I selected a .05 probability level as my cut-off for correlation significance. The results of this analysis are presented in the next chapter in the form of scatter plots to visually depict the relationships between the measured variables.

Next, a multiple regression analysis was performed to identify which set of independent variables best predicted the value and variance, of the dependent variable family adaptation (Field, 2000). A best-subsets regression analysis determines which independent variables should be included in the multiple regression model, with all possible arrangements of the independent variables incorporated in the regression model and their contribution to the value of the dependent variable calculated. Variables that did not significantly contribute to predicting the outcome variable were excluded and the regression model recalculated. The purpose of this analysis was to ascertain the grouping of family resilience qualities best able to predict family adaptation. I present the findings of the quantitative data analyses in Chapter 5, section 5.4

4.7.2 Qualitative data analysis

Of the 32 participating families, it was only necessary to interview 13 representatives due to data saturation being achieved (Guest, Bunce, & Johnson, 2006). Of the 13 interviews conducted, two were translated from Afrikaans to English and then transcribed, whereas five interviews were in English and were transcribed directly from the recordings. Six participants

gave written responses to the questions (in English), and these were retyped from the written script provided by the participant. Throughout the transcription process I took great care to maintain the integrity of the content and to keep as much detail as was feasible for this study, and in line with the guidelines for thematic analysis (Braun & Clarke, 2006; Burnard, 1991).

I opted to use thematic content analysis for my qualitative data in this study. Thematic content analysis refers to “the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p. 1278). The software programme Atlas.ti (Version 7.5.7, 2017) was used to capture, code and analyse the qualitative data. According to Braun and Clarke (2006), thematic analysis provides an manageable and flexible method of data analysis that does not require expertise in qualitative techniques. It consists of the organisation and recording of patterns or themes within the data that become the categories for analysis (Braun & Clarke, 2006). Six steps are followed in thematic analysis:

Step 1. Familiarising myself with the data

First I familiarised myself with the data by reading and re-reading the transcripts in order to get a basic overview of what ideas stood out in the data. Thematic analysis does not require the same level of detail in the transcript as conversation, discourse or narrative analysis. What is important is that the transcript remains true to the verbal account and maintains its integrity by accurately capturing the meaning and content of the conversation.

Step 2. Generating and assigning initial codes

The second step began once I had read and familiarised myself with the data. At this point, I had worked through my entire dataset in a systematic manner and produced initial codes from

interesting features and repeated patterns that could form the basis of themes. These initial codes served to mark information that I thought was relevant and important so that I could go back to this information later. Once this step was completed, I had a preliminary list of patterns and ideas from the data.

Step 3. Searching for themes

The third step involved searching for themes, identifying and assigning initial codes to potential themes among the assigned codes, and then grouping the different codes according to their themes. Since the focus of this study was resilience resources and family adaptation, I worded my themes using the titles borrowed from the models of McCubbin and McCubbin (1996) and Walsh (2003).

Step 4. Reviewing themes

Fourth, these initial themes were consolidated and clarified by reviewing, merging or separating themes and, when necessary, removing themes I had created initially but that did not have enough data to support them. During this step I was looking to establish internal coherence in each theme and strong distinctions between themes.

Step 5. Defining and refining themes

By this stage I had a clearer picture of what my themes were. Even though I had already given my themes titles, I looked at the way I wanted to use them in my final report, and whether these titles succeeded in capturing the essence of the theme. I wanted my titles to be concise, but also specific and clear.

Step 6. Writing the analysis

The sixth step involves producing the final report in which the findings are written up together with references to the literature. In this process the raw data was reduced to a dataset signifying all factors identified as contributing to family resilience (Braun & Clarke, 2006; Holloway, 1997; Parker, 2004).

Even though these are clear and systematic steps that guide the data analysis, this analysis involves a constant moving back and forward between the entire dataset, the coded extracts of data and the data that I am producing. Because qualitative analysis is a subjective exercise, it was necessary throughout these steps to reflect on the influences (both self and other) that could have an impact on the findings (Braun & Clarke, 2006; Chenail, 2011; Holloway & Todres, 2003; Parker, 2004; Shenton, 2004; Silverman, 2000).

Reflexivity is one of the tools that is used to ensure the trustworthiness of qualitative data analysis (Chenail, 2011; Holloway, 1997; Holloway & Todres, 2003; Hsieh & Shannon, 2005; Parker, 2004). Reflexivity on my part required an honest and self-critical introspection on the influence I had in the research process, my beliefs, core values and views about the world), as well as any possible influences or bias that I might have had in the research process that could have resulted in manipulation of the results. I tried to be continuously aware of the influence I had on the interview and data collection process in terms of my gender, age, nationality, race, or even my style of communication. As far as I was able, I attempted to respond to participants' non-verbal cues and modify my communication style to match theirs. Most of my participants were female, approximately the same age as myself, and responded warmly to me.

4.8 Ethical Considerations

The Stellenbosch University's Research Ethics Committee for Human Research (Humanities) granted ethical clearance for this study with protocol number: HS1060/2014. The Ethics Committee provides strict guidelines for all research projects in order to protect the rights of

participants. These rights are as follows. Firstly, all participants have a right to safety and it was my responsibility to make sure that the participants' physical and psychological well-being and dignity were protected (Holloway, 1997; Singleton & Straits, 2010). Although there was no physical risk to the participants in this study, there existed the possibility that memories and feelings might have resurfaced regarding the house robbery incident that could create distress for the participant. Therefore, I had to take all necessary precautions to ensure that no psychological distress emerged during data collection (Parker, 2004). For that reason I re-emphasised with each of the participants that they could stop the study if they felt any discomfort, and that they were free to choose which information they wished to disclose, or refuse to answer any questions. I also provided all my participants with the contact numbers of CIC should they require additional trauma debriefing, as well as the contact details of FAMSA (Families and Marriages South Africa) – an organisation that deals with the support and strengthening of families. It was stressed during the interviews that the study's focus was strengths-centred and positive, and that I was more interested in the resources and characteristics that helped their families adapt to the incident and continue with their lives, rather on details of the incident itself.

Then, in line with the principle of self-determination, I explained the details of this study to the participants and gave them several opportunities to ask questions. I also re-emphasised that participation was voluntary and that they could withdraw from the study at any time. All participants in this study therefore were fully informed and allowed to decide whether they wanted to participate or not. Once the participants were fully briefed, they signed a consent form (see Addendum A & E), demonstrating that they were participating with full knowledge and free will.

Participants are entitled to anonymity and confidentiality (Creswell, 2009; Holloway, 1997). To maintain confidentiality and anonymity, participants were identified through an allocated number only. Digital recording of participants responses to qualitative questions were saved under the participant's code, and anonymity and confidentiality protected by using this number in the analysis and reporting of findings. No private information of participants were recorded on any instruments, and no records linking names to codes were kept. Completed forms and tapes were stored in a locked cabinet, with electronic files containing the data saved on my personal computer, which is protected by a password.

4.9 Conclusion

In this chapter I outlined the research design and methodology used in this study. I described the research design, followed by a description of the participants and the procedures used to recruit them. Thereafter I gave a description of the measuring instruments used to collect the data, followed by the procedures to collect the data. Both quantitative and qualitative data collection methods were used (semi-structured interviews supplementing quantitative data with qualitative perspectives). A detailed explanation of the data analysis techniques employed followed the section on the procedures I followed to collect the data. I concluded the chapter with a discussion of the ethical principles that were applied in the study.

5 Results

5.1 Introduction

Chapter 5 presents the findings of the data analysis using the analysis methods that were described in section 4.7 of Chapter 4. These analyses of the quantitative and qualitative data uncovered several factors that are associated with family adaptation, which for the purpose of this study are considered as family resilience factors. The correlations from the quantitative measuring instruments were regarded as statistically significant at a probability level of 5% ($p \leq .05$), which is the generally accepted cut-off level used in other resilience research studies (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Thiel, 2012; Greeff & Van Den Berg, 2013; Jonker & Greeff, 2009).

To start, I report on the biographical variables of the participants, followed by the results of the qualitative data analysis. The Pearson product-moment correlation coefficients between the dependent variable (family adaptation) and the independent variables are reported next, with the statistically most significant correlations presented visually in Figures 1 to 7. This chapter then concludes with the results of the best-subset multiple regression analyses, which ascertain the arrangement of independent variables that best predict variances in the dependent variable.

5.2 Biographical Results

The biographical questionnaires obtained information regarding family variables, such as income, religion, family composition, number of family members, type of dwelling, years at dwelling and the family's subjective rating of their trauma experience and/or the severity of the incident. I had collected this data to determine whether any of these biographical variables are linked with the family's resultant level of adaptation.

I designed these biographical questions to tie in with the variables measured using the quantitative instruments. For instance, the question about number of family members was to gather information on internal family support and structure; the question about the number of years at residence was to explore the family's level of community integration; and the question about income was to determine what level of resources the family had. Therefore, all of these questions aimed to gather additional information to support the quantitative instruments in uncovering variables that were associated with family adaptation. These results are shown in Table 5.1.

Table 5.1

Spearman's Correlation Coefficients between Biographical Variables and the Level of Family Adaptation (measured by FACI8) (N = 32)

Variable	r	p
Family income	.14	.46
Number of family members in household	.09	.62
Socioeconomic status of neighbourhood	-.13	.39
Number of adults present during house robbery	-.02	.91
Number of years at residence	-.31	.09
Participants rating of severity of robbery	-.03	.86
Number of counselling sessions	-.30	.34

Note: * $p \leq 0.01$, ** $p \leq 0.05$

As can be seen from the above table, none of the biographical variables had a statistically significant correlation with family adaptation. There was, however, one variable that

demonstrated a tendency towards a statistically significant, positive correlation with family adaptation, namely the number of years that the family have lived in the house and neighbourhood ($r = .31$; $p = .09$).

The biographical variables of the 32 families are as follows. The sample population was rather homogenous, in that of the 32 participating families, the majority were white (75%), English speaking (56%), Christian (63%), with an average household income of between R15 000 to R24 999 (44%). More than three-quarters of these families lived in houses (78%), and had been residing there less than five years ($n = 17$) when the incident took place. The families were spread out across the various suburbs with the most incidences having taken place in Melkbosstrand ($n = 9$) (Melkbosstrand is a small community near the Koeberg Power Station on the West coast. It is a secluded and remote area and en route to Atlantis). Six families were from Milnerton, four families from West Beach, four from Parklands, three from Sanddrift, three in Tygerhof and one family each from Duinefontein, Bloubergstrand, and Table View respectively.

In terms of the family representatives that agreed to take part in the study on behalf of their family, four (13%) were male and 28 (88%) were female. Their ages ranged from 19 to 76, with the mean age being 43 years. Due to the limited pool of suitable families, it was impossible to control for such a homogenous selection of participants, as I had contacted all affected families within the CIC case files and participation was voluntary. The potential impact of this will be considered in section 6.3 of Chapter 6. These families rated the severity of their experience between five to ten on a scale of ten, with just over half (53%) having scored it as ten. All participants were instructed to give a subjective rating of both the emotional, as well as the physical impact of the experience.

5.3 Qualitative Results

Using open-ended questions, I obtained the personal insights and beliefs of the family themselves about the factors that they felt had helped their family to recover and adapt following the house robbery incident. I analysed this data using thematic analysis (Braun & Clarke, 2006), with my coding and categorising done using the Atlas.ti (Version 7.5.7, 2017) software program. Since I used the McCubbin and McCubbin Model and Walsh's Framework as my theoretical bases for this study, I had a rough map guiding my search for themes. Knowing that the purpose of the qualitative component of this study was to *uncover* additional themes that might emerge from the data, nonetheless, I chose to group and label my themes according to the variables that are given in the theoretical frameworks. Five themes were identified from the interviews, namely (1) family hardiness and stress-resistance qualities, (2) appraisal and reframing, (3) cognitive processing, (4) security upgrades, and (5) support systems. Within each theme, I created sub-themes where I felt that the ideas were different expressions within the same theme. These identified themes and sub-themes both complement and support the quantitative findings of this study. These themes are presented in Table 5.2 below.

Table 5.2

Summary of Themes and Subthemes that Emerged during the Thematic Analysis (n = 13)

Themes with subthemes	Frequency	%
Family hardiness and stress-resistance qualities		
Working together and family cohesion	10	77
Refusing to see themselves as victims or adopt a victim mentality	7	54
An internal family locus of control	5	38
Internal strength and dependability	5	38
Appraisal and reframing		
Acceptance of the event	8	62
Practical dealing with the impact and 'getting on with it'	8	62
Seeing the 'bigger picture'	6	46
Choosing to have a positive outlook	5	38
Cognitive processing		
Talking about it	7	54
Insight into family members' different coping strategies	4	31
Making changes in behaviour and routines	2	15
Psychological treatment/therapy and counselling	2	15
Security upgrades		
Physical increase in security systems	9	69
Seeking 'peace of mind'	7	54
Support systems		
Internal: supporting and helping each other	9	69
Seeking community help and support	9	69
External: family and friends	8	62

As seen in the above table, there are five factors that the families reported as facilitating their adaptation process following the house robbery event. Several themes concerning the house robbery event and its impact on the family (although participants were asked to focus on

recovery aspects) surfaced in the qualitative data, but these did not directly relate to recovery and adaptation factors and were excluded from my report.

In terms of adaptive factors, ten participants (77%) felt that their family's cohesion and unity was a large factor in their recovery – *“I would say my family. We helped each other”* (P 2p: CM170812); *“we are a very close family”* (P 3: DDT270311). The majority of participants (69%) also believed that the support that they received from friends and family were significant contributing factors, and that the support they gave each other was immensely helpful in facilitating their adaptation – *“the support of my family ... that we were together afterwards”* (P 3: DDT270311). Most participants (69%) agreed that external sources of support were essential to recovery and that their family made an effort to source these from their community and other outside sources, such as churches and neighbours – *“My church also helped”* (P 12: ST000508); *“we went to our neighbours ... She knows that even now she can go to them”* (P 1: AT030912).

A large portion of the participants' families increased their security measures in response to the attack in an attempt to feel safer and have 'peace of mind' (n = 9, 69%) – *“So we put up the electric fence for peace of mind. We made it secure for ourselves”* (P 1: AT030912). Six (46%) of the interviewed participants' families adopted a very practical attitude whereby they opted to accept the reality of the attack and move forward – *“My upbringing is that life is not fair, deal with it and move on”* (P 7: JR180211); *“Get more security and be more careful. You must carry on and do your things”* (P 5: EA140611); and *“Our families know how we deal with life problems and they know that we are able to dust ourselves off and keep going”* (P 11: PG000011). Several families refused to see themselves as victims or adopt a victim mentality (n = 7) – *“We ... have the view that self-pity and hopelessness is futile and all that it does is it keeps one in the same space”* (P 11: PG000011). Other participants felt that their families were

able to ‘see the bigger picture’ (n = 6) – *“find out what meaning you give to what happened and why it happened”* (P 11: PG000011). These participants were convinced that this non-sense mindset and approach to the house robbery was instrumental in helping them cope with and recover from it. As one participant explained – *“D* and I went about dealing with the robbery as something that is widely experienced by people [in South Africa]”* (P 11: PG000011).

Another important factor was seeing their (the family’s) faith as a source of strength and as an important contributor in their recovery (n = 6) – *“We prayed together as a family, reading the Bible and had our church and family pray for us”* (P 13: TR000913). Lastly, many participants (n = 7) felt that talking about the experience was helpful – *“speaking about it definitely helped”* (P 4: DV030113). Other aspects that were mentioned were choosing to have a positive outlook (n = 5) – *“I will rather just motivate myself and doing things that are positive rather than being sorry [for myself]”* (P 8: LM270413); awareness that the outcome of the robbery could have been worse (n = 5); being sensitive to each family member’s different coping strategies (n = 4), and a sense of humour and being able to laugh it off (n = 2).

To conclude, even though all the participants (n = 13) agreed that their house robbery was a terrifying experience, they stood together and drew from inner reserves to pull themselves out and find a way forward – *“I think, as much as it was a terrifying experience for me, it changed my outlook on life in such a positive way”*(P 8: LM270413); *“As difficult as what the [house robbery] is, to stand up, sort yourself out, and look to getting back on your feet”* (P 9: NR071113). The families also drew from physical resources (money to install security systems) – *“getting the security upgrades and all of that helped”* (P 6: JL000011); *“we changed the locks and had extra security put in”* (P 10: NR130313); and emotional resources in the form of extended family support – *“our [extended] family support is very strong and that helps us ...*

we also have a few friends that offered to help” (P 1: AT030912) – to help them feel safe again and to work through the impact of the robbery.

5.4 Quantitative Results

5.4.1 Pearson product-moment correlations

Pearson product-moment correlation coefficients were calculated to identify the independent variables that had a significant correlation with the variable family adaptation (as measured by FACI8). In Table 5.3, I present these correlation coefficients with their corresponding significance values.

Table 5.3

Pearson Product-moment Correlations between Potential Resilience Variables and Family Adaptation (FACI8 scores) (N = 32)

Variable	r	p
Problem-solving behaviour used during crisis (F-COPES total)	.40	.03**
Family's ability to actively engage in acquiring support from relatives, friends, neighbours and extended family (F-COPES: Social support)	.32	.07
Family's ability to redefine stressful events in order to make them more manageable (F-COPES: Reframing)	.65	.01*
Family's ability to actively seek spiritual support (F-COPES: Spiritual)	.10	.60
Family's ability to acquire community resources and accept help from others (F-COPES: Family mobilisation)	-.01	.95
Family's ability to accept problematic issues, minimising reactivity (F-COPES Passive appraisal)	.16	.38
Fortitude and durability of family unit (FHI total)	.52	.01*
Family's sense of internal strengths, dependability, and ability to work together (FHI Commitment)	.45	.01*
Family's efforts to be innovative, active, to experience new things and to learn (FHI Challenge)	.37	.04**
Family's sense of being in control of life rather than being controlled by outside events and circumstances (FHI Control)	.25	.18
Quality of communication within family (FPSC: total)	.30	.09
Positive communication patterns conveys support and caring and exerts a calming influence (FPSC Affirming)	.25	.17
Negative communication patterns, inflammatory in nature and tends to exacerbate a stressful situation (FPSC Incendiary)	-.28	.12
Family Time and Routines (FTRI: Total)	.51	.01*
Importance attributed to family time and routines (FTRI: Importance)	.40	.02**
Family's emphasis on creating predictable routines to promote children's sense of independence and order (FTRI: Child routines)	.37	.04**

Table 5.3 *continued*

Variable	r	p
Family's emphasis on creating routines to encourage communication between spouses (FTRI: Couple togetherness)	.38	.03**
Family's emphasis on creating predictable communication between parents and children (FTRI: Parent-child togetherness)	.46	.01*
Family's emphasis on family togetherness, including special events, quiet time and family time (FTRI: Family togetherness)	.56	.01*
Family's attempts to create predictable routines to encourage togetherness through mealtimes (FTRI: Meals together)	.45	.01*
Family's emphasis on establishing predictable routines to encourage children's responsibilities in the home (FTRI: Family chores)	.29	.10
Family's attempts to create predictable routines to encourage a meaningful connection with relatives (FTRI: Relative's connection)	.28	.12
Family's attempts to create predictable routines to promote an atmosphere of family organisation and accountability necessary to uphold family order in the home (FTRI: Family management)	.40	.02**
Family's use of friends and relatives as a coping mechanism during crises (RFS: Total)	.27	.13
Degree to which family seek emotional, esteem, and network support in their community and the utilisation of community resources (SSI: Total)	.39	.03**

Note: * $p \leq 0.01$, ** $p \leq 0.05$

Correlation coefficients were calculated between the dependent variable, family adaptation, and 25 independent variables, of which 14 correlations were found to be statistically significant ($p \leq 0.05$). However, with such a large number of significant correlations at the probability level of 5%, I decided that, from those 14 correlations, I will only show the scatterplots of those that demonstrated the strongest associations (at the $p \leq .01$. level). The figures that follow are of the seven correlations that demonstrated significance at the 1% probability level.

5.4.1.1 Scatterplots

The scatterplot that follows shows the correlation between the variable family adaptation and the variable reframing as measured by the reframing subscale of the Family Crisis Oriented Personal Evaluation Scale (F-COPES). According to McCubbin and McCubbin (1996) and Walsh (2003), reframing (the meaning-making process) is central to positive adaptation, since it affects the family's perception of their situation and subsequently influences their coping response to the stressor. Figure 5.1 below shows the correlation between reframing and family adaptation.

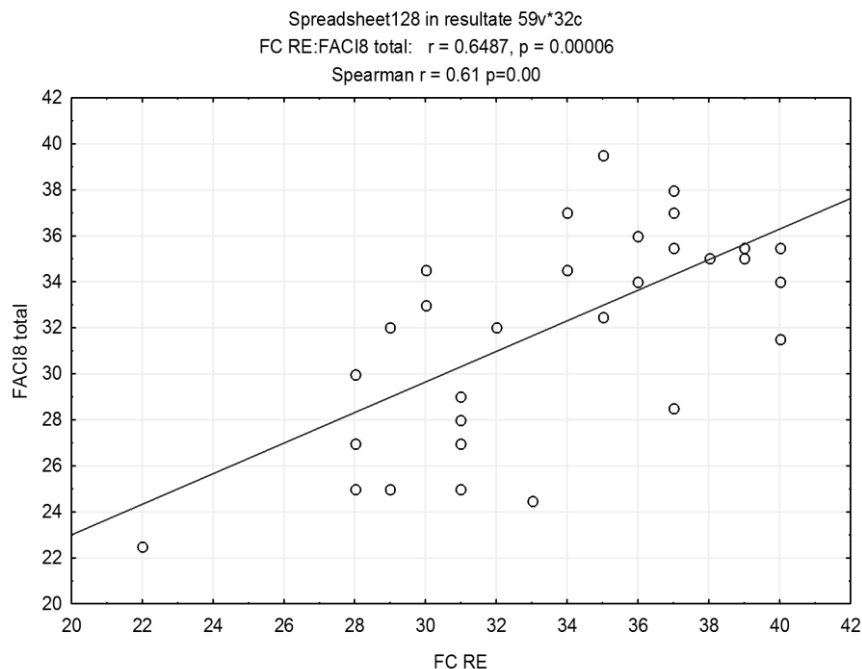


Figure 5.1 Correlation between reframing and family adaptation.

A statistically significant positive correlation ($r = 0.65$, $p \leq .01$) can be noted between family adaptation and the family's ability to positively reframe the incident to view it more positively.

The scatterplots that now follow show the correlations between family adaptation and family hardiness. Family hardiness consists of three components: commitment, challenge and control. Significant correlations exist between family adaptation and family commitment, as well as

between family adaptation and the family's hardiness in total (the family's overall hardiness is represented by the total score that was calculated for the FHI scale) (see Table 5.3). Firstly, in Figure 5.2 I show the correlation between the variable family commitment (which is one of three components that make up family hardiness) and family adaptation.

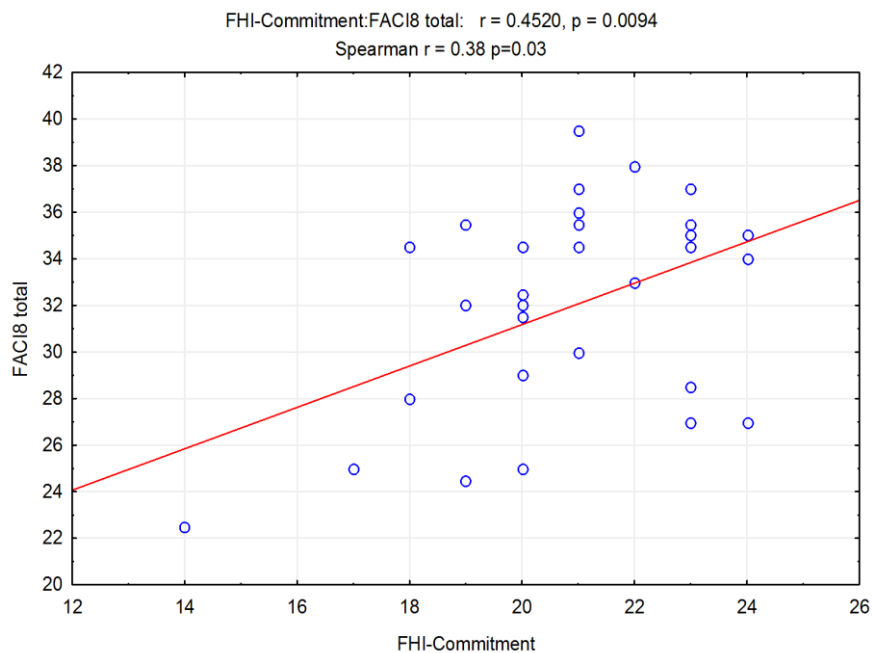


Figure 5.2 Correlation between family commitment and family adaptation.

As can be seen from Figure 5.2, there is a statistically significant positive correlation ($r = 0.45$, $p \leq 0.01$) between families' overall level of adaptation and the strength of the attachment between family members and their commitment to each other and to working together to utilise their internal strengths during and after the crisis.

In Figure 5.3 below I show the correlation between family hardiness (in total) and family adaptation.

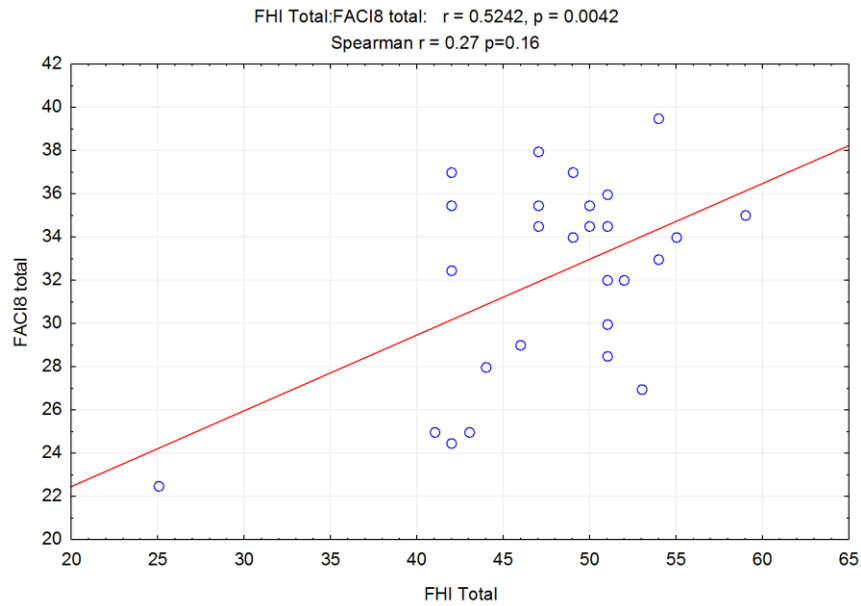


Figure 5.3 Correlation between family hardiness and family adaptation.

A significant positive correlation exists ($r = .52$, $p \leq .01$) between family adaptation and the family's overall hardiness.

In the following figures, the correlations between the dependent variable, family adaptation, and variables from the Family Time and Routine Index (FTRI) are shown. The family time and routines of families refer to how they work together effectively and create stability within the family, which can prepare them to meet new demands during times of hardship (McCubbin et al., 1996). Figure 5.4 shows the correlation between the family's overall family time and routines (the total scores obtained on the FTRI) and family adaptation.

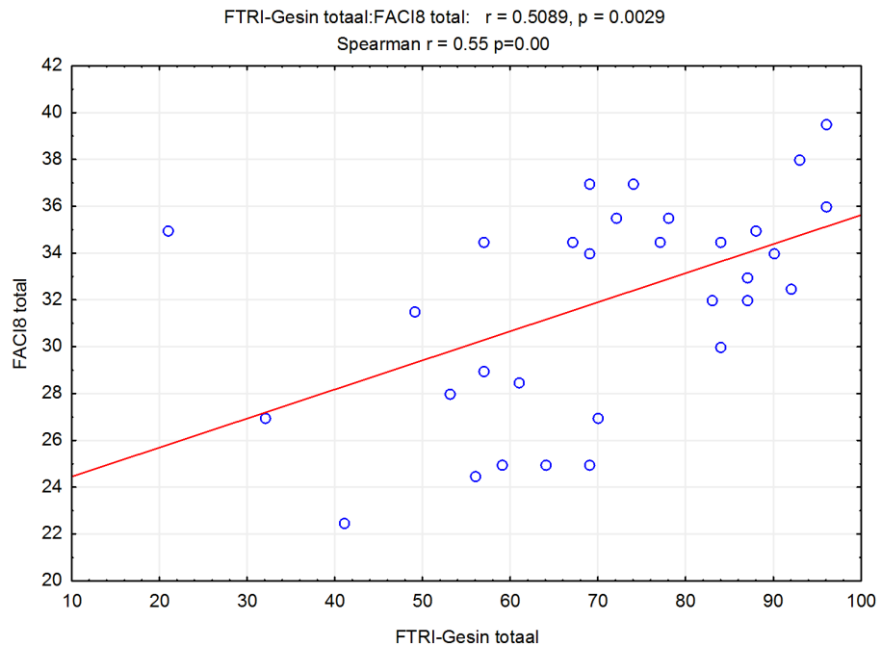


Figure 5.4 Correlation between the family’s time and routines and family adaptation.

As can be seen in Figure 5.4, a statistically significant positive correlation exists ($r = 0.51$, $p \leq 0.01$) between the family’s overall level of adaptation and their establishment of and emphasis on routines and time they spend together.

In Figure 5.5 I indicate the correlation between the variables family meals together and family adaptation.

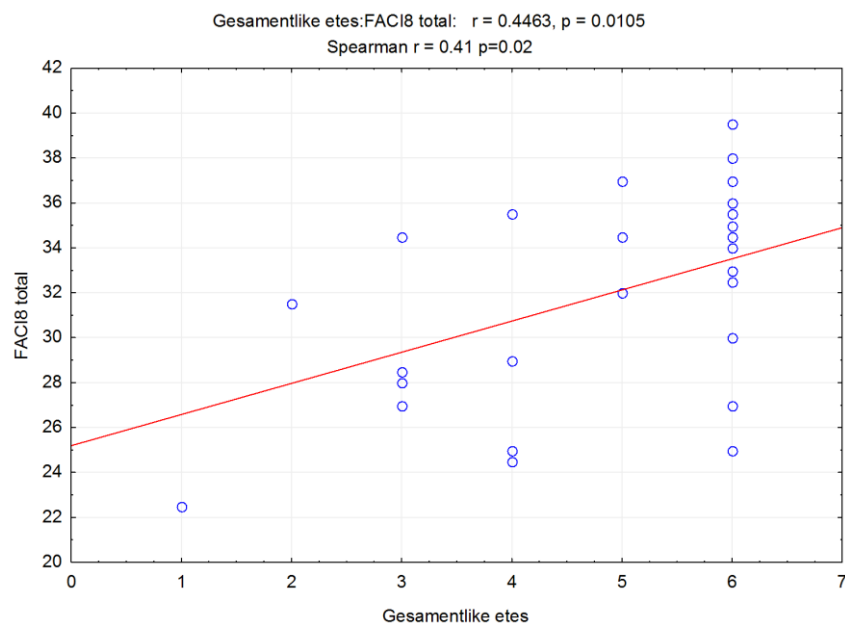


Figure 5.5 Correlation between family meals together and family adaptation.

Following from Figure 5.5, we can see that there is also a significant positive relationship ($r = 0.45$, $p = 0.01$) between family adaptation and the variable family's meals together (which is one of the components that form part of the family's routines and time spent together).

In Figure 5.6 I show the correlation between the variable parent-child togetherness and the independent variable family adaptation.

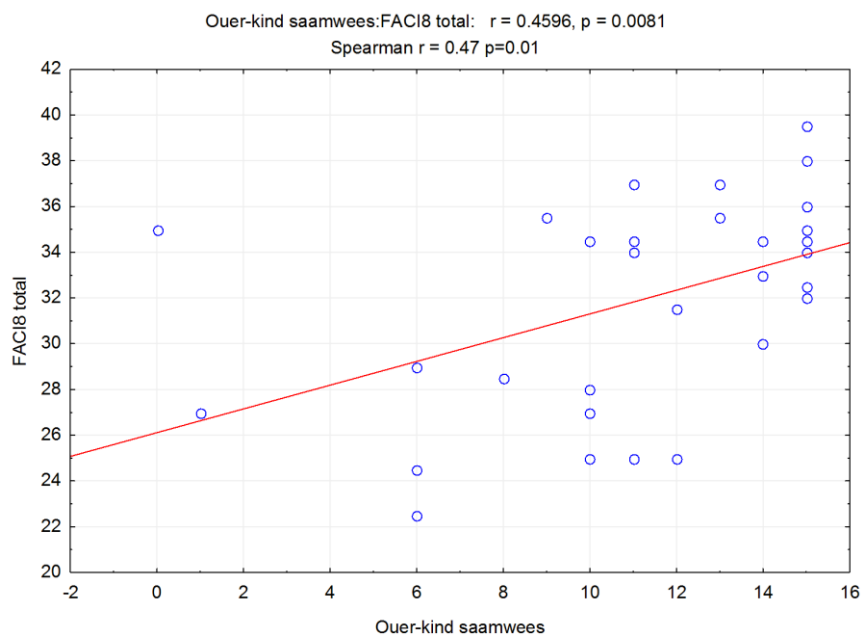


Figure 5.6 Correlation between parent-child togetherness (FTRI) and family adaptation.

As seen in this graph, there is a positive correlation ($r = 0.46$, $p \leq 0.01$) between the family's level of adaptation and parent-child togetherness (another component of the family's routines and time spent together).

Lastly, in Figure 5.7 I show the correlation between the time that the family spend together (as measured on the related subscale of the FTRI) and family adaptation

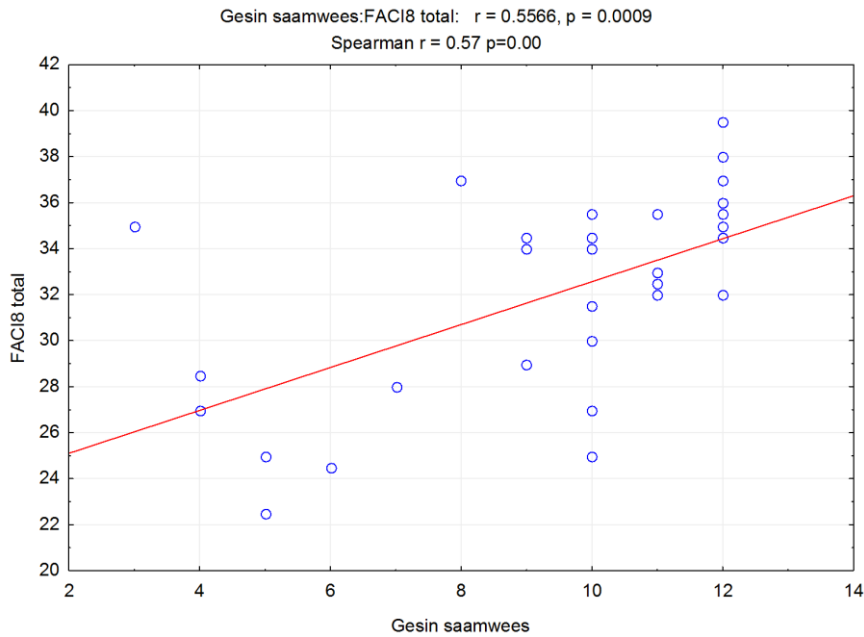


Figure 5.7 Correlation between family time together (FTRI) and family adaptation.

We can see in Figure 5.7 that there is a positive relationship ($r = 0.56$, $p \leq 0.01$) between the family's current overall level of adaptation and the time that the family spends with each other.

5.4.2 Best subset multiple regression analysis

A best subset multiple regression analysis was conducted to determine the arrangement of independent variables that best predict the level of family adaptation in this study. This best subsets analysis was chosen in order to identify the best predictor variables, as this method involves investigating all of the models created from all likely combinations of independent variables. Best subsets regression uses R^2 to check for the best model (Field, 2000). Table 5.4 summarises the results of this multiple regression analysis.

Table 5.4

Multiple Regression Analysis: The Best Combination of Predictor Variables for Family Adaptation (N = 32)

Variable	B	t(27)	p
Reframing (F-COPES: Reframing)	0.60	4.72	.00*
Family time and routines (FTRI: Total score)	0.51	3.48	.00*
Social support (SSI: Total score)	0.20	1.59	0.12
Acquiring social support (F-COPES: social support)	-0.26	-1.67	0.11

Note: * $p \leq .01$

From the above table it can be seen that the multiple regression analysis revealed the following grouping of independent variables to be the best predictors of family adaptation: the use and maintenance of family activities and routines (FTRI: Family total), the family's integration and engagement with their community (SSI: Total), acquiring external support (F-COPES: social support) and the problem-solving and coping strategy of reframing (F-COPES: Reframing). The negative sign in front of the acquiring social support variable, as seen in Table 5.4, indicates that an increase in acquiring support as part of their problem-solving and coping style is in fact linked with a decrease in family adaptation.

Of these four variables, the family's problem-solving and coping strategy of reframing proved to be the most significant contributor (with a b-value of 0.60) to the variation in family adaptation.

Table 5.5

Correlation Between True and Estimated FACI8 Scores as Predicted by the Independent Variables

Statistic	Value
Multiple R	.80
Multiple R ²	.64
Adjusted R ²	.58
F(5,34)	6.25
P	.67
Std. error of estimate	4.99

From the R value ($R = .80$, $F(5,34) = 6.25$, $p < .01$) in Table 5.5 it is clear that a significant positive correlation exists between the true FACI8 scores and the estimated FACI8 scores as predicted by the independent variables listed in Table 5.5.

The R² value (.64) reflected in Table 5.5 indicates that the independent variables listed in Table 5.4 account for 64% of the variation in the FACI8 scores obtained in this study. The adjusted R² value (adjusted for degrees of freedom) indicates that this model accounts for 58% of variation in the general population. The p-values listed in Table 5.4 show that the B values of the independent variables used to describe this model, measured by the F-COPES Reframing and the FTRI Total score, differ significantly from zero ($p \leq 0.01$), which indicates the significant contribution of these independent variables to predicting the dependent variable, namely family adaptation.

It is noteworthy that, although social support (SSI) and the family problem-solving style of acquiring social support (F-COPES subscale) both have non-significant correlations with family adaptation (see Table 5.3), they are included as variables that make a significant contribution to explaining variance in family adaptation – due to their frequent appearance in

the 20 best subsets. The best-subset analysis produces a histogram that ranks all variables in order of frequency. Figure 5.8 illustrates the number of times every independent variable was identified as a predictor of family adaptation in the 20 best subsets of the regression analysis

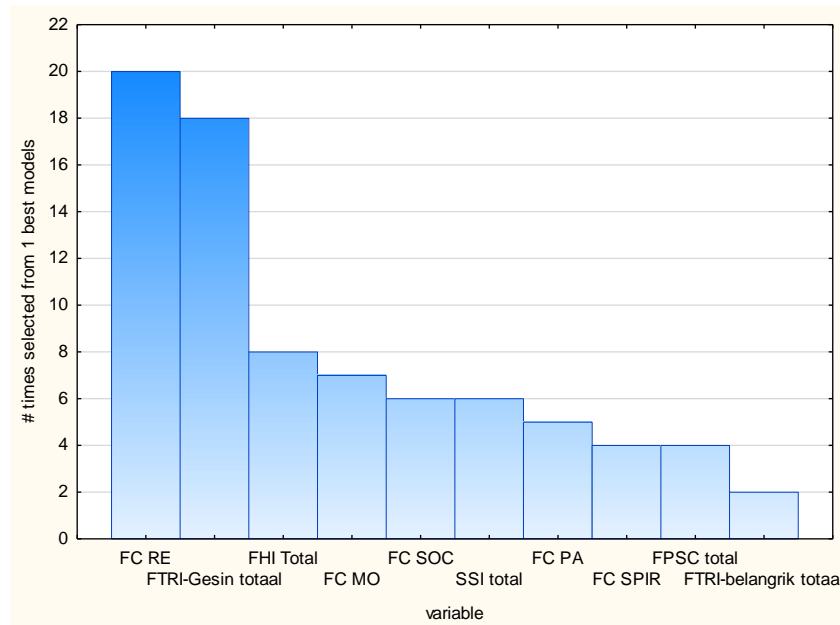


Figure 5.8 Summary of best 20 models

Figure 5.8 shows that the FC: Reframing score was present in 20 of the 22 best subsets, and that the FTRI: Family total score was in 18 of the 22 best subsets. The contribution of these variables to the variance in family adaptation was statistically significant in the best subset as well. These results indicate the significant contribution of the family's problem-solving and coping strategy of reframing, and the types of activities and routines that families engage in, to predicting family adaptation.

The SSI: Total scores were also identified in all the best subsets as a predictor of family adaptation. Community support and the utilisation of community resources could thus be included as a predictor of family adaptation, even though the contribution of this variable is not statistically significant. The F-COPES: Social support score was also included in the best

subset as a predictor of family adaptation. However, this variable was only present in six (27.3%) of the 22 best subsets, and demonstrated a negative yet non-significant contribution to the variations in family adaptation.

5.5 Conclusion

In this chapter I outlined the results found after analysing the collected qualitative and quantitative data. The biographical variables showed no significant correlation with the families' adaptation. The only variable that showed a tendency towards a significant correlation with family adaptation was the 'number of years at residence'.

In the qualitative results, family hardiness and cohesion, support from extended family, friends, and external social support, positive reframing to make the event more manageable, security upgrades and/or increased surveillance to regain 'peace of mind', being able to accept and not react to the event, faith as a source of strength and comfort, and the ability to talk about the incident as a way of working through it were the most frequently mentioned resources.

The quantitative data show that 14 of the 25 measured variables significantly correlated with family adaptation. Then, in the best-subset regression analysis, four variables were found to be the biggest contributors to the variance in family adaptation. These were reframing as a problem-solving and coping strategy, the overall ability of the family to establish family time and routines, the extent to which the family finds support in their community, and their ability to actively acquire external support as part of their problem-solving and coping repertoire. It is noted that there is a negative relationship between family adaptation and the family's ability to actively acquire external support as part of their problem-solving and coping repertoire, as seen in the regression analysis.

The findings of the best-subset regression analysis identified four variables that worked together to predict the variation in family adaptation (see Table 5.4). The first was the coping and behavioural strategy of positive reframing (F-COPES), which is a variable that is present in both the quantitative and qualitative data. The F-COPES: Reframing score was present in 20 of the 22 (91%) best regression subsets (see Figure 5.8). Second is the type of activities and routines that families engage in, which is also significantly correlated with family adaptation in the quantitative data. The FTRI: Family total score was present in 18 of the 22 (82%) best regression subsets (see Figure 5.8). Third is the social support that the family receive from their extended family and community (as measured with the SSI). Although social support was not significantly correlated with family adaptation and was present in only six of the 22 (27%) best regression subsets, it features prominently throughout the interviews. Lastly, a non-significant, negative correlation was shown in this best-subset regression analysis for the family problem-solving and coping strategy of actively acquiring social support (F-COPES: Acquiring social support) (see Table 5.4)

Throughout the findings, the dominant theme that emerged repeatedly was the idea of a strong internal locus of control. These families felt able to influence the way in which they dealt with the effects of the house robbery and felt capable of working through these and rebuilding their lives. To that end, these families used several strategies, such as positive reframing and leaning on existing support networks (in the form of family and friends) to recover from and adapt to the house robbery experience. These findings will be discussed in Chapter 6.

6 Discussion and Conclusions

6.1 Introduction

The purpose of this study was to identify resilience factors in families that helped them to adapt following the impact of a house robbery. In this chapter, both the qualitative and quantitative results of this study, as reported in Chapter 5, are discussed and considered in the light of the findings of previous family resilience studies. In accordance with resilience literature, family adaptation was selected as the dependent variable, and all independent variables that significantly correlated with family adaptation were then considered family resilience factors or qualities.

During times of crisis, a family experiences disharmony that can cause them to become completely overwhelmed and consequently define themselves according to the crisis (McCubbin et al., 1996). Resilience studies focus on the positive factors, attributes and resources that families have available to them that can help them adapt to the crisis successfully and regain their prior level of functioning (McCubbin et al., 1996). According to McCubbin et al. (1996) and Walsh (1996, 2003, 2012), every family has the potential to overcome adversity and develop the skills and abilities necessary to adapt to stressors over time.

Courtesy of the McCubbin and McCubbin model (1996) and the Walsh framework (1996), which identified a host of potential resilience-related variables, the quantitative portion of this study sought to identify prominently featured resilience qualities that were utilised by families dealing with the specific crisis of a house robbery. With no other resilience-specific studies concerning the subject of a house robbery crisis, I selected the study of Greeff and Lawrence (2012), on resilience factors in families who had lost a home in a shack fire, as the point of

departure for this study. This study of Greeff and Lawrence (2012) was thus chosen for the similarities it shares with this current study of family resilience.

As with other South African studies of family resilience using the McCubbin and McCubbin model (1996) and Walsh's framework (1996) as theoretical frameworks, several predictor variables were identified in both the quantitative and qualitative data in this study. The quantitative data was analysed to find variables that correlated significantly with family adaptation, while the qualitative data was analysed to identify the most frequently mentioned factors that, according to the participants, had enabled their families to adapt following their house robbery crisis. As there is quite a bit of overlap between the quantitative and qualitative findings, I combined the results from both data sources and present them in order of importance. This produced 11 variables in total that are significantly correlated with family adaptation. These are (1) the family's ability to reframe the stressor, (2) the internal strength and durability of the family, (3) the commitment of family members, (4) internal support, (5) family and relative support, (6) social support, (7) security measures, (8) family's use of routines and family time, (9) the family's emphasis on sharing meals together, (10) regular communication between parents and their children, and (11) the family's sense of togetherness from spending time together.

The discussion of these variables is followed by my conclusions, the limitations of this study, and recommendations for further research.

6.2 Discussion of the Eleven Variables most Significantly Associated with Family Adaptation

From the 25 independent variables measured with the quantitative instruments, the Pearson product-moment correlations found 14 of these variables to be statistically significant at the probability level of 5%. Of these 14 variables, seven variables were the most significantly

correlated with family adaptation at the probability level of 1%. The first of these variables is the family's problem-solving and coping strategy of reframing (as measured with the F-COPES reframing subscale). The next two are the family's hardiness and stress resistance/durability (as indicated by the total score of the FHI), as well as the family's commitment to each other (indicated by the score on the commitment subscale of the FHI), which play a role in their overall hardiness as a family.

The last four variables identified were measured with the Family Time and Routine Index (FTRI) and concern the types of activities and routines in which the families engaged. Among the family time and routines (measured with subscales of the FTRI) that were significantly correlated with family adaptation were routines that encouraged the family to share meals together (FTRI: Meals together), routines that encouraged time and activities shared by parents and their children (FTRI: Parent-child togetherness), and routines that encouraged family members to spend time with each other (FTRI: Family time together). The multiple regression analysis also showed that these types of activities and routines that families engaged in (FTRI: Family total score) were important resilience factors that contributed significantly to the variance in family adaptation.

The qualitative data introduces four additional variables. These are internal support (family members supporting each other), family and relative support from extended family and friends: *“our family support is very strong and that helps us ... we also have a few friends that offered to help”* (P 1: AT030912), and social support. The fourth is security measures: *“We put burglar bars up straight away after ... that was our biggest thing”* (P 4: DV030113).

These eleven variables were grouped according to themes: problem-solving strategies, family hardiness, support systems, security measures and family time and routines.

6.2.1 Problem-solving and coping strategies

Problem-solving and behavioural strategies consist of the meaning making or appraisal process families adopt when faced with a stressor (McCubbin & McCubbin, 1996). There are internal coping skills of reframing and passive appraisal (accepting the situation), and also external coping strategies of seeking support and accepting help from others.

6.2.1.1 The family's ability to reframe the stressor

It was found in this study that the internal coping skill of reframing is significantly correlated with family adaptation (see Table 5.3). According to McCubbin and McCubbin (1996) and Walsh (2003), the problem-solving and coping strategy of reframing (or the meaning-making process) is central to positive adaptation. Families who are able to make meaning of and reframe their situation as understandable and manageable are more likely to maintain a sense of control and feel capable of adapting successfully after the crisis (Stinnett & DeFrain, 1985). Successful meaning making, by reframing a crisis as understandable and manageable, facilitates optimism, which is one of the key process as identified by Walsh (2003) as influencing family resilience.

Within the quantitative data of this study, the family's use of the problem-solving and behavioural strategy of reframing (F-COPES: Reframing) was found to be a strong predictor of family adaptation. Reframing also demonstrated the strongest correlation with family adaptation in the best subset analysis (see Table 5.4). This means that a family's ability to redefine the stressor or crisis event as less threatening and more manageable is linked to higher levels of family adaptation.

This variable featured prominently in the qualitative data, with several respondents implying it with statements such as: *"you've got to think that nothing really happened ... it could've been way worse"* (P 4: DV030113); *"The fact that no one was hurt when the robbery had happened,*

so everyone was safe and not hurt” (P 2: CM170812). Instead of seeing the incident as a calamity, the family managed to see it in a more positive light and even find humour in it: “[we were] able to laugh it off” (P 7: JR180211); “We made a joke of it afterwards because they couldn’t even tie him up [properly]” (P 4: DV030113).

Although the relationship between acceptance (measured by F-COPES: Passive appraisal) and family adaptation was not significant in this study (see Table 5.3), acceptance is a key feature of successful reframing or meaning making. It helps the family accept that the house robbery took place and that it happened to them. This acceptance allows them to choose to reframe it more positively and then to focus their efforts on moving forward. Some respondents demonstrated insight into this process of reframing and acceptance, with statements such as “Find out what meaning you give to what happened and why it happened. This does help to contextualise the situation” (P 11: PG000011); “you never forget it. It’s a part of you, it’s a part of your life now ... but it’s definitely not the end of it” (P 8: LM270413).

Greeff and Wentworth (2009) found in their study of resilience in families who experienced a heart-related trauma that families adapted better if they could make meaning of, or reframe, the crisis. Surprisingly, none of the other South African studies of family resilience found a significant link between reframing and family adaptation. Most notable is the absence of this variable in the findings of the study of resilience in families that lost their homes in a shack fire (Greeff & Lawrence, 2012). This could be due to the fact that these families simply had no way to positively reframe their extreme loss. In this study of house robbery, however, the families were not forced to ‘start from scratch’ and deal with additional stress (pile-up of stress) in having to worry about their most basic needs being met (such as shelter, clothing, food, money, and meeting work commitments/attending school).

6.2.2 Family hardiness

Family hardiness consists of the internal strength and durability in the family unit, and their sense of control over their circumstances (Greeff & Lawrence, 2012). Three components interact to determine the resultant hardiness of the family. These are the family's commitment and ability to work together, the family's efforts to respond positively to challenges, and the extent to which they feel they are able to control the outcome of the crisis/stressor and how they respond to it. This study found the family's overall sense of durability and internal strength, and their commitment, dependability and ability to work together, to be significantly correlated with family adaptation (see Table 5.3).

6.2.2.1 The overall level of internal strength and durability of the family

Family hardiness is another important resistance and family system resource in the Resilience Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), and plays a fundamental role in promoting/facilitating successful family adaptation after a crisis. This internal strength and durability buffers the effects of stressors on the family and facilitates their adaptation over time (McCubbin et al., 1996).

Hardiness as a potential resilience quality surfaced in both the quantitative and qualitative results. The quantitative results reported a significant positive correlation between the family's internal strengths and durability (FHI: total score) and family adaptation (see Table 5.3). Qualitatively, several families (n = 12) referred to themselves as "*self-reliant and resourceful, [and] able to dust [themselves] off and keep going*" (P 11: PG000011), with "*the ability to look to the future and not let this hardship get [them] under*" (P 9: NR071113). These families saw themselves as strong – "*it's just now we getting stronger*" (P 6: JL000011), and capable of dealing with the experience and moving on from it: "*As difficult as what the present is, to stand up, sort yourself out, and look to getting back on your feet*" (P 9: NR071113); "*Do not dwell on it ... deal with it and move on*" (P 7: JR180211).

Several other studies of family resilience in South Africa identified family hardiness as contributing to family adaptation. Greeff and Human's (2004) study of resilience in families in which a parent had died found that family hardiness (internal strength and durability of the family unit) was one of the factors in successful family adaptation. Greeff and Holtzkamp (2007), in their study titled "The prevalence of resilience in migrant families", found that the family's ability to use their internal strengths and durability to manage problems served as an important resilience-enhancing resource. Greeff and Wentworth (2009) also found family hardiness to be an integral factor in the successful adaptation of families dealing with the crisis of a heart-related trauma.

Then there are the findings of Greeff and Van den Berg's (2012) study of resilience in families in which a child was bullied. These results show that the fortitude and durability of the family unit correlated significantly with family adaptation. Lastly, in the study of resilience factors in families who had lost a home in a shack fire, Greeff and Lawrence (2012) found (1) a sense of control, (2) internal strengths and dependability, and (3) working together as family to be three significant factors in family adaptation. All three of these variables are components/facets of family hardiness (Greeff & Lawrence, 2012).

Although the variable on its own was strongly correlated with family adaptation in this current study, family hardiness was not among the four predictor variables identified in the best-subset regression analysis.

6.2.2.2 Commitment and unity of family members

The family's commitment to the family unit and the bond shared between them also had a strong positive correlation with family adaptation (see Table 5.3). This variable, commitment (FHI: Commitment), concerns the strength of the attachment between the family members and their ability to work together. The positive relationships found between family adaptation and

the family's commitment indicates that, in this study, the families' adaptation and coping was most likely facilitated by their ability to work together and support each other in trying to overcome the hardship.

Several of the families in this study (n = 7) viewed themselves as a cohesive and unified team: "We stood by each other" (P 1: AT030912); "I would say my family. We helped each other" (P 2: CM170812); "before I phoned the police, I phoned my dad, that's how close we are" (P 4: DV030113); "I suppose it could be that because we are very close" (P 7: JR180211). Some family representatives felt that the pressure of the stressor had "made us stronger as a family" (P 13: TR000913) and resulted in them drawing closer to each other: "I think, as much as it was a terrifying experience for me, it changed my outlook on life in such a positive way and my relationship with my daughter [now] is amazing" (P 8: LM270413); "We are very close. We love each other a lot" (P 3: DDT270311).

The attachment between family members and their ability to work together as a family and support each other in trying to overcome the hardship was also identified as a resilience factor in the study by Greeff and Lawrence (2012) about resilience factors in families who had lost a home in a shack fire.

6.2.3 Support systems

There are three categories of support systems: intra-family member support, extended family and relative support, and community and social support (McCubbin & McCubbin, 1996). The internal support between family members forms part of family cohesion, which has to do with the level of emotional closeness, attachment and support between family members during adversity (Walsh, 2003). Second, the extended family and relative support comprises the sources of support that families receive from their wider social and family networks to help them to adapt when faced with stressors (Lavee et al., 1987). The third support system,

community and social support, is the care and resources that the family receive (and can access) from their community, and whether or not the family sees this community as a source of social, emotional and esteem support (McCubbin, Patterson, & Glynn, 1982).

6.2.3.1 Internal support between family members

Internal family support concerns the immediate family members working together in supporting each other during stressful times (McCubbin & McCubbin, 1996). This internal support between family members is a key resilience resource in both the resilience framework of Walsh (2003) and the resilience model of McCubbin and McCubbin (1996) in promoting positive adaptation in families.

Quantitatively there is no specific measuring instrument to measure this form of support as an independent variable. Instead, this support is measured indirectly through the family's scores on the (1) family togetherness subscale of the family time and routines index (FTRI: Family togetherness), the (2) family hardiness index (FHI: Total), the (3) commitment subscale of the family hardiness index (FHI: Commitment), and the (4) attachment subscale of the Family Attachment Changeability Index 8 (FACI8: Attachment). These four scales all measure the closeness and attachment between family members. The variables that were measured with the first three instruments (mentioned above) all demonstrated significant relationships with family adaptation (see Table 5.3), which would imply strong family attachment and internal family support.

Qualitatively, 92% (n = 12) of the participants interviewed stated that their immediate family members (mother, father, parents as a couple, and siblings) supported each other, physically and emotionally, after the house robbery, and that this inter-member support was one of their strongest adaptation resources. *“I suppose it could be that because we are very close”* (P 5:

EA140611); “*I think knowing that I have my family that love me*” (P 12: ST000508); “*Support for one another*” (P 7: JR180211).

Studies such as that by Greeff and Holtzkamp (2007) of resilience in migrant families, Greeff and Human’s (2004) study of resilience in families in which a parent had died, and Greeff and Van der Merwe’s (2004) study of resilience in divorced families also found that interpersonal relationships and support between the family members were key factors in the promotion of resilience in those families.

6.2.3.2 Support from extended family, relatives and friends

External support entails the care and help that extended family (grandparents, aunts, uncles, cousins), relatives and friends outside of the immediate family provide for the affected family. The use of support from extended family, relatives and friends by the family is another important resource according to the Resilience Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) for fostering positive adaptation in the family after a crisis event. The use of these external resources by the family is therefore a crucial adaptation resource in promoting resilience.

The quantitative results of this study showed no significant correlation between family adaptation and the family’s use of relative and friend support as a coping mechanism during the crisis (see Table 5.3). This is an unexpected finding, considering that support from extended family, relatives and friends features strongly within the qualitative results. Ninety-two percent (n = 12) of the participants emphasised that their families had turned to friends and relatives for support after the event, and that the support that they received from their extended family, relatives and friends was instrumental in their adaptation and recovery from the house robbery. According to the participants, the external resources that the family made use of included extended relatives such as grandparents: “*we have a lot of support of our parents ... we are*

both very close to our parents, so they were there a lot to help” (P 8: LM270413); *“Family came to live with us which made us (feel) more secure”* (P 9: NR071113); *“our family support is very strong and that helps us”* (P 1: AT030912); *“My family came together to assist”* (P 13: TR000913), and friends: *“It would be friends and family that stood with us, helped us...they were there to offer support”* (P 9: NR071113); *“I would rely on a friend or a family member”* (P 8: LM270413); *“If you value the input of family, friends and neighbours, then talk to them”* (P 11: PG000011).

The family’s use of relative and friend support is confirmed by previous research (Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Van der Merwe, 2004), in which this support from extended family and relatives was found to be significantly correlated with positive adaptation and resiliency in the family.

6.2.3.3 Social and community support

Social support entails the extent to which the family is integrated into and finds support within the community in which they live, and perceive this community as a source of social, emotional and esteem support (McCubbin, Patterson, & Glynn, 1982). Social support is a key resilience resource in both the resilience framework of Walsh (2003b) and the resilience model of McCubbin and McCubbin (1996), in which social support is seen as an important resource in promoting successful adaptation. This support is associated with positive outcomes in families, since it facilitates hope and acts as a buffer to stress.

No significant correlation was found between the use of social and community support (as measured with the Social Support Index) by the families in this study and family adaptation. Yet it is listed as one of the predictor variables in the best-subset regression analysis (see Table 5.4). Neither were any significant correlations found between family adaptation and the family’s ability to obtain social support, their use of spiritual support, or their coping strategy

of mobilising the family to actively seek social support and accept help from others (see Table 5.3), as one would expect.

Qualitatively, a small number of participants spoke of social and community resources that were used as support by their families. This social support consisted of neighbours: *“we went to our neighbours ... luckily for us our neighbour is at home during the day ... we have their telephone number and we also help them”* (P 1: AT030912), friends of the family: *“I would rely on a friend or a family member”* (P 8: LM270413), and counsellors or psychologists: *“My grandson only went for two or three therapy sessions. If it was my decision I would have taken him more often”* (P 11: PG000011); *“seeing a psychologist to work through things and how to handle it”* (P 9: NR071113). Only one family chose to find support from fellow worshippers in their church and from their church elders/leadership: *“It helped me to pray and talk with God. I also spoke to my pastor”* (P 12: ST000508).

The demographic data showed a tendency towards a significant correlation between the length of time that the family had lived in the house (and in that neighbourhood) and their level of family adaptation (see Table 5.1). This links to the significant correlation between the extent to which families are integrated into and find support within their community and family adaptation (see Table 5.3).

While not statistically significant, the use of social and community support features in the best-subset regression analysis as the third predictor variable that determines the variance in family adaptation (see Table 5.4). On the other hand, acquiring social support (F-COPES: Subscale), which is the fourth variable in the group of variables that best predict family adaptation, obtained a negative score of $p = -0.26$ in the regression analysis. This would seem to contradict the strong relationship between social support and positive adaptation. One explanation for this

lies in the difference between the variables measured with the F-COPES (subscale acquiring social support) and the Social Support Index. The F-COPES: Acquiring social support scale measures the family's problem-solving and coping strategy of acquiring social support, thus the family is actively searching for support groups or community organisations to help them cope. The Social Support Index, on the other hand, measures the integration and support that the family enjoy in their immediate environment. Having established access to these resources prior to the house robbery, it is unsurprising that they would instinctively reach out to them during the stressful period. It could be that families who are actively seeking social support turned to that coping strategy as a last resort because they were not coping using their existing problem-solving strategies and resources, which explains the negative correlation between seeking social support as a coping strategy and family adaptation.

Research in South Africa has identified social and community support as a factor that fosters resilience in families with a retrenched family member, in remarried families, families in which a parent passed away, poor single-parent families, families in which a husband had prostate cancer and families in which a child had been bullied (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van den Berg, 2013).

6.2.4 Security measures

All the participants (n = 13) interviewed for this study explained that their families had some form of security installed after the incident. These security installations or upgrades served several purposes. First, they were to protect the family from future victimisation: “*We put burglar bars up straight away after... that was our biggest thing*” (P 4: DV030113); “*With the extra security we had everything checked and extra sensors and things like that put in*” (P 10: NR130313); “*I had more security put in ... if you look there you will see the camera*” (P 5: EA140611); “*We set about building high walls and looking weak areas and went about quickly*

extra security installed, in addition to the high walls and extra palisade fencing with barbed wire” (P 11: PG000011).

Second, they served the purpose of helping calm them and allowing them to regain control of their environment: *“The additions definitely provided my grandson and D* and I with a greater sense of control over our environment” (P 11: PG000011); “adapting comes with time and knowing that you are safer in your home makes you more relaxed” (P 13: TR000913); “Make sure you fix your weak areas where you know robbers can gain entrance to your home. If you don’t, you will always feel vulnerable and unsafe” (P 7: JR180211).*

Lastly, it seemed that the added security served to restore their feelings of safety: *“So we put up the electric fence for peace of mind. We made it secure for ourselves” (P 1: AT030912); “We also installed an alarm the following day ... which is a superficial thing ... [but it gave us] peace of mind to know that, okay, there is more security now in our place” (P 3: DDT270311); “getting the security upgrades and all of that helped, yes” (P 6: JL000011).* Despite the reasons for increasing their security, all the participants (n = 13) felt that their families had benefitted enormously from these increased security measures and that the restored sense of security and safety these measures gave them was instrumental in helping them recover from and adapt to the house robbery event.

6.2.5 Family time and routines

Family time and routines refer to how families work together effectively and create stability within the family to prepare them to meet new demands during times of hardship (McCubbin et al., 1996). It is the family’s emphasis on and encouragement of family time together through their routines and activities that foster and promote inter-member support and commitment,

which, in turn, encourage family cohesion and more effective family functioning, and therefore increased resilience.

The findings of this study highlight strong significant positive correlations between family adaptation (FACI8: Total) and the family's use of family time, routines and activities (FTRI: Total score), the family's efforts to have at least one meal together daily (FTRI: Meals together), their efforts to encourage communication and closeness between parent and children (FTRI: Parent-child connection), and the promotion of unity and closeness through spending time together as a family (FTRI: Family togetherness) (see Table 5.3).

6.2.5.1 Family's use of family time, routines and activities

McCubbin and McCubbin (1996) identified family routines as an important family system resource in the adaptation process. According to the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), family celebrations, family routines and family time together facilitate adaptation by creating stability and predictability, which can help to neutralise the effect of a stressor within the family.

Quantitatively this study found that families who emphasised family routines and activities (FTRI: Total) presented higher levels of family adaptation (see Table 5.3). Interestingly, this did not feature strongly in the qualitative results. Only one family specifically spoke of their routines and spending time together as a family: "*Finding a family hobby especially with the kids*" (P 13: TR000913). Another family representative indirectly referred to this aspect, but was not speaking of routine in their family, but that of their domestic worker: "*I said [to her] 'listen, carry on praying as you have always done'*" (P 1: AT030912).

In the results of the best subset multiple regression analysis, family time and routines were found to be a strong predictor variable of family adaptation (see Table 5.4). This finding means

that the family's establishment of and efforts to encourage family routines and spending time together as a family was a very strong indicator of family adaptation. This is supported by previous research in which family time and routines were found to be a supportive factor in family adaptation (Greeff & Van den Berg, 2012; Greeff & Wentworth, 2009).

6.2.5.2 Family meals together

According to the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), the sharing of mealtimes together as a way of connecting with each other and promoting togetherness is an important factor in family adaptation. Routines such as regular mealtimes help organise daily life and provide structure and predictability. This structure and predictability, in turn, help stabilise a family system that was disrupted by a crisis.

In this study, a significant positive correlation was found between family adaptation and the family's efforts at establishing predictable routines in promoting togetherness through family mealtimes (FTRI: Mealtimes together) (see Table 5.3). Qualitatively, while no mention is made specifically of mealtimes together as a factor in the families' adaptation process, it can be inferred that the families' routine of sharing at least one meal together (breakfast, lunch or supper) would naturally form part of the overall structure and routines in the household (FTRI: Total score). Thus, if families spoke about their time together this would usually include the smaller family routines (such as household chores, bedtime routines, etc.) involved in that process. One can also reason that mealtimes together would not stand out in the minds of participants as a significant factor in their recovery.

6.2.5.3 Regular communication between children and parents

In the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), the family's emphasis on regular dialogue between parents and children as a way of connecting with each other and promoting togetherness is an important factor in

family adaptation. According to Walsh (2003b), it is important that family members communicate with each other, both about the incident and their resulting emotions (Walsh, 2003, 2006). This open emotional sharing between the children and parents creates the necessary opportunities to communicate and exchange ideas and feelings with each other.

Family time and routines within the family, in terms of communication between the children and parents, had a significant positive correlation with family adaptation (see Table 5.3). This was also found in previous research, in which communication between children and parents was found as a significant supportive factor in family adaptation. (Greeff & Lawrence, 2012; Greeff & Van der Merwe, 2004; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; Jonker & Greeff, 2009).

None of the interviewed participants spoke of communication between themselves and their children as a daily family routine. They did speak of communicating with their children, but this was in the context of the house robbery incident and the subsequent impact of it: “*Definitely prayer and family discussions*” (P 13: TR000913); “*speaking about it definitely helped because we still speak about it today*” (P 4: DV030113), “*L* and I did speak about the incident ... I did tell him (grandson) how well and brave and level headed he was during the ordeal of being held at gunpoint by three individuals ... and that his way of managing himself during the robbery was amazing*” (P 11: PG000011).

6.2.5.4 Family togetherness and unity

Another component of family resilience is the ability of a family to approach a crisis as a shared challenge (Walsh, 2006, 2012). Family time together can create the necessary opportunities for family members to connect with each other, to communicate and exchange ideas and feelings and to bring stability and harmony to the family. Walsh (2003b) goes on to explain that the family’s emphasis on and encouragement of family time together through their routines

encourages family cohesion, and that families with a high degree of cohesion typically demonstrate higher degrees of commitment and support for one another, which promotes more effective family functioning and, as a result, increased resilience. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) agrees that families that emphasise family togetherness through routines and shared activities typically display higher levels of family adaptation.

The quantitative findings of the current study also show a significant positive correlation between family adaptation and routines that encourage family members to spend time with each other (FTRI: Family time together) (see Table 5.3). These results support family time as an important family resilience factor, and that family adaptation is promoted through time spent together with family members. On the other hand, while a significant portion of the participants mentioned the closeness and cohesion within the family (see section 6.2.2.2), very few participants referred to this togetherness in the context of a routine or in relation to the actual effort to spend time together as a family. Only one participant specifically mentioned the importance of spending family time together in which the family members connect with each other and check in emotionally with each other: “*We prayed together as a family, reading the bible and had our church and family pray for us*” (P 13: TR000913).

Other studies on family resilience (Greeff & Van den Berg, 2012; Greeff & Wentworth, 2009) have also found a positive correlation between family adaptation and routines that encourage family togetherness and unity. Black and Lobo (2008) report that shared recreation and leisure time promotes attachment, happiness, the development of a sense of humor, learning and the enjoyment of shared experiences (Wuerffel, DeFrain, & Stinnett, 1990).

6.3 Summary of Results

Both the Resiliency Model of Family Stress, Adjustment and Adaptation of McCubbin and McCubbin (1996), and the Family Resilience framework of Walsh (1996), provide an effective contextual framework in which resilience factors specific to families can be investigated. Within these frameworks, several factors have been identified as important mediating factors in family adaptation.

Within the quantitative data, seven independent variables were significantly associated with family adaptation and therefore considered as resilience factors. These were (1) the family's coping strategy of reframing their situation more positively; (2) the family's overall hardiness (or stress resistance and durability); (3) their commitment to the family in promoting the hardiness of the family unit; (4) their establishment, and use, of family time and routines to provide structure and promote harmony and cohesion; (5) their efforts at sharing family mealtimes together as a way of connecting with each other, (6) the promotion of parent-child togetherness and communication, and (7) the family emphasis on building togetherness through spending time and doing activities together.

Within the qualitative data, four additional themes emerged strongly. These are (1) the support that family members provide, and receive, within their own family, (2) the support from extended family, relatives and friends, (3) their social support and (4) the security measures that are installed and/or upgraded around the house in order to regain their feelings of safety, prevent future victimisation, and regain a semblance of control over their environment.

Following this, the best-subset multiple regression analysis used to determine the best arrangement/combination of variables in predicting family adaptation identified four predictor variables for family adaptation. These are (in order of importance): (1) the family's coping

strategy of reframing their situation more positively, (2) the family's establishment, and use, of family time and routines to promote harmony and cohesion in the family, (3) the extent to which the family is integrated into, and finds support within, their community, and (4) an inverse relationship with their efforts to actively look for social support to help them cope with the stressor/crisis.

Of all the variables shown in the quantitative, qualitative and best subsets multiple regression analysis that best predict family adaptation, the family's ability to make meaning of and reframe their situation as understandable and manageable to maintain a sense of control is singularly the strongest predictor of family adaptation. Furthermore, what is noteworthy by its absence is family communication. Family communication (as measured by the Family Problem Solving and Communication scale) had no significant correlation at all with family adaptation in the families in this study.

In contrast, several other studies of family resilience found communication as their most significant variable in promoting adaptation in families dealing with crises (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Thiel, 2012; Greeff & Van den Berg, 2013; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; Jonker & Greeff, 2009; McCubbin & McCubbin, 1996; Walsh, 2012).

One possible explanation for this finding is the following: There is the possibility that the nature of this stressor/crisis did not require the families in this study to focus on communication as a coping strategy. Unlike other stressors that are chronic (mild stressor that affects the family daily over a longer space of time), a house robbery could be classified as an acute stressor (intense stressor or crisis that is of short duration). It is likely that an acute stressor (such as a

house robbery) would mobilise the family to tighten ranks and pull together, whereas a chronic stressor that takes place over a length of time would result in a slow disintegration of this unified front, which then requires active communication to maintain family harmony and cohesion. Thus, when dealing with a chronic stressor, families would be aware of the importance of their communication efforts and interaction styles with each other.

6.4 Limitations of This Study and Recommendations for Future Studies

The aim of the present study was specifically to identify resilience factors in families that had experienced a house robbery, and not to examine the way in which these resilience factors operate. Although this study has limitations, many of the findings are supported by theory and previous research. Due to the design of this study and the sample used, the results cannot be generalised. Addressing the limitations of this study could improve the design of future research.

Firstly, family resilience is a process that operates over time (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996; Walsh, 2012) and should not be studied at a single point in time, as was the case with the cross-sectional design of this study. A longitudinal study, comparing family adaptation both pre-crisis, post-crisis, as well as a few years later, would have been more informative. It would be valuable if future studies used a longitudinal design to investigate how family adaptation fluctuates or changes over time, which would allow for a greater understanding of adaptation as a process (Bhana & Bashoo, 2011; Hawley & DeHaan, 2004).

Second, family resilience studies should include the responses of more than one family member. The problem of using only one representative of the family is that it assumes that the perceptions of an individual member is representative of the opinions of the entire family unit. It would have been more informative if data had been gathered from other family members, as

well to obtain more detailed information about the variables of interest. As explained by DeHaan et al. (2002), data is gathered at an individual level and extrapolated to a family level. An improvement to this design would be to interview multiple family representatives. Therefore, it is recommended that future studies include two or more family representatives, which will give a more comprehensive reflection of the families' perceptions and understanding of family adaptation to a house robbery event.

Third, as the present study involved convenience sampling it was only possible to identify participating families through their case reports at the police station. The sample thus consists only of families who were willing to consent to the study, which could have an influence on the data and the findings. There is a likelihood that the type of person who agreed to take part in the study would also demonstrate higher levels of hardiness, positive mental attitudes and better adjustment than a member of families that declined to participate.

This leads us to the last limitation, which was the size of this study's sample. Due to time constraints inherent in the scope and nature of this study, and the limited pool of potential participants, only 51 families were identified from the case reports to take part in the study, 36 of which consented initially. Following consent, four participants were lost, resulting in only 32 families taking part in this study. This small sample size thus requires caution in generalising the results of the study to all families.

6.5 Conclusion

The aim of this study was to identify resilience qualities (resilience factors, attributes and resources) that are associated with family adaptation in families who experienced a house robbery. As is evident from the above discussion, a number of variables were found to be related to family adaptation. These were family hardiness and commitment, the ability to redefine the stressor, support from family, relatives and friends, the importance of having

family time and routines (specifically mealtimes together, regular communication between children and parents, and quality time spent together), and the security measures that were installed/upgraded following the event.

Of specific interest is the ability of a family to redefine the stressor and the ability of the family members to accept the event. While passive appraisal was not significantly correlated with adaptation, several participants spoke of it. The participants in this study felt that they were capable of accepting the situation and overcoming their hardship by refusing to give up and allow themselves to become consumed by it.

I know you think you're never going to get over it ... and where you're stuck now is [permanent] ... [but] it does get easier ... you never forget it. It's a part of you, it's a part of your life now ... but it's definitely not the end of it' (P 8: LM270413).

The limitations of this study include the cross-sectional design used, the size of the sample, the time constraints, and the fact that, while it was family resilience that was being studied, only one participant acting as a family representative completed the questionnaires and interview. However, previous research confirmed this study's contribution towards a better understanding of family adaptation and resilience.

The findings of this study suggest that interventions aimed at improving family adaptation in families who have experienced a house robbery incident should focus on helping struggling families to positively reframe their stressor and to find ways of accessing/tapping into their internal strengths and building strong support networks. Helping these families to reconnect with each other using family time and routines is also beneficial and likely to have a positive impact on the health and well-being of all the family members. However, a great deal of

research still needs to be done to resolve the limitations of this study, and to further operationalise and measure aspects of family resilience

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Addendums

Addendum A – Participant Information and Consent Form

PARTICIPANT INFORMATION AND CONSENT FORM



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
Jou kennisvenoot • your knowledge partner

TITLE OF RESEARCH PROJECT:

FACTORS ASSOCIATED WITH RESILIENCE IN FAMILIES AFTER A HOUSE ROBBERY INCIDENT

PRINCIPAL INVESTIGATOR: Ms. Stephanie Van Niekerk
SUPERVISOR: Professor Abraham Greeff
ADDRESS: Department of Psychology, Wilcocks Building, Ryneveld
Street, Stellenbosch, 7602
CONTACT DETAILS: S.I. van Niekerk: 08458 08451
A.P. Greeff: 021 808 3464
resilient.study@gmail.com

Dear Sir / Madam

You have been selected as your family representative to participate in a research study conducted by Stephanie van Niekerk, in the completion of a MA Psychology degree with Stellenbosch University.

You were selected as a possible participant in this study due to your recent experience of a house robbery. Please take enough time to read this information, which will explain the details of this project, and ask if there are any questions about any part of this project that you do not fully understand.

It is very important that you understand clearly what this study is about and how you will be involved. Please be reminded that *your participation is entirely voluntary* and you are free to decline to participate, or withdraw from the study *at any point*, even if you agreed to take part. This study is subject to approval by the *Research Ethics Committee* of the University of Stellenbosch and will be conducted according to their ethical guidelines and principles.

PURPOSE OF THE STUDY

This study is for a Masters' degree in Psychology at the University of Stellenbosch.

The purpose of this study is to learn more about family *resilience** and the factors associated with resilience after a trauma, by investigating how families recover from a traumatic experience such as *house robbery***.

*Resilience is the ability to withstand (buffer) the negative impact of a stressor as well as the recovery (return to previous level of functioning) and post-trauma growth (being stronger than before) that some families demonstrate when dealing with hardship.

**House robbery is the *unlawful* and *forceful* entering of *private premises* while the residents are present, with the intention of stealing property and/or harming the occupants.

PROCEDURE

For this study I need one adult representative from families that have experienced a house robbery within the *past three years* (Jan 2010 to July 2013), who were *at home during the incident* (at least two family members), but *not critically injured* (did not result in death or any other permanent injury). You are invited to participate because your family fits the selection criteria for this study.

If you agree to participate, you will be asked to nominate one family representative (an adult) who will complete a short biographical questionnaire, an open-ended question asking about how your family managed to cope afterwards, and seven self-report questionnaires to measure your family's current functioning as well as communication styles, support systems and resources, coping styles, and family routines.

The completion of the questionnaires will take approximately 45 minutes and I will be there to help you, should you feel stuck in answering the questions.

POTENTIAL RISKS AND DISCOMFORTS

There is a possibility of experiencing emotional discomfort when answering some questions. Should any question make you feel uncomfortable, you are free to choose not to answer. If you feel fatigued, uncomfortable, or in any way upset during any part of the session, you may ask to stop for a rest break or have the study discontinued.

I will be available to answer questions and guide you, and should you experience any distress, you will be referred to the Community Intervention Centre, based in the SAPS building in Milnerton that provides free counseling.

Their contact numbers are: 021 528 3037 or 021 528 3005

POTENTIAL BENEFITS / PAYMENT FOR PARTICIPATION

There are no direct benefits to you for participating in this study. There are also no costs for participating. Families are not expected to travel and will be met at their homes, or a nearby suitable and quiet location/premises of their choosing (such as quiet coffee shop or police station).

You will receive a small gift to thank you for your time.

CONFIDENTIALITY

All information you provide will be kept *strictly confidential* and will only be used by myself, my supervisor, and the data analyst working on this study. Personal information that can identify you (such as your name, contact information, etc.) will be removed from the reports and conveyed in numbers, which will be allocated to participants.

Your information will be locked away in the Department of Psychology at the University of Stellenbosch until completion of the study and publication of the final report, after which it will be destroyed.

The results of individual assessments cannot be made available to participating families. Instead, all families will have full access to the complete published report, if they wish to find out what the results of the study are.

RIGHTS OF PARTICIPANTS: PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

If you have questions regarding your rights as a participant, contact Ms. Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development, University of Stellenbosch.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact either Stephanie on (cell) 08458 08451, or Professor Greeff at (office) 021 808 3464 at any time.

You will also receive a copy of this consent form for your own records.

RESEARCH CONSENT FORM – FAMILY REPRESENTATIVE

Name of Researcher(s) (to be completed by the researcher)
Title of study (to be completed by the researcher)

Please read and complete this form carefully. If you are willing to participate in this study, circle the appropriate responses and sign and date the declaration at the end.

If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. **YES / NO**

- I understand that the research will involve my completion of a biographical questionnaire, and seven self-report questionnaires on different dimensions of our family functioning, followed by an unstructured interview with an open-ended question related to our coping after the house robbery, **YES / NO**

- I give permission for the electronic recording of our interview **YES / NO**

- I understand that I may withdraw from this study at any time without having to give an explanation. **YES / NO**

- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. **YES / NO**

- I understand that any personal information regarding my family will be used solely for research purposes and will be destroyed on completion of your research. **YES / NO**

- I understand that you will be discussing the progress of your research with your research supervisor, and that the data will be sent to a data analyst in the department of psychology at Stellenbosch University. **YES / NO**

I, (name & surname).....
 on this day (date)....., hereby freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Signature:

Addendum B – Participant Biographical Information

BIOGRAPHICAL INFORMATION

(All information in this questionnaire is strictly confidential will be processed anonymously. Should you experience any emotional discomfort while answering this biographical questionnaire, you are free to refuse to answer any of the questions. You also have access to free counseling with the Community Intervention Centre. Their contact numbers are: 021 528 3037 or 082 821 3447).

Respondent number _____ Code name _____

Please cross the box most appropriate to you, or complete the statement in the space provided:

Number of family members:

	Participating Parent	Other Parent	Child 1	Child 2	Child 3	Child 4	Child 5
Age							
Gender							

Is there anyone else who lives permanently with you in your home? No / Yes (If yes)

Please give details:

Home language: Afrikaans English Other

Race: White African Coloured Indian Other

Religious affiliation:

Monthly household income: R0-R7 999 R8 000-R14 999 R15 000- R24 999 More

In which area do you live: (area)

Type of residence: Apartment House Townhouse Other

How many years at current residence:

Date of the house robbery incident? (month and year)

Was it the first time your family was involved in a house robbery? No Yes If yes, can you give more details?

On a scale of 1 (no shock) to 10 (very bad) how bad was the house robbery experience for your family?

(no shock) 1 2 3 4 5 6 7 8 9 10 (very bad)

Number of family members present during incident: Adults.....Children.....Other.....

Were any family member(s) harmed in the incident? No Yes If yes, please give details:

Did your family receive onsite trauma debriefing? No Yes

Has your family received any psychological counseling as a result of the robbery: No Yes

If yes, for approximately how long:

Addendum C – Qualitative Questions

SEMI-STRUCTURED INTERVIEW

- 1. In your own words, which family characteristics and resources would you say helped your family adapt after the house robbery?*
- 2. Can you elaborate on this please?*
- 3. What else do you think helped your family adapt after the house robbery?*
- 4. What may your other family members think helped your family to adapt?*
- 5. What do you think, would've helped your family to cope even better?*
- 6. Can you elaborate on that?*
- 7. If you had to give advice to other families on how to cope after a house robbery, what would it be?*

Addendum D – Quantitative Instruments

FACI8

FAMILY FUNCTIONING FACI8

Instructions

Decide how well each statement describes what is happening in your family. In the column headed **Now**, circle the number which best describes how often each thing is happening right now. In the column headed **Like**, circle the number which best describes how often you would like each thing to happen in your family.

	Now					Like				
	Never	Sometimes	Half the time	More than half	Always	Never	Sometimes	Half the time	More than half	Always
<i>In my family...</i>										
1. In our family it is easy for everyone to express his/her opinion.	1	2	3	4	5	1	2	3	4	5
2. It is easier to discuss problems with people outside the family than with other family members.	1	2	3	4	5	1	2	3	4	5
3. Each family member has input in major family decisions.	1	2	3	4	5	1	2	3	4	5
4. Family members discuss problems and feel good about the solutions.	1	2	3	4	5	1	2	3	4	5
5. In our family everyone goes his/her own way.	1	2	3	4	5	1	2	3	4	5
6. Family members consult other family members on their decisions.	1	2	3	4	5	1	2	3	4	5
7. We have difficulty thinking of things to do as a family.	1	2	3	4	5	1	2	3	4	5
8. Discipline is fair in our family.	1	2	3	4	5	1	2	3	4	5
9. Family members feel closer to people outside the family than to other family members.	1	2	3	4	5	1	2	3	4	5
10. Our family tries new ways of dealing with problems.	1	2	3	4	5	1	2	3	4	5
11. In our family, everyone shares responsibilities.	1	2	3	4	5	1	2	3	4	5
12. It is difficult to get a rule changed in our family.	1	2	3	4	5	1	2	3	4	5
13. Family members avoid each other at home.	1	2	3	4	5	1	2	3	4	5
14. When problems arise, we compromise.	1	2	3	4	5	1	2	3	4	5
15. Family members are afraid to say what is on their minds.	1	2	3	4	5	1	2	3	4	5
16. Family members pair up rather than do things as a total family.	1	2	3	4	5	1	2	3	4	5

F-COPES

F-COPES

DIRECTIONS

First, read the list of "Response Choices" one at a time.

Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then select the number 5 indicating that you **STRONGLY AGREE**; if the statement does not describe your response at all, then select the number 1 indicating that you **STRONGLY DISAGREE**; if the statement describes your response to some degree, then select a number 2, 3 or 4 to indicate how much you agree or disagree with the statement about your response.

1	2	3	4	5
Strongly	Moderately	Neither agree	Moderately	Strongly
disagree	disagree	nor disagree	agree	agree

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND BY:

- 1. Sharing our difficulties with relatives
- 2. Seeking encouragement and support from friends
- 3. Knowing we have the power to solve major problems
- 4. Seeking information and advice from persons in other families who have faced the same or similar problems
- 5. Seeking advice from relatives (grandparents, etc.)
- 6. Seeking assistance from community agencies and programs designed to help families in our situation
- 7. Knowing that we have the strength within our own family to solve our problems
- 8. Receiving gifts and favors from neighbours (e.g. food, taking in mail, etc.)
- 9. Seeking information and advice from the family doctor
- 10. Asking neighbours for favors and assistance
- 11. Facing the problems "head-on" and trying to get a solution right away
- 12. Watching television
- 13. Showing that we are strong
- 14. Attending church services
- 15. Accepting stressful events as a fact of life
- 16. Sharing concerns with close friends
- 17. Knowing luck plays a big part in how well we are able to solve family problems
- 18. Exercising with friends to stay fit and reduce tension
- 19. Accepting that difficulties occur unexpectedly
- 20. Doing things with relatives (get-together, dinners, etc.)
- 21. Seeking professional counseling and help for family difficulties
- 22. Believing we can handle our own problems
- 23. Participating in church activities
- 24. Defining the family problem in a more positive way so that we do not become too discouraged
- 25. Asking relatives how they feel about problems we face
- 26. Feeling that no matter what we do to prepare, we will have difficulty handling problems
- 27. Seeking advice from a minister
- 28. Believing if we wait long enough, the problem will go away
- 29. Sharing problems with neighbours
- 30. Having faith in God

FHI

FHI

DIRECTIONS: Please read each statement below and decide to what degree each describes your family. Is the statement FALSE, MOSTLY FALSE, MOSTLY TRUE, TRUE, or NOT APPLICABLE about your family? Please indicate your choice in the appropriate space.

IN OUR FAMILY	False	Mostly False	Mostly True	True	Not Applicable	Official use
1. Trouble results from mistakes we make						
2. It is not wise to plan ahead and hope because things do not turn out anyway						
3. Our work and efforts are not appreciated no matter how hard we try and work						
4. In the long run, the bad things that happen to us are balanced by the good things that happen						
5. We have a sense of being strong even when we face big problems						
6. Many times I feel I can trust that even in difficult times that things will work out						
7. While we don't always agree, we can count on each other to stand by us in times of need						
8. We do not feel we can survive if another problem hits us						
9. We believe that things will work out for the better if we work together as a family						
10. Life seems dull and meaningless						
11. We strive together and help each other no matter what						
12. When our family plans activities we try new and exciting things						
13. We listen to each others' problems, hurts and fears						
14. We tend to do the same things over and over it's boring						
15. We seem to encourage each other to try new things and experiences						
16. It is better to stay at home than go out and do things with others						
17. Being active and learning new things are encouraged						
18. We work together to solve problems						
19. Most of the unhappy things that happen are due to bad luck						
20. We realise our lives are controlled by accidents and luck						

SSI

SSI

Please rate the following statements as they apply to your family	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. If I had an emergency, even people I do not know in this community would be willing to help						
2. I feel good about myself when I sacrifice and give time and energy to members of my family						
3. The things I do for members of my family and they do for me make me feel part of this very important group						
4. People here know they can get help from the community if they are in trouble						
5. I have friends who let me know they value who I am and what I can do						
6. People can depend on each other in this community						
7. Members of my family seldom listen to my problems or concerns; I usually feel criticised						
8. My friends in this community are a part of my everyday activities.						
9. There are times when family members do things that make other members unhappy						
10. I need to be very careful how much I do for my friends because they take advantage of me.						
11. Living in this community gives me a secure feeling						
12. The members of my family make an effort to show their love and affection for me.						
13. There is a feeling in this community that people should not get too friendly with each other						
14. This is not a very good community to bring children up in						
15. I feel secure that I am as important to my friends as they are to me						
16. I have some very close friends outside the family who I know really care for me and love me						
17. Member(s) of my family do not seem to understand me; I feel taken for granted						

RFS and FPSC

RFS

DIRECTIONS: Decide for your family whether you: STRONGLY DISAGREE; DISAGREE; are NEUTRAL; AGREE; or STRONGLY AGREE with the statements listed below. Indicate your choice in the appropriate space.

We cope with family problems by:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. Sharing our difficulties with relatives						
2. Seeking advice from relatives						
3. Doing things with relatives (get together)						
4. Seeking encouragement and support from friends						
5. Seeking information and advice from people faced with the same or similar problems						
6. Sharing concerns with close friends						
7. Sharing problems with neighbours						
8. Asking relatives how they feel about the problems we face						

FPSC

<i>When our family struggles with problems or conflicts which upset us, I would describe my family in the following way:</i>	False	Mostly False	Mostly True	True
1. We yell and scream at each other	0	1	2	3
2. We are respectful of each others' feelings	0	1	2	3
3. We talk things through till we reach a resolution	0	1	2	3
4. We work hard to be sure family members are not hurt, emotionally or physically	0	1	2	3
5. We walk away from conflicts without much satisfaction	0	1	2	3
6. We share with each other how much we care for one another	0	1	2	3
7. We make matters more difficult by fighting and bring up old matters	0	1	2	3
8. We take time to hear what each other has to say or feel	0	1	2	3
9. We work to be calm and talk things through	0	1	2	3
10. We get upset, but we try to end our conflicts on a positive note	0	1	2	3

FTRI

FTRI

Instructions

First, read the following statements and decide to what extent each of the routines listed below is false or true about your family: **False (0), Mostly False (1), Mostly True (2), True (3)**. Please circle the number (0, 1, 2, 3) which best expresses your family experiences.

Second, determine the importance of each routine to keeping your family together and strong: **NI = Not Important, SI = Somewhat Important, VI = Very Important**. Please circle the letters (NI, SI, or VI) which best express how important the routines are to your family. If you do not have children, relatives, teenagers, etc., please circle NA = Not Applicable.

Routines	False	Mostly False	Mostly True	True	How Important to keeping the Family Together and United			
					<i>Important to family</i>			Not applicable
					Not	Somewhat	Very	
1. Parent(s) have some time each day for just talking with the children	0	1	2	3	NI	SI	VI	NA
2. Working parent has a regular play time with the children after coming from work	0	1	2	3	NI	SI	VI	NA
3. Working parent takes care of the children some time almost every day	0	1	2	3	NI	SI	VI	NA
4. Non-working parent and children do something together outside the home almost every day (e.g., shopping, walking, etc.)	0	1	2	3	NI	SI	VI	NA
5. Family has a quiet time each evening when everyone talks or plays quietly	0	1	2	3	NI	SI	VI	NA
6. Family goes some place special together each week	0	1	2	3	NI	SI	VI	NA
7. Family has a certain family time each week when they do things together at home	0	1	2	3	NI	SI	VI	NA
8. Parent(s) read or tell stories to the children almost every day	0	1	2	3	NI	SI	VI	NA
9. Each child has some time each day for playing alone	0	1	2	3	NI	SI	VI	NA
10. Children/teens play with friends daily	0	1	2	3	NI	SI	VI	NA
11. Parents have a certain hobby or sport they do together regularly	0	1	2	3	NI	SI	VI	NA
12. Parents have time with each other quiet often	0	1	2	3	NI	SI	VI	NA
13. Parents go out together one or more times a week	0	1	2	3	NI	SI	VI	NA
14. Parents often spend time with teenagers for private talks	0	1	2	3	NI	SI	VI	NA

Routines	False	Mostly False	Mostly True	True	How Important to keeping the Family Together and United			
					Not Important to family	Somewhat	Very	Not applicable
15. Children have special things they do or ask for each night at bedtime (e.g. story, good-night kiss, hug, etc.)	0	1	2	3	NI	SI	VI	NA
16. Children go to bed at the same time almost every night	0	1	2	3	NI	SI	VI	NA
17. Family eats at about the same time each night	0	1	2	3	NI	SI	VI	NA
18. Whole family eats one meal together daily	0	1	2	3	NI	SI	VI	NA
19. At least one parent talks to his or her parents regularly	0	1	2	3	NI	SI	VI	NA
20. Family have regular visits with the relatives	0	1	2	3	NI	SI	VI	NA
21. Children/teens spend time with grandparent(s) quite often	0	1	2	3	NI	SI	VI	NA
22. We talk with/ write to relatives usually once a week	0	1	2	3	NI	SI	VI	NA
23. Family checks in or out with each other when someone leaves or comes home	0	1	2	3	NI	SI	VI	NA
24. Working parent(s) comes home from work at the same time each day	0	1	2	3	NI	SI	VI	NA
25. Family has certain things they almost always do to greet each other at the end of the day	0	1	2	3	NI	SI	VI	NA
26. We express caring and affection for each other daily	0	1	2	3	NI	SI	VI	NA
27. Parent(s) have certain things they almost always do each time the children get out of line	0	1	2	3	NI	SI	VI	NA
28. Parents discuss new rules for children/teenagers with them quite often	0	1	2	3	NI	SI	VI	NA
29. Children do regular household chores	0	1	2	3	NI	SI	VI	NA
30. Mothers do regular household chores	0	1	2	3	NI	SI	VI	NA
31. Fathers do regular household chores	0	1	2	3	NI	SI	VI	NA
32. Teenagers do regular household chores	0	1	2	3	NI	SI	VI	NA

Addendum E – Inligting en Toestemmingsvorm vir Deelnemers

TOESTEMMINGSVORM VIR DEELNEMERS



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
Jou kennisvenoot • your knowledge partner

TITEL VAN NAVORSINGSPROJEK:

FAKTORE GEASSOSIEERD MET VEERKRAGTIGHEID IN GESINNE NA 'N HUISROOFTOG VOORVAL

NAVORSER: Me Stephanie Van Niekerk
DOSENT: Professor Abraham Greeff
ADRES: Departement Sielkunde, Wilcocks Gebou,
Ryneveldstraat, Stellenbosch, 7602
KONTAK BESONDERHEDE: S.I. van Niekerk: 08458 08451
A.P. Greeff: 021 808 3464
resilient.study@gmail.com

Geagte Meneer / Mevrouw

U is gekies as u gesin se verteenwoordiger om deel te neem aan 'n navorsingprojek wat gedoen gaan word deur Stephanie van Niekerk vir die verwerwing van 'n MA (Sielkunde) graad by die Universiteit van Stellenbosch.

U gesin is geïdentifiseer as moontlike deelnemers in die studie as gevolg van jul onlangse ervaring van 'n huisroof.

Lees asseblief hierdie inligtingsblad op u tyd deur, aangesien die detail van die navorsingsprojek daarin verduidelik word. Indien daar enige deel van die navorsingsprojek is wat u nie ten volle verstaan nie, is u welkom om vrae daarvoor te vra.

Dit is baie belangrik dat u ten volle moet verstaan wat die navorsingsprojek behels en hoe u daarby betrokke kan wees. *U deelname is ook volkome vrywillig* en daar is geen druk om deel te neem nie.

U sal op geen wyse benadeel word indien u weier om deel te neem nie. U mag ook *enige tyd aan die navorsingsprojek onttrek*, selfs al het u ingestem om deel te neem.

Hierdie studie is onderhewig aan goedkeuring deur die Navorsingsetiek-komitee van die Universiteit Stellenbosch en sal gedoen word ooreenkomstig hulle etiese riglyne en beginsels.

DOEL VAN DIE STUDIE

Die doel van hierdie studie is om meer te leer omtrent gesinsveerkragtigheid * en die faktore wat verband hou met veerkragtigheid in gesinne na 'n krisis soos 'n huisroof**.

* Veerkragtigheid behels die vermoë om die impak van 'n krisis te weerstaan, asook die herstel (terugkeer na die vorige vlak van funksionering) en post-traumatische groei (sterker as voorheen) wat sommige gesinne demonstreer na so 'n ontstellende ervaring.

** Huisroof is die onwettige en gewelddadige toegang tot 'n privaat perseel, terwyl die inwoners teenwoordig is, met die doel om te steel en/of die inwoners kwaad aan te doen.

PROSEDURE

Vir hierdie studie het ek gesinne nodig wat onlangs 'n huisroof tog ervaar het (in die afgelope drie jaar: Januarie 2010 tot Julie 2013), wat tuis was tydens die voorval (ten minste twee gesinslede), maar nie ernstig beseer is nie (nie lewensverlies of enige permanente besering). Julle gesin is dus gekies omdat die gesin aan die insluitingskriteria van hierdie studie voldoen.

As julle instem om deel te neem, word van u as gesinsvertegenwoordiger verwag om 'n kort biografiese vraelys te voltooi, een oop-einde vraag (wat het julle gesin gehelp het om aan te pas na die voorval?), en sewe self-voltooiingsvraelyste te voltooi oor die gesin se huidige aanpassing, kommunikasie-styl, ondersteuning en beskikbare hulpbronne, hantering en konflikbestuur, en roetines en gesinstyd.

Die voltooiing van die vraelyste sal ongeveer 45 minute neem, en ek sal teenwoordig wees om te help, indien u vashaak met enige vraag.

POTENSIEËLE RISIKO'S EN ONGEMAK

Die moontlikheid bestaan dat emosionele ongemak mag ontstaan tydens die beantwoording van die vraelyste. Indien enige vraag u ongemaklik laat voel, kan u kies om dit nie te beantwoord nie. As u moeg, ongemaklik, of op enige wyse ontsteld tydens die sessie voel, kan u vra om eers te stop, of u kan u deelname aan die projek beëindig.

Ek sal beskikbaar wees om vrae te beantwoord en te help en indien u erger ongemak ervaar, kan ek u na die Community Intervention Centre verwys. Hulle is in die SAPS gebou in Milnerton en bied gratis berading. Hulle kontaknommers is: 021 528 3037 of 021 528 3005.

POTENSIEËLE VOORDELE / BETALING VIR DEELNAME

Daar is geen direkte voordele vir deelname aan hierdie studie nie. Daar is ook geen vergoeding verbonde aan deelname nie. Daar word nie van deelnemers verwag om te reis nie en u sal of by julle huis, of 'n nabygeleë geskikte en stil plek / perseel van u keuse (soos 'n koffiewinkel of die polisie-stasie) ontmoet word. Deelnemers sal 'n klein geskenk ontvang as dank vir hulle tyd.

VERTROULIKHEID

Alle inligting wat u verskaf sal *streng vertroulik* hanteer word en slegs deur myself, my studieleier, en die data-ontleder betrokke by hierdie studie, gesien word. Persoonlike inligting wat julle kan identifiseer (soos jou naam, kontakbesonderhede, ens.) sal uit die verslae verwyder en vervang word met syfers wat toegeken sal word aan deelnemers. Alle inligting sal toegesluit word in die Departement Sielkunde, Universiteit van Stellenbosch, tot die studie voltooi is, waarna dit vernietig sal word.

Die resultate van individuele metings sal nie aan deelnemende gesinne beskikbaar gestel word nie. In plaas daarvan sal al die gesinne wat dit verkies, volle toegang tot die volledige gepubliseerde verslag kry om uit te vind wat die resultate van die studie is.

REGTE VAN DEELNEMERS: DEELNAME EN ONTTREKKING

U kan kies of u betrokke by die studie wil wees of nie. As u vrywillig kies om deel te neem aan hierdie studie, kan u enige tyd onttrek sonder gevolge van enige aard. U kan ook weier om sekere vrae te beantwoord en nog steeds voortgaan met in die studie.

As u enige vrae het oor u regte as 'n deelnemer, is u welkom om Me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] te skakel by die afdeling Navorsingsontwikkeling by die Universiteit van Stellenbosch.

IDENTIFIKASIE VAN ONDERSOEKERS

Indien u enige vrae of kommer oor die navorsing het, is u welkom om Stephanie by (sel) 08458 08451, of Professor Greeff by (kantoor) 021 808 3464 te skakel.

U sal ook u eie afskrif van hierdie toestemmingsvorm ontvang.

NAVORSING TOESTEMMINGSVORM – GESINSVERTEENWOORDIGER

Naam van navorser (<i>navorser moet voltooi</i>)
Titel van studie (<i>navorser moet voltooi</i>)

Lees en voltooi hierdie vorm asseblief volledig. As u bereid is om deel te neem aan hierdie studie, moet u asseblief die gepaste antwoorde omkring, die datum invul en die verklaring aan die einde onderteken. Vra asseblief as enigiets onduidelik is, of as u meer inligting wil hê.

- Die navorsing is bevredigend in woorde en/of geskrewe vorm deur die navorser aan my verduidelik. **JA / NEE**
- Ek verstaan dat die navorsing behels die voltooiing van 'n biografiese vraelys, en sewe vraelyste oor verskillende aspekte van ons gesin se funksionering, gevolg deur 'n onderhoud waarin ek 'n oop-einde vraag in verband met ons aanpassing na die huisroof sal beantwoord. **JA / NEE**
- Ek gee toestemming vir die elektroniese opname van my antwoorde op die oop-einde vraag. **JA / NEE**
- Ek verstaan dat ek op enige tyd van hierdie studie mag onttrek sonder om 'n verduideliking te gee. **JA / NEE**
- Ek verstaan dat alle inligting oor my streng vertroulik hanteer sal word en dat ek (of my gesin) nie genoem sal word in enige werk wat sal voortvloei uit hierdie studie nie. **JA / NEE**
- Ek verstaan dat enige persoonlike inligting oor my gesin alleenlik vir hierdie navorsingsprojek gebruik sal word en vernietig sal word na voltooiing van die projek. **JA / NEE**
- Ek verstaan dat die vordering van die navorsingsprojek met 'n studieleier bespreek sal word, en dat die data aan 'n data-ontleider van die Universiteit van Stellenbosch gestuur sal word. **JA / NEE**

Ek, (naam & van).....
 op die dag (datum)..... gee vrywillig my toestemming om
 deel te neem aan hierdie studie en het 'n afskrif van hierdie vorm ontvang vir my eie inligting.

Handtekening:.....

Addendum F – Biografiese Inligting van Deelnemer

BIOGRAFIESE INLIGTING

*(Inligting in hierdie vraelys is streng vertroulik en u besonderhede sal anoniem verwerk word.
Indien enige emotionele ongemak ervaar is tydens die beantwoording van hierdie biografiese vraestel, is u in staat om te weier om enige vrae te beantwoord en het toegang tot gratis berading met die Community Intervention Centre.
Hulle kontaknommers is: 021 528 3037 of 082 821 3447.)*

Deelnemer nommer _____ Kodenaam _____

Merk asseblief die toepaslike blokkie, of verskaf die verlangde inligting:

Totale aantal gesinslede:.....

	Deelnemende Ouer	Ander Ouer	Kind 1	Kind 2	Kind 3	Kind 4	Kind 5
Ouderdom							
Geslag							

Is daar iemand anders (nie gesinslid) wat saam met julle woon? Nee Ja (indien ja)

verduidelik asseblief.....

Huistaal Afrikaans Engels Ander

Ras: Wit Swart Bruin Indiër Ander

Godsdienstige affiliasie

Huishouding se maandelikse inkomste: R0-R7 999 R8 000-R14 999 R15 000- R24 999 Meer

Woonagtig in (gebied)

Tipe woning: Woonstel Huis Meenthuis Ander

Hoeveel jare by bogenoemde woning:

Datum wat huisroof plaasgevind het? (maand en jaar)

Was dit die eerste huisrooftog waarby u gesin betrokke was? Ja Nee Indien ja, kan u asseblief meer inligting verskaf?.....

Op 'n skaal van 1 (Geen skok) tot 10 (Baie erg), hoe erg was die huisroof-ervaring vir u gesin?

(omkring die gepaste nommer)

(Geen skok) 1 2 3 4 5 6 7 8 9 10 (Baie erg)

Getal gesinslede tuis gedurende die huisrooftog: Ouers.....Kinders.....Ander.....

Enige gesinslid beseer? Nee Ja Kan u meer inligting verskaf?

Het u gesin enige krisis-ontlonting ontvang? Nee Ja

Het u gesin enige sielkundige berading as gevolg van die huisroof ontvang? Nee Ja Indien wel, vir omtrent hoe lank het julle berading ontvang?.....

Addendum G – Kwalitatiewe vrae

SEMI-GESTRUKTUREERDE ONDERHOUD

- 1. In u eie woorde, watter gesinseienskappe en hulpbronne sou u sê, het u gesin gehelp om aan te pas na die huisroof?*
- 2. Wat nog het julle gehelp aan te pas na die huisroof?*
- 3. Wat sou u ander gesinslede sê, het julle gehelp om aan te pas?*
- 4. Wat dink u sou u gesin gehelp het om nog beter aan te pas?*
- 5. Kan jy uitbrei op dit wat jy nou net gesê het?*
- 6. As u raad aan ander gesinne wat 'n huisroof tog beleef het moes gee omtrent hoe hul beter kan aanpas na die ervaring, wat sou dit wees?*

Addendum H – Kwantitatiewe Metings**FACI8****KWANTITATIEWE METINGS****Family Attachment Changeability Index 8 (FACI8)**

INSTRUKSIES: Besluit hoe goed elke stelling beskryf wat in jou gesin gebeur. Omkring die nommer wat die beste beskryf hoe gereeld elke stelling tans gebeur. In die kolom met opskrif.

In my gesin...	Nooit	Soms	Heftige van kere	Meer as helfte	Altyd
In ons gesin is dit vir almal maklik om sy/haar opinie te gee.	1	2	3	4	5
Dit is makliker om probleme met mense buite die gesin as met ander gesinslede te bespreek.	1	2	3	4	5
Elke lid van die gesin het 'n sê in belangrike gesins-besluite.	1	2	3	4	5
Gesinslede bespreek probleme en voel goed oor die oplossings.	1	2	3	4	5
In ons gesin doen elkeen sy/haar eie ding.	1	2	3	4	5
Lede van die gesin beraadslag met ander gesinslede oor hul besluite.	1	2	3	4	5
Ons vind dit moeilik om aan dinge te dink wat ons as 'n gesin kan doen.	1	2	3	4	5
Dissipline is regverdig in ons gesin.	1	2	3	4	5
Gesinslede voel nader aan mense buite die gesin as aan ander gesinslede.	1	2	3	4	5
Ons gesin beproef nuwe maniere om probleme te hanteer.	1	2	3	4	5
In ons gesin deel almal verantwoordelikhede.	1	2	3	4	5
In ons gesin is dit moeilik om 'n reël te verander.	1	2	3	4	5
Gesinslede vermy mekaar by die huis.	1	2	3	4	5
Wanneer probleme ontstaan, kom ons tot 'n vergelyk.	1	2	3	4	5
Gesinslede is bang om te sê wat hulle op die hart het..	1	2	3	4	5
Gesinslede paar af eerder as om dinge as 'n hele gesin saam te doen.	1	2	3	4	5

F-COPES

Family Crisis Oriented Personal Evaluation Scales (F-COPES)

INSTRUKSIES: Eerstens, lees die lys van "Voorkeurreaksies" een op 'n slag. Tweedens, besluit hoe goed elke stelling jou houdings en gedrag in reaksie op probleme of moeilikhede beskryf.

Indien die stelling jou reaksie baie goed beskryf, kies nommer 5 om aan te dui dat jy HEELHARTIG SAAMSTEM.

Indien die stelling glad nie jou reaksie beskryf nie, kies nommer 1 om aan te dui dat jy GLAD NIE SAAMSTEM NIE.

Indien die stelling jou reaksie TOT 'N SEKERE MATE beskryf, kies 'n **nommer 2, 3 of 4** om aan te dui in hoe 'n mate jy saamstem, al dan nie, met die stelling oor jou reaksie.

1	2	3	4	5
Stem glad nie saam nie	Stem nie saam nie	Het nie 'n stand- punt nie	Stem saam	Stem heelhartig saam

Wanneer ons gesin deur probleme of moeilikhede gekonfronteer word, reageer ons deur:

1. Ons moeilikhede met familieledede te deel
2. Aanmoediging en ondersteuning by ons vriende te soek
3. Te weet dat ons die vermoë het om groot probleme op te los
4. Vir inligting en raad te soek by persone in ander gesinne wat al deur dieselfde of soortgelyke probleme gekonfronteer is
5. Raad by familieledede (grootouers, ens.) te soek
6. Hulp by verenigings vir die gemeenskap (gemeenskapsdienste) en gemeenskapsprogramme, wat ontwerp is om gesinne in ons situasie te help, te soek
7. Te weet dat ons die vermoë om ons probleme op te los, binne ons eie gesin het
8. Geskenke en gunste van bure te ontvang (bv. kos, pos ontvang, ens.)
9. Inligting en raad by die gesinsdokter te soek
10. Gunste en hulp van bure te vra
11. Die probleme reguit in die gesig te staar en die oplossing onmiddellik te probeer vind
12. Televisie te kyk
13. Te wys dat ons sterk is
14. Kerkdienste by te woon
15. Spanningsvolle gebeure as die verloop van die lewe te aanvaar
16. Bekommernisse met intieme vriende te deel
17. Te weet dat geluk 'n groot rol speel in hoe goed ons daartoe in staat is om gesinsprobleme op te los
18. Saam met vriende te oefen om fiks te bly en spanning te verminder
19. Te aanvaar dat moeilikhede onverwags voorval
20. Dinge saam met familie te doen (byeenkomste, aandetes, ens.)
21. Professionele voorligting en hulp vir gesinsprobleme te soek
22. Te glo dat ons, ons eie probleme kan hanteer
23. Aan kerkaktiwiteite deel te neem
24. Die gesinsprobleem op 'n meer positiewe manier te definieer sodat ons nie te veel ontmoedig word nie
25. Familieledede te vra hoe hulle voel oor probleme wat ons in die gesig staar
26. Te voel dat niteenstaande wat ons doen om voor te berei, ons dit moeilik sal vind om probleme te hanteer
27. Raad by 'n dominee te soek
28. Te glo dat die probleem sal weggaan indien ons lank genoeg wag
29. Probleme met bure te deel
30. Geloof in God te hê

FHI

Family Hardiness Index (FHI)

INSTRUKSIES: Lees asseblief elke stelling hieronder en dui aan tot watter mate dit u gesin beskryf. Maak 'n merkie in die toepaslike blokkie. Is die stelling ONWAAR; MEESTAL ONWAAR; MEESTAL WAAR; WAAR, of NIE VAN TOEPASSING, ten opsigte van u gesin?

In ons gesin ...	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Nie van toepassing	Kantoor gebruik
1. Spruit probleme uit foute wat ons maak						
2. Is dit onwys om vooruit te beplan en te hoop, want dinge werk buitendien nie uit nie						
3. Word ons werk en moeite nie waardeer nie, ongeag hoe hard ons probeer en werk						
4. Balanseer die goeie en slegte dinge wat met ons gebeur, mekaar op die lange duur uit						
5. Al staar ons groot probleme in die gesig, het ons 'n gevoel dat ons sterk is						
6. Voel ek dikwels ek kan vertrou dat dinge selfs in moeilike tye sal uitwerk						
7. Alhoewel ons nie altyd saam stem nie, kan ons op mekaar staatmaak om mekaar in tye van nood by te staan						
8. Voel ons dat indien 'n verdere probleem ons tref, ons dit nie sal oorleef nie						
9. Glo ons dat as ons saamwerk as 'n gesin, dinge beter sal uitdraai						
10. Voel die lewe eentonig en sonder betekenis						
11. Strew ons saam en help ons mekaar, kom wat wil						
12. Probeer ons nuwe en opwindende dinge wanneer ons aktiwiteite beplan						
13. Luister ons na mekaar se probleme, vrese en pyn						
14. Is ons geneig om dieselfde dinge oor en oor te doen...dit is vervelig						
15. Blyk ons mekaar aan te moedig om nuwe dinge en ondervindinge te probeer						
16. Is dit beter om tuis te bly as om uit te gaan en dinge saam met ander te doen						
17. Word dit aangemoedig om aktief te wees en nuwe dinge te leer						
18. Werk ons saam om probleme op te los						
19. Gebeur meeste van die hartseer dinge weens slegte geluk						
20. Beseef ons dat ons lewens deur ongelukke en geluk beheer word						

SSI**Social Support Index (SSI)**

Evalueer asseblief die volgende stellings soos van toepassing op u gesin (Merk die toepaslike blokkie)	Verskil beslis	Verskil	Neutraal	Stem saam	Stem beslis saam	Kantoor gebruik
1. Indien ek nood sou ervaar, sal selfs mense in hierdie gemeenskap wat ek nie ken nie, bereid wees om te help						
2. Ek voel goed oor myself as ek opofferings maak en tyd en energie bestee aan lede van my gesin						
3. Die dinge wat ek vir lede van my gesin doen en hulle vir my doen laat my deel van hierdie baie belangrike groep voel						
4. Mense hier rond weet dat hulle hulp van die gemeenskap kan kry indien hulle in die moeilikheid is						
5. Ek het vriende wat my daarvan bewus maak dat hulle my waardeer vir wie ek is en wat ek kan doen						
6. Mense in hierdie gemeenskap kan op mekaar staatmaak						
7. Lede van my gesin luister selde na my probleme of bekommernisse; ek voel gewoonlik gekritiseerd						
8. My vriende in hierdie gemeenskap is deel van my alledaagse aktiwiteite						
9. Daar is tye wanneer gesinslede dinge doen wat ander lede ongelukkig maak						
10. Ek moet baie versigtig wees hoeveel ek vir my vriende doen, want hulle maak misbruik van my						
11. Om in hierdie gemeenskap te woon, gee my 'n gevoel van sekuriteit						
12. Die lede van my gesin doen moeite om hul liefde en toegeneetheid vir my te wys						
13. Daar is 'n gevoel in hierdie gemeenskap dat mense nie te vriendskaplik met mekaar moet raak nie						
14. Hierdie is nie 'n baie goeie gemeenskap om kinders in groot te maak nie						
15. Ek voel versekerd dat ek net so belangrik vir my vriende is as hulle vir my						
16. Ek het 'n paar baie goeie vriende buite die gesin wat ek weet regtig vir my omgee en my liefhet						
17. Dit lyk of lede van my gesin my nie verstaan nie; ek voel asof ek vanselfsprekend aanvaar word.						

RFS en FPSC**Family Problem Solving and Communication Scale (FPSC)**

Wanneer ons gesin worstel met probleme of konflik wat ons ontstel, sal ek my gesin op die volgende wyse beskryf:	Vals	Meestal vals	Meestal waar	Waar
1. Ons gil en skree op mekaar	0	1	2	3
2. Ons respekteer mekaar se gevoelens	0	1	2	3
3. Ons praat dinge deur totdat ons 'n oplossing vind	0	1	2	3
4. Ons probeer hard om te verseker dat gesinslede nie emosioneel of fisies seerkry nie	0	1	2	3
5. Na konflik gaan ons sonder baie bevrediging uitmekaar	0	1	2	3
6. Ons deel met mekaar hoeveel ons vir mekaar omgee	0	1	2	3
7. Ons bemoeilik sake deur te baklei en ou sake weer op te haal	0	1	2	3
8. Ons maak tyd om te hoor wat elkeen te sê het of voel	0	1	2	3
9. Ons probeer hard om kalm te bly en sake deur te praat	0	1	2	3
10. Ons raak ontsteld, maar probeer om ons konflikte op 'n positiewe noot te beëindig	0	1	2	3

Relative and Friend Support Index (RFS)

INSTRUKSIES: Besluit vir u gesin of u: **BESLIS VERSKIL**; **VERSKIL**; **NEUTRAAL** is; **SAAM STEM**; of **BESLIS SAAM STEM** met die stellings hieronder. **Maak 'n merkie in die toepaslike blokkie.**

* In hierdie vraelys verwys familieledede na familie buite die huisgesin

Ons hanteer gesinsprobleme deurdat ons:	Beslis verskil	Verskil	Neutraal	Saam stem	Beslis saam stem	Kantoor gebruik
1. Ons probleme met familieledede deel						
2. Advies by familieledede soek						
3. Dinge saam met familieledede doen (bymekaar uitkom)						
4. Aanmoediging en ondersteuning by vriende soek						
5. Inligting en advies by mense met dieselfde of soortgelyke probleme soek						
6. Bekommernisse met goeie vriende deel						
7. Probleme met bure deel						
8. Familieledede uitvra oor hoe hulle voel oor die probleme wat ons ervaar						

FTRI**Family Time and Routine Index (FTRI)**

INSTRUKSIES: Eerstens, lees die volgende stellings en bepaal dan tot watter mate elk van die roetines waar of onwaar vir jou gesin is. Omkring die syfer (*Onwaar (0), Meestal Onwaar (1), Meestal Waar (2), Waar (3)*) wat jou gesinservaringe die beste beskryf.

Tweedens, bepaal die belangrikheid van elke roetine om jou gesin bymekaar en sterk te hou. Omkring die letters wat die beste aanduiding is van hoe belangrik die roetines vir jou gesin is (*NB = Nie Belangrik, DB = Deels Belangrik, BB = Baie Belangrik*). Indien julle nie kinders, familie, tieners, ens., het nie, moet jy *NVT (Nie Van Toepassing)* omkring.

Roetines	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Hoe belangrik om gesin bymekaar en verenigd te hou			
					<i>Nie Belangrik</i>	<i>Deels Belangrik</i>	<i>Baie Belangrik</i>	<i>Nie Van Toepassing</i>
1. Ouer(s) het êrens elke dag tyd om sommer net met die kinders te gesels	0	1	2	3	NB	DB	BB	NVT
2. Werkende ouer het op gereelde basis speelyd met die kinders nadat hy/sy terug is van die werk	0	1	2	3	NB	DB	BB	NVT
3. Werkende ouer staan bykans elke dag 'n tydjie af aan die versorging van die kinders	0	1	2	3	NB	DB	BB	NVT
4. Nie-werkende ouer en kinders doen omtrent elke dag saam dinge buite die woning (bv. inkopies, stap, ens.)	0	1	2	3	NB	DB	BB	NVT
5. Gesin het elke aand 'n tyd wanneer elkeen praat of rustig speel	0	1	2	3	NB	DB	BB	NVT
6. Gesin gaan elke week saam na 'n spesiale plek toe	0	1	2	3	NB	DB	BB	NVT
7. Gesin het elke week 'n spesifieke tyd wanneer hulle as 'n gesin iets saam by die huis doen	0	1	2	3	NB	DB	BB	NVT
8. Ouer(s) lees of vertel omtrent elke dag stories vir die kinders	0	1	2	3	NB	DB	BB	NVT
9. Elke kind het elke dag 'n tydjie om op sy/haar eie te speel	0	1	2	3	NB	DB	BB	NVT
10. Kinders/tieners speel daaglik met vriende	0	1	2	3	NB	DB	BB	NVT
11. Ouers het 'n sekere stokperdjie of sport wat hulle gereeld saam beoefen	0	1	2	3	NB	DB	BB	NVT
12. Ouers bring heel dikwels tyd bymekaar deur	0	1	2	3	NB	DB	BB	NVT

13. Ouers gaan een of meer kere per week saam uit	0	1	2	3	NB	DB	BB	NVT
14. Ouers spandeer dikwels tyd met tieners vir privaat gesprekke	0	1	2	3	NB	DB	BB	NVT
15. Kinders het spesiale dinge wat hulle doen of vra wanneer hulle gaan slaap (bv. storie, lekker-slaapsoen, drukkie)	0	1	2	3	NB	DB	BB	NVT
16. Kinders gaan omtrent elke aand dieselfde tyd slaap	0	1	2	3	NB	DB	BB	NVT
17. Gesin eet omtrent dieselfde tyd elke aand	0	1	2	3	NB	DB	BB	NVT
18. Die hele gesin eet daaglik een ete saam	0	1	2	3	NB	DB	BB	NVT
19. Ten minste een ouer praat gereeld met sy of haar ouers	0	1	2	3	NB	DB	BB	NVT
20. Gesin besoek die familie gereeld	0	1	2	3	NB	DB	BB	NVT
21. Kinders/tieners bring heel dikwels tyd by die grootouer(s) deur	0	1	2	3	NB	DB	BB	NVT
22. Ons praat met of skryf vir die familie omtrent een keer per week	0	1	2	3	NB	DB	BB	NVT
23. Gesinslede verwittig mekaar wanneer hulle die huis verlaat of terugkom	0	1	2	3	NB	DB	BB	NVT
24. Werkende ouer(s) kom elke dag dieselfde tyd terug van die werk af	0	1	2	3	NB	DB	BB	NVT
25. Gesin het sekere dinge wat hulle omtrent altyd doen as hulle mekaar groet aan die einde van die dag	0	1	2	3	NB	DB	BB	NVT
26. Ons wys omgee en liefde op 'n daaglikse basis aan mekaar	0	1	2	3	NB	DB	BB	NVT
27. Ouer(s) het sekere dinge wat hulle omtrent altyd doen elke keer as een van die kinders oortree	0	1	2	3	NB	DB	BB	NVT
28. Ouers bespreek nuwe reëls met kinders/tieners heel dikwels	0	1	2	3	NB	DB	BB	NVT
29. Kinders doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
30. Ma doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
31. Pa doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
32. Tieners doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT

Addendum I – Letter from Ethics Committee



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisgraad • your knowledge partner

Approval Notice Stipulated documents/requirements

24-Jul-2014
Van Niekerk, Stephanie SI

Proposal #: HS1060/2014

Title: **Factors associated with resilience in families after a house robbery incident.**

Dear Ms Stephanie Van Niekerk,

Your **Stipulated documents/requirements** received on **23-Jul-2014**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **24-Jul-2014** and was approved.

Sincerely,

Clarissa GRAHAM
REC Coordinator
Research Ethics Committee: Human Research (Humanities)

Addendum J – Letter from Community Intervention Centre

Megan Meredith
Branch Manager
Community Intervention Centre
SAPS Building, Milnerton
118 Koeberg Rd, 7441

March 14, 2014

To whom it may concern

Community Intervention Centre is a non-profit organization that provides free onsite trauma debriefing and follow-up counselling services to members of the community.

I was approached by Stephanie Ineke van Niekerk, in the beginning of this year, for permission to access our incident reports in order to identify potential research participants for her Masters' thesis on resilience in families after a house robbery.

A meeting was conducted in which Ms van Niekerk informed me of the nature of this study as well as the targeted population. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby confirm that permission was granted to Ms van Niekerk to identify potential participants through our client records and incident reports and, subject to ethical approval by the Departmental ethics screening committee of Stellenbosch University, permission to contact these families.

If you have any questions, please do not hesitate to call. I can be reached at the office on (021) 528 3005 / 3037 or cic@kingsleymail.co.za

Sincerely,



Megan Meredith - Manager
Community Intervention Centre

Addendum K – Community Intervention Centre Brochure



Community Intervention Centre

NPO: 015-710 PBO: 990001233 Empowering People in Crisis

Your free, trauma support service operating from Milnerton SAPS

118 Koeberg Road, Milnerton, PO Box 418, Milnerton, 7435.

Website www.cic-capetown.org.za

24 hour Emergency number: 082 821 3447

Office: 021 528-3037 (Office hours are 8:30 – 13:00pm)

Your reactions are normal under the circumstances.

Traumatic incidents can hurt.... Do something about it!

Trauma is an event where one experiences an intense shock or threat. Examples are rape, armed robbery, hi-jackings or motor vehicle accidents.

Trauma is different for each of us. What may seem trivial to someone else could be a traumatic experience for you.

Strong reactions are normal and most people recover from a traumatic event within three to four weeks. Some symptoms may endure longer. They should decrease as time passes.

It helps to know what to expect and to allow yourself to go through the natural healing process. *Seek counselling* as soon as possible and before any problems arise that could cause further complications.

Normal Reactions include:

- Unusually strong emotional and physical reactions.
- Emotional 'aftershocks'. These could occur immediately or appear a few hours or days later.
- Being overwhelmed by your emotions is normal and part of healing. It is not a sign of weakness, and does not indicate a need for medication.

You are welcome to make a donation to cover our overheads thereby ensuring that we continue to serve our community.

Bank details:
Community Intervention Centre
First National Bank (Business account)
Account no: 62448459009
Branch code: 204 709
Please use your name as a reference.

Proudly supported by:



You may experience several of the following reactions:

Physical Reactions: Shaking / Trembling / Headaches / Tiredness / Fatigue / Listlessness
Nausea / Dizziness / Fainting / Chest pain / Sweating / Changes in sleep patterns / Changes in appetite / Increased heart rate / Raised blood pressure / Rapid breathing

Mental Reactions: Confusion / Pre-occupation / Recurring memories / Nightmares
Suspiciousness / Poor attention / Poor concentration / Poor problem solving / Intrusive thoughts / Recurring thoughts / Hyper-alertness / Flashbacks / Difficulty making decisions
Disorientation

Emotional Reactions: Emotional shock / Fear / Guilt / Vulnerability / Being exposed / Being violated / Grief / Panic / Mood swings / Denial / Anger / Irritability / Numbness / Emptiness
Helplessness / Helplessness / Self-doubt / Emotionally drained / Feeling overwhelmed

Behavioural Reactions: Changes in ordinary behaviour / Social withdrawal / Restlessness
Tendency to avoid anything associated with the trauma / Indecisiveness / Increased risk of substance abuse / changes in personal hygiene / Prolonged silences

Things to try

- Reach out to others and ask for support.
- Try to maintain your normal schedule.
- Talk to others about your experience. Do not keep it to yourself.
- You are having a normal reaction – don't label yourself as crazy or weak.
- Be careful of using drugs, alcohol or medication to ease your symptoms. Don't complicate matters with a substance abuse problem.
- Keep to your normal exercise routine.
- Structure your time – keep yourself occupied.
- If the trauma happened in your normal environment (e.g. at home, at work, in the traffic) it is important to return to that environment and resume routine activities as soon as possible.
- Help anyone who shared the traumatic experience with you (e.g. family, friends or co-workers) as much as possible by sharing feelings and checking up on how they are doing.
- Give yourself permission to feel sad and afraid and share your feelings with others.
- Keep a journal, write your way through those sleepless hours.
- Do the things that you enjoy doing.
- Be patient, you won't be 'yourself' for a while.
- Don't make any big life-changing decisions for a while.
- Get enough rest and sleep.
- Realise others who shared the traumatic experience are also under stress.
- Recurring thoughts, dreams and flashbacks are normal – don't try to fight them. They will decrease over time and become less painful.
- Eat well-balanced and regular meals – even if you don't feel like it.

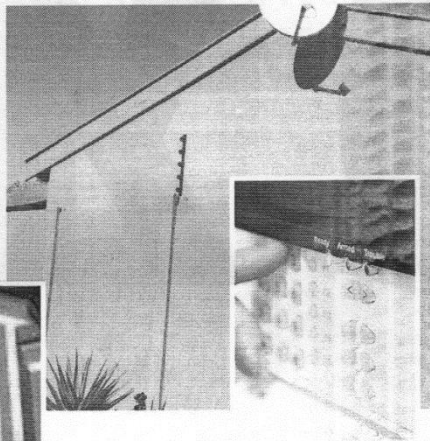
Addendum L –Advert for Recruitment of Participants for Study

S

FAMILY COPING AND ADJUSTMENT AFTER A HOUSE ROBBERY

HAS YOUR FAMILY BEEN A VICTIM OF HOUSE ROBBERY?

- WERE YOU AND YOUR LOVED ONES HOME WHEN IT HAPPENED?
- ARE YOU STILL EXPERIENCING ANXIETY AFTER THE EVENT?
- HAVE YOU BECOME HYPER-VIGILANT?



- DO YOU STILL EXPERIENCE FLASHBACKS AND MEMORIES OF THE INCIDENT?
- HAS HOME SECURITY BECOME YOUR BIGGEST CONCERN?
- HAVE YOU AND YOUR LOVED ONES MANAGED TO DEAL WITH THE EMOTIONS AND REACTIONS AFTER THE EVENT?

**IF SO, I WANT TO SPEAK TO YOU
PLEASE CONSIDER TAKING
PART IN THIS STUDY**



S

RESEARCH PROJECT 2014

Family coping and adjustment after a house robbery

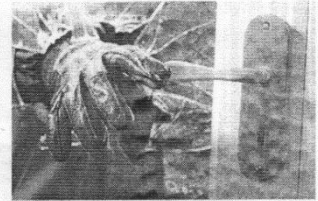


WAS SECURITY BREACHED?

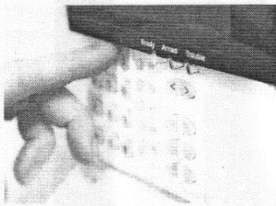
Looking for Families willing to participate in a Research Project about family coping and adjustment after experiencing a house robbery.

Requirements:

- Intact family— 2 parents and (any number) children
- At least one parent and child at home during the incident
- Live in the Milnerton, Table View, Parklands, Blouberg or Melkbos areas
- Incident took place between Jan 2011 and Jun 2013



WAS A FAMILY MEMBER ASSAULTED?



IS YOUR FAMILY COPING AFTER THE INCIDENT?

Procedure:

A family representative (parent) will be asked to complete a quick questionnaire regarding their family's adaptation and coping.

Families will also be selected to take part in an interview after the questionnaire



For more information: Please contact Stephanie via email: resilient.study@gmail.com, or on mobile: 08458 08451

Families willing to participate will receive a gift in appreciation for their time
Families will not be asked to travel to other areas

All correspondence and information will be held in strictest confidence
Participation is voluntary and participants are free to withdraw from the study at any point