



CHAPTER ONE

PROBLEM FORMULATION, AIM OF THE STUDY, TITLE AND CONCEPT ELUCIDATION, AND PROGRAMME OUTLINE

1.1 INTRODUCTION

Cultural factors have played an important part in the delayed recognition of traumatic stress disorders and have shaped societal and therapeutic responses to them, including the neglect of disadvantaged adolescents, which has been tragically common in the South African past.

The challenge in South Africa is not simply to survive a single traumatic event, but to adjust to ongoing stress with episodic occurrences of acute threat, while trying to maintain an everyday existence. Most, if not all adolescents in South Africa are exposed to high divorce rates, high incidences of crime and personal violence, such as family violence. The rate of alcoholism and drug abuse in South Africa is known to be amongst the highest in the world. Simpson (1993: 603) refers also to the "Family Wipe-out Syndrome" where entire families are killed in a murder-suicide by one of the parents. It is therefore particularly important to understand the effects of traumatic, and especially chronic stressors, on adolescents. Later, in adult life, the serious effects, such as seen in South Africa since the 1940's, may cripple national development in the decades after conflicts. Traumatized societies may either become chronically traumatic or may themselves become the perpetrators in internal or international affairs, as seen in the history of South Africa (Simpson, 1993).

Pervasive violence exists at every level of the South African society and is widely acknowledged to be one of the most pressing problems troubling the country. In violence-ravaged South Africa, youth from across all social, economic, racial and

cultural divides experience trauma as violent attacks, rape, mutilation, experiencing the killing of family or friends, family violence, kidnapping and car hijacking. New laws governing domestic violence have put the problem of family violence under the spotlight. Both the professional and the lay press are devoting long overdue attention to family violence. Emerging research regarding family violence appears to focus mainly on the abuse of women (Root, 1996). Recent international research, however, suggests that an alarmingly high number of children and adolescents experience violence within the family, but studies concentrate on physical abuse and neglect and / or sexual abuse (Barnett; Miller-Perrin and Perrin, 1997). The South African Police Statistical Services do not record domestic violence as a separate category of violence. Domestic violence is documented as common assault, aggravated assault, assault with intent to do grievous bodily harm, sexual harassment, rape or murder. According to Lewis (1999) many victims of family violence do not know their legal rights, resulting in the crime often not having been reported. It may thus be assumed that the actual number of domestic violence cases is much higher than the number of cases reported to the police.

South Africa, a country of close to 40 million people, has the further impediment of having only approximately 2,000 psychologists to serve this diverse cultural nation. Despite the fact that most counsellors in South Africa work cross-culturally, the impression exists that the issue of cross-cultural counselling of traumatised youth has largely been neglected. At a recent conference for Traumatic Stress in South Africa (1999) hosted by the Centre for the Study of Violence and Reconciliation, Dr Nomfundo Walaza, the director of the Trauma Centre for the Survivors of Torture and Violence, made the following statement in this regard: "In a country where there are no psychological services for the poor, suffering is medicalised. They go to a doctor, and the doctors medicate".

Until recently little was known or had been researched about the influence of culture on the phenomenon of trauma. There appears to be insufficient understanding or knowledge about how responses to trauma may be expressed differently according to socio-cultural norms (Adair, 1999). Like many other psychological disorders, North American, European, Israeli and Australian researchers and professionals, have generated virtually all the theory, research and evaluation on traumatology.

When these concepts and approaches are applied indiscriminately to members of South African cultural traditions, there may be serious risks of ethnocentric bias (Peltzer, 1998; Hartzenberg, 1998). Currently researchers from a variety of disciplines in developed countries are attempting to measure the effects of trauma on developing societies. The trans-cultural generalisation of Western paradigms of traumatising and treatment programmes requires caution.

South Africa has reached the point where the impact of trauma on the country's economy, the day-to-day existence and psychological well being of its youth has become a most important and debated issue. In order to establish the needs of the community and the specific demands regarding intervention programmes for traumatised adolescents, a clear identification of the phenomenon is required.

1.2 REFLECTIONS ON RESEARCH PARADIGMS

The postmodern age is characterised by a new awareness that questions all previous paradigms. The use of a paradigm is shaped by the intention of the user for understanding the phenomenon. Paradigms represent belief systems that attach the user to a particular worldview (Denzin and Lincoln, 1998). Researchers should be able to identify the worldview that most closely resembles their own philosophy and practice (Mertens, 1998: 7). Guba & Lincoln (1994) identify three questions that help to define the paradigm of this study, namely:

- *The ontological question*, which asks, "What is the adolescent's perception of what constitutes a traumatic experience?"
- *The epistemological question*, which asks, "To what extent are the cultural differences of people tied to variations in the social construction of reality?"
- *The methodological question*, which asks, "How can the problem of intervention for the adolescent traumatised by family violence be addressed in a cross-cultural context?"

The paradigms that most closely influence the approach taken in this study are those of the *constructivist* paradigm and *neopragmatism*. Both these approaches reject the notion that there is an objective reality that can be known. The constructivist approach, as followed by this researcher, accepts and understands the multiple social constructions of meaning and knowledge that is not a mirrored reflection of reality, but rather a constructed interpretation of the experience

(Mertens, 1998; Fishman, 1999). Accepting the view that much of human experienced reality is socially constructed within a cultural context, neopragmatism focuses on contextual goals that specific groups have, and it evaluates the “truth” in terms of its capacity to help achieve these goals. Neopragmatism also allows for scientific effort that serves to “collect, organize, and distribute practices that have produced their intended results” (Fishman, 1999: 6).

Table 1.1 (see Appendix 6) presents the major research paradigms, their assumptions, and criteria for evaluating research, as well as the typical form that an interpretative or theoretical statement assumes in the paradigm (see Denzin and Lincoln, 1998: 27).

1.3 THEORETICAL PERSPECTIVE

1.3.1 EDUCATIONAL PSYCHOLOGICAL MODEL

Educational Psychology is the study and understanding of human behaviour in relation to the problems involved in educating children and involves the application of psychological knowledge regarding the interaction of the child and:

- the family as primary education context;
- the school as secondary education context;
- society as tertiary education context.

According to Mwamwenda (1995: 4-7) educational psychology contributes to the theories of child and adolescent development; the child’s learning behaviour within a diversity of contexts, such as the home, school and society; as well as to modes of thinking, relationships and attitudes.

The educational psychologist focuses on both psychological and pedagogical theory and practice as requirements of scientific activity. The educational psychological perspective, as viewed by the researcher in this study, takes the entire context of the adolescent and his relationships into account, and the impact that family violence as a traumatic experience may have on the development and actualisation of the adolescent’s overall potential.

1.3.2 THE ECOSYSTEMIC PERSPECTIVE

The ecosystemic perspective is an integration of both the ecological and systemic theories. According to this view individuals and groups are linked in dynamic, interdependent and interacting relationships at different levels of the social context.

The prefix *eco-* is derived from the word *ecology*, which indicates the study of the relation between living organisms and their environments. *Systemic* assumes that phenomena cannot be studied in isolation in a reductionist manner, but in interdependent contexts. A fundamental principle of systemic thinking is that actions are seen as triggering and affecting one another in cyclical, often repeated patterns. The cycle of violence as experienced in family violence can be seen as such a pattern. The human observers themselves determine the reality that is observed and described (Jordaan & Jordaan, 2000; De Vos, 1998; Donald, Lazarus & Lolwana, 1997).

In this study the adolescent's problem is viewed as part of his context, in which all elements of the system are intertwined and influence one another in such a way that all the various elements are ascribed meaning from the whole. Ecological systems theory can serve as a conceptual framework for educational psychology theory and practice that is rooted in problem solving and empowerment.

1.3.3 A PRAGMATIC CONTEXTUAL PERSPECTIVE

According to Fishman (1999: 130) truth does not lie in its correspondence to "objective-reality" (since that continuously changes), but in the usefulness of knowledge in helping to solve problems and achieve specific goals in today's world. This study is centred on the philosophy of contextual pragmatism, which pays attention to the contextual embeddedness of individuals and focuses on:

- the particular client in his / her context;
- the specific psychological or social problem requiring an innovative approach and intervention (Rothman & Thomas, 1994);
- the guiding conception as informed by previous research;
- the programme for intervention that flows from the guiding concept (see Appendix 7).

This perspective assumes a humanistic commitment to study the world from the perspective and context of the unique interacting individual. The basic issue in contextual pragmatism is simple: *how best to offer intervention for the trauma experiences of diverse people and cultures?* The researcher is of the opinion that by including the research subject in the research process, allowing the individual to explore and express himself through the implementation of intervention research, the researcher can strive to authentically report the experiences. The subject speaks and interprets for himself. This approach employs the strategies and methods of qualitative case studies and if new tools have to be developed, then the researcher will do this (see the self-developed **C 4 MODEL**, Figure 1, p 88), using a research-innovation process within the context of the real-life setting. The pragmatic contextual approach is multi-method focused, uses triangulation, and attempts to secure an in-depth understanding of the phenomenon of adolescents traumatised by family violence.

1.4 THE ASSUMPTIONS OF THE RESEARCH

In terms of the preceding orientation, the theoretical assumptions regarding a cross-cultural intervention programme to be designed and developed, can be stated as follows:

- The problem of adolescents traumatised by family violence demands a solution (Snyman, 2000; Lewis, 1999; Micheals, 2001; Johnson, 1998, Malchiodi, 1998).
- The cross-cultural counselling context in South Africa is complex and diverse (Wentzel, 2000; Eagle, 1999; Lewis, 1999; Marais, 1995; Kunutu, 1993).
- Theory and research should be directed by the problem at hand (Fishman, 1999; De Vos, 1998; Rothman & Thomas, 1994).
- Case study research can be effective in contributing to knowledge concerning the adolescent exposed to family violence. This knowledge can enhance the design and development of an intervention programme within a cross-cultural context (Fishman, 1999; Guba & Lincoln, 1994; Merriam, 1991).

- Shifting the focus from the researcher's reality as the one of importance to the client's view and interpretation of reality, will contribute to addressing the obstacles encountered in a cross-cultural context.

1.5 PROBLEM STATEMENT

1.5.1 IDENTIFICATION OF THE PROBLEM

To identify the problems most prevalent in the counselling sessions of a trauma centre, Barbara Louw, who is the director of Inter-Trauma Nexus in Pretoria, was interviewed on 13 March 2000. She confirmed that rape and family violence are currently the most common incidences of trauma the various Inter-Trauma Nexus Centres have to deal with.

Further investigation into the incidence of family violence and the impact thereof on the adolescent has brought to light that there is an absence of attention regarding the adolescent as a victim of family violence (Straus, 1997). This may be the result of societal perceptions that adolescents are perceived as sharing some of the complicity in family violence due to their physical size or difficult behaviours. Lewis (1999) is of the opinion that crimes against children are often not taken particularly seriously. Police are not always adequately trained to deal with child survivors of violence and do not understand their needs, often disregarding the evidence of children and adolescents (Snyman, 2000).

According to Inspector G. Wentzel (Media Liaison Officer of the SAPS), who was interviewed by the researcher on several occasions during May 2000, statistics regarding family violence do not reflect the true picture. Prior to the Domestic Violence Act coming into operation at the end of 1999, many cases that were initially reported were later retracted and thus never came to court or were simply never recorded. The fact that cases are recorded according to the police officer's perception of what constitutes an incident of family violence, further complicates the issue. This difficulty in defining which acts are violent and which are not is ascribed to varying cultural and sub-cultural views on whether behaviour is acceptable or not acceptable (Wentzel, 2000; Gelles and Cornell, 1990: 22). In most cases the

criterion for family violence appears to be physical or sexual abuse. Emotional trauma suffered as a result of family violence does not appear to be regarded as a criterion.

Domestic violence has been identified as a national priority crime (Micheals, 2001). Considering the complexities of meeting the changing needs and demands of a multicultural society and the apparent lack of solutions to the national social problems stemming from rapid change and development, there appears to be a need to develop a cross-cultural programme for adolescents traumatised by family violence. A programme that is answerable to the demands and needs of a multicultural society requires careful and thorough analysis of the problem.

1.5.2 ANALYSING THE PROBLEM

Many consider the most important questions in the study of family violence to be: *"who are the abusive family members and what are the causes and forms of family violence"*? This study will, however, concentrate on developing a programme for the counselling of adolescents who are traumatised by the violence they have experienced directly or indirectly within the family environment and not the abuse of the adolescent *per se*.

The adage of Pedersen (1991) that when diversity of ethnic, cultural, political, linguistic, religious and socio-economic status is taken into account, then **all counselling to some extent transpires cross-culturally**, also demands attention. The ability to work with another individual, which by definition is a separate and distinct entity is a basic counselling skill and not reserved only for those who choose to specialise in cross-cultural counselling. Spreight; Myers; Cox and Highlen (1991) pose the question that if a counsellor is unable to work with those from whom he / she¹ is different, with who will that counsellor then be able to work? Cross-cultural counselling appears to have the status of an extra skill area in which counsellors can choose to concentrate or not. The problem that needs to be resolved is what constitutes a cross-cultural programme for the counselling of adolescents

¹ Gender references will be confined to one gender (male) for the benefit of language fluency, but should be seen as including of and significance to both genders.

traumatised by family violence and what are the variables that influence such a programme? ***Is it possible for the cross-cultural trauma counsellor to claim the ability, knowledge and expertise to transcend cultural differences, thus offering adequate understanding to the adolescent from a different culture in dealing with the problem of family violence?*** This central question gives rise to further issues that demand attention.

Firstly, does the approach to cross-cultural counselling of traumatised adolescents differ from the process of regular counselling and would the counselling programme for adolescents differ from those for younger children and adults?

Secondly, are the current cross-cultural counselling approaches, as espoused by the Western world, applicable and acceptable within the cultural and socio-economic context of South Africa? When the counsellor and adolescent differ from each other in language, socio-economic status, religion, acculturation level, age, identity development and gender, it may impact on the effect and success of the trauma counselling process. There is a demand for counsellors who are involved in the counselling of adolescents traumatised by family violence, to question their own expertise and approach regarding the needs of a complex society-in-transition such as South Africa. This brings into question the trauma counsellor's approach, beliefs and assumptions concerning cross-cultural counselling when consulting with family members exposed to family violence.

Thirdly, what is the trauma counsellor's perception of the concept "family violence"? Finally, is the counselling of traumatised adolescents culture-bound or universal?

Not until these questions are adequately addressed, can a cross-cultural programme for the counselling of adolescents traumatised by family violence be presented.

1.5.3 PROBLEM FORMULATION

In the light of the preceding analysis the research problem may be formulated as follows:

To what extent are the cultural differences among people tied to variations in the social construction of reality and would the perception of what constitutes a traumatic experience, therefore demand a contextual counselling programme for adolescents traumatised by family violence in a multicultural society?

1.6 THE AIM OF THE STUDY

It is not the aim of this study to concentrate on any specific form or the causes of family violence as a traumatic experience for the adolescent. The purpose of this study is to develop and describe a cross-cultural programme for the counselling of adolescents traumatised by family violence. Such a programme will aim to better identify and address the complex dynamism that shape and determine the psychological well-being of the youth in South Africa's multicultural society and will be based on a pragmatic contextualised model.

1.7 THE RESEARCH METHOD

1.7.1 THE RESEARCHER

The research executed in this study is seen as an interactive process that is shaped by the personal history, culture, and socio-economic status of the counsellor and the subject, and also by other significant individuals who share the setting. The researcher as practitioner is therefore a multicultural subject, where the perception of self and others plays an important role. In qualitative research the researcher is the human instrument for data collection. In this study the researcher focuses on interaction with the research subjects in a therapeutic facilitation process. This requires the researcher to act as a “partial participant”, building on tacit knowledge and as a “partial observer”, using reflective activities regarding own cultural values, beliefs and biases throughout the case study research, to determine their impact on the data (Fishman, 1999).

The researcher's own personal values and culture, that could interact and interfere unduly with the design and conduct of the study, are addressed through applying *researcher bias reduction* (Fishman, 1999), as implied by the non-verbal and non-interpretative approach suggested by the C 4 Model (p 88). Data reporting and outcomes in the research are rooted in contexts and persons apart from the researcher, thereby assuring *confirmability* (Guba & Lincoln, 1994).

1.7.2 GAINING ENTRY AND PERMISSION TO RESEARCH SETTING

Appropriate procedures to gain permission and access to the research setting will be followed to ensure the outcome of ethical principles as follows:

- **Emotional and / or physical harm**

Research participants will be comprehensively informed beforehand about the potential impact of the intervention programme. Such information offers an opportunity to withdraw from the research study if so wished. Past trauma may be recalled to memory during intervention and information pertaining to this possibility will be given to the caregivers, as well as how to manage behaviour resulting from this.

- **Informed consent**

Adequate information, in the form of an interview as well as a letter of consent, will be handed to the caregivers of each adolescent participating in the study regarding the goal of the investigation, the procedures that will be followed during the intervention, the advantages, disadvantages and the credibility of the researcher. The demands in terms of commitment and time, activities and disclosure of confidential information, will also be addressed during the first interview with the adolescent and his caregivers.

- **Deception**

Offering incorrect information with regard to the goal of the study and the nature of the intervention programme, in order to ensure participation, is viewed as deception. The researcher will, however, make use of a one-way mirror for collaborative observation by the research assistant, without the knowledge of the adolescent.

This form of covert observation is not deemed to be harmful by the researcher and is viewed as functional in providing validity within the study.

- **Violation of privacy**

Privacy implies the element of personal privacy, while confidentiality indicates the handling of information in a confidential manner (De Vos, 1998: 28). As mentioned above, the use of a one-way mirror is not regarded as a violation of privacy in this study. The adolescent's identity will be protected at all times as privileged information, known only to the researcher and social worker managing the particular case.

- **Action and competence of the researcher**

In order to obtain and ensure cooperation within the cross-cultural setting, the researcher will ensure that she is aware, sensitive and respectful of the cultural customs, values and worldviews of her subjects. The non-interpretive approach of the researcher supports the endeavour that no value judgements are made.

- **Cooperation with collaborators**

The researcher and assistant, who is an intern-psychologist, will collaborate all information and observations after each session and any area of ambiguity will be addressed. De Vos (1998: 393) refers to this process as "functional analysis". Results obtained through this observation and collaborative process helps to guide the selection of procedures and their refinement throughout the research intervention process. In using participant observation as data-gathering technique, the researcher is concerned and aware of the highly subjective nature of human perception. Collaborative coalitions will also be formed with the gatekeepers of the cross-cultural trauma setting, namely the director and social workers of the therapy unit. When appropriate, the researcher will also collaborate with the schoolteacher.

- **Restoration of subjects**

Termination and withdrawal of therapy should be handled with the utmost sensitivity. Interventions should focus on fears and questions about the future in order to help the adolescent to cope with the re-integration into family and society.

The researcher will offer further therapy after the completion of the research if research participants request so.

1.7.3 LITERATURE REVIEW

The researcher will conduct an extensive literature study of the theory and practice of trauma- and cross-cultural counselling approaches, which will provide important directives for designing and developing an intervention programme for traumatised adolescents. Various research studies done in South Africa and internationally in the field of trauma and cross-cultural counselling will be consulted to avoid "reinventing the wheel". Information from the fields of psychology and education will be integrated with that of social work.

1.7.4 SITUATION ANALYSIS

Preliminary visits to the therapy unit of the Child and Family Care Society in Pretoria will determine the site's accessibility and suitability for research. Discussions will be held with the director and staff of the therapy unit to collaborate regarding:

- permission to enter the research site;
- selection procedures regarding research participants;
- access to relevant documents such as court- and case files;
- the planned activities and nature of the intervention programme;
- the use of the facilities of the playroom.

Interdisciplinary partnerships within the research setting will be defined and include persons from diverse cultural backgrounds.

A full description of the research site, the identification and selection of the research participants, the concerns of the population and the design of an observational system will be reported in-depth in Chapter four (see 4.3).

1.7.5 CREDIBILITY

In qualitative research the credibility test asks if there is a correspondence between the way the research participants perceive social constructs and the way the researcher portrays their viewpoints (Mertens, 1998: 181). Credibility as criterion in

qualitative research parallels internal validity in postpositivist research and within this study is achieved by means of:

- *internal-functional validity*, where functional relationships between the programme intervention variables and client outcome variables are achieved;
- *internal-connectedness validity*, by presenting convincing logic and reasonableness concerning the relations among the various components of the case study;
- *credibility*, which requires techniques such as prolonged engagement, evidence of persistent observation and triangulation (Fishman, 1999: 161; Guba & Lincoln, 1994).

The process whereby multiple perceptions are used to clarify meaning and verify observations is known as triangulation. Guba and Lincoln (1994) support the use of member checks for consistency of evidence, rather than from multiple methods. This study makes use of the following methods of triangulation (Duffy, 1993: 143):

- *Theoretical triangulation*, involving the use of several frames of reference or perspectives in the analysis of the same set of data. The researcher will not rigidly adhere to any one single theoretical orientation, but select that which has bearing and significance to this study.
- *Data triangulation*, which attempts to gather observations through more than one way. Data is triangulated in this study by including the researcher as instrument, member checks by other professionals and through the qualitative case study method.
- *Investigator triangulation*, using more than one observer, coder, and/or analyst. The researcher and a research assistant, who is an intern-psychologist, will collaborate on all data collected during the research.
- *Methodological triangulation*, using multiple methods of data collection procedures, such as literature review, interviews, observations and documents and reflective activity.

1.7.6 IMPLEMENTATION OF INTERVENTION RESEARCH

The use of research methods in the implementation and advanced development phase of the intervention research is not only to provide programme appraisal for practice purposes, or to contribute to human knowledge. The research methods are

rather implemented to produce outcome information as an integral part of a "research-innovation process" (de Vos, 1998:397). This implies that research follows development, contributes to further design and development as deemed necessary, and proceeds ultimately to adoption and widespread use and the dissemination of the intervention programme (see 5.5, p 162). The selection of an experiential design, collection and analysis of data, replication of the intervention under field conditions, and the refinement of the intervention are the four aspects that constitute the evaluation and development phase.

1.7.7 THE REFLECTIVE PRACTITIONER

The researcher will apply continued and attentive reflections during the case studies. This is done with the specific aim of

- questioning and monitoring the implementation and results of each session;
- to gain an insight into the researcher's role in cross-cultural trauma counselling (the researcher's meta-cognition of the intervention process);
- and to critically examine the effectiveness of the intervention.

The long-term and specific aims of the programme sessions, and the results achieved in each individual case, guide the researcher in her reflective discourse. The insight gained during reflection is put into practice during the subsequent sessions.

1.8 RESEARCH STATEMENT

In order to ascertain the success and value of the cross-cultural counselling programme for adolescents traumatised by family violence, it will be essential to analyse all significant cross-cultural and procedural patterns and themes that emerge during the implementation of the intervention programme. A pragmatic psychological perspective on the design and development of the intervention programme, and reflective activity during data processing by the researcher, will contribute to the analysis and also serve as a theoretical framework on which to base this research.

1.9 TITLE AND CONCEPT ELUCIDATION

Specific terminology may not communicate that which it intends to convey. Theories, concepts and terms may have different meanings, depending on the context in which they are used. McFadden (1999: 4) comments that "language differs according to variables such as counsellor, client, culture, gender, socio-economic reference and ethnicity."

1.9.1 TITLE ELUCIDATION

A critical consideration of the title of this thesis, namely "*A cross-cultural counselling programme for adolescents traumatised by family violence*", confirms that it is imperative that cross-cultural factors within the South African context are taken into account during the counselling of adolescents traumatised by family violence. In order to ensure correct interpretation and to prevent confusion, it is important to identify and clarify certain basic concepts.

1.9.2 CONCEPT ELUCIDATION

1.9.2.1 The concept *Programme*

The programme, as in the title of this thesis, concerns a responsible cross-cultural intervention programme that fulfils certain specific needs within the South African context, for the counselling of adolescents traumatised by family violence.

1.9.2.2 The concept *Cross-cultural*

Assumptions and conceptions about culture are important because they circumscribe the types of knowledge, information, methods and skills provided within the context of a particular approach (Ponterotto; Casas; Suzuki and Alexander, 1995). Efforts to deal with the multicultural nature of South African society has led to different models and strategies, as seen elsewhere in the world. In the process, adjectives such as "trans-cultural", "multicultural" and "cross-cultural", are all used in connection to the research and study of the phenomenon (Ponterotto and Pedersen, 1993).

a. Trans-cultural

Trans-cultural implies the "crossing over" from one culture to another to achieve better understanding of one another. Trans-cultural counselling is, according to McFadden (1999), the ability and expertise to transcend cultural differences so that active interfacing with other cultures considers cultural identity and contextual assimilation.

b. Multicultural

The concept of multicultural as used in this study implies a society that is comprised of individuals from many races, languages and cultural groupings, urban and rural societies, religions, social and political backgrounds. Pedersen (1994) states that multiculturalism emphasises the ways in which one is *different from* or *similar to* other people. It may therefore be stated that multiculturalism emphasises both culture-specific characteristics that differentiate and culture-general characteristics that unite people. McFadden (1999: 6) defines multicultural counselling as "an approach to facilitate client insight, growth and change through understanding multiple cultures within which psycho-social and scientific-ideological ways of perceiving one's social environment are brought together in a helping relationship."

c. Cross-cultural

Cross-cultural counselling has been defined by a number of researchers (Axelson 1993; Locke 1992; Pedersen 1994). The use of the term *cross-cultural* implies a comparison or bridge between two cultural groups.

Kunutu (1993: 2) comments that cross-cultural is "the distinction that exists between cultures". Sue; Bernier; Durran; Feinberg; Pedersen; Smith and Vasques-Nuttall (1982: 47) define this concept as "any counselling relationship in which two or more of the participants differ in cultural background, values and lifestyle". This definition represents a broad view in which all counselling becomes cross-cultural in nature. Spreight *et al* (1991) contend that in adopting a broader view of what cross-cultural counselling constitutes, language and terminology must also reflect this perspective. It is for this reason that the term "multicultural" is often preferred, as it seems to be more reflective of this broad view. For the purpose of this study the term *cross-*

cultural will imply and include the concept of multiculturalism to achieve a more inclusive concept.

1.9.2.3 The concept *Counselling*

The concept of counselling, as understood in this study, is the process of assisting and guiding traumatised adolescents who have been exposed to family violence by a trained person on a professional basis, in order to resolve personal, social and psychological problems.

1.9.2.4 The concept *Traumatised*

What is considered to constitute trauma is becoming more varied and many different events are seen as potentially traumatic. There has been a shift of interest from wars and natural disasters which were the original traumatic events most frequently discussed and studied, to deliberate episodes of violence. Chronic stress, such as is experienced in a society like South Africa where the threat of HIV / AIDS, criminality and violence are endemic, has brought a change to the identification of such groups for targeted study. This attests to a change in the view of the disorder, with the focus shifting from external to internal events as a trigger for psychological reactions.

Psychological trauma occurs in the wake of an unexpected event that a person has experienced intimately and forcefully, such as family violence. Trauma is a response, a reaction and the answer to a question. In this study the traumatic experience may be an adolescent's reaction to someone's death, to being injured, or to becoming a victim, or being the perpetrator of family violence. Thus a person must experience the event before trauma can be said to have occurred. The more intense the person's experience of the event, the greater the trauma may be. Hence, there can be many degrees of trauma, ranging from mild to severe (Everstine and Everstine, 1993).

1.9.2.5 The concept *Family violence*

According to Barnett *et al* (1997: 10) there is not one universal definition of family violence: "Researchers employ a diversity of definitions, depending on their particular research requirements and findings, as well as their own theoretical and personal viewpoints". Cognisance should be taken of the fact that what constitutes family violence in a certain cultural group is not necessarily judged as family violence in another culture. It thus appears that defining and assessing family violence is one of the most extensive, ongoing and controversial areas of inquiry in the study of family violence (Barnett *et al*, 1997).

For the purpose of this study the researcher defines family violence as a direct or indirect act of violence carried out by a member of the family unit, with the intention or perceived intention of physically, sexually and / or emotionally harming another family member, thereby resulting in a traumatic experience for that family and individual. The important factor in this study is that the adolescent, irrespective of the nature, cause or intensity of the family violence, experiences the violence as traumatic.

1.9.2.6 The concept *Adolescent*

This study concentrates on the mid-adolescent, aged from twelve to sixteen years, also known as "the crossover period between childhood and adulthood" (Gillis, 1994: 73). However, as the adolescent constantly moves back and forth between stages of development, this age distinction is made solely for practical purposes. In adolescence Piage's stage of formal operations is known to be when abstract, conceptual and future orientated thinking becomes fully developed. The adolescent's main task is to form an identity, an image of the self as a unique person with a sense of purpose and a secure sense of self (Lewis, 1999). According to Gillis (1994) this period of adolescence coincides with a time for experimenting with different aspects of personal development and acquiring the skills necessary to make decisions leading into adulthood. As the experimentation is not based on a secure foundation, it may be accompanied by feelings of ambivalence and insecurity. It is during this period of adolescence that the bond between child and

parents loosens in relation to the growing need to attain individuality and emotional independence.

1.10 PROGRAMME OUTLINE, REVIEW AND CHAPTER PLANNING

With the view of gaining a clear perspective and understanding of the phenomenon under investigation, namely *A cross-cultural counselling programme for adolescents traumatised by family violence*, the following aspects are dealt with in chapter one: identification, analysis and formulation of the research problem; the aim of the study; reflections on interpretive paradigms and clarification of the title and concepts used in the study.

In chapter two, a perspective on trauma as a universal phenomenon and family violence as traumatic experience for the adolescent, will be expounded.

A viewpoint on the challenges and demands regarding the phenomenon of cross-cultural counselling will be offered in chapter three.

Chapter four deals with an investigation into the counselling of adolescents traumatised by family violence within a contextual paradigm; the phases in intervention research, namely problem analysis, information gathering, the design of a cross-cultural counselling model and the development of the intervention programme.

Chapter five examines the implementation and advanced development of a cross-cultural programme for adolescents traumatised by family violence, with consideration to the possible limitations of the investigation, and the dissemination of the study results.

A review and summary of the research findings will be made in Chapter six, with the principal aim of formulating motivated recommendations regarding prevention and intervention.



CHAPTER TWO

THE PHENOMENON OF TRAUMA WITH SPECIFIC REGARD TO FAMILY VIOLENCE

" I do not believe that these experiences were meant to break us. They were given to us in order that we might be strengthened. It is the same boiling water that hardens an egg and softens a carrot."

(Translated from Zulu)

Unknown woman from Bhambayi (in: New Therapist 1999: 22)

2.1 A HISTORICAL PERSPECTIVE ON THE PHENOMENON OF TRAUMA

Exposure to trauma has been a risk of the human experience throughout human history (Friedman and Marsella, 1996). The effects of trauma on the psyche have been well documented by writers and scientists for many centuries. Homer's *Ulysses* and Shakespeare's *Henry IV* experienced trauma through their exposure to war. Samuel Pepys described his intense emotional reaction to having observed the London Fire of 1666 (Johnson, 1998; Everstine and Everstine, 1993). Jenkins (1996) cites the pathological transformation of what was then termed "vehement emotion" into trauma-related disorders, documented over a century ago by Pierre Janet (1889). World War I reported cases of "shell shock" and the same syndrome was referred to as "war neurosis" during World War II, but was not met with much compassion (Everstine and Everstine, 1993). It was the post-war experiences of the Vietnam combat veteran, studied and described by such scholars as Charles Figley, that brought attention to issues of post-traumatic stress (Magill, 1996). DiNicola (1996) cites studies done regarding the impact of war on children in Britain during World War II, with researchers examining child evacuees from the cities and child refugees from continental Europe. Research continued with the study of youth from

Nazi concentration camps and later with work on traumatic stress in Israel and Northern Ireland.

Prior to the 1980's, events such as combat were seen as unconnected in any conceptual way to other traumatic events, such as violence, accidents, disasters or rape. Although these studies were rooted in the diagnostic idiom of the time, namely "hysteria", the principle concern was with processes of dissociation of memory and identity, which stem from severe psychological trauma. Originally traumatic events were thought to produce a disruption of the nervous system that led to behavioural changes. In the late nineteenth century this conceptualisation was replaced by the view that response to trauma resembled the symptoms of hysteria, then being described by Breuer and Freud (1893-1895). Once trauma reactions were labelled as neurotic symptoms, they were linked, in psychoanalytic theory, to unconscious conflicts with their origin in childhood (Johnson, 1998).

Trauma studies from the late 1980's include research conducted in South Africa (Dawes; Tredoux and Feinstein, 1989; Straker; Moosa and Sanctuaries Counselling Team, 1988). The reviews on youth victims of war in Africa establish that the focus has shifted from psychopathology to social awareness, values and attitudes. Within the last two decades there has been an explosion of published research and books on trauma and Post-traumatic Stress Disorder (PTSD), the founding of the society for Traumatic Studies in 1985 and the initiation of the quarterly *Journal of Traumatic Stress* in 1988. This growing body of research adds to the established literature on the impact of violence, disasters and other major trauma on children and adolescents.

There appear to be many misconceptions regarding adolescents affected by trauma. Contrary to common opinion, adolescents are not more flexible than adults because of their age, and do not easily "forget" bad experiences. Adolescents that do not show instability in the immediate posttraumatic period may still demonstrate problems at a later stage (Gordon and Wraith, 1993). Trauma results if the psychological demands of the situation are enough to substantially overwhelm the adolescent's capacity to cope or defend (Simpson, 1993).

Many different types of events are seen as potentially traumatic. Green (1993) notes that on the continuum there are those events that are completely natural and over which persons have no control, for example floods; those resulting from error or mishap, for example car accidents; and events that were deliberately perpetrated with intent to harm, for example rape and assault. New types of traumatic events that challenge classifications are those in which the impact is “invisible”, for example contraction of HIV leading to AIDS. Every emergency is to some degree traumatic, and counsellors are beginning to understand that every trauma is an emergency (Everstine and Everstine, 1993).

Dealing with trauma is undoubtedly one of the most important challenges South Africans currently have to face. Trauma impacts on the psychological and economical well-being of the nation. Van der Spuy (1996) confirms the view of the researcher that research into the underlying socio-economic, political, cultural, behavioural and psychological aspects should be a very high priority for South Africa.

2.2 KEY CONCEPTS

2.2.1 THE CONCEPT *STRESS*

In recent years, stress as a causal factor has been generalised into an effect of its own; thus viewing stress as an outcome instead of being part of a process. The term has become generalised beyond its early referents, and thus distorted and overworked. A result of this clichéd usage of the term is that stress now implies an inner state as universal as hunger or fatigue. Stress is referred to as a precipitating factor in nearly every type of personal problem. This kind of devaluation of the concept must be taken into consideration so that the conceptualisation can be clear and precise when the term is used. Stress is not necessarily the product of a traumatic event. Therefore, if stress can be produced in the absence of a traumatic event, what the concept probably describes is a condition qualitatively different from that of a traumatic reaction (Everstine and Everstine, 1993). In this study stress is seen as part of the traumatic process, which may in turn lead to numerous

cognitive, physical, behavioural and emotional responses associated with stress (see 2.6).

2.2.2 THE CONCEPT *POSTTRAUMATIC STRESS DISORDER (PTSD)*

The concept “post-traumatic stress” has entered common usage in reference to a specific phenomenon within the broad category of stress. The concept rose to prominence in the psychology of the 1950’s through the work of Hans Selye (1950), for whom stress was the causal factor in certain inexplicable physiological changes, such as hormonal imbalances. This observation led to the view that the prior experience of stress is a critical factor with many psychosomatic disorders. PTSD characteristically includes experiences that in some way repeat the traumatic event, often as intrusive thoughts accompanied by unbidden feelings and emotions. This may be associated with other symptoms such as denial states, numbness or unresponsiveness to, or reduced involvement with the external world (Horowitz, 1993). An issue that complicates the conceptualisation of PTSD is that of repeated or multiple traumatisation, or of chronic ongoing exposure to stressors (see 2.5), which are seen as processes rather than catastrophic events (Green, 1993).

The beginning of systematic research and treatment of trauma has been linked to the inclusion of PTSD as a diagnostic category (Gerrity and Solomon, 1996). It is only since 1980, when the American Psychiatric Association's (1987) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) included the category of Posttraumatic stress disorder (PTSD) in its official diagnostic and statistical manual, that mental health practitioners had a diagnostic option for the symptoms characteristic of survivors of traumatic events. Studies on adult survivors and traumatised children have shown that the revised DSM-III-R (1987) PTSD symptom clusters show good internal cohesiveness as a group. The same can be said for the DSM-IV (1994) diagnostic criteria, as these same symptom clusters have been preserved (Friedman and Marsella, 1996). See Appendix 5 for PTSD diagnostic criteria.

When psychological symptoms manifested as repression, denial, and rationalisation emerge after a potentially traumatic event has occurred, it is usually concluded that

a “post-traumatic stress-disorder” has occurred (Everstine and Everstine, 1993). It should be noted, however, that “disorder” in this context, is the medical conception of a pathological state as defined by the DSM-IV (1994) and does not clarify the impact of **continuous traumatic stress** (see 2.5 for a detailed clarification of this concept) as experienced in family violence.

2.2.3 THE CONCEPT THERAPY

The word therapy is derived from the Greek root *therapeuticus*, which can be translated as “to attend to” (Moon, 1990: 8). The concept of therapy is used interchangeably with the concept of counselling. When thinking of therapy in this light, and as referred to in the study, it is based on the four basic qualities of **awareness, acceptance, availability and accommodating** (see the C 4 model, Figure 1, p 88).

2.3 TRAUMA AS A UNIVERSAL PHENOMENON

Considering the enormous diversity of traumata and stressors inherent in traumatic situations, it is remarkable that the human response is so similar across social, demographic and other variables. Marsella, Friedman and Spain (1996) suggest that although intrusive thoughts and memories of a traumatic event may transcend culture, certain symptoms such as avoidance-numbing may be determined by cultural affiliation. Many non-western cultural groups present symptoms somatically rather than psychologically or existentially (Peltzer, 1998).

Trauma is known to have a pervasive effect on the past, present and future lives of those it touches. Gordon and Wraith (1993) identify specific **characteristics of trauma**, which can also be pertinent to the adolescent exposed to family violence.

1. A trauma is **beyond normal experience**. Past experience and problem-solving skills do not apply and accustomed boundaries are no longer reliable.
2. A **massive quantity of emotion is generated**, including somatic responses.
3. Trauma **violates normal psychological assumptions**. Cultural norms, customs, values and habits derived from experience ensure predictability and

reduces stress, which is especially important to give the individual control over his or her environment.

4. Trauma **disrupts expectations about the future**. This leads to extreme uncertainty.
5. A person establishes adaptations to the demands of life in most areas of normal functioning. Trauma **disrupts pre-existing adaptations**, throwing them into question.
6. Trauma **disrupts meaning**. The inherent drive for meaning in human nature creates a fabric of knowledge, understanding and relations.
7. The traumatic experience is **placed outside time, constantly repeated in the present**. It is not processed or integrated with other experiences, nor is it placed in time.
8. There is an **existential dimension** to the experience. Trauma poses questions about life, existence and values that have only been faced in a theoretical way (Gordon and Wraith, 1993).

These general characteristics of trauma are also relevant to the adolescent who has been exposed to family violence. **Being in trauma** (see the C 4 model, Figure 1, p 88) alters the adolescent's perspective of self, the future and relationships. As a result of the trauma the adolescent may become out of step with those around him. Family and peer relationships have to be re-evaluated and the difficulty of communicating with such experiences may lead to a profound sense of disempowerment, resulting in feelings of isolation.

2.3.1 CURRENT DIAGNOSTIC CRITERIA

Johnson (1998) comments on the continuing controversy over the advisability of maintaining one umbrella diagnostic category such as PTSD, particularly regarding reactions of children and adolescents as well as victims of repeated, prolonged trauma (Disorder of Extreme Stress Not Otherwise Specified). Appendix 5 offers a summary of the DSM-IV diagnostic criteria. Marsella *et al* (1996) concur that the most important diagnostic controversy in the field of traumatology revolves around the fact that the PTSD syndrome does not include those symptoms most often seen in victims of prolonged interpersonal violence such as sexual abuse and repeated

family violence. It appears that further research regarding a possible alternative diagnostic category demands attention.

During exposure to a traumatic event, a person is confronted with actual or threatened death or injury, to self or others. Green's (1993) interpretation of the dimensions of trauma has relevance to the study of family violence and is tabulated in Table 2.1.

2.3.2 THEORIES WITH SIGNIFICANCE TO FAMILY VIOLENCE

Researchers have proposed four main theories to account for the translation of exposure to family violence into behavioural outcomes (Wolfe, 1997), namely:

- Social learning theory
- Family disruptive (stress) theory
- Post-traumatic stress disorder (PTSD)
- Attachment theory

The last two mentioned theories as well as the ecological perspective are seen as relevant to this study. A pragmatic contextual approach will also be expounded in further detail.

1. Post-traumatic stress disorder (PTSD)

A more recent explanation for the effect of exposure to family violence is PTSD (see 2.2.2, p 20). This theory assumes that traumatic experiences elicit a cluster of violence-related stress reactions that affect the person's mental health (see Appendix 5). Common PTSD reactions in children and adolescents are physical symptoms, anxiety and fear, guilt and denial, behavioural disturbances and behavioural regressions. Observing violence in the home qualifies as a traumatic event that could provoke PTSD.

TABLE 2.1 DIMENSIONS



DIMENSION 1	<p><i>THREAT TO LIFE AND LIMB</i></p> <p>This involves an encounter with the environment in which the person may not know for certain whether he or she will survive and is often thought of as "a brush with death".</p>
DIMENSION 2	<p><i>SEVERE PHYSICAL HARM OR INJURY</i></p> <p>The actual injury to the person, such as after a fire accident, and which is not usually examined separately in research on traumatic events. Injury may predict symptoms of affective distress and hostility.</p>
DIMENSION 3	<p><i>RECEIPT OF INTENTIONAL INJURY AND/OR HARM</i></p> <p>Rape, family violence, sexual abuse and torture are associated with increased symptoms of anxiety, depression and PTSD. Incidents of interpersonal violence may be qualitatively different than threat or injury arising from nature or mishap, since betrayal by another human being must be dealt with in addition to helplessness and vulnerability.</p>
DIMENSION 4	<p><i>EXPOSURE TO THE GROTESQUE</i></p> <p>This category covers experiences wherein the individual is exposed to the death or near death of another and where the death is particularly disfiguring, mutilating or otherwise grotesque. In South Africa the phenomenon of "necklacing" in the townships could serve as an example hereof, where a car tyre is placed around a person's neck before setting them alight.</p>
DIMENSION 5	<p><i>VIOLENT OR SUDDEN LOSS OF A LOVED ONE</i></p> <p>Loss through traumatic events is likely to be sudden and violent and thus conceptually shares a great deal with sudden life threat or injury experiences.</p>
DIMENSION 6	<p><i>WITNESSING OR LEARNING OF VIOLENCE TO A LOVED ONE</i></p> <p>The violence against a loved one, if not witnessed directly, is likely to be experienced vicariously based on reports of what happened.</p>
DIMENSION 7	<p><i>LEARNING OF EXPOSURE TO A NOXIOUS AGENT</i></p> <p>In order for this information to be stressful, the individual will have to believe that death or illness was possible. These experiences are also likely to involve blaming someone else for the exposure and thus complicating the psychological processing of the event.</p>
DIMENSION 8	<p><i>CAUSING DEATH OR SEVERE HARM TO ANOTHER</i></p> <p>This involves the individual as a perpetrator and thus makes him or her the agent of the traumatic experience. The focus is on those individuals who commit such acts because their particular role requires them to, or their role puts them in a situation where there is strong pressure to commit such acts. These experiences are likely to occur to people who perform such duties, like the police and military. It is assumed that in a case where the dead or injured person is an innocent bystander, the impact would be more pronounced.</p>

The design and development of a cross-cultural counselling programme for adolescents traumatised by family violence demands that the researcher be familiar with the theories that are relevant to the phenomenon of family violence.

2. Attachment theory (Emotional insecurity)

An emotional insecurity hypothesis may help to explain the consequences of exposure to family violence on children and adolescents. This theory suggests that family violence has the potential of creating a feeling of insecurity within the child or adolescent, thereby interfering with parent-child bonding. Insecure attachment places the adolescent at risk for behavioural problems. The result of this is a decrease of interaction and communication between child and parent, parental involvement and emotional availability. Parents may seek emotional support from the adolescent and in such a case parentifying (role reversal) of the child occurs. Certain parenting styles result in the adolescent feeling fearful and insecure. Parents who cannot cope effectively because of the stress caused by family violence are handicapped in their efforts to fulfil their parental roles. Mothers in violent relationships commonly have their psychological energy absorbed by feelings of depression, guilt, low self-esteem or fear for their children's and their own safety (Wolfe, 1997).

3. The Ecological approach

The ecological perspective as proposed by Bronfenbrenner (1979) is useful in viewing the development of the adolescent as an active participant in a series of interlocking systems ranging from micro-systems (family and school) to macro-systems and the influence thereof on family violence. Historical forces, economic and political factors shape the macro-system of the adolescent. Structural changes in the economy and technological changes in the workforce have resulted in ecological stresses, such as high rates of unemployment, families where the adults do not have the opportunities, education or the skills to compete in an urban economy. This may result in increased levels of stress, which in turn may diminish the ability to provide a stable and nurturing environment for the adolescent.

4. A Pragmatic Contextual approach

Each adolescent is understood in relation to his unique context and world-relationships, which have been formed over time. Each trauma is experienced in an inimitable and incomparable manner, irrespective of culture. Therefore, being in trauma has a unique meaning to each adolescent. This approach demands that it is the adolescent who interprets his trauma experience, with the counsellor acting as the facilitator of a safe environment (see 1.3.3). The pragmatic contextual approach makes use of the C 4 model that was developed by the researcher and rests on the principals of *Awareness, Acceptance, Availability* and *Accommodating*, by both the counsellor and the client.

2.4 FAMILY VIOLENCE AS TRAUMATIC EXPERIENCE

The researcher has consulted studies on child and adolescent abuse and psychological maltreatment in approaching the field of family violence (Eagle, 1999; Lewis, 1999; Johnson, 1998; Malchiodi, 1997; DiNicola, 1996; Gelles, 1993). These texts explore the effects of direct physical, sexual and psychological (emotional) abuse and maltreatment resulting from family violence. Operational definitions on family violence appear to focus on any number of criteria, including the nature of the act itself (severity, form, frequency), the physical or psychological consequences of the act, or the intent of the perpetrator. Probably the most common strategy among researchers is to focus on the severity and frequency of violence in the home (Barnett *et al*, 1997). Family violence also includes abuse of the child's caregiver (usually the mother) where the child or adolescent witnesses or is aware of the abuse. Murder is the most extreme form of family violence and often occurs in families where there is already a high level of family violence, often leaving the child as survivor and witness (Lewis, 1999).

In South Africa, traditional normative expectations have undergone rapid change due to urbanization, socio-economic and political changes. The changing expectations and demands for equality could result in an increase of violence in the family. Males are often traditionally regarded as having a higher ascribed status, but their achieved status in areas such as education, income and / or occupation may

fail to measure up to the ascribed status. Bersani and Chen (1988) suggest that this inconsistency may result in family violence. It is, however, a myth that only males are the perpetrators in family violence. The Interim Protection Orders issued by the Family Violence Court in Pretoria bears testimony to the fact that females are also perpetrators of violence.

Commissioner Snyman (2000) confirms that family violence in South Africa occurs across all social, economic, racial, cultural, language and religious groups, with fear being the only common denominator. This leads to the conclusion by certain groups that social factors, especially income and employment, are not relevant in explaining family violence. Both Gelles (1993) and Root (1996) argue that although it would appear that family violence does cut across social and economic groups, the risk is greater among those who are poor, unemployed and who hold low-prestige jobs. The more stressful the experiences that individuals and families have to deal with, the greater the likelihood of occurrence of some form of family violence. Refer to 2.4.4 for a discussion on the possible causes for this phenomenon.

2.4.1 THE DOMESTIC VIOLENCE ACT

The Domestic Violence Act no. 116 (see Appendix 2) was published in the Government Gazette on 2 December 1998 to provide for the issuing of protection orders with regard to family violence and came into effect on the 15th of December 1999. This Act recognises that family violence is:

"a serious social evil; that there is a high incidence of domestic violence within South African society; that victims of domestic violence are among the most vulnerable members of society; that domestic violence takes on many forms; that acts of domestic violence can be committed in a wide range of domestic relationships; and that remedies currently available to the victims of domestic violence have proved to be ineffective (Government Gazette, 1998: 2).

The purpose of the Act is:

"to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide; and to introduce measures which seek to ensure

that the relevant orders of state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence" (Government Gazette, 1998: 2).

Since the implementation of the Act the Pretoria Court for Family Violence received 1,300 applications for Interim Protection Orders (IPO) during the period of 2nd January to 31st March 2000. The purpose of the IPO is to directly serve an interdict on the guilty party without any delay, thereby offering immediate relief to the complainant. The Act ensures that the IPO cannot be withdrawn before the return date, thus ensuring that the case has to come before the court. With the issuing of the IPO, a warrant of arrest is already in the process of being served on the respondent by the return date, making this the only Act to assume guilt until proven otherwise. This Act does not make provision for bail and the respondent is kept in custody until the next court appearance. Seventy percent (70%) of respondents keep to the provisions of the order, thus leading Commissioner S. Snyman, the presiding magistrate of the court, to the conclusion that the Act is achieving success (Snyman, 2000).

There are various significant factors regarding the Domestic Violence Act that have considerable bearing on this study.

- Sexual abuse against children is not included in the Domestic Violence Act, but is part of the Child Care Act.
- If a child or adolescent is removed from the family, the case is transferred to the Juvenile Court.
- The provision that no minor (under the age of 18 years) may apply for an Interim Protection Order. The Act states that a responsible adult person including a counsellor, health service provider, member of the South African Police Services (SAPS), social worker or teacher may apply on behalf of the minor. The case is always heard in camera, especially to protect the child who usually only testifies if he is the applicant, and is then seen separately to prevent "secondary trauma".
- The police officer still has the power to determine what constitutes family violence.

- Magistrates and police officers (especially in smaller and rural settings) are not trained in the Domestic Violence Act, which causes problems in the interpretation of the Act (Snyman, 2000).

2.4.2 THE PREVALENCE AND INCIDENCE OF FAMILY VIOLENCE

The extent to which adolescents are exposed to family violence depends on the view of the victim, the perpetrator, the law-enforcing officer and the magistrate of the court. Family violence usually occurs in the home and most often at night and is perpetrated by a person with whom the victim is intimately related (Snyman, 2000). Lewis (1999) is of the opinion that because violence within the family takes place in the privacy of the home. Friends, family and the police are often reluctant to intervene, with the result that cases are not always reported or recorded.

Recent information obtained from The South African Police Statistical Services (March, 2001) brings to light that domestic violence involving assault was not recorded as a separate category before December 1999. According to the SAPS this makes it difficult to release accurate statistics on family violence. Matters in this regard are also further complicated by the moratorium on crime statistics, which clouds the issue on the accurate incidence of family violence in South Africa. According to reports in the media (Pretoria News, May 2000) a National Victimization Survey which was carried out in South Africa in 1998 made the following significant findings with regard to violent crimes: most assaults (54%) and sexual offences (68%) occur in and around the home of the victim. Victims are most likely to know their attackers. A significant proportion of attackers are closely related to their victims (33,8%) in the case of assault and (27%) in the case of sexual offences. It is indicated that in 58,7% of cases, the abuser was the partner or spouse of the victim, and in 18,3% of cases the abuser was another relative of the victim. It is significant to note that none of these statistics have specific bearing on the child or adolescent who is exposed to family violence. With the introduction of the new Domestic Violence Act in December 1999, it is envisaged that such statistics will become available within the next year. The question is whether a vast increase in the reporting of cases in family violence signals a rise in the incidence,

which is something that will need careful analysis and interpretation by all stakeholders.

Cognisance should be taken of the fact that statistics are not necessarily a true reflection of the incidence and prevalence of family violence. Shame, guilt, stress and trauma may result in the underreporting of family violence. Furthermore, cases are recorded according to the perception of the officer on duty, and what constitutes family violence to the person reporting the case as well as the police officer recording the case. Perceptions may also vary within different cultural groups. Lewis (1999) states that police personnel often do not regard domestic violence as a serious crime. She (Lewis, 1999) is of the opinion that the police are often insensitive and treat victims of family violence inefficiently. The situation is further exacerbated by the remarks made by Police Commissioner, Jackie Selebi, who commented in public that the laws relating to domestic violence are "unimplementable" and that the Domestic Violence Act was "made for a country like Sweden, not South Africa" (Micheals, 2001).

It would appear that many victims of family violence do not know their legal rights and so may feel helpless and reluctant to report the violence as a crime. As a result, the actual number of family violence cases is almost certainly far greater than the number of cases recorded by the police. It can, however, be assumed that family violence constitutes a significant proportion of all violent crimes that are committed in South Africa, necessitating an investigation into the context of the adolescent who is exposed to family violence.

2.4.3 THE ADOLESCENT TRAUMATISED BY FAMILY VIOLENCE

The manner in which adolescents are affected by trauma is of great interest to educators and counsellors, as it directly influences **learning, behaviour and progress in development**. Adolescence adds several dimensions to the general pattern of a child's response to trauma. Johnson (1998) explains that the adolescent's conceptual abilities more closely resemble those of adults than they do those of younger children. The developmental changes that take place during adolescence are pervasive, affecting nearly every aspect of the adolescent's

existence. Beyond infancy, no other phase of life holds so many changes occurring with such speed (Moon, 1998). The emotional turmoil following adolescent developmental changes imparts a unique intensity to the trauma experienced. Adolescents from violent families have usually been through more prior traumas than younger children, and thus bring with them certain vulnerabilities.

Development can be seen as a process of transformation through stages characterised by specific demands, opportunities and vulnerabilities (Johnson, 1998; Mwamwenda, 1995). A psychological trauma can interrupt the normal progress of development, causing more difficult resolution of current life issues and impeding growth. This disruption affects not only the stage during which the trauma occurred, but also resolution of tasks in subsequent stages of development. Adolescence is a crucial stage and the successful resolution of the issue of identity is particularly stressful when underlying issues such as mistrust, guilt or diminished self-esteem remain unresolved.

There is a strong argument for a developmental perspective on the impact of and responses to trauma by the adolescent regarding disturbances in developmental expectations and competencies. Human development consists of a gradual unfolding of personality wherein new learning skills transform the adolescent from one state of development to another. Learning can be affected by the constant change of traumatic memories, relationships can be altered by fluctuations in emotional life, and focusing on the past can influence major life decisions. Factors such as verbal coherence, emotional regulation and developmental progression are each affected differently according to developmental level. The adolescent's activity level, capacity for reflection, academic learning and focused attention are impacted by trauma. Irritability and difficulties in concentration and attention can result from chronic sleep disturbances caused by exposure to family violence. Each of these reactions to trauma can affect general information processing (Johnson, 1998; Mwamwenda, 1995).

Each phase in the child's life has certain inherent tasks that must be resolved to form the basis for further change. As **social expectations** change according to age, the adolescent is confronted by different demands from parents, peers, teachers

and the community. Erickson refers to these demands as "crises" (Erickson, 1968). The adolescent's development is further shaped by cultural and familial influences interacting with genetically based aspects of personality (Johnson, 1998). While maturational processes are undeniably universal and occur within only minor variations across cultural groups, Gibbs and Huang (1998) quote many social science researchers that have shown that these processes are subject to variations in their behavioural manifestations, the symbolic meanings given to development and their societal responses.

Societal attitudes perpetrate the myth that adolescents rarely suffer abuse through family violence and there appears to be the perception that adolescents often frustrate their parents, resulting in violence within the family unit (Gelles and Cornell, 1990). It is this ability to generate frustration and create stress in the family unit that places the adolescent in a vulnerable position of being victimised and traumatised. The status of adolescents in South Africa is much the same as that of younger children; both are seen as the property and responsibility of their parents. If the position of younger children and adolescents is so similar, it is of concern to note that legally the courts have rarely grappled with the problems related to adolescents exposed to family violence. Presenting cases have been contained under the precept of neglect or maltreatment. Many experts conceptualise exposure to family violence as a form of the psychological and emotional abuse of having to live in an unstable environment. The diverse nature of the threats adolescents face is of particular significance in understanding the context of the traumatised adolescent. Adolescents from violent families are traumatised by fear for themselves, their siblings and the victim parent. They experience a painful sense of helplessness and many blame themselves for not preventing the violence or for causing it. "Cumulatively, they receive a powerful lesson that people who love each other also hurt each other" (Wolfe, 1997: 137).

The developmental journey of the adolescent forces a redefinition of the **relationships within the family**. This significant shift inevitably influences the identity, not only of the adolescent, but of the other family members as well. Moon (1998: 14) asserts "as the adolescent shifts emotional investment and attention from the family unit to the peer group, there is often a notable rise in conflicts

centred on activities of daily living". Adolescence is the period where the child makes the transition from childhood to adulthood and is characterised by a struggle for independence.

Processes associated with adolescent development suggest that this period may be crucial to the formation of healthy non-violent relationships later in life. Many risk factors relating to interpersonal violence may become more pronounced. Today's youth are exposed to messages from the media and popular musical groups that violence is an acceptable means of dealing with problems. The exposure and observation of family violence by the adolescent, coupled with either physical or sexual abuse, increases the adverse psychological consequences. One likely repercussion of family violence is a general poisoning of the family environment, which may indirectly generate the adverse outcomes noted in adolescents exposed to family violence (Wolfe, 1997). Within violent families adolescents may suffer from being the focal point of arguments that can culminate in abuse or battering. Benedict (2000) concurs with this view and is of the opinion that in all probability adolescents living in violent homes experience many risk factors simultaneously: marital conflicts, parental alcoholism, socio-economic problems, stress, maternal impairment and direct physical abuse and neglect. These adolescents would thus presumably suffer from an accumulation of stressors. Children and adolescents that have previously been exposed to trauma, or have lived with continuous trauma (such as family violence), or have an emotional disorder (such as depression) are likely to be more vulnerable and less resilient (Lewis, 1999).

There are many causes leading to family violence including social, political, economic and psychological factors, which merit consideration.

2.4.4 FACTORS LEADING TO FAMILY VIOLENCE

There are many different forms of violence with different precipitating factors. Burger (1999); Lewis (1999); Johnson (1998) and Mwamwenda (1995) highlight some of the factors leading to family violence, that are of specific relevance in the South African context.

1. Family Pathology

The family remains the pervasive, formative force in the adolescent's development, despite the changes in terms of structure and values in the family system. The family functions as the primary learning milieu for individual behaviour, and provides the basic structure for values and expectations throughout the adolescent's growth towards maturity. Consequently, families that show serious disturbances may provide a flawed learning environment for the child. Johnson (1998) distinguishes four broad categories of family dysfunction.

- ***Inadequate families.*** These families lack the physical and / or psychological resources for coping with normal life stressors and are often to be found in disadvantaged communities where extreme poverty reigns.
- ***Antisocial families.*** These families have values that differ greatly from those of their communities in that they may encourage deceit or other undesirable behaviour. Such families can accept crime and gangsterism as a way of making a living.
- ***Discordant and disturbed families.*** These families may be characterised by interpersonal disturbances such as fighting, gross irrationality and involvement of the family in parental conflicts. Often violence in such families culminates in family murders as often seen in South Africa.
- ***Disrupted families.*** These families have inadequately adjusted to the loss of family members through death, divorce or separation. This form of disruption can lead to parents being emotionally absent or depressed and therefore not coping with the everyday demands of their lives.

The researcher is of the opinion that dysfunctional family dynamics play a leading role in maladaptive behaviours, resulting in a high incidence of violence and trauma within the family.

2. A patriarchal society

Family violence is often the result of unequal relationships within families in a particular culture. Women and children occupy a lower status and value in a patriarchal society and are devalued and vulnerable to abuse. South African society prescribes different gender roles for men and women. Males are expected to be assertive and in control and are not encouraged to talk about emotions, not leaving much outlet for pent-up emotions. Women are expected to be passive, dependant and in need of protection. Socialisation into the roles of male dominance and female submissiveness are strengthened by cultural factors, such as the payment of *lobola*. In male-dominated cultures, women have far less power than men, and children have limited rights and are often seen as men's property (Lewis, 1999; Mvamwenda, 1995).

3. Economic dependence

The position of women in the economy is traditionally known to be generally weaker than that of men and as a result many women are economically dependent on men. This may result in men believing that they "own" their wives or partners and also their children, which gives them the right to use violence as a form of discipline or a way to express frustration. Mvamwenda (1995), however, also expresses the view that women in South Africa increasingly have social and economic power over their male partners, which can also lead to violence within the family.

4. Racism

The laws that legalised racial violence and oppression in South Africa during the apartheid era led to many other forms of violence as a means of conflict resolution. Victims of racism are often left with feelings of powerlessness (Lewis, 1999). Feelings of helplessness and frustration could lead to dominating those who are vulnerable and weaker than them, usually women and children. Lewis (1999) comments that racism leads people to view others as less important and such stereotypes make it easier to perpetrate violence.

5. Unemployment, affirmative action and work dissatisfaction

Work plays an important role in any person's life. Unemployment is known to be high in South Africa amongst all cultural groups and levels of education. A person's sense of self is threatened by unemployment and can be experienced as a personal failure. Affirmative action may lead to many being dissatisfied with their work situation and can also lead to high stress levels in those holding positions for which they may not be adequately qualified. Poor wages, dangerous working conditions, racism, affirmative action and extended working hours can also cause discontent. This dissatisfaction leads to feelings of helplessness and anger, which often cannot be directed at those responsible for these conditions. The safe target and release for the feelings of frustration and anger are often other family members in the home.

6. Poverty and socio-economic factors

In certain sectors of the South African society deprivation, poverty, unemployment and underdevelopment is rife. The many informal settlements that abound on the periphery of cities and towns in South Africa, attest to this. Poverty and socio-economic factors contribute significantly to increased levels of crime and violence. Great differences in wealth, development, education and access to resources operate as incentives for those who are deprived. It is often those who are more accessible who become victims of violence and crime (Lewis, 1999). White-collar crime and corruption amongst senior members of the business community and government is widespread, resulting in an enormous economic cost for the country. These socio-economic factors contribute to hardship and the spiral of violence.

7. Alcohol and drug abuse

Research (Burger, 1999; Mwamwenda, 1995) has shown that there is a close relationship between the consumption of alcohol and drugs and violence in the home. Financial and relationship difficulties can result in individuals turning to alcohol and drugs, in an effort to alleviate some of the stress that they are experiencing. Substances such as alcohol and drugs not only temporarily lessen

feelings of stress, but also concurrently make it easier for the person to express and act out feelings such as anger and frustration.

8. A culture of violence

Violent behaviour is seen as a power struggle within the family context, as well as in society. Where a victim is accorded less human value, violence is seen as an acceptable and effective means of solving problems and achieving goals, leading to the term "culture of violence" (Lewis, 1999). Mwamwenda (1995: 482) remarks that in South Africa there is a strong belief among certain African cultures "that an African child cannot learn to behave properly without corporal punishment".

The large number and availability of firearms not only contribute to, but also exacerbate the culture of violence that currently exists in South Africa. Violence within the family can be fatal when firearms are involved. An act of family violence often starts a debilitating cycle of violence from which the victim finds it increasingly difficult to escape, leading to repeated victimisation that may eventually spiral into fatality.

9. Limitations in the criminal justice system

Crimes against children and adolescents are often not taken seriously (Lewis, 1999). Police officers dealing with family violence have not always been trained to deal with children and do not understand their particular needs (Snyman, 2000). The extensive social change brought about by the transition to democracy in South Africa has led to stress, insecurity and feelings of helplessness, which are intensified by increased levels of crime and expectations that were not met by the new government. The Commissioner of the Police is quoted in the press as saying "issues such as domestic violence are actually domestic issues, and can be confined safely to the home without interference from the police and anyone else" (Micheals, 2001). Victims of violence and crime feel that the government cannot control the situation through the criminal justice system and it appears insensitive towards victims, resulting in increased levels of insecurity and fear. Government institutions for the protection of justice and provision of health and welfare services

cannot cope adequately with the number of traumatised children and adolescents in society (Louw, 2000; Lewis, 1999).

10. Cycle of violence

Recovery may be delayed where the perpetrator remains a threat to the victim, resulting in a situation of continuous traumatic stress as seen in the case of family violence. Both Lewis (1999) and Mwamwenda (1995) note that victims of violence who are unsupported and untreated, may themselves become perpetrators of violence through revenge attacks, or they may displace their pain and anger in the home against other family members. Snyman (2000) confirms this view, particularly in cases where firearms are used during family violence.

Trauma is not part of a child or an adolescent's normal experience and as such should always be regarded as negative and damaging to the development and mental health of the child. A traumatic experience, such as family violence, often affects the adolescent indirectly. Any child or adolescent that witnesses or experiences family violence is at risk of being traumatised and shows symptoms similar to those of the direct victim.

The traumatic process differs from stress or a crisis, necessitating the clarification of the nature of the trauma process.

2.5 THE TRAUMATIC PROCESS

The two major contemporary theories that are used to explain the trauma process are based on a cognitive approach and learning theory respectively. These theories account for three common phenomena associated with trauma reactions, namely denial and numbing, re-experiencing, and depressive and phobic reactions (Johnson, 1998). Cognitive approaches intend to alleviate trauma responses by altering emotional responses and facilitating cognitive integration, and interrupting defences. Examples of post-graduate studies completed in South Africa which are based on the cognitive approach include Cowley (1995); Herz (1994); and Rosin (1994).

There are different types of trauma that can affect the adolescent. Lewis (1999); Carlson (1997); Marsella, Friedman, Gerrity and Scurfield (1996) differentiate

between a single, unexpected event and multiple incidents over a period of time. A variety of terminologies exist in the literature that refers to trauma that is experienced over a length of time, as in the case of family violence.

- **Continuous traumatic stress** describes situations such as experienced during family violence where the person is exposed to continuing trauma. Many South African children and adolescents, particularly those living in townships and informal settlements, are constantly exposed to danger and violence inside and outside the family environment.
- **Complex trauma** constitutes prolonged, repeated traumatic events where there is usually a relationship between the victim and the person who inflicts the trauma. The victim is also likely to be under the control of the perpetrator and probably cannot escape, as is the case with family violence. Lewis (1999) comments that although the first trauma is unexpected, the child or adolescent who is exposed to a situation of complex traumatic stress, in time begins to expect abuse. This can be reflected in the adolescent's self-esteem and relationships with others.
- **Insidious trauma** is the experiences and cognitive schemas that determine the subjective experiences of a traumatic event. Insidious trauma is characterised by repetitive and cumulative experiences. It is perpetrated by persons who have power over the victim's access to resources and is directed towards persons who have a lower status on some important variable (Root, 1996).

The adolescent's response to trauma can vary widely. At times, the adolescent's reaction is similar to that of an adult, while at other times the adolescent regresses back to the behaviour of a much younger child. The older the adolescent, the more knowledge he brings to the therapeutic process.

2.6 ADOLESCENT RESPONSE TO FAMILY VIOLENCE

Research completed by Johnson (1998) involving 28 adolescents, led him to classify responses to traumatic experiences into four groups; namely cognitive, emotional, physical and behavioural. The researcher has added the aspects of

normative, relationships and future perspectives to the aforementioned factors identified by Johnson (1998). Carlson (1999); Lewis (1999); and Malchiodi (1998) also report a wide range of responses regarding continuous traumatic stress. These aspects, together with the short-, medium- and long term effects as delineated by Gordon *et al* are set out in Table 2.2

Where the adolescent has been exposed to family violence over a long period of time, symptoms and responses are more complex and long-lasting. Developmental maturity has an impact on the adolescent's assessment of both internal and external threats. The younger child's reactions often reflect parental attitude, behaviour and degree of anxiety. As children mature in their appraisal of a life threat, they rely less on cues from their caretakers and more fully understand situations of potential threat. Adolescents may fully envision the threatened harm even when it is not carried out, for example when a gun is held on them during family violence (Pynoos and Nader, 1993).

TABLE 2.2 ADOLESCENT RESPONSES TO FAMILY VIOLENCE

TRAUMA RESPONSES	SHORT-TERM EFFECTS	MEDIUM-TERM EFFECTS	LONG-TERM EFFECTS
	<p><i>Short-term responses include the immediate reaction to the experience within the first few weeks. They are devoted mainly to absorbing the impact and dealing with perceptual disruption and emotional expressions. Short-term effects fall into several groups. Short-term effects can be mild or severe and disabling, but usually subside quickly, since the adolescent and others are motivated to re-establish stability and continuity.</i></p>	<p><i>Short-term effects may subside and difficulties reappear in different forms indicating persisting underlying processes. The developmental spurts of the adolescent means coming to terms with cognitive and emotional changes as well as integrating the trauma. Medium-term effects indicate the growing interaction of the trauma and life continuum as integration proceeds in a more or less healthy form.</i></p>	<p><i>Long-term effects to trauma can be protracted and severe and can present in a wide range of psychopathology, family or social problems. Adolescents need assistance and guidance as the various levels of the trauma process integrate. The consequences of the trauma experience can be formative and alter the course of development.</i></p>
COGNITIVE	<p>Confusion and disorientation create a constant need for explanation and reassurance even about the familiar, planning or following of instructions. Preoccupation with the trauma experience occurs. Adolescents who are faced with continuous trauma try to cope by suppressing their thoughts and feelings and even denying that abuse is taking place.</p> <p>These ways of coping may lead to disturbances in the adolescent's sense of time, memory and concentration.</p> <p>Difficulties in solving problems are experienced. There is a denial of the importance of the trauma event.</p> <p>In their conscious fantasies, children demonstrate a developmental hierarchy in their responses to danger. Conscious fantasies of intervening (taking the gun out of the perpetrator's hand) may evoke fantasies of special powers in order to intervene without fear of harm (Pynoos and Nader, 1993).</p>	<p>School and performance problems appear which can impair educational and social skills. Some may "over achieve" as a refuge from the trauma, while others are only capable of limited academic application when dealing with post-traumatic responses. Flashbacks relating to the trauma can occur.</p>	<p>Developmental deviations occur if developmental issues persist into the long-term.</p> <p>Cognitive development suffers as the adolescent is preoccupied by the trauma and interest in other activities is lost. Adolescents who have been traumatised over long periods know that the trauma will re-occur and mentally escape from the situation through disassociation. The adolescent may fall into a state of depression, resulting in ineffective problem solution strategies.</p>

EMOTIONAL	<p>Fear and insecurity are common, usually centering on the re-occurrence of the trauma. Earlier fears may be reawakened. Emotional reactions may include withdrawal, sadness, anger, difficult moods, demanding behaviour, fixations, phobias, excitement, resentment, guilt, and excessive high spirits. Self-destructive behaviours can occur. The adolescent may also project anger towards other adults who failed to intervene.</p>	<p>Pseudo-neurotic symptoms may appear as an alternative to discharge of emotion in the form of phobias, obsessions, pre-occupation, superstitious ideas and anxiety states triggered by elements of the trauma experience. Low self-esteem, is experienced, where they consider themselves unworthy of the respect of others. Adolescents may internalise these feelings to the point of self-destruction, depression, thoughts and acts of suicide (Malchiodi, 1997)</p>	<p>Short- and medium-term effects persist. Acute responses such as nightmares, fears and emotional upheaval can continue for two years or more after the event. Impaired self-esteem which can interfere with healthy development, thus hampering scholastic achievements and the ability to succeed socially.</p>
PHYSICAL	<p>Heightened arousal produces vigilance, alertness, exaggerated startle responses, sleep difficulties and restlessness. Worries about physical health occur. Fatigue may be experienced. The adolescent may feel he is unable to regulate his physical response ("My heart was beating so fast that I thought it was going to break").</p>	<p>General stress signs, such as poor health, psychosomatic complaints, sleeplessness, emotional instability and reduced concentration indicate a struggle to master the trauma.</p>	<p>Poor physical health can follow the chronic stress of a long-term recovery process.</p>
BEHAVIORAL	<p>Repetition phenomena where initial responses are reproduced such as compulsive talk of the event, questions about it, dreams and nightmares, sleep-walking, imagining the trauma happening again, acting out incidents in play and portraying it in pictures. Regressed and disorganised behaviour with loss of previously attained habits, motor and cognitive skills, interests, comfort patterns, speech, play or exploratory activity, usually occurs. Separation problems, reduced independence, loss of confidence and initiative are common. The adolescent's anger can be turned inwards and self-destructive behaviour can occur. In more serious cases suicide attempts can occur. Isolation, drug addiction, alcoholism and sexual problems also may occur.</p>	<p>Discharge behaviour expresses the release of tension, emotion or fear in outbursts, negativism, tantrums, destructive behaviour and conflict. The adolescent may resort to substance abuse. Problems with relationships may manifest as family problems. The adolescent may withdraw from social relationships. The adolescent may express anger through aggression towards others or victimize others in a similar way to which they experienced trauma.</p>	<p>Preoccupation with other traumas may occur, leading to repetition by fixation on news reports on death, danger and the suffering of others. While a single incidence of trauma leaves the adolescent feeling out of control, irritable and angry over a period of time, repeated abuse leads to humiliation and rage.</p>

NORMATIVE	Awareness of and preoccupation with trauma-related issues may be expressed in questions, comments, interests, social relations, and feelings of responsibility and protection of others. This is often misunderstood as a good adaptation and thus welcomed, but can lead to later problems.	Self-condemnation for not being able to do more to protect himself or others. Externalisation of feelings may cause over-activity, lack of impulse control and violence.	The adolescent is often unable to express the intense anger felt towards the perpetrator and this could lead to more severe victimization.
RELATIONSHIPS	Feelings of rage and self-blame resulting in guilt can disturb the adolescent's relationship with peers and others. Problems in intimate relationships are common and the adolescent may have a general mistrust of others. They may become unco-operative, suspicious and guarded relating to adults.	Relationship, mood and attitude changes may lead to irritability, chronic dissatisfaction, and withdrawal from adults, lack of communication and anti-social or delinquent behaviour in some adolescents. Changes in peer relations may occur. The adolescent may become over-involved to compensate for lack of understanding at home or peers may be avoided because of anxiety about normal challenges.	Chronic peer problems can develop. The adolescent can form support systems almost entirely from peers if the family no longer provides for their needs and relationships are often based on distrust and opposition to adults. This may culminate in the adolescent prematurely leaving home or school.
FUTURE PERSPECTIVES	Challenges and new experiences may be avoided because of added stress dealing with problems initiated by the trauma. Consequences like avoiding exploration or failing to learn from experience are often evident after trauma and can disrupt development if not recognised.	Postponing life issues may occur as the adolescent struggles to maintain daily life. Loss of family and other support systems leaves them unable to attempt anything but that which is known and familiar to them. Identity changes occur as the adolescent lives with changes in themselves, their relationships and their capabilities, where there is a loss of confidence in themselves and in the future.	Personality changes follow if continued conflict and misunderstanding lead to withdrawal from family contact, acting out of frustrations and other patterns not evident before the trauma. Chronic anger, depression, distrust, bitterness and pessimism follow failure to resolve earlier emotional reactions. Traumatized adolescents sometimes develop pseudo-mature lifestyles; their life choices often confirm their expectations.

2.7 SYNTHESIS

Family violence may be seen as a form of trauma that terrorises the adolescents by forcing them to observe a loved one being physically or verbally assaulted (Wolfe, 1997). This chapter highlights the distinctions in the nature of trauma with an overview of family violence with specific reference to the impact thereof on the adolescent. Within the field of family violence and traumatic stress it has been necessary to distinguish the different forms of stress. Given the exposure of many South Africans to traumatic events and the inadequacies in the criminal justice system, both complex and continuous stress, conceptualisations appear to have bearing on the treatment of adolescents exposed to family violence.

CHAPTER THREE

TRAUMA COUNSELLING FROM A CROSS-CULTURAL PERSPECTIVE

"Every man is like all other men, like some men, and like no other man."

Kluckholm and Murray (1957:10)

3.1 INTRODUCTION

The modern South African society, in all its spheres, has undergone dramatic changes in the last decade. Some of these include the escalation of urbanization, informal settlements, political revolution, social and cultural changes and re-entry into the global family. This scenario has specific implications for the trauma counsellor concerning the provision of expertise and service within a multicultural society. Considering the diversity of creation, it can be accepted that diversity has and always will exist. However, it is pertinent to investigate the challenges and demands that such diversities within a multicultural society set for trauma counselling and the implications thereof for a cross-cultural counselling programme for adolescents traumatised by family violence.

Although a universal response to traumatic events most likely does exist, there is a cultural variation in the expressive dimensions of the experience (Pelzer, 1998). Most of the research substantiating post-traumatic stress disorder (PTSD) as a diagnostic category has been carried out in Western industrialised nations. There has been little methodologically cross-cultural research done among people from non-Western cultural backgrounds. Marsella, Friedman and Spain (1996) believe that there are many aspects of traumatic stress that are

universal. It is, however, unclear whether PTSD *per se* is the most appropriate diagnostic construct to apply universally. Cultural heritage affects the perception of the stressful event and the subsequent interpretation and processing by both the counsellor and the client. Intervention will not be effective if the counsellor does not understand the cultural factors that affect the individual's processing of the traumatic event. One could also argue that some of the symptoms of PTSD as listed in the DSM IV (American Psychiatric Association, 1994), are also culturally bound. The core responses are likely to be manifested in different behaviours in different cultures (Peltzer, 1998). Counsellors who intervene cross-culturally need to be aware of, and sensitive to the individual's cultural, social and religious beliefs, and to consider the cultural norms and worldview of the society within which they are working.

Marsella *et al* (1996) note that because cultural differences among people are tied to diversity in the social construction of reality, the perception of what constitutes a traumatic experience, and the individual, as well as social response to it, may vary considerably. The Ubuntu philosophy in Africa (where there is a collective responsibility towards individuals in the community) could have an influence on the perceptions, expressions and treatment of trauma. These perceptions may differ from individuals where a culture of individual responsibility is emphasised. A study by Simpson (1993) on posttraumatic stress effects among political torture detainees in South Africa demonstrates the relevance of PTSD in all cultural groups. However, cultural beliefs and worldview may differentially influence the meaning and subjective experience of trauma. A physical ordeal might be appraised as a rite of passage to adulthood in one culture and as a traumatic event in another.

Intervention and treatment is highly complicated in the cross-cultural setting. The psychological insight of the counsellor cannot necessarily be carried over to another cultural setting. Local traditions and worldviews provide the psychological knowledge and paradigms guiding the interpretation and collection of material for interventions. Where the survivor is not always able to fluently converse in the language of the counsellor, an interpreter or co-therapist becomes an essential component in the process. Interpreters are not

only translators, but also serve as cultural bridges between the counsellor and the person representing a different culture, thereby allowing for clearer understanding of both verbal and non-verbal communication. The dominance of Western psychological concepts and practices in South Africa, accompanying the global diffusion of Western culture, may risk perpetuating the colonial-apartheid status. African traditions and culture range across the physical, supernatural and moral realms and are different to the linear causal thought of most traditionally Western trained counsellors.

3.2 HISTORICAL OVERVIEW OF CROSS-CULTURAL COUNSELLING

Cross-cultural counselling has become a major force in counselling worldwide (Baruth and Manning, 1991; Connor, 1994). The most comprehensive reviews of cross-cultural counselling consulted for the purpose of this study (Pope-Davis and Coleman, 1997; Herring, 1997; Masella *et al*, 1996; Lee, 1995; Lee and Richardson, 1991; Pontorotto, Casas, Suzuki, Alexander, 1995; Pontorotto and Pedersen, 1993; Axelson, 1993; Pedersen and Ivey, 1993; Baruth *et al*, 1991) substantiate claims of its relatively recent appearance. The fact that these works were published within the last few years reflects the growing interest and pressing need for research in this field that has been neglected for too long, especially in South Africa. The important fact of which cognisance should be taken is that most of the research emanates from America, and to a lesser extent from Canada and Britain (see above mentioned authors). It would be unwise to apply this unconditionally to the South African context. There is a large body of research in the area of cross-cultural counselling that centres on white middle-class counsellors and black students and preferences for the race of the counsellor (Pontorotto *et al*, 1993).

Cultural differences in counselling received some attention during the late 1940's, but extensive empirical studies were not undertaken. In the 1950's several studies promoted cultural orientations towards counselling. Events in the 1960's changed and expanded the counselling base in America to include minority groups, Vietnam War objectors and victims of urban and rural poverty.

By the mid-1970's the number of studies focusing on the effects of culture on counselling had increased (Baruth *et al*, 1991).

Casas and Vasquez (1991) assert that reviews of the literature on cross-cultural counselling reflect two trends.

1. Attempts to identify a particular approach or theory that most effectively facilitates cross-cultural counselling.
2. Conceptualisations of perspectives from which to view interactions between the individual and the environment.

The inclusion of contextual perspectives relevant to South Africa should play a central role in any serious attempt towards the creation of a cross-cultural theory of counselling. Although current research has contributed significantly to cross-cultural counselling, the South African population's needs should challenge researchers to focus on the unique issues counsellors and particularly trauma counsellors face in the "new South Africa".

3.3 DEFINING KEY CONCEPTS

3.3.1 THE CONCEPT *CULTURE*

There is an abundance of equivocal proposals concerning race, culture and ethnicity that seem to confuse the issue rather than clarify the terminology. Conceptual accuracy regarding the concept *culture* is required to ensure an understanding of what would constitute a cross-cultural programme for the counselling of traumatised adolescents. There are many definitions of culture, most of which have been suggested by anthropologists. Some of these definitions are cognitive (they stress what people know and how they interpret their world); other definitions emphasise behaviour and customs and how this is passed on from generation to generation; some definitions concern the way people communicate; while other definitions examine how people use their material and ecological resources (Green, 1995). The following definitions attempt to clarify and offer insight into the complexities of what the concept of *culture* comprises.

- Samuda and Wolfgang (1985:91) state that culture is not a static entity; it evolves and changes over time. "Culture is not simply the sum of the individuals within the group, but an identity base to which any individual can subscribe" (Samuda and Wolfgang, 1985:91).
- Marsella (1996:10) defines culture as: " shared learned behaviour, which is transmitted from one generation to another to promote individual and group adjustments and adaptation. Culture is represented externally as artefacts, roles and institutions, and is represented internally as values, beliefs, attitudes, cognitive styles, epistemologies, and consciousness patterns".
- Pontorotto and Pedersen (1993:7) put forth the definition by Linton (1945): "The configuration of learned behaviour whose components and elements are shared and transmitted by membership of a particular society."
- De Kock (1994:1) summarizes the expression "culture" as: "The unique expression and identification of a certain people grouping through their history, language, religion, traditions, customs, dress codes, social and economic lifestyle, art forms such as music, dance, crafts, visual arts, films, theatre and written and oral literature. We can also classify education, philosophy of life, outlook, certain perspectives, attitudes, characteristics, preferences and certain types of traditional foods under the expression 'culture'."
- A broad definition by Pedersen (1994: 229) includes *ethnographic* variables such as ethnicity, nationality, religion and language; *demographic* variables such as age, gender and place of residence; *status* variables such as social, educational and economic; and *affiliations* including both formal affiliations to family and organisations and informal affiliations to ideas and lifestyle.
- Pontorotto *et al* (1995:241) describe culture as a human product transmitted through society by way of teaching and living; a learned system of meaning and behaviour that is passed from one generation to the next.

Assumptions about culture are important because they circumscribe the type of knowledge, information, methods and skills provided within the context of a particular approach (Pontorotto *et al*, 1995). The researcher has reached the conclusion that culture could be interpreted as:

a dynamic, flexible, autonomous product of human nature, which can ***vary in intensity*** and is characterised by a ***perceived common identity*** that ***influences behaviour***. Culture is multi-dimensional and becomes visible, firstly through a shared culture of history, language, religion, socio-economic status, education, dress code and art (thus externally), and secondly through norms and values, beliefs and world-views (thus internally), which ***determines a group's attitude towards self and others***.

3.4 THE CHALLENGES AND DEMANDS OF A MULTICULTURAL SOCIETY

Cognisance should be taken of the statement that the term *multicultural* extends far beyond racial and ethnic categories and also refers to diversity in the spheres of politics, language, religion and socio-economic status. In this study consideration will be given to the many complex facets that constitute a diverse society and the challenges and demands of a cross-cultural counselling setting.

3.4.1 ETHNIC DIVERSITY

According to the New Webster's Dictionary (1984:427) an ethnic group relates to large groups of people classed according to common racial, national, tribal, linguistic and cultural origin or background. Lee and Richardson (1991) state that the notion of race may be extended to include the concept of an ethnic group. They (Lee and Richardson, 1991) are of the opinion that although race is primarily a biological term and ethnicity sociological; the terms are often used synonymously to refer to groups of people who share similar physiological traits. These traits are either genetically transferred or have become reinforced through group association over a period of time. According to Herring (1997), ethnic groups within racial categories have their own unique cultures.

In terms of the present and future cross-cultural counselling practice, ethnicity as it is used in the context of trauma counselling has to be understood in terms of the issues and needs of those groups in South African society that do not trace their origins to Europe. The needs of people with these ethnic backgrounds have generally been misunderstood and inadequately addressed. Counselling effectiveness ultimately hinges on an understanding of the concepts of ethnic identity. According to Lee and Richardson (1991:14) "ethnic identity refers to an individual's sense of belonging to an ethnic group and the part of his or her personality that is attributable to ethnic group membership". Counsellors need to be aware and sensitive to issues of ethnic diversity, and need to explore the degree of cultural similarity or dissimilarity between themselves and those seeking counselling, and to be aware of the different needs and expectations of diverse groups within the society that is served.

Membership in an ethnic group provides an individual with a cultural identity and a set of prescribed norms and values, as well as a set of social behaviours. Ethnic identity provides a significant framework through which the growing child can view himself, the world and / or opportunities. Ethnic identity also imparts unique meaning to the adolescent's subjective experiences, structures to interpersonal relationships, forms behaviour and influences activities.

3.4.2 CULTURAL DIVERSITY

Cultural diversity is a demographic and political reality on a global scale. If multicultural societies were the exception and monocultural societies were the norm, there would be little need for research on cultural diversity. According to Lynch, Modgil and Modgil (1992), the term "cultural diversity" is used to describe the presence within one geographical area of a number of different cultural dimensions: linguistic, religious and social. A culturally diverse society consists of a macro culture, which is the dominant culture of the society and which is usually shared by all, as well as numerous micro cultures. An individual may belong to several micro cultures. A classroom, religious group or sports team may be described as a micro culture or a "culture cluster" in which members

share a belief in certain rules, roles, values and behaviours (Lemmer and Squelch, 1993; Kriegler, 1994).

The unique South African context facilitates a continuous process of change and a paradigm shift is taking place with regard to the way South Africans view themselves and define their individual and group identity. For counsellors to be effective, a constant reappraisal of what counselling in a culturally diverse and rapidly developing society entails, is essential. The aims and objectives of a counselling programme have to be reviewed in response to changing needs and opportunities.

3.4.3 POLITICAL DIVERSITY

The political context of any country needs to be understood before a credible assessment of the status of its counselling efforts can be made. This has particular relevance for trauma counselling in South Africa, where the background cultural phenomena of the client is compounded by the political history of the country (Mathabe and Temane, 1993).

Raubenheimer (1987:230) argues that political turmoil and involvement are "significant stressors especially in the lives of young people who are concerned with identity formation". An important factor that needs consideration is that the profession of counselling reflects the values of the larger society. References to counselling as transmitters of society values indicate the potential political nature of trauma counselling. Sue, Arredondo and McDavis (1992) refer to two political realities that counsellors must acknowledge and address.

1. The worldview of both the counsellor and client is ultimately linked to historical and current experiences (see Mathabe and Temane, 1993). The counsellor, the client and the counselling process are all influenced by the state of relations in the larger society.
2. Counsellors need to recognise that counselling does not occur in isolation from the larger events in the society. Sue *et al* (1992: 479) stress the fact that

everyone has "a responsibility in understanding the political forces and events that affect not only our personal, but professional lives as well".

Culture is a dynamic force that is reshaped through experiences generated in political and social struggles and through group interaction (Singer, 1994). According to Sonn (1994) there is a powerful psychological shift occurring in the way South Africans view themselves which operates on different levels. On the political level the transformation can be conceptualised as a shift from a colonial-apartheid society to a democracy that is non-racist and non-sexist.

3.4.4 LINGUISTIC DIVERSITY

Languages, both as medium of instruction and communication in therapy, are closely related to cultural diversity. This has direct implications for the counsellor. If a country is multicultural, then by implication it is also multilingual. Language is both the basis and the means through which cultural transmission occurs and it would appear that language and culture are inseparable (Spinola, 1991).

There are many similarities between language and culture. As with culture, language is acquired through socialisation practices. According to Lemmer and Squelch (1993) socialisation refers to the process whereby an individual acquires knowledge, values, language and social skills that enable him or her to become integrated into society. Language not only expresses ideas and concepts, but also shapes thoughts and is the primary transmitter of culture; it reflects society's attitude and thinking.

3.4.5 RELIGIOUS DIVERSITY

Although religion is universally accepted as a major influence on human development, Lee and Richardson (1991) mention that it is not always considered an important or appropriate aspect for the counselling process.

The cross-cultural counselling process may be enhanced if the influence of religion is taken into consideration, as religious beliefs influence all aspects of

human development and interaction. Axelson (1993) declares that religion is the deepest belief of an individual, and therefore reasonable attempts should be made to accommodate religious observances and needs.

Lee and Richardson (1991) state that within the cultural traditions of many groups, religious institutions are important sources of psychological support. Concomitantly, religious leaders have been expected to not only provide for spiritual needs, but also to offer guidance and counselling for physical and emotional concerns and have been an important source of counselling as seen in Mporu's research (1994), regarding this issue.

3.4.6 SOCIO-ECONOMIC STATUS

Status may be interpreted as the worth of a person in the eyes of others. Cutting across diverse societies is the influence of socio-economic status; that is power, prestige and money (Axelson, 1993). Baruth *et al* (1991) are of the opinion that social class differences may be more pronounced than the differences resulting from cultural diversity. It has been suggested that there is a "culture of the poor" which is the result of the characteristics of the poor and deprived communities themselves.

Differences in values, attitudes, behaviours and beliefs among various socio-economic groups warrant consideration when planning an intervention programme. Axelson (1993) argues that the expression of values varies among socio-economic classes, but the differences are rooted in class and not culture. "They are not transmitted from generation to generation, as culture is; they are psychological reactions to oppression in the general society" (Axelson, 1993:7). South African society has a distinct urban-rural matrix, causing the effects of development and change to be less evident in the rural areas. According to Mathabe and Temane (1993) institutional transformations such as community identity, politics and economy is the common denominator. These authors (Mathabe and Temane, 1993) further note that change has meant the giving up of traditional values and that consequently there is a lack of a suitable value

structure upon which new structures could be developed. This is a situation that can lead to social fragmentation.

Gibbs and Huang (1998) imply that children and adolescents from a lower socio-economic status are particularly at risk because of their stressful environments and lack of access to mental health services. Social class describes and defines the adolescent's world by ascribing a specific position and value to his family's socio-economic status. Membership in a social class provides a set of parameters within which the adolescent will experience a range of opportunities, choices and challenges in a particular social context. There is not much that the counsellor can do to influence socio-economic changes, except to accommodate them in the counselling process.

In order to develop an effective cross-cultural counselling programme for adolescents traumatised by family violence, current perspectives on cross-cultural approaches will be expounded.

3.5 PERSPECTIVES ON CROSS-CULTURAL COUNSELLING APPROACHES

For many years the approaches to designing cross-cultural programmes have been mainly culture-universal and have not differentiated between the specific cultural characteristics of people. There has only recently been evidence of more culture-specific programmes being implemented in culturally diverse communities (Spreight *et al*, 1991). The assumption that emphasizes the differences between people has resulted in a "cookbook" with a "recipe" that includes a checklist of the cultural groups' characteristics and how counselling for the particular cultural group should proceed (Kriegler, 1994; Spreight *et al*, 1991). With such an approach cultural differences regarding, for example eye contact, extended family and the flexible concept of time, may result in generalisations or stereotyping and thus ignore differences within cultural groups. Spreight *et al* (1991:30) maintain that a more appropriate counselling approach is one wherein cultural differences are minimised with the emphasis placed rather on the cultural dimensions that are similar. The researcher will

argue that in designing a cross-cultural programme for adolescents traumatised by family violence it is important that past discriminations, cultural and language differences, as well as social attitudes should be taken into account, while accepting that there are universal aspects to trauma experiences.

The following issues demand attention during intervention in a cross-cultural setting and will be taken into consideration by the researcher when designing a cross-cultural counselling programme.

- Building trust and establishing a safe therapeutic environment may be especially difficult when the counsellor is from a different cultural or racial background than that of the client.
- Language problems or the need to use interpreters may compound these difficulties.
- Culturally based willingness to accept a different therapeutic format such as individual versus group therapy may have an impact on the therapeutic process.
- The cultural sensitivity and expertise of the counsellor is of utmost importance in the discussion of certain aspects of trauma such as those related to sexual matters or to death (Marsella *et al*, 1997).

Current cross-cultural counselling models as offered by Diller, 1999; Pope-Davis (1997); Brislin and Yoshida (1994); and Sue, Arrendo and McDavis (1992); rest on the competencies of **awareness, knowledge and skills**, and are defined by Pope-Davis (1997:75) as follows:

- **Awareness**, the process of examining the content and validity of personal and societal attitudes, opinions and assumptions about cultural groups including one's own.
- **Knowledge**, acquisition and accurate comprehension of facts and information about relevant cultural groups.
- **Skills**, the capacity to use awareness and knowledge to interact effectively with individuals regardless of their cultural origins".

Brislin and Yoshida (1994:233) elaborate these components of multicultural expertise as follows:

- *Awareness* is to become aware of one's own culture; to become aware of how one's values might affect the client; to become comfortable with cultural differences; and to know when a culturally different person should be referred.
- *Knowledge* is to understand the socio-political dynamics between cultures; to have knowledge about the client's culture; to have knowledge about traditional and generic counselling theory and practice; and to have knowledge of the barriers to multicultural counselling.
- *Skill* is the ability to generate a wide variety of verbal and nonverbal responses; to send and receive verbal and nonverbal messages accurately across cultures; and to advocate a paradigm shift when necessary".

This researcher is of the opinion that if the concept of culture (see 3.3.1, p 50) refers to diversity in language, religion, socio-economic status, cultural values and worldviews, the following question arises and demands attention:

To what extent is it possible for the cross-cultural counsellor to attain and claim adequate knowledge of other cultures and therefore also to have the skill to offer counselling to the client from a different culture?

The phenomenon of family violence demands that attention is paid to social meaning and context when designing and developing a cross-cultural counselling programme. Theories and models for cross-cultural counselling should be rooted in social reality. Each culture has its own repertoire of behaviours and world-views, values and norms, which do not necessarily cross cultures (examples being non-verbal communication and unspoken cultural knowledge such as initiation and burial rites). The aforementioned question necessitates the examination of relevant cross-cultural approaches.

3.5.1 CULTURE-SPECIFIC AND CULTURE-UNIVERSAL FRAMEWORK

In the cross-cultural perspective, the terms *etic* and *emic* have been adapted from the linguistics to illustrate that which is culture-universal (*etic*) and culture-specific (*emic*). The word *etic* comes from phonetics; the study of speech sounds. Phonetics is concerned with all the possible sounds found in **all** languages, regardless of times or place. *Emic* comes from phonemics, which is the study of the sounds of a **specific** language that conveys meaning within a restricted community of same language speakers (Green, 1995). The cultural-universal framework in counselling refers to beliefs valid to all people in all cultures and establishes theoretical bases for comparing human behaviour, whereas the culture-specific framework refers to behavioural beliefs within a culture and focuses on what people themselves value as important to them (Lum, 1997).

According to Herring (1997) two distinct trends dominate the field of cross-cultural counselling today:

1. The ***universal trend*** represented by the work of Fukuyama (1990:7) who argues for a “transcultural approach, maintaining that certain factors are important regardless of culture”;
2. The ***focused trend*** put forward by Locke (1992), which emphasizes the importance to view people both as individuals and members of a culturally different group.

Both universal and focused trends are limited in their exclusivity when researching the complexities of human nature, in that they either underestimate or overestimate the influence of culture (Spreight *et al*, 1991). This leads to the conclusion that the dichotomy of *emic* and *etic* is artificial. Marsella *et al* (1996) raise the question of whether PTSD Diagnostic Criteria (see Appendix 5) include both universal and culture-specific responses to trauma. They (Marsella *et al*, 1996) come to the conclusion that there may be a universal biological response to trauma that can be detected in humans from every kind of cultural background. Although both Pelzer (1998) and Marsella *et al* (1996) believe that

there are many aspects of traumatic stress that are universal, it is unclear whether PTSD *per se* is the most appropriate diagnostic construct to apply universally.

This study will offer intervention methods that reflect a blending of traditional knowledge and techniques with innovative, culture-specific conceptualisations and strategies. The ability to differentiate the general from the specific, the universal from the unique, is critical to effective intervention with children of all cultures and backgrounds (Gibbs and Huang, 1998). Globalisation demands that diversity be acknowledged and that a balance between culture-specific and universalism be attained.

3.5.2 SYNERGETIC APPROACH

Herring (1997) remarks that a more holistic and integrated, but also cultural-specific approach, which he names the synergetic approach to multicultural counselling, is required. This researcher is of the opinion that such an approach to the counselling of traumatised adolescents demands consideration and may provide answers to many of the perceived deficiencies experienced in the more established approaches. According to Herring (1997) a synergetic perspective presumes that current theoretical models are incomplete and that the influence of environment and culture as determinative factors requires greater consideration. Thus the interaction of counsellor, client and environment should demand particular attention. A major practical feature inherent in this approach would be that the counsellor and traumatised adolescent work together through the process that is most effective for them, and the goals that are most important and relevant to the adolescent and the family in his cultural environment (Axelson, 1993). It is therefore essential that a perspective be gained on family violence in a cross-cultural setting.

3.6 FAMILY VIOLENCE IN CROSS-CULTURAL CONTEXT

Family violence should be examined in its cultural context. Practices seen as normal in one culture may be abusive in others. The difficulties involved in developing a universal definition for family violence hinder efforts to determine the incidence of family violence and the development of an effective counselling programme. Information about family violence in different cultural groups is sparse and extremely variable (Barnett *et al*, 1997). Much of the recent interest in cross-cultural studies of family violence has focused on the possible effect of social change on family relationships in developing countries and is of significant relevance to the South African context and history. These studies suggest that Westernisation, urbanisation, industrialisation and colonialism encourage a breakdown of traditional forms of the family structure and a disintegration of informal social controls. This breakdown in turn leads to increased levels of stress and violence among family members (Levison, 1988).

Specific cultural factors have been suggested as playing a role in conditions leading to family violence (see 2.4.4). The general pervasiveness of violence and crime in South Africa may serve as an example of an aspect of South African culture that might create a cultural context and climate that fosters family violence. Unequal power differentials in the structure of society under the previous apartheid government may also be a contributing factor to family violence.

It is possible that particular symptoms may predominate in a traumatised individual as a result of cultural influences. Research available on trauma responses of persons from diverse cultures indicates that there may be considerable variations in the symptoms observed following trauma in different cultures (Pelzer, 1998; Carlson, 1997; Marsella *et al*, 1996). It could thus be concluded that adolescents from different cultures who have been traumatised by family violence will have the same basic responses, but they may express their symptoms somewhat differently from one another. Counselling in a cross-

cultural context is a complex process and this gives rise to numerous obstacles of which the counsellor should be aware.

3.7 BARRIERS TO EFFECTIVE CROSS-CULTURAL COUNSELLING

“Formidable obstacles, some real and others imagined, confront the traditionally trained therapist who seeks to offer appropriate services in South Africa”

(Seedat, 1990:14).

Cultural barriers to investigating violence revolve around the structure of family relationships, respect for elders, issues considered private, the role and meaning of suffering, as well as degrees of responsibility and loyalty to ancestors. The structure of relationships is complex cross-culturally (Root, 1996). It can be accepted that the adolescent who reports family violence violates the rules of respect for elders and may also run counter to the religious and child-rearing beliefs held within a particular cultural group.

In South Africa there has been little research on how people from different cultures present different profiles in the cross-cultural counselling situation. The literature consulted in this regard (Jordan, 1998; Pelzer, 1998; Marsella *et al*, 1996; Conradie, 1995; Marais, 1995; Van der Want, 1993; Gobodo, 1990; Seedat and Nell, 1990; Herr, 1989; Retief, 1988), brought numerous barriers to light that may have an influence on cross-cultural counselling. A short summary of the factors that demand attention and consideration is tabulated as follows:



TABLE 3.1 BARRIERS TO EFFECTIVE CROSS-CULTURAL COUNSELLING

BARRIERS CONCERNING THE <i>COUNSELLOR</i>	BARRIERS CONCERNING THE <i>CLIENT</i>	BARRIERS CONCERNING THE <i>COUNSELLING RELATIONSHIP</i>
<ul style="list-style-type: none"> ••• Inadequate cross-cultural training, which may result in an inability to use differentiated approaches with the culturally diverse individual. ••• Invalid diagnostic procedures and instruments, for example the use of direct translations in psychometric assessment media. ••• Inadequate cultural knowledge and awareness of, for example: child-rearing beliefs, initiation rites, the importance of dreams and forefathers, the Ubuntu concept and the role of the Isangoma in African culture. ••• Evaluation and interpretation of the individual's profile to fit within the cultural framework of the counsellor, concerning values and worldviews. ••• Stereotyping clients from other cultures. ••• Miscommunication caused by language, resulting in inaccuracy of understanding. 	<ul style="list-style-type: none"> ••• The use of traditionally Eurocentric approaches in diagnostic and intervention procedures, resulting in intervention programmes that are not balanced against the individual's cultural background and context. ••• Perceptions by the client may differ from that of the counsellor concerning needs and challenges. ••• The influence of traditional healers in certain cultures, pertaining to life decisions. ••• The formal one-to-one verbal approach in counselling may be perceived as threatening to certain cultures. ••• Gender differences where specific gender roles are an important prescriptive to behaviour in certain cultures. ••• Child-rearing beliefs and views determine for example the role and 	<ul style="list-style-type: none"> ••• Cultures vary in the meanings associated with non-verbal communication, such as physical closeness and body language. What is normal and appropriate in one culture may evoke hostility in another. ••• The counsellor's lack of fluency in or understanding of the cultural nuances important in language may cause miscommunication and inaccuracy in messages received and given. ••• The counsellor may react to the individual as a cultural stereotype and not as an individual. ••• Whenever a person from one culture has to function in a very different one, "culture shock" is experienced which may inhibit communication. ••• The individual from a different background to the counsellor's may react with resentment, distrust and hostility because of negative experiences concerning the past (transference). ••• The counsellor may project negative feelings that could have been experienced with other individuals of the same cultural background as the client (counter transference). ••• Cultural constraints or a lack of trust may result in a reluctance to engage in disclosure. ••• Expectations of the client concerning the counselling relationship (formal or informal) may not be met by the counsellor.

3.8 SYNTHESIS

Traditional approaches have historically been insensitive to culture in their focus on the values of individualism, self-actualisation, rationalism and self-determination. Cross-cultural counselling is usually conceptualised in the Western paradigm, from the narrow perspective of essentially a counselling relationship where the counsellor is from a particular culture and the client is a member of a different cultural group. It is rare to find references in the literature concerning participants from one group representing differences within that group (Spreight *et al*, 1991). Trauma issues are often embedded in personal, political, cultural and economic issues. The use of a holistic model with careful consideration to cultural differences appears to be the most appropriate approach in cross-cultural counselling. It is concluded that in the process of dealing with adolescents that are traumatised by family violence, there are three different dimensions of human nature: universal, cultural, and individual uniqueness. The researcher endorses the definition of culture by Kluckholm and Murray (1957) that every adolescent is like all other adolescents (**universal**), like some adolescents (**cultural**), and like no other adolescent (**unique**), and is grounded in the belief that trauma counselling should therefore be approached from a contextual perspective.

Counsellors in South Africa can expect to see more children and adolescents from various cultural groups, each presenting different help-seeking patterns, thus demanding a different model for intervention. A culturally competent system of intervention accommodates diversity, is capable of cultural awareness, accepts different cultural worldviews and values, is capable of facilitating the process by being available and is sensitive to the cultural influences in trauma experiences.