CHAPTER 6

6. Conclusion

The results of this research are quite interesting, as they tend to confirm some of the theoretical positions stated in the literature. It was highlighted in this study that children do present with PTSD and that most of these children are not noticed due to a lack of knowledge on how these symptoms manifest in children. This lack of knowledge is a reflection of the lack of research in children and PTSD. While clinical data in this area abound, this information is rarely shared with the researchers. This means that while information of the PTSD symptom manifestation abounds in clinical settings there seems to be very less available for research.

The study also highlighted a huge debate concerning the presence of PTSD in children. While most studies concurred with each other on the final diagnosis of PTSD in children, it appeared that there are ways in which symptoms in children differ with that in adults (Terr, 1979). This has been the source of much debate on the presence of PTSD in children. Children have been suffering from time immemorial, but a term Posttraumatic Stress Disorder was only introduced in 1980 with the publication of the DSM III. Since then huge data on this concept was collected, particularly in regard to adults. The improvement of this manual introduced symptoms specific to children.

There was the realisation that children do indeed suffer from PTSD, but their symptoms were different to some degree to that of adults. When interest in children

grew, much of the focus was however on the recently traumatised children and thus creating the impression that children suffer only short-term stress disorder (Yule & Williams, 1990). It also gave the impression that this disorder could not be assessed in children whose traumatic exposure is not known. The definition of PTSD in the DSM manuals had much of the blame in creating these impressions. For instance, it was defined in the earliest publications that symptoms cease to exist when the stressor is removed.

Another issue was that concerning the assessment of PTSD in children. Debates around this issue were that the assessment of PTSD in children relied on parental accounts and that they could not be reliable (Yule & Williams, 1990). Parents are sensitive towards their children's suffering thus it becomes difficult for them to acknowledge this fact.

6.1 Research Limitations

Very important results were generated out of this data as was highlighted in the previous chapter. It is important to be cautious when interpreting these results, as there were a number of weaknesses observed. Analysis of the current results, therefore, has to be carried out with a degree of caution. Perhaps the most critical limitation of the present study has been the methodology employed. The problem with conducting a study through administering questionnaires is that responses rely heavily on retrospective recall. As it is well known that for traumatised people recollection of some parts of the event is difficult (McFarlane et al., 1987). There is also a problem

with respondents who are unwilling to or unable to relate their experiences due to their sensitive nature.

The other difficulty concerns the type of questions asked. Structured questionnaires, for example tend to miss out on crucial information that can be elicited by using an interview. While the instrument used for this study included a question that could be analysed qualitatively (i.e. describing the event that occurred to them), the sample frame was too big to allow this.

The scale that was used in this study, although meeting all the required psychometric standards, was not designed and thus normed or standardised for the population in this study. It therefore became difficult for the children in the township to comprehend the content of the scale. It should be borne in mind that children in the black townships generally have difficulties understanding the English language. It is even more so with the written language. For example, most children could not understand the question ‘How old are you?’ They were however able to understand when the researcher read it out loud.

It should therefore not come as a surprise, since the instrument is designed in English, to find that many children may not have actually understood the questions but went on to answer them anyway. The researcher however was able to minimise this problem by being present during the administration in order to offer explanations and descriptions of the questions.

Yule and Williams (1990) and Fletcher (1996) warned against relying on only one source of information for collection of data. The present study relied on information obtained from administrating questionnaires to children and no other information was sought from parents and teachers. This is important in that it allows one to gather other aspects of behaviour that children may not report to the researcher. For example, children may report on their subjective internal difficulties subsequent to trauma while parents or teachers may report invaluable information on the children's overt behaviours. It is therefore the weakness of the present study to focus only on children as a source of information gathering. While the researcher was aware of this it was nevertheless difficult to administer questionnaires or interview parents and teachers, as the sample of children was too big.

The other confounding problem was introduced when the researcher added two items in the scale to check for the duration of and the social dysfunction as a result of the event. In the DSM IV, these are considered as criteria E and F respectively. These items were not checked for any psychometric qualities and their internal consistency was not established in the present study. It is therefore important that caution is exercised during the analysis.

Sauter and Franklin (1998) suggest as a remedy a multi-dimensional approach to assessment. This implies that a combination of assessment approaches can increase the validity of assessment. For instance, different instruments measuring different aspects of a child's reaction to trauma is important. The suggestion made is that while one scale can be used to measure a child's traumatic exposure status another can be used to measure the degree of symptoms. Yet another scale may be used as a checklist

to determine the duration of symptoms. Combined, these scales can produce invaluable information that would make it easier to provide a more accurate diagnosis of PTSD.

As the schools were originally randomly selected, this could have been lost during the elimination of some schools. Only 18 out of 30 originally planned schools were included in the final questionnaire administration. With the aid of the assistant it became possible to simultaneously administer questionnaires to two classes when only one could be tested without the help of the assistant. It therefore also became possible to obtain the anticipated number of children in these schools. The children themselves were selected based on their availability. These two factors could have tampered with the representativeness of the sample and thus affect our ability to generalise the results. Efforts will also be made to provide some recommendations regarding further studies and potential treatment interventions.

6.2 Theoretical Issues

There is an important theoretical insight that is supported by this study. Current research reveals that, while it has been argued for some time about the presence of PTSD in children, the true picture is that children do suffer from PTSD. However, the argument is around the manifestation of symptoms in children as opposed to adults (Terr, 1981; Yule & Williams, 1990). This notion was supported in this study, implying that many children in this country are needlessly suffering from the disorder that is not always picked up due to their unfortunate social circumstances. In this case

it means that unless a child presents at the clinic with some other symptoms, there is little chance of being noticed thus receiving treatment.

There is also an issue of great concern. That is most researchers tend to neglect community studies and this reflects the impression that if the exposure status in not known, there is no need for major intervention. It also means that we do not have the epidemiological data concerning the presence of PTSD and many other disorders. Having this information could help in terms of informing the policy maker about the seriousness of reaction to trauma by children.

While the community study is clearly important, it was obvious from this study that the methodological issues around research in children need to be revised and perhaps, as the case with South Africa, there is an urgent need to develop assessment scales valid to the South African context. Unstructured interviews may help to gather even more information than it was possible with the structured questionnaire. Interviews as noted in some literatures (Scheeringa et al., 1995), need to take into cognisance the developmental level of the child. Yule and Williams (1990) argued that both parent's and children needed to be interviewed to get more data.

There are also many other issues that were not dealt with in this study that need to be attended to in the future. These include the effects of different types of trauma on the development of PTSD in children. Some studies suggest that the presence of posttraumatic symptoms is influenced partly by the type of trauma experienced by the child (Friedman, 1996).

6.3 Recommendations

With the above issues being dealt with, it is now important to make some recommendations based on the findings. The first issue to consider is the development of the appropriate PTSD scale for children in South Africa. While it is clear that interest in children and PTSD is growing worldwide, there is a parallel lack of focus on research into children and PTSD in South Africa. Perhaps this study will help to facilitate some degree of interest in extensive research around the children's response to traumatic events, particularly in South Africa. This will mean some interest in the development of scales to measure PTSD in children.

It would also be important to look into conducting this kind of research in many other areas in South Africa. This will help by adding more data that would either confirm or disconfirm results of this study. It is very important to note that while some studies in this country have focused on children's reactions to violence, very little is discussed on PTSD. There is also a tendency to downplay the importance of community studies. It is hoped that this research will influence researchers to conduct more community studies in order to gather more data to replicate this study.

This study does also have the potential to provide evidence that there is a need to provide training to those who work directly with children. In mind are the police, teachers, child minders and parents. It is about time that professionals in the area of child psychology realise that sharing information with the so-called lay people would in the long run be beneficial to the children who rely upon them for help. Information on how PTSD manifest in children, what causes it and how to effectively deal with it

is very crucial if children are to be rescued from suffering unnecessarily or from turning out to be the perpetrators of violence in the future.

6.4 Implication for Further Studies

This study had some practical and theoretical implications for further studies. Firstly, as it was set out in the original hypothesis, results showed that PTSD was present in the sample of school children in the black township. It also showed that the prevalence was quite high. Although there are some doubts as to the reliability of the scale as applied to the current sample of school children, the study served to confirm some of the published results in the current journals (Adam et al., 1992; Cuffe et al., 1998). It is clear from most studies that children do exhibit PTSD. Studies conducted in different countries have yielded the same findings (Elizur & Kaffman, 1982; Galante & Foa, 1986; McFarlane, et al., 1987; Nader et al., 1993; Schwartzwald et al., 1994).

This study therefore concurs with others conducted elsewhere, providing evidence that South African children are also prone to developing PTSD. However, it has been shown that different factors will play different roles in mediating the development of PTSD and the ability to cope with it. This study therefore, shows that while it is generally agreed that children develop posttraumatic symptoms, there are different factors that need to be considered in the diagnosis of PTSD. These factors are country specific and thus cannot be randomly generalised.

Apart from confirming the presence of PTSD, this study also showed the prevalence to be relatively high. This is consistent with the hypothesis that children are more vulnerable than it has been anticipated. Therefore the implications are that PTSD will be more prevalent in children than in adults. A lot of factors place children at a more vulnerable position in comparison with adults who have more resources at their disposal to enable them to cope well with emotional distress.

The practical implication of this study is that with more research conducted in this area more data will allow for better diagnosis and therefore better treatment interventions. This research also alluded to the fact that a line of communication between clinicians and researchers is weak. We therefore see data generated by the two professions not effectively shared. The data generated through this study has great clinical implications in that it allows for better understanding of behaviours exhibited by children whose exposure to traumatic events is not known. With this information shared with other lay people, it would be much easier for children to be detected thus receiving the needed interventions.