Classroom behaviour of children living in contexts of adversity

by

Celéste Paterson

Thesis presented in partial fulfilment of the requirements

for the degree of

Master of Education in Educational Psychology

in the Faculty of Education

at Stellenbosch University
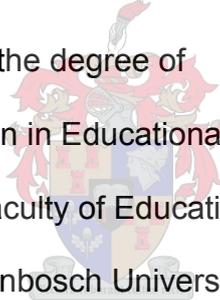
Supervisor: Mrs Mariechen Perold

March 2012

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2012

ABSTRACT

Many communities in South Africa are exposed to continuous adversity in the form of poverty, malnutrition, violence, crime, overcrowding, neglect and oppression. Continuous exposure to adverse living conditions can have a negative impact on a child's development. Research was undertaken in an attempt to understand the classroom behaviour of children who live in conditions of continuous adversity, as well as the effect that the adversity may have on their academic performance, their emotional state and their interaction with peers in the classroom. A bio-ecological framework was employed to understand the interaction between the individual and the different systems that he or she forms part of.

This study was undertaken within an interpretive paradigm and a qualitative methodology was used in gathering the data. Data was gathered through the use of observation, semi-structured interviews, checklists and review of documents. A constant comparative method of data analysis was used to analyse the data.

Research findings indicated that most of the participants displayed inappropriate classroom behaviour which included poor academic performance, withdrawal types of behaviour and externalising disruptive behaviour such as aggression and poor social interaction with the teacher and their peers. These participants also presented with some physical symptoms and displayed emotional states such as anger, sadness and anxiety. It was also evident that the participants had been exposed to pervasive conditions of poverty and adverse life circumstances in their communities.

Key concepts: classroom behaviour, adversity, trauma

OPSOMMING

Baie gemeenskappe in Suid-Afrika word blootgestel aan voortdurende ongunstige omstandighede in die vorm van armoede, wanvoeding, geweld, misdaad, oorvol huise, verwaarlosing en onderdrukking. Voortdurende blootstelling aan ongunstige lewensomstandighede kan 'n negatiewe uitwerking hê op 'n kind se ontwikkeling. Navorsing is onderneem in 'n poging om die klaskamergedrag te verstaan van kinders wat in voortdurende ongunstige omstandighede leef, asook om insig te kry in die effek van hierdie omstandighede op hul akademiese prestasie, hul emosionele toestand en hul interaksie met hul klasmaats. 'n Bio-ekologiese raamwerk is gebruik om die interaksie tussen die individu en die verskillende sisteme waarvan hy of sy deel uitmaak, te verstaan.

Hierdie studie is binne 'n interpretatiewe paradigma gedoen en 'n kwalitatiewe metodologie is gebruik vir die insameling van data. Data-insameling is gedoen deur middel van waarneming, semi-gestruktureerde onderhoude, kontrolelyste en dokumentoorsig. 'n Konstante vergelykende metode van data-analise is gebruik om die data te ontleed.

Die navorsingsbevindings het aangetoon dat die meeste van die deelnemers ontoepaslike klaskamergedrag openbaar het. Dit behels ook swak akademiese prestasie, teruggetrokke gedrag en ontwrigtende gedrag soos aggressie en swak sosiale interaksie met die onderwyser en hul klasmaats. Hierdie deelnemers het sekere fisieke simptome asook emosionele toestande soos woede, hartseer en angstigheid gerapporteer. Voorts was dit duidelik dat die deelnemers blootgestel was aan voortdurende toestande van armoede en ongunstige lewensomstandighede in hul gemeenskappe.

AKNOWLEDGEMENTS

To my husband Andy: Thank you for all the support and motivation you have given since my first day at university. There were no limits to your generosity and words are not enough to show my appreciation. I love you.

To my dad Gerrie: Thank you for creating the opportunity for me to follow my passion and dream to become an educational psychologist.

To my mom Estie and my two sisters Tertia and Adele: Thank you for always being ready with words of encouragement and for believing in me more than I was able to at times. Moekie, your kindness and care made the hard times more manageable.

To the participants in this study: Thank you for sharing the events in your life with me. I realise that some of the memories were painful and appreciate your sharing them with me.

Finally, to my supervisor, Mariechen Perold: Thank you for your enthusiasm for the topic and for encouraging me to do research in this field. I appreciate your creativity, patience and support throughout the research process.

TABLE OF CONTENT

CHAPTER 2

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY …………………………….

CHAPTER 4

LIST OF ADDENDA

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1

INTRODUCING THE STUDY

1.1 INTRODUCTION

Poverty in South Africa is wide spread and according to Donald, Lazarus and Lolwana (2010, p. 205), South Africa is a country where adversity, poor education and social conditions reinforce one another:

> [L]iving under conditions of poverty may often actually lead to specific disabilities or difficulties in learning. Because of poor educational and social conditions, specific learning needs may be neglected and ultimately result in more poverty in a cycle of negative cause and effect.

People living with poverty are also more exposed to health risks and safety issues like malnutrition, disease, infection and injury. The above-mentioned health risks can result in physical, intellectual, neurological or sensory difficulties, which can lead to individual problems affecting learning as well as classroom behaviour (Donald et al., 2006).

Challenging or disruptive classroom behaviour in South Africa is a common problem for many teachers (Prinsloo, 2005). These kinds of classroom behaviour include disruptive and attention-seeking behaviours as well as other problems which include attention deficit, aggression, stubbornness, disobedience and a refusal to accept responsibility as well as a general feeling of negativity. Depression, anxiety, lack of motivation, talking out of turn, disturbing other learners and inadequate peer relations are more examples of common disruptive behaviours in classrooms, according to Prinsloo (2005).

Prinsloo (2005) contends that the above-mentioned behaviours might be due to several factors such as lack of parental love, emotional support and attention or where the family home is perceived as being unsafe and insecure. A common factor such as poverty, which can lead to ill health, undernourishment and the deprivation of privileges, may be a further reason for the above behaviour. According to Prinsloo (2005), other possible factors could be conflict, stressful life experiences, violence in everyday life, crime, substance abuse and the death of parents or caregivers due to

HIV/Aids.   Emotional, physical and sexual abuse provide more examples of experiences that according to Prinsloo (2005) can lead to a negative personal and/or academic self-concept and low levels of motivation which may manifest in unacceptable classroom behaviour (Prinsloo, 2005).

A child's behaviour in the classroom therefore seems to be potentially related to many extrinsic factors in the community to which the child may be continuously exposed. Most children displaying the previously mentioned disruptive behaviour in classrooms are often diagnosed with conditions like post-traumatic stress disorder (PTSD), dissociative identity disorder, attention deficit disorder (ADD), attention deficit and hyperactivity disorder (ADHD), substance abuse disorder, major depressive disorder or conduct disorder, to name a few (Higson-Smith, 2010). The possibility exists that a child displaying the above-mentioned inappropriate and disruptive behaviours in the classroom might be incorrectly diagnosed with a condition such as PTSD, ADD or ADHD. A child who lives in adverse conditions could be traumatised due to continuous exposure to such events as mentioned before in the community, home or school and might experience continuous feelings of being threatened, unsafe and in danger. A unique clinical picture associated with such continuous traumatic experiences of stress, might be presented by a child living in such adverse conditions.

Apart from the fact that many South Africans live in severe adverse conditions, many South Africans are also exposed to numerous forms of continuous traumatic events (Hamber & Lewis, 1997; Lewis, 2009). These traumatic events are often prominent in communities with high levels of adversity such as community violence, family violence, rape, molestation, gang violence, poverty, neglect, crime, overcrowding and oppression (Hamber, 1999; Lockhat & Van Niekerk, 2000). These multiple forms of trauma occur in a variety of contexts and are experienced by many members of communities, including children. These contexts also include schools and homes (Kaminer, 2010).

In defining a traumatic event, Hamber and Lewis (1997, p. 1) say the following:

> [It is] an event that overwhelms the individual's coping resources". Traumatic
> situations are those in which the person feels powerless and a great danger is

involved. Trauma generally includes events involving death and injury, or the possibility of death or injury. These experiences are unusual and out of the ordinary, and do not constitute part of the normal course of life.

The above definition focuses on trauma in general, but it is important to note that different types of trauma have been identified thus far. These are complex trauma, multiple trauma, post-traumatic stress disorder (PTSD), disorder of extreme stress, not otherwise specified (DESNOS) and developmental trauma.

Although a theoretical framework for trauma has been developed internationally with its focus on these different diagnoses of complex trauma, multiple trauma, PTSD, disorder of extreme stress and developmental trauma, relatively little research has been conducted within the South African context to understand the impact that continuous traumatic events may have on children (Kaminer, 2010). The above-mentioned studies on trauma tend to focus more on the 'post' effect of trauma, rather than the current, ongoing effect of the trauma in the daily existence of some South African children (Kaminer & Eagle, 2010). Research has shown that South Africans are not only exposed to single traumatic events but also to multiple traumatic experiences over time (Williams et al., 2007).

As stated earlier, trauma may refer to *an* event where the individual is threatened by possible danger that might cause him or her harm or death. However, taking the above-mentioned adverse conditions within the South African context into account, it can be deemed possible that South African children living in adverse environments are not only exposed to *single traumatic* events, but rather that they are constantly exposed to such events.

By conducting this study it was possible to see how the classroom behaviour of children who live in conditions of continuous adversity, specifically in the Western Cape, a province of South Africa, presents itself and to determine whether this behaviour corresponds with other common experiences in the classroom as well as with information in international literature.

1.2 STATEMENT OF THE PROBLEM

It would seem as though a relationship exists between adversity and competency in the classroom. Children exposed to household poverty and community violence show lower social and cognitive development due to stress and necessary adaptation patterns (Barbarin & Richter, 1998). These children are faced with limited resources, they receive less cognitive stimulation and they exhibit premature self-care and self-reliance (Donald et al., 2010). Thus, children living in adversity seem to be preoccupied with physical survival and cannot, like children from affluent and safe environments, invest their creative energies and emotional assets in the development of empathetic, cooperative social relations (Barbarin & Richter, 1998; Kinniburgh, Blaustein, Spinazzola & Van der Kolk, 2005a).

According to the literature, the immediate and long-term consequences of children's exposure to maltreatment, adversity and other traumatic experiences are multifaceted (Cook et al., 2007). It is also evident from the literature that children who are traumatised by the exposure to environmental stressors struggle to learn, to form relationships and to behave appropriately in the classroom (Cole et al., 2005). Kinniburgh et al. (2005a) note that children who are exposed to chronic multiple environmental stressors within their care-giving systems show a range of difficulties across many different domains of functioning. This includes difficulties with cognitive, affective, behavioural, physiological, rational and self-attribution development. While most children focus their energies on the development of these different competencies, children exposed to chronic trauma focus their attention on survival.

In view of the above, it would seem as though adversity can have a profound effect on learning and behaviour in the classroom. It is important to note that the above-mentioned research findings have been based on international studies. There is thus a need for local research to be conducted, to evaluate the behaviour of learners exposed to continuous and multiple traumatic experiences within the South African context.

4

1.3 STATEMENT OF THE OBJECTIVES

I explored possible associations between children's behavioural patterns in classrooms and possible adverse life circumstances, the nature of which could perhaps be described as continuous traumatic stress experiences. In order to explore these possibilities, I used an interpretive/constructivist approach within a qualitative methodology to gather data in order to attempt to answer the following research questions:

- Do different inappropriate behavioural patterns exist among learners in a Grade 4 classroom in a primary school situated in the Western Cape in an area where adverse living conditions are prevalent?
- What is the nature of such behavioural patterns?
- What is the nature of the life circumstances of children that display such behavioural patterns in the classroom?

1.4 RESEARCH DESIGN

1.4.1 Introduction

Strauss and Corbin (1998, p. 10) define qualitative research as a "type of study about a person's lives, lived experiences, behaviours, emotions and feelings as well as about organisational functioning, social movements, cultural phenomena and interactions between nations, gathered not by statistical measures". With qualitative research the researcher attempts to understand the meaning or nature of experiences of people with problems. Qualitative research gives the researcher the chance to get out into the field and find out what people are doing and thinking. With qualitative research the data can come from various sources, including interviews and films (Strauss & Corbin, 1998). I decided to use observations in classrooms, interviews (using checklists as interview guides), as well as the reviewing of documents and records.

1.4.2 Methodology

As little is known about the classroom behaviour of learners who live in multiple and continuous adverse conditions in South Africa, an interpretive/constructivist

approach within a qualitative methodology was selected for this study. I believed that by using different methods to gather data, new insights and ideas might emerge from the study and that this would bring about the greater understanding of the classroom behaviour of learners exposed to multiple and continuous adversity, that I sought.

According to Walls, Parahoo, and Fleming, (2010) it is important that researchers put their knowledge aside and enter a field without any preconceptions or ideas. A literature review was undertaken prior to this study and it became clear from the literature that the behaviour of learners who are possibly exposed to multiple and continuous adversity needs to be better understood. A researcher might find it difficult to put all knowledge aside, but Baker, Wuest and Stern (1992) state that researchers should use their knowledge to better understand the research project. Glaser (1998, 2002) contends that "all is knowledge" and that the researcher needs some form of knowledge to understand and direct the study. However, an open mind and objectivity are still needed to guarantee theoretical sensitivity to conduct the study thoroughly.

1.4.2.1 Population and sample

Schools with learners who are exposed to adverse conditions – whether at home, at school or in their community – formed part of this study. A school in the Western Cape was identified as a school where, according to the principal and the teachers, the environment of the learners might often be described as adverse. The possibility exists that some of the children might be exposed to continuous and multiple forms of adversity. As I was a counsellor at the school, a number of learners were referred to me to be assessed regarding their scholastic performance. After reviewing the referrals I could see that some of the learners presented with the kinds of scholastic problems and reported classroom behaviour that are mentioned above. Discussions with teachers and parents of the learners showed that the learners in this specific school often experience adverse living conditions and they might be exposed to continuous and multiple forms of adversity. It was decided to focus on the Grade 4 classroom where the learners are in the 10 – 12-year-old age group, in other words those in the middle-childhood (M-C) phase.

I thus utilised purposeful sampling in selecting the school and specific class which I proposed to incorporate in the study.

1.4.2.2 Procedure

The learners took part in various data-gathering activities, including an initial one-week classroom observation done by me. Consent was sought from the parents for this action on the researcher's side. As this was passive observation, I did not foresee that it would have any possible negative effects on the children in the classroom. Thereafter, consent and assent was sought from parents and children to conduct interviews with the identified children who displayed similar behavioural patterns, as well as to review their school documents and records. I used questions from checklists in order to gain the children's as well as their parents' views on the nature of their life experiences. I also took precaution in preparing for all the possible methods that would be used to gather data, and consent and assent were obtained from all participants in this regard.

1.4.2.3 Quality assurance

Quality assurance constitutes a vital part of any research project. Trustworthiness of a research project is ensured through the processes of credibility, transferability, dependability and conformability (Beck & Polit, 2004).

In addition to the above-mentioned factors, by combining different research methods, it is usually possible for a researcher to obtain a better, more substantive picture of reality, a richer, more complete array of symbols and theoretical concepts and a means of verifying many of these elements (Berg, 2009). The above approach is also known as triangulation.

Gibson (2007) defines triangulation as the combination of different interpretations of different types of data towards a more correct representation of what is going on in the area of question. When using triangulation, the outcome is usually more objective and therefore a more 'correct' position.

To ensure such an objective and correct position, a variety of data-gathering methods was used to enhance the validity and trustworthiness of the evidence in the

study. Different data sources included a literature review, observations, interviews, qualitative use of checklists and the review of documents. A thorough record (research journal) was also kept of the main decisions and events during the fieldwork process which I was able to return to at a later stage when needed (Mouton 2001).

Mouton (2001) notes that several errors could occur in data collection, one of them being interviewer bias which is related to several personal characteristics, such as perceived affiliation, race and gender effects. Throughout the fieldwork process, I was constantly aware that I was the only white person, in a mainly non-white community and that since I was the school counsellor, there might have been a perceived power difference. This could have had an influence on the answers I was given as well as possible performance anxiety that participants might have experienced.

I kept an up-to-date journal to monitor my own thoughts, feelings, biases, experiences and insights during the research process.

1.4.2.4 Data analysis

Qualitative research uses a systematic approach where the research problem shapes the method that we use (Charmaz, 2006). The data analysis is done through constant comparisons where data is compared with data. It was thus the process of collecting data and analysing it that contributed to determining further emergent methods used in this study. The data sources used in qualitative grounded theory include different kinds of sources that provide information regarding social interaction (Byrne, 2001). At this stage of my study, though, due to the necessary consent that had to be obtained, other possible methods were observation, reviewing of documents, interviews and the qualitative interpretation of the information gathered through the checklists.

The interviews were transcribed verbatim and the data was analysed using the constant comparative method in order to find the themes emerging from it. These themes were compared to the findings from the literature review in order to attempt answering the research questions.

1.4.2.5 Ethical considerations

This study involved human participants and possibly also vulnerable human participants, and ethical clearance was therefore sought and obtained from the Ethics Committee of Stellenbosch University (Addendum A). Consent to conduct the research in this specific school was obtained from the Western Cape Education Department (WCED) (Addendum B) and from the school principal (Addendum C).

All the parents of the learners in the class were asked to give their voluntary consent (Addendum D) for their children to be observed by me in the classroom. After the observation, certain learners were identified to participate in the rest of the study. Parents were then asked to give their informed consent (Addendum E) for the identified learners to continue to participate in the study. Learners participating in the study also gave their informed assent (Addendum F) as they were older than seven years. Parents whose children were identified to participate in the rest of the study were invited to the school where they were informed about the study as well as the risks involved.

The children were not exposed to being identified or labelled in any way that could be shameful or hurtful during this study. It is common practice at this specific school to take individual children out of their classroom during the course of the day. Parents also often come to the school to consult teachers or support staff. Therefore, having talks with the parents or interviews with the children did not necessarily imply that something was amiss with the learners or their home circumstances. The class teacher was asked to send the specific children to the particular room where the interviews were conducted.

Should parents have decided not to allow their child to be an initial participant in the study, no observations of the child were recorded, no documents concerning the child were studied and no interviews with the child were conducted. No parents refused consent in this initial phase.

The necessary arrangements were made with the school principal (a registered educational psychologist), the school psychologist and the school social worker to

assist with the learners should there be any need for it once the research had been completed.

The teacher was also given a list of possible signs of discomfort that learners might experience following the potential re-activation of traumatic memories during the data-gathering activities. For a period of six months after the study, I contacted the teacher once a week to check on the wellbeing of the learners.

The necessary consent was also obtained from the Child Trauma Institute in Massachusetts, USA, to use the following checklists qualitatively for research purposes (Addendum G):

- Child Report of Post-traumatic Symptom (CROPS)
- Life Incidence of Traumatic Events – Parent Form (LITE P)
- Life Incidence of Traumatic Events – Student Form (LITE S)
- Parent Report of Post-Traumatic Symptoms (PROPS)

Confidentiality and anonymity was maintained throughout the process by using pseudonyms, thus respecting the dignity of all participants. They had the right to withdraw from the study at any time without any consequences, which no one did.

1.5 DEFINITION OF CONCEPTS

1.5.1 Classroom behaviour

Reber (1995) describes behaviour as a generic term referring to acts, activities, responses, reactions, movements, processes and operations which can be measured. The *Oxford Dictionary* (2011) defines behaviour as the way in which one acts or conducts oneself, especially towards others. It is also the way in which a person behaves in response to a particular situation or stimuli.

Classroom behaviour therefore refers to stimulus-driven responses that occur specifically within the classroom. The nature of a child's acts and activities in the classroom in response to what is going on or to what is present around him or her, can be described as constituting classroom behaviour.

Externalising behaviour would refer to behaviour that children find difficult to control, regulate and inhibit (Cheevers, Doyle & McNamara, 2010). Examples of this kind of behaviour are aggression, deviance and hyperactivity.

Internalising behaviour occurs when children tend to overly control their own behaviour and resultant emotions of sadness and anxiety can lead to social withdrawal and being worried all the time (Cheevers, Doyle & McNamara, 2010).

1.5.2 Adversity

Adversity is a term that refers to misfortune, hardship and suffering. An adverse happening would therefore be an extremely unfavourable experience or event. According to Biersteker and Robinson (2000), adversity has a negative effect on families' capacities to meet the most fundamental needs of the children. Deprivation, violence, malnutrition, poor health, inferior education and discriminatory social security systems are all examples of adversity.

1.5.3 Middle-childhood phase

According to Shaffer (2002), the middle-childhood (M-C) phase refers to the phase between the ages of 6 and 12 years, or usually until the onset of puberty. Prinsloo, Vorster and Sibaya (1996) argue that it is necessary to understand that a child's experience and behaviour are always dependent upon a specific level of cognitive, social, normative, physical and emotional development.   Thus, in order to understand the child in the M-C phase it is imperative to take the various aspects of development into consideration.   This will be explained according to Piaget's different stages of development.

1.5.4 Cognitive development

Children in the M-C phase have reached the concrete operational stage of cognitive development as defined by Piaget (Donald et al., 2006). At this stage they learn the symbolic use of written words and numbers and they learn to think logically (Epanchin & Paul, 1987).   Thus, the child learns to apply logical operations to concrete problems as opposed to symbolic or abstract conceptualisations, which occur later during adolescence and adulthood (Lewis, 2009).   Traumatic event

judgement therefore becomes more abstract as the child gets older, but it is initially still largely concrete.

1.5.5 Social development

Social development refers to the development of relationships within the self, family, school and peer group (Lewis, 2009). During the M-C stage the child's family is the primary support system, satisfying the physical and psychological needs of the child. The family as a support system is followed by the school and peers, both contributes to the social development of the child (Lewis, 2009).

At the M-C stage children realise that their understanding of an event or object might not always be the same as others' understanding. At this stage children still have difficulty aggregating or communicating appropriately (Epanchin & Paul, 1987).

1.5.6 Moral development

According to Piaget's theory, the major shift in moral reasoning is from a heteronomous (ages 5-10, where rules are inflexible) to an autonomous morality (10 onwards, where rules are arbitrary). This shift is expressed in growing concepts of cooperation, mutual consent and reciprocity (Epanchin & Paul, 1987). Although moral development is culturally determined, there are universal values that various cultures strive towards, such as honesty and friendliness as opposed to violence. Moral confusion may also arise if children experience trauma in the wake of authority being misused or abused (Lewis, 2009).

1.5.7 Emotional development

Children in the M-C stage realise that they can experience more than one emotion at a given time. They start using internal as well as external cues to understand those people around them. An understanding develops that certain experiences can have different emotions for different people (Shaffer, 2002). Emotional disturbances due to certain stressors during the M-C phase can lead to depression, withdrawal, disobedience, avoidance, aggressive and uncontrolled behaviour, inability to adjust to change and deterioration in school work (Van den Aardweg & Van den Aardweg, 1988).

1.5.8 Trauma

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) (APA, 2000, p. 471) defines trauma as follows:

> The person has been exposed to a traumatic event in which both of the following were present:
>
> 1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to   the physical integrity of self or others.
> 2. The person's response involved intense fear, helplessness, or horror.

According to Hamber and Lewis's (1997) definition, trauma is caused by an event that overwhelms an individual's coping resources. These authors refer to situations in which an individual feels powerless and where great danger is usually involved. Trauma often involves death and injury or the possibility of death and injury. Hamber and Lewis (1997) state that these experiences are out of the ordinary and do not constitute a normal part of our life. The literature distinguishes between a number of different types of trauma, each with its own characteristics and manifestation within an individual. These different descriptions or classifications of trauma are discussed in more detail in 2.9.

1.6 STRUCTURE OF THE THESIS

This research report has been structured in the following way:

Chapter 1 introduces the reader to the research study. The aim of the research is discussed and the statement of the problem and the objectives are put forward. Essential concepts are defined. The research methodology as well as the research design is discussed.

Chapter 2 provides an in-depth discussion of literature pertaining to the study. The literature review is discussed within a specific theoretical framework.

Chapter 3 deals with the research design and methodology used in this study.

Chapter 4 presents and discusses the research findings and the interpretation of these findings. Certain themes emerge and these themes are discussed.

Chapter 5 contains a summary and conclusion of the research study. I also attempt to answer the research questions in this chapter. Limitations of the study as well as recommendations for future research are also discussed.

1.7 CONCLUSION

In this chapter the research study was introduced and the motivation for the study, the aims of the study and the following research questions were presented. A brief discussion on the nature of the research approach, as well as an introduction to the research methodology, was included. A conceptual analysis for the purpose of the reader's orientation formed part of this chapter.

In the following chapter the theoretical framework for this research study is discussed and a literature review is presented.

CHAPTER 2

LITERATURE REVIEW

2.1   INTRODUCTION

In this chapter an in-depth literature review on adversity and the possible effects that adversity can have on a child's classroom behaviour is presented. The child is viewed from a bio-ecological perspective. The relationship between adversity and trauma is subsequently explained and the potential effects of adversity on the developing brain of the child, the effect on classroom behaviour and the effect on social relationships are discussed. In this review recent studies, both local and international, are taken into account. Particular attention is given to adversity within the South African context, with the focus on the Western Cape. The last section focuses on different types of trauma as identified in the literature.

In the following section Bronfenbrenner's bio-ecological model will be explained as it pertains to this study.

2.2   BRONFENBRENNER'S BIO-ECOLOGICAL MODEL

Swart and Pettipher (2005) and Lewis (2009) state that in order to understand an individual it is necessary to understand the complexity of that individual's life. This includes the influences on the individual, and the interactions and interrelationships between the individual and the multiple systems that he or she is connected to, in other words, the social context in which the person (or child) is living.

While growing up, a child goes through different developmental phases and the environment can have different effects on these stages of development (Dawes & Donald, 2000). The constant interaction between an individual and his or her environment can have either a positive or a negative effect, depending on the situation (Lewis, 2009). It is therefore important to note that harmony or even distress does not only occur within an individual, but also within the different systems of which the individual forms part.

In view of the above, it is clear that the bio-ecological model can assist us in understanding how the child living in adverse conditions is influenced by the systems

of which he or she is part, and how several other systems are, on their part, influenced by the child (Lewis, 2009). In addition, the importance of the interaction between the individual's development and the systems within the individual's social context is also emphasised (Swart & Pettipher, 2005) and an understanding arises of a child's development as shaped by, and shaping the social context (Donald et al., 2006).

Ecological models look at the processes and conditions that govern the lifelong course of human development within the environment/s where they find themselves (Bronfenbrenner, 1994). According to the bio-ecological model (Bronfenbrenner, 1994), human development takes place through processes of shared interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate environment. One of the most important factors in shaping lasting aspects of development lies in the interactions that occur in face-to-face, long-term relationships (Donald et al., 2006). For this development to be effective, the interaction must occur on a regular basis over extended periods of time (Bronfenbrenner, 1994).   These forms of interaction in the immediate environment are referred to as *proximal processes* (Bronfenbrenner, 1994)*.* Patterns of proximal processes are found, for example, in parent-to-child and child-to-child activities, group or individual play, reading, learning new skills, studying, athletic activities or performing complex tasks (Bronfenbrenner, 1994). The form, power, content and direction of the proximal processes that affect development vary systematically according to the characteristics of the developing person and the characteristics of the environment (Bronfenbrenner, 1994).

Besides the proximal interactions, Bronfenbrenner also refers to four interactive dimensions within the child's context that needs to be considered when referring to the child's development within his or her context (Dawes & Donald, 2000): the *person factors,* the *process factors,* the *contextual factors,* and *time*. The *person factors* refer to the temperament of the child and the child's biological origin. By acknowledging the person factors of the individual, the 'bio' aspect is brought into the ecological model. The *process factors* refer to the interaction that occurs in a family, while the *contextual factors* refer to families, neighbourhoods or the wider society. The last factor, *time,* refers to developmental changes that occur over time in the

16

environment as well as within the individual (Dawes & Donald, 2000). These interacting dimensions help us to understand how different levels of a system in the social context interact in the process of child development (Donald et al., 2006).

The four dimensions mentioned above also influence the proximal interactions (Dawes & Donald, 2000) within the bio-ecological model. However, in addition to the proximal interactions, Bronfenbrenner (1994) identified several nested systems of which children form part during their developmental phases. These different systems are the *micro-system,* the *meso-system,* the *exo-system* and the *macro-system.*

According to Bronfenbrenner (1994), the *micro-system* refers to the immediate interactions between an individual and his or her direct environment. This includes families, friends and teachers and involves a pattern of activities, social roles and interpersonal relations experienced by the developing person in face-to-face settings (Donald et al., 2000). Through physical, social and symbolic features, the individual invites, permits or inhibits engagement with the immediate environment (Bronfenbrenner, 1994). It is within this micro-system that proximal processes work to produce and sustain the child's development. The development consequently depends on the structure and the content of the above-mentioned system (Bronfenbrenner, 1994).

Meso-systems are sets of micro-systems that are associated with one another and that are continuously interacting with each other (Donald et al., 2006). Bronfenbrenner (1994, p. 40) explains that the meso-system refers to the linkages and processes taking place between two or more settings that the individual forms part of. Dawes and Donald (2000) give an example of a micro-system: it can be seen where a child is exposed to certain difficulties within the family, but at school a caring teacher provides a positive environment for the child. This positive interaction between the child and his or her teacher can enhance the child's self-esteem and in the process make the negative conditions at home more bearable. Therefore, such a protective experience in the micro-system of the school might have a positive impact on a child who is exposed to different stressors at home (Dawes & Donald, 2004).

Exo-systems are systems in which the developing person is not directly involved, but which still have an influence on the individual and which may also influence the people with whom the child has a proximal relationship (Dawes & Donald, 2000). Examples are the education systems, the media, and parents' work situations (Donald et al., 2010). The parents' work situations may not directly influence the child, but the benefits and stressors that the parents are experiencing at work will have an influence on the proximal relationship they have with their child (Dawes & Donald, 2000). On the other hand, a parent who lives in a neighbourhood where there is understanding and support and who enjoys his work will be less likely to be isolated. This might therefore have a positive effect on the parent's relationship with the child (Dawes & Donald, 2000). Research since the 1980s has identified three exo-systems that are especially likely to affect the development of children indirectly: the parents' workplace, family social networks and neighbourhood-community contexts (Bronfenbrenner, 1994).

Macro-systems refer to characteristics of a given culture or subculture. These characteristics include belief systems, bodies of knowledge, material resources, customs, life-styles and values that are embedded in the broader system (Donald et al., 2006; Bronfenbrenner, 1994). These levels, according to Dawes and Donald (2004) and Swart and Pettipher (2005), refer to the attitudes, values, beliefs and ideologies inherited in the systems of a particular society and these in turn will have an influence on all other levels of systems that affect the child.

Chrono-systems refer to changes in the environment as well as simultaneous changes in a person over a period of time (Dawes & Donald, 2000; Donald et al., 2006). These changes include changes over the life course in family structure, socioeconomic status, employment and place of residence (Bronfenbrenner, 1994, p. 40). Swart and Pettipher (2005) use the example of developmental processes which a family undergoes, while at the same time there is a child in the family who is in the process of development. The developmental processes in the family will in turn interact with the child's progressive stages of development (Swart & Pettipher, 2005).

Figure 2.1 illustrates the bio-ecological model.
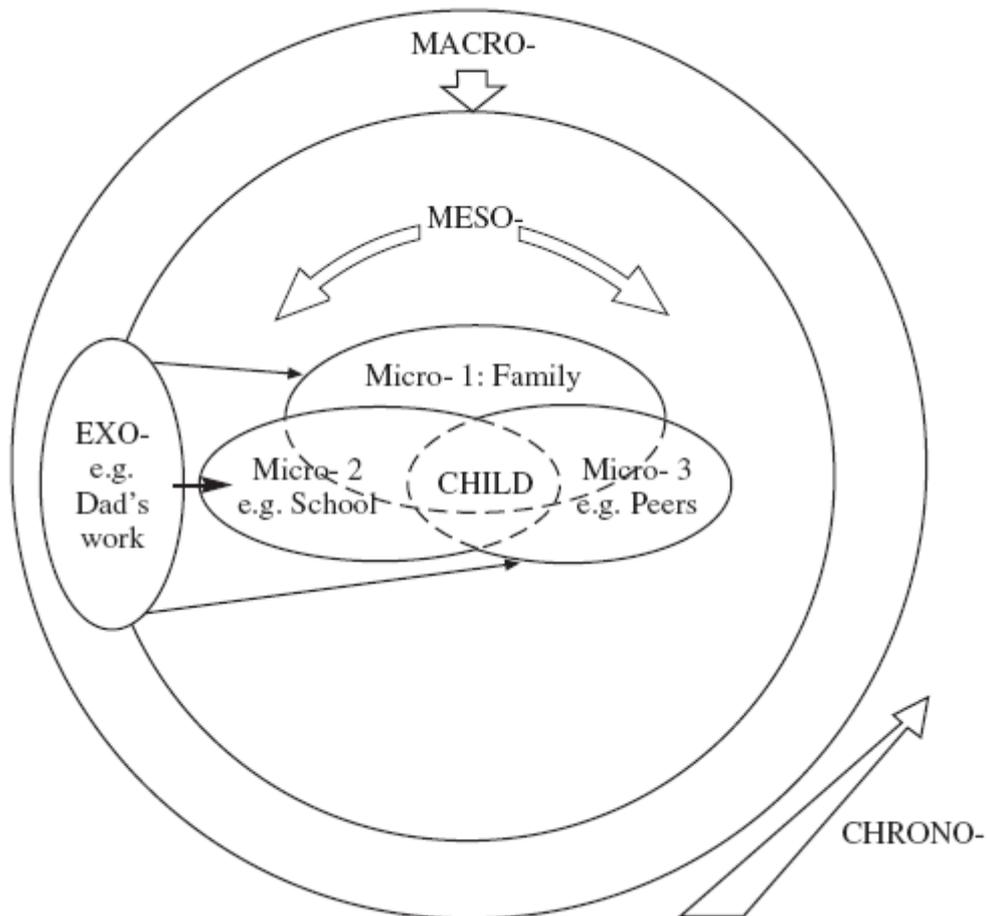
Figure 2.1: A representation of the bio-ecological model, adapted from Donald, Lazarus and Lolwana (2006, p. 41)

The above framework shows that different systems, both within the person and within the environment, are continuously interacting with one another. As a result, what happens within the child or the environment will have a direct impact on the developing child as well as on the environment that the child forms part of. Therefore, the different life experiences that a child is exposed to on a regular basis, whether positive or negative, affect the child's overall development (Lewis, 2009).

The question arises whether a child's development might be influenced negatively if the child is in regular interaction with a social context where there are continuously threatening and adverse living conditions.

In Chapter 1 a statement was made that many South Africans live in severely adverse conditions and are therefore also exposed to numerous forms of continuous, traumatic events (Hamber & Lewis, 1997; Lewis, 2009). At this point in the literature review it is vital to clarify the link between adversity and trauma.

In the following section I discuss and attempt to establish the possible link between adversity and trauma and in the process explore whether the child living in continuous adverse conditions might be traumatised as a result.

2.3 THE POSSIBLE LINK BETWEEN ADVERSITY AND TRAUMA

Difficult and often harsh life circumstances seem to exist in most contexts where low income, unemployment, crime, substance abuse and other social ills are the order of the day (Biersteker & Robinson, 2000). Adverse conditions can lead to different stressors, including health risks, malnutrition, disease, infection and injury (Donald et al., 2006). When members of the community are exposed to some of these stressors almost daily, it might lead to different behavioural patterns within the community, including family conflict, gang conflict, violence, crime, substance abuse, emotional abuse, sexual abuse and physical abuse (Prinsloo, 2005).

Biersteker and Robinson (2000) argue that the circumstances of families living in adverse conditions as explained above can have a negative impact on parents' capacity to meet the most fundamental needs of their children. Interactions within families could then become threatening by themselves. If children are exposed to violence and other forms of negative behaviour where they are threatened by possible injury or even death, their experiences can be traumatic (DSM-IV-TR, 2000; Hamber & Lewis, 1997). Thus, a child living in adverse conditions might be exposed to traumatic events that could have a direct effect on them. Adverse living conditions can therefore be associated with trauma since people living in these adverse conditions might have a constant fear for their safety because of the likelihood that these negative living conditions could possibly lead to harm or even death.

Working from a bio-ecological framework it is true to say that whatever happens within a community might have a direct effect on the developing child (Bronfenbrenner, 1994). Therefore, these adverse living conditions can have an effect on the biological development of the child as well as on the interaction between the child and his or her environment.

As a result, based on the bio-ecological theory, classroom behaviour can be attributed to causes and interactions from and among other systems such as the environment and the social context. These causal factors would be over and above the within-child reasons for the behaviour. The teacher therefore has to view the child's behaviour within a broader context (Swart & Pettipher, 2005). This view echoes Stavrou's (1993) assertion that many children have ordinary worries during the course of their childhood, like concerns about their homework, problems with friends or perhaps fears about their parents divorcing. However, children living in violent communities have worries which seem to override the ordinary worries of childhood. Community violence, house raids and other forms of violence, such as extreme deprivation and poverty, are all very real for children living in such adverse circumstances and have an effect on their behaviour (Stavrou, 1993).

Stavrou (1993, p. 8) found that children living in adversity show a variety of responses to violent events. **Fear** is one such response. It has been found that the most commonly expressed fear of children is the fear of future attacks. Along with fear, feelings of emotional numbing, powerlessness and a lack of safety are all examples of possible **emotional changes** that children might experience. With emotional changes one might find that the child is anxious, restless and irritated, they might also have no interest in life and might even have feelings of guilt for being alive. These children might also feel lethargic, have no energy most of the time and they might experience mood swings for no apparent reason. **Difficulty in sleeping and nightmares** might be another common response. The children might be too afraid to fall asleep and once asleep they can have nightmares about the attacks. Children living in adversity might also constantly think about and re-experience the traumatic event. This in turn might cause **difficulty with thinking** since the child is not able to concentrate and also unable to remember properly. **Social difficulties** whereby the child is aggressive towards other children and avoiding social

21

interaction, is another common response. Children living in adversity also often present with **somatic complaints** like headaches and stomach aches (Stavrou, 1993, p. 8).

The above-mentioned responses have been identified in just one of many studies that have explored the direct effects of adversity on the biological development of the child (Stavrou, 1993, p. 8). Others studies include some on the child's brain development, social and behavioural development, and emotional and temperamental development (Gabowitz, Zucker & Cook, 2008; Lewis, 2009; Lockhat & Van Niekerk, 2000; Streeck-Fisher & Van der Kolk, 2000; Van der Kolk, 2005a;). Most of the research was performed internationally and as a result the generalisability to the South African context remains to be critically approached.

For the purpose of this study it was however necessary to understand trauma specific to Cape Town in the Western Cape, and the impact that it has on the children living there. The following section will therefore focus on trauma in the South African context, specifically in Cape Town.

2.4 PREVALENCE OF TRAUMA AMONG SOUTH AFRICAN CHILDREN

The Western Cape is a province with stark contrasts (Standing, 2003). In Cape Town, the capital of the Western Cape, the majority of affluent working- and upper-class citizens live at the base of Table Mountain and on the coastline, while communities where poverty and unemployment are more common, live in suburban regions established often through forced removals during apartheid (Standing, 2003). This area is known as the Cape Flats. Although the standard of living varies across the whole of Cape Town, one can safely generalise by saying that the Cape Flats comprise an impoverished area with very high levels of unemployment, crime, drug abuse and violence. Notable in the area is ill health, stress, the adverse effects of drug dependency, family fragmentation, school truancy and high levels of interpersonal conflict (Standing, 2003).

Taking the above description into consideration, it is still difficult to establish just how many children in South Africa have been exposed to traumatic events. Kaminer and Eagle (2010) note that the more violent and conflicted a community, the more likely it

is that the children in that community have been exposed to traumatic events. Much research has been conducted in such South African communities. In the next section I discuss some of the findings of relevant studies in order to describe the context in which this study was undertaken.

Ward, Martin, Theron and Distiller (2007) conducted research among Grade 6 learners in a high violence community in Cape Town. According to the findings, 68.44% of the participants reported that they had witnessed violence and had been victims of violence. In the same study the participants also indicated that they were more likely to be victimised in their homes than at school or in their communities (Ward et al., 2007). Another study done in South Africa by Grimsrud, Kaminer, Meyer, Stein and Williams (2008), used the 'worst event' list from the World Health Organizations' Composite International Diagnostic Interview (CIDI). They gathered data from 4 351 South African adults as well and their findings indicated that over a third of the population had been exposed to some form of violence. The most common forms of violence included assault, physical abuse by an intimate partner, childhood physical abuse, political detention, torture and rape (Grimsrud et al., 2008).

A similar study, using a sample of 2 041 boys and girls from 18 schools in Cape Town and Nairobi (Seedat, Nyamai, Njenga, Vythilingum & Stein, 2004), assessed trauma exposure and post-traumatic stress symptoms. The results showed that more than 80% of the participants reported exposure to severe trauma, either as victims or as witnesses. The most common types of trauma for this group were witnessing community violence (63%), being robbed or mugged (35%) and witnessing a family member being hurt or killed (33%).

A newspaper report in the Cape Argus (Standing, 2003) reported on local academic studies where 97% of the children who were surveyed reported hearing gunshots. Half of them reported seeing a dead body of a stranger and nearly the same number of children indicated that they had seen the body of a relative or somebody they knew. Seeing people being shot or stabbed was a regular occurrence for some of these children and one third of them reported seeing someone being shot or stabbed

in their homes. Several of the children had been shot, stabbed or raped and a vast number had been threatened with a gun or a knife (Standing, 2003).

According to Kaminer and Eagle (2010), traumatic events can have effects beyond immediate shock and traumatisation, and this can subsequently affect the context in which the child lives as well as the context in which the child continues to develop (Bronfenbrenner, 1994). Kaminer and Eagle (2010) emphasise that it is not possible to have an accurate picture of the full impact of traumatic events on the lives and development of our children, as all the incidents of trauma cannot be recorded. Perry, Pollard, Blakeley, Baker, and Vigilante (1996) as well as Gabowitz et al., (2008) stress that trauma has an impact on the emotional, behavioural, cognitive, social and physical development and functioning of the child. This impact can have various adaptive mental and physical responses which can include hyper-arousal and dissociation, to name a few (Perry et al., 1996). These experiences, whether positive or negative, also have a major influence on the maturing brain of a child. Perry et al. (1996) point out that traumatic experiences influence the organisational and functional status of the brain.

In the following section a clarification of the neurological effects of trauma on the developing brain of a child are explained and discussed.

2.5 TRAUMA AND THE BRAIN

Environmental influences such as stress or trauma modify the processes of early brain development in humans (Glaser, 2000; Perry et al., 1996; Perry, 2001). Chronic stress in children can thus lead to permanent changes in the organisation and functioning of the systems in the brain if these traumatic experiences occur during sensitive periods of brain development and growth (Anderson, Anderson, Navalta, Polcari, Teicher, 2002; Perry et al., 1996).

Brain researchers use the term 'plasticity' to explain that the brain is not a static organ and that it can change in response to environmental influences, both positive and negative experiences (Cole et al., 2005; Cozolino, 2010; Gabowitz et al., 2008). This means that traumatic experiences can damage the brain while good experiences can enhance it (Cole et al., 2005). A study done primarily on rats

(Cozolino, 2010) showed that animals raised in colourful, diverse and stimulating habitats had more neurons, more synoptic connections among their neurons and more mitochondria connections than those raised in dreary environments. Although this study was performed on rats, similar studies have been done on humans and the results were comparable (Cozolino, 2010).

In order to understand the relation between environmental influences and brain development it is necessary to understand the organisation of a brain. The brain consists of billions of neurons that are organised into systems designed to sense, process, store, perceive and act on information that is received from external and internal sources (Perry et al., 1996). The main aim of all of these systems working together is that of survival. Each system has a different function.

Systems in the brainstem area are responsible for the regulation of cardiovascular and respiratory actions like heart rate, blood pressure and arousal. They are already fully functioning from birth and necessary for survival (Perry et al., 1996). The limbic system is responsible for the filtering of relevant sensory input that will be necessary for mental processing as well as attachment, affect regulation and certain aspects of emotions. This system is also essential for self-preservation, parenting and play. Systems in the cortex are responsible for abstract cognition and complex language while systems in the frontal cortex are involved with abstract thoughts (Perry et al., 1996).

A child's brain develops in a hierarchical fashion from the less complex brainstem to the most complex limbic and cortical areas. The different systems in a child's brain develop at different rates and as a result become functional during different times of development. Disruption during any of these critical periods of brain development may lead to major abnormalities or deficits in a child's neurodevelopment (Glaser, 2000; Perry et al., 1996, p. 3; Perry, 2001). Perry et al. (1996) note that disruption can be explained as the possible deprivation of experiences or, on the contrary, extreme experiences (e.g. trauma). Due to the plasticity of the brain, disruptions during these critical periods of development will literally change the organisational framework of a child's brain.

It is therefore evident that negative life experiences can have an effect on the developing brain of a child. However, it is important to understand what happens to the brain of a child during periods of threat. Perry et al. (1996) state that during different stages of development and during different threatening situations the response pattern of the child will differ. A very common response pattern for traumatised children is the hyper-aroused continuum.

During a state of alarm, when a child is feeling threatened, there will be an increase in the sympathetic nervous system, resulting in increased heart rate, blood pressure and respiration, a release of stored sugar, increased muscle tone and a sense of hyper-vigilance. This leads to an immediate fight or flight response. If a child is exposed to stress or trauma early on in its life, the neural hormonal stress system, specifically the sympathetic nervous system explained above, will be deregulated. The serotonin system as well as the limbic-hypothalamic-pituitary-adrenal (LHPA) axis will also be deregulated. This in turn will lead to enhanced physiological responsiveness (Anderson et al., 2002).

When the above-mentioned system is active on a regular basis over long periods of time, it can lead to the dependent activation of these areas, which in turn will lead to sensitisation (Perry et al., 1996). Brain research has shown that the areas of the brain that are used the most are also the areas of that are the most developed (Cole et al., 2005). Therefore, if a child is constantly exposed to stress and is therefore living in a constant state of fear or danger, it can lead to the over-development of the areas of the brain responsible for controlling the fear. This part of the brain will then be in charge of all forms of behaviour, even during times when other parts of the brain are supposed to be in control. It is also important to note that the parts of the brain that are active in fearful states are different to the areas during a calm state. Furthermore, it is predominantly the areas of the brain that are active during a calm state that are responsible for academic learning (Cole et al., 2005).

The brain of a child that is exposed to chronic danger will consequently develop differently to the brain of a child who is not exposed to danger. The areas of the brain activated during times of danger will always be active and over-developed in a child living in adverse conditions; therefore the areas of the brain needed for

learning, relaxing and playing might stay underdeveloped (Streeck-Fisher & Van der Kolk, 2000).

To summarise: trauma has a direct effect on the developing brain of a child (Anderson, et al., 2002; Cole et al., 2005; Perry et al., 1996; Streeck-Fisher & Van der Kolk, 2000). This will have a negative effect on the child's ability to develop certain skills, to achieve academically in class, to display appropriate behaviour in class and to have positive interaction with friends and healthy relationships with people who are part of the systems in which he or she operates. Gabowitz et al. (2008, p. 165) state that since trauma has an effect on brain development it can lead to impairments in many other domains of functioning. As result, children are often referred to educational psychologists for a variety of academic, social and emotional problems across home, school and other settings.

In the next section I focus on the classroom behaviour that children exposed to trauma often present with. This will be followed by a discussion on the academic performance of such children. Thereafter consideration will be given to these children's social competencies and their position within the family context.

2.6 CLASSROOM BEHAVIOUR OF CHILDREN EXPOSED TO TRAUMA

Classroom behaviour refers to any form of action that a child presents with in the classroom. This includes the way the child interacts verbally and socially with peers and the teachers. It includes the way the child learns, the way the child pays attention and the way the child responds to commands, as well as the child's participation in classroom activities and the completion of work. Classroom behaviour also refers to the child's emotional and psychological affect in the classroom. Off-task behaviour, like daydreaming, fidgeting, doodling and inattention as well as physical movement and disruptive activities are all part of classroom behaviour.

One form of classroom behaviour that teachers often consider to be inappropriate is the type of behaviour that disrupts the regular classroom programme. Gordon and Browne (2004) define disruptive classroom behaviour as inappropriate behaviour, while Mabeda and Prinsloo (2000) refer to it as behaviour that contributes to

disciplinary problems in schools.   Levin and Nolan (1996) describe disruptive behaviour as behaviour that inhibits achievement and interferes with teaching and learning and therefore interferes with the child's right to learn.

International studies have shown that children exposed to trauma do not only display disruptive behaviour, but many other forms of behaviour as a result of the trauma. Martin, Cromer & Freyd (2010) found that abused and neglected children displayed more behavioural, emotional and academic problems than their non-maltreated peers in the classroom. Studies further showed that such children can be withdrawn, anxious and depressed (Anthonysamy & Zimmer-Gembeck, 2007; Bolger & Patterson, 2001; Dodge-Reyome, 1993; Manly, Kim, Rogosch & Cicchetti, 2001) and in other cases overactive, impulsive, impatient and non-compliant.

In their study, Monte, Tribble and Yanowitz (2003) used an open-ended methodology to establish teachers' beliefs regarding the relationship between abuse and classroom behaviour. The teachers indicated how physical and emotional abuse influence classroom behaviour and they reported that the children who suffered this kind of abuse demonstrated more academic difficulties, aggressive behaviour, low self-esteem and poor social skills. These children also tended to display more disruptive behaviour than their peers in the classroom (Erickson, Egeland & Pianta, 1989).

A similar, more recent study conducted by Martin et al. (2010) showed that teachers believed that physical and sexual abuse and emotional neglect affect students' learning, causing academic difficulties and negative, disruptive, inattentive and internalising behaviours.

Factors within society at a macro-systemic level (Bronfenbrenner, 1994), of which the moral degeneration of communities, racial conflict, poor housing, inadequate medical services as well as poor law enforcement and unemployment are examples, can contribute to children's life circumstances. These conditions have an effect on classroom behaviour (De Wet, 2003). Similarly, according to Oosthuizen and Van Staden (2007), various factors within the school also contribute to children's classroom behaviour. These factors include the school climate, teachers as role

models, the teachers' competence, the learner capacity of the school, as well as the structure and physical appearance of the school.

It is therefore clear that trauma has an effect on the classroom behaviour of the child that has been exposed to different forms of negative life experiences. As explained previously, classroom behaviour is multifaceted and includes the way the child learns, pays attention and completes work. It therefore also entails the academic element of learning, reading, writing and mathematics.

In the following sections I focus on the influence that adversity and trauma have on the academic performance of the child that is continuously exposed to trauma and adversity.   In the section I first explain how children in different phases of development perceive trauma; thereafter I discuss the academic performance of the child in the M-C phase.

2.7 SYMPTOMATIC BEHAVIOUR AFTER TRAUMATIC EXPERIENCE

With regard to the development of children and their understanding of trauma, Kaminer (2010) notes that even young infants can be traumatised, though they understand and express the trauma differently from older children. Children under the age of two years will express distress physically, for example by having difficulty in eating or sleeping. They might also be more irritable and more easily distressed.

In early childhood, between the ages of three and six years, children are more focused on their families and homes (Kaminer & Eagle, 2010). At this age, children are starting to learn to do things for themselves, like bathing and dressing themselves. Exposure to trauma at this developmental age can cause regression in earlier stages of development, thus making children more clingy and dependent. Children at this age also have rich fantasy lives and trauma can cause them to become scared of imaginary dangers (Kaminer and Eagle, 2010).

At the age of seven to eleven years, that is the M-C phase, the focus shifts away from the home to the school. Because of the more sophisticated thinking capacity of children in this phase, they are more capable of comprehending what has happened to them.   Trauma in the M-C stage can affect academic performance and concentration and can lead to deterioration in class work (Kaminer, 2010). Serious

learning difficulties include difficulties with language, communication, problem-solving skills, understanding cause-and-effect relationships, regulating emotions and peer and teacher relationships (Kaminer, 2006). A further result can be difficulty in concentrating or sitting still in the classroom and having trouble behaving and learning (Kaminer, 2006).

Streeck-Fisher and Van der Kolk (2000) also note that a child that is traumatised is easily over-stimulated and struggles to achieve the state of secure readiness that is necessary in order to be open to new information.   Too much adrenalin and noradrenalin can cause the child to be confused and impairs learning and memory (Van der Merwe, 2008). According to Giarratano (2004), a child that reacts to trauma might appear confused, lack concentration, and experience time disturbance, lower self-efficacy and an inability to prioritise. Such a child might also struggle with problem-solving efforts. The child's memory, especially the sensory memory, will be influenced (Giarratano, 2004).

Traumatised children can also be easily distracted. Streeck-Fisher and Van der Kolk (2000) point out that this might be the reason for children's inattentiveness because they struggle to distinguish between relevant and irrelevant information and in the process might misinterpret certain stimuli as traumatic while they ignore sensory information that they do not perceive as traumatic. In a classroom situation they may consequently ignore the educational stimuli that they are receiving since they are concerned about their safety.

Traumatised children might also experience language and communication difficulties. Research done on children diagnosed with PTSD has shown that when the areas of the brain involved with anxiety and intense emotions (limbic and paralimbic systems) are activated, the area of the brain associated with language (Broca's area) becomes less active (Cole et al., 2005). Thus, a different part of the brain is active than what is actually needed for the acquiring of language.

Another requirement to complete academic tasks successfully is the ability to organise material sequentially.   Traumatic experiences hamper a child's organisational skills, which can lead to difficulties with reading, writing and verbal communication (Cole et al., 2005).

30

However, there have also been claims that poverty and violence challenge children in ways that promote social competence and academic motivation (Barbarin & Richter, 1998). According to this view, the mastering of activities might arise from hardship and community danger. Growing up in communities of violence and hardship presents children with opportunities that force them to practise self-sufficiency – such opportunities will not be available for children growing up in more secure communities. Barbarin and Richter (1998) argue that children growing up in safe and secure communities might mature more quickly and be more resourceful. Children growing up in poverty might also be motivated to concentrate more intensely in class in order for them do well academically, and by working harder they might have the chance to escape the hardship of poverty (Barbarin & Richter, 1998). Kaminer (2010) states that the opposite is also possible: the child becomes a perfectionist trying to do very well at school and to have control over that part of their life where they feel that is possible.

As stated earlier, trauma can have an effect on the overall development of the child. The biological, behavioural and cognitive domains of child development in children exposed to trauma have already been addressed. In the following section the social domain of trauma and child development is discussed.

2.8 SOCIAL COMPETENCE

Van der Merwe (2008) contends that different interpersonal aspects of social development can be influenced by adversity and this in turn can create a sense of detachment and alienation in the child that has been exposed to continuous trauma in a community where adversity is common. Impoverished relationships, inability to utilise social support, withdrawal and separation difficulties are a few examples of interpersonal aspects influenced by the exposure to trauma.

Considering the above, it is important to note that very little research has been done to investigate the relationship between adversity and the development of social competency (Barbarin & Richter, 1998). Previous research focused on the inverse relationship between adversity and social competence (Barbarin & Richter, 1998) and it was noted that the children who were exposed to adversity had

underdeveloped social skills due to the stress and adaptation patterns associated with poverty and violence.

Children growing up in adversity have a preoccupation with their physical safety. They also have access to limited resources; they receive less cognitive stimulation and show premature self-care and self-reliance. In this pattern of social adaptation, children consequently over-react to their environment by being overly suspicious and approach social and academic situations with fear, shyness or social withdrawal (Barbarin & Richter, 1998). Therefore children who are exposed to trauma will struggle to form healthy relationships; they will spend their energy in protecting themselves and being on guard to identify possible signs of danger. Van der Merwe (2008) argues that this lack of trust leads to an inability to form social relationships.

In contrast, children growing up in an environment of safety where they have material resources and a basic relationship of trust with people (Barbarin & Richter, 1998) will be able to invest their creative energies in the emotional, empathetic and cooperative development of social relationships.

Social relationships between children and their peers in the school or community can be affected by the exposure to adversity as explained above.   Furthermore, relationships within the family also play a vital role in a child's development. In the next section the focus is on the family environment and the effect of continuous adversity on the relationships within the family.

2.8.1 Family environment

According to Van der Kolk (2005b), the family plays a very important role in the way children perceive threats and victimisation as well as how they recover from stressful or traumatic experiences. Children learn to regulate their behaviour by watching their parents or caregivers' responses to the specific traumatic experiences to which they are exposed (Van der Kolk, 2005a).

Kinniburgh et al., (2005a) endorse the above-mentioned view by stating that the interaction or attachment between children and their parents or caregivers plays a vital role in child development. When children are exposed to stress and trauma and if the parent or caregiver is not able to modulate the child's arousal, such children will

struggle to organise the information in a logical fashion. Children depend on their parents or caregivers for their survival (Van der Kolk, 2005b).

Children that have a positive relationship with their parents or caregivers, where they are being nurtured, loved and cared for develop certain valuable skills that they can use throughout their development. This positive relationship also serves as a safety net for children when coping with difficulties (Kinniburgh et al., 2005a). Children in safe and loving environments learn to trust their feelings and this allows them to rely on their emotions and their thoughts when reacting to a situation. It also provides them with the knowledge that should they find themselves in a difficult situation they can ask for help or support (Van der Kolk, 2005b).

On the other hand, impaired attachments between children and their parents have been linked to negative outcomes, including psychopathology and altered peer relationships (Kinniburgh et al., 2005a). Factors such as abuse suffered by a parent, physical impairment of the parent, inconsistency or unpredictability of environmental factors, separation from the parent or abandonment by the parent can all lead to insecure attachments (Kinniburgh et al., 2005a). As a result, children who do not have a secure relationship with their parents or caregivers will not be able to change their arousal, they will have trouble relying on people to help them and they will be unable to regulate their emotional state by themselves. This may lead to excessive anxiety, anger and a longing to be taken care of. These feelings may become so extreme that they can lead to dissociation (Van der Kolk, 2005a). As a consequence, such children are forced to rely on inappropriate and inadequate coping skills during stressful and traumatic situations. This inappropriate behaviour can include aggression, dissociation and avoidance. Relying on these primitive skills may lead to impaired functioning in many different contexts, one of which could be the classroom (Van der Kolk, 2005b).

Certain terminology is used and certain diagnoses have been applied to the child presenting with the biological, behavioural, cognitive and social difficulties that have been described throughout this chapter. Since the terminology and diagnoses are based on international studies it is not viable to generalise the findings to the children of South Africa. South Africa, like most other countries, is unique. The types of

adversity and hardship that South African children are faced with every day can rarely be compared with adversity experienced in other countries.

It is possible that children in South Africa are traumatised through adverse living conditions, and that they might experience and show the same symptoms and behaviour as those children identified and described internationally. On the other hand, children living in adverse conditions in South Africa might present with completely different forms of behaviour. A theoretical framework has been developed internationally that describes and defines different forms of trauma that children can present with. This framework takes into account complex trauma, multiple trauma, post-traumatic stress disorder (PTSD), disorder of extreme stress, and developmental trauma.

The following section will give an explanation and description of the different types of trauma developed internationally.

2.9 TRAUMA AND THE EFFECT ON THE CHILD

Trauma, as defined by Hamper and Lewis (2007), refers to an event that overwhelms an individual's coping resources. As mentioned in Chapter 1, trauma refers to those situations in which the individual feels powerless and which usually involve great danger, the possibility of death and injury, or even death and injury. Traumatic experiences are unusual and out of the ordinary and do not constitute a normal part of our life. In the following section I endeavour to explain the different types of trauma that have been identified internationally.

2.9.1 Complex trauma

'Complex trauma' is a term used to explain interpersonal life experiences of multiple, chronic, prolonged and developmentally adverse traumatic events occurring within the child's care-giving system at a very young age (Gabowitz et al., 2008). These traumatic events can include physical abuse, emotional abuse, sexual abuse, neglect, loss, community violence and the witnessing of domestic violence (Gabowitz et al., 2008). These different forms of abuse, which generally start in early childhood, are usually chronic they can have an effect on the development of the

34

mind and the brain (Van der Kolk, 2005a). As a result, complex trauma can interfere with the child's neurobiological development.

Cook et al. (2005b, p. 392) identified different areas of development that can be impaired if a child is exposed to complex trauma. The first domain, **attachment,** includes problems with boundaries between the child and the people that the child interacts with. Early care-giving relationships are very important for children, as these relationships model certain developmental competencies that are important for secure relationships. Children who are exposed to insecure attachment patterns will have disorganised attachments. This disorganised behaviour consists of being clingy, dismissive and aggressive. These children are also very suspicious of other people and struggle to form relationships of trust. Due to distrust and suspicion experienced by children exposed to complex trauma, interpersonal difficulties occur, including difficulties in understanding other people's emotional states (Cook et al., 2005b, p. 392).

Another area is the **biological** composition of the child. Problems in this area include sensory motor developmental problems, and problems with coordination, balance and body tone. Disruptions in brain development can also occur. Somatisation is also a feature which can present itself as constant stomach ache or headaches (Cook et al., 2005b, p. 392). These authors theorised that children exposed to complex trauma might also experience difficulties with **self-regulation** as well as with knowing and describing internal stress and emotions. Self-regulation refers to the ability to differentiate among states of arousal and then to apply the appropriate labels and act accordingly. According to these authors, such children have difficulty in identifying their emotional state, expressing their emotional state and then modulating or regulating their internal experiences.

Of all the domains of impairment caused by complex trauma in children, **behaviour** presents with the most symptoms (Cook et al., 2005b, p. 392). Poor modulation of impulses, self-destructive behaviour and aggressive behaviour towards other people are commonly seen. The reason for such behaviour might be that these children have difficulty understanding rules and complying with them. Substance abuse,

sleep disturbances and eating disorders are also key features of the child who is exposed to complex trauma.

Research has also shown that children exposed to complex trauma have difficulties in **attention regulation** and **executive functioning** (Cook et al., 2005b, p. 392). They may struggle to focus on tasks and on completing them – possibly due to a lack of sustained curiosity. Such children also struggle to process new information. They can also present with learning difficulties and language development problems. Problems with orientation in time and space as well as object constancy can occur.

Children in secure environments tend to develop a stable and integrated sense of identity. Through responsive and sensitive caretaking and positive life experiences these children are able to develop a worthy and competent sense of self.   In contrast, children exposed to complex trauma develop **low self-esteem**, possibly because they are exposed to repeated experiences of harm, rejection or even both. Such children fail to learn age-appropriate competencies and might see themselves as being helpless, deficient and unlovable. They might also experience shame and guilt and blame themselves for the negative experiences (Cook et al., 2005b, p. 392).

The last domain, according to Cook et al., (2005b, p. 392), is **dissociation**, which refers to distinct alternations in states of consciousness. Amnesia, depersonalisation and derealisation are key features of this domain. Thoughts and emotions tend to be disconnected, somatic sensations are experienced outside of the child's conscious awareness, and the child behaves in ways without conscious choice, awareness or planning.

As stated earlier, and confirmed by Gabowitz et al. (2008), complex trauma can have an effect on the developing brain of a child, which in turn can result in cognitive difficulties which can have an effect on many different areas of a child's function across the child's life span. Gabowitz et al. (2008) argue that the child needs to be understood in terms of his or her strengths and weaknesses and an intervention plan then needs to be developed accordingly, to support the individual child.

2.9.2 Developmental trauma

According to Van der Kolk (2005a), the diagnosis of PTSD is not developmentally friendly and it does not effectively explain the effect of childhood trauma exposure on the developing child.   Research (Barbarin & Richter, 1998; Cook et al., 2005b; Gabowitz et al., 2008; Kinniburgh et al., 2005a; Van der Kolk, 2005a, Van der Kolk, 2005b) has shown that children exposed to multiple and continuous stress, experience developmental delays across a broad spectrum, such as cognitive, language, motor and socialisation skills with a variety of different presentations. Currently however, there is not a diagnostic unit that does justice to the spectrum of traumatised children and none that provides guidelines, interventions or preventions to describe the full spectrum of behaviour that a child can present with.

Since there is not a single diagnosis that can accurately describe the child presenting with different behaviour due to trauma exposure, they are given co-morbid diagnoses independent from PTSD, because they do not meet the criteria (Van der Kolk, 2005a)

Therefore, a need has arisen to organise emotional, behavioural and neurobiological factors of childhood and to give a more precise diagnosis for children with complex histories of trauma. As a result, a new diagnosis has been conceptualised, namely *developmental trauma disorder*.

Van der Kolk (2005a, p. 406) define developmental trauma as:

> multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (e.g. abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death).   This in turn leads to subjective experiences of rage, betrayal, fear, resignation, defeat and shame.

As a result the above-mentioned forms of trauma can lead to the avoidance of certain places or people that may remind them of the experience.   Children might also engage in certain behaviours that might indicate that they have a certain sense of control over the perceived fears. They also expect the trauma to reoccur and as a result respond to situations with hyper-vigilance or even aggression to very minor

stressors. Due to this constant fear of future trauma they struggle to trust people and to form healthy relationships; they tend to re-enact their traumatic experiences through their behaviour by acting out as the perpetrator towards other children often through aggression or revenge. Their physiological dysregulation may lead to multiple somatic problems, such as headaches and stomach-aches, in response to emotions of fear and helplessness. Van der Kolk (2005a) explains that his may result in dysfunction in many areas of the child's life, including the educational, familial, peer-relationships and legal areas.

2.9.3 Multiple trauma

The term 'multiple trauma' refers to several traumatic exposures (Cloitre, et al., 2009). Exposure to these repeated or multiple incidences of trauma results in a complex symptom presentation that does not only include PTSD symptoms, but also symptoms because of symptoms. These secondary symptoms include difficulties with anxious arousal, anger management, dissociative symptoms and aggressive or socially avoidant behaviour. These symptoms are part of complex post-traumatic stress disorder and are specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision* (*DSM-IV-TR*; American Psychiatric Association [APA], 2000) as "PTSD and its associated features" (Cloitre et al., 2009).

2.9.4 Post-traumatic stress disorder

PTSD refers to isolated traumatic incidents that tend to produce discrete conditioned behavioural and biological responses to reminders of the trauma (Van der Kolk, 2005a). The APA (2000, p. 463) defines PTSD as:

> the development of characteristic symptoms following the exposure to an extreme traumatic stressor, involving the direct personal experience to an event that involved actual or threatened death or serious injury. It might also include a threat to one's physical integrity, the witnessing of an event that involves death or injury, or a threat to the physical integrity of another person.

PTSD therefore refers to isolated traumatic incidents that tend to produce discrete conditioned behavioural and biological responses to reminders of the trauma (Van der Kolk, 2005a).

Briere and Spinazzola (2005) claim that in the case of children the exposure to traumatic events does not necessarily lead to a diagnosis of PTSD. Children affected by traumatic events might present with some of the symptoms mentioned in the PTSD diagnostic criteria in the DSM IV-TR (APA, 2000). However, these diagnostic criteria do not necessarily give a complete picture of the symptoms in a child exposed to traumatic events. The question thus arises: What is the most appropriate diagnosis for such children? This brings me to the next and last discussion on different forms of trauma.

2.9.5. Disorder of extreme stress not otherwise specified (DESNOS)

DESNOS, otherwise known as Complex PTSD, (Van der Kolk, 2001) is a possible diagnosis that will be in the DSM IV when the DSM-IV Task Force reviews the definition of PTSD. According to Van der Kolk (2001), DESNOS refers to prolonged and severe interpersonal abuse. DESNOS entails six different problems which are associated with early interpersonal trauma. Van der Kolk (2001, p. 8) describes these problems as follows:

> 1) alterations in the regulation of affection impulses, including difficulty with modulation of anger and being self-destructive,
> 2) alterations in attention and consciousness leading to amnesia and dissociative episodes and depersonalization,
> 3) alterations in self-perception, such as a chronic sense of guilt and responsibility, chronically feeling ashamed,
> 4) alteration in relationships to others, such as not being able to trust and not being able to feel intimate with people,
> 5) somatisation, the problem of feeling symptoms on a somatic level for which no medical explanation can be found, e.g. headaches or stomach pains, and
> 6) alterations in system and meaning.

Van der Kolk (2001) claims that the earlier the onset of trauma in a child's life and the longer the period over which the trauma occurs, the more likely the child is to suffer from many of the above-mentioned symptoms. Although the criteria for DESNOS are very similar to the criteria for PTSD, there are differences in the symptomatic impairment features. According to Van der Kolk (2001), another main

and important difference is that DESNOS could occur in the absence of PTSD. The importance of a diagnosis such as DESNOS is therefore highlighted by the discussion provided above.

From the foregoing discussion on trauma, it is evident that many different types of trauma have been identified for children that have been exposed to prolonged, continuous traumatic events. Yet, although many of the causes, symptoms and results in the different definitions of trauma are the same, it still seems as if consensus has not been reached in terms of one correct and accurate diagnosis to describe the experiences, affect, cognition and behaviour of the child who is exposed to continuous trauma.

2.10   CONCLUSION

To summarise: the literature review provided in this chapter aimed at describing the development of the child who is exposed to adverse life conditions from a bio-ecological framework. The biological, behavioural, cognitive and social domains were highlighted. Following the descriptions of the different domains, it emerged that most of the literature and research studies were based on international studies, therefore in contexts different to South Africa. Consequently, the question arises as to whether the biological, behavioural, cognitive and social descriptions of children exposed to adversity in South Africa will present with similar patterns as those observed in international contexts. It was also evident throughout the literature review that adversity can result in traumatic experiences with the accompanying effects of it on children. As a result the last section of the literature review has focused on the different types of trauma that have been identified in the international literature on trauma.

The following chapter (Chapter 3) focuses on the research design and methodology used in the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The aim of this research study, as explained in Chapter 1, was to explore possible associations between children's behavioural patterns in classrooms and possible adverse life circumstances which could be described as continuous traumatic stress experiences. This chapter focuses on the research design and the methodology chosen for the study. Ethical considerations and data verification relevant to this study are also discussed.

At this point it is essential to revisit the research questions that guided the research study. The research questions were the following:

- Do different inappropriate behavioural patterns exist among learners in a Grade 4 classroom in a primary school situated in the Western Cape in an area where adverse living conditions are prevalent?
- What is the nature of such behavioural patterns?
- What is the nature of the life circumstances of children that display such behavioural patterns in the classroom?

3.2 RESEARCH DESIGN

Durrheim (2006, p.34) defines a research design as "a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research". Marais and Mouton (1998) explain that the aim of the research design is to support the quest of a research goal within the practical considerations and limitations of the project. According to Durrheim (2006), the research design consists of different dimensions: the purpose of the study, the theoretical paradigm and the research methods used for sampling and collecting data, as well as for the analysis of the data.

The above-mentioned dimensions will be considered and discussed in more detail.

3.3 RESEARCH PARADIGM

Terre Blanche and Durrheim (1999) define a paradigm as a set of basic beliefs that represents a worldview and that defines a researcher's nature of enquiry along three dimensions: the ontology, epistemology and methodology. **Ontology** specifies the nature of reality that is to be studied and what can be known about it. **Epistemology** specifies the nature of the relationship between the researcher and what can be known, in other words knowledge, while the **methodology** specifies how the researcher may go about studying what he or she believes can be known.

Selecting an appropriate theoretical paradigm is crucial when planning a research study, as it influences the research problem and the way in which the research can be conducted (Durrheim, 2006).

 I shall discuss three basic research paradigms, namely positivism, the interpretive/constructivist paradigm and the critical paradigm (Mertens, 2005).

Positivist research is usually objective, experimental and separate from the research. There is distance between the researcher and the subject and the researcher's interest is not part of the subject's reality. The aim of the research within a positivist paradigm is to provide an accurate description of the laws and mechanisms that operate in social life (Terre Blanche & Durrheim, 1999). Knowledge is gained through scientific and experimental research and this knowledge is objective and quantifiable. Quantitative methodologies are linked to a positivist approach.

Critical research, on the other hand, believes in an objective reality and in this paradigm the task of inquiry is to raise oppressed people to a true level of consciousness; in the process false consciousness is eliminated (Guba, 1990). According to this theory, people can be facilitated towards transformation once they have realised how oppressed they are.

With interpretive/constructivist research, the reality that is being studied consists of people's subjective experiences of the external world. This type of research relies on a subjective relationship between the researcher and the participant (Terre Blanche & Durrheim, 1999) and multiple realities are socially constructed by individuals (Merriam, 1998; Mertens, 2005).

In this study I used the interpretative paradigm as a framework, as I was interested in the participants' subjective realities and how they experienced reality in different ways.   Knowledge from an interpretive paradigm is not only an observable phenomenon, but it is also based on subjective beliefs, values, reasons, understandings and behaviours.   Furthermore, knowledge is related to the way in which people make meaning of their lives.   Therefore, when working from an interpretive research paradigm, the world is seen as complex and dynamic and it is constructed, interpreted and experienced by people in their interactions with each other and the wider social system (Merriam, 1998; Terre Blanche & Durrheim, 1999).

3.4 METHODOLOGY

Marais and Mouton (1998) explain that research methodology is interested in the 'how' of science.   It therefore reports on what was done during the course of a research project.   Methodology explains how the research was accomplished, in other words, what the data consist of and how the data was collected, organised and analysed (Berg, 2009).   According to Berg (2009), it is crucial to understand how the data in one's research study is to be organised and managed before the start of the data-collection process.   This will be determined by whether a quantitative or qualitative research study is being carried out.

Qualitative research uses non-statistical methods to produce findings and is less strictly formalised than a quantitative methodology (Marais & Mouton, 1998).   It entails research about people's lives, lived experiences, behaviours, emotions and feelings (Strauss & Corbin, 2008).

I therefore utilised a qualitative methodology during this research project.   Patton (1987, p. 1) defines qualitative research as follows:

> [Q]ualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interactions there.   The understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting – what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that

particular setting – and in the analysis to be able to communicate that faithfully to others who are interested in that setting.

Merriam (1998) adds to this description by stating that the meaning of social occurrences are understood and explained through qualitative research and that it is understood with as little disruption in the natural setting as possible.

Five types of qualitative research are commonly found in education, one of them being grounded theory (Merriam, 1998).

Initially, a grounded theory design was envisaged for this research project. According to Charmaz (2006) and Charmaz and Henwood (2007, in Bryant & Charmaz, 2007), a "grounded theory method comprises a systematic, inductive, and comparative approach for conducting inquiry for the purpose of constructing theory". Bryant and Charmaz (2007, p. 608) contend that "this method favours analysis over description, fresh categories over preconceived ideas and extant theories, and systematically focused sequential data collection over large initial samples". According to Strauss and Corbin (2008), the major difference between a grounded theory methodology and other qualitative approaches is that in a grounded theory methodology the emphasis is upon theory development (Merriam, 1998). When using this method, there is continuous interaction between the researcher and the data, and the researcher is also constantly involved with the emerging analysis. The data collection and analysis happen concurrently and this allows the researcher to examine all possible theoretical explanations for the empirical findings (Bryant & Charmaz, 2007).

When working from a qualitative approach, certain characteristics are central to the success of the study. The researcher and the participants are seen as primary instruments of data collection and the process usually involves fieldwork (Merriam, 1998). The analysis of the data requires an inductive stance and the researcher strives to develop meaning from the data (Merriam, 1998). As it became clear throughout the data gathering and analysis phase of this study, that theory building would not become possible, my focus transferred gradually towards a meaning-making endeavour, constructing deeper understandings of the classroom behaviour of the participant children, through an inductive interpretative process.

The following section will look at the specific methods used in this research study.

3.5 RESEARCH METHODS

In the following sections, I shall discuss the sampling, the site selection, and the respective methods of data collection.

3.5.1 Sampling and site selection

In qualitative research, good quality data is obtained through careful sampling. Four types of sampling methods can be used and it is important to note that the sampling scheme may change noticeably throughout the research process and as the research develops (Morse, 2007). These sampling types are convenience sampling, purposeful sampling, theoretical sampling and theoretical group interviews.

The types of sampling which I utilised, will now be discussed within the different stages and context of this research study.

The first task, according to Morse (2007), is to obtain an overview of the overall process. For this process, I used convenience sampling to locate appropriate participants. I am a school counsellor in the Inclusive Education Team of a district in the Western Cape. The school where the research was conducted, had been identified as a school where, according to the principal and the teachers, the environment of the learners often could be described as adverse. The possibility exists that some of the children might be exposed to continuous and multiple forms of adversity. A number of learners were referred to the team to be assessed regarding their scholastic performance. After reviewing the referrals it was clear that some of the learners presented with scholastic problems as well as classroom behavioural patterns similar to those described before. A discussion with the teachers and parents of the learners made me realise that the learners in this specific school often experience adverse living conditions and they might be exposed to continuous and multiple forms of adversity. Many of these learners were in the Grade 4 classroom where the learners are in the 10 to 12 year-old age group, in other words those in the M-C phase. Therefore, as described by Morse (2007, p. 235) a possible group was identified by the experts (the principal and teachers) as they had already experienced and observed the phenomenon (Morse, 2007).

After my observation of the whole group forming the Grade 4 class in this school, the sampling strategy changed. After the initial coding, which started immediately, ten learners whose behaviour presented with a particular typology, and according to pre-determined criteria based on the literature, were identified and selected. This constituted the following stage of the research process, where I utilised theoretical sampling. Theoretical sampling is a technique of data triangulation where independent pieces of information are used in order to gain a deeper understanding of something that is only partially known or understood (Glaser & Strauss, 1967).The data that I gathered since the start of the process, interviewing the principal, the teacher and the parents of the referred learners, as well as my observations in the classroom, directed me to the participants that I selected during this stage. These learners were then interviewed. An interview process allows for a rich description of the different stages as they are experienced by the researcher (Morse, 2007). In the course of the process different themes started to emerge from the data and my own understanding of the phenomenon increased (Morse, 2007). In the theoretical sampling stage I deliberately sought participants who showed inappropriate behaviour in the classroom.

The sampling stage came to an end once saturation had taken place. This occurred once I understood what I saw, could indentify it in many forms and it had appeared consistently in the particular context (Morse, 2007). The class that I observed consisted of 26 boys and 13 girls with their teacher Mr Dippenaar (pseudonym). After the observation stage, I identified ten children whose behaviour could be described as disruptive classroom behaviour according to the set of criteria that I developed based on a literature review (Addendum H). Following this, I studied the academic records of these ten children to further identify their level of functioning in this regard. I decided that all ten of them fulfilled the criteria and invited all their parents to a meeting at the school in order to inform them about the research project and to ask them their consent for participation. Seven children's' parents responded to this invitation, and subsequently signed the informed consent forms.   Thus another round of convenience sampling occurred.

3.5.2 Methods of data collection

In research a single method of data gathering is often considered to be inadequate in obtaining rich descriptive data (Berg, 2009). According to Barbour (2001), qualitative research is therefore characterised by the use of a range of methods to gather data. These methods include interviews, focus group discussions, observational fieldwork, video recordings and the analysis of documentation.

The methods that was used to generate data during the research, namely observations, documents and records, a reflective journal, semi-structured interviews, (using checklists as interview schedules), are discussed in the subsections that follow.

3.5.2.1 Observations

Patton (1987) describes observation as a detailed description of programme activities, processes and participants. According to Patton (1987), observation is a necessary source of qualitative evaluation, because it is direct and first-hand. With observation it is necessary for the researcher to go into the 'field' where the participants live and function and to take detailed field notes which form the raw data of qualitative research (Patton, 1987).

There are several advantages to observational fieldwork. It provides the researcher with the opportunity to understand the context in which the study occurs better. It also allows for an inductive approach where the researcher is able to experience the study first-hand, while the researcher is able to see things that might otherwise have escaped the programme if other methods of data gathering was used. Finally, with observational fieldwork the researcher can notice things that the participants might have been unwilling to talk about in an interview (Patton, 1987).

The initial part of my data collection was classroom observation. I observed the Grade 4 classroom every day for five days. Before entering the field I decided what the aims of my observation were and what I was going to observe. I developed criteria based on the different literature readings that I had done to assist me in identifying participants that were presenting with certain forms of behaviour that are considered to be inappropriate in a classroom. These criteria included internalising

behaviours like fidgeting, daydreaming and inattention to surroundings as well as externalising behaviours such as talking, walking around in class and being disruptive. I intended to observe the participants in their natural setting and it was important to view their behaviour as it would occur on a typical day. I therefore did not want my presence to have an effect on their behaviour. To ensure that this would be the case I did not interact with the participants and kept a low profile throughout the week.

3.5.2.2 Documents and records

Different documents relating to the participants were reviewed. This included their workbooks, school reports and psychological reports if there were any available. By reviewing documents pertaining to the participants I was able to understand the participants better (Stake, 2005) and to answer my research questions by using the documents that were considered to be helpful. I found that the reviewing of the documents was especially valuable since I could get a better understanding of the participants' academic achievement in the classroom, including their handwriting, spelling and the comprehension of questions. It furthermore gave me the opportunity to understand some of the participants' home circumstances better in cases where written correspondence between the teacher and the parents could be studied.

3.5.2.3 Reflective journal

I kept my own reflective journal throughout the course of the research process. In this journal I recorded all my interactions and meetings at the research site. I also recorded my own ideas, feelings and interpretations of the research process (Addendum I).

3.5.2.4 Semi-structured interviews

Patton (1987) describes the process of interviewing as asking open-ended questions, listening to and recording the answers and then following up with additional relevant questions.

I interviewed the identified learners whose assent I gained, as well as their classroom teacher. Prior to the interviews, an interview guide (Addendum J) was developed with a list of open questions that would be explored during the course of the interview. Several of the questions in the interview schedule were asked based on the information gathered from using the checklists as interview schedules. During all of the interviews I used a tape recorder to increase the accuracy of the data collection and it permitted me to be more attentive to the person being interviewed.

3.5.2.5. Checklists

The following checklists were used as **interviewing schedules** to gather **qualitative** information from both the parents and the children regarding traumatic experiences in there lives.

Greenwald and Rubin (1999) developed effective instruments to screen children's post-traumatic symptoms with or without identified trauma. These checklists can also be used as instruments to test symptomatology over time. The checklists were developed by using a broad definition of post-traumatic symptomatology based on empirical data as well as on a broad definition of trauma which also includes major loss experiences. The development of the checklists were based on empirical findings indicating that children's reactions to major losses can be very similar to their post-traumatic reactions, except for the fact that the hyperarousal effect might be absent. The measures that were used for this study were thus developed by Greenwald and Rubin (1999) and included questions to children and their parents. The measures are the Child Report of Post-Traumatic Symptoms (CROPS), the Parent Report of Post-Traumatic Symptoms (PROPS), the Lifetime Incidence of Traumatic Events – Student (child) form (LITE-S) and the Lifetime Incidence of Traumatic Events – Parent form (LITE-P).

CROPS and PROPS

The PROPS and CROPS (Greenwald, 2005a) are checklists used to screen for children's post-traumatic symptoms as well as changes in symptomatology over time. They can be used in mental health, education, or community settings for the screening of post-traumatic symptoms following an identified traumatic event or for

the evaluation of post-traumatic symptoms. This measure is suitable for both children and parents, as children are best at reporting their own thoughts and feelings while parents are best at reporting on their child's behaviour. These measures focus on thoughts and feelings and consist of 26 items each. These paper-and-pencil checklists can be used with children from Grade 3 onwards.

LITE-S and LITE-P

The LITE-S and LITE-P are paper-and-pencil checklists that measure the history of children's exposure to adverse life conditions as well as past and current distress levels for each of these endorsed events. These checklists can be used with children from Grade 3 and older. They cover 16 items over a broad range of potential traumatic events and experiences of loss, and also asks for an estimate of the emotional impact of these events, both at the time of occurrence and at present (Greenwald, 2005b).

For the purpose of the study and due to the fact that a qualitative approach was used in the research, all of the above-mentioned measures were used to gather data which was analysed qualitatively.

3.6 DATA ANALYSIS

In qualitative research it is necessary to study and define the different pieces of information that have been collected and then to analyse the data in an attempt to determine the meaning it might carry. The first analytic step in this process is called qualitative coding. Coding, according to Charmaz (2006, p. 43) means "categorising segments of data with a short name that simultaneously summarises and accounts for each piece of data. Your codes show you select, separate and sort data to begin an analytic accounting of them." (See Addendum K for an example of part of this process.)

When one starts the coding process, theory starts to emerge and one starts to develop an understanding of what it all means. This process will bring one's attention to different theories that could direct further data gathering (Charmaz, 2006).

Charmaz (2006) states that coding consists of at least two main phases. The initial phase, which involves the naming of a word, line or segment of data, is followed by the second phase, which is a focused, selective phase that uses the codes that came up the most during the coding to sort, synthesise and organise the large amounts of data. It is during this initial stage of coding that the researcher needs to remain open to all possible meanings that the data could carry.

In the initial step data is compared with data and at this stage it is necessary for the researcher to be open to whatever theoretical possibilities that may come up. During the five days of observation, I realised that disruptive behaviour could take on different forms. For instance some children withdrew from all activities and displayed no reaction to activities in class, thus apathy. Other children acted out, became aggressive and disturbed more overtly the learning in the class. It is also during this stage that gaps in the data can arise. These gaps can then lead to more data gathering. It led me to study the identified children's academic records. At this stage the codes are provisional and can change as more data is gathered. It is therefore necessary to stay open to possibilities and to create categories that best fit the data. This will also allow for new ideas (Charmaz, 2006).

The second major phase in the coding process, according to Charmaz (2006), is focused coding. Focused coding, is the process of using the most frequent and/or significant codes that emerged during the initial coding phase, to sift through the large amount of data. It is also by comparing data to data that the focused code can emerge. These codes are then compared to the data, which helps to refine them. The data gathered during the interviews and whilst administering the checklists with the children and the parents and also with the teacher, was now compared with the themes identified during the observation and the study of the records.

Strauss and Corbin (2008) also identified what they called axial coding. The aim of this step, according to Strauss and Corbin (2008), is to relate categories to sub-categories or themes in this case. This step serves to clarify the relations between a phenomenon, its causes, consequences, its context and the strategies of those who were involved. It is also during this stage that the categories which are most relevant to the research question are selected. These categories are then supported by

different passages in the text to support the evidence of these codes, based on the questions mentioned above (Flick, 1999).

To summarise: a constant comparative method of data analysis was used (Merriam, 1998) in this study. One segment of data was compared with another segment of data to determine similarities and differences. The data was then grouped together and given a tentative name, which eventually became a category. To facilitate this process I used different coloured pens to mark the data that I had collected. As I read through the data, I coloured similar findings in the same colour (Addendum K). Once this was done, all the same colours were grouped together. Each set of similar data was given a tentative name and became a theme and grouping the themes that fit together, the different categories emerged, which will be discussed in chapter 4.

3.7 QUALITY ASSURANCE

When conducting research, trustworthiness of the study is of paramount importance. Merriam (1995) defines trustworthiness as the ability of a particular study to do what it is designed to do. Silverman (2005) adds to this by noting that an essential aim of a research dissertation is to be able to show your audience that the methods you used were reliable and the conclusions you made are valid. In discussing the trustworthiness of a study, the terms 'reliability' and 'validity' are generally used. However, different terminology is used in qualitative research. For the aim of this study reliability and validity are discussed in terms of credibility, transferability, dependability and conformability.

3.7.1 Credibility

Credibility in qualitative research is the equivalent of internal validity in quantitative research. Internal validity is important for the construction of credibility, which focuses on the congruency between findings and reality (Merriam 1995). According to Merriam (1995), reality is constructed, multidimensional and ever-changing. Three different strategies can be employed to ensure the validity of the study (Merriam, 1995), namely triangulation, member checks and peer examination.

Triangulation refers to the use of multiple sources or methods used to gather data. Stake (2010) notes that the primary reason for mixing methods is to improve the

quality of the evidence and in the process to increase the confidence that the researcher will have in his or her evidence (Stake, 2010).   The reliability and credibility in this study was increased by using observations, questions from checklists , interviews, documentation and a personal reflective journal.

The next strategy, namely **member checks,** entails taking the collected data and the tentative interpretation of the data back to the participants to clarify the accuracy of the data.   After the data was collected I had an interview with the teacher in which I discussed my observations with him.   He then clarified and/or confirmed the accuracy of the data.

The last strategy, **peer examination,** refers to the process where peers or colleagues are asked to examine the data and comment on the emerging findings. Throughout the research process I had numerous meetings with my supervisor to discuss the emerging data.   After each component of the analysis, I presented my meaning making of the data to my supervisor for discussion.   This allowed me to ensure the trustworthiness and internal reliability of the data.

3.7.2   Transferability

Merriam (1995) defines external validity as the way in which the findings of one study can be applied, or generalised, to other situations.   The aim is therefore to show that the results of the study can be applied to the wider population.   It is however up to the readers to determine how far they can transfer the information to other situations. Therefore I attempted to present **thick descriptions** of the data, which is necessary to provide enough information and understanding for the reader to determine whether his or her situation matches the research situation and whether the findings can be judged transferrable (Merriam, 1995).

3.7.3. Dependability

Reliability in qualitative research is concerned with the ability of a research process to produce similar findings should the study be repeated (Merriam, 1995).   The more times similar results can be obtained, the more reliable the study seems to be. However, due to the fact that human behaviour, which is never static, is studied in

qualitative research, it becomes more problematic to determine the reliability than in a quantitative study (Merriam, 1995). Therefore, in view of the aim of the study, which is to understand the perspectives of those participating in it, the term 'dependability' rather than 'reliability' is used. According to Guba and Lincoln (1985), the aim of dependability is thus not to determine whether the results of different studies are the same, but rather whether the results of a study are consistent with the data collected. Different strategies can be employed to ensure dependability. These strategies are triangulation and peer examination, as previously described in 3.7.1. Another strategy to ensure dependability is an **audit trail**. An audit trail is based on the same principle as auditing in the business world (Flick, 2009; Merriam, 1995). This includes describing how the data was collected and recorded, how it was analysed and how the categories were derived. Chapters 1, 3 and 4 of this study provide an audit trail in which the reader is given all the information regarding the collection, analysis and interpretation of the data as well as the discussion of the findings.

3.7.4. Conformability

Conformability refers to the objectivity of the researcher, which ensures that he or she does not influence the findings. Findings can be influenced in different ways, including through investigator bias or the investigator's inability to admit his or her own predisposition (Shenton, 2004). Conformability therefore ensures that the findings of the study are the result of the experiences and ideas of the participants and not the experiences and preferences of the researcher. Interviewer bias that is related to several personal characteristics such as perceived affiliation, race and gender effects, might influence the nature of the data as well as making meaning of it. Throughout the fieldwork process I was constantly aware that I was the only white person in a mainly non-white community and that since I was the school counsellor, there might have been a perceived power difference between the participants and me. This could have had an influence on the participants' answers. Furthermore, I realised that the participants may possibly have experienced performance anxiety which could have influenced their responses.

I kept an up to date journal to monitor my own thoughts, feelings, biases, experiences and insights during the research process.

Triangulation, audit trails and multiple and independent coding methods are strategies that can be used to ensure objectivity (Meyrick, 2006), as I have described above.

3.8 ETHICAL CONSIDERATIONS

Allan (2008) emphasises that research in the social sciences must respect the dignity of participants and should not ask them to do anything that could humiliate or embarrass them.

When doing qualitative research there are different dimensions of ethics that researchers need to adhere to (Guillemin & Gillam, 2004). The different ethical considerations and principles relevant to my particular study are discussed in this section.

My first obligation was to obtain **approval from relevant ethics committees** to undertake research involving human beings. Therefore, before I commenced with the research, documentation was submitted to the relevant committees, namely the Research Ethics Committee of the University of Stellenbosch and the Research Department of the Western Cape Education Department (WCED), requesting permission to conduct the research. Since my research would be carried out at a government school it was first necessary to obtain the necessary consent from the WCED. Once this was granted, along with a letter of permission from the principal of the particular school, an application was submitted to the Research Ethics Committee of the University of Stellenbosch. Once the necessary permission was obtained from the different institutions, informed consent was obtained from the participants. Informed consent is based on the principle of **autonomy**. The principle of autonomy (Allan, 2008) ensures that all participants have the right to consent and/or assent and all participants have to be informed about the process they would participate in, risks involved in participating, as well as about the limits to confidentiality. Participants' capacity to consent to the study, as well as their ability to make informed decisions about whether to participate in the study or not and

when to withdraw (Allan, 2008), were taken into consideration. The participants' age and background were also kept in mind. The consent forms were translated to the participants' preferred language and appropriate language was used to ensure that they would understand the forms.

Due to the nature of my study, obtaining informed consent involved different stages. The first stage was to obtain written consent from the parents of the learners in the Grade 4 classroom to observe the learners for a week. Only the children of those parents who granted permission were observed and no notes were made regarding learners whose parents did not respond. After the observation phase, ten learners were identified as possible participants in the rest of the study. Those ten learners took letters home, inviting their parents to a meeting at the school to discuss the next stage of the research study. At this meeting the parents were given all the information about their children's further participation in the study and they were told of the possible risks. This was done in the language of their choice. Consent was voluntary (Allen, 2008) and parents were allowed time to voice any concerns or uncertainties. Once parents had given permission for their children to participate in the study, the particular learners were informed about the process and asked to give their assent to the research. Any refusals were respected (Allen, 2008). Seven children's parents consented. Those seven children also signed the assent forms after the process was explained to them too.

Another ethical consideration that was important both throughout the study and after its completion was the principle of **privacy and confidentiality**. Allen (2008) stresses that the researcher must respect participants' right to privacy. This includes the right to privacy if the participant does not want to be part of the study, or if they do consent to participating in the study, to keep data confidential and to protect their identity. The participants' right to privacy was assured by making participation in the study voluntary. Those participants who did not want to participate in the study were assured that their privacy would be respected by not observing their behaviour, not having interviews with them, not reviewing any documents about them and not recording any information that involved them. In terms of confidentiality and anonymity, efforts were made to protect the identity of the participants by using pseudonyms and not naming the school where the study was conducted.

Other ethical considerations that were relevant during the course of the research concerned the principle of **non-maleficence.** The researcher needs to assure that she is competent to do the research and needs to monitor the well-being of the participants and recognise signs when the participants become upset or distressed (Allen, 2008). In view of the sensitive nature of the research and the possible vulnerable status of the participants, the principle of non-maleficence was adhered to strictly throughout the study. As previously stated, parents were informed of the possible risks involved in participating in the study. Based on the literature, a list of possible signs of distress or discomfort was compiled and discussed with the class teacher. I contacted the teacher on an ongoing basis for a period of six months after the research was done to monitor the well-being of the participants. The school psychologist and social worker were informed about the study and both indicated that they would be able to intervene to debrief or counsel any participants should it become necessary. It was also decided that if participants showed any form of distress during the data-collection phase, they would immediately be withdrawn from the research.

The final principle that I would like to comment on is the principle of **respect and dignity**. This principle refers to the dignity and well-being of the participants. Actions based on this principle ensure that participants' well-being would take preference over the benefits of the study or the obtaining of any knowledge (Allen, 2008). Therefore I set up procedures (list of signs to look out for, regular calls by me to check) and negotiated with registered professionals their availability should the need arise to intervene for the benefit of the participants.

3.9 THE RESEARCH PROCEDURE

Research questions as well as the aim of the research study were formulated. The data was collected through observation, documents and records, reflective journal, semi-structured interviews based on checklists. Data analysis took place throughout the data-collection phase, and comparisons were constantly made. A literature review was carried out throughout the study to develop a theoretical framework regarding the behaviour of children in continuous adverse life conditions. Once the

data was collected, analysed, interpreted and discussed, tentative conclusions and recommendations were made.

3.10 CONCLUSION

This chapter focused on the research design and process. The research paradigm, methodology, design and data analysis were explained. Aspects relating to quality assurance and ethics, as well as the procedures followed, were discussed. The next chapter (Chapter 4) focuses on the findings of the study. I shall also discuss the findings.

CHAPTER 4

RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

The aim of this chapter is to present the findings that emanated from the study and to weigh it up with the literature that I reviewed, and tentatively interpret it. I shall also attempt the final component of a grounded theory design as Merriam (1998) described it, namely to find patterns arranged in relationship to each other in attempting to build a grounded theory or at least a hypothesis.

The six main categories uncovered in this study are as follows: in the classroom, violence, alcohol and drug abuse, personal experiences, environmental threats and continuous exposure to threats. These categories arose out of the data gathered. Different themes that showed resemblances with regard to their meaning were grouped together in categories. The six categories and the different themes of this study are presented in Table 4.1.

4.2 CONTEXT OF THE RESEARCH

The research population was restricted to one primary school situated in a community where low socio-economic levels prevail, on the outskirts of Cape Town in the Western Cape. The majority of parents of the learners in the school did not complete their schooling up to Grade 12 level, and the official unemployment numbers are very high. According to the principal and teachers of this specific school, the area is renowned for its high crime rate, violence, and drug and alcohol abuse.

4.2.1 The participants

The seven participants, two girls and five boys, were selected from a Grade 4 classroom. The first participant, *Kelly,* lives with her mother and 2 siblings in her grandmother's house. There are 8 people living in the house and all the adults are unemployed. Her mother and father are divorced. *Rose* is an only child and her mother and father are divorced. *Jacques* lives with his two siblings, father and aunty in his grandmother's house. There is an unknown amount of people living in the

house.   All the adults in the house are unemployed. There have been reports of physical abuse as well as drug and alcohol abuse in the house. He has no contact with his biological mother.   *Justin* has a twin brother.   His mother and father are divorced.   He reported witnessing violence and drug abuse at his father's house. *Peter* is the youngest of four children.   His father passed away after being seriously injured during a house fire.   His mother is currently unemployed and they live with three other families in the backyard of a friend's house.   *Osten's* mother and father are divorced.   He lives in a house with his mother and step-father. *Rudi's* parents are divorced.   His mother is currently unemployed and he lives with his grandmother. There are approximately 10 people living in the house.

4.3 FINDINGS

In this section the different themes and categories that have emerged from the data analysis, as can be seen in table 4.1, are presented and elaborated on. Each main category is presented, with the sub-sections of the different themes.   The data presented in this section was derived from the classroom observations, answers to the questions from the checklists by the parents as well as the children participating, interviews with the participants and their teacher and the review of documents.

Table 4.1 Categories and themes

CATEGORIES	THEMES
In the classroom	Academic performance Classroom behaviour
Violence	Violence towards participant Violence witnessed by participant
Alcohol and drug abuse	Alcohol and drug abuse witnessed in neighbourhood Alcohol and drug abuse in participants' family home
Personal experiences	Physical symptoms Emotional symptoms
Environmental threats	Housing Poverty Police
Continuous exposure to threats	Experienced by learners and parents

The responses quoted in this chapter are presented verbatim and have not been edited.

4.3.1 In the classroom

The two themes that I grouped together under the category of "In the classroom", were those themes that related to academic achievement and behaviour in the classroom.

4.3.1.1 Academic performance

> As ek vir jou sê ek het vir jou drie wense en jy kan drie goed in jou lewe verander, wat sal jy wil verander in jou lewe?" (Researcher)

> Om my werk te verander juffrou … my skoolwerk juffrou … my handskrif juffrou, om mooi goed te kan doen … soos teken juffrou, sê nou maar ons doen daai goeters soos teken of skryf juffrou, of somme dis vir my moeilik juffrou. (Osten)

A discussion with Mr. Dippenaar, the teacher, and some of the participants' responses seem to suggest that the majority of the participants have been struggling to cope with the academic demands in the classroom. Reading and comprehension difficulties, handwriting difficulties, general language and mathematics difficulties as well as problems concentrating in the classroom, were reported by the participants and the teacher, and also observed by me as examples of the children struggling to achieve academically.

Three of the seven participants were repeating Grade 4, while it was likely that another would repeat the grade in the next year:

> Dit is die tweede jaar wat hy by my is … verlede jaar ons het hom in graad 4 terug gehou omdat hy so bietjie gesukkel het en stadig gewerk het … leesvermoë takies word nie lekker voltooi nie so hy kon nog nie so lekker verstaan wat hy altyd lees nie … umm … en die vrae wat hy nie doen nie en so aan … maar dit het verbeter deur die jaar. (Mr Dippenaar about Peter)

> … maar hy is bietjie baie gruwelik… umm … ook lui vir werk baie lui vir werk wil nie … jy moet altyd eers baie praat voor hy werk. Dit is ook sy tweede jaar in graad 4. (Mr Dippenaar about Justin)

> Rose doen ook graad 4 oor, ons het ook gedink ons hou haar dat sy bietjie kan verbeter. Die rede vir dit was ... umm ... dat sy verlede jaar nie altyd so lekker verstaan het haar takies en so aan nie. Tale was baie swak gewees … haar wiskunde ook. (Mr Dippenaar about Rose)

A particular academic difficulty that all of the participants in this study experienced was concentration difficulties.   Answers from the checklists, from all of the participants as well as their parents indicated that they (the learners) struggled to concentrate in the classroom. This was also evident during my observation in the classroom as many of the participants struggled to pay attention to the lesson or activity that they were suppose to be busy with at the moment. I also noted that it was constantly necessary for the classroom teacher to re-direct the learners' attention to their work and to the activity at hand. This was often attempted with no success. In some cases the participants were even separated from their friends in order to help them concentrate and to focus on the work. During my interview with the classroom teacher it was evident that he also experienced that concentration difficulties provide barriers to all of the participants' learning and achieving.

> Sy konsentrasievermoë is ook swak ... en hy voltooi ook nie eintlik sy take nie. (Mr Dippenaar about Osten)

> Sekere tye moet n mens baie praat sodat hy sy konsentrasie by sy werk kan bly dit is hoekom ek hom soms sommer so voor in die klas sit, voor in die klas ... dan is daar sekere tye wat hy bietjie lui is. (Mr Dippenaar about Rudi)

According to Streeck-Fischer and Van der Kolk (2000), it is common for children exposed to adverse life circumstances to have difficulty concentrating in the classroom and there might be several causes and reasons for this. One of the main reasons why these children might struggle to concentrate can be that they struggle to distinguish between relevant and irrelevant information. They might interpret some information as being traumatic or threatening and they will pay attention to this information, but if the information is not perceived as being potentially traumatic, it will be ignored. Therefore, in a classroom situation where the learning of knowledge and skills is priority, a child who has been traumatised in the past might struggle to concentrate on this current information at hand, which might be interpreted by him or her as irrelevant to his or her personal experience at the time. These learners

may misinterpret information. Streeck-Fischer and Van der Kolk (2000) argue that the children may also be over-stimulated and they might struggle to reach a calm state, which is necessary for learning to take place. Cole et al. (2005) add to this view by stating that the children could lack focus and also struggle to concentrate, because anxieties and worries over their own safety and the safety of other people constantly occupy their minds.

From the above discussion it seems that the participants' lack of concentration could have been the result of their preoccupation with their own safety or perhaps even the safety of their peers or family and as a result they may struggle to concentrate on teaching happening in the classroom. This kind of behaviour was especially evident to me in one of the participants called Jacques. Jacques came across as a boy who was constantly watching his back while at the same time trying to survive. During my observations Jacques would spend hours walking around in the classroom trying to buy food from his classmates with a few cents. I observed that he was also very quick to defend himself at times if any of his peers made inappropriate gestures towards him.

Combined with the above, another possible reason for the lack of concentration could be that some of the participants might have been tired during the day at school and as a result might have struggled to pay attention. Often the circumstances at home do not allow the participants to have a good night's sleep. Many of the participants indicated that they are tired at school and some even admitted to sleeping in the classroom. Many of the participants indicated that they do not have breakfast before school in the morning and this too could contribute to their lack of concentration. Some of the participants received a sandwich from the classroom teacher at first break and for many of them that was the first meal that they had since the previous day's lunch served at school.

With regard to concentration it is evident from the discussion above that it is not possible to ascribe the participants' lack of concentration to one causal factor. Rather, many factors, including personal factors of the child and factors within the micro-system, meso-system and exo-system of the child, and the interaction

between and among them, can have a considerable influence on the child's ability to concentrate in the classroom.

Another recurring theme that was especially evident to me during the interviews and observation in the classroom was the participants' language. Since they used a particular vernacular language that was specific to their community, I sometimes found it extremely difficult to understand the participants. They seemed to struggle to express themselves verbally and very often had to be probed to give more in-depth answers during the interviews. On studying their school reports I could see that the majority of the participants failed either their home language or their second language, while Kelly, the academically best performing participant in the study, managed to pass languages with an average of only 58%.

Cole et al. (2005) state that children who have been exposed to possible traumatic experiences will struggle to learn and process verbal information and they might also experience language and communication difficulties. As a result of their difficulty in using language as a form of communication, they might struggle to express themselves verbally and to deal with verbal conflict. Learners exposed to adversity and trauma might therefore struggle to comprehend information that is presented on different abstract levels and they might have difficulty with the integration of concepts (Streeck-Fischer and Van der Kolk, 2000). Speech problems can interfere with their ability to understand complex situations as well as with their ability to retell stories and thus process their experiences (Streeck-Fischer and Van der Kolk, 2000).

As mentioned earlier, Cole et al. (2005) suggest that if the area of a child's brain involved with anxiety and intense emotions is activated it can cause the area of the brain that is involved and associated with language to be less activated. Thus, children exposed to adverse life circumstances might have language difficulties because the part of the brain needed for language (Broca's area) and speech is underdeveloped and not activated.

Various other difficulties, including handwriting, reading and comprehension, were also identified by the classroom teacher during our interview:

> … hy is verskriklik swak in sy werk so vir hom moet jy altyd goed eers, ekstra goedjies gee soos ietsie inkleur of bou of so om hom aan die gang te hou want hy kan nie die gewone normale werk voltooi of so nie. (Mr Dippenaar about Jacques)

> Osten is ook soos Jacques in die klas hy is baie steurend, maar dit omdat hy disleksies is. Hy kan nie reg lees nie hy sukkel daarmee so hy sukkel om take te voltooi. (Mr Dippenaar about Osten)

Blair, Dyson and Hett (2003) contend that reading is vital to academic achievement, yet poverty can have an immense effect on children's reading and comprehension skills and it can impede a child's literacy skills. Many different factors can influence the reading ability of a child from adverse life circumstances. These factors include the quality of the literacy in the home environment, in other words, the availability of books at home, the time that the child spends reading at home and the time the child spends reading with his or her parents (Greenfield & Hecht, 2001). Another possible impeding factor is the parental involvement in the child's schooling and the overall level of motivation of the learner (Greenfield & Hecht, 2001). The literature therefore indicates that there is not one factor contributing to the child's inability to read, but many.

Adversity has an effect on many aspects of a child's academic performance (Giarratano, 2004; Kaminer, 2010; Streeck-Fisher & Van der Kolk, 2000; Van der Merwe, 2008). In the foregoing discussion difficulties regarding concentration, language and reading were discussed and possible reasons for these difficulties were considered. In the following section absenteeism and its effect on academic performance is discussed.

One of the participants, Jacques, had already been absent for a total of 25 days during the first two terms of the year. During my observation period in the classroom, this same participant often left the school during the middle of the day, regularly after lunch was served, without getting into any trouble and without this behaviour being addressed in any way. This participant also seemed to be the weakest learner in the classroom.

According to Redding (1997), school attendance can be viewed from different aspects. The first aspect is the school's effectiveness to attract children to school

and to keep them there during the day. It can thus be argued that it is the school's responsibility to make sure that children are not absent often and if they are, an intervention might be needed to attract and keep them at school. Another factor that contributes to absenteeism could be family involvement (Redding, 1997). If a parent does not perceive school to be important, this same attitude might be inculcated in the child and being absent from school will be perceived as being acceptable, both by the family and sometimes even within the community structure (Redding, 1997).

Due to the high level of absenteeism among some of the participants, it was necessary for me to return to the school a few times in order to complete the interviews with all the participants. The research findings indicate that many of the participants were experiencing academic difficulties. Yet if there is a high rate of absenteeism it can be a contributing factor to the child's inability to perform academically. In order for children to understand the work that is being explained in the classroom, to accurately complete activities and to obtain good results in tests and examinations, it is important for them to be present at school and in the classroom. It may also indicate that the learners tend to stay away from school precisely because the learning experience is not positive for them.

Combined with absenteeism, adversity and the other factors contributing to academic difficulties as already explained, the educational level of the mother can also play a contributing role in the child's academic ability. According to Lacour and Tissington (2011), different studies have found that the educational level of the mother often had a greater effect on the child's academic ability than the family's income.   During the data-collection stage, when the parents were asked to give written consent for their child's participation in the study, the mother of one of the participants showed discomfort and indicated to me that she was unable to write her child's name. Such a situation might, according to Lacour and Tissington (2011), have an effect on the way that Peter's mother talks, reads and interacts with him, and this in turn might have an effect on Peter's own academic development.

Findings from previous research show that many factors can contribute to the academic performance of children. In further providing reasons for the low academic achievement in participants exposed to adverse life circumstances, Blair et al. (2003)

mention the unemployment rate and the neighbourhood poverty to which children are often exposed. This can have a negative effect on a child's level of motivation for school achievement. If academic achievement is not regarded as being essential within a family structure and if a child is not exposed to an academic motivational type of behaviour – such as reading or writing – then it can be possible that the child will not be motivated to achieve at school (Blair et al., 2003).   Children in neighbourhoods where adversity is prevalent may lack appropriate and positive role models and therefore not feel motivated to achieve.

It is therefore possible that adversity might have contributed to the participants' poor academic achievement. Many factors were considered, including the child's ability to distinguish between relevant and irrelevant information, verbal skills, school attendance, mother's level of education and different factors affecting reading.

With regard to the discussion at hand, a final possible factor regarding the link between academic achievement and adversity needs to be mentioned. This factor is the brain development of the child exposed to adverse life circumstances, as discussed in Chapter 2. According to the relevant theory, environmental influences can modify the development of the brain and this can lead to permanent changes in the organisation and functioning of the brain (Anderson et al., 2002; Glaser, 2000; Perry et al., 1996; Perry, 2001). Due to the plasticity of the brain of a child it is possible that negative life experiences can have an effect on the development of the brain. This might explain the child's difficulty in distinguishing between relevant and irrelevant information. Such a child will struggle to concentrate. Negative life experiences can also cause underdevelopment of the area of the brain necessary for learning (Streeck-Fisher & Van der Kolk, 2000). Giarratano (2004) also noted that children exposed to poverty might struggle with problem-solving efforts, memory and concentration difficulties and a lack of organisational skills.

The part of the brain that is used most often is the part that becomes overdeveloped. Thus, the brain of a child who grows up in an environment of adversity will be different to the brain of a child who lives in a tranquil, affluent environment. As a result, the areas of the brain that are needed to cope during stressful situations are overdeveloped while the area of the brain needed when doing academic work in the

classroom is underdeveloped. It is therefore possible that the neurological systems of the participants have developed in such a way that their brains are constantly in a fight-or-flight and survival mode. This might have an influence on their overall academic achievement, as the part of the brain needed for academic purposes may be underdeveloped.

4.3.1.2 Classroom behaviour

> … soos as ek nou vergelyk Jacques, Peter en Kimberly. Soos Kelly en Peter sal ek sê hulle tweetjies het amper dieselfde soort tipe gedrag in die klas, hulle is baie rustiger. Jacques is weer meer teenoorgestelde, hy is nie onbeskof of so nie, maar hy kan baie *disruptive* wees, dit is die dingese. Die ander, ook Osten, soos Osten en Jacques, sal ek nou weer hulle tweetjies kategoriseer in 'n groepie in en ... umm… die Justin ek sal sê so tussenin … Rudi, ja, Rudi is ook ene wat ook nie eintlik lus is vir werk nie; hy is ook baie lui, maar hy is ook nie so *disruptive* nie. Hy sal stil sit, maar niks doen nie. (Mr Dippenaar)

I observed different types of classroom behaviour during the observation stage of the study. I have listed these different behaviours in Table 4.2 and shall proceed to present and discuss it in the section that follows.

Table 4.2 Classroom behaviour while a lesson was taking place or learners were given an activity

	Jacques	Osten	Peter	Kelly	Rose	Justin	Rudi
Lying on arms	X	X	X	X	X	X	X
Copying during test	X	X				X	
Not working	X	X	X	X	X	X	X
Staring at the wall	X						
Withdrawn	X		X	X	X		X
Walking around in class	X	X	X	X	X	X	X
Aggressive towards peers	X	X				X	X
Fidgeting	X	X	X	X	X	X	X
Constant talking	X	X				X	X	X
Rude behaviour	X					X	
Ignoring instructions	X	X	X	X	X	X	X

Table 4.2 indicates the types of behaviour displayed by each of the participants most of the time in the classroom. These types of behaviour constituted what I initially conceptualised as inappropriate behaviour in the classroom. This behaviour ranged from lying on their arms to running around in the classroom and shouting and screaming at their peers. All the participants tended to lie on their arms at some stage or another, three out of the seven copied classmates' work, while all of them

would at some stage during the day just do nothing and refrain from participating in regular classroom activities. One participant used to sit and stare at the wall while five out of seven used to be withdrawn and generally not participating. All of them at some time during the day would aimlessly walk around in the classroom. The majority of the participants would talk at inappropriate times, fidget all the time, and ignore instructions, whether wilfully or because they have not been attending. Aggressive acts aimed at peers and rude comments were displayed by the majority of the participants.

The participants often sat at their desks with no books on their desks while the other learners were working. While writing spelling tests some of the participants would often stand up and spend a very long time sharpening their pencils, causing them to fall behind with the spelling word. It was also evident from my observation that the participants did not follow the teacher's instructions and often completely ignored any commands given. Often these participants displayed an insolent attitude by making inappropriate gestures behind the teacher's back (observation notes).

Two very opposite forms of behaviour seemed to be most prominent in the classroom. The one form of behaviour was the quiet, withdrawn, and apathetic form of behaviour, while the other was a much more extroverted, louder and sometimes even aggressive and acting out form.

One of the participants, Justin, showed the most aggressive forms of behaviour in the classroom. The aggressive behaviour included bullying his peers by attacking them physically and by verbally abusing them. At times Justin would sit all alone making very aggressive gestures. These gestures included making fists and hitting his desk while frowning aggressively. This type of behaviour seemed to be aimed more at himself or something he was thinking about, than at his peers.

Cole et al. (2005) state that aggressive behaviour may present the way a child controls all the internal emotions that he or she is feeling. It is also possible that children who feel very vulnerable or powerless in a situation may attempt to protect themselves by being aggressive, because they might not know any other way. Another possible reason for aggressive behaviour, according to Cole et al. (2005) is that the child is hypersensitive to danger and sees any form of interaction as a

possible threat or harm. The child might also be identifying with their role models who often model aggressive behaviour and thus the child may be repeating what he or she often sees. A child can also act with more aggression because of underdeveloped language skills, which sometime prevents him or her from understanding verbal gestures. The child might have an inability to adopt another person's perspective and might be unable to do verbal problem solving, which can lead to frustration with accompanying aggressive or even bullying behaviour.

Another observation in the classroom was the way in which the children copied work from each other. While writing a test the weak learners will often be helped by the stronger learners. In one specific incident a child in the class took Jacques's test, erased all his incorrect answers and filled in new answers for him. During a test, most of the participants copied work from their friends next to them, or in some instances they copied directly out of the book.

Levin and Nolan (1996) define disruptive behaviour as inappropriate behaviour that inhibits achievement and interferes with teaching and learning. All the participants displayed disruptive behaviour in the classroom. During my observation in the classroom it seemed as if some of the children became irritated with those children in the classroom who were disrupting it. It was often necessary for the teacher to stop the lesson to regain order in the classroom and this wasted time and opportunities for those learners in the classroom who wanted to learn.

As previously mentioned, the participants did not only show externalising disruptive behaviours, but also inattentive, internalising behaviours (Martin et al., 2010). One of the participants, Peter, often sat in the classroom staring at the wall. He was also often withdrawn from group activities and was very quiet in the classroom. Like most of the other participants he often lay on his arms when they were supposed to be doing schoolwork. This form of internalising behaviour is discussed in the next section.

4.3.3 Personal experiences

The reports of emotional and physical experiences by the participants are presented here as personal experiences.

4.3.3.1 Emotional symptoms

> Somtyds dan word ek kwaad juffrou wanneer hulle so aangaan juffrou … dan wil ek
> net loop juffrou. (Jacques)

Participants in this study indicated that they experience different emotional states. These emotional states were confirmed by the participants' caregivers. Table 4.3 presents these different emotional states that were experienced by the children at certain times during every day.

Table 4.3 Emotions experienced by participants, identified by participants and confirmed by their parents

	Jacques	Osten	Peter	Kelly	Rose	Justin	Rudi
Mood swings		X		X	X	X	X
Irrational fears	X	X	X	X	X		
Sad/depressed	X	X	X	X	X	X	X
Nervous	X			X	X		
Struggles to concentrate	X	X	X	X	X	X	X
Withdrawn	X		X		X		
Spaces out	X	X	X	X			
Anxious	X	X	X	X		X	
Aggressive	X	X	X	X		X	X
Hyper-alert	X	X	X	X		X	
Worries	X		X	X		X	
Irritable	X		X	X			
Nightmares	X		X			X	

Emotions that the seven participants mostly reported to feel, were mood swings, irrational fears, sadness, distractibility, feeling spaced out, anxiety, aggression,

hypervigilance, worry. Some of the children also felt nervous, withdrawn, and irritable at times and also reported having nightmares.

The participants indicated that the emotions that they most often experience are those of hyper-alertness, anxiousness, worry, irrational fears and feelings of sadness and depression.   These feelings of sadness were also supported during the interviews in answer to the question, "What makes you sad?"

> My pa juffrou … vandat hy tik juffrou … my pa was nie eerste so nie. (Jacques)

> Sê nou maar hulle skel my uit juffrou … my ouma juffrou ... hulle skel my uit en dan sê hulle ek moet wegbly van die veld. (Osten)

> My ma'le het mekaar geslat met die vuiste juffrou … hulle het getik juffrou … dan huil ek juffrou. (Osten)

During the interviews most of the participants demonstrated a very flat affect, which Stavrou (1993) explains by using the term 'feelings of emotional numbing'. They hardly smiled and they spoke very softly.   This could have been because of perceived power differences, since I am a white 'teacher'.   I tried to alleviate such perceptions by encouraging the participants to call me by my first name and building rapport before the interviews by making polite conversation. The information gained from the checklists also confirmed the observations made in the classroom regarding the participants who came across as being withdrawn.

The above-mentioned observations are in accordance with Cole et al.'s (2005) view that children who are often exposed to traumatic experiences can show symptoms of "fear, anxiety, irritability, helplessness, anger, shame, depression, and guilt". Stavrou (1993) also notes that children who are exposed to adverse living conditions might experience emotional changes such as anxiety and mood swings, emotional states confirmed by almost all participants and their parents.

One of the participants, Rose, became so emotional during the interview that the interview had to be terminated.   She was asked what made her sad and her response was as follows:

> As my ma vir my goeters sê van my pa … umm ... my pa en ma is mos nie meer bymekaar nie en my ma het mos 'n ander man. Nou bly my pa in die Lavis met 'n

ander vrou, nou het hy 'n kind met die vrou. Nou bly sy my goeters sê van my pa …
Dan sê sy vir my … (cries). (Rose)

Another theme that emerged from the data gathered in response to questions from the checklists, was that some of the participants often have nightmares and struggle to sleep. One participant's mother indicated that her son has enuresis ("often wets his bed at night") and he on his turn, indicated that he struggles to fall asleep at night.

Different theories exist with regard to enuresis. According to Carr (2010), the family systems theory states that enuresis is more common among children who are exposed to chronic stressors such as financial difficulties, crowding, physical and sexual abuse, parental separation and disruption of parental care. It can therefore be argued that the life stressors that the participant has been exposed to possibly contribute to his enuresis (Carr, 2010). As gathered from the data, stressful life events for this participant include seeing his parents in physical fights, his home burning down, losing his father because of a fire and currently having to share a room with three other families.

Some of the other participants also indicated that they struggle to sleep at night and often have nightmares. Their responses to sleeping and dreaming were as follows:

Ek kan nie slaap in die aande nie, ek bly droom van vriende wat doodgegaan het …
hulle spook by my en my oupa. (Jacques)

Ek droom oor mense wat doodgaan en baklei en skel. (Justin)

Justin's mother also indicated that he would sit up in his bed in the middle of the night screaming. This has been happening ever since his mother had a stroke and he had to stay with his father and stepmother. Other traumatic incidents in this participant's life include seeing his parents in physical fights, the separation of his parents, witnessing his twin brother being run over by a car and the death of his aunt of whom he was very fond.

Carr (2010), claims that the experience of nightmares can be maintained by both family and child factors. Carr (2010) further states that "if a child has a threat-orientated cognitive set and interprets both internal and external stimuli as

threatening then that child will be hyper-vigilant and this often presents as nightmares and sleep disturbance in young children."

The research findings indicate that the majority of the participants have been exposed to possible traumatic events. Therefore, as discussed above, if the participants do have a threat-orientated cognitive set then it is possible that they perceive most incidents as being traumatic and this will be a possible explanation for the nightmares experienced by many of the participants.

As discussed under the theme 'classroom behaviour', aggression was an emotional symptom that emerged again during the interviews with both the participants and their parents. The classroom teacher confirmed this behaviour.

When confronted with a specific emotion, including anger, a person is expected (by society) to be able to identify the emotion and to then act in the most appropriate way. This ability is referred to as self-regulation (Blaustein et al., 2005). From the above discussion it is evident that some of the participants might not have the ability to identify their emotions (anger) and to then act accordingly. They therefore appear to lack self-regulation skills.   However, given the environment that they are constantly exposed to it is not surprising that these children do not always have the appropriate skills to act appropriately when confronted with a specific emotion such as anger. Van der Kolk (2005b) notes that a child in a context of adversity could tend to rely on inappropriate and inadequate copings skills which can include aggressive behaviour and even dissociation and avoidance which I shall discuss in the next section.

Data from this study seem to suggest that the majority of the participants tend to day-dream in the classroom while some participants even said that they "space out" at times. This form of behaviour was observed during class and confirmed by the participants during the interviews. As was previously mentioned, Peter was one of the participants who often sat and stared at the board. He, along with Rudi and Osten, showed the most internalising behaviours. While the other children in the classroom would be interacting with each other these participants would often sit alone in their desks, almost unaware of the different interactions around them, and seemingly busy with thoughts and feelings.

According to Streeck-Fischer and Van der Kolk (2000), the above behaviour can be possibly be described as a form of dissociation. 'Dissociation' is a term that includes a variety of mechanisms that people use to disengage themselves from the real world. Streeck-Fischer and Van der Kolk (2000) point out that these mechanisms can include daydreaming, as indicated by the participants.

From what has been reported above it seems evident that some of the participants might daydream in order to distance themselves from the real world and the possible negative memories of their past experiences. Many of the participants indicated that they try to forget about bad things that have happened:

> … soos as ma en pa baklei … (Kelly)

One participant indicated that they do special things to make sure nothing bad happens to them:

> Ek bid. (Justin)

Cole et al. (2005) state that another possible reason for children to withdraw from the real world and their reluctance to engage in social activities might be their feelings of inability. Bearing in mind the discussion on academic performance one might wonder how these participants perceive themselves compared to the other learners in the classroom and whether their academic performance might have an effect on their self-esteem.

Considering the above findings on emotional symptoms in the participants, as well as the discussion in the literature review, it seems as if these participants have been exposed to adverse life circumstances and that they might consequently have experienced the above-mentioned emotional symptoms.

Apart from the emotional symptoms, all of the participants also indicated that they experience physical symptoms, which I shall discuss in the following section.

4.3.3.2 Physical symptoms

> Want juffrou as ek nie meer wil werk nie juffrou dan pyn dit hier in my arm … juffrou
> ek wil my werk by die huis doen dan kan my ouma my help. (Jacques)

All the participants indicated that they often experience certain physical discomforts. These physical symptoms include stomach ache, headaches and various other physical symptoms. Table 4.4 indicates these different physical symptoms reported by the participants.

Table 4.4 Physical symptoms experienced by participants

	Jacques	Osten	Peter	Kelly	Rose	Justin	Rudi
Stomach ache	X	X	X	X	X	X	X
Headache	X	X	X	X	X	X	X
Other physical symptoms	X	X				X	

One of the participants had the following to say when I asked him what he does first thing in the morning:

> Osten, kan jy vir my vertel hoe lyk jou dag, jy word wakker in die oggend en wat gebeur dan as jy wakker word? (Researcher)

> Dan is ek *dizzy* juffrou.

> Dan is jy *dizzy*? Waarvan is jy *dizzy*? (Researcher)

> Ek weet nie juffrou as hulle my so wakker maak dan moet ek eerste stil lê. (Osten)

According to Garralda (1999, in Carr, 2010, p. 587), "somatisation refers to the expression of psychological distress through somatic symptoms". Carr (2010) mentions that the most common somatic complains are headaches, stomach aches and limb pains. Carr (2010) and Dufton (2009) both indicate that there is a co-morbidity between somatic complaints and behaviours such as aggression, attention difficulties, anxiety and depression. Stavrou also (1993) identified a variety of responses that a child can present with when exposed to traumatic or violent fear. One of these responses was somatic complaints such as headaches and stomach aches. Duftan (2009) supports the above by noting an association between

recurrent pain in children and anxiety, which therefore indicates a possible link between physical pain and psychological problems in children.

A possible connection might therefore exist between the somatic complaints that the participants were experiencing and the behaviour that they were demonstrating.

As previously discussed, there might be an association between the emotional symptoms and the somatic symptoms that these participants experienced and the behaviour that they were presenting with (aggression, attention difficulties, sadness and anxiety).   The finding with regard to emotional and physical symptoms furthermore corresponds with the different responses to trauma as set out by Stavrou (1993), Carr (2010) and Duftan (2009). Thus, the participants' exposure to adversity might have an effect on their emotional and physical well-being.

4.3.2 Violence

Some participants experienced violent acts directed at themselves and others witnessed violent acts in their homes and communities.

4.3.2.1 Violence and abuse towards participants

> Toe vat hy my, toe [het] hy my teen die muur gegooi … my pa, want ek wou mos nie gekom het nie toe hardloop ek, toe jaag hy my toe kom vang hy my en toe neem hy my huis toe en toe gooi hy my vas teen die spyker ... Toe knyp hy my toe wil hy my slat … toe wil hy my *aunty* ook slat juffrou en my *aunty i*s bang vir hom … toe is ons daar by die poliesstasie toe sê hy ek moet sê dit was my *uncle.* (Jacques)

Two participants were able to identify incidences of violence that were specifically directed towards them, while all of the participants indicated that they have witnessed violent behaviour in the home as well as in the community.   Violence experienced and witnessed by the participants is presented in Table 4.5.

Table 4.5 Violence experienced by participants and violence witnessed by participants

	Jacques	Osten	Peter	Kelly	Rose	Justin	Rudi
Violence experienced by participant	X	X					
Violence witnessed in home	X	X	X	X	X	X	X
Violence witnessed in community	X	X	X	X		X	X

Two participants reported that they have been experiencing violent behaviour aimed at themselves, and in most cases these reported incidents were validated and supported by their parents and often also by the teacher. One participant in particular had been exposed to years of physical abuse and this was evident from the scars on his face. Although this participant was not always consistent in terms of what had happened in his life and the age when these different incidents happened, he was still able to give some facts. Both he and the teacher also mentioned that at some point he was removed from his family home by social workers.

While doing the interviews it was obvious that the participants were hesitant about the information they gave me possibly because they did not want to cause trouble for their families. The following is a participant's response regarding abuse in the home:

> As my ma so drink juffrou dan los sy my alleen dan sluit sy my op in die huis in. (Osten)

Although there was only one report of physical violence directed at a participant, there was another parent who indicated that her child was sexually assaulted at a younger age.

All the participants reported having witnessed violent behaviour in their homes as well as in the communities where they live, and therefore I would first like to

introduce the next theme after which a combined discussion regarding violence will be attempted.

4.3.2.2 Violence witnessed by participants

> Ek het dit nou die keer gesien juffrou die Saterdag … my ma'le het mekaar geslat juffrou … met die vuiste juffrou … en dan skel hulle mekaar uit juffrou, heeltyd juffrou. (Osten)

> Die mense wat langs ons bly ... my suster amper met n bierbottel raakgegooi ... hulle baklei baie. (Justin)

What was most evident to me in this study was that all the participants indicated that they often see their parents in physical fights with their partners. The partners were seldom biological parents, but often step-parents or boyfriends/girlfriends. This form of physical domestic violence was confirmed by the participants' parents during the discussions with them. One parent indicated that her child must have seen her in physical fights more than 50 times.

Another common incident that the participants often reported on was violence in their neighbourhood. One of the participants indicated that he sees fights on his way to and from school almost daily while another participant stated that the neighbours next to them often have physical fights. The same participant mentioned that he does not like his stepmother, because she is always looking for a fight and this is the reason for his mother's poor health. Violence on the street and in the neighbourhood ranged from people shouting angrily at each other to people hitting each other with bricks. The following are extracts from the interview with the participants regarding the violence in their homes and their neighbourhood.

> Die *high school* kinders baklei elke dag … Hulle noem mekaar name en dan slat hulle mekaar met bakstene. (Justin)

> Ja juffrou en toe slat my *aunty* hom terug juffrou … (Jacques)

> Sy wil baklei, sy wil aaneen baklei by ander mense se huise ... (Justin)

> Hulle baklei en skel met mekaar. (Kelly)

Data from this study seems to suggest that almost all the participants have been directly exposed to violence in one form or another. While speaking about these incidents the participants showed little or no emotion and showed a flattened affect; it often seemed as if they perceived this form of behaviour as being normal. It is possible that they consider this kind of behaviour to be normal because they have become so used to violence and because they are not aware of anything different.

When considering the above in terms of continuous exposure to violence, Lochat and Van Niekerk (2000) argue that children growing up in these kinds of hostile environments show many stress-related symptoms, including difficulties with cognitive development, academic achievement, anti-social disorders as well as behavioural difficulties. Consequently, such children have the potential to develop psychological symptoms such as anxiety and depressive disorders or even PTSD (Lochat & Van Niekerk, 2000).

The effect of violence on the developing brain of a child was discussed in Chapter 2. The flight/fight response and the body's natural ability to return to a calm state once the danger has disappeared were also explained. However, children who are regularly exposed to violence or other forms of trauma can never shut down their stress response; therefore they constantly remain in a flight/fight state. Living in a constant state of alertness or crisis according to produces neuro-chemical changes and adaptations that can damage the developing child (Cohen, Groves & Kracke, 2009).

Cohen et al. (2009) also state that exposure to violence has a direct effect on a child's ability to learn and to think and it can consequently have an impact on a child's physical, emotional and intellectual development. The impact on the child's development will intensify if the child is exposed to multiple incidents.

It is evident that the participants in this study have been exposed to more than one stressful incidence, including witnessing violence and drug abuse, losing a family member, being a victim of violence and being exposed to a threat that can lead to injury.

At this stage the question arises: What exactly is effect of these incidents on the development of the participants in this study? One of the main concerns in the literature with regard to a child witnessing violence is the child's increased risk of psychiatric symptoms and problem behaviour. Buka, Stichick, Birdthistle and Earls (2001) and Kilpatrick, Saunders and Smith (2003) claim that if a child continuously witnesses violence, these experiences can be related to aggression, anxiety, depression and anti-social behaviour in such a child's adolescence.

4.3.3 Alcohol and drug abuse

All the participants reported on witnessing alcohol and/or drug abuse in their homes and in their communities.

4.3.3.1 Alcohol and drug abuse witnessed in neighbourhood

> My ma'le het mekaar geslat juffrou … met die vuiste juffrou … hulle het getik juffrou…
> (Osten)

Most of the participants indicated that they have witnessed alcohol and drug abuse either in their home and/or in their community. Table 4.6 list the instances of witnessing alcohol and drug abuse by the participants.

Table 4.6 Alcohol and drug abuse witnessed by participants in the home and the community

	Jacques	Osten	Peter	Kelly	Rose	Justin	Rudi
Witnessed in the home	X	X				X	
Witnessed in the community	X	X	X		X	X	

Two of the participants indicated that their parents use *tik*. *Tik* is a commonly used drug in the Western Cape, with the scientific name of methamphetamine. The effect of this drug is moodiness and irritability, aggressive or violent behaviour and severe depression (Methamphetamine Treatment, 2011).

Considering the above-mentioned side effects of *tik* it seems possible that there is a link between *tik* abuse and child abuse.   An interview in the West Cape News (Naidoo, 2009) with the manager of the Cape Town Child Welfare claimed that children often sustain injuries when their *tik*-abusing parents become involved in fights. According to the source, parents' substance abuse affects children in the sense that it leads to physical, emotional and social neglect, low self-esteem, poor scholastic performance, poor living conditions and poverty (Naidoo, 2009).

The research findings indicate that drug and alcohol abuse seem to be prevalent in many of the participants' neighbourhoods and, indeed, in their homes. It is also evident that drug abuse is often accompanied by with violent behaviour. One of the participants said the following:

> Hulle baklei en skel met mekaar … hulle drink baie … wyn … hulle doen ander goed ook … dagga en goeters. (Kelly)

One of the participants was also able to describe the behaviour that he sees when his dad uses *tik*. It is interesting to note the specific language the participant used when describing his father's behaviour. This might suggest how often the drug abuse happens in his home and the way it is freely spoken about in the community, including among the children.

> Hy het getik juffrou… dan vang hy *talkies* juffrou ... dan praat hy saam homself juffrou, my *uncle* daar in Ravensmead in juffrou hy praat ook saam homself … hy tik aanmekaar juffrou ... my *aunty* het hom vasgemaak aan die tik … my *uncle* en my ander *uncle* … dis net my broer wat nie [tik nie], hy rook net dagga juffrou hy rook nie *buttons* en daai goeters nie juffrou … hulle vang figuurtjies op mekaar en dan slaan hulle mekaar juffrou en hulle praat saam met mekaar juffrou. (Jacques)

Research, according to Hogan (1998), has found that parental drug and alcohol abuse can have at least three negative effects on the psychosocial development of a child. Firstly, the child of a drug- or alcohol-dependent parent can be deprived from appropriate physical care and neglected; secondly, it can impede the child's social and psychological development, and thirdly it might influence children to become drug users themselves.

In view of Hogan's (1998) report that children of drug users might be at risk for abuse and/or neglect later on in their lives, it is cause for concern is that one of the participants was physically abused by his father while his father was under the influence of *tik*. The exposure to the abuse and the normative way it presents within the neighbourhood might also be of great concern as these participants are so often exposed to it that it might become a way of life to them.

4.3.4 Environmental threats

By environmental threats reported by the participants, I refer to threats originating in the exosystem and macrosystem, and also to concrete threats from the physical environment.

4.3.4.1 Housing and poverty

> Hulle is in 'n baie baie moeilike huis-situasie waarin hulle is. Ek dink hulle is te veel mense in die huis in … sy huis-omstandighede is moeilik as jy byvoorbeeld sien watse klere dra hy en al daai tipe goed dan kan jy sien hy sukkel. (Mr Dippenaar about Jacques)

Although no biographical information was collected during the study, some information was gathered during the interviews. It was evident that many of the participants live in houses where there are ten or more people, often all in the same room. Some of the participants indicated that they live in the yard of family members. One participant indicated that his house had burned down, and that he had been injured and hospitalised during the incident. His father died as a result of the fire. This might have constituted yet another traumatic experience for this particular participant. The same participant's mother wrote a letter to the school in which she stated the following:

> … 'n enkelouer, moeder van vier kinders waarvan net drie tuis is. Dis 'n daaglikse uitdaging om aan die lewe te bly. Afhanklik van oudste seun, wat self werkloos is. Dis moeilik, ons loseer agter in familie se kamp, met nog drie huisgesinne. Ons steun maar op mekaar en vertrou op 'n lewende God, desperaat om gehelp te word. (Peter's mother)

Although very little research could be found on overcrowding and childhood development and growth (Goux & Maurin, 2004; Office of the Prime Minister, 2004) a

great concern does seem to be health risks and the exposure to infections in an overcrowded space. Another concern in terms of overcrowding is a child's capacity for intellectual concentration. Intellectual concentration often seems to decrease in these conditions because of a lack of space for children to study in or to engage in any other activities that can stimulate them intellectually (Goux & Maurin, 2004).

According to the Office of the Deputy Prime Minister (2004), there might also be a link between overcrowding and childhood development, because of physical and mental health issues. However, there is evidence that children in overcrowded houses are more aggressive, impulsive and extroverted (Office of the Deputy Prime Minister, 2004). Other evidence shows that children living in overcrowded houses are more likely to be absent from school, because of medical reasons (Harker, 2006).

For children living in overcrowded spaces recreational opportunities are also limited as there is not enough space for them to play in the house (Harker, 2006). This often leads to a child being forced to play outside in the streets. In the specific context of this study, such a child is often forced into negative and often dangerous interactions.

One of the main reasons for overcrowding, as noted in this study, is poverty. Since many of the parents in this area are unemployed they are often unable to afford accommodation for themselves and their children only. Consequently it is more feasible for such families to live with other people in a house and share the housing cost.

In the interviews many of the participants indicated that they live with their mothers who are single parents and often also unemployed.

During my observation in the classroom I noticed that three of the participants received sandwiches from the classroom teacher at first break every day. In response to my enquiry about this situation, the teacher told me that most of those children who received sandwiches did not have food in the evening. Their last meal was the one they had received at school the previous day. All participants also received food from the feeding scheme at the school on a daily basis.

During the interview, two of the participants said the following regarding food at home:

> Dan *toast* ek my brood, want daar is niks om op te sit nie, dan *toast* ek vir my brood … my ouma maak altyd 'n plan dat daar kos is. Sy gaan haal geld by my oumagrootjie juffrou. Hulle is ryk juffrou. (Jacques)

> En is daar altyd pap in die huis of is daar party kere wat die pap op is? (Researcher)

> Mmmm, partykeer is die pap op. (Peter)

> En as die pap op is wat eet jy dan? (Researcher)

> Brood en koffie. (Peter)

> En is die brood ook partykeer op? (Researcher)

> Mmmm. (Peter)

> En dan, wat eet jy as die brood en die pap op is? (Researcher)

> Koffie. (Peter)

> En is die koffie ook partykeer op? (Researcher)

> Dan los ek maar. (Peter)

> En dan kom jy skool toe sonder om te eet? (Researcher)

> Mmmmm. (Peter)

The poverty within the community that had a direct effect on the learners was also evident in the classroom. Many of the children in the class, including some of the participants, did not have any stationery. They would either not do any schoolwork at all because of this or they would take turns in using pencils. This seemed problematic during a spelling test when some of the learners had to take turns in using the same pencil.

Barbarin and Richter (1998) comment on the inverse relationship between adversity and competence and they argue that a child's social and cognitive levels of functioning can be affected by household poverty and community violence. As a result these children have limited resources and they might receive less cognitive stimulation. This adds to the earlier discussion on reading (see 4.2.1.1) in which it is

stated that if there are no books or magazines in the home, there will not be a culture of reading, and reading will consequently not be modelled by the family members.

Barbarin and Richter (1998) also point out that children living in poor conditions are more likely to have health problems and to struggle with learning difficulties as well as developmental delays. These health issues might be a reason for absenteeism among the participants in the study, as discussed earlier in the chapter.

The low energy levels of the participants in the study were evident. Many of the participants indicated that they had low energy levels and often felt sleepy in the classroom. On the first day of my observation period, Peter spent the entire day lying on his arms in the classroom. He did not participate in any activities. This was the kind of behaviour that Peter displayed throughout the week. The teacher told me that Peter often lies on his arms during school time. Many of the other participants showed similar behaviour and some of them spent their break time in the classroom, lying on their arms. Considering the participants' age, being active and playing outside during break time should be a highlight of the school day. The fact that they chose to spend their break time indoors could thus be a possible cause for concern.

It can therefore be argued that poverty might have a negative impact on many aspects of child development as it seems as though the most fundamental needs of the child are not met in such circumstances (Biersteker & Robinson 2000, p. 26). Furthermore, the conditions of poverty that the participants are often exposed to involve stressors such as malnutrition, family conflict, physical abuse and substance abuse. If children experience such stressors as threatening and as possibly leading to injury or death, then they might interpret the experience (s) as being traumatic. As stated in Chapter 2, adverse living conditions could be associated with trauma and thus the research findings suggest that the participants might experience some of the above-mentioned stressors in their lives as traumatic.

4.3.4.2 Police

> Die polisie dan kom hulle aan en dan gaan baklei hulle daar bo dan kom die polisie
> met die *gunne* ook … die polisie slat hulle, die ouens wat baklei. (Justin)

The research findings indicate that some of the participants in this study had specific understandings of the police presence in their neighbourhood. During the interviews most of the references made to the police were about their coming into their neighbourhood, hurting people and locking them up. It was often relatives of the participants who were locked up:

> Sê nou maar, as die polies nou kom en hulle kom tel my *uncle* op as hulle iets sleg gedoen het … (Kelly)

It was interesting that the participants did not perceive the police as being members of society that could help them when they were in danger; they saw them as being threatening rather than as protecting:

> Somtyds dan kom die polisie dan skiet hulle die mense uit … daar by ons om die draai … hulle skiet hulle nie, hulle sluit hul op …(Peter)

In view of the limited information given by the participants regarding the police interaction in their neighbourhood, their true perception of the police remains vague. If there is hostility towards the police and the police is perceived as dangerous one wonders whom the participants rely on for protection. The questions arise: who will they go to during times of violence and abuse and do they feel that there is anybody they can trust to protect them in times of danger? This negative perception of the police might contribute to the children's pervasive experiences of being unsafe.

4.3.5 Continuous exposure to threats

Data from this study seems to suggest that negative incidences experienced by many of the participants were not single, discrete events, but rather continuous and ongoing.

4.3.5.1 Experienced by both parents and participants

Some of the words the participants used to describe the ongoing nature of negative events that they were being exposed to, emphasise the above-mentioned pervasive nature of unsafe feelings. One of the participants used words such as *"aaneen" (all the time)* and *"elke dag" (every day)* to refer to fights and violent behaviour that he witnesses in his home and his neighbourhood. Another participant used the word

"*aanmekaar*" *(all   the time)* while another used the word "*heeltyd*" (*all the time)* to describe their parents' fighting and drug abuse. One parent of a participant used the words *"'n daaglikse uitdaging" (a daily challenge)* to describe their circumstances at home.

Williams et al. (2007) state that an event can be considered to be traumatic if it is life-threatening. Such traumatic events can include sexual assault, child abuse, accidents, the unexpected death of relatives or friends, and exposure to violence. If an event is considered to be traumatic to a person and the person has been exposed to more than one type of trauma, it can be said that the person has suffered multiple trauma (Willliams et al., 2007).

Cook et al. (2007) use the term 'complex trauma' to describe the dual problems of children exposed to multiple trauma. Complex trauma would include abuse, negligence or even the witnessing of domestic violence. Often the symptoms that children present with do not meet the criteria for PTSD, but they are often diagnosed with co-morbid disorders such as attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, anxiety disorders, eating disorders, sleep disorders, communication disorders, separation anxiety disorder, and/or reactive attachment disorder (Cook et al., 2007). The problem with diagnoses such as those mentioned above is that they only capture a small part of the complexity of the child. The exposure to multiple trauma can have a much bigger and more complex effect on the child than only the above-mentioned.

4.4 COMPARISON OF THE CLINICAL PICTURES REPRESENTED BY THE DIFFERENT TRAUMA DIAGNOSES AND THE SIGNS AND SYMPTOMS REPORTED BY THE PARTICIPANTS IN THIS STUDY

In order to implement Merriam's (1998) final step in the analysis of a grounded theory design, I decided to compare information gleaned from the literature review with information that emerged from the data that I gathered in studying the classroom behaviour of children living in adversity.

As is evident from the preceding discussions on the different themes I can argue that most, if not all, the participants in this study have been exposed to adverse life circumstances and numerous negative events. According to the DSM-IV-TR (APA, 2000, p. 471), if a person witnessed, experienced or was confronted with an event or events that involved actual or threatened death or serious injury and if the person's response involved helplessness, fear or horror, then the event can be considered to have been traumatic.

As seen in Chapter 2, the literature distinguishes between different types of trauma and different diagnoses which can be made in the case of a child that has been exposed to multiple traumatic events. These different types of trauma include complex trauma, developmental trauma and DESNOS. As indicated in the literature, these types of trauma tend to have similar symptoms presenting in the same way, but in each case there are those slight aspects that do make it possible to differentiate amongst the different types of trauma. In the Table 4.7 I compare the different types of trauma by firstly describing each one, then naming different symptoms that the child can present with and finally naming the different areas of functioning that can be affected (Gabowitz, et al., 2008; Van der Kolk, 2001; Van der Kolk, 2005a).

Table 4.7 Comparison of types of trauma

	COMPLEX TRAUMA	DEVELOPMENTAL TRAUMA	DESNOS	PARTICIPANTS
Description	Multiple, chronic, prolonged and developmentally adverse traumatic events occurring ***within the child's care-giving system*** at a very young age	Multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (e.g. abandonment, physical assaults, sexual assaults, emotional abuse, witnessing violence and death	Condition resulting from exposure to multiple trauma or from exposure to high levels of chronic stress	Adversity (potentially traumatic) being present "**all the time**".
Symptoms and	Attachment difficulties	Distrust in care-giver	Changes in relationships with	

contributing factors reported	Biological composition of child	Somatic	others	
			Somatic symptoms	Somatic complaints: stomach ache and headaches, dizziness
	Self-regulation difficulties		Difficulties regulating emotions, including anger	
	Behavioural difficulties	Behavioural difficulties		Inappropriate classroom behaviour, including externalising and internalising behaviours
	Attention regulation difficulties		Attention difficulties	Concentration difficulties
	Low self-esteem	Negative self-attributions	Changes in self-perception	
	Dissociation	Dissociation	Dissociation	Spaces out (?)
	Difficulties with affect-regulation, subsequent depression	Affect-regulation difficulties, aggression, fear and feelings of helplessness	Affect-regulation difficulties, anger and feelings of guilt and shame	Emotional symptoms: sadness, anger, anxiety, irrational fears
		Hyper vigilance		Hyper-alert, nightmares
	Poor academic performance	Poor academic performance		Poor academic performance, including language and mathematics
				Environment: poverty, violence, overcrowding
Functional impairment	Emotional: Depression, anxiety, sleep		Self destruction, anger outbursts	Emotional: sadness, anger, anxiety, irrational fears,

	disturbance	nightmares		
	Educational: Concentration, communication difficulties, impaired cognitive functioning	Educational	Educational	Educational: poor results, repeating grades, absenteeism, do not complete assignments, poor language and mathematical achievement
		Familial	Familial	Familial: exposure to drug and alcohol abuse, neglect, witness domestic violence among family members
		Peer	Peer	Peer: aggression towards peers or socially withdrawn,
	Behavioural: Defiant	Legal	Legal	Legal: negative perception of police, exposure to criminal behaviour in community
		Vocational	Vocational	

From the Table 4.7 above and the discussion earlier in the chapter, it seems evident that most of the participants in this study had been exposed to more than one traumatic event and that most of the participants showed symptoms similar to the symptoms mentioned in the initial three diagnoses in Table 4.7. As a consequence of this exposure to one or more traumatic events, some of the participants can possibly be diagnosed with one of the above-mentioned types of trauma.

Considering complex trauma, which is described as prolonged trauma happening within the care-giving system, the experience of the participants in this study have also included traumatic experiences which originate outside the primary caregiver

home. They are also exposed to negative potentially traumatic events outside the home and in their neighbourhood, and this exposure is there "all the time". This perpetual presence of negative experiences sometimes even appeared normalised.

Developmental trauma and DESNOS on the other hand present with symptoms that most of the participants displayed.

Although the aim of this study was not necessarily to link the research findings with possible types of trauma, it cannot be ruled out that the symptoms identified during the study correspond with what the literature states about childhood trauma. Furthermore, the academic difficulties with which the participants presented also correspond with what is said in the literature in terms of exposure to traumatic events and academic achievement.

Consequently, a link can possibly be made between the classroom behaviour of the participants in this study and the life experiences to which they are exposed, which in turn can be described as traumatising.

Although the statement above is a hypothesis, it has identified a gap in the research in terms of literature on South African children exposed to trauma on a continuous basis.

4.5 CONCLUSION

In this chapter I presented the findings of the data collected. The data generated during this research study would seem to indicate that a group of children in one Grade 4 classroom in a primary school in the Western Cape display inappropriate classroom behaviour, which includes poor academic performance, withdrawal types of behaviour as well as externalising disruptive behaviour, including aggression and poor social interaction with the teacher and their peers. On exploring their living conditions, it became clear that they have experienced violence aimed at them, they have witnessed several forms of violent behaviour in their homes and in their community, and they witness alcohol and substance abuse fairly regularly, both in their homes and in the community. The children reported different physical complaints as well as emotional states of sadness, anger and anxiety. Some

comments by participants also suggested the possibilities of dissociative experiences and hyper-vigilance. Themes regarding environmental threats emanated from the data, among others, insufficient housing, pervasive conditions of poverty and the perceived threats presented by the presence of police officers. There was also evidence, in the specific way the participants spoke, that the above-mentioned adverse factors in the children's lives were present on a **continuous** basis. I endeavoured to link the themes and categories of findings with relevant literature as expanded on in Chapter 2. The categories as well as the different themes were discussed with the research questions in mind.

In the final chapter (Chapter 5) I present an integration of the findings and attempt to answer the research questions. In view of the bio-ecological theoretical framework mentioned in chapter 2, I shall discuss the findings from that perspective in chapter 5. I also comment on the limitations of the study and suggest topics for further research.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this research study was to explore how the classroom behaviour of children living in continuous adversity, specifically in the Western Cape, presents itself and to determine whether this behaviour corresponds with other common experiences in the classroom as well as with information in international literature. An interpretive design within a qualitative methodology was used to gather data and to answer the research questions. The findings indicate that there might be possible links between adverse life circumstances (which could be experienced as traumatic) and classroom behaviour.

This chapter provides an integration of the findings as discussed in Chapter 4 as well as a summary of the research and concluding remarks on the main findings. This will be followed by a discussion of the limitations of the study. Suggestions for further research are also put forward.

5.2 FINDINGS AND CONCLUSIONS

This study was conducted in a school in the Western Cape where some of the teachers and parents identified the environment in which most of the learners live as being adverse. Classroom behaviour observed included specific behavioural and academic difficulties in the classroom. These behaviours ranged from lying on their arms during lessons, copying during tests, staring at the wall, not participating in learning activities, walking around in the classroom, aggression towards peers, fidgeting, rude communication and gestures, to ignoring instructions. These findings shed light on the first two research questions which was firstly whether different inappropriate behavioural patterns exist among learners in a Grade 4 classroom in a primary school situated in an area in the Western Cape where adverse living conditions are prevalent, and secondly the nature of such behavioural patterns.

Before the commencement of the observation period in the classroom, criteria were developed in order to specify what was to be considered as inappropriate classroom

behaviour. Using these criteria, I observed the learners in their classroom for a week, and I identified children who showed inappropriate behaviour. Due to the limited size of the study only a limited number of participants could be identified, although the majority of the learners showed inappropriate behaviour at some stage during the week of observation. Typical behaviour that was observed included fidgeting, walking around in the classroom, not doing the work, not paying attention to the teacher and ignoring instructions.

Once the participants for the study were identified, their school books, school reports and other relevant documents were reviewed. Once this was done it became clear that most of the participants were struggling academically. Many of them were repeating their grade while another one was expected to repeat it the next year. Typical challenges included reading, handwriting and language difficulties, as well as distractibility and a seeming inability to concentrate.

It is therefore evident from my observation in the classroom and the reviewing of documents that there were children in this specific Grade 4 classroom that demonstrated inappropriate behaviour as well as academic difficulties. Patterns also emerged as to the types of behaviour that the participants showed and the consistency thereof during a period of one week.

The third research question related to nature of the adverse life circumstances of children that display such behavioural patterns in the classroom. I also wondered whether these children had similar adverse life experiences and circumstances. In an attempt to determine the situation, I requested that the participants as well as their parents answered questions gained from two checklists each. One checklist identified life incidents while the other checklist identified regular symptomatic behaviours and symptoms connected with trauma, displayed and experienced by the participants.

From the participants' responses it became evident that they had all been exposed to more than one adverse life experiences. Strong themes emerged regarding the type of adversity the participants were exposed to. These adverse conditions included their witnessing their parents fighting and abusing drugs and alcohol, often seeing people in physical fights in the neighbourhood, having lost a friend or relative, and

being exposed to threatening situations. Themes regarding physical as well as emotional symptoms also emerged. All the participants indicated that they often have headaches or stomach ache and some participants even noted that they often experience other forms of bodily pain. Typical symptoms associated with emotional difficulties included sadness, daydreaming, difficulty concentrating, anxiety, and irrational fears. Nightmares were frequently reported.

During the interviews themes emerged confirming the adverse life circumstances that the participants are regularly exposed to. One of the themes was seeing their parents or people in the neighbourhood abusing alcohol or drugs. A couple of the participants stated that they had been physically abused, while some reported emotional abuse. Many of them made reference to poverty and overcrowding in their homes.

It seemed evident that the participants who showed inappropriate behaviour in the classroom had also been exposed to multiple continuous adverse life experiences. Similar incidences of adverse life situations were experienced by the participants and thus different themes were identified during the study. Considering the different features all the participants presented with, the findings from this study support Streeck-Fischer and Van der Kolk's (2000, p. 905) statement that children who have been exposed to multiple forms of trauma can experience developmental delays along a broad spectrum, including cognitive, language, social and physical problems.

Therefore, from this specific research study it seems as though classroom behaviour in this Grade 4 classroom may be associated with adverse life circumstances. This finding was supported by numerous research studies that reported on the connection between behaviour in the classroom, including academic performance, and adverse living conditions as discussed in Chapter 2. The literature also explains that adverse living conditions are stressful for children and can thus be seen to be traumatic.

It has even been espoused in international studies that children living in adverse life circumstances might be traumatised as a result of such adversity. Cole et al. (2005, p.21) state that:

> for many children, however, their reactions to traumatic events manifest
> themselves in a range of problems that do not meet the standards for a

diagnosis. The children may never be identified as having trauma symptoms or may have what appear to be trauma symptoms with no indication that a traumatic event precipitated it.

In view of the bio-ecological framework employed for this study, it seems evident that there is a relationship between the person (the participants in the study) and the social context in which they are living. Participants in this study are daily exposed to poor living conditions, violence, alcohol and drug abuse as well as other environmental threats like overcrowding. The above are all examples of possible negative experiences within the micro-system and the meso- systems of the child. Within the exo-system of the child we note the violence and drug abuse of the members of the community, the negative view of the police and unemployment of the parents/caregivers. Although not directly involved with the child, it will still have an influence on the child which in turn will influence the people that the child interacts with.   According to the bio-ecological model, whatever happens within the environment will have a direct impact on the developing child and in this study the impact was evident in both the child's classroom behaviour as well as academic performance. When considering the above it is also important to note the child's person factors which according to Bronfenbrenner (1994) refer to the temperament of the child. Thus, for children to cope in adverse conditions as described above will depend on their person factors which include their resilience. This in return might explain why not all the children within adverse conditions are affected the same way.

None of the existing trauma diagnoses, including PTSD, accurately describe the symptoms of children exposed to multiple and continuous forms of trauma that they face in adverse living conditions. As a result, possible new diagnoses have been developed to describe the symptoms of such children accurately. These types of trauma include developmental trauma, complex trauma and DESNOS. However all of the above-mentioned literature is based on research done in countries other than South Africa.

In comparing the life stories of the participants in this study, and also their classroom behaviour, to the alternative diagnoses of developmental trauma, complex trauma and DESNOS, it would seem as though most of the symptomatology and functional

impairments correspond with these different diagnoses of trauma in the literature. The one exceptional aspect of the findings in this study would seem to be the fact that most participants reported the **ongoing** nature of their life circumstances. It seemed as though they even sometimes accepted it as the way things are, as normal. These difficult circumstances are perceived as never changing and present every day.

It is also important to note that some of the behavioural symptoms observed and the reported emotional, psychological and physical symptoms, could also be ascribed to other disorders that could occur in childhood, like depressive disorders, anxiety disorders or ADHD for instance. It therefore does not follow without a doubt that there is a direct causal link between continuous trauma and the symptomatology.

My tentative efforts at exploring the classroom behaviour of children living in adverse life conditions, led me to a finding which emphasises the ongoing nature of such life conditions. However, I also found that the classroom behaviour and symptoms reported and the areas of functional impairment correspond with three other conceptualisations of trauma in childhood. In an attempt to reach a conclusion, I need to consider the limitations of the study.

5.3 LIMITATIONS OF THE STUDY

This research study had certain limitations that need to be acknowledged. Although a small sample is one of the characteristics of qualitative research, one of the main limitations of this study was the size of the sample group. The findings can therefore not necessarily be generalised to the wider population. The result is that the link that was made between adversity and behaviour in this specific Grade 4 classroom cannot be generalised to the rest of the wider population.

This study did not investigate the life circumstances of the other children in the class who did not display inappropriate behaviour.

It is also important for me to stipulate that I do not believe that a generalisation can be made in terms of poverty and traumatic life experiences. I do acknowledge that people living in poverty have not necessarily been exposed to negative life

experiences.   However, for the purpose of this study I chose to use the term 'adversity' specifically to indicate negative life experiences.

The effect that I might have had on the learners' behaviour in the classroom during my week of observation needs to be considered. My presence in the classroom can be seen as a possible limitation as it could have had an effect on the children's' behaviour in the classroom. There is thus no evidence to state that the behaviour I observed during that week is the typical type of behaviour that the participants usually present with.

Another limitation of the study can be the way I was possibly perceived by the participants. Being a white teacher in a school where all the learners and staff members were of different race groups, could also have had an influence on their perceptions. Throughout the data-collecting stage the teachers, participants and their parents came across as being very compliant towards me. This may be due to the cultural difference or professional level at which I was perceived to be. As a result this could have had an impact on the way the questions were answered and the type of information that was given to me. Although I tried to prevent it by spending much time in building trusting relationships, the participants might have felt compelled to please me and to give satisfactory answers. The language aspect also played a possible role as the participants as well as their parents often struggled to understand me and to express themselves. I therefore often had to probe for answers and perhaps might have asked leading questions.

During the answering of questions based on the checklists with the parents, only one parent (the mother) was present in each case. The fact that the fathers were not present to add to the richness of the data and perhaps to provide more information can be seen as a further limitation. Questions regarding attachment patterns, self-regulation and self-esteem have not been asked of the participants, therefore a complete comparison of the participants' symtomatology and the other three trauma diagnoses has not been possible.

5.4 STRENGTHS OF THE STUDY

Due to the nature of this study, I was able to collect a great deal of valuable data during the data-collecting stages. The qualitative methodology allowed me to constantly compare the data and to go back to the field to collect more data when needed. The use of various methods to gather data contributed to the richness of the data and the trustworthiness of the findings.

Spending several days in the field also allowed me to build rapport with the teacher and participants and this was beneficial during the interview stage as the teacher and participants knew me better and were able to open up more during the interviews.

This study might serve to indicate a possible link between adversity and classroom behaviours. Although I stated earlier that this study cannot be generalised to the wider population, it has created awareness of and understanding towards children who are exposed to continuous adversity and are experiencing behavioural difficulties.

5.5 FURTHER RESEARCH POSSIBILITIES

This study highlighted possibilities for future research.

It will be meaningful to do a similar study on a larger number of participants across many different schools in communities where adversity is prevalent. It might be of value to have a control group where the classroom behaviours of children in adverse communities can be compared to the classroom behaviours of children in more affluent and safe environments.

It will also be beneficial in a future research study to focus on teachers' perceptions of the link between adversity and classroom behaviour and whether they are aware of the possible connection. Such a study can provide teachers with appropriate guidance in order to accommodate these children in their classrooms.

I would also suggest that future research be attempted to explore the links among or the confluence between the different childhood trauma diagnoses.

5.6 IMPLICATONS OF FINDINGS

This research study indicated that children exposed to adverse life circumstances may face many challenges, including those related to optimum psychological and cognitive development. Although the circumstances and the environment of these children cannot be changed, the following recommendations for the classroom are made:

Teachers can be made more aware of the children in their classrooms, and of their needs and the difficulties they might experience at home and in their community. One way of ensuring that this happens can be to have frequent parent meetings and to discuss the children's home circumstances. If a teacher succeeds in creating a trusting and caring relationship with the parents, they might be willing to collaborate with the teacher. The school staff can support children who have been identified as having negative life experiences showing empathetic understanding.   In-service training in basic counselling skills for teachers might be beneficial. This might not relieve whatever distress the children are exposed to, but it might create a more containing environment in the classroom and school.

Although it is not always feasible within our government schools, the ideal would be to refer children who have been identified as victims of adversity for counselling. Since counsellors are not available in most government schools, teachers acquiring the basic skills to provide the necessary non-judgemental emotional support to learners could enhance the above-mentioned containing environment.

Academic support is recommended for the identified participants. This can be provided in the form of an individualised educational programme (IEP), developed by the learning support teacher with the help of the classroom teacher. In schools without academic support staff, the district based support team of the Education Department can be contacted to provide the child or the teacher with the necessary support.

Many workshops are presented on the topic of trauma and performance. It can be beneficial for teachers to attend such workshops to develop an understanding of the connection between negative life experiences and performance. Teachers can also

be encouraged and supported in reading up on the matter and in sharing their knowledge and understanding.

5.7 CONCLUSION

In this final chapter the findings of the data was integrated and discussed. The limitations and the strengths of the research study, as experienced by me as the researcher, were discussed and recommendations were made for future research.

This research study provided me, the researcher, with an opportunity to gain some insight into the adverse life circumstances that so many children are continuously exposed to. In the process I have been left humbled. I have gained new respect and admiration for these children, who despite their hardship still continue to strive for a better tomorrow.

I trust that in the future, adversity will be acknowledged by teachers as a contributing factor in poor academic performance and behavioural difficulties in the classrooms. Teachers should be given the necessary skills and the knowledge to address this phenomenon. I hope that a greater awareness of the link between adversity and classroom behaviour will have a positive influence on the way that such learners are supported and understood in classrooms in the future.

REFERENCES

Allen, A. (2008). *Law and Ethics in Psychology: An International Perspective*. Somerset West: Inter-Ed. Publishers.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision, DSM-IV-TR*.   American Psychiatric Publishing, Inc.

Anderson, S.L., Anderson, A., Navalta, C.P., Polcari, A. & Teicher, M.H. (2002). Developmental neurobiology of childhood stress and trauma. *Psychiatric Clinics of North America*, 25, 397-426.

Anthonysamy, A. & Zimmer-Gembeck, M. J. (2007). Peer status and behaviors of maltreated children and their classmates in the early years of school*. Child Abuse & Neglect*, 31(9), 971–991.

Baker, C., Wuest. J. & Stern, P. (1992). Method slurring: The grounded theory/phenomenology example*. Journal of Advanced Nursing,* 17 (11), 1355-1360.

Barbarin, O. & Richter, L. (1998). Adversity and psychosocial competence of South African children. *American Journal of Orthopsychiatry,* 69 (3), 319-327.

Barbour, R.S. (2001). The role of qualitative research in broadening the "evidence base" for clinical practice. *Journal of Evaluation in Clinical Practice, 6(2),* 155-163.

Beck, C.T. & Polit, D.F. (2004). *Nursing research: Principles and methods (7th ed.)* Philadelphia: Lippincott Williams & Wilkins.

Berg, B. (2009). *Qualitative research methods for the social sciences. 7th ed.* New York: Pearson Education, Inc.

Biersteker, L. & Robinson, S. (2000). Socio-economic policies: Their impact on children in South Africa. In D. Donald, A. Dawes & J. Louw (Eds.), *Addressing childhood adversity* (pp. 26–59). Cape Town, SA: David Philip.

Blair, K., Dyson, L.L. & Hett, G. (2003). The effect of neighbourhood poverty on school achievement and behaviour: A study of children in a low-income neighbourhood school in Canada. *W.-M. Roth (ed.), Connections,* 03, 191-199.

Bolger, K. E. & Patterson, C. J. (2001). Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology*, 13, 913–940.

Briere, J. & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex post traumatic states. *Journal of Traumatic Stress,* 18(5), 401-412.

Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education Vol. 3, 2ⁿᵈ. Ed.* Elsevier: Oxford.

Bryant, A. & Charmaz, K. (2007). Introduction grounded theory research: Methods and practices (pp.1-28). In A. Bryant & K. Charmaz (eds). *The SAGE Handbook of grounded theory.* SAGE Publications.

Buka, S. L., Stichick, T. L., Birdthistle, I. & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry*, 71, 298–310.[1]

Byrne, M. (2001). Grounded theory as a qualitative research methodology-A brief article. *AORN Journal,* 73(6), 1155-1156.

Carr, A. (2010). *The handbook of child and adolescent clinical psychology. A contextual approach. Second Edition.* London & New York: Routledge, Taylor & Francis Group.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: SAGE Publication Ltd.

Cheevers, C., Doyle, O. & McNamara, K.A. (2010). *Child externalising and internalising behaviour in the first year of school: The role of parenting in a low SES population* [Online]. Retrieved October 22, 2011: http://www.ucd.ie/geary/static/publications/workingpapers/gearywp201039.pdf

Cloitre, M., Stolbach, B.C., Herman, J.L., Van der Kolk, B., Pynoos, R., Wang, J. & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress,* 22(5), 399-408.

Cohen, E., Groves, B. & Kracke, K. (2009). *Understanding children's exposure to violence. Moving from evidence to action. The safe center series on children exposed to violence* [Online]. Retrieved August, 24, 2011: http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf

Cole, S., O'Brien, J., Gadd. M., Ristuccia, B., Wallace, D. & Gregory, C. (2005). *Helping traumatised children learn. Supportive school environments for children traumatized by family violence.* Massachusetts Advocates for Children.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C.,   Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan,R., Liautaud, J., Mallah, K., Olafson,E. & Van der Kolk, B. (2005b). Complex trauma in children and adolescence. *Psychiatric Annals,* 35(5), 390-398.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C.,   Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan,R., Liautaud, J., Mallah, K., Olafson,E. & Van der Kolk, B. (2007). Complex trauma in children and adolescents. *Focal Point: A National Bulletin on Family Support and Children's Mental Health,* 21(1).

Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain*. New York: W.W. Norton.

Dawes, A. & Donald, N. (2000). Improving children's chances: Linking developmental theory and practice. In D. Donald, A. Dawes & J. Louw. (Eds.). *Addressing childhood adversity* (pp. 1-26). Cape Town & Johannesburg: David Phillip.

De Wet, C. (2003). Eastern Cape educators' perceptions of the causes and the scope of school violence. *Act Criminological*, 16(3), 89-106.

Dodge-Reyome, N. (1993). A comparison of the school performance of sexually abused, neglected and non-maltreated Children. *Child Study Journal,* 23, 17–38.

Donald, D., Lazarus, S. & Lolwana, P. (2006). *Educational psychology in social context.* 2nd ed. Cape Town: Oxford South Africa.

Donald, D., Lazarus, S. & Lolwana, P. (2010). *Educational psychology in social context.* 4th ed. Oxford University Press SA.

Dufton, L.M. (2009). Anxiety and somatic complaints in children with recurrent abdominal pain and anxiety disorder. *Journal of Pediatric Psychology*, 34(2), 176-186.

Durrheim, K. (2006). Research Design. In K. Durrheim., M. Terre Blanche. & D. Painter. (Eds). *Research in practice: Applied methods for the social sciences* (pp. 33-59). Cape Town: University of Cape Town Press.

Epanchin, B.C. & Paul, J.L. (1987). *Emotional problems of childhood and adolescence: A multidisciplinary perspective.* Columbus: Merrill Publishing Company.

Erickson, M. F., Egeland, B. & Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti & V. Carlson (Eds.). *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 647–684). New York, NY: Cambridge University Press.

Flick, U. (1999). *An introduction to qualitative research. Edition 4.* SAGE Publications.

Gabowitz, D., Zucker, M. & Cook, A. (2008) Neuropsychological assessment in clinical evaluation of children and adolescents with complex trauma. *Journal of Child and Adolescent Trauma*, 1, 163-178.

Garralda, M. (1999). Practitioner review: Assessment and management of somatisation in childhood and adolescence. In A, Carr. (2010). *The handbook of child and adolescent Clinical Psychology. A contextual approach. Second Edition.* London & New York: Routledge, Taylor & Francis Group.

Giarratano, L. (2004). *Clinical skills for managing acute psychological trauma*. Australia: Talomin Books.

Gibson, B. (2007). Accommodating grounded theory. In A. Bryant & K. Charmaz. (2007). *Introduction Grounded Theory research: Methods and practices.* The SAGE Handbook of Grounded Theory. SAGE Publications.

Glaser, B. (1998). *Doing grounded theory: Issues and discussions.* Sociology Press, Mill Valley CA.

Glaser, B. (2002). *Constructivist Grounded Theory* [Online]. Retrieve October 20, 2010: www.qualitative-research.net/index.php/fqs/articie/viewArticie/825/1792.

Glaser, B. G. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York: Aldine Publishing Company.

Glaser, D. (2000). Child abuse and neglect and the Brain-A Review. *Journal of Child Psychology and Psychiatry*, 41, 97-116.

Goux, D. & Maurin, E. (2004). The effect of overcrowded houses on children's performance at school. *Journal of Public Economics,* 89, 797-819.

Gordon, A.M. & Browne, K.W. (2004*). Beginnings and beyond: Foundations in early childhood education, 6th ed.* Australia: Delmar Learning

Greenfield, D.B. & Hecht, S.A. (2001). Comparing the predictive validity of first grade teacher ratings and reading related tests on third grade levels of reading skills in young children exposed to poverty. *School Psychology Review,* 30(1), 50-69.

Greenwald, R. & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. *Research on Social Work Practice,* 9(1), 61-75.

Greenwald, R. (2005a). CROPS and PROPS Manual, 2005 Revision. *Child Trauma Institute.*

Greenwald, R. (2005b). LITE Manual, 2005 Revision. *Child Trauma Institute.*

Grimsrud, A., Kaminer, D., Meyer, L., Stein, D. & Williams D. (2008). Risk for posttraumatic stress disorder associated with different forms of interpersonal violence in South Africa. *Soc Sci Med,* 67(10), *1589-1595.*

Guba, E.G. & Lincoln, Y.S. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage Publications, Inc.

Guba, E.G. (1990). *The paradigm dialog.* Newbury Park, London, New Delhi: SAGE Publications.

Guillemin, M. & Gillam, L. (2004). Ethics, reflexivity and "ethically important moments" in research. *Qualitative Inquiry, 10(2),* 261-280.

Hamber, B. & Lewis, S. (1997). *An overview of the consequences of violence and trauma in South Africa.* Johannesburg: Centre for the Study of Violence and Reconciliation.

Hamber, B. (1999). "Have no doubt it is fear in the land: An exploration of the continuing cycles of violence in South Africa." *Zeitschrift fur Politische Psychologie,* 7(1-2), 13-128

Harker, L. (2006). *Chance of a lifetime. The impact of bad housing on children's lives* [Online]. Retrieved August 24, 2010:http://image.guardian.co.uk/sys-files/Society/documents/2006/09/12/Lifechancereport.pdf.

Higson-Smith, C. (2010) *A Response to Benjamin and Crawford-Browne, the psychological impact of continuous traumatic* stress. *Symposium on continuous traumatic stress.* University of Cape Town.

Hogan, D.M (1998). Annotation: The psychological development and welfare of children of opiate and cocaine users: review and research needs. *Journal of Child Psychology and Psychiatry,* 39 (5), 609-620.

Kaminer, D. (2010). *Continuous traumatic stress in South Africa* [Online]. Retrieved July 5, 2010: www.psyssa.com/documents/PsyTalkIssue12010.pdf.

Kaminer, D., & Eagle, G. (2010). *Traumatic stress in South Africa*. Johannesburg: Wits University Press.

Kilpatrick, D. G., Saunders, B. & Smith, D. (2003). *Youth victimization prevalence and implications.* Washington DC: U.S. Department of Justice, National Institute of Justice.

Kinniburgh, K., Blaustein, M., Spinazzola, J. & Van der Kolk, B. (2005a). Attachment, self-regulation, and competency. A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals,* 35(5), 424-430.

Lacour, M. & Tissington, L.D. (2011). The effects of poverty on academic achievement. *Educational Research and Reviews,* 6(7), 522-527.

Levin, J. & Nolan, J. (1996). *Principals of classroom management: a professional decision-making model.* London: Allyn & Bacon.

Lewis, A. (2009). Assessing childhood trauma: A holistic perspective. *Child Abuse Research in South Africa,* 10(1), 14-26.

Lockhat, R. & Van Niekerk, A. (2000). South African Children: A history of adversity, violence and trauma. *Ethnicity & Health,* 5(4), *291–302.*

Mabeba, M.Z. & Prinsloo, E. (2000). Perceptions of discipline and ensuing discipline problems in secondary education. *South African Journal of Education*, 20, 34-41.

Manly, J. T., Kim, J. E., Rogosch, F. A., & Cicchetti, D. (2001). Dimensions of child maltreatment and children's adjustment: contributions of developmental timing and subtype. *Development and Psychopathology,* 13, 759–78.

Marais, H. & Mouton, J. (1998). *Basic concepts in the methodology of the social science*. Pretoria: HCRC Publishers.

Martin, C.G., Cromer, L.D. & Freyd, J.J. (2010). Teachers' beliefs about maltreatment effects on student learning and classroom behaviour. *Journal of Child & Adolescent Trauma*, 3, 245-254.

Merriam, S.B. (1995). What can you tell from an N of 1?: Issues of validity and reliability in qualitative research. *Journal of Lifelong Learning*, 4, 51-60.

Merriam, S.B. (1998). *Qualitative research and case study applications in education. Revised and expanded from case study research.* USA: Jossey-Bass.

Mertens, D.M. (2005). *Research and evaluation in education and psychology. Integrating diversity with quantitative, qualitative, and mixed methods 2nd edition.* London, Thousand Oaks, New Delhi: Sage Publications.

Methamphetamine treatment, (2011), [Online]. Retrieved August 21, 2011: http://www.meth-treatment.com/side-effects.php

Meyrick, J. (2006). What is good qualitative research? A first step towards a comprehensive approach to judging rigour/quality. *Journal of Health Psychology. SAGE Publications.*

Monte, E., Tribble, J. R. & Yanowitz, K. L. (2003). Teachers' beliefs about the effects of child abuse. *Child Abuse & Neglect,* 27, 483–488.

Morse, J.M. (2007). Sampling in grounded theory. In Bryant, A. & Charmaz, K. *The SAGE Handbook of Grounded Theory* (pp. 229-244)*.* SAGE Publications.

Mouton, J. (2001). *How to succeed in your Master's & Doctoral Studies. A South African guide and resource book*. Pretoria: Van Schaik Publishers.

Naidoo, Y. (2009, April). Tik cocktail fuels child abuse. *West Cape News.*

Office of the Deputy Prime Minister (2004). *The impact of overcrowding on health & education: A review of evidence and literature* [Online]. Retrieved August, 28, 2011: http://www.communities.gov.uk/documents/housing/pdf/138631.pdf

Oosthuizen, I. & Van Staden, J. (2007). Opvoeders se persepsie van die effektiwiteit van dissiplinmetodes in Vrystaatse, Oos-Kaapse en Vaaldriehoekseskole. *Tydskrif vir Geesteswetenskappe*, 47, 359-371.

Oxford Dictionaries. (2011). Oxford University Press.

Patton, M.Q. (1987). How to use qualitative methods in evaluations. *Center for the study of evaluation.* SAGE Publications.

Perry, B., Pollard, R., Blakeley, T., Baker, W. & Vigilante, D. (1996). Childhood trauma, the neurobiology of adaptation & "use-dependent" development of the brain: how "states" become "traits". *Infant Mental Health Journal, 16(4), 271-291.*

Perry, B.D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky & E. Benedek (Eds.). *Textbook of child and adolescent forensic psychiatry (pp. 221-238).* Washington, DC: American Psychiatric Press.

Swart, E. & Pettipher, R. (2005). A framework for understanding inclusion. In E. Landsberg, D. Kruger & N. Nel (Eds.). *Addressing barriers to learning* (pp.3-23)*.* Pretoria: Van Schaick Publishers.

Prinsloo, E. (2005). Addressing challenging behaviour in the classroom. In E. Landsberg, D. Kruger, N. Nel (Eds.). *Addressing barriers to learning (*pp.449-465)*. Pretoria: Van Schaik Publishers.

Prinsloo, E., Vorster, P.J. & Sibaya, P.T. (1996). *Teaching with confidence.* Newlands, Cape Town: Kagiso.

Reber, A.S. (1995). *Dictionary of Psychology 2nd edition.* London, New York: Penguin Books.

Redding, S. (1997). Academic achievement, poverty and expectations of parents and teachers. *The School Community Journal,* 7(2), 87-103.

Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B. & Stein, D. (2004). Trauma exposure and post-traumatic stress symptoms in urban African schools. *The British Journal of Psychiatry,* 184, *169-175.*

Shaffer, D.R. (2000). *Developmental psychology. Sixth edition.* Wadsworth Group: Thompson Learning.

Shenton, K. (2003). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information,* 22(2), 63-75.

Silverman, D. (2005). *Doing qualitative research: A practical handbook. 2nd edition.* London: SAGE Publications Ltd.

Stake, R.E. (2010). *Qualitative research: Studying how things work.* New York: Gilford Press.

Standing, A. (2003). The social contradictions of organised crime on the Cape Flats. *Institute for Security.* Paper 74.

Stavrou, V. (1993). Psychological effects of criminal and political violence on children. *The Child Care Worker,* 11(7), 3-5.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research. Techniques and procedures for developing grounded theory.* London: Sage Publications.

Strauss, A., & Corbin, J., (2008). *Basics of qualitative research: techniques and procedures for developing grounded theory.* Los Angeles: Sage.

Streeck-Fisher, A. & Van der Kolk, B.A. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australia and New Zealand Journal of Psychiatry,* 34, 903-918.

Terre Blanche, M. & Durrheim, K. (1999). Social constructionist methods. In K. Durrheim, M. Terre Blanche & D. Painter. (Eds). *Research in practice: Applied methods for the social sciences (pp 147-172).* Cape Town: University of Cape Town Press.

Van den Aardweg, E.M. & Van den Aardweg. E.D. (1988). *Dictionary of empirical education/educational psychology.* Arcadia, Pretoria: E & E Enterprises.

Van der Kolk, B. (2001). The Assessment and treatment of complex PTSD. In Yehuda, R. *Traumatic Stress.* [Online]. Retrieved, August 8, 2010: http://www.traumacenter.org/products/pdf_files/Complex_PTSD.pdf

Van der Kolk, B. (2005a). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annuals, 35(5),* 401-408.

Van der Kolk, B. (2005b). Editorial introduction: Child abuse & victimization. *Psychiatric Annals,* 374-378.

Van der Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *New York Academy of Science,* 1-17.

Van der Merwe, M. (2008). *Understanding trauma. Presentation.* Cape Town.

Walls, P., Parahoo, K. & Fleming, P. (2010). The role and place of knowledge and literature in grounded theory. *Nurse Researcher,* 17 (4), 8-17.

Ward, C., Martin, E., Theron, C. & Distiller, G. (2007) Factors affecting resilience in children exposed to violence. *South African Journal of Psychology,* 37(1), 165-187.

Williams, D. R., Williams, S.L., Stein, D. J., Seedat, S., Jackson, P. B. & Moomal, H. (2007). Multiple traumatic events and psychological distress: The South African stress and health study. *Journal of Traumatic Stress,* 20(5), 845-855.

ADDENDUM A

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

3 May 2011

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Reference No. 496/2011

Ms C Paterson
Department of Educational Psychology
University of Stellenbosch
STELLENBOSCH
7602

Ms C Paterson

LETTER OF ETHICS CLEARANCE

With regards to your application, I would like to inform you that the project, *Classroom behaviour of children living in a context of adversity,* has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;

2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that

3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.

We wish you success with your research activities.

Best regards
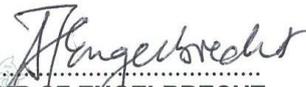
MR SF ENGELBRECHT
Secretary: Research Ethics Committee: Human Research (Humanoria)

(stamp: DIE UNIVERSITEIT VAN STELLENBOSCH - 3 MAY 2011 THE UNIVERSITY OF STELLENBOSCH)

Afdeling Navorsingsontwikkeling • Division for Research Development
Privaatsak/Private Bag XI • Matieland 7602 • Suid-Afrika/South Africa
Tel: +27 21 808 9184 • Faks/Fax: +27 21 808 4537
www.sun.ac.za/research

ADDENDUM B

WESTERN CAPE
Education Department
Provincial Government of the Western Cape

RESEARCH

awyngaar@pgwc.gov. za

tel: +27 021 476 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20110119-0052

ENQUIRIES: Dr A T Wyngaard

Mrs Celeste Paterson

University of Stellenbosch

Department of Educational Psychology

Mrs Celeste Paterson

RESEARCH PROPOSAL: CLASSROOM BEHAVIOUR OF CHILDREN LIVING IN A CONTEXT OF MULTIPLE AND CONTINUOUS ADVERSITY

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1.   Principals, educators and learners are under no obligation to assist you in your investigation.

2.   Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.

3.   You make all the arrangements concerning your investigation.

4.   Educators' programmes are not to be interrupted.

5.   The Study is to be conducted from **1 June 2011 till 30 September 2011**

6.   No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).

7.   Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number.

8.   A photocopy of this letter is submitted to the principal where the intended research is to be conducted.

9.   Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.

10.   A brief summary of the content, findings and recommendations is provided to the Director: Research Services.

11.   The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Research Services

Western Cape Education Department

Private Bag X9114

CAPE TOWN

8000

We wish you success in your research.

Kind regards.

Signed: Audrey T Wyngaard

for: **HEAD: EDUCATION**

DATE: 02 June 2011

ADDENDUM C

PRIMARY SCHOOL
PRIMÊRE SKOOL
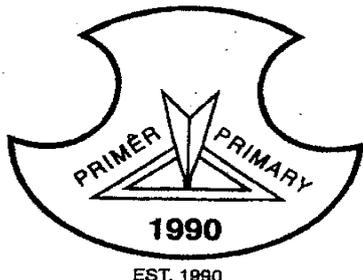
EST. 1990

E-mail: admin@   wcape.school.za

FIAT LUX SCIENTIA

1990

I hereby give permission to Celéste Paterson to conduct her research study at Primary School. I understand that she is currently completing a Masters Degree in Educational Psychology at the Department of Educational Psychology at Stellenbosch University. I also understand that findings from this research study will form part of a thesis, necessary for the completion of her degree.

I here with give Celeste Paterson permission to:

- Observe learners in the Gr. 5 classroom
- To have an interview with myself, the principal, as well as the teacher of the Gr. 5 class.
- To have an interview with the learners participating in the study.

I also give permission to Celéste Paterson to access any school books or documentation of the learners that are on the school premises (including psychological reports & medical reports of the learners), after the necessary consent has been granted from the learners' parents.

Regards

Mrs.   .   (Principal)

WES-KAAP ONDERWYSDEPARTEMENT
PRIMERE SKOOL
POSBUS

TEL: 021

FAKS: 021

ADDENDUM D

![Stellenbosch University logo]

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

(Parents 1)

Classroom behaviour of children living in a context of multiple and continuous adversity

You are asked to consent to your child being observed in his/her classroom by Celéste Paterson, who is currently completing a Master's Degree in Educational Psychology at the Department of Educational Psychology at Stellenbosch University.

The purpose of the observation is to identify certain forms of behaviour presented by the learners in the Grade 4 classroom.

If you consent to this observation I would spend about 5 days in your child's classroom observing the behaviour of all the learners who consented to this observation.

Confidentiality will be maintained by means of keeping your child's identity anonymous by using pseudonyms. The school will also not be identifiable by its name.

You can choose whether your child could be observed by me in his classroom or not.

Should you decide not to consent to your child being observed by me, no observation of your child will be recorded. You may also decide to withdraw your child from the observation at any time.

Please feel free to contact the researcher *Celéste Paterson at 083 468 5001(cbotha2008@gmail.com) and/or her supervisor, Mariechen Perold, atthe Department of Educational Psychology,, Stellenbosch University, at 021 8082307 (mdperold@sun.ac.za).*

I_____ parent/guardian of _____ hereby give consent to Celéste Paterson to observe my child in his/her classroom.

_____   _____

Signature: Parent/Guardian   Date

ADDENDUM E

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

**STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH**

(Parents 2)

Classroom behaviour of children living in a context of multiple and continuous adversity

You are asked to consent to your child being a participant in a research study conducted by Celéste Paterson, who is currently completing a Master's Degree in Educational Psychology at the Department of Educational Psychology at Stellenbosch University. Findings from this study will form part of a thesis. Your child was selected as a potential participant in this study because of the classroom behavioural patterns that were observed in the Grade 4 class of XXX Primary School.

1. PURPOSE OF THE STUDY

The purpose of the study is to describe the classroom behaviour of learners in the Grade 4 class of XXX Primary School.

Information gained during this study will help professionals and teachers to understand the behaviour of learners, and thus enable them to support learners better in classroom.

2. PROCEDURES

If you give consent for your child to participate in this study, I shall explain the procedure to him/her in appropriate language and ask his/her assent to be part of the process. I need your permission to do the following:

i) Discussion of classroom behaviour with teacher

I will need your permission to discuss your child's classroom behaviour with his/her teacher.

ii) Interviews

I will need your permission to have an interview with your child, where we will discuss a typical day in his or her life and how he/she experiences it. It will also be necessary for your child to complete two checklists on possible stressful events. All interviews will take place at school, during school time.

iii) Documents

I will also need your permission to have a look at your child's school report, books, or any other school documents (including psychological or medical reports if available).

iv) Checklist

I will also need you to complete a checklist providing information about yourself, your child and your neighbourhood.

All of the above will be done at school and in school time. Your child will therefore not be expected to do anything after school hours.

3. POTENTIAL RISKS AND DISCOMFORTS

During the interviews I will be very cautious so as not to provoke any emotions or re-experiencing of possible traumatic events. If however I observe any discomforts as described in the literature during our interviews, I will terminate your child's participation in the study.

The following are possible discomforts that your child might experience:

- Anxiety

- Panic attacks

- Post-traumatic stress disorder

- Dissociation

Your child will be monitored for six months on a regular basis to ensure that none of the above symptoms present. If, however, your child should experience any of the above discomforts during or after the study, your child will immediately be referred for the necessary intervention.

A list of possible signs of discomfort will also be given to the classroom teacher and she/he will be informed to contact the psychologist should the signs be identified at any time.

I would however like to state that all precaution will be taken as to not upset your child. The chances are therefore minimal that your child will experience any of the above-mentioned discomforts. However, if your child presents with any discomfort, immediate intervention will be available.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

This study might help teachers to understand your child's behaviour in the classroom better, and that might have an influence on the way that he/she is treated and understood in the classroom.

5. PAYMENT FOR PARTICIPATION

No payment will be received for participation in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can identify your child will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality will be maintained by means of keeping your child's identity anonymous by using pseudonyms.

The school will also not be identifiable by its name.

Because the purpose of the study is to collect information for a research thesis, the information will be discussed with my supervisor after which it will be written up in a

document. Your child's identity will be kept anonymous in the thesis as well, and this will be accomplished by using pseudonyms.

If audiotapes or videotapes are used, the tapes will be destroyed after the data analysis. All documents collected will be locked away and only the supervisor and I will have access to them. The documents will be destroyed after the data analysis.

7. PARTICIPATION AND WITHDRAWAL

You may choose whether your child may be in this study or not.

Should you decide not to have your child participate in the study, no observations of your child will be recorded, no documents concerning your child will be studied and no interviews with your child will be conducted. Non-participation will in no way influence your child's school and academic career.

If you withdraw your child from the study, his/her data will also be withdrawn from the study and none of the data collected on your child will be used or published. No reference to your child will be made if he/she should withdraw.

If you volunteer that your child may be in this study, you may withdraw him/her at any time without consequences of any kind. Should your child experience discomfort during any stage of the study, you are allowed to withdraw your child from the study.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the researcher *Celeste Paterson at 083 468 5001 (cbotha2008@gmail.com)* and/or the supervisor*, Mariechen Perold, at the Department of Educational Psychology, Stellenbosch University, at 021 8082307 (mdperold@sun.ac.za).*

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue your child's participation without penalty. You are not waiving any legal claims, rights or remedies because of your child's participation in this research study. If you have questions regarding your child's rights as a research subject, contact Ms Maléne Fouché at the Unit for

Research Development, University of Stellenbosch, at 021 8084622 (mfouche@sun.ac.za)

SIGNATURE OF PARENT

The information above was described to..................................... [name of relevant person] in Afrikaans/English/Xhosa/other* and I am in command of this language or it was satisfactorily translated to me*. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent that my child may participate in this study. I have been given a copy of this form.

_____

Name of Parent

_____

Name of Child

_____   _____

Signature of Parent   **Date**

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____ the parent of_____. He/she was encouraged to ask me any questions and given ample time to do so. This conversation was conducted in Afrikaans/English/Xhosa/other* and no translator was used/this conversation was translated into _____ by _____.

_____   _____

Celéste Paterson   Date

*Delete the words that are not applicable.

ADDENDUM F

**STELLENBOSCH UNIVERSITY
ASSENT TO PARTICIPATE IN RESEARCH**

Dear _____

I am also still at school just like you! But I'm in the school for grownups and at my school I need to write a story. My story is about children whose life is not always easy. My story will be about these children and their behaviour in the classrooms.

I would really like you to be in my story. If you agree to be in my story, you would have to do a few things for me:

> You must allow me to come and visit you in your classroom and watch you work.

> You must be willing to have a short chat with me about school, home and all the things you do.

> You must allow me to speak to your teacher about you.

> You must allow me to have a look at any of your school books or work that you have done.

To help me remember everything that we talked about I am going to have to use a video camera. But don't worry, nobody will be allowed to look at it, only my teacher!

You can tell anytime if you don't want to be in my story and I promise that I will not be angry and you will not get into any trouble at all.

When I write my story I will give you a secret name, so nobody will know who you really are!!! You can choose your own secret name.

If you have questions at any time, you can phone me on this number: 083 468 5001 or my teacher, Mrs M Perold on 082 358 9182.

I am looking forward to working with you!

Celéste Paterson

(Student Psychologist)

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information was explained to me in Afrikaans/English/Xhosa/other* and I understood everything that Celéste told me. Celéste also gave me time to ask any questions. I give permission to Celéste

- ➢ to visit me in my classroom and to watch me work;

- ➢ to have an interview with me;

- ➢ to speak to my teacher about me;

- ➢ to have me fill in answers to questions on a form; and

- ➢ to have a look at my books.

_____

Name of Learner

_____   _____

Signature of Learner   **Date**

*Delete the words that are not applicable.

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____. _____was encouraged and given ample time to ask me any questions.

_____   _____

Celéste Paterson   Date

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
ASSENT TO PARTICIPATE IN RESEARCH

Assent Form (Learner)

Research for MEd Educational Psychology

I, _____ give permission to Celéste Paterson to observe me, to speak to my teachers and to look at my school books. I also know that the interview with me will be put on a tape. I understand that all information that I give Celéste will be handled carefully and that my real name will not be used anywhere.

Signature: _____

Name: _____

Date: _____

ADDENDUM G

STUDENT FORM

Name_____Date_____

Mark how true each statement feels for you **in the past week**.
Don't skip any, even if you're not sure. There is no right or wrong answer.
Answer by circling **0 for none**, **1 for some**, and **2 for lots**.

None   Some   Lots

0	1	2	I daydream.
0	1	2	I "space out" when people are talking to me.
0	1	2	I find it hard to concentrate.
0	1	2	I think about bad things that have happened.
0	1	2	I try to forget about bad things that have happened.
0	1	2	I avoid reminders of bad things that have happened.
0	1	2	I worry that bad things will happen.
0	1	2	I do special things to make sure nothing bad happens.
0	1	2	I do some things that I'm probably too old for.
0	1	2	Things make me upset or mad.
0	1	2	It is hard for me to go to sleep at night.
0	1	2	I have bad dreams or nightmares.
0	1	2	I get headaches.
0	1	2	I get stomach aches.
0	1	2	I feel sick or have pains.
0	1	2	I feel tired or low energy.
0	1	2	I feel all alone.
0	1	2	I feel strange or different than other kids.
0	1	2	I feel like there's something wrong with me.
0	1	2	I feel like it's my fault when bad things happen.
0	1	2	I'm a jinx, or bad-luck charm.
0	1	2	I feel sad or depressed.
0	1	2	I don't feel like doing much.
0	1	2	My future looks bad.
0	1	2	I'm on the lookout for bad things that might happen.
0	1	2	I am nervous or jumpy.

132

PARENT FORM

Child's Name_____Date_____

Your Name_____

Mark how well each item describes your child **in the past week**. (circle the number)
Don't skip any, even if you're not sure.

Not True or Rarely True	Somewhat or Sometimes True	Very True or Often True	
0	1	2	Difficulty concentrating
0	1	2	Mood swings
0	1	2	Thinks of bad memories
0	1	2	Spaces out
0	1	2	Feels too guilty
0	1	2	Anxious
0	1	2	Irrational fears
0	1	2	Repeats the same game or activity
0	1	2	Clings to adults
0	1	2	Avoids former interests
0	1	2	Fights
0	1	2	Bossy with peers
0	1	2	Sad or depressed
0	1	2	Hyper-alert
0	1	2	Feels picked on
0	1	2	Gets in trouble
0	1	2	Worries
0	1	2	Fearful
0	1	2	Withdrawn
0	1	2	Nervous
0	1	2	Startles easily
0	1	2	Irritable
0	1	2	Quick temper
0	1	2	Argues
0	1	2	Secretive
0	1	2	Doesn't care anymore
0	1	2	Difficulty sleeping
0	1	2	Nightmares or bad dreams
0	1	2	Wets bed
0	1	2	Eating problems
0	1	2	Stomach aches
0	1	2	Headaches

Life Incidence of Traumatic Events - <u>Student</u> Form
LITE-S 2.2, © Ricky Greenwald, 2004

Name_____   Age_____   Grade_____   Date_____

Please circle **No** or **Yes** to show which things have happened to you. **If Yes**, also fill in the rest of the line.

		Did this ever happen to you?	how many times	how old you were (first time)	how much it upset you **then**			how much it bothers you **now**		
No	Yes	been in a car accident	_____	_____	none	some	lots	none	some	lots
No	Yes	been hurt in another kind of accident or sick in the hospital	_____	_____	none	some	lots	none	some	lots
No	Yes	seen someone else get hurt	_____	_____	none	some	lots	none	some	lots
No	Yes	someone in the family in the hospital (hurt or sick)	_____	_____	none	some	lots	none	some	lots
No	Yes	someone in the family died	_____	_____	none	some	lots	none	some	lots
No	Yes	friend very sick, hurt or died	_____	_____	none	some	lots	none	some	lots
No	Yes	been in a fire	_____	_____	none	some	lots	none	some	lots
No	Yes	been in a hurricane, tornado, flood, or mudslide (circle which)	_____	_____	none	some	lots	none	some	lots
No	Yes	parents (or grown-ups) broke things or hurt each other	_____	_____	none	some	lots	none	some	lots
No	Yes	parents separated or divorced	_____	_____	none	some	lots	none	some	lots
No	Yes	been taken away from family	_____	_____	none	some	lots	none	some	lots
No	Yes	been hit, whipped, beaten, or hurt by someone	_____	_____	none	some	lots	none	some	lots
No	Yes	been tied up, or locked in a small space	_____	_____	none	some	lots	none	some	lots
No	Yes	been made to do sex things	_____	_____	none	some	lots	none	some	lots
No	Yes	been threatened (someone said they would do something bad)	_____	_____	none	some	lots	none	some	lots
No	Yes	been robbed (or house robbed)	_____	_____	none	some	lots	none	some	lots
No	Yes	other scary or upsetting event (what was it?_____)	_____	_____	none	some	lots	none	some	lots

134

Life Incidence of Traumatic Events - <u>Parent</u> Form
LITE-P 2.2, © Ricky Greenwald, 2004

Your Name_____   Child's Name_____   Date_____

Please circle **No** or **Yes** to show which things have happened **to your child**. **If Yes**, also fill in the rest of the line.

Did this ever happen to him/her?		how many times	how old s/he was (first time)	how much it upset him/her **then**			how much it bothers him/her **now**		
No	Yes	been in a car accident	_____	_____	none	some	lots	none	some	lots
No	Yes	been hurt in another kind of accident or sick in the hospital	_____	_____	none	some	lots	none	some	lots
No	Yes	seen someone else get hurt	_____	_____	none	some	lots	none	some	lots
No	Yes	someone in the family in the hospital (hurt or sick)	_____	_____	none	some	lots	none	some	lots
No	Yes	someone in the family died	_____	_____	none	some	lots	none	some	lots
No	Yes	friend very sick, hurt or died	_____	_____	none	some	lots	none	some	lots
No	Yes	been in a fire	_____	_____	none	some	lots	none	some	lots
No	Yes	been in a hurricane, tornado, flood, or mudslide (circle which)	_____	_____	none	some	lots	none	some	lots
No	Yes	parents (or grown-ups) broke things or hurt each other	_____	_____	none	some	lots	none	some	lots
No	Yes	parents separated or divorced	_____	_____	none	some	lots	none	some	lots
No	Yes	been taken away from family	_____	_____	none	some	lots	none	some	lots
No	Yes	been hit, whipped, beaten, or hurt by someone	_____	_____	none	some	lots	none	some	lots
No	Yes	been tied up, or locked in a small space	_____	_____	none	some	lots	none	some	lots
No	Yes	been made to do sex things	_____	_____	none	some	lots	none	some	lots
No	Yes	been threatened (someone said they would do something bad)	_____	_____	none	some	lots	none	some	lots
No	Yes	been robbed (or house robbed)	_____	_____	none	some	lots	none	some	lots
No	Yes	other scary or upsetting event (what was it?_____)	_____	_____	none	some	lots	none	some	lots

135

ADDENDUM H

For the purpose of this study classroom behavior refers to any behavior that is presented by the child within the classroom. All forms of behavior will there for be observed. The following are possible behaviors as identified in the literature:

❖ Interaction with peers (aggressiveness, friendliness, cooperation)

❖ Interaction with teacher

❖ Attention given in class

❖ Active participation in classroom activities versus passivity

❖ Emotions

❖ Daydreaming

❖ Concentration

❖ Scholastic performance including verbal and non-verbal

❖ Response to tasks/commands/requests by teacher

ADDENDUM I

26 July 2011

Out of the ten letters, eight came back. I arranged to see all the parents today at 8:15 a.m. at the school. I also bought some cup cakes and a carrot cake to serve with tea and coffee while I'm giving all the information to the parents. I arrived at the school, and by 8:30 am, there was still no sign of any parents at the school. I started to worry as these parents are so important at this stage of my research as they are the main ingredient right now for my research! I couldn't help but to have images of no research participants and having to start the whole process from scratch in a new class!! Luckily I asked for the parents' telephone numbers on the information slip and was able to phone them. I managed to get hold of all of them and they all said that they were on their way, and 15 minutes later they all started to arrive – phew, what a relief!! I was wondering about the coincidence of this and I was wondering if they had actually forgotten, or if they just decided not to come as they didn't feel like it, or if they perhaps didn't keep track of the time and thought that being late would not be a problem. I was also wondering if the parents' attitude towards the children's schooling could perhaps be a contributing factor to some of the behaviour I observed in the classroom.

The parents were all very quiet and withdrawn when they arrived this morning. They all took tea and coffee, but were hesitant to take cake. They didn't make any small talk to each other and they all seemed very shy. I wonder if the fact that I was a 'white teacher' from the university could have contributed to their apprehensiveness that I experienced. I also wonder how this will affect the information they give me and the type of information they give. This is definitely something for me to keep in mind.

I started explaining the reason for my study and linked it to the daily adversity that the children are exposed to in the area and I am wondering if this has an effect on their classroom behaviour. The parents were all nodding in agreement when I was

talking about the violence and poverty in the area. I read through the consent form with parents and gave them an opportunity to ask any questions. They all agreed to participate in the study. The parents all came across as being very caring and wanting to do whatever will help their child's education. The only question that was asked was how long the study will go on for and if I will give them feedback after the study. I agreed with the parents that I will call a meeting after the completion of my thesis to give feedback.

ADDENDUM J

Interview Schedule   (Learner)

1. Explain a typical day in your life, from the time you wake up in the morning until you go to bed in the evening. Include stories about your family and friends at home and events and routines at school.

2. What in your life (or even typical week) makes you happy?

3. What in your life (or even typical week) makes you sad?

4. What in your life (or even typical week) scares you?

5. What in your life would you like to change?

Interview Schedule   (Teacher)

1.   Tell me more about the classroom behaviour of _____.

2. Is his/her behaviour always the same?

3. Are there days of the week that _____ behaviour is different?

4. Are there certain times of the days that _____ behaviour is better/worse?

5. Are you aware of certain things that provoke behaviour from_____?

6. What do you know about the home conditions of _____?

Example of interview

<u>Jacques</u>

C: Jacques, baie dankie dat jy bereid is om vandag met my te kom praat.

C: Jacques ek sien daar onder jou oog is 'n sny. Kan jy vir my vertel wat daar gebeur

het ?

J: Was my pa juffrou.

C: Jou pa? Wat het hy gedoen?

J: Juffrou hy't my teen die spyker en toe skeur my oog.

C: Hoe het jy teen die spyker gekom?

J: Hy het my op gegooi juffrou, die dak was naby juffrou.

C: Nou het jou pa jou teen die dak gegooi?

J: Ja juffrou.

C: Hoekom het jou pa jou teen die dak gegooi?

J: Ek het umm ek het umm ek het teen die muur gegooi en toe teen die dak gegooi.

C: Het jy iets verkeerds gedoen?

J: Nee juffrou dit was toe die skool uitgekom het en toe wou ek nie my skoolklere

opgetel het nie en toe het my *aunty* gesê ek moet dit optel en toe het ek nie en toe

het hy getik juffrou en toe kom hy nou terug juffrou en toe was my skoolklere nog

op die grond juffrou en toe wil hy my *aunty* ook slat juffrou en my *aunty* is bang vir hom.

C: Is jou *aunty* bang vir jou pa?

J: Ja juffrou en toe slat my *aunty* hom terug juffrou.

C: Tik jou pa?

J: Ja juffrou.

C: En wat doen hy as hy tik.

J: Dan vang hy *talkies* juffrou.

C: Hoe vang 'n mens *talkies*?

J: Dan praat hy saam homself juffrou, my *uncle* daar in in Ravensmead in juffrou hy

praat ook saam homself.

C: Hy praat saam met homself? En dan wat sê hy?

J: Juffrou ek kan nie onthou nie juffrou, dan vra hy waar my geld is van die *pay* wat

ek daar by tas gekry het.

140

C: En sê vir my, jou *aunty,* tik sy ook?

J: Nee juffrou my *aunty* tik nie so nie.

C: Tik sy partykeer?

J: Ja juffrou, maar my *aunty* raak nie mal nie.

C: Raak jou pa mal?

J: Ja juffrou.

C: En hoe baie tik jou pa?

J: Hy tik aanmekaar juffrou.

C: Wat maak jou hartseer Jacques?

J: My pa, juffrou.

C: Wat van jou pa maak jou hartseer?

J: Vandat hy tik juffrou, my pa was nie eerste so nie.

C: Nou wat het hom so gemaak?

J: Was my *aunty* wat hom so gemaak het.

C: Wat maak jou *aunty* dat hy so is?

J: My *aunty* het hom vasgemaak aan die tik.

C: En toe hy by jou ma was?

J: Toe was hy nie so nie, toe het hy nooit gerook nie juffrou.

C: Jacques, gebeur daar partykeer slegte goed in jou lewe?

J: Ja juffrou.

C: Soos wat? Kan jy vir my vertel?

J: Somtyds dan word ek kwaad juffrou wanneer hulle so aangaan juffrou.

C: En dan wat doen jy as jy kwaad raak?

J: Dan wil ek net loop juffrou, hy kan maar weer my ma vat juffrou.

C: By wie bly jy op die oomblik Jacques?

J: By my ouma.

C: En wie bly almal in die huis?

J: Net my broer en *aunty* en oupa en ons kinders.

C: En jou pa waar bly hy?

J: By sy ma.

C: So jy sien nie jou pa baie nie?

J: Nee ek sien hom juffrou, baie .

141

C: En die mense wat by jou in die huis bly, baklei hulle ook partykeer met jou?

J: Nee juffrou. Hulle praat net somtyds saam met my.

C: Jacques, vertel bietjie vir my wat doen jy in die dag, vandat jy in die oggend

   wakker word totdat jy in die aand gaan slaap. Kan jy vir my vertel?

J: Na skool dan doen ek my huiswerk juffrou en dan help my ouma my met my

   huiswerk en dan gaan speel ek weer juffrou en dan kom ek weer as dit aand is

   dan kom ek weer in en dan maak ek my iets om te eet en dan gaan slaap ek.

C: Waar speel jy?

J: In die parkie juffrou, sokker.

C: En sien jy partykeer slegte goed daar?

J: Ja juffrou.

C: Soos wat?

J: Dan baklei hulle daar juffrou.

C: Wie baklei?

J: En dan baklei die ander *team* juffrou, maar ek wil nie baklei nie.

C: Wat eet jy in die aande?

J: Eier en brood juffrou. Dan maak ek my eie *sandwich*. Dan *toast* ek my brood,

   want daar is niks om op te sit nie, dan *toast* ek vir my brood. En as daar eier is

   juffrou dan maak ek vir my *scramble eggs* juffrou.

C: Is daar partykeer nie kos in die huis nie?

J: My ouma maak altyd 'n plan dat daar kos is.

C: Hoe maak sy 'n plan?

J: Sy gaan haal geld by my ouma-grootjie juffrou. Hulle is ryk juffrou.

J: My ouma *pay* vandag juffrou en dan koop sy kos juffrou.

C: Watter kos koop sy?

J: Twee bakke eiers juffrou en twee brode juffrou.

C: En sê vir my Jacques wat maak jou bang? Ons almal raak mos party keer bang. Ek raak

   ook partykeer bang. Wat maak jou bang?

J: Wanneer my vriende baklei juffrou, want ek is bang hulle gat vir my ook slat

   juffrou.

C: As jy een ding kan verander, as jy drie wense het, as jy enige iets kan verander, wat

   sal jy verander?

142

J: My pa juffrou.

C: Wat van jou pa?

J: Die tik juffrou.

C: En wat nog?

J: En my *aunty*.

C: Wat van jou *aunty* wil jy verander?

J: Die tik juffrou.

C: Dit lyk my jy hou nie daarvan as mense tik nie, nè?

J: Ja juffrou, en my *uncle* en my ander *uncle* dis net my broer wat nie, hy rook net

   dagga juffrou hy rook nie *buttons* en daai goeters nie juffrou.

C: Wie rook die *buttons*?

J: My pa en my *aunty* en *uncle*.

C: Waar doen hulle dit? Doen hulle dit voor jou?

J: Nee juffrou dan sê hulle ons moet uitgaan juffrou. My ouma skel hulle uit juffrou.

C: En Jacques as jou pa en *aunty* albei tik en *buttons* rook, wat doen hulle dan? Baklei

   hulle?

J: Ja juffrou hulle vang figuurtjies op mekaar en dan slaan hulle mekaar juffrou en

   hulle praat saam met mekaar juffrou.

C: Tik jou pa baie?

J: Net as hy *pay* juffrou, maar dan gee hy vir my R20 juffrou.

C: En dan wat maak jy met die R20?

J: Ek hou dit vir die skool juffrou.

C: En sê vir my Jacques hou jy van die skool?

J: Ja juffrou.

C: Jacques jy het net nou gesê jou arm raak partykeer seer as jy werk, vertel vir my

   daarvan

J: Want juffrou as ek nie meer wil werk nie juffrou dan pyn dit hier in my arm.

C: Is jy partykeer moeg hier by die skool?

J: Ja juffrou ek wil my werk by die huis doen dan kan my ouma my help.

C: Slaap jy partykeer in die klas?

J: Ja juffrou. Maar daar is niks meer wat ek wil vertel nie.

C: Is daar niks meer nie?

143

J: Nee juffrou.

C: Oukei, dankie Jacques.

ADDENDUM K

VRAELYSTE

° Het al seergekry + ander mense sien seerkry ± 30x
· Het familie in hospitaal gehad + afgestaan aan
  die dood. (pa + oom)   · losseer agter in mense se
· Gebrand in 'n vuur ⎫   kamp saam 3 huisgesinne
· pa oorlede   ⎭   · desperaat vir hulp.
· ouers gesien fisies bakli ± 50x
- been robbed
- threatened
- sukkel om te konsentreer x2   · dagdroom
- Bad memories   · space out
- Feels guilty   · forget (try) bad
- irrational fears x2   things that has
- clings to adults   happened
- Hyper-alert   x2.   · avoid remembering
- Fearful   x2.   · things upset him
- Doesn't care anymore   - hard to go to sleep
- Nightmare x2   - headaches + stomach
- Wets bed   - feel alone
- Stomach aches + headaches   - feel sad/depressed
                                      - don't feel like doing
                                        much.

ONDERHOUD-

- sny teen kop (glas het gebars + hom gesny)
- nie altyd kos in die huis nie
- sien jongens lol met mekaar oppad skooltoe
  └ praat wild
- polisie sluit mense op oor nawere
  agv drugs - dagga
- mense in straat tik ook.

145