A PHENOMENOLOGICAL STUDY OF THE EXPERIENCES AND MEANING OF BEING HIJACKED

BY

LEDIMO THOMAS KEKANA

PROMOTED BY

PROF R. M. DHLOMO-SIBIYA

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DECLARATION

I, Ledimo Thomas Kekana, hereby declare that the thesis: “A phenomenological study of the experiences and meaning of being hijacked” is my original work. It is being submitted in partial fulfillment of the requirements for the degree of PhD (Community Psychology) at the University of Zululand. It has not been submitted before, for any degree at any university or tertiary institution. Sources consulted or cited are acknowledged in the text as well as in the list of references.

LEDIMO THOMAS KEKANA

DATE 2008 08 11
DEDICATION

This work is dedicated to the survivors of hijacking who had traumatic experiences.

My empathy and compassion go to them.
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Completion of this thesis would not have been possible without the support, help and guidance of a number of people. My grateful thanks to:

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The respondents, who were also the survivors of hijacking. Their inputs were primary in addressing the needs of this study. Their contributions are valued extremely high in this thesis.

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ABSTRACT

Hijacking has become an everyday experience in South Africa. Thus, this phenomenological study was done to understand the survivors’ feelings and meaning of being hijacked in the Gauteng Province, South Africa. Various authors outlined and described the survivors’ experiences as traumatic. The survivors’ experiences include shock, disbelief and dissociation, attempts to ensure survival, feelings of terror and helplessness, and heightened sensory alertness, which often result in Post Traumatic Stress Disorder.

The respondents in this study were hijacked at gunpoint, were manhandled while the hijackers used vulgar language and subjected them to humiliating and fear inducing treatment, which left them completely helpless, angry and defenseless and with the expectancy to die. They were robbed of their possessions and helpless, because they were at the hijackers’ mercy, and had to surrender to the hijackers. They could not resist, but, begged, prayed and negotiated to be spared. Onlookers did not dare to help and help only came in non-threatening circumstances. The police were not there to help them either and when they came it was only to take statements.

The respondents’ experiences and feelings during and after the hijacking serve as guidelines during counselling. Their feelings of helplessness, humiliation, fear and PTSD need to be addressed in counselling in order to assist in restoring the quality and worth of their lives.
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CHAPTER 1: INTRODUCTION

1.1 Background to the study

Crime is a major problem in South Africa. According to a survey for the period from the year 1998 to 2000 compiled by the United Nations office on Drugs and Crime, South Africa was ranked second for assault and murder in addition to being ranked second for rape and first for rape per capita (Nation Master, cited in Wikipedia 2006). Though violent crimes such as murder and robberies have decreased in recent years, with the year 2004 seeing a drop of 4.6% and 5.3% respectively for the two offences, rape and hijacking rates have been shown to be on the increase. According to the Statistics South Africa (2007), there were 12 825 reported hijackings in South Africa, with more than half of these (6 890) in the Gauteng Province only, during the period April 2005 to March 2006. Davis (2003) estimates a hijacking every 40 to 54 minutes in South Africa. In his study, he found that hijacking is neither coincidental nor erratic: hijackers are selective in the choice of their targets on the basis of the vehicle driven by the motorists.

Vehicle drivers are traumatised during hijacking. Almost all hijackings occur at gun point, leading to shock and fear. The car hijacking survivors may observe violent and cruel killings of other people around the scene. Psychological consequences of such a traumatic experience vary widely. The extreme end-results may be a mental disorder or even death (Neria, Bromet, Carlson & Naz, 2005). Other end-results for survivors may be fear to drive again, due to anxiety and aggression. The survivors become further traumatised when they believe that the Justice system does not
punish the perpetrators appropriately (Jenkins, 2004). The survivors also tend to take time to forget the ordeal. The survivors of hijacking require help in the form of a support programme in order to cope. Usually, the symptoms culminate into either the Acute Stress Disorder (within the first 4 weeks) or Posttraumatic Stress Disorder (PTSD) (from 4 weeks onwards).

The DSM-IV (1994) criteria for PTSD indicate that a 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 and that the person’s response involved intense fear, helplessness, or horror. According to this definition, there are direct and indirect (secondary) survivors. The latter are those who were not directly involved but who witnessed the violent and the cruel ordeal (passengers, witnesses from other vehicles, pedestrians and family members of direct survivors. Some of the secondary survivors exhibit almost the same symptoms, though the degree of severity may differ (Nixon & Bryant, 2004). Such symptoms include splinters of sensory recollections of the event, flashbacks, nightmares, hallucinations and intrusive reenactments. Furthermore, there could be active resistance to remembering thoughts and images, thus resulting in an amnesia-like state. This avoidance may worsen to hypervigilance, distractibility, irritability and exaggerated startle response during the day, and initial and intermittent insomnia interspersed with nightmares during the night (Othmer & Othmer, 1994).
These symptoms may lead to lack of productivity and survivors are affected for as long as they do not receive help (Kagee, 2005). The recurrence of the symptoms is possible if the survivor is unable to find a satisfactory solution retrospectively or to process the event as a fate of human existence (Othmer & Othmer, 1994). A survivor may require pharmacotherapy and/or psychotherapy and may be cured successfully when he or she manages himself or herself.

1.2 Statement of the problem
The current research addresses itself to understand the experiences and the meanings attributed by survivors of hijacking in order to intervene and provide them with the necessary and relevant support.

1.3 Motivation for the study
The researcher is an EAP consultant in some of the automotive assembling companies and has a relationship with medical stations of automotive companies in the Gauteng Province. He sees a lot of survivors of hijacking, referred by the companies. Some of these survivors' symptoms persist for a long time after the ordeal and some only present with symptoms a long time after the ordeal took place. It is a motivating factor to want to fully understand how the phenomenon of being hijacked has been understood, what meaning has been attributed to the ordeal and how the survivors dealt with it.
1.4 Aim and Objectives

The ultimate aim of the proposed study is to assist in restoring the quality and worth of lives of the survivors of hijacking by:

- understanding their experiences of the ordeal,
- understanding the meaning they attributed to the ordeal,
- learning how they have dealt with and survived it,

1.5 Significance of the study

The results of the study lead to a better understanding and knowledge of survivors of experiences and meaning of being hijacked. Based on this better understanding and knowledge relevant intervention strategies specifically for survivors of hijacking are revealed and applied. The intervention strategies are made available to other professionals by means of a scientific paper, thus contribution to the body of knowledge in the field of psychology. The participants benefited from being part of the therapeutic process of a phenomenological study and they also gained the satisfaction of having cascaded their survival skills to those that could benefit from them.

1.6 Operational Definitions of Terms

This section provides the definitions of key terms that are used to support the concepts used in the thesis. These terms are experiences, hijacking, meaning, and intervention. The definitions are ordered in such a way that the one leads to another.
Hijacking refers to being robbed of a motor vehicle by someone who intends to take it forcibly away from the driver or owner.

The term experience refers to incidents, occurrences or practices that a person encounters or goes through. In this study the experiences refer to the actual happenings of being hijacked in a motor vehicle.

The word meaning refers to connotation, implication or sense a person attaches to his or her experiences, i.e. to what has happened to him or her.

Intervention, in this study refers to the survivors' narration of his or her experience as something extraneous between the researcher and the survivor that modifies the result of the interview (The Concise Oxford Dictionary, 1988; Edwards, 2001).

1.7 Resumé

In this chapter the background of the study, the problem statement, motivation for the study, its aims and objectives as well as the significance of the study were discussed. An operational definition of terms was also presented. In the next chapter, available literature will be reviewed and presented.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The literature for this study is mainly on hijacking, trauma and Post Traumatic Stress Disorder and particularly how the latter relates to hijacking and the effects on the survivors’ possible recovery. The ultimate goal of this study is to understand experiences of the survivors of hijacking and the meaning they attribute to their experiences thereof.

2.2 Gun Violence

Gun violence is perhaps the cruelest form of violence and the most feared among criminal activities. Using a gun in administering violence gives the impression that murder is the ultimate motive. In fact, regardless of whether shots are fired or not, the condition of being pointed with a gun is an indication of aggression and violence. Moreover, witnessing someone being pointed with a gun may have severe negative impacts for the witnesses. Gun violence may lead to death, and witnesses to that become traumatised. However, in this study where gun violence occurred, only the direct survivors are being investigated. This means that focus is on the survivors who were pointed at with a gun, whether shot or not, but lived to be able to tell the story.
2.3 Car Hijacking

2.3.1 Historical perspective

The question of car hijacking has been studied by various authors (Friedman, 1996; Hetz, 1999; Macgregor, 1998; Rosin, 1998) recently. Friedman (1996) discussed the effects of contextual and historical factors on PTSD in car hijacking. Hetz (1999) studied the group-based psychological intervention of PTSD. Macgregor (1998) undertook a qualitative study of the survivors' experiences of hijacking. Rosin (1998) focused on individual cognitive behavioural intervention in car hijacking. There is no study so far that determines the direct experiences of the survivors and meaning of hijacked. In this study the intention is to gather the personal information as narrated by the car hijacking survivors. The previous chapter started the process by presenting the background to this study, the research problem, aim and objectives, and study limitations. The current chapter continues the process by presenting literature review on the issues involved. The discussions in this chapter are intended to be tested from the deliberations that Chapter 4 will present from the experiences and meaning explained by the survivors of car hijacking who responded. The main topics that this chapter covered are trauma, PTSD, car hijacking, diffusing, debriefing, counselling, coping mechanisms, the recovery process, the healing process and the environment of car hijackings.

Few cases of car hijackings may be carried out without a gun if the survivor is not threatening to the perpetrators, such as a woman driver. During the car hijacking the perpetrators may show extreme tendencies to violence and aggression. The purpose
of scaring the survivor is to ensure that chances for recovery and retaliation are annulled. When the survivor resists, or fails to respond speedily as the perpetrator requires for escaping without trace, the perpetrator tend to apply more force such as assaulting, which may be shooting to minimise the resistance. Some perpetrators do not even give the survivor a chance to react as they shoot without warning them that they wanted to hijack. The ultimate result of violence is trauma, and then PTSD. The violence in the context of this study is through car hijacking. The literature revolves around trauma, car hijacking and PTSD. Other topics discussed relate to trauma and PTSD either as symptoms, impact or ways of treating trauma and PTSD.

2.3.2 Definition of car hijacking

Car hijacking is a kind of violence that takes place in the community. In South Africa car hijacking is rife. As a result legislations and policies were introduced in an effort to curb this (and other kinds of) violence. The laws and policies that deal with community violence were intended to minimise exposure to violence. Violence acts range from threats of physical harm to knifing and shooting (Fehon, Grilo & Lipschitz, 2001). Extreme violence is common in highly populated, low-income areas. Rural areas and smaller city environments experience the worst forms of violence. These areas are more likely to experience a higher rate of car hijackings because there is a high positive correlation between crime level and car hijacking rate. This means that highly populated destitute neighbourhoods, rural areas and small cities are more susceptible to high levels of car hijackings.
According to Rosin (1998), in South Africa, the first recorded car hijacking took place in the year 1976 in Soweto. There, four youth surrounded a car at a stop street. They ordered the driver to get out of the car, then got into the car and drove off. Macgregor, Schoeman and Stuart (2002) inform that the word “hijack” originated in the American Midwest early in the 1990s when the hoboes would rob harvesters by commanding them by saying, “Hold your hands up high, Jack!” It was later shortened to “hijack”. The term hijack was used to mean the coercion, which forces individuals to do things they do not even intend to do.

The concept, car hijacking, seems to be easy to understand, however, for the sake of the aspects of the study, a definition shall be provided. The trauma does not exist only on the survivors who were successfully hijacked. Those drivers who witnessed the conditions of the hijacking may also experience trauma. Generally when it is said that there was a car hijacking, it means that a car was forcefully seized from its driver or person who was responsible for the car by one or more perpetrators. It generally leaves the survivor with trauma. The witness to the ordeal usually experiences trauma as well. Some car hijacking attempts are not successful, but may still leave the survivor and the witness traumatised. Both the survivors in successful and in unsuccessful car hijackings require assistance to deal with the resultant trauma. Further, the witnesses to the ordeal are also often traumatised. Hence, they too would need to be assisted to deal with the resultant trauma. Thus, car hijacking means then coercion which forces car drivers or owners to give away the cars they drive or own.
Therefore, in order to do justice to the aim and objectives of the proposed study, reference to a car hijacking shall include both a successful and unsuccessful car hijacking in which the survivor had to face the car hijacker. Both the survivor and the witnesses to the ordeal may be traumatised. The term, *survivor*, refers to someone who is directly confronted with a car hijacker(s), and the witness to the ordeal is referred to as the witness.

In many instances the witnesses are not assisted to the same extent as the survivor. This study does not focus directly on the witness for two main reasons. First, it is the survivor of the hijacking who urgently needs assistance to cope with the trauma. Secondly, if the study would want to deal with the witnesses, it is possible that it would not succeed because not enough witnesses would be located or convinced to participate within the stipulated period after an incident. When the witness is identified, they should be helped because the processes of assisting survivors to deal with trauma may be necessary on them as well.

### 2.3.3 Some hijackings issues

There are hijackings related to car hijacking that may take place in other modes of transport. Even though they are different, they may have common effects in some aspects. Thompson (1991) made references to findings of studies of hostages in aircraft, sea craft, bus hijackings and criminal traumatisation. He enlightens that experiences of survivors of these causes tend to include, among others, shock, disbelief and dissociation, attempts to ensure survival, feelings of terror and
helplessness, and heightened sensory alertness. In the short-term, according to McDuff (1992), the hijack survivors may experience euphoria at survival, the need to talk about the experience, psychological distress, feelings of terror and helplessness, symptoms of intrusion, arousal and constriction, and a questioning of his/her establishes schemata for self and the world. Post-trauma adaptation can be helped or hindered by the quality of the survivor's support environment and coping mechanisms. Therefore, conducive conditions must be created to ensure that the efforts for helping the survivors to cope with the trauma are effective. These must include removal of hindrances to the improvement of the survivors and helpful support conditions be increased.

The South African Police Services (SAPS) deals with crimes of every kind, and keeps records of various kinds of crime activities in an attempt to increase its efficiency. In the year 1997, South Africa reported a total official count of 13011 car hijackings and 4296 truck hijackings (SAPS, 1998). The SAPS reports reveal that most vehicle hijackings occur in densely populated areas, such as Gauteng and KwaZulu-Natal Provinces. These figures do not include unsuccessful vehicle hijacking attempts, which shows that attempts made to hijack vehicles are “pretty countless”. Following many crimes with threatened or actual violence came the mental health outcomes that include post-traumatic stress disorder (PTSD), substance abuse, suicidality and increased usage of mental health services (Horowitz, 1999). Car hijacking is one of the most violent crimes in the country. The high car hijackings statistics reported indicates that currently there are many traumatised survivors of this source of trauma.
Macgregor, Schoeman and Stuart (2002) counsel that it is imperative that practitioners know the nature, development and consequence of car hijacking in order to establish an appropriate care for the survivors of car hijacking.

2.3.4 Types of car hijackers in terms of experience

Generally, guns are used during car hijackings. That being the case, whether violence is used or not, the survivor perceives it as possible. Keim (1999) describes some violent experiences that could lead to trauma. It is believed that the hijackers' quickness in shooting the survivors depend on the hijacker's experience in this field. Experienced hijackers tend to spare lives, but guide their survivors with authority. They instruct the survivor carefully, stating the conditions of their safety and of violent action. They are often "asked" to respond in a certain way, and warned that they would be shot if they refuse. The ordeal, accordingly, is fairly non-violent when there is cooperation. However, the perpetrator makes it the responsibility of the survivor to keep the relationship non-violent. There is no guarantee that their lives will be saved. The survivor's panic sometimes leads to slow responses, and may therefore be misinterpreted as resistance or a delaying tactic. This could land him/her in more trouble, such as being shot.

Inexperienced perpetrators, according to sources, scare the survivor with noise and threats. They would apparently shoot quicker if the survivor does not match the pace of instructions. They also seem to interpret a slow pace as resistance to the hijacking. Also, they wish to move away quickly with the cars they hijack. Delays and refusals are punished instantly and often with shooting.
2.3.5 Knowing the survivor

There are cases where criminals repented after finding themselves in a face-to-face situation with a potential survivor whom they knew. These hijackers would feel ashamed and then withdraw, and eventually stop future attempts to crime. If all car hijackers would be changed this way, survivors would be more willing to be confronted by the criminals who knew them. In the contrary this category of hijacking may lead to trouble for the survivor. A car hijacker who realises that he or she, and the survivor know each other well may retain their pride and continue to threaten the survivor. The hijackers’ experience is that the survivor who knows them is likely to report them to a police station and name them as the suspects. This might lead to their arrest and conviction. Alternatively, they also know that survivors who would avoid reporting them were likely to warn other people about them as car hijacker. In this case the car hijacker would also fear to have to walk in the streets knowing that the survivor and other people know that he or she is a car hijacker. This will then infringe on the freedom of movement. As a result the car hijacker would usually want to remove possible evidence immediately. Since the car hijackers do not want to be identified the survivors who know them are usually shot dead on the spot.

We therefore note that in the case of the survivor and the car hijacker knowing each other, the most likely outcome consists of two possible extremes. The positive extreme is remorse and repentance from crime activities. The negative extreme is the possibility of killing the survivor. According to a witness of stories being told by convicted car hijackers imprisoned in Pretoria’s Maximum Prison, when the car
hijackers realised that they are known by the survivors, some withdraw, apologise and repent immediately from the car hijacking dealing, which is a positive result. They point out that car hijackers, who realise that they are known, would kill the survivor to ensure that they will not be easy suspects. They maintain that the last option is due to shock, because they never expected someone they knew. They maintain that they kill without giving a thought to the consequences and not because they wanted to kill a person. They point out that if there was more time during hijackings to think about results, many car hijackers would have spared the lives of the survivors they knew and would more probably have repented. However, they often find themselves having committed a serious crime of murder and then fearing to face the consequences. Due to their own trauma, it was found, they become worse because they want to evade the law and console themselves by further atrocities. The vicious cycle of car hijacking has this as one of the basic foundations.

2.3.6 Harmful effects of car hijacking

Some of the extremely negative physical results of car hijackings are deaths and physical disability (of some kind). The survivor always suffers financial losses because there are financial losses for every successful car hijacking. For the witnesses and the survivors there is trauma. Survivors close relatives, friends, colleagues and admirers alike, are also traumatised at different levels. The impacts of trauma therefore vary. They may also be permanent or temporary. Intervention such as debriefing and counselling are used to work through trauma that can be effectively treated and to reduce permanent trauma and its impact. The consequences of car hijacking may take the forms that were described in earlier sections.
2.3.7 The environment of car hijacking

The car hijacking environment has the perpetrator of the ordeal (i.e. the hijacker), the survivor(s) and sometimes the witness. They are discussed in the next subsections.

2.3.7.1 The hijacker

Car hijackers engage in hijacking cars for different objectives. There are fulltime car hijackers who deal with buyers in and outside South Africa (Hetz, 1999). Others hijack vehicles to use them on a short-term basis. For example, cash heist kingpins hijack cars to get away from the scene of their major crimes after a robbery to run away with the money. Generally, car hijackers employ different methods to hijack cars. Two major categories of hijackers are the syndicate hijacker and the criminal hijacker (Pieterse, 2006).

The syndicate hijacker is also a criminal hijacker, but due to the sophistication of the system used by the syndicate hijacker. The syndicate hijacker is linked to buyers and sometimes an agitator who would wait for a consignment of stolen cars to sell or dismantle for various purposes. Some syndicates chop cars for parts and for creating their own cars with identification that is different from the original ones to fool the police who may be looking for the stolen cars. Other syndicates work with the criminals of a similar nature in neighbouring countries. They sometimes hijack luxury cars to sell to high profile persons in the neighbouring countries. Some syndicates’ activities take place only inside the country. They may be spread to other provinces.
regions, or inside one province but the network operating at different trouncing points. The criminal hijackers, on the other hand, usually have a less sophisticated network. They may work as individuals or in groups, but they do not have a system where other recipients would be giving orders or waiting for consignments. They are easier for the police system to confine than the syndicate hijackers.

Pieterse (2006) enlightens that the various spots where hijackings take place are the driveways, shopping malls, traffic lights, stop signs, schools, and being forced to stop. When hijackers have identified a car as their target, they may follow it in such a way that the driver cannot realise that he or she is being followed. They may force the driver to stop while on the driveway when it is convenient for them to hijack the car. At shopping malls they wait for the driver to get closer to the car and rob him or her of the car. At the traffic lights and the stop signs the hijackers usually wait for the car to stop and when they are safe, they attack to rob the driver of the car. At schools the hijackers would wait for the parent or driver to stop while fetching a child or attending to their children’s concerns/need who are learners at the schools they visit. The patterns of the driver may be known, such as when the driver regularly uses the driveway, visits the shopping mall, or goes to the child’s school.

2.3.7.2 The Survivor

The survivor may end up as a survivor or a casualty. During the hijacking many survivors are helpless. Every survivor of hijacking is likely to suffer trauma. The trauma tends to differ from person to person (McCann & Peariman, 1990). It has
been established that all survivors of hijacking need some kind of help, which is all related to counselling.

2.3.7.3 The witness

Many attackers select spots where only the survivor will be around in order to render them helpless and thus easy to rob (Jones, 1991). However, other car hijacking events may be witnessed by outsiders. These outsiders are often called eye-witnesses, or just ‘witnesses’ as in this thesis. Witnesses are often requested to come forward with more information about the details of the crime. They usually fear to reveal their identity because they fear to face the perpetrator whom they are aware is very dangerous. A witness of a traumatic event may also be traumatised. Some witnesses may be more traumatised by the event than the direct survivor of the traumatic event. Therefore, when the witnesses are found, they should be treated as though they were direct survivors.

Many witnesses escape from the scene of the crime so that they are not caught in the crossfire, or in fear of being seen by the perpetrator who may follow them in an attempt to remove evidence (Friedman, 1996; Pieterse, 2006). Hence they are usually not available immediately after the event. Some witnesses even fear giving evidence later in fear of being located later by the perpetrator of their syndicate members. Therefore there may be no witnesses who show up to testify or give evidence on a car hijacking. Few witnesses are sometimes found immediately after the event of trauma. Fewer others reveal themselves after the event. Thus, the majority of witnesses to car hijackings will be found long after it has happened and
not immediately. However, the witness should be treated as though he was the direct
survivor. That is, those found immediately should be treated for shock and other ‘first-
aid’ measures of defusing and debriefing (leaving descriptions for next section).
Those coming later should be counselled.

2.4 Trauma

2.4.1 Definition of trauma

According to the Concise Oxford Dictionary (1984) trauma is the morbid condition of
the body produced by a wound or external violence or emotional shock.

According to Macgregor (1998), trauma is a process initiated by an event that
confronts an individual with an acute, overwhelming threat. Biological and
physiological impacts may be clearly visible in a traumatised survivor. In this study,
however, resolutions are sought to address traumatic life experiences. Many cases
occur where traumatised survivors’ coping mechanisms are limited. Such survivors
are then exposed to psychological trauma.

Symptoms of trauma may be revealed by nausea, sleep deprivation, cramps or
vomiting, and physical pain and prolonged anxiety and stress. Other after-effects of
trauma are bad dreams and fear of darkness, nightmares, and inability to sleep at
night. Lack of concentration and memory problems may also bother a survivor of
hijacking. Furthermore, exposure to hijacking leads to serious and chronic
impairment of brain development.
2.4.2 Portrayal of the effects of trauma

2.4.2.1 Shock

According to van der Kolk (2002), survivors of violent hijacking often feel threatened, and as a result feel helpless, experience confusion, withdrawal or shock. Salient features of shock comprise the unpredictable timing of incidents and feeling of loss of control. Psychological shock may be a combination of confusion, a sense of detachment, difficulty concentrating, intense emotional reactions, interfering and repetitive thoughts and images, memory gaps about the event, and heightened startle response, feeling terrified, stunned, horrified, or overwhelmed by experiences and reaching numbness. This may lead to sadness and distress.

2.4.2.2 Anxiety

Charney, Heninger and Brier (1984) concluded that trauma affects ways of thinking, feeling and coping that leads to anxiety, fear and helplessness. They point out that anxiety is a primary and persistent symptom. In support of this conclusion, Davis (1990) explains that this persistence of anxiety as a constant state of hyper-arousal of the autonomic nervous system when a survivor lives in prolonged fear that is characterised by unpredictability and danger. The state of arousal is only beneficial during the time of danger, but when the environment changes it does not help (parasympathetic). Anxiety may also lead to the development of hyper-vigilance (alertness), leading the survivor to become focused on non-verbal reminders related to the threat (sympathetic). Anxiety may lead to the feeling of insecurity regarding
safety, deep fears, alertness, fear of travelling, avoidance of situations associated with danger and a feeling of isolation.

2.4.2.3 Depression

Brink (2005) points out that survivors of violent hijacking may show depression, which is a persistent sad mood, loss of interest or pleasure in enjoyable activities, significant changes in appetite or body weight, difficulty in sleeping, physical slowing, loss of energy, feeling of worthlessness or improper guilt, difficulty thinking or concentrating, and recurrent thoughts of suicide. Depression has been shown to affect the moods, thoughts and behaviours. It also shapes the way people think about things, the way they feel about themselves, the way they relate to other people, and the way they sleep and eat. One extreme possible after-effect of depression is mental illness. In general, the state of depression may disturb normal functioning of an individual.

2.4.2.4 Family functioning

Trauma may affect the functioning of families. Miller (1999) points out that a traumatic experience can affect relations between family members. Trauma can also affect the interaction of the family with the surrounding community. It may lead to family members failing to support one another. There is often a blockade from emotional nourishment from the outside, making the family to be unable to provide the safety, affection, and education that are required by other family members. Common adult responses are attempts to find ways to resolve the problems. This requires time, attention and energy, which may not be present due to trauma.
2.4.2.5 Suicidal tendencies

According to Jamison (1999), continued (or chronic) exposure to violence may lead to depression, suicidal tendencies, dissociation, and PTSD (posttraumatic stress disorder). Witnessing violence can itself lead to trauma. PTSD is associated with anger, anxiety, depression and dissociation. It also has implications for the impact of abuse on mental health and behavioural changes. People who are exposed to trauma from violence may end up becoming violent and aggressive.

2.5 Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD), according to Hetz (1999), is a disorder associated with a broad range of problems highlighted by symptoms that relive parts of the traumatic event. It is different from panic disorder, phobias, generalised disorders and other anxiety disorders (McCafferty, Domingo & McCafferty, 1990). Nevid, Rathus and Greene (2005) define PTSD as a prolonged maladaptive reaction to a traumatic event. Traumatic stress disorder occurs after experiencing a traumatic event. A maladaptive reaction that occurs during the initial three months following a traumatic experience is called an Acute Stress Disorder (ASD) (Nevid et al. 2006). Immediately after a car hijacking the survivor would be treated for shock in an attempt to manage the maladaptive state. Depending on the individual and the type of the traumatic experience, the reaction may or may not stop for four weeks. If the condition prolongs, it develops into PTSD. Nevid et al. (2006) inform that PSTD may persist for many months, years and even decades. Zlotnick, Bruce, Shea and Keller (2001) declare that PTSD may not develop until many months or even years after the
traumatic event. Thus, ASD is a major risk factor for PTSD. Harvey and Bryant (2000) enlighten that many people with ASD later develop PTSD. Stressors are a main case of PTSD because people exposed to massive stressors tend to suffer from PTSD. Life threatening incident such as accidents, assault, criminal victimisation, natural disasters, rape, technological disasters, war, and so on, are some of the stressors that may cause PTSD. PTSD may also be found in observers of violence. Not everyone who is exposed to these events would develop PTSD.

American Psychiatric Association (APA, 2000) enlighten that the essential features of PTSD is the development of characteristic symptoms following exposure an extreme traumatic stressor involving direct personal experience of an event that involves actual or theoretical death or serious injury, or other threat to one’s physical integrity, or witnessing an event that involves death, injury, or a threat to the physical integrity of another person, or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. According to APA, the person involved must be intensely fearful, helpless and horrified. Further, the PTSD sufferer must be disorganised and agitated.

Hetz (1999) points out three factors that influence the development of PTSD and other disorders. These are the nature of the traumatogenic event, the post-traumatic environment and individual differences. As for the traumatogenic event, greater degrees of life-threat may generate a fear of annihilation. More rapidly trauma poses
greater changes of a higher PTSD. Trauma that persists for too long may cause stress that leads to PTSD.

2.6 Healing

A traumatised person is considered to be psychologically sick and in need of healing. Since healing is a process, this person also needs to be subjected to the process. The following subsection outlines four essential steps in healing.

2.6.1. Core experiences of psychological trauma

Baxter & Margavio (1996), Buss (1994), Clark, Candiotti & Associated Press (1997), Eagle (1998), McGarvey (1994), Prout (1991) and Snyman (1992), among other authors, provide a framework for understanding the psychological effects of trauma. Their discussions lead to the understanding that helplessness and isolation are the core of psychological experiences. Helplessness occurs when the survivor lacks confidence, survival skills and knowledge. Isolation occurs when the person is secluded or feels excluded from other people. Thus, stated differently, these core experiences are disempowerment and disconnection. This implies that a traumatised survivor can only recover when empowered. Subsequently, to ensure that the recovery efforts become successful, other people may offer advice to the survivor, support him, provide him with assistance and provide care for him as well. This shows that recovery takes place within relationships, and not in isolation.

2.6.2 Transference and counter-transference

Transference refers to inner responses such as feelings, needs and attitudes that an individual had towards important others in his life, especially those that he was
dependent on as a child, that he now 'transfers' onto the therapist. The dependency causes transference.

The therapy relationship requires that the survivor is assisted to recover, and the therapist places all the resources of her/his knowledge, skill, experience and interest at the survivor's disposal. The survivor enters the relationship in need of help and care, among other benefits. These give the therapist some status and power over the survivor, and for the survivor it gives a feeling of dependence. The therapist's success in resolving the trauma hinges on the responsibility to use this power only to foster the recovery of the survivors and resisting the temptations to abuse. The therapy should only be to Enlighten the survivor and not create unhealthy dependency. The therapist and the witness to the trauma may suffer some of the bad impacts through the survivor. For example, the therapist or witness may experience the terror, rage, despair in the same way as the survivor. This is called counter-transference. It is counterproductive because the therapist may lose confidence and share the survivor's experience of helplessness. In this case the therapist may lose or underestimate the value of her/his own knowledge and skill, or even lose sight of the strength and resources of the survivor.

2.6.3 The understanding of therapy

The concurrence between the survivor and the therapist develops easily through sharing and communication. The therapist commits to demonstrating care and assistance. According to Herman (1992) the strength of the work would normally transpire when the therapist negotiates the cooperation of the survivor through
indications of care and commitment to the survivor's recovery, which should be easily demonstrable. The therapist trains, empowers and supports the survivor in order to ensure that s/he is not frustrated. The survivor should never feel undermined. In fact, the therapist needs to make the survivor realise that his or her importance is valued. The role that the therapist plays is of responsibility to suit the needs of the patient. The contract made between the survivor and the therapist is a combination of appropriate services that would assist the recovery. The relationship is a collaborative commitment that evokes all the passions of human attachment in which both partners commit to the task of recovery.

2.6.4 The support system
Support is a useful measure in a healing process. According to Herman (1992), the support system for a survivor should be safe, structured and regular for reviewing the therapist's clinical work. The setting for the therapy must offer permission to express emotional reactions and technical/intellectual concerns related to the treatment of survivors who have fallen prey to traumatising events. At times the support system takes an unnecessarily longer time before it can provide a supportive context. A common reason for the delay is that some patients remain in the state that does not enable the therapist the power required to provide efficient help. Of importance though, the therapist should also remain free of his or her own problems because it may disrupt the process of dealing fairly with the patient. On the other hand knowledge and understanding of the survivor's traumatic experience and the meaning he or she ascribes to it may accelerate the healing.
2.6.5 Meaning and Healing

This section discusses attributions of meanings, and how it determines healing. In a case of car hijacking, the survivor could be traumatised by the event and his/her psychological equilibrium is seriously disturbed. There is no longer harmony and/or balance in that person’s life. Edwards, as quoted in Dhlomo (2003) proposes a holistic community psychological health model based on principles of harmony and balance. His model is an intervention model in which healing implies a transformation from illness to health. His model identifies two distinct phases in the healing cycle or spiral, namely prevention of illness and promotion of health. Both phases consist of primary, secondary and tertiary prevention and promotion of health respectively. For the purpose of this study it is necessary to concentrate on the promotion of health as the car hijacking survivors are already traumatised and prevention is, therefore, out of the question.

Edwards as quoted in Dhlomo (2003) describes the three components of the promotion of health as follows:

- *Primary promotion of health* is a universal intervention to promote and improve health, for example run/walk for life campaigns and life skills training as enrichment for all learners as part of the school curriculum.
- *Secondary promotion of health* refers to interventions aimed at improving human rights, empowerment and health promotion advocacy for all persons, but particularly in cases of disempowerment.
• The Tertiary level of health aims to improve solutions for living and increase health, strength, skill and human rights for persons of much health potential in very empowering contexts. Interventions at this level would include supporting the support persons involved in caring for others (in this case car hijacking survivors) and those in the helping professions.

The improvement of meaning among the survivor and the support persons is, therefore, vital as the intervention is based on the meaning of the survivor's experience and the focus of the intervention is on helping the helpers.

Edwards (2006) describes for example deep abdominal breathing to break the cycle of stress. According to him, "grief brings short, slow shallow sighs and sometimes halts breathing. Anger causes an erratic huffing and puffing as it shifts the breath from nostrils to mouth. Fear causes a gulping, swallowing and withholding pattern of breath, with long retention and short, tentative exhalation. Anxiety causes the breath to rise to the top of the lungs and grow short, shallow and fast like a panting dog. In such ways emotions upset normal breathing patterns".

It is important to know the meaning of disturbed breathing patterns, because the helpers and those in helping professions can immediately assist to restore the hijacking survivor's breathing pattern by a few minutes of deep breathing as a form of health promotion.
2.7 Coping

Coping mechanisms are methods used on survivors by the survivors themselves, or through their support structures to have profitable lives. According to literature (cf. The Trauma Questionnaire) coping skills do not occur at an equal frequency, such as the following kinds of ego-defensive behaviour:

2.7.1 Apathy

This is when a trauma survivor has lost the will-power, no more caring about what happens to him and also feeling as though he has no say over what happens in his life.

2.7.2 Dissociation

This is when an individual loses track of time, doing things that are contrary to his nature without noticing or remembering, being confused by the things he does or experiences and only those he dreamt about or planned to do, his body feeling as though it does not belong to him, or being able to think properly and sometimes being in a state of blank state of thought.

Dissociation is the most serious pathological mechanism a survivor may use to cope with trauma. It occurs when a survivor splits off the memory of the trauma and the effect that accompanies it. Traumatic memory is stored in an alternate state of consciousness. There is some memory of the trauma, but feelings and/or thoughts that are unbearable for the conscious mind are split off from consciousness. In its
more serious form, the individual may feel alienated from himself and from the life around him. It feels as though he is in a trance. These trance-like experiences may last for a few moments at a time or may be ongoing. According to Herman (1992), dissociation is a condition where survivors of trauma do not find comfort in socialising with their peers.

2.7.3 Avoidance

This is when an individual withdraws from the world around him, maybe resorting to drinking too many pills, spending a lot of time watching TV, reading a lot, or even entertaining people by constantly making jokes.

2.7.4 Aggression

This is when an individual feels hostile towards the world around him and acting aggressively. The individual may break things and not care about how he treats his possessions.

2.7.5 Suppression

Suppression is when the individual tries to suppress his feelings. During this phase thoughts and feelings that are too painful or disturbing are pushed out of one’s consciousness. There is total or partial amnesia for what has actually happened. During repression, the survivor may have a feeling of being minuscule, which may also lead to despair and misery (Herman, 1992). Some survivors of trauma develop signs of repression. It may turn extroverts into introverts, and survivors tend to feel inferior. Introverts are reduced to be even more inhibited. Generally, the condition is
uncomfortable and leaves the survivor feeling insecure. The condition may even
afflict those who are in denial.

2.7.6 Compensation

This is when an individual tries to compensate for what happened. In this case he or
she is not worried about what happened to him/her in the past and being much more
concerned about his/her health.

2.7.7 Rationalisation

This is when an individual finds that he is trying to hide the real reasons for his
actions from people.

2.7.8 Projection

This is when an individual who approaches people who are discussing something
believes that it is him they are discussing about.

2.7.9 Denial

This is when the individual does not experience any feelings that he believes he
should be experiencing. The individual may try to keep things the same as they used
to be, or keeping busy with other things in order to prevent himself from thinking.
According to Herman (1992), some survivors of trauma do not agree that they were
traumatised by an ordeal, especially those who pretend that they are bullies
themselves. The survivor may need to protect himself from the terrifying reality of
how dangerous life can be and how little control he has. He therefore cannot
acknowledge the extent of the trauma consciously, since this could endanger his
psychological wholeness and even survival. Usually, when the trauma becomes more serious, the survivor tends to be more inclined to use denial as a defense. Therefore, the trauma survivor does not allow himself to experience the full impact of trauma. He carries on with his life and keeps himself very busy, in order to avoid facing the thoughts and feelings associated with the trauma. This shows that denial does not support the remedial measures in any way.

Honesty must prevail that the survivor is traumatised as well as full disclosure about the events to enable the therapist to determine the various possibilities regarding the trauma (Herman, 1992). Remedial measures are based on some specific conditions. If wrong assumptions are made by the therapist due to denial or nondisclosure by the trauma survivor, there is the likelihood that the survivor might not receive appropriate help. This is because if the trauma base is not found, then a correct approach cannot be implemented. The survivor needs to understand reality, and to allow the professional to apply appropriate tests on him and thereby enabling the professional to detect more than one way to assist.

2.7.10 Substitution

This is when an individual commits to preventing other people from going through the “hell” he had to go through. This happens very rarely because people do not want to risk their lives with the people they do not know. Also, it sometimes happens that people who know each other may pretend to be involved in a car hijacking situation where one plays hijacker and the other plays survivor. The trap in this case would be
for these two “players” to attack anyone who may intend to help the disguising “survivor”.

2.8 Stages of Treating Trauma

2.8.1 Defusing

2.8.1.1 The meaning of defusing

Sometimes when a person is traumatised it is thought to be a passing occurrence. Some trauma survivors may survive well after a traumatic occurrence, depending on the extent of the trauma. However, many trauma survivors who do not obtain the necessary attention immediately after a traumatic event do not recover and the connection is not even made with the ordeal he or she once suffered. Defusing is a short-term assistance given to a trauma survivor which occurs immediately after a traumatic event (Colley, 1995). The person who diffuses need not be a counselor, but the person should know the basic steps required to defuse.

2.8.1.2 The purpose of defusing

Defusing is a necessary backing as a first-aid to care for, comfort and protect the trauma survivor. It is also used to assess the extent of injuries and trauma. Some survivors may be in denial and should be persuaded to accept being defused. Research (Colley, 1995; Smyth, 1998; van der Kolk, 2002, etc) shows that some survivors who are not defused makes it almost impossible to provide successful defusing and counselling which are needed later because an opportunity was missed.
at the earliest phase of the trauma. Defusing is the earliest opportunity that sets the platform for debriefing and counselling.

2.8.1.3 The process of defusing

While noting that defusing must be done immediately after a traumatic event, the defusing process may take various steps. However, the core elements that have been found to be useful through psychological research (Alexander, 1999; Bryant, 1998; Crafford, 1992; Eagle, 1998; Jacobs, 1992; Prout, 1991; and Valent, 1999, among others) are:

- Assess injuries and where necessary, arrange medical attention
- Assess safety because compromise of safety makes counselling impossible
- Survivors must not be left alone
- Arrange for survivors to be taken care of by next of kin away from the location of the traumatic event
- Find a quiet, safe environment for the survivors, and ensure they have water and light food to nourish them
- Severely stressed survivors should be referred to a doctor immediately
- Arrange sick leave for those who should be going to work
- Ensure that they exercise a bit, such as walking or drumming

2.8.2 Debriefing

2.8.2.1 The meaning of debriefing

Loosely speaking, debriefing is a step-by-step exercise that takes place between 24 hours and 72 hours following a traumatic incident to comfort the traumatised survivor
to develop from the worst conditions of trauma to comfortable condition of their normal life. Colley (1995) and Jacobs (1992), among others, describe debriefing as intervention immediately after a crisis. Debriefing is frequently used by therapists on trauma survivors. It can take place through a structured group meeting that allows a group member to express their feelings freely, and to show free reactions to the events that led to the trauma. It provides a framework to contain and understand the reactions, and to take further action. It lasts about two to three hours in an environment that is perceived to be safe and free from interruptions. According to researchers, it is recommended that a maximum of 15 participants be allowed in a session.

2.8.2.2 The purpose of debriefing

The central purpose of debriefing is to minimise the occurrence of unnecessary psychological suffering and helps survivors to regain their equilibrium. It is used on people who went through traumatic event mainly to help prevent post-traumatic stress disorder (PTSD), to prevent contamination of all sectors of person’s life, to make sense of the event and then develop a sense of mastery of the event.

2.8.2.3 The process of debriefing

Thorough planning for debriefing is required. Debriefing has logical steps to bring about relief to trauma survivors. These steps are the introductory phase, the fact phase, the thought phase, the reaction phase, the symptom phase, the teaching phase, and the re-entry phase.
2.8.2.3.1 The introductory phase

This is the stage where the leader introduces the debriefing team, outlines the purpose of the meeting, sets rules of conduct and proposes acceptable conditions for the interactions. The rules set out are designed to minimise anxieties that the participants may have. The rules:

- Ensure that group members are not offended, would not be forced to say what they do not want to say and unnecessary repetitions are avoided;
- Reassure group members that everything is confidential and nothing said in the room would be repeated outside;
- State that the meeting is not a critique session, a tribunal or a fact-finding mission;
- State that no one speaks for another, but only for themselves;
- Warn participants to understand that if they feel worse it is part of the process, they should know that it is common;
- State that there will be no breaks until the end;
- State that participants who have to leave, must do so quietly;
- Provide a brief guideline of the meeting structure.

2.8.2.3.1 The fact phase

The fact phase is the stage where the various survivors are given an opportunity and are encouraged to express the experience they went through that led to the trauma. It is the stage in which the therapist sketches the events in order to plan the stages for providing the help. Each participant describes what happened to her/him during the incident. They describe how they came across the event, and what the time sequence of events was. The leader may ask questions to obtain more clarity. In that
way it broadens the scope of alternative approaches and enables avoidance of misunderstandings. This provides a platform for the therapist to know what to do instead of guessing reality.

2.8.2.3.3 The thought phase

As part of the process, the participants are given an opportunity to think back the entire set of events in order to remember everything that they went through. The painful parts of the ordeal are necessary because when the survivor is assisted to heal, the painful events are used to strengthen the survivor’s protective stance for the future. The maximum pain is used to develop an optimal resistance measure. This phase allows the decision analysis and thought process. Questions may be used to probe the feelings of the participants before the traumatic activity. The aim is to enable the therapist to make informed imaginations and explore the participant’s impressions from the scene of the incidents that led to the trauma. It brings the memories to the minds of the survivor and enables her/him to verbalise them.

2.8.2.3.4 The reaction phase

Questions, thoughts and impressions of the previous phase lead to answers about the feelings of the trauma survivor. These feelings are then explored, allowing participants to share the feelings even if they may be painful. The phase allows the sharing of feelings to establish similarities and normality of extreme reactions. It also establishes the level of risk which faces the different trauma survivors.
2.8.2.3.5 The symptom phase

At this stage certain reactions are explored and discussed in more detail. Participants are required to describe symptoms that they experienced at the scene, mainly emotional, cognitive and physical symptoms. These symptoms are noted for the time after the incident, at home, on the following days and the present time. Questions about unusual experiences and difficulties in returning to work, school or routine may be necessary. The familiar strands of post traumatic stress (intrusive imagery, avoidance and numbing, hyperarousal) will no doubt appear.

2.8.2.3.6 The teaching phase

During this phase the scribe will summarise the participants' reactions, noting similarities and differences. He or she outlines the symptoms of post traumatic stress and later normalises the reactions that the participants may already be experiencing. It also prepares them for future reactions which may occur. The knowledge provided to the participants is expected to form expectations and to plan coping strategies for the trauma survivor. It also leads to the life of the traumatised survivor that resembles his or her life before the ordeal.

2.8.2.3.7 The re-entry phase

The re-entry phase is used to enable future planning and coping through relevant discussions. Family and peer group support are especially important for this stage. The participants are helped to explore strategies of relaxation, deep breathing, exercises, distraction techniques and anger management. The participants will be told of other possible measures, that they may need to seek further help on, and
where they should go for such help. Guidelines may be given of results such as when the symptoms do not decrease, or if they increase over time, and if there is inability to function adequately at work, school or home.

2.8.2.4 Group debriefing

The survivor may be assisted alone or with the group that was traumatised together if applicable. There are merits of group counselling for a group that was subjected to similar traumatic experiences. Herman (1992) explains that trauma isolates, shames, stigmatizes, degrades and dehumanizes. Therefore, when on his or her own, a traumatised individual is at a higher risk and vulnerable to further trauma. She explains that in group debriefing, the solidarity of a group provides strong protection against terror and despair, the group recreates a sense of belonging, bears witness and affirms, applauds, and restores humanity.

Herman believes that during groups debriefing, the feeling of connectedness is restored by another person’s unaffected display of generosity. Trauma survivors, according to Herman, often feel as though their faith, courage, and decency, among some of their qualities, have been destroyed. Group debriefing helps to reawaken these lost parts. The restoration of social bonds begins when the survivor is not alone, and the discovery that one is not alone becomes immediate, powerful and more convincing when debriefing occurs in a group.
2.8.3 Counselling

Many trauma survivors need and agree to be helped, but few others decline help because they feel they can handle themselves. Declining to obtain help should be respected if these survivors show that they are able to cope. Nevertheless, even though individual choices need to be respected, declining survivors should be persuaded if such survivors are in denial but requiring help unknowing to them. There are cases where a survivor needs extensive help without him realising that.

2.8.3.1 The meaning of counselling

In this study counselling is the process of helping a trauma survivor to discover and develop his or her normal potentialities and thus to accomplish an optimal level of personal contentment and social convenience (Eagle, 1998; Miller, 1999). It is in essence democratic because the survivor has the right to shape his or her own destiny and community members are responsible for ensuring that each person's choice shall serve both his own interests and those of the society to which he or she belongs. It comes after debriefing, which means that it can only be done not before 72 hours after a traumatic event has happened to the survivor.

2.8.3.2 The purpose of counselling

The principal purpose of counselling is to empower trauma survivors with coping mechanisms. This is derived from Eagle (1998) and Miller (1999) that counselling is used to help trauma survivors to discover and develop their normal potentialities and to attain an optimal level of personal contentment and social convenience. In cases
where survivors are not counseled, research has shown that many of them do not end with their normal active and productive life in day-to-day activities.

If atrocities can be removed from consciousness forever, that would result in eliminating their impact. Generally though, it is practically impossible. The aim of counselling is to reduce the impact to a point where the survivor is fully functional again. The emotions and trauma of hijacked persons cannot be wished away. For this reason, they have to be dealt with. Witnesses and survivors of traumatic events are subjected to trauma. However, not all of them accept or acknowledge that they are traumatised. There are denials from some survivors. The denials do not undo the suppression and dissociation that occur in survivors at times. Suppression and dissociation are other debilitating defense mechanisms (or coping mechanisms) of trauma which are considered as equally as denial. Literature presents recovery and the healing of trauma (Alexander, 1999; Duke, 1997; Smyth, 1998; Valent, 1999; among others). The recovery process is a set of stages consisting of establishing safety, trauma story reconstruction, and connecting survivors with their community. The healing union requires an understanding of the experiences of a psychological trauma and the understanding of the therapy. These topics are discussed at the relevant sections of this thesis. Other essential aspects in the healing process are transference and counter-transference. In addition the therapist must also be familiar with the support available to the traumatised person.
2.8.3.3 The process of counselling

In general the counselling process takes longer in severe cases of trauma and the ones that were exposed to trauma for longer periods. The counselling process has three main phases (Horowitz, 1999). These distinct topics are scaffolding, telling the story, and normalising. They are discussed below:

2.8.3.3.1 Scaffolding

After a devastating traumatic event it is essential to contain and strengthen the trauma survivor. The survivor may describe himself as being fragmented. When such a survivor is being strengthened it is said that a scaffold is being built around him or her. Scaffolding helps to reduce the likelihood of a second traumatisation. The process of scaffolding starts with assessment of the pre-trauma coping skills of the individual(s), family, significant others and the community resources. The questions need to be asked to validate the survivors in order to empower them to build their ego resources. This scaffolding process helps to externalise the help by identifying the resources for the trauma survivor and in internalizing in order to identify the survivor’s strength and to build the capacity to survive.

2.8.3.3.2 Telling the story

Trauma survivors feel more secure with structure, which is often created with a defined process. They feel more contained from trauma which creates confusion and fear. Thus it is helpful to have a route map for helping the survivor. The process used is:
2.8.3.3.2.1 Establish the facts

Successful counselling depends on correct facts. Therefore the survivor needs to be questioned cautiously to reveal the experience of the ordeal. There may be areas which the survivor is not ready to revisit. These are areas where sensitivity must be shown during questioning by the counselor. Pertinent questions should be directed circumspectly in order to bring the unconscious to consciousness, to create the whole real picture, to help recall all that happened, and to help reveal all details. In the case where more than one survivor was involved, it may be very helpful to have a group discussion so that each person can include their unique perspective and fill in the blind spots for other members.

2.8.3.3.2.2 Talk about thoughts and feelings

Thoughts and feelings are often devastating because the trauma may be the first event in the trauma survivor's life where he has to face his own mortality. Thoughts about the trauma survivor's possible death are painful and shocking. Feeling may be incredibly intensive and therefore frightening and immobilising. When the trauma survivor talks about the thoughts and feelings from the experiences it may lead to him accepting reality and later facing it. This is a path to success.

2.8.3.3.2.3 Identify symptoms

At this point the trauma survivor has had a chance to reflect on the symptoms he personally experienced during and after the trauma. It is helpful to mobilise these and help to create a plan of action to minimise or shorten their effects. Medication may sometimes be appropriate, such as sleeping tablets or a few days to re-establish a
broken sleeping routine. If the trauma survivor is a person on chronic medication he should check with his doctor if he needs additional medication to stabilise him.

2.8.3.4 Normalising

A trauma survivor is exceptionally comforted when assured by a counselor that it is normal to feel abnormal after an abnormal event. This is the truth and cannot lead to negative impacts on the survivor. Instead, it can help the survivor to recover. This knowledge about the body’s stress response helps because the trauma survivor can understand his symptoms in context of the event. It gives him permission to take time to deal with the trauma and perceive it as growth enhancement instead of a weakness. When the trauma survivor realises that he is in an abnormal state, he is not in denial and can be easily helped to recover. He can help the counselor by following a programme agreed upon.

2.9 Recovering

Recovery from trauma occurs in stages. Various experiences gathered from various authors (Bryant, 1998; Eagle, 1998; Prout, 1991; and Sherman, 1998; among others) lead to the conclusion that recovery can only be successful and sustainable when it is undertaken in phases. Each stage needs to receive an appropriate treatment for effectiveness. Three high level stages are; establishing safety, re-enacting the thoughts of the ordeal and leading the survivor to recover from the ordeal. They are discussed below.
2.9.1 Safety establishment

The starting point of establishing a sense of security for a trauma survivor is diagnosis of the trauma. Without correct diagnosis there is a possibility of an inappropriate treatment. It is as bad as denial. The person being treated would also feel cheated if the diagnosis and the treatment are inappropriate. While in the process of establishing safety for the survivor, after seeking the truth about the kind of trauma, the treatment should lead to a kind of control. The person assisting the survivor should help the person to restore control of his previous self. Then a safe environment should be established.

2.9.2 Trauma story reconstruction

This stage involves assisting the survivor of trauma to accept her/his condition. First, the ordeal occurred by remembering it and second, mourning. The story of reconstructing the trauma starts with the recall of the survivor's life before the ordeal took place. It goes through the period of the ordeal. It helps the professional helper to assist the survivor to accept that he was not responsible for influencing the ordeal. That is, the survivor is assisted to accept that it was not by his fault that there was an ordeal. Once this has been accomplished, the survivor is assisted to transform the traumatic memory. Mourning becomes a consolation if it is done as a ritual. It may be allowed so that the survivor can recover. If it is acceptable to the survivor, it should be encouraged. However, some survivors refuse to mourn due to pride. In that case the stage could be reframed as courage.
2.9.3 Connecting survivors with their community

This stage comes only when the survivor is in acceptance that he was traumatised, has also undergone the trauma story reconstruction and debriefing. The feeling of the once traumatised person is that he was once traumatised and is currently entering a new era or new life. The trauma survivor starts to learn to resist the effects of trauma, and stands to defy any form of danger especially if it could lead to another trauma. A conscious effort is made to plan self defense mechanisms. Discipline and control are necessary at this stage. When the trauma survivor finally believes that he was traumatised, learnt some survival measures, and that he has become the old self free of trauma, then it can be considered that the person has reconciled with himself. The stage is now set that the survivor can trust people he once trusted once more. When these people also realise the improvement in the survivor, they regain the trust that they once shared. The survivor can easily reconnect with these people. This is a further platform for establishing a survivor mission, which the survivor should embrace. This would lead and translate into resolution of the trauma. Relationships would be more important and enable the survivor to stand firm and enlighten others about traumatic experiences.

2.10 Rèsumè

The chapter discussed trauma, PTSD, and car hijacking. Trauma is recognized as the foundation of PTSD. Details relating to these core topics are discussed under various headings. The next chapter presents the methodology to be followed to collect the data for this research.
CHAPTER 3: RESEARCH METHOD

3.1 Introduction

In this chapter the research methodology is described and the rationale for choosing a phenomenology approach is explained. A detailed description of the methodology used in this study, including the target population, sampling type and process, data collection and methodology of data collection and the qualitative analysis of the data will follow. The ethical issues in qualitative research will also be discussed.

3.2 Research Design

Methodology refers to the process, principle and procedures used to undertake a study for obtaining answers to research questions (Caelli, 2001). It implies the procedures by which we approach problems and seek answers. In the social sciences the term refers to how one conducts research. An understanding of social and/or human problems requires a qualitative approach, which entails that it requires detailed responses from a few respondents. Qualitative research procedures produce descriptive data and it attempts to stimulate hypothesis from data observation. The researcher, therefore, used the qualitative approach to analyse data from survivors of car hijacking.

3.2.1 Phenomenology as a methodology

A common objective of scientific research is to produce new information. This is not the case where phenomenology is the method employed in a study. Phenomenology is one form of qualitative research, which entails responses of non-numeric form (Haslam & McGarty, 2003). It is a method based on the idea of “phenomenon”, a
word derived from the Greek word, *phaenesthal*. Heidegger (1962,) provides the meanings of the term *phaenesthal* as including “blaze”, “flare”, “to appear in totality” “to scintillate”, “to show itself in itself”. Hergenhahn (2005,) defines a phenomenon as “that which appears or that which is given”. Reber and Reber (2001, p.533) define a phenomenon as “any occurrence that is open to observation. From these descriptions it appears that phenomena form the basis of reality. In this study the researcher is interested in the actual experiences of the survivors of hijacking and the meanings they ascribe to it. Issues of what actually the survivors experienced during the hijacking are of interest.

The aim of phenomenology is to consider existing ideas, assumptions and implicit presuppositions upon which we already behave and experience life. The mission of phenomenology is to reveal what is already known in order to clarify issues around daily occurrences. If phenomenology were to tell us things we did not know, it would be failing to tell anything about ourselves and it would be unimportant (Keen in Ashworth, 1976). Phenomenology also ensures that the views of the respondents, and not of the researcher, are used in the study, which reduces the possibility of bias from the researcher.

Merleau-Ponty (1945) views phenomenology as:

“…the study of essences…a philosophy for which the world is always already there before reflection begins…and all its efforts are concentrated upon re-achieving a direct and primitive contact with the world…it tries to give a direct
description of our experience as it is, without taking into account its psychological origin and causal explanations which the scientist, the historian or sociologist may be able to provide.”

Thus, phenomenology as depicted by Merleau-Ponty (1945) is a transcendental philosophy that uses a thinking style that focuses mainly on re-achieving a direct and primitive contact with the world and doing away with conventional methods of understanding human beings. This emerges by shelving rigid concepts about people’s factual characters. The social and human sciences find it useful since it provides subjects' actual direct experiences without contamination by an external force such as the researcher.

Historically, phenomenology used to investigate consciousness and experience, then moved to include the human life-world (Heidegger, 1962), and thereafter moved to include human action (Kvale, 1996). Hergenhahn (2005) describes a life-world as the space occupied by any person in the external physical world as well as the internal world consisting of emotions and cognitions at any given time, which can be understood as the content of a person’s awareness. Therefore, the life-world is the world lived by the person, bonded to the person, constructed by the unconscious and independent of scientific interpretations.

In the light of these descriptions, the researcher interprets phenomenology as a pursuit to understand and define the cognitive experiences of the survivors of
hijacking. The truthful essence of these survivors can only be realised by following this approach. Phenomenology initiative is based on the slogan that says, “to the phenomenon themselves”. The phenomenon is anything that a person is conscious of, which is a valid area of theoretical concern. Husserl (1917) points out that a phenomenon can be many different things, namely natural objects, affective states, values or behaviours.

Phenomenology is concerned with the description of the original experience of a particular phenomenon (Boyd, 1997 and Edwards, 2006). According to Edwards (2006) a phenomenon is “something that reveals itself to consciousness and a phenomenological approach refers to an attitude of consciously suspending assumptions in order to allow phenomena to reveal themselves in their fresh, original reality”. This approach suits this study because of its ability to constantly make new discoveries as actuality transforms. It also indicates in-depth investigations of essential structures of authenticity. This transforming reality includes the awareness of the phenomenologist and the phenomena revealing themselves to consciousness.

In universal terms, phenomenology is broadly a philosophical movement that has saturated the human and social sciences (including psychology) with regard to any direction, attitude, approach, design, strategy, methodology, orientation and technique with lived experience as its primary subject matter (Edwards, 2001; Kruger, 1988; Polkinghorne, 1989; Spinelli, 1989; Stones, 1986). Phenomenology treats reality as pure ‘phenomena’ and the only absolute data from where to begin – “back
to the things themselves”. (Eagleton, 1983; Kruger, 1988; Moustakas, 1994 and Groenewald, 2004) states that a researcher who applies phenomenology is concerned with the life experiences of people.

3.2.1.1 Rationale for the use of the Phenomenological Approach

Phenomenology is an analytical method that focuses on what people experience and how they interpret the situation (Creswell, 1998; Patton, 1990). Its major concern is to study phenomena. It is also a philosophical movement that deals with human and social sciences such as psychology (and sociology) with regard to attitude, approach, design, strategy, method, or technique with lived experience (Edwards, 2001). It facilitates an understanding of lived experiences in everyday life and the ways in which people make sense of the social world and its political organisations and affiliations (Gubrium & Holstein, 2000).

Phenomenology not only reveals the phenomenon, but in its fundamental form it also is interventionistic (Edwards, 2001). According to Spinelli (1989) as cited by Edwards (2001) “In the phenomenological reduction (epoche), we consciously suspend any assumptions, in order to allow original reality to come into our world or alternatively empathize with (enter into) the world of another (as in existential psychotherapy). In fact in everyday life, we cannot but intervene in each other’s worlds and influence each other in that as human beings our individually unique existences are essentially intersubjective and radically social. Our very ‘selves’ are continuously changing social constructions, in which we continuously influence each other through interpersonal encounters/interventions in one another’s worlds.”
The idea of phenomenology is explication and intervention with the aim of bringing about beneficial change in the researcher, therapist, client, research respondent, caring dialogue, research setting and/or therapeutic alliance (Gilliland & James, 1997). It helps people to live in improved conditions, to solve, improve and accept problems in life. Intervention brought by the approach implies intentional action to bring about an immediate and effective form of beneficial change.

For the purpose of this study the phenomenological method is used to describe and classify the lived experiences of the survivors of car hijacking in order to describe their experiences and the meaning they attribute thereof.

3.2.1.2 The strengths of phenomenology

Some strengths of the phenomenological method are as follows:

- Phenomenology provides a rich and complete description of human experience and the meanings attributed to these experiences;
- Its findings emerge naturally and are not imposed by the research methods used;
- The techniques used ensure the faithful handling of the data; and
- It reveals the units of meanings extracted from the research.

3.2.1.3 The weaknesses of phenomenology

The weaknesses of the method include the following:

- Phenomenology depends heavily on the articulation skills of the respondents in order to ensure a rich description; and
• The use of terms and language of the respondents (or respondents) may be imprecise and failing to provide the researcher with a rich description.

3.3 Validity of this study
In an attempt to understand the state and experience of survivors of hijacking, the researcher needed to interview the survivors and enable them to freely express their feelings as well as the meanings they ascribe to their experiences during such an interview.

To understand the unique experiences of survivors of car hijacking, it is necessary to make a random selection of survivors of car hijacking in order to explore experiences and the meanings they ascribe to their experiences.

Their experiences could not be generalized, but gave the researcher first hand information about the phenomenon hijacking. The respondents’ experiences combined with the findings of the literature study gave the researcher an understanding of the survivors’ experiences. The survivors’ possible need for support was also tentatively deducted from the findings and led to the appropriate and relevant intervention for survivors of car hijacking.

3.4 Sampling
A purposive sample was chosen from one of the automotive companies that the researcher has a relationship with. Permission to undertake the study was obtained from the top
management, through the company's medical station. Purposive sampling is regarded as an appropriate sampling method for this study (Daymon and Holloway, 2002). It is the kind of non-probability sampling in which the choice of respondents depends on the researcher's judgment of suitability with specific criteria. For appropriate delimitation to study the phenomenon car hijacking, a sample size of six (6) respondents was selected for the study, with the help of the clinic management of the medical station of the automotive company selected.

Von Eckartsberg (1986) and Rahilli (1993) suggested the following six most important criteria for participation in a phenomenological study:

1. The respondents must be capable of expressing themselves with relative ease;
2. They must be capable of sensing and expressing their inner feelings and emotions without shame and inhibition
3. They must be able to sense and to express the real experience that accompany these feelings;
4. They must have experienced the phenomenon/situation under investigation at a relatively recent date;
5. They must have a spontaneous interest in their experience; and
6. They must be in a sufficiently relaxing atmosphere to enable them to put the necessary time and orderly thought into reporting or writing what was happening to them.
3.5 Procedure

3.5.1 Data collection

The interviewer was given enough time with each respondent to establish a relationship of trust and rapport with them. Unstructured interviews were used in the research process. The interviews were recorded verbatim, allowing respondents to use the language they were comfortable with. The advantage of the unstructured interview as pointed out by Markson and Gognolons-Ciallard (1971) is its flexibility, which allows the researcher to grasp more fully the subject's experience than would be possible through a structured questionnaire.

The respondents were informed about this study, and the value of the contributions that was attached to their participation. They were requested to participate, and also informed that they had the right to refuse to participate. Those who volunteered to participate were told that if at any stage of their participation they wanted to stop being involved; they had the right to withdraw. This process was done through the permission of the medical staff. As a result three weeks of negotiations and paperwork elapsed before the actual interviews could take place. The line managers were required to agree to release their employees for their interviews where their employees were involved.

The respondents were interviewed individually, four weeks or more after the trauma of hijacking. Direct observation and respondent-observation were limited to events that took place during the duration of the interview. The interviews and promptings
with open-ended questions gave the respondents the opportunity to freely express their feelings and experiences. The researcher initially established biographical details of each respondent.

The emphasis of the interview was on the respondents' experiences and their perception of their experiences. This was prompted with the following open ended questions, “What was your experience of being hijacked?” The respondents were also encouraged and/or prompted to describe their reactions to their experiences and/or to elaborate. Following the narrations to the above question, each respondent was asked specifically what their hijacking experience meant to them. The general question was, “What did the experience of being hijacked mean to you?” However, in order to encourage or prompt detailed responses, the question was divided into four sub-questions, namely:

- What did the hijacking mean to you as a person?
- When you think of hijacking, what comes to mind?
- Do you think it has changed your life?

(If the answer is “Yes”). How? Please explain it a little bit more.

It was expected that the respondents will give a subjective account of their experiences. This subjective description of experience is the essence of phenomenology. The interviews were thus in-depth, flexible, and conversational with open-ended questions. These include the observations on the impression of the topic, moods, facial expressions and body language. The narrations include the
influences of the comments made by the researcher. These comments ensured that the respondents could easily understand the study context.

3.5.2 Data Analysis

Inductive analysis is a method of reasoning that attempts to discover order, structure and meaning from data. Analysis is an intention to make data useful towards interpretations. The respondents' statements were written down and their statements reduced or broken down into units of meaning called NMU's (Natural Meaning Units), which, according to Gubrium & Hostein (2000) and Cloonan, 1971, are the smallest segments of text that are meaningful by themselves. The texts of respondents, who were more comfortable to express themselves in their mother tongue, were translated into English to fit the language of the research report. Caution was taken not to distort any meanings in translating. The NMUs were then clustered into common themes. Themes were identified and excerpts were used to illustrate and support identified themes. The latter were used to develop the textual descriptions of the experience. The final report is based on the actual discussion of the respondents' experience.

3.6 Ethical Issues

In order to ensure that this study adhered to the ethics of research, the researcher undertook the following:

- Respondents were informed of their right to participate in the study or to withdraw from the study at any time.
- The respondents' rights were respected.
• Written informed consent was sought from the respondents.

• Confidentiality was attempted by not asking for the respondents' names and in cases where the name was mentioned it was not written anywhere.

• Respondents were told about the purpose of the study as a requirement for the researcher to carry out a research project to fulfill his PhD in Community Psychology degree and they were told that the supervisors also had access to the study results, thus limiting the confidentiality.

• Anonymity in report writing was adhered to.

• Debriefing sessions were held with respondents after every discussion.

• The respondents had the right not to answer sensitive and highly personal questions.

A letter of consent was drawn up. Each respondent gave their written permission that the information derived from the interviews could be used for the research purpose. The researcher undertook in this letter that the respondents' names or any identifiable information would be withheld in the research document. (Annexure A refers.)

A letter of permission from the manager of the medical station was obtained. The letter stated that the researcher had permission to interview the respondents. The letter is included in the research document (Annexure B).
3.7 Résuème

In this chapter the methodology followed in this study was discussed. The next chapter, the empirical section of the study, comprises of the interviews with the respondents as well as the interpretation of data and the discussion.
CHAPTER 4: FINDINGS

4.1 Introduction

The previous chapter discussed methodology followed in the study. The current chapter presents the narratives of the survivors of hijacking followed by a discussion of the different themes found in the narratives according to the phenomenological method used in this research.

4.2 Presentation of Data

Six survivors of hijacking, all employees at an automotive company, participated in the study and told their stories. Pseudonyms were used in the presentations of the stories in order to conceal the respondents’ identity. The pseudonyms are A, B, C, D, E and F. The respondents all are in possession of a matric certificate. Among them were university graduates. Each respondent’s account starts with an introductory biographic summary as background information. Themes are created from the discussions. These themes are indicated by numbers in the narration (e.g. A1, A2 etc).

The presentation format is firstly the survivors’ narrations of their experiences, meaning ascribed to the hijacking by the survivors, followed by discussions to clarify the essential establishment of the various experiences.
4.2.1 A’s story

Brief profile

Gender: Male
Age: 43
Race: African
Occupation: Fleet Controller
Education: Not specified, but had matric

Narration

On a Thursday (A1) at about 17h30 (A2) I was hijacked (A3) in a BMW 318i (A4) which had clocked only 6000 km (A5). This took place near Rosslyn (A6). As I approached the stop sign (A7) I saw a Jetta (A8) that had just stopped (A9). Two men (A10) were in that Jetta. They went out of the car (A11) pretending (A12) as though the car had a breakdown (A13). At the stop sign I stopped (A14) behind the Jetta.

One of these guys took out a gun (A16) and said “Voetsek, (A17) move out of the car” (A18). He instructed me (A19) to move to the passenger seat (A20). They drove with me (A21) towards Ga-Rankuwa (A22) and then drove into the bush (A23). They stopped (A24) and took me to the backseat (A25). They tied (A26) my hands and legs and ordered me (A27) to lie on my stomach (A28). They then covered me with an overcoat (A29). Initially (A30) I was very scared (A31). These thugs were continually (A32) hitting me (A33) on the head (A34) with the butt of a gun (A35).
bled (A34) from the wounds (A35) that were inflicted (A36) on me. I needed to urinate (A37) but they denied me (A38). They told me that I will urinate when they were finished (A39) with me.

I was helpless (A40), at their mercy (A41), and had surrendered (A42) to them. I kept thinking (A43) about my wife and children (A44) at home. They drove around with me (A45) stopping and driving (A46) with me still in that position and still fully covered with an overcoat (A47). At about 5h00 (A48) of the following morning (A49), they instructed (A50) me to get out of the car (A51). It was in the bush (A52). It was dark (A53), but I heard the sounds (A54) of vehicles passing (A55). I walked towards the road (A56) where vehicles were passing (A57). When I reached the road I realised it was a highway (A58).

I waved for assistance (A59) and a truck driver stopped (A60). I then asked the driver for a lift (A61) to which he agreed (A62). He told me that the place where he had picked me up was Meyerton, not far away from Vereeniging (A63). The truck driver dropped me in (A64) Pretoria West. At about 6h00 (A65) the truck driver helped (A66) me phone the security officers at my workplace and they came to fetch me. The security officers took me to the police station (A67) to open a case (A68).

The car was taken (A69). In addition, the car hijackers took R800 in cash (A70) from me, petrol cards (A71) and car registration documents (A72).
The meaning ascribed to the hijacking experience by the survivor

- **What did the hijacking mean to you as a person?**

We are vulnerable (A73). Your car is not your car (A74). There is a new owner (A75) watching (A76), on the lookout for you (A77). I was relaxed (A78), thinking of drinking tea (A79) when I got home (A80). I wanted to check the kids' schoolwork (A81) when I get home (A82). Someone took that away (A83) from me (A84). What I value (A85) so much, taken away (A86) from me (A87). These crooks have no respect (A88) for quality life (A89). I know that death (A90) was staring at me (A91). I live (A92) only because I cooperated (A93). Had I not cooperated (A94), I would not be talking to you now (A95). I'd be history (A96), dead (A97). I am happy (A98) to be alive (A99).

- **When you think of hijacking, what comes to mind?**

It is a planned (A100) criminal activity (A101), a violent (A102) assault (A103) on us, the hardworking innocent (A104) South Africans. You see, law-makers have body guards (A105), they will never experience (A106) it. If one day (A107) they were to face it (A108), they were going to insist (A109) on death penalty (A110) for it. I mean, experience (A111) is the best teacher (A112).

- **Do you think it has changed your life? How? Please explain a little bit more?**

Of course it has (A113)! Only a complete moron will not (A114) be affected by that thing. That is the experience (A115). Hijacking and torture (A116) that way will change anyone's life (A117). I mean even you (A118). My behaviour (A119) has changed (A120) completely (A121). I go out only when it is absolutely necessary
(A122). And someone must be with me (A123) if it is in the dark (A124). When I drive, I am always on the lookout (A125) for possible attacks (A126). I am not as free (A127) as before (A128). It is like (A129) they are following me (A130) again (A131). I know (A132) they are not there (A133), but something (A134) is telling me (A135) that I must check (A136). My luck (A137) was being debriefed (A138) as well as receiving counselling (A139).

4.2.2 B’s story

Brief profile

Gender: Male
Age: 45
Race: African
Occupation: Not given
Education: Not specified, but had matric

Narration

On Tuesday the 25th of April 2006 (B1), at about 1h35 (B2), I arrived home in Mamelodi from work (B3). Just as I parked (B4) the car inside my yard (B5) two men (B6) with guns (B7) approached my car (B8). They instructed (B9) me not to scream or shout (B10) as they would shoot (B11) me if I did.

I took the keys (B12) and threw them at the backseat (B13) of the car. They dragged me (B14) by the belt and took my mobile phone (B15), money (B16) and wallet (B17) with my bank cards (B18), the driver’s license (B18) and the medical aid (B19) cards.
They asked (B20) me where the keys were. They hit me (B21) on the head (B22) with the butt of a gun (B23). I told them that the keys were in the backseat of the car (B24). One reversed the car (B25) and the other one got into the passenger seat (B26). As they were reversing my car I decided to jump the fence (B27) and hid in the house next door (B28).

One threatened (B29) me that if I knocked at the door they were going to shoot me (B30). I knocked and a shot went off (B31). After a few minutes they were gone (B32). The tenants in my house peeped (B33) through the window but were afraid (B34) to open the door. After the traumatic incident (B35) I phoned the police on 10111 (B36). They arrived (B37) after two hours (B38). They took a statement (B39) from me during that time, and told me to come to the police station (B40) to get a case number (B41).

I did not sleep (B42) that Saturday morning. I just felt tired (B43) and kept on having flashbacks (B44) of the hijackers whose faces I could not remember or recognise (B45) as they had warned me (B46) not to look at them (B47). These two hijackers appeared to be young (B48), about 21 to 23 years of age.

I was scared, very scared (B49). I screamed (B50) but did not hear myself (B51). The following day I went to the police station (B52) to get the case number. I then went to the standard bank to block the credit cards (B53), and to Vodacom to report (B54) the contract mobile phone and block it. The threats (B55) that these hijackers made to
me seemed to me to have been very serious (B56). The shot that went out (B57) when I knocked at the neighbours’ house bear testimony to my fears (B58).

The meaning ascribed to the hijacking experience by the survivor

- What did the hijacking mean to you as a person?

It meant many things (B59). Tenants in my backrooms (B60), I helped them (B61). They did not have accommodation (B62), they knew (B63) my ways (B64); they knew (B65) I was arriving late (B66) from work.

- When you think of hijacking, what comes to mind?

It was a big lesson (B67) to be more vigilant (B68). It opened my eyes (B69). To me it confirmed that the crime rate (B70) in South Africa is too high (B71). It tells me to install safety equipments (B72) such as tracker. Life is too short (B73). With hijacking, anything (B74) can happen (B75). Hijackers have a target (B76). In order to be safe (B77) I must just surrender (B78) otherwise I will die (B79). For the future (B80) I must apply for a firearm (B81) in order to protect (B82) myself.

- Do you think it has changed your life? How? Please explain a little bit more?

Hijacking has changed my life (B83). I must always (B84) be on the lookout (B85). Trauma debriefing (B86) has made me feel better (B87). Without it (B88) I do not know (B89) what could have happened (B90). I was angry (B91), disorganised (B92), confused (B93), wondering (B94), amazed (B95), you name it.
4.2.3 C's story

Brief profile

Gender: Female
Age: 29
Race: African
Occupation: Logistic Manager
Education: Not specified, but had matric

Narration

On Monday the 4th of July 2005 (C1), at about 18h00 (C2), I drove to the shopping centre (C3) in Orchards with my two children (C4). Just after stopping the car (C5) at the shopping centre a man pulled out a gun (C6) and demanded (C7) the car keys (C8). I complied (C9).

The children started screaming (C10) and I begged him (C11) to take the children out of the car. He did as requested (C12). The feelings (C13) that went through my mind were fright (C14), anger (C15), and guilt (C16). I thought of the kids (C17) and feared for their lives (C18). That night I did not sleep (C19) at all. I was frightened (C20) and could not eat (C21). I also had headaches (C22). The trauma debriefing (C23) that was administered included the kids, me and their father. The car was luckily found abandoned next to NAFCOC in Soshanguve.
The meaning ascribed to the hijacking experience by the survivor

- **What did the hijacking mean to you as a person?**

  My rights (C24), my privacy (C25), my kids (C26) – all were violated (C27). I felt as though I was failing (C28) as a person, because I could not protect (C29) my kids (C30). I viewed (C31) myself as an irresponsible (C32) mother.

- **When you think of hijacking, what comes to mind?**

  About hijack, I think about a lot of things (C33), fear (C34), guns (C35), death (C36).

- **Do you think it has changed your life? How? Please explain a little bit more?**

  It has changed (C37) my life (C38) because each and every moment I treasure (C39) my life (C40). I appreciate (C41) every little thing (C42) happening around me (C43).

### 4.2.4 D's story

**Brief profile**

- Gender: Female
- Age: 27
- Race: Indian
- Occupation: Leather Accountant
- Education: Chattered Accountant
Narration

On the 1st of June 2006 (D1), Sunday evening (D2) at about 18h40 (D3), I was refueling my car at a Shell garage in Lenasia (D4). I was with my sister (D5) in the car.

I was waiting for receipts (D6) when two Coloured guys (D7) came running towards our car. They produced their guns (D8) and demanded (D9) that I lift my head. One of them said “Voetsek (D10), move out of the car (D11)”. When they approached the car I did not suspect (D12) anything because they were decently dressed (D13). My sister and I showed no resistance (D14). We complied (D15). They got into the car (D16) and drove away (D17). They told me to leave my wallet (D18) and cell phone which were in the car (D19).

No one at the garage came to our rescue (D20). We walked home (D21) and then later reported the matter to the local police station (D22). After the traumatic experience (D23) I feel helpless (D24). Initially I thought it was a joke (D25). I did not cry (D26) at that time (D27). I now feel weak (D28). I even feel that they are coming again (D29). My whole attitude (D30) has changed (D31). I currently am suspicious (D32) of everything and everywhere (D33). I am sad (D34) that the car is gone (D35). Because of late reporting (D36) to my workplace (D37), I was told by the Protection Services that the car would not be recovered (D38).
I feel angry (D39) that I could not communicate (D40) with the security officials at my company. I feel guilty (D41). It is my fault (D42) that the car is gone. Together with the car I lost a bag (D43), CDs (D44), wallet (D45), mobile phone (D46), R1000 in cash (D47), identity document (D48) and driver's license (D49). I am happy (D50) that I survived (D51).

The meaning ascribed to the hijacking experience by the survivor

- **What did the hijacking mean to you as a person?**

  It is a bad thing (D52) yes, but it teaches (D53) you about many things (D54). I take precautions (D55), not only about being hijacked (D56), but even about accidents (D57), about anything (D58). To move on (D59) yes I have moved on (D60), but if I had a platform (D61), for hijackers (D62), I will push for harsher sentences (D63) like capital punishment (D64). It was a practical lesson (D65).

- **When you think of hijacking, what comes to mind?**

  A gun facing you (D66)! That little hole facing (D67) you means death (D68) to your mind (D69). If you can escape that (D70), and live (D71) like I do, it is like you can be given a platform (D72) and explain (D73) to South Africa that you are alive (D74), and hijackers must be killed (D75) when caught (D76).

- **Do you think it has changed your life? How? Please explain a little bit more?**

  I have tried (D77) to resist change (D78) in my life. You know, honestly, change occurs (D79) naturally (D80). When I recall (D81) my every week's activities (D82), I
realise that my life pattern (D83) has changed (D84). I now take precautions (D85) much more (D86), and I did not plan this change (D87). It is inside (D88) you.

4.2.5 E’s story

Brief profile
Gender: Male
Age: 28
Race: African
Occupation: Mechanical Engineer
Education: Bachelor degree

Narration
On a Thursday (E1) at about 14h00 (E2) two armed men (E3) came to my house (E4) in Chantelle (E5). They pointed guns (E6) at me and my partner (E7) and tied us (E8).

I showed (E9) them the car keys and tried to negotiate (E10) with them not to harm us (E10). We were lying (E11) flat on our stomachs (E12) with our feet tied (E13). They used the iron cables and aerial cables (E14) which they cut as well as my ties (E15) to tie our feet (E16). They then put the duvet covers (E17) to cover us (E18).

They searched the house (E19) looking for valuables (E20). At around 16h00 (E21), they took me into the boot (E22) of my BMW 320 (E23) and my partner to the
backseat of the car (E24). They drove (E25) and returned to my house (E26) after about 15 minutes (E27). Eak (pseudonym), the boy (E28) who stays with me and studying (E29) at Pretoria West Technical College had just arrived. The two guys put him also in the boot (E30).

They drove away (E31) and stopped somewhere (E32). They tried to remove the tracker (E33). They stopped (E34) there for about an hour (E35). Eventually they succeeded (E36) in removing the tracker. At around 22h00 (E37) they took us out of the boot (E38) and put us in a house still under construction (E39) at a place we did not know (E40). At this house we were guarded (E41) by another man (E42) with a pistol (E43).

A couple of guys (E44) arrived (E45). They put us back into the boot (E46) and my partner in the backseat (E47). The time was around 22h30 (E48). They drove us again (E49) and dropped (E50) us in some field (E51) in the outskirts (E52) of Soshanguve (E53). We then walked (E54) towards the houses (E55) to ask for help (E56). It was dark (E57) and very difficult (E58) to find our way out of the field (E59).

We reached one of the houses (E60) which still had lights on (E61). A lady in that house told us it was 23h20 (E63). She started to calm us down (E64). As we were barefoot (E65) she gave us shoes (E66) to wear. She put my partner on a massage (E67) on a chair and gave us aromatherapy (E68). She also offered us a phone (E69) to call 10111 and also called the automobile company security (E70).
The police came to fetch us (E71) and took us to Akasia Police Station (E72). The automobile company security (E73) also came to Akasia Police Station (E74). We gave statements (E75) and then the police escorted (E76) us home to Chantelle (E77). The security guards stayed with us (E78) until the next morning (E79).

When I was at home the hijackers had asked for a gun (E80) and I told them that I did not have a gun (E81). They took a card from me (E82) and another from my partner (E83). They asked for pin numbers (E84) and threatened to kill us (E85) if we gave them wrong pin numbers. We gave them the correct pin numbers (E86).

The hijackers took clothing (E87), mobile phones (E88) and cards (E89). My partner stated that she was very scared (E90) and feared (E91) that she was going to be raped (E92). Eak was not coping (E93) during the ordeal (E94). He was in pain (E95) while being tied (E96) with cables (E97). His stomach was also running (E99). He was scared (E999) despite being told not to worry (E100) as we would not be killed (E101). They were told that the only thing they wanted (E102) was the car (E103).

We were scared (E104). I was very angry (E105) that I became helpless (E106) and could not even help my partner (E107). After reaching home (E108), we could not sleep or eat (E109). I felt numb on my legs (E110).

The lady who helped us, together with her family members, were shocked (E111) to see three barefoot people (E112) looking wild (E114). They simply could not believe
(E115) what was happening in front of their eyes. The woman did crisis intervention (E116) and that lessened our trauma (E117). During trauma debriefing and counselling sessions (E118) that followed the following emerged:

E had just returned from the Eastern Cape to bury a best friend who had died in a car accident the previous week before the hijack. In the therapy session he told the therapist that the present trauma has revived the previous one. Just last night he had a vision of the trauma. It was like these guys had come back again. He still experienced helplessness, shock, disbelief, despair, sadness, and anxiety. Furthermore, some anger feelings had developed.

Each of these people was scared (E119) to remain in the house alone (E120) although the gate and the ADT security alarm (E121) were installed. They were surviving (E122) because they were all receiving medication (E123) for sleep from a psychiatrist (E124).

The meaning ascribed to the hijacking experience by the survivor

- What did the hijacking mean to you as a person?

The sooner I forget (E125) it the better (E126). You know what, it was harsh (E127), it was violent (E128) and I do not wish (E129) it on anyone (E130). It is terrorism (E131) of human peace (E132), psychological terrorism (E133).
When you think of hijacking, what comes to mind?

Hijacking has made me understand (E134) that life is too short (E135). Anything (E136) can happen (E137) to us anytime (E138).

Do you think it has changed your life? How? Please explain a little bit more?

Yes, I am very careful (E139) on the road (E140) and at home (E141).

4.2.6 F’s story

Brief profile

Gender: Male
Age: 38
Race: African
Occupation: Engineering department
Education: National diploma

Narration

On Wednesday, the 20th September 2006 (F1) between 19h00 and 20h00 (F2) I had just left for the place where I was to have a meeting (F3). The last time I had checked my watch was a couple of minutes after 17h00 (F4). I had driven from Esselen Street (F5) where I stay (F6) to go to a meeting at 18h00 (F7). I was a bit late for the meeting. On my way to where I stay I had to go (F8) via Sunni Vila flat 110 Joubert Street, Sunnyside, in Pretoria. This is the room in which my girlfriend was staying.
with my cousin. This had become a daily routine (F9) that everyday I would go and check them after work.

I parked the car (F10) outside the flat, switched off the lights (F11), radio and the vehicle. I then opened the door (F12) to get out. Immediately thereafter, before closing the door (F13), I heard the sound of a gun being cocked (F14). Two young (F15) male Africans (F16) approached me with handguns (F17) in their hands facing me. They demanded (F19) the car keys which I gave them.

They then started asking me questions (F20) about where I was staying (F21), where I was working (F22) and what I was going to do (F23) at the flat. They were simultaneously searching me (F24) and took my wrist watch (F25), the wallet (F26) and the mobile phones (F27). They asked for my gun (F28) and I told them I did not own a gun (F29). They protested (F30) when I said that I did not have a gun (F31). They asked what I meant (F32) when I said I did not have a gun. One of them asked me if I did not want to die (F33) and I said that I did not want to die (F34).

Regarding the questions (F35) about where I was staying (F36), what I was doing there (F37) and where I worked I told them the truth (F38). After taking my wallet (F39), watch (F40) and phones (F41) they ordered (F42) me to get back into the car at the backseat (F43). I went to the backseat (F44) with one of these guys (F45). The one who was in the backseat (F46) with me was the one having the car keys. He handed them (F47) to the one who sat in the driver’s seat. He did not follow the street
He went on to the pavement, drove at a very high speed and went through Kotze Street.

He then used his mobile phone to call someone informing him that he had just concluded an action and that he had an Isuzu. I could judge from his answers that he was being told to take the car to a particular place. He was also asked to say where I was coming from. He then asked me and I told him I was from Venda. He immediately passed the answer to the respondent on the other side of the call. He then got the instruction as to what to do with me, which he passed on to his accomplice. I cannot remember the word that he used when passing the instruction.

As he was driving he kept talking and in some instances talked about having dodged the police. He indicated that the police he had dodged could have caused trouble because they could have shot at them. His accomplice indicated that they could have returned fire, but accepting that it could have been very dangerous as the police always have more ammunition and theirs could have been finished in the process.

He continued to phone for more information. He then told his accomplice that he had been told to go via the toll road because it is better. As we were driving the driver said that he has not been prayed for and therefore will kill me. He emphatically indicated that if ever I was telling him lies he was going to kill me.
They asked if the car had a tracker (F77). I told them that it had (F78) it but also assured (F79) them that even though it had a tracker it would not be a problem to them (F80) because the car was still disarmed (F81). I was driving the car and had just stopped (F82). At the time I had not yet armed the car (F83) with the tracker. I was still going to close the doors of the car first (F84), lock them (F85) and then arm it with the tracker (F86).

On our way to where they were going with me, the one who was with me in the backseat misplaced (F87) one of my mobile phones. As he was looking for it he instructed (F88) me to get down between the back and the front seat with my face down (F89). He then found the phone but still kept me there (F90).

When we arrived at the toll gate (F91) the driver stopped to pay. The money he paid was not enough (F92) as he was doing it in a hurry (F93). The person at the gate did not open the gate (F94) and as the driver was surprised (F95), he then told him that the money was not enough (F96). He then took out additional money to pay and the gate was opened (F97).

As we entered the place (F98) which I later found out to be either Saulsville or Atteridgeville (F99) the driver did not know (F100) where he was supposed to take the car to, despite having been told (F101) the street name and directed by his accomplice.
One street name that I remember (F101) being mentioned was Tlou Street. After mentioning this street name, the one who was with me in the backseat said that they were making a mistake by mentioning names (F102) in my presence and they will have to kill me (F103).

After turning at the dead end the driver stopped the car. They both went out. I was ordered (F104) to get out of the car, which I did (F105). The one who was driving then instructed me (F106) to go with him and his accomplice took over the car. As we were about to leave on foot, the one who was driving seemed to have been struggling (F108). I was then instructed to wait (F108) as the one who was going with me went back to the car. He came back (F109) and then indicated that we should go (F120). He promised that if I did anything stupid he was going to kill me (F121).

As we were going we sometimes had to run (F122) as per his instruction (F123), such as when we passed lights (F124). We passed two people going in the same direction as us. At this time we passed lights (F125) while running. I passed in between these two people running (F126). He was running with a gun (F127) in his hand (F128).

As we were running (F129) my phone rang (F130). It was my girlfriend calling. Her name and surname appeared on the screen (F131). The guy immediately asked (F132) me who she was. He discontinued the call when I told him it was my girlfriend (F132) whom I was going to see when they got me. He then wanted to use the phone.
(F133), so I offered to unlock it (F134) for him. He gave the phone to me (F135). I then unlocked it (F136) and gave it back to him. He asked me to make a private call (F137) and I indicated that I did not know how to do it.

He went ahead (F138) and used the phone nevertheless. At the hostel (F139) we arrived at a place where there was a wall in front of us (F140) and some dark room (F141). He was no longer giving instructions (F142) as he still continued to operate the phone. I asked him (F143) if we were supposed to enter the room next to the wall. The room was very dark (F144) but I could hear noise (F145) like when one washes dishes in a sink. He indicated that we must not enter (F146) the room. He then instructed (F147) me to climb the wall (F148) and he followed (F149). After climbing this wall we found a street (F150) and then walked (F151) north along that street. He kept on telling me to go on walking (F152) while he stood phoning his colleagues (F153).

After walking for a while, I glanced back (F154) and no longer saw him (F155). I kept walking (F156) and turned into a street with lights (F157). In this street was a taxi rank (F158) and I walked towards it (F159). At the rank I enquired about the whereabouts of the nearest police station (F160). I was told that the police station was two streets away (F161) from where we were. I went there (F162) and reported (F163) that I had been hijacked. The police opened a case (F164) and thereafter took me to my flat (F165).
The meaning ascribed to the hijacking experience by the survivor

- **What did the hijacking mean to you as a person?**

  I was a target (F146), and they were waiting (F147) for a target (F148). I think (F149) they knew (F150) I was going to come there (F151). They probably saw me (F152) coming on some days (F153) and knew (F154) I would be back (F155).

- **When you think of hijacking, what comes to mind?**

  That hijacking tells me that the crime rate (F156) is just too high (F167) in my country, and someone with power and resources does not see (F168) it. I did not expect (F169) it, and I lived freely (F170). I was living like I was at home (F171) in Venda (F172). These guys suddenly (F173) arrived (F174) with guns (F175). I thought of being killed (F175), my body (F176) thrown (F177) where it will not be found (F178), and my family (F179) not being able to understand (F180) what could have happened (F181). My family (F182) would find it difficult (F183) to come to terms (F184) with my being nowhere (F185) to be found.

- **Do you think it has changed your life? How? Please explain a little bit more?**

  It has changed my life (F186) very much (F187). I am not living freely (F188). When I come back from work (F188) I don't drive (F189) as before (F190). I just park (F191) my car. If I have to go somewhere I just walk (F192). At night I need company (F193) to be with someone (F194) when I drive (F195). Any sound (F186) scares me (F196). It is scary (F197). I am always (F198) suspicious (F199) of everyone (F200). The other day I was waiting (F201) for my cousins (F202) to visit me. But when they came
to the window I jumped (F203). I always (F204) check (F205) around (F206) before driving (F207) and even when I am on the road (F208) driving (F209).

4.3 Discussion of the identified themes in the narratives

4.3.1 Profiles of the survivors

The survivors of hijacking who served as respondents in this research were five Africans and one Indian. Four were male and two were females. In one case the involved survivors were in the house and were female and male (E6), but the male was the owner of the car (E7). One case involved a female survivor who was a passenger (D5). The direct survivors were aged from the late 20s to the mid 40s.

4.3.1.1 Modus operandi of hijackers

Most hijackings took place during the week (A1, B1, C1, E1 and F1) and one on a Sunday (D1). The survivors were attacked in various situations, while coming back from work (B3), going shopping (C3), fueling at a garage (D4), in a house or flat (E4, F8) or even at a stop sign (A7). The hijackers come in numbers of two or three, with weapons, usually guns. One set of hijackers pretended to be seeking help or to be offering it (A12, A13).

4.3.1.2 Times of the operation

There does not seem to be specific times at which the hijackers attack their survivors as they varied. Three of the six hijackings took place in the afternoon (A2, C2, E2) and one in the early hours of the morning (B2) and also in the evenings (F1, D1).
Some times were random for the survivors while others were within the survivors’ daily patterns.

### 4.3.1.3 Days of hijack

The days on which hijackings took place also varied. Some took place during the week (A1, B2, C1, E1, F8) and one was during the weekend (D2). The days of the week on which the incidents occurred varied. There is no specific day that can prove that there is a pattern in hijacking occurrences. The days seemed to have been used by the hijackers at random as an opportunity presented itself to them.

### 4.3.1.4 Places of hijack occurrences

Stop signs (A7, A14), home (B5, E4), filling stations (D4), parking area (F10) and shopping centres (C6) were the places where hijackings took place. The ones outside the homes and parking were not the routine pattern of the survivors, but just random appearances or presences that were ‘unfortunate’ for them. The hijackings took place within industrial areas (A6) and in residential areas.

### 4.3.1.5 Outline of the hijacking scenery

The hijackers were all male (A10, B6, C6, D7, E3, F16) and some very young (F15). Most cases involved more than one hijacker. They would be in pairs or trios (A10, D7, E3). The survivors were both male and female. Weapons were used and in some cases threats were also made. The survivors were unprepared or did not have any weaponry. The hijackers used cars to ambush the survivors and in some cases foot ambushes were made. Vulgar words (A17, A18) were sometimes used to scare the
survivors and to enhance speedy cooperation. The cars taken were predominantly BMWs. Hijackers seem to prefer to operate in darkness, which seems to be their strength. Survivors were placed in the boot of the car, tied, covered with duvets (A29, E17, E18), forced to lie flat, face down or on their stomachs (A28, E11, E12).

Two survivors were assaulted with the butt of a gun (A35, D9). One survivor’s head was hit continuously for no apparent reason (A34). He was wounded and was bleeding (A35). Onlookers or witnesses did not want to become involved out of fear of the hijackers, and so during the hijacking experience one survivor did not receive help (A57). Yet, after the torturing experience and in the absence of the hijackers, people willingly offered help (A61–E65, E63–E70).

4.3.1.6 Weapons

The common weapon used by the hijackers, was a gun (A16, C3, D8, E3, E6, F14, F17, F127). Even though it was not used to shoot any of the survivors under discussion, its butt was used in some cases to hit the survivors on their heads. They hijackers made it clear though that they would not hesitate to shoot if their demands were not met and that they were prepared to take a life if they were opposed. The weapon was used strategically to manage the survivor, and the survivor indicated that he or she was co-operative and submitted himself/herself to the demands of the hijackers (A42).
4.3.1.7 Violence and the use of vulgar language

One survivor mentioned in his narrative that the threats (F34) were made harshly and sometimes softly, but all were made with vigour. In one case the survivor was insulted and shouted at (A17, A18). It was clear though that the guns gave the hijackers the freedom and/or power to harass and torture the survivors (A32, A33, A34, A35, A38, D9).

4.3.1.8 Possibilities to escape

The survivors' narratives saw no ways to escape their hijacking ordeal. They indicated that an attempt to escape equalled death. This was because the hijackers indicated that they would shoot to kill if the survivors tried anything. The survivor who escaped into his neighbours' yard (B28) and knocked at their door (B30) against the hijackers' advice was actually shot at (B31) which shows that the hijackers were ready to shoot in case of resistance or lack of cooperation. The result was that if there would have been a chance to escape, they did not risk that chance out of fear to lose their lives. During the narration the survivors pointed at areas during the ordeal that presented themselves as possibilities for escape. These opportunities were not there and if they were, there were no positive options. The survivors were longing for the hijackers to free them voluntarily.

4.3.1.9 Drop off areas

The places for dropping off the survivors seem to be chosen by the hijackers with the intent to confuse the survivors, in addition to the fear inducing ill-treatment they were subjected to. The hijackers wanted to ensure that before the survivors could make
any damaging contacts with police, they would have had enough time to escape with the car. The survivors were dropped off at places that they did not know (A67), in the dark (A48), and far away from roads, homes, and mainly in the bushes (A49, A52, E53, A56). The possible dangers to the survivors were not considered by the hijackers. They only wanted the opportunity to get away undisturbed. The survivors had to walk to find safe places (E54), such as roads, houses and helpful people (E55).

4.3.1.10 Handling of survivors

There were cases where men were placed in the boot and the woman in the backseat. In these cases the men received harsher treatment than the woman. The hijackers did not consider gender when they used vulgar words or were shouting, whoever was seen to be at fault was verbally abused. However, men received the harsher treatment and were shouted at more than the women. The hijackers drove around with the survivors (A23, A23, A45, A46, A49, A50, E31, E32) before finally leaving them at their chosen drop off points.

Once they approached their survivors, the hijackers instantly demanded the survivors’ weapons. None of the survivors involved were in possession of a gun, but some hijackers would not believe the survivors. This led to torture of the survivors who were not believed.
4.3.1.11 Personal possessions seized

In all the cases the car was taken, which was the main aim of the crime. Other valuables seized from the survivors were cash (A69, B16), credit cards (A70, B17, E88), car documents (A71), clothing (E87), mobile phones (E89, F41, B15, F27), watches (F25, F40), wallets (F26, F39, B17), drivers' licences (B18) and even a medical membership card (B19). This shows that the hijackers wanted to maximise their gains from the survivors, and cripple the survivors since they took possessions of importance from them which they (hijackers) could not use.

4.3.1.12 Instructions to survivors

The hijackers were in complete control of the hijacking scene. They instructed and ordered as they pleased (A54, A19, A27, B9), made demands any time they felt like demanding something (C8, F42, F63, F104, F106, F123 F145). The survivors did not try to resist, except the one who escaped and jumped the wall and hid in the house next door (B27).

4.3.2 Concepts found in the survivors' meaning of being hijacked

4.3.2.1 The survivors think they were targeted beforehand

It meant that everyone is a potential survivor to be hijacked one day (A72, A128). The car one owns may be taken anytime (A73, A74). A driver is being watched (A75). Someone is on the lookout for you as a car driver (A76, B85), and you are being followed (A122, A129).
4.3.2.2 Expectation to die

The hijacking survivors saw death staring (A89) at them. They thought they were going to be killed (A89, A94, AP5, A96, B79, F175, F176, F177, F178). They believed that it was by luck that they survived.

4.3.2.3 Cooperation with the hijackers

The meaning of cooperation is that it is a means to spare their lives (A92, A93). To the survivors cooperation was the only possible key to safety (B77, B78).

4.3.2.4 The hijackers’ disrespect for anybody or anything

The hijackers have no respect for anything, not for the law, for people and for quality of life (A87, A88).

4.3.2.5 Behaviour changes

The survivors’ behaviour changed (A112, A113). They started being on the lookout for danger signs, for possible attacks, confrontations (A116, A117, A118, A119 and A120). In many instances when the survivors drove they wanted company (C139). These safety measures were embarked on in the home and on roads.

4.3.2.6 Loss of freedom

The hijacking experience meant a loss of freedom (A82, A126 and A127). The survivors tended to believe that they are being followed (A129). They no longer feel as free as before the hijacking experience (F170, F171).
4.3.2.7 Increased vigilance

The survivors started taking more safety precautions (B68, B69). They want to be in the company of someone (C139). They are also alert in the home and on the road (B85).

4.3.2.8 The hijackers disregard for the survivors’ rights and privacy

The rights and privacy of the survivors were violated (C24, C25). This fact is also highlighted by the disruption of planned home activities (A78, A80, A82 and A83).

4.3.2.9 The importance of escaping alive

The realisation is that life should be treasured (C39, C40, C41, C42, C43). Life is too short (B73), and should not be wasted. To be alive is something to be celebrated upon (A98).

4.3.2.10 The necessity to reintroduce capital punishment

There were proposals for harsh measures to be taken to punish hijackers (D63). Capital punishment (D63) was specifically stated. The survivors argued that law makers do not see the worth of capital punishment because they are safe due to having protection/body guards (A104). They state that if they were to experience violence, such as hijacking, they would opt for capital punishment (A105, A107, A107, A108 and A109).
The crime rate is too high (B70). Hijacking is brutal, violent and harsh (A101, A102). They argue that hijacking, being a planned/organised violent crime (E128), deserves the death penalty (D63, D75).

4.3.2.11 The concern about the next of kin
The thoughts were with families, mainly the kids (C21, C36). There was worry as to what the families were going to do if the survivor was killed and thrown away where the body could not be found (F182).

4.3.2.12 The importance of debriefing and counselling
The survivors appreciated the opportunity they got of being debriefed (A136, B86). In addition they were grateful that they were counselled (A137, A138), because their situations could have been worse if they had not been counselled.

4.3.2.13 Distress
The survivors confirmed that they were fully amazed, angry, confused, disorganised, and fearful (B91–B95). They saw death coming from guns (C34–C36). They felt guilty as they could not protect their kids (C29). One female survivor also felt irresponsible (C32) as a mother and that she had failed her children.

4.3.2.14 Hijacking as a hard lesson
The survivors saw the hijacking as a harsh lesson (D65). They know that safety precautions in South Africa are vital (D55, D58). They believe that a gun and a tracker might help in combating future hijacking attempts (B72, B73, and B81).
4.3.2.15 An inability to trust others (suspicion)

The survivors even became suspicious of their tenants at home (B60). They suspect that the tenants arrange their hijacking. They also believe that they may even have been specific targets in that arrangement (B70, B146, B147, F150).

4.3.3 The survivors' feelings

4.3.3.1 Anger and helplessness

The survivors of hijacking tend to feel angry (C15, D39, E105, E118) after the incident. They feel angry because when they were being hijacked, they became completely helpless (A24, A40, E106). At the time they were at the hijackers' mercy (A41), and had to surrender and subject themselves (A42) to their abusive behaviour.

4.3.3.2 Concern for their families

The experience was painful for the survivors in the sense that the possibility that they could die during the hijacking was experienced as very real. At least one hijacked survivor, once in pain, mentioned that he kept thinking about his wife and children (A43, A44) at home. As a breadwinner he started worrying about providing for his family if he had to die, or how they would be protected if he, as the strongest person in the house, would not be there anymore.

4.3.3.3 Fear

The accompanying feeling during all the experiences was fear (B58, C18, E91). The hijackers used fear inducing threats as a strategy to manage the hijacking survivors
and to force them into submissiveness. Not only the threats (B29), but also the inflicted physical abuse enhanced the fear (A35, A36, E95) in the survivors. The survivors were instructed to do what the hijacker wanted, and they were warned against attempting to free themselves.

4.3.3.4 Gratefulness to be alive

A survivor mentioned that he might have been battered, frustrated, wounded and even angry and helpless, but he was happy and grateful that he did not die (D50, D51). When he recalled the situation in which he had been, he sees himself as having survived (D51, E122).

4.3.3.5 Symptoms of Post Traumatic Stress Disorder (PTSD)

Some of the survivors showed signs that they would need counselling to avoid what would result in PTSD. They could not sleep, felt tired easily and claimed to be having flashbacks (B42, B43, B44, C19, E109). They were still frightened, could not eat and one survivor also had continuous headaches (C20, C21, C22) and also felt numbness in his legs (E110).

4.3.4 Negotiations with the hijackers

A survivor tried to negotiate (E10) with the hijackers and even compromised by offering them help to get away (E33). Even though the survivors in general did not show resistance, they requested the hijackers to spare them and not harm or kill them.
None of the survivors in this study were seriously wounded or maimed, but most lost personal possessions.

4.3.5 Help from outsiders

Onlookers or witnesses usually offer no help during the hijacking from fear of retribution. There was no help from witnesses during the process of hijacking for the survivors in this research. In circumstances that were not threatening help came in abundance (A59, A62, A65, A66, A66, E67, E68, E69, E70). The survivors were offered lifts, received shoes, were offered aroma therapy and the use of a cell phone.

The police who could be the ones capable of intervening, were usually not at the scene. When they were called they usually only took statements and gave a case number. However, in one case (E) they also stood guard to ensure that on the night of the hijack there would not be a follow up attack.

4.3.6 Coping mechanisms after the ordeal

In order to cope with their traumatic ordeal one survivor (E122) visited a psychiatrist and used prescribed medication (E123) to sleep (E124). One survivor was calmed down during the intervention and given aromatherapy (E64, E68).

4.4 Discussion

There is no specific day that correlates with hijackings. Hijacking seems to be a fulltime occupation since the hijackings took place during the week and on weekends, even on Sundays. The times as well differed diversely as some hijackings took place in the afternoons or evenings and others in the early hours of the morning.
On the patterns of hijackings, some were planned while others were random. Planned ones include when the survivors were attacked in their house. Random ones include where the survivors were attacked while coming back from work, gone shopping, fueling at a garage, while parking or even at a stop sign. The hijackers seem to come in numbers of two or three, by car or on foot, but with a gun. These hijackers would pretend to be seeking help or to be offering it.

The hijackings took place in industrial areas and in residential areas. Hijackers seem to be young males and one group appeared to be carrying out telephone orders from "managers behind the scenes". The survivors were caught unprepared and without weapons. Vulgar language was used to scare the survivors and to enhance swift operations. The hijackers drove around till late waiting for darkness, even if the car was taken during the day. Survivors may be placed in the boot, tied, covered with duvets, forced to lie flat face down or on the stomach.

One survivor was assaulted with the butt of the gun. He was bleeding and wounded. To avoid attacks by the hijackers, onlookers did not provide help to the survivors. However, after the departure or in the absence of the hijackers, people offered help freely and willingly.

The hijackers threatened the survivors into submission and the survivors indicated that they fully submitted themselves to the hijackers and dared not attempt to escape.
in order not to be shot. One survivor escaped though, and was shot at. Fortunately he was missed. Most survivors waited for the hijackers to free them voluntarily.

Drop off areas chosen to confuse and scare the survivor and where they were not able to contact the police. The survivors had to walk to find places of safety.

Apart from the car, the hijackers also took other valuables from the survivors, like cash, bank and petrol cards, car documents, clothing, mobile phones, watches, wallets, drivers' licences and medical cards. They also demanded the pin numbers for the bank cards.

4.5 Key feelings of the survivors

Anger and helplessness were prevalent. The survivors of hijacking felt angry after being hijacked. They were helpless during the hijacking. They were at the hijackers' mercy, and had to surrender to the hijackers. Concern for the family seems to have been another common feeling. Fear accompanied all the experiences during hijacking. The uncertainty of their situation, the physical attacks as well the possibility of being killed reinforced their fear. Vulnerability was another important feeling as witnesses and onlookers did not help. Help came in abundance only in non-threatening circumstances. The police were not there. They came only to take statements afterwards. Another common painful feeling was anxiety that seemed to amount to PTSD symptoms. The survivors felt they needed counselling. They could not sleep, felt tired easily and had flashbacks. They were frightened, could not eat and also had continuous headaches. One survivor's legs felt numb. These are
symptoms of PTSD. Relief and gratefulness to be alive was felt generally among survivors. When the survivors survived their ordeal after thinking that they were about to die, they develop the attitude that “I am happy to be alive”. Life is what makes the survivors happy after being battered, frustrated, wounded and helpless. When they recall the situation in which they were, they see themselves as having survived.

4.6 Résumé

The survivors narrated the stories of their ordeal. Their experiences came as a big unexpected shock for which they could not prepare themselves. The hijackers subjected them to humiliating and fear inducing treatment, which left them completely helpless and defenseless and with the expectancy to die. They lost their cars and other possessions on them at the time of the hijacking. They suffered from quite a few symptoms of PTSD after the ordeal, although grateful to be alive.
CHAPTER 5: DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In the previous chapter six survivors of car hijacking were identified and their verbatim narratives were given and discussed as part of the phenomenological research of this study. The current chapter presents the conclusions drawn from the findings, based on the objectives of the study. A few recommendations are also made.

The aim and objectives of this study are to assist in restoring the quality and worth of lives of the survivors of hijacking by:

- Understanding their experiences of the ordeal,
- Understanding the meaning they attributed to the ordeal,
- Learning how they have dealt with and survived it,

5.2 Discussion of the findings and conclusion

5.2.1 Literature study

Literature is presented first to compare theoretical findings with empirical findings of this study. Sources used covered trends nationally and internationally. Through these there are possibilities of comparisons between the current survivors and the survivors of other circumstances.
These sources reveal that various authors outlined and described as the possible negative experiences of survivors of hijacking. The survivors' experiences are generally described as a traumatic experience with the effects of the trauma being shock, anxiety, depression, disrupted family functioning and suicidal tendencies. According to the literature these survivors exhibit symptoms of Post Traumatic Stress Disorder (PTSD).

The seriousness of gun violence during hijacking is also outlined and that the ultimate result of violence is trauma, and then PTSD. The survivors' experiences tend to include, among others, shock, disbelief and dissociation, attempts to ensure survival, feelings of terror and helplessness, and heightened sensory alertness. In the short-term, according to McDuff (1992), the hijack survivors may experience euphoria at survival, the need to talk about the experience, psychological distress, feelings of terror and helplessness, symptoms of intrusion, arousal and constriction, and a questioning of his/her establishes schemata for self and the world.

Post-trauma adaptation can be helped or hindered by the quality of the survivor's support environment and coping mechanisms. It is, therefore, essential that efforts for helping the survivors to cope with the trauma are effective. These must include removal of hindrances to the improvement of the survivors and helpful support conditions be increased.
5.2.2 The Phenomenological Research

5.2.2.1 The respondents' experiences and the meaning thereof

The respondents in this study were hijacked at gunpoint and were manhandled while the hijackers used vulgar language. The hijackers subjected them to humiliating and fear inducing treatment, which left them completely helpless and defenseless and with the expectancy to die. The uncertainty of their situation, the physical attacks as well as the possibility of being killed reinforced their fear. The general feeling among the respondents was anger about being hijacked and robbed of their possessions and helplessness, because they were at the hijackers' mercy, and had to surrender to the hijackers. The survivors begged, prayed and negotiated to be spared. They also compromised by offering help to the hijackers. They did not resist, but requested the hijackers not to cause harm or death and felt very vulnerable. While in those vulnerable, life-threatening situations, witnesses and onlookers did not help. Help only came in non-threatening circumstances. There was also concern for the family's survival and safety if the respondents were to die at the hands of the hijackers. The police were not there to help them either and when they came it was only to take statements.

The meaning of hijacking for all the survivors is that it is an unexpected, traumatic, life threatening and violent experience. They are of the opinion that everyone is a potential survivor. To them the hijacking means that they cannot trust people or feel safe anymore and have to be vigilant at all times. The hijacking means loss of freedom to them. The serious and traumatic impact that their experiences had on
their lives, meant that survivors are of the opinion that the death penalty should be reintroduced.

5.2.2.2 Dealing with the after effect of their ordeal

When the respondents survived their ordeal after thinking that they were about to die, they developed the attitude that "I am happy to be alive". Life is what made the respondents happy after being battered, frustrated, and wounded and feeling helpless and vulnerable. When they recall the situation in which they were, they see themselves as having survived.

Some respondents coped with the after effects of their ordeal by using sleep medication prescribed by a psychiatrist. Some were calmed down during the intervention.

The respondents all needed counselling. They could not sleep, felt tired easily and had flashbacks. They were frightened, could not eat and also had continuous headaches. One survivor's legs felt numb. These are symptoms of PTSD.

The trauma debriefing and intervention after their ordeal was quite necessary and appreciated.

5.3 Conclusion

The study indicates that hijacking is a violent crime. The survivors of this crime are humiliated, feel helpless and humiliated. They suffer physically during their ordeal at
the hands of hijackers and in the process are also robbed of their possessions. The survivors of hijacking (the drivers and passengers) should be debriefed, and receive counselling.

5.4 Recommendations

Counselling should aim to restore the survivors' human dignity and empower them to cope with their losses and their lives again. The survivors' experiences, their helplessness, humiliation and their negotiation for survival can be used for rephrasing and interpretation as means for survival. Their ability to submit to the harsh treatment could be turned into an empowering factor in their survival.

The families and colleagues should be involved in the therapy to support the survivor and contribute to his/her feeling of safety.

5.5 Limitations of the study

- Sample size

A small sample of survivors of hijacking, as was used in this study, cannot allow easy generalization of the research data. Yet it is believed that the responses acquired give an indication of the survivors of hijackings' experiences, feelings and need for support.

- Research focus

Specific reference was given to respondents who were targeted with the help of the clinic management of the medical station of the specific automotive company, because of the easy access and availability.
5.6 Suggestions for further research

Further research could be done about the following aspects:

- Guidelines for counselling survivors of hijacking
- A hijacking awareness programme for all car drivers
- The effect of hijacking upon the family of the survivor.
- The support provided by the family of the survivor.
- A follow up study about the effect of hijacking one or two years later.
- A comparative study between survivors of hijacking who received counselling and those who did not.

5.7 Conclusion

The aims and objectives of the study as mentioned in Chapter 1, 1.4 have been accomplished:

1. The respondents' narratives give an indication and understanding of their experiences during their ordeal. These experiences came as a shock, were painful, traumatic and fear inducing.
2. It is understood that the respondents described their experiences as humiliating and demeaning (the meaning they attributed to their ordeal).
3. They dealt with the hijacking by not resisting and submitting themselves to the violent and inhuman treatment in order to survive.
4. The respondents only received support from witnesses after the hijackers had left. They also received support when they tried to find their way home after being released by the hijackers. The police only took statements from them.
The researcher did the debriefing at the medical station of the automotive company.

The respondents' experiences and feelings during and after the hijacking serve as guidelines during counselling. Their feelings of helplessness, humiliation, fear and PTSD need to be addressed.
REFERENCES


Herman, J. L. (1992). *Trauma and trauma recovery from domestic abuse to political terror*. London: The Harper Collins Publisher.


LETTER OF CONSENT

I __________________________ hereby give my consent for voluntary psychological services.

The permission is given with the understanding that the information given verbally by me about myself and significant others will be kept confidentially, unless my life or someone's life is in danger.

________________________
CLIENT'S SIGNATURE

______
DATE

________________________
THERAPIST AS WITNESS
Research "Empowering traumatised victims of car hijacking with coping mechanisms"

Dear Mr Kekana,

Thank you for providing all the necessary documentation required in order for you to conduct your research in the above-mentioned topic.

Permission is hereby granted for you to do the research subject to the ethical approval from the University Ethics Committee.

Please could you provide a copy of the Ethics Approval as soon as this is obtained.

If there are any unforeseen adverse issues which may arise during the research, BMW SA reserves the right to stop the participation of its associates in the research and will take the necessary appropriate action.

Thank you.

Yours faithfully,

Dr NT Mayer
General Manager, Health & Occupational Medicine